

PSYCHOTHERAPY AND THE NDER

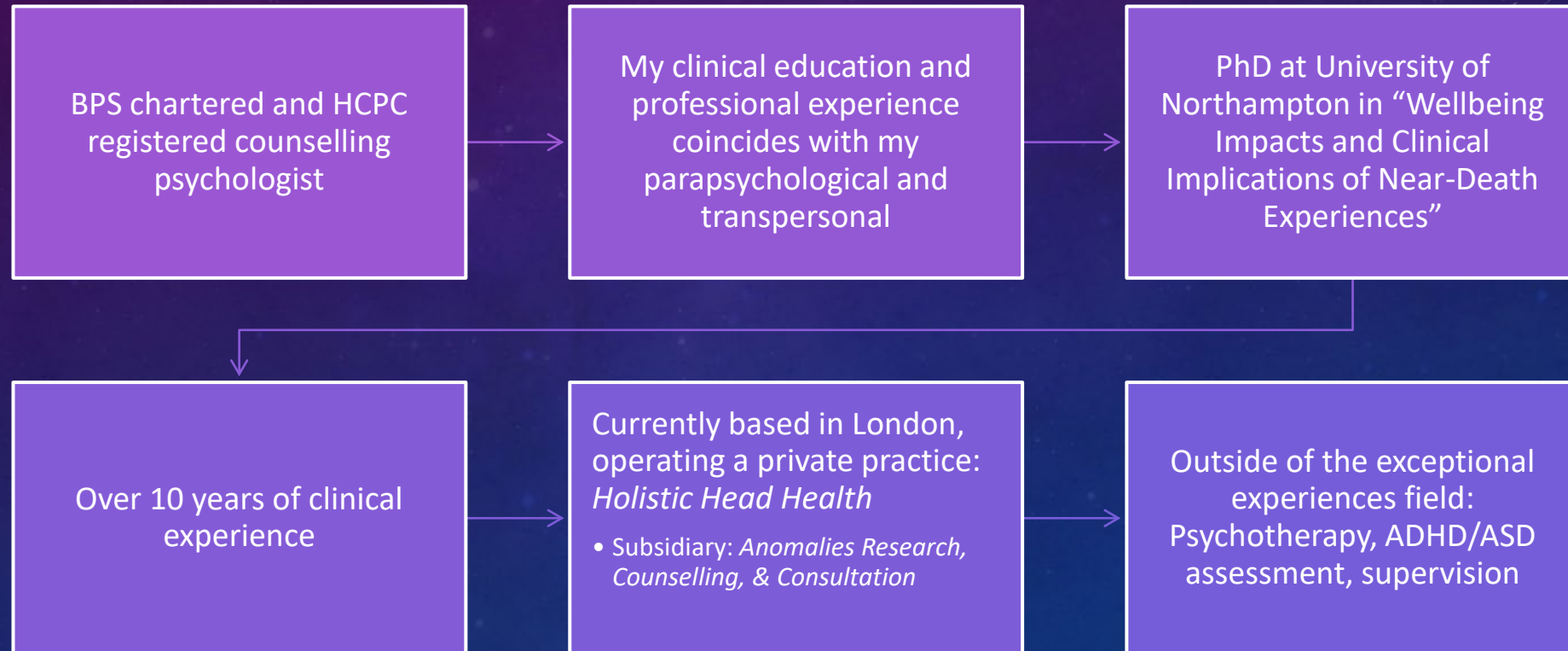
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20 May 2024
Online Lecture

OVERVIEW

- A bit about me
- Defining the near-death experience (NDE)
- Why NDErs see psychotherapists
- Overview of the (limited) research
- Therapeutic approaches to consider
- Q & A

ABOUT ME



WHAT IS AN NDE?

- The near-death experience (NDE) is a *spontaneous* and *profoundly exceptional psychological event* whereby “perceptions of movement through space, of light and darkness, a landscape, presences, intense emotion, and a conviction of having a new understanding of the nature of the universe” occur (IANDS, 2015).
- Differentiated between a “near-death episode;” a physically traumatic incident when a person’s life is actually threatened
 - Precedes the NDE or happens without an NDE
- No one NDE is the same, and not all NDEs have every characteristic

COMMON CHARACTERISTICS (MOODY, 1977)

- Hearing one's own declaration of death
- Experiencing an out-of-body episode or seeing oneself from outside the body (Out-of-Body Experience - OBE)
 - Encountering a dark tunnel
 - Hearing unusual sounds
- Witnessing a radiant light, sometimes manifesting as a "being of light"
 - Meeting "spiritual beings," often recognized deceased individuals
 - Undergoing a panoramic life review
 - Experiencing feelings of tranquillity and boundless love
 - Entering a realm of all-knowingness
 - Encountering "cities of light"
- Observing a place of perplexed spirits • Receiving a "supernatural rescue" or being told that the NDEr should not be there
 - Crossing a border of no return
 - Returning to the physical body
- Experiencing ineffability, an inability to articulate the NDE in words

WHY NDERS WOULD SEEK PSYCHOTHERAPY

Atwater and Stout et al.'s Challenging Aftereffects

Atwater (1988)	Stout et al. (2006)
An inability to personalize emotions or feelings, especially those of love.	Integrating New Spiritual Values with Earthly Expectations
The inability to recognize and comprehend boundaries, rules, limits.	Accepting the Return
Difficulty with communication and relationships, finding it hard to say what it is meant or to understand language phrasing used by others.	Sharing the Experience
Expanded/enhanced sensitivities, such as becoming more intuitive.	Adjusting to Heightened Sensitivities and Supernatural Gifts
Becoming more detached, objective, with noticeable reduction of fears and worries.	Finding and Living One's Purpose
A different feeling of physical self, a certain detachment from the body, believing that we live in and "wear" our bodies.	Processing a Radical Shift in Reality
Difficulty understanding time sense/having a sense of timelessness.	

ERIKA'S ABBREVIATED REASONS

(PRATTE, 2021)

Relationship with Reality

Relationship with NDE/Its Aftereffects

Relationship with Self

Relationship with Other People

INTEGRATION: THE GOAL OF PSYCHOTHERAPY

Integration can be described as the process of an individual becoming fully conscious of their experience without imposing barriers on their present functioning (Moore & Ammen, 2013; Seeman, 2008).

Integration involves organizing and embracing an experience in one's life to maintain health and wellbeing.


PRATTE (2021 & 2022)

- The NDE itself may not be the topic an NDEr client comes to therapy for
 - Aftereffects (social, existential, spiritual, career, etc.)
 - May still narrate the NDE to give context, as life post-NDE is often viewed as inseparable from the NDE to the experiencer
 - The changes directly caused by the NDE may not be problematic, but the secondary changes (e.g., decisions made, reactions of other people) often are

"This experience is inseparable from my life. It has a significant influence that helps decode many other experiences. I view things as a network or cluster of experiences working together to inform my approach to life in the physical." – NDEr

- Social challenges (e.g., family, romantic relationships, friends, etc.) are generally the most detrimental (Greyson & Harris, 1987; Pratte, 2021).

"I find it hard to talk about. My wife doesn't accept anything spiritual. I have to say, I'm depressed because of the isolation with it. I found people don't want to know about it and want to attack the subject and ridicule me behind my back. You know your seen as nuts, because it doesn't fit their life-long beliefs." – NDEr



THOSE WHO HAD THEIR NDES
UNDER THE AGE OF 20 HAVE
POORER SOCIAL WELLBEING
(PRATTE, 2021).

- Social relationships, life satisfaction, mood, and having a life purpose wellbeing outcomes are all quite related
- The more one reports positive changes in social relationships, the more one reports positive changes in mood.
- Social relationships, purpose in life, and mood contribute to happiness/life satisfaction
- the more an NDEr reports positive changes in one's current sense of happiness and life satisfaction, the more one reports ongoing positive changes in their perception of life's purpose, social relationships, and mood.

(Pratte, 2022)

LIFE PURPOSE IS A SIGNIFICANT PREDICTOR OF LIFE SATISFACTION

- Not all NDErs come back aware of their life's purpose
- Some come back aware that there is one to be found

The background is a deep blue gradient with a subtle starry pattern. Overlaid on this are several faint, light-colored circular and semi-circular lines, some of which have small arrows indicating a clockwise direction. On the left side, there are curved lines resembling a protractor or a scale, with numerical markings such as 40, 150, 160, 180, 200, 210, 220, 230, 240, 250, and 260. The text is centered in the upper half of the image in a clean, white, sans-serif font.

LIFE SATISFACTION AND SOCIAL
CHANGES TOGETHER IMPACT ONE'S
PERCEPTION OF THEIR LIFE PURPOSE

- Reported development of psychic or mediumship abilities may be a difficult topic to disclose due to stigma and pathologization

"I know I encounter lots of dysfunctional people [in my counseling/psychic practice], but I think it's about just having, focusing on compassion, but compassion that keeps me healthy whilst in terms of recognizing those personal boundaries and professional boundaries, as well, at quite a lot of the time. But also allows that person to grow so they don't become, in the counselor relationship, there's that co-dependence element that can so easily develop." - NDEr

SOME AFTEREFFECTS MAY SEEM CONTRADICTIONARY, SUCH AS BECOMING MORE INTROVERTED/ANTISOCIAL BUT LOVING PEOPLE MORE, OR, LOVING PEOPLE MORE BUT BEING MORE CRITICAL OF THEM OR SELECTIVE WITH WHOM THEY ASSOCIATE

"Socially, spiritually, existentially, I have to spend a lot of time away from people, so that when I am around them, I can function fully and healthily, and I can really be of use and helpful." - NDEr

NOT ALL NDER CLIENTS WHO COME TO THERAPY FOR PROBLEMS ASSOCIATED WITH THEIR NDE KNOW THAT THEY'VE HAD AN NDE

“Damien” spent decades upon decades not understanding why he seemed such a “serious” child. It wasn’t until his 60s that he fully learned and understood what had happened to him:

What matters is you had a fundamental experience that was real to you, and as a result, you're living your life differently now, and now you have to do something about the way you're living your life. But people don't always find that kind of support, and I think little kids often gets told, “Ha ha, you've got a pretty vivid imagination there.” There's the first 60 years of my life, and now I've got 60 more years to live knowing maybe not necessarily why it happened to me, but I have a better sense of it. (Pratte, 2021)

SERVICE/WORK AS LIFE PURPOSE


- Many NDErs go into “helping fields,” particularly as therapists and psychologists

“I was in school at the time studying business and economics. I was quite good at it.

But I found that I needed meaning behind everything I did after a semester of struggling to figure out why I could focus the same way I dropped the major. I moved onto holistic healthcare. My goal is to help others heal.”

“Contributed to the already-strong desire to make a career of helping people psychologically.”

“I have to work hard and become a psychologist and I have to mix that knowledge of psychology with my spiritual understandings.”



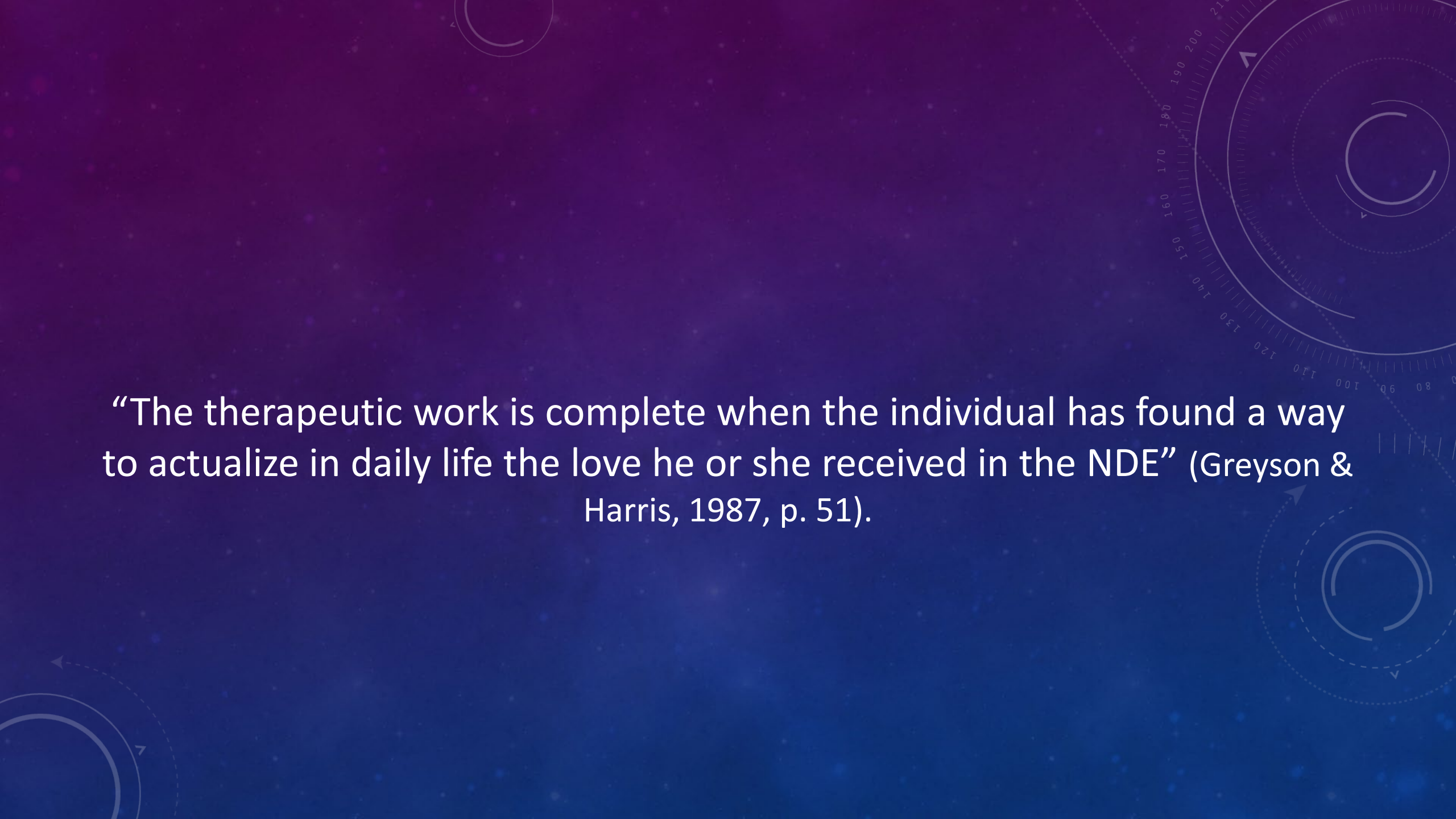
THERAPY IS A COLLABORATIVE
AND CREATIVE EFFORT
BETWEEN THE THERAPIST AND
CLIENT

STANDARDS OF CARE: GREYSON & HARRIS (1987)

- The mental health professional (MHP) should be cognizant of their own “prejudices, both positive and negative, about what the experience means and about people who have them, before interacting with an NDEr” (p. 44).
- The discussion should be directed by the client’s frame of reference and understanding (p. 44).
- The opinions of the MHP of the origin of the NDE must be bracketed as the NDE must be appreciated as an extremely influential catalyst for change in the NDEr’s life (p. 44).
- The MHP must respect not only the NDE itself but the client as an individual, too. NDEs occur to all kinds of people, and the individual should be seen as such, not just an NDEr.
- Avoid pathologizing. When the NDErs meet criteria for a diagnosis, it must be unrelated to the NDE itself and this fact must be clearly relayed to the client.

(Hoffman, 1995)

- Experiencers are especially vulnerable to disconfirming responses during *early* disclosures. Don't interrupt during the NDE account.
- Don't idealize the NDE or its aftereffects.
- Take the experience on its own terms. Take time to imagine what this would mean if it happened to you.



“The therapeutic work is complete when the individual has found a way to actualize in daily life the love he or she received in the NDE” (Greyson & Harris, 1987, p. 51).

GRIFFITH (2009); FOSTER, JAMES, & HOLDEN (2009)

- Normalize the experience for clients without taking away the uniqueness of the NDE.
- Refer clients to local NDE-focused groups, such as IANDS groups.

THINGS TO CONSIDER

- Those who had negative NDEs may also be struggling with feelings of fear and shame at possibly being a "bad person," that "personal merit determines type of experience" (Greyson & Bush, 1992).
- People who were not familiar with NDEs before their own are much less likely to disclose it (Hoffman, 1995)
- NDErs whose NDE had **strong paranormal elements**, are more likely to disclose (Hoffman, 1995). Paranormal elements inspire questions about the nature of reality and ourselves as beings in it.

The NDE itself may be controversial, but the near-death episode may also be, particularly if the NDE was precipitated by stigmatized acts such as attempting suicide or other violence, abortion, etc (Hoffman, 1995).



Unwillingness to talk about one aspect of the near-death event increases the difficulty of disclosing the other aspects (Hoffman, 1995).

- Talking about significant life events appears to act as a cumulative stressor affecting our psychological and physical well-being (Pennebaker, 1990).

- The therapist can traumatize: “When one experiences rejection during disclosures about significant events the negative effects can be personally devastating” (Pennebaker & Susman, 1988; Pennebaker, 1990).

“When I've tried to describe it to anyone, the best responses I get are usually a furrowed brow and a "huh." like they don't really know what to say and are trying to decide if I'm lying or exaggerating or if this is worth asking a follow up question about. So, I don't talk about it (or any of my extensive health problems) very much to anyone and I don't expect any kind of helpful response if I do. If someone does ask or it comes up, I generally try to dismiss it like it's no big deal, even though, secretly, it really feels like a big deal to me.” – NDEr

(Pratte, 2021)

The background is a gradient of deep blue and purple, speckled with small white dots resembling stars. Overlaid on this are several faint, white geometric patterns. In the top right, there is a large circular scale with degree markings from 90 to 210 and concentric circles. In the bottom right, there are concentric circles with arrows indicating a clockwise direction. In the bottom left, there are partial concentric circles and a dashed arrow pointing upwards. In the top left, there is a small circular arc.

SO, TAKE RESPONSIBILITY AND ACCOUNTABILITY

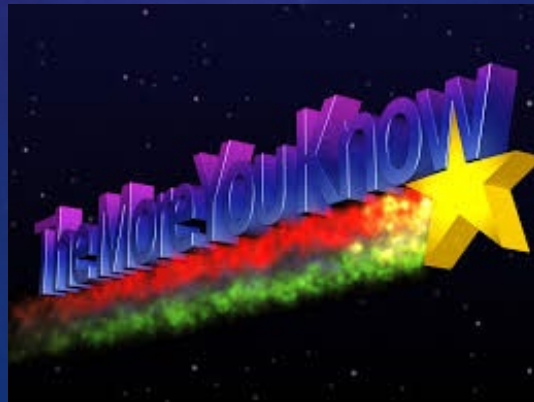
THERAPEUTIC ORIENTATIONS AND APPROACHES

There is no "best method" (sorry not sorry)

There are "best methodologies," however

ERIKA'S RECOMMENDATION

Tailor your approach to your client
And be curious: educate yourself



- Some approaches may be more obvious in their utility than others

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- Existential and humanistic
 - Rogerian
 - Frankl's logotherapy
 - Transpersonal
 - Psychosynthesis
 - Social prescribing
 - Expressive arts
 - Grief
 - Trauma
 - Psychoeducation
 - Support groups

- Some approaches are perhaps less obvious
 - Career counselling
 - Acceptance and commitment (ACT)
 - Sensory Integration Therapy
 - Psychodynamic (particularly with clients who had NDEs as children/teens)
 - Family systems *
 - Couple's counselling *
 - Cognitive behavioural (CBT) – ish*
 - Cognitive distortions
 - Coping strategies
 - Use with approaches that are more client-led, collaborative, and self-exploratory

*Tread very carefully

CONCLUSIONS

THANKS, Q&A,
CONTACT DETAILS

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