

NEAR-DEATH STATES: THE PATTERN OF AFTEREFFECTS

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P. M. H. Atwater, L.H.D. is one of the original researchers in the field of near-death studies, having begun her work in 1978. From a research base of nearly 4,000 adult and child experiencers, she has written nine books about her findings. Some of her work has been verified in clinical studies, including the prospective study done in Holland by Pim van Lommel, M.D. and Associates, and published in *Lancet*, 12-15-01. In 2005, she was awarded the Outstanding Service Award from the International Association For Near-Death Studies, and the Lifetime Achievement Award from the National Association of Transpersonal Hypnotherapists (United States).

ABSTRACT: Any consideration of near-death experiences must also address aftereffects and the challenge of integration. If the near-death phenomenon is seen in context of the "before" and "after" lives of experiencers, surprising considerations arise that are often at variance with what is popularly reported. This article focuses on an analysis of these changes as related to the transformation of consciousness that typically occurs.

The near-death experience is defined as an intense awareness, sense, or experience of "otherworldiness," whether pleasant or unpleasant, that happens to people who are at the edge of death. It is of such magnitude that most experiencers are deeply affected, many to the point of making significant changes in their lives afterward because of what they went through.

The closer an individual is to physical death, the more apt he or she is to have one, although "near-death-like" experiences can occur without the threat of imminent death. We know now because of extensive research done in numerous countries (Atwater, 2007) that drugs, oxygen deprivation, temporal lobe seizures, psychological disorders, and other possible mediators are not causal, neither do they describe or account for the full range of near-death states and the aftereffects which follow.

Anyone at any age can have a near-death experience. That includes tiny ones still in the womb, babies being born, infants, and toddlers. Once they are verbal, the smallest experiencers do their best to convey what happened to them either through the telling of stories, drawing scenes, or acting out what they saw. How their attempts to share their story are received, determines, to a large extent, whether or not their episode has a positive influence in their life or is tucked away, avoided, or repressed. The pattern of aftereffects cannot be denied; the experience can.

This presentation is based on 30 years of observation and cross-checking with 3,000 adult and 277 child experiencers of near-death states. Not only do near-death states tend to enliven and enrich people's lives, and nudge them closer to a more respectful and spiritual nature, they can also confuse people and lead to alienation and depression. Because of this, the full pattern of aftereffects, a pattern of occurrence as much physiological as psychological, needs to be recognized in therapeutic settings as a unique and transformational state of consciousness.

PHYSIOLOGICAL AFTEREFFECTS OF NEAR-DEATH STATES

Most Common (between 80 to 90%) – more sensitive to light, especially sunlight, and to sound (tastes in music often change); look younger/act younger/more playful with adults – look older/act and seem more mature with children; substantial change in energy levels (can have energy surges); changes in thought processing (switch from sequential/selective thinking to clustered/abstracting with an acceptance of ambiguity); insatiable curiosity; lower blood pressure; bright skin and eyes; reversal of brain hemisphere dominance (commonplace); heal quicker.

Quite Common (50 to 79%) – reversal of body clock, electrical sensitivity, heightened intelligence, metabolic changes (doesn't take as long to process food, bowel movements can be more frequent); assimilate substances into bloodstream quicker (many turn to alternative and complementary healing modalities); heightened response to taste/touch/texture/smell/pressure; more creative and inventive; synesthesia (multiple sensing); increased allergies; preference for more vegetables, less meat with adults – more meat, less vegetables with children; latent talents can surface; indications of brain structure/functionary changes, as well as differences in nervous and digestive systems, skin sensitivity.

PSYCHOLOGICAL AFTEREFFECTS OF NEAR-DEATH STATES

Most Common (between 80 to 99%) – loss of the fear of death; become more spiritual and less religious; more generous and charitable; handle stress easier; philosophical; more open and accepting of the new and different; disregard for time and schedules; regard things as new even when they are not, boredom levels decrease; form expansive concepts of love while at the same time challenged to initiate and maintain satisfying relationships; become psychic/intuitive, know things (closer connection to Deity/God, prayerful); deal with bouts of depression, less competitive.

Quite Common (50 to 79%) – displays of psychic phenomena, vivid dreams and visions; "inner child" issues exaggerate; convinced of life purpose/mission; rejection of previous limitations and norms; episodes of knowing the future common including "future memory;" more detached and objective (dissociation); "merge" easily (absorption); hunger for knowledge, yet difficulty communicating and with word meanings; can go through deep depression and feelings of alienation from others; synchronicity typical; more or less sexual; less desire for possessions and money; service oriented; healing ability; attract animals (good with plants); aware of invisible energy fields/auras; preference for open doors and open windows/shades; drawn to

Near-Death Aftereffects

Atwater

3

crystals; laugh more; adults lighter afterwards – children wiser, more serious (bonding to parents can lessen).

When you study the full pattern of psychological and physiological aftereffects, I think you will recognize what I have, and that is: near-death states appear to cause a structural and functional change in the brain (perhaps also chemical). It is as if experiencers are somehow rewired and reconfigured – some, of course, more than others. And this is especially evident with children.

The age criteria for having a near-death experience in my work with children was from birth to 15 years. When old enough to take the standard IQ test, 48% registered scores between 150 to 160 - without genetic markers to account for it. Some educators claim that the score for genius begins at 134 to 136. Others state that it is 140. These kids were well above that, and they excelled in non-verbal intelligence, which is creative problem solving, along with spatial reasoning. . . with no difference between genders as to the ability. Most of those with enhancements in math (93%), also exhibited a similar enhancement in music. This implies that the regions in the brain for math and music seem to be accelerated during near-death states as if they were the same unit (Atwater, 1999 and 2003).

And there are learning reversals afterward: a typical experiencer comes back abstracting. The younger they are the more noticeable this is. A good example with kids is that of a first grade boy who, about half-way through the school year drowned, then was resuscitated. When he was able to return to class, his classmates were still reading simple sentences like "See Spot run." Not him. All of a sudden he was reading Greek mythology and wanted to know why the book *Robinson Crusoe* (Defoe, 1941) was ever written. He was unable to readjust to the first grade after that, and had to be put in a special class for gifted learners.

My study of child experiencers shows large clusters, age-wise, specifically between birth and fifteen months and between three to five years. If you combine these two clusters into a subgroup, the jump in IQ scores rises to 81 percent at the genius level, indicating to me that the younger the child the more susceptible he or she is to the sudden change of intensity from the near-death phenomenon. The very youngest, however, if engulfed in a dark light rather than a bright one during their episode, had scores of 182 and higher on standard IQ tests. (Normally, brain circuitry formation skyrockets during infancy; three to five-year-olds typically undergo temporal lobe development as they experience the birth of imagination and creative thought. Near-death states seem to accelerate whatever is normal.)

A correlation can be made here with the work of Linda Silverman, Ph.D., one of the leading authorities in the United States on giftedness. In her research, 80% of the most profoundly gifted children, those youngsters whose IQ scores began at

Near-Death Aftereffects

Atwater

4

180, were born premature and underwent birth trauma. Every one of them went on to exhibit the typical aftereffects of the near-death experience, with the same shift in consciousness toward social justice, human rights, and spirituality - traits typical of enhancements in pre-frontal lobe development (at any age).

Take my findings and examine history. Look for people of significant import who nearly died in infancy or childhood and then went on to display the pattern of near-death aftereffects. In one week of library work I located the following people who fit the criteria: Abraham Lincoln, Mozart, Queen Elizabeth I, Winston Churchill, Einstein, and Edward de Vere the 17th Earl of Oxford - whom I now believe is the real Shakespeare. (Edward de Vere's case is so dramatic that I devoted a section to it in the appendices to my book *Future Memory*).

Because of what I have seen in my research, I no longer consider near-death states to be any sort of anomaly. Rather, I consider them to be part of the larger genre of transformations of consciousness, no matter how caused. I include in this genre those episodes of a more turbulent nature such as religious conversions, near-death episodes, kundalini breakthroughs, shamanic rituals, sudden spiritual transformations, even certain types of head trauma or having been hit by lightning. I also include those more tranquil in how they are experienced: from the slow, steady application of spiritual disciplines, mindfulness techniques, meditation, vision quests, or because in a prayerful state of mind an individual simply desires to become a better person.

Because the aftereffects of all of these transformative states are the same or similar, I now refer to the process itself of transforming consciousness as a brain shift/spirit shift.

This is a logical statement to make in light of the cutting-edge research currently being conducted via brain scans to determine the effect something exotic or unique has on brain structure. To quote Marcus Raichle, a researcher at Washington University (U.S.) during news coverage of his work: "You can essentially rearrange the brain in fifteen minutes." If something unusual or exotic can do that, what of the highly charged climate of the near-death phenomenon?

Cases are on the increase. Because of modern technology, people who would have otherwise died are now being resuscitated or revive. It is estimated that between four to five percent of world's population will experience a near-death state; for those in medical distress/crisis the figure is 12 to 20 percent. Why some people have them and others do not is unknown.

Integration is another matter. The experience and its aftereffects can be a challenge to live with. The urge to serve, the depth of compassion and empathy experiencers come to display, the desire to "walk with God," the extent to which

Near-Death Aftereffects

Atwater

5

unconditional love begins to influence everyday life routines – all of this does not shield near-death experiencers (and those like them) from depression, confusion, or disorientation. Some report no problems whatsoever in adjusting to “life as always,” but the majority I have had sessions with find that they must face and deal with some very difficult issues.

Consider the case of a woman in Alabama (U.S.), who was married to a fundamentalist preacher. The two had been married for many years and had three children and a busy lifestyle. Since her near-death experience, it had become increasingly difficult for her to attend her husband’s church services. As she put it:

He’s wrong. I know now deep in my heart he’s wrong. What he’s preaching, that’s not the way it is. I feel like he’s telling everyone a lie and I don’t know what to do about it. I love my husband and I love our children. I don’t want to upset him or anyone else. I don’t want a divorce or anything like that. But I can’t listen any more. I try to pretend I’m too busy to come (Atwater, 1988).

A man in southern California (U.S.) said, “I love my wife and children more than I ever thought I could. I love everyone. My experience taught me real love, unconditional love!” Yet, his wife and children did not feel the kind of love from him that he described. They recognized how wonderfully he had changed, but he seemed somehow unreachable to them, as if he were floating around in a world of his own making, out-of-touch with what was really going on and with their personal needs. A gap developed between what he felt and what they felt. The last letter I received from this loving husband and father was one of desperation. He was having a tough time holding down a job and earning a living, not to mention dealing with the challenges from his family. He could not understand why people had trouble getting along with him, since he was so filled with joy and love for all of them. He was generous and openly affectionate, yet people tended to turn away or back off when he was around. As a last resort, he decided to leave town and drift for awhile until he could figure out what was wrong. I have not heard from him since (Atwater, 1988).

In order for integration to take place, an experiencer’s decision on whether or not to accept or reject what happened becomes primary. Acceptance means risk. It means being different from others and possibly alienating one’s own family. But it also means the satisfaction of remaining true to one’s experience, whatever that implies.

Rejection means denial. It means forgetting, denying, or casting aside what was once believed to be true. The apparent risk is less than with acceptance, and there is little chance of anyone feeling threatened. It means life will go on as usual,

but with the possibility of later restlessness and discontent, and perhaps being haunted by the experience.

Acceptance is no panacea and rejection offers no escape. Not all who accept their experience become positive members of society again, and not all who deny their experience have actually opted for the easier path. Acceptance can foster the start of radical, aberrant behavior that is excessively threatening to others and also unproductive. Denial can bring about the beginnings of self-distrust and a weakening of self-confidence and creative potential. In my opinion, neither way is easier or harder.

I have noticed that adult experiencers often become more child-like in that they need time to learn or re-learn the basics of a new way of living. Some learn faster than others. Ignorance and indifference delay this process of adjustment. The sooner experiencers realize how typical their challenges are, in light of what they have been through, the more quickly they stabilize the aftereffects and reintegrate back into society in a positive way.

The families of experiencers may also need assistance. In many cases, the family deals with more confusion than does the experiencer, especially if there are young children at home. These "significant others" did not have the experience and they do not understand what is going on – why their loved one suddenly seems like a stranger. Yet, they, too, can learn almost as much through dealing with the experiencer as that person can learn from his or her experience. The near-death episode and its aftermath can be a shared event with all of those touched by it, so that each person can have an opportunity to benefit from the changes it brings.

My research shows that, on the average, it took adults a minimum of seven years to successfully adjust to their near-death experience. This timing alters with child experiencers. Children usually compensate for, rather than integrate, unusual or impactful experiences until they are much older. They can and sometimes do block or set aside the integration process, until something triggers full memory – maybe 20 or 30 years later. Once the integration process begins, however, I have observed that most "grow" through these particular phases.

INTEGRATION PHASES NEAR-DEATH EXPERIENCERS "GROW" THROUGH

Phase One *First 3 years* – Impersonal, detached from ego identity/personality traits. Caught up in a desire to express unconditional love and oneness with all life. Fearless, knowing, vivid psychic displays, substantially more or less energy, more or less sexual, spontaneous surges of energy, a hunger to learn more and do more. Child-like mannerisms with adults/adult-like behaviors with children, a heightened sense of curiosity and

Near-Death Aftereffects

Atwater

7

wonder, IQ enhancements, much confusion, communication challenges.

Phase Two* *Next 4 years* – Rediscovery of and concerned with relationships, family, and community. Service and healing oriented. Interest in projects development and work environment expands. Tend to realign or alter life roles; seek to reconnect with one's fellows, especially in a moral or spiritual way. Unusually more or less active/contemplative. Can resume former lifestyle, but more desirous of carrying out "mission."

Phase Three *After the 7th year* – More practical and discerning, often back-to-work but with a broader worldview and a confident attitude. Aware of self-worth and of "real" identity (soul). Tend toward self-governance and self-responsibility. Spiritual development an ongoing priority, along with sharing one's story and its meaning. Dedicated. Strong sense of spiritual values.

Phase Four** *Around 15th year (with some 12th or 20th year)* – Immense fluctuations in mood and hormonal levels. Often discouraged or depressed while go through a period of "grieving" – reassessing gains and losses from the experience, while fearful that effects are fading. Many problems with relationships, money, and debts. A crisis of "self." If can negotiate "the darkness light can bring," a depth of spiritual maturity and confidence emerges that is unique to the long-term effects of a transformation of consciousness.

NOTE: * Child experiencers in my study who turned to alcohol for solace (1/3), began drinking during this phase.

** Child experiencers who attempted suicide afterwards to get back to the "Other Side" (21%), did so in this phase.

The seventh year is like a marker, a "first birthday," that celebrates the experiencer's ability to "bring to earth the gifts of heaven" in practical and meaningful ways. Somewhere between the twelfth to the fifteenth year, sometimes up to and around the twentieth, there is another marker, a "second birthday," and it catches most experiencers unaware. Phase Four is like a second drop, a second shift. This second drop is similar to a second death in that it heralds a time of life reversals and the need to ask some tough questions: "Were the sacrifices I made since my episode worth it? Am I capable of carrying out my mission? Is it possible to live a spiritual life in the earthplane? Have I been honest with myself? Are the aftereffects fading?" If the experiencer can successfully negotiate the challenges of

Near-Death Aftereffects

Atwater

8

this second drop, a second shift is possible – a major advancement toward “the peace that passeth all understanding.”

All of the child experiencers in my study who ever had a serious problem with alcohol, started drinking during Phase Two – a period when relationships of varied types become primary and the pressures of job versus mission tend to overwhelm the individual. Asked why they drank, most said it was to ease the pain they felt of not “fitting in” or to escape the ridicule of family and friends. I found no such consistency with adult cases.

Every one of the child experiencers in my study who attempted suicide after their near-death event to get back to the “Other Side,” did so during Phase Four. Not so with the four percent of adult experiencers who tried the same thing. Adult incidents of this type spread out during the years of Phases One and Two.

The majority of child experiencers who underwent another near-death episode in adulthood, had that second one in Phase Four. For instance, a young boy drowned at the age of five, miraculously revived 15 minutes later, and immediately began to see “through” people and act in “odd” ways. As he matured, what interested his agemates bored him. Behavior problems resulted. At 18, he joined the Army, hoping he would die. He did, in an accident. He had another near-death scenario during resuscitation that “explained” the earlier one and gave him the courage he needed to turn his life around (Atwater, 1999).

The second drop that occurs is not always as perilous as it was for the young man just mentioned; but, unlike the first shift, it is a time of reckoning and reassessment when experiencers make major decisions that require new commitments. The first shift can be linked to the original near-death state. The second shift seems more dependent on choice – on the experiencer’s willingness to surrender to a “Greater Plan.” Regardless of how integrated and spiritual an experiencer may appear to be after the seventh year, all pales in comparison to the power unleashed if that second shift occurs.

With the adult experiencers in my study, the divorce rate was between 75 to 78%. Most of these divorces happened within seven to 10 years of the episode. The most common complaints from spouses were: “I don’t know this person any more,” or “This unconditional love nonsense is just an excuse to insult me by flirting with others.” A common attitude of the experiencer was, “Since I no longer fit in, I’ll move on.” The general mindset was that *significant others* were convinced that the experiencer was out-of-touch with reality, while *the experiencer* became convinced that significant others were slow to move forward and were not interested in making changes. It was as if the two groups started speaking different languages and could no longer communicate effectively.

Even considering this, the average experiencer usually refuses assistance or therapy. Regardless of how much it is needed, help is likely to be turned down. It is a rare experiencer (myself included) who clearly perceives the extent of behavior changes that others see. It is difficult to help someone who is unaware that anything is amiss.

Sometimes an experiencer is lucky enough to find a therapist who is also an experiencer. When this happens, there is generally instant rapport and miracles happen.

Those professionals who tend to have the best record working with adult experiencers are the ones trained in transpersonal psychology. With children, those who employ feeling-based techniques are usually more successful. Here in brief are some techniques that I have noticed are effective with near-death experiencers:

- *Hypnosis*, but only with hypnotists who avoid "leading" questions that predetermine results.
- *Philosophical Counseling*, where the broader scope of satisfaction and meaning become the lens used for viewing life.
- *Life Coach*, where a personal growth specialist inspires thought and action aimed at developing the fullness of potential.
- *Inner Life Mentoring*, developed by psychotherapist G. Scott Sparrow, where the therapist becomes a mentor and the client a student (Atwater, 1999).
- *Vision Quests/Nature Trips*, such as those developed by Michael H. Brown, Ed.S., which combine physical activity and a light diet with selected psychological techniques, art, music, and the cycles/rhythms of nature.
- *Soul Retrieval*, a shamanic practice of "going into spirit" to locate and reunite fragmented pieces of the client's "self." Also called "spirit release therapy." (Ingerman, 1991).
- *Feeling-Based Therapies*, such as sand tray or shadow box therapy.
- *Art Therapy*, involving such things as shaping pottery on a potter's wheel, puppet shows, finger painting, and drawing/interpreting mandalas (Kellogg, 1978).

The most beneficial therapy I have found, however, was designed by near-

Near-Death Aftereffects

Atwater

10

death experiencer Robert Stefani as part of his project for his master's degree at California State University, California (U.S.). His "Eclectic Group Intervention" covers a ten-session program (Atwater, 2007). According to Stefani:

Group participants need not be limited exclusively to near-death experiencers. Family members and close friends of experiencers may need support, too, as well as people who are losing (or have lost) a loved one, who have questions about death, or who are themselves dying.

The main goals of Stefani's intervention program are:

1. Educate the experiencer to understand that the intrapersonal changes that may have taken place in their attitudes and beliefs are not signs of mental instability or psychotic disorder. Redefine normality.
2. Help the experiencer to integrate changes in attitudes, beliefs, values, and interests with the expectations of family and friends.
3. Alleviate interpersonal fears of separation and rejection by assisting the experiencer in learning to communicate with significant others who have not shared the experience.
4. Reconcile the new spiritual transformation based on universality, oneness, and unconditional love with prior religious beliefs.
5. Overcome difficulty with maintaining former life rules that no longer seem significant, and reconstruct a purposeful life balanced between the aftereffects and the demands of everyday living.
6. Address the dissolution of major relationships or careers if the experiencer finds it impossible to reconcile these with changes that have been undergone.
7. Accept the limitations of others in human relationships in spite of one's personal feelings of unconditional love gained through the experience.
8. Utilize the gifts and insight gained through the experience to help comfort those who are dying, grieving the loss of a loved

one, or learning to accept their own experience.

The power of the near-death phenomenon lies not in its storylines nor in any “superstar” individual’s achievements, but in what occurs because the story ever happened. As persuasive as near-death reports are about life beyond death, in truth, these reports reveal much more about the amazing, absolutely awesome *aliveness* life has. The revelations from near-death states challenge societies around the globe to reassess and redefine what is presently known about human faculties, the broad sweep of mind, and the presence of soul.

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Near-Death Aftereffects

Atwater

12

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Vision Quests/Nature Trips, Michael H. Brown, Ed.S. Contact: 4889 A Finlay Street, Richmond, VA 23231 (U.S.); (804) 222-0483; e-mail mbrownlpc@aol.com; www.MichaelBrown.org.

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