

## The evolving self: finding meaning in near-death experiences using Interpretative Phenomenological Analysis

David J. Wilde\* and Craig D. Murray

*School of Psychological Sciences, University of Manchester, Oxford Road,  
Manchester M13 9PL, UK*

*(Received 12 May 2008; final version received 10 July 2008)*

Near-death experiences (NDEs) have become a topic of increasing interest to medical and psychological researchers over the last 35 years. During the course of this research agenda, several studies have focused on the phenomenology of the experience and its after-effects, mostly from a nomothetic stance. The aim of this study was to investigate the experience of having an NDE and what meaning NDErs attribute to that experience and its resultant after-effects by taking an idiographic, phenomenological approach. Three female participants took part in recorded face-to-face, semi-structured interviews. Interpretative Phenomenological Analysis found that to more deeply understand the impact of NDEs it is crucial to consider how the experience fits within the biographical context of an individual's life. Rather than being an overall influence on personal and spiritual growth, individuals may choose elements of an experience which are most personally meaningful for them and take that into their later lives. Each participant in some way came to a new understanding in their lives as a result of their NDE. In addition, the process of integration was helped or hindered by physical and psychological factors concomitant at the time of the NDE. Also evident were the challenges the NDE, or elements therein, have on the individual's sense of self and how they maintain and develop that self in the years succeeding the event.

**Keywords:** Near-death experience; qualitative methodology; interpretive phenomenological analysis

### Introduction

Near-death experiences, defined by Greyson (1994, p. 460) as "a profound subjective event with transcendental or mystical elements that many people experience on the threshold of death," have become a topic of increasing research interest over the last 35 years. The majority of studies have profiled the experient as a healthy, well-adjusted individual (Greyson, 2000; Irwin, 1999), and delineated the occurrence of the NDE as one free from demographic differentiation (Greyson, 1996; Ring, 1980; Sabom, 1982) and as a mostly positive, life-affirming experience (Ring, 1993) that can happen at anytime during the lifespan (Atwater, 2003). However not all NDEs are pleasant journeys; some have been reported to be quite frightening (Bush, 2002). So far, only Greyson and Bush (1992) have attempted to classify these "negative" NDEs.

---

\*Corresponding author. Email: david.j.wilde@manchester.ac.uk

During the course of this research agenda, several studies have focused on the phenomenology of the experience and its after-effects. Raymond Moody (1975) was the first researcher to compile a list of 15 commonly reported features occurring during the NDE (e.g., feelings of peace and joy, ineffability and having an out-of-body experience or OBE). Later he added a further four elements that characterized the after-effects of the NDE (e.g., frustration or difficulty sharing the experience with others, and a reduced fear of death) (Moody, 1977).

These features have been reported in many studies conducted since then (e.g., Fenwick & Fenwick, 1995; Ring, 1980; Sabom, 1982), with some features (e.g., tunnels, a sense of peace and joy) appearing more frequently than others (e.g., experiencing cities of light or supernatural rescues). Yet, despite the fact that Moody noted that no two NDEs are identical, and that some NDEs will not contain all of the features he identified, the repeated findings of these features gave rise to the idea that there is universality to the phenomenon.

Ring (1993) has challenged this idea, suggesting that research into this facet of the NDE is currently too underdeveloped to concretize this proposal, although some support for this counter-argument has come from studies that have found cultural variations within NDE accounts (e.g., Knoblauch, Schmied, & Schnettler, 2001; Murphy, 2001; Pasricha & Stevenson, 1986). For instance, Murphy (2001) suggested from his observations that the phenomenology of the NDE can be accounted for by what the experient expects their experience of death will be like. Murphy argued that, during the NDE, the experient's expectations of what motifs they will encounter will be drawn largely from their own culture (or subculture), or even from a merging of different cultural motifs, and, if they are religiously inclined, mostly derived from their religion. Belanti, Perera, and Jagadheesan (2008), in a review of cultural NDE studies, have built on this observation by suggesting that, owing to the ineffability of the NDE, the cultural variations observed may be a product of how we interpret and re-tell these events via a multiplicity of filters, such as language, religion, education and the experient's culture (or subculture), or a complex interaction between these various elements.

However, recent empirical evidence by Athappilly, Greyson, and Stevenson (2006) has shown no support for cultural influences on NDE phenomenology. After reviewing the phenomenological features of 24 NDE accounts pre- and 24 accounts post-1975, Athappilly *et al.* found that the only difference in the accounts was that a greater number of tunnel phenomena were reported after 1975. Whether or not tunnel phenomena are fundamental to the NDE has been disputed by some authors. For instance, Chari (1982) pointed out that tunnels are often perceived in a range of other experiences in altered states of consciousness, and during the development of his NDE Scale, Greyson (1983) removed items pertaining to tunnels, as they did not statistically discriminate the experience in terms of its depth. Regarding the potential influence of religion, previous research has generally not been supportive of a direct relationship between the experient's religiosity and the NDE (Osis & Haraldsson, 1977; Sabom & Kreutziger, 1978). However, Osis and Haraldsson (1977) did find that a person's belief system had some influence over their interpretation of their NDE.

NDEs and other transcendent experiences can radically and permanently transform the experient's, attitudes, beliefs and lifestyle, changing their lives forever (Greyson, 1996). Some of the reported positive after-effects are: a concern for others, a greater interest in spiritual matters, enhanced appreciation of, or renewed sense of purpose to life, a reduced fear of death, increased belief in an afterlife or survival of the soul, less interest in materialism and competitiveness, and a greater importance placed on values such as love

and being of service to others (Flynn, 1982; Grey, 1985; Greyson, 2000; Noyes, 1980; Ring, 1980; Sabom, 1982).

However, the unpredictable and profound nature of the NDE can often leave a person ill-equipped to deal with any subsequent spiritual awakenings; leaving them with fears for their mental health, an inability or difficulties in communicating their experience to family, friends and health professionals, and sometimes with symptoms akin to Post-Traumatic Stress Disorder (PTSD) (Greyson, 1996, 2001). Many experiencers may also have to cope with these changes over and above whatever health issues led them to the point of near-death in the first place, for instance, cardiac arrest.

The majority of the above work has been nomothetic in nature, usually taking the form of survey studies (e.g., Athappilly et al., 2006; Groth-Marnat & Summers, 1998; Knoblauch et al., 2001). This approach has provided a wealth of data about how the *average* experiencer integrates their NDE, modifies their attitudes and values, and undergoes spiritual transformation and growth. However, it has been argued in psychology (e.g., De Waele, 1986; Flick, 2002) that the averaged data obtained from such studies are relevant only to the average person; perhaps at best only a theoretical construct. Also missing from this approach is the power to specify any detail about the particular nuances of any one person's transformative processes. For instance, when someone is said to have acquired a "greater interest in spiritual matters" after an NDE, what exactly does that mean or entail for that person? It is without question that the transformative effects described above happen to individuals and as such are highly personal matters. In order to understand more deeply how the individual person experiences these life changes, it is necessary to employ qualitative methods, which are more receptive to investigating these "pluralisation of life worlds" (Flick, 2002, p. 2).

Some qualitative studies (or studies with qualitative components) have been conducted with a focus, or partial focus, on the transformational experiences of people following their NDE. For instance, Blackmore (1993) conducted a study of NDEs in India. As part of the study, she examined the detailed written accounts provided by experiencers about their NDEs and the after-effects they experienced. One respondent reported how, during his NDE, he had felt great remorse for the wrongdoings he had committed in his life and pleaded with God to allow him to return and correct his mistakes. Another woman had quite an opposite after effect. She became very despondent with her life and came to the conclusion it did not matter if life was real or an illusion or if God existed or not. She experienced life afterwards as one of living each day as it came and was grateful to the study for the chance to tell someone else about her experience.

Morris and Knafl (2003) conducted interviews with patients in the USA who had reported NDEs during recovery from cardiac arrest. The study utilized a naturalistic enquiry method to explore the nature and meaning of their NDEs. Initially, patients went through a period of confusion about what had happened and if the experience was actually real or not. The extent to which this was initially integrated also depended upon how their NDE account was received by their health care professionals. Some patients initially felt depressed, some felt confused, and others wondered about their sanity. For some patients, the NDE represented a chance to contemplate spirituality and this led to a "...sort of awakening into a new way of looking at the world" (p. 152). As this search for meaning was resolved, patients seemed to enter a new phase where their search shifted to finding a purpose in their lives. Two domains of thought predominated. One domain centred on the person's spiritual affairs, their relationship with God, and how that could be made closer. The second domain was concerned with how they would live their life from that point forward. Patients viewed their NDE as a turning point in their lives, a chance to reflect and

consider the course of their life so far, and to clarify their life purpose. For some, it was a chance to put things right that they had done wrong in the past. However, none of the patients could really say what this new found purpose was except it had to do with their "relationships with others" (p. 154).

Apart from the detail that this approach provides, the data from these studies highlight the biographical nature of the NDE. Once it has occurred, the NDE remains a unique and fixed memory for the remainder of a person's life—memories which have been found to be resilient to the usual embellishments and distortions (Greyson, 2007; van Lommel, van Wees, & Meyers, 2001) as a result of elapsed time (Estes, 1997) or emotional pressure (Schooler & Eich, 2000)—and an event which connects old and new patterns of daily living in which the individual strives to piece together the meaning and significance of the experience.

While this previous work has added substantially to our understanding of the NDE, there remains a need for a closer examination of the longitudinal after-effects experienced by people who have them, the nature of those after-effects, and the temporal, social, and psychological factors that may impinge on the integration process, and in particular, the person's sense of self or identity. The present research aimed to address these issues by taking a phenomenological, idiographic approach using Interpretative Phenomenological Analysis (IPA) (Smith, 1996). To date there has been no in-depth examination of the lived experience of having an NDE and what meaning NDErs attribute to that experience.

## Method

### *Study design*

A qualitative, phenomenological approach, that of IPA, was adopted which enabled an in-depth analysis of, and engagement with, individual accounts of NDEs. This was achieved through the use of face-to-face, semi-structured interviews. The use of IPA to study the NDE here is focused upon the interpretation and meaning of such experiences. It makes no claim, nor do we have an interest here, with regards to whether these experiences are of "real" veridical events.

### *Sample*

Sampling in IPA research is purposive; that is, it seeks the experiences and opinions of the most appropriate persons for the particular research issue being addressed. Although, there are various factors that may influence the sample size of a study, Smith and Osborn (2008) point out that there is no objectively finite sample size for an IPA study. The intense analysis of individual accounts and the examination of shared meaning, along with any nuances in these meanings, are reflective of the idiographic characteristic of IPA which is generally characterized by small and homogeneous samples (Smith & Osborn, 2008).<sup>1</sup> To meet these requirements, three female participants were recruited; one participant was suggested to the researcher by a colleague from within the University. The remaining two participants were recruited from a database of respondents who had taken part in previous research studies on NDEs and who had given over their contact details with the wish to take part in future research. Two interviews were conducted in the participants' own homes, and one was conducted in the researcher's office within the University. All interviews lasted approximately 1 h. The main elements of each participant's NDE are detailed in the presentation of the findings under the first theme. Pseudonyms have been used to ensure anonymity is maintained.

### ***Interview procedure***

A pre-prepared interview schedule contained a list of main topics to be covered, such as basic background details, background to the experience, full details of the experience from start to finish, what happened immediately after the experience, and final questions about the person's life since the experience and any other experiences they may have had. The schedule was designed in this way to try and capture the experience in some form of biographical perspective, rather than simply investigating the experience in isolation. All interviews were conducted by the first author (DW) and digitally audio-recorded and fully transcribed.

### ***Data analysis***

IPA was used to analyse the data (Smith, Jarman, & Osborn, 1999). IPA has its roots in phenomenological psychology, hermeneutics, and symbolic interactionism, and so both the life worlds of participants, and how meaning occurs and is made sense of in social interaction, are considered important (Smith et al., op cit). The approach highlights the importance of individual and personal perceptions, and aims to achieve an "insider's view" of the research topic. Although there are general guidelines available as to how to proceed with an analysis using IPA, data in this instance were analysed using the conventions set out in Smith and Eatough (2006).

### ***Reliability and validity***

Given the different epistemological basis, aims, and objectives of quantitative and qualitative research paradigms, achieving adequate reliability and validity in research for each are judged in different ways (Smith, 1996). Within the present research, a number of procedures were adopted in this regard. First, the authors met frequently to compare their independent analyses of a selection of the transcripts. The primary researcher's analysis was compared with that of the co-researcher in order to provide a check on the validity of the researcher's analysis and interpretation of participants' accounts. The aim of this process is to ensure the credibility of the analysis rather than to produce an analysis which is objectively "true" (Yardley, 2008).

Two further suggested criteria to assess the internal validity and reliability of qualitative research are internal coherence and presentation of evidence (Smith, 1996). Internal coherence refers to whether the argument presented within a study is internally consistent and supported by the data. Presentation of evidence refers to there being sufficient data from participants' discourse within a report to enable readers to evaluate the interpretation. Therefore, the emergent themes presented are supported by participants' actual discourse, in order that the reliability and validity of the interpretations can be assessed by the reader.

### ***Findings***

Three interconnected themes emerged from the analysis.

- (1) the day I nearly died: considering NDEs biographically;
- (2) new understandings: the roots of development and growth;
- (3) being and becoming: life after near-death.

Each theme will be discussed in turn and illustrated by direct quotations from the transcripts. Ellipsis points denote a short pause in the flow of a participant's speech.

### **The day I nearly died: considering NDEs biographically**

The NDE occurs within the evolving context of a person's life. As with any other major life event, there are overtures and after-effects to the NDE, which serve as way finders and indicators to how a person might interpret and find meaning in the experience, and how this may influence who they become. Within this theme, each of the three participant's stories is presented, briefly detailing their lives and personalities prior to and after their NDEs. Later themes will examine in more depth the transformative aspects of the experience.

#### *Jane's story*

Jane's life prior to the NDE was that of a 20-something young woman who had few great aspirations beyond finding a partner and settling down into a family way of life. In so far as she had attained any of these ambitions, she had already married prior to having her NDE. She recalled having no particularly strong religious or spiritual values, and no real belief in God or an after-life, and claimed not to have previously known anything about NDEs. She talked about having an uneasy relationship with her parents at the time of her NDE, particularly with her mother, which she described as one of conflict.

Her NDE happened in hospital during an operation on a burst stomach. Her preoperative condition was one of physical, mental, and emotional turmoil. She was in extreme physical pain and scared of dying:

I had peritonitis. I was in a lot of pain . . . I asked the nurse "am, am I going to die?," and the nurse sort of hesitated slightly before she answered . . . so I had got myself in the state of mind where I had been prepared really just to be obliterated . . . although it was quite scary, but I had actually given myself over it.

Her NDE was distinguished by very strong emotions; fear, anger, anxiety, isolation, and remorse, each played out against a backdrop of several distinct motifs, which had seminal ramifications in the process of integrating her NDE. The most powerful of these motifs appeared near the end of the experience, when Jane found herself falling down into darkness towards a globe of light below her; at the same time she remembered hearing a chant and felt "filled by the recognition" of it. She claimed to have heard this chant before, during an operation at the age of 10, but it seemed even more intimate to her than that:

I just knew I'd heard this, this chant hundreds of times before . . . I knew it was really significant . . . a major and powerful experience . . . this is the sound that happens when you die.

At the end of her fall, Jane encountered a group of discarnate beings she described as very gentle and loving and "glowing from within." She began a dialogue with the beings and the exchange took the form of a disagreement about whether or not she would remember the chant, which she assumed would be the key to people believing that her experience was real. She felt anger towards these beings who challenged her. Yet, despite her fury, they offered their understanding and told her that she would hear the chant again during her lifetime. They asked her why she wanted to go back to her life to which she replied that she wanted to have children and watch them grow up.

As this exchange ended, Jane found herself in another dark and lonely place; a place she felt as though she was never going to leave, where she was left alone to reflect about the relationships with her friends and parents, and the times she had said and done bad things in her life. This motif is characterized by feelings of inadequacy. Amidst this heavy, lonely feeling she heard a voice say to her, “don’t be too hard on your self,” and at that point she returned to her body and awoke from the operation.

Jane felt that her life changed dramatically after the NDE. Ultimately, the experience was a pivotal point in her life and development as a human being. The insights gained from her time in this dark void seeded and gradually flourished. She spoke about the initial changes in her world view and attitudes this part of the experience held for her:

It absolutely changed me into being a sort of just living for, a normal life to seriously thinking about life... quite er, deep serious thinker about life, and, and philosophy.

Her early post-NDE life is marked by feelings of confusion and attempts to make sense of her experience; in particular certain elements of the experience are identified as meaningful, but challenging for her to comprehend their significance. For instance, she related how she picked out one element of the NDE—falling towards a sphere of light—and began her quest to understand it:

I started reading science fiction quite a bit after... that, was the first thing I did... it [the NDE] seemed to me that it was so much larger than just, just this planet... it didn’t get me anywhere in particular... that was where my interest was.

Later, as the perceived meaning of her experience began to germinate, she took an interest in psychology and religion, and later, trained to be a counsellor and an interfaith minister.

### *Margaret's story*

Margaret had her NDE while in hospital for the birth of her first child. She was 21 years old. She described herself as living a hippy kind of lifestyle; a carefree, happy-go-lucky kind of person, with no real outlook on life and no plans made for the future other than to one day get married and have children. Margaret had been admitted to hospital a week prior to the birth. Everything seemed to be going normally until she was told that her baby had died shortly after her labour had begun. Despite numerous attempts to inform the medical staff at the hospital of a known allergy to Suxamethonium, a drug used in anaesthetics, she was given an anaesthetic containing this drug during the birth of her child. She then underwent an extremely painful and protracted labour until finally collapsing after being administered the anaesthetic:

The pain was so hideous and inescapable... by the end of the first evening I was quite happy if they would’ve come and kill me, death seemed a really good idea... I was screaming... it’s an image of being tortured in my mind... so, I went from that feeling... straight into another form of consciousness.

Once under the anaesthetic, Margaret found herself out of her body, seemingly without physical form, inhabiting a place of vast blackness, which she felt she was “leaking” into. She felt contentment and peace and was relieved to have escaped the excruciating pain she had just been in. She said that if she could have drawn a picture of herself it would have been of a “huge smile.” During this time, she felt her attention had split into two; one part had begun a dialogue with a male, disembodied voice, which she understood to be the voice of her just deceased child, but at the same time, something extremely wise and all-knowing. The voice talked to her about how life works and she felt instinctively she was

hearing the truth. The remainder of her attention was focused on a gradually approaching light, to which she was becoming increasingly adverse to its presence. This sense of foreboding eventually overcame her and she related her trepidation to the voice:

The voice said to me, what's wrong? . . . And I said . . . I don't want to go in the light . . . I won't cease to exist, but my ego will have gone, my character, my personality, the thing that makes me the individual I am will be gone.

Margaret then found herself out of the darkness and saw her husband and how upset he was hearing that she had collapsed and that the baby had died. She then saw her parents being told of her death and again saw how it saddened them. When she contemplated the amount of grief her death would cause, she began falling again and then awoke.

Margaret has had two major issues to deal with post-NDE. First, since the death of her baby, she had become very suspicious and deeply mistrusting of the hospital authorities and the staff who operated on her that day. She believed that they had made mistakes that caused the death of her baby and put her through an agonizingly painful experience. Second, there was the issue of the NDE and trying to come to terms with what had happened during the experience and what it had all meant. Above all, she really wanted to find someone who had had the same experience as she had and felt deep feelings of "isolation and alienation."

Margaret's later attempts to find connection and empathy are characterized by struggle, distrust and a pervading sense of separation. Yet, despite the difficulties, she had endured and made a success of her life. Similarly to Jane, she believes her NDE was positive in nature and outcome. Since the NDE she believed she had become more creative in life and felt that her creativity stemmed directly in some way from her NDE:

It seems to me that it was a bit of a gift, to have an experience, that it has coloured my life ever since . . . I think I have become more creative, erm, the jobs I've had are all jobs that I've created for myself . . . since having that experience [the NDE].

### *Deborah's story*

Deborah described her everyday childhood as being surrounded by people who were "very intuitive, very clairvoyant" and so was familiar with anomalous phenomena, such as NDEs, from an early age. She used to have nocturnal out-of-body experiences (OBEs) between the ages of 5 and 11 years, during which she would leave her body and travel to forests and "other realms."

Her NDE happened in hospital while living in Dhahran, Saudi Arabia. She was having an operation, which was going smoothly until at some stage her heart rate and blood pressure began falling. The surgical team fought to restore her vital signs, including using a defibrillator to restart her heart. In the midst of this, she found herself floating on the operating theatre ceiling. She was in a state of pure bliss and could see the theatre, the equipment, the staff, and her own body below her. She recognized her friend, the anaesthetist, and tried to communicate with her by tapping her on the shoulder, but her friend did not acknowledge her presence. She then found herself leaving the hospital and flying peacefully along a tunnel towards a blue light. She saw a hand descending out of the light and reaching towards her. She felt that if she had taken the hand she would have died. At this point she began a short dialogue with what she believed was the voice of God:

As I got there, I turned round and said, I don't want to go yet . . . My baby's a couple of months old and I was still feeding. I can't leave my children. I want to see them grow



old... I want to be a grandmother... and, in answer to this, "ok, you can go back," and... I had made promises... cos that power to me is God... and I'd said to him... "I'll go and do your work for you."

At this point she returned to her body and awoke from under the anaesthetic. Deborah's story differs from Margaret's and Jane's, where the latter two had no real spiritual or religious inclinations, or experience of leaving their bodies, prior to their NDEs. Deborah had grown up with the notions of clairvoyance and other anomalous phenomena during her childhood. She had already learned to meditate, had an active interest in spirituality and anomalous phenomena, and already had experiences of leaving her body prior to having her NDE. Having made a promise to God, Deborah was quite certain of the path she was embarked upon; one of service to humankind. It is something she had embraced wholeheartedly in her everyday life ever since, and which had formed a core set of beliefs and attitudes underpinning some devoted practices and difficult life changes and decisions. She recalled how she first noticed changes manifesting after her NDE:

I've always been a twenty-four seven mother, homemaker... so I've always had time to myself to meditate and to do my yoga... and I think after this [NDE] I got more into my yoga and into my meditation and, er, I started meditating twice a day.

Two common themes run through all three of our participants' stories. The first is that each in some way each came to a new understanding in their lives as a result of their NDE. Not all of our participants' subsequent life changes and decisions can be attributed to their NDEs alone. Yet, the deeper understandings they discovered about themselves and their reasons for being, which they gleaned from that experience, once acknowledged and understood, became the platforms for their future personal development and growth. The second is the influence of the NDE and its interpretation on the evolving nature of the self. The first of two themes on this topic, "new understandings" will be discussed next.

#### **New understandings: the roots of development and growth**

Jane's story is illustrative of this theme. One of the most significant motifs in her NDE came towards the end where she experienced being "trapped" in a form of limbo; a dark, isolating place in which she had a tangible sense of being in a space where time had no meaning; an eternity in a void where nothing gets resolved and no help is forthcoming while she worked through her personal dilemmas, until finally realizing the nature of her problems. During this time, she contemplated the relationships she had with different people, in particular her relationship with her mother. It was a desperately remorseful and melancholic experience for her:

I started thinking... particularly relationships with my parents were so bad and how I hadn't been a good enough daughter I hadn't been the way my mother had wanted me to be and, erm, I was really feeling pain because of all the horrible things I'd said, y'know as a teenager as you do... and then a voice said... "don't be too hard on yourself." It was a very powerful sentence.

Having reached this awareness, Jane was essentially "freed" from the void to return to her body. Within this most profound part of her NDE, Jane reached a new understanding about her relationships with other people. Having returned from her experience, this realization forced her to confront the importance of working through one's relationship issues, something she carried through, not only on a personal level, but in a professional

capacity as well when she later trained as a relationship counsellor for the organization, RELATE. The ascription between the NDE and her later behaviour is made clear by Jane:

Well, "don't be too hard on yourself" was very, proved later to be very meaningful to me... that has remained with me as, as my guideline really.

Some of the defining characteristics of Margaret's NDE and, indeed, the more complicated parts of her life since that experience, had been a persistent sense of separation, of being alienated and not understood or listened to. She had nurtured a belief that the world was a difficult place to live in and that life is a struggle and that struggle had an educational purpose, defining the person, who ultimately saw the value of it all in the process. She felt that through her experience losing the baby in hospital, and the challenges she had endured while trying to integrate her NDE, she had faced her own struggles. However, she saw her NDE as a gift, something which had given her an understanding of the world, a philosophy and a theory about the truth of one's existence, from which she could draw comfort.

Since the NDE she had looked to scientific theories she believed might explain the totality of her experience. She placed great faith in these theories to discover the answers to the questions she had about her experience. It has also provided her with a potential solution to the enigma of why she felt so isolated from other people who she perceived as unable to understand her experience, and the radical shift between the person she was prior to the NDE and the post-NDE Margaret:

Sometimes I think that when I fell back from that experience I fell back to a different place... certainly the girl who climbed onto that table [operating table] was not the same person who got up off it... the change was so dramatic in my way of thinking that my younger self... it's like waking up in a universe where people talk in a different language to you somehow, and you try to say something and it's like, no they ain't getting it, they don't understand what I'm saying so I'll shut up.

The key feature of Deborah's NDE is the promise she made to do God's work when she returned. Given her previous experience and interest in spiritual matters, her interpretation of the meaning of her NDE is unequivocal. Post-NDE she found a strengthened, clearer purpose in her life, and the experience appeared to have renewed and refreshed her intentions to commit to a spiritual journey:

After that, that changed my life... because I'm very much, erm, I dunno what you might call it, into spirituality for years... I'm in service for others... God sent me home so I've got to start doing some work... that's when I found my guru, my spiritual master.

Since her NDE, Deborah had adopted an attitude and position of service to others. This has been reflected by her commitment to practising ethically, to pass on her knowledge and skills to others, and to help those who are most in need of help:

... I was teaching at the [psychic college] for nine years actually, Kundalini yoga... I was just planting seeds... I don't teach so much now, that's not where I'm at 'cos I'm not there to earn money... I'm on my path... I did past life therapy, I did that for some time but... I'm not gonna do a past life on you because it's not, it's not, a fun thing. If you want to come here because you've got a medical problem, then we'll look at it.

### **Being and becoming: life post-NDE**

This final theme compliments and builds upon some of the changes our participants had experienced from the time of their NDE.

Signs of the influence of Jane's NDE began soon after and were characterized by a general feeling of having been exposed to information which necessitated a realignment of her personal beliefs and values about such issues as life after death, religion and her relationships with her friends/family and with God:

It was such a big change for me because y'know I suddenly had to think about my, what my beliefs were suddenly again.

Jane felt lucky to have had her NDE and that, because of it, much of her life has not been wasted. The alterations in her beliefs and attitudes were succeeded by some major life changes as she found herself gradually becoming absorbed in developing herself personally and spiritually. Interpersonal relationships became of primary importance to her. In order to make further sense of this, she gravitated to reading about psychology, in particular self-help books about relationships, and eventually worked as a Samaritan and trained as a relationship counsellor. She took up the challenge of changing and improving relationships for other people, and of those in her own life:

I ended up accepting myself for the person that I was... knowing that I was loved and loveable... I've never really succeeded because my, actually my friends were pretty screwed up people, so I, I, it's just accepting them and accepting the best possible solutions for day-to-day relationships went on.

Jane's growth continued to find deeper meaning in her views about relationships, death, and dying, and the importance of giving and receiving forgiveness:

Because the people left behind are the ones hanging on to stuff and there's no way to resolve it... Forgiveness is very important I mean not forgiveness to benefit the other person but forgiveness to help yourself really.

Post-NDE, she took an active interest in learning about different religions, particularly Christianity. Again, her shift in attitudes and beliefs towards religion was underpinned by significant behavioural changes:

I did some other courses as well... to do with religion and er, studied that and then I did interfaith er, minister erm, training as well, this was after I left RELATE.

Jane perceived her NDE as a new beginning and was no longer afraid of dying. She confessed it was hard to say what influences could be attributed directly to the NDE; however, she did not think she would have become a counsellor without having had that experience.

Margaret, too, underwent great changes in the personal, emotional, and spiritual domains of her life. Her initial efforts to make sense of her NDE were met with diverse and sometimes extreme reactions. She found some support from her husband whom she told soon after the experience and who was accepting. However, in further attempts to share the experience, she began communicating with the leader of a spiritual group based in India, hoping to find some wisdom and empathy with her experience:

I had a letter from the Guru in India... he said well, did this happen while you were having an operation... and he said, well that would be the anaesthetic, and he just, he was saying that was a dream state, that wasn't real, and that made me very cross, that he would deny my experience, without having had it himself.

After this she turned to Internet discussion forums about NDEs, again only to be rebuffed regarding the authenticity of her experience. She believed her attempts to make

her NDE accessible to other people had been frustrated by the ineffability of the experience itself:

Sometimes there aren't words available to describe a nebulous experience... you end up using clichéd words that make you feel as if you are talking madness or you know about supernatural events that are, that are risible and laughable.

Having had to contend with people who had either not believed her NDE or had outrightly dismissed it as false, and allied to her belief that the hospital covered up a medical accident that resulted in her baby's death, Margaret had developed a deep distrust of whom she will tell her story to for fear of further reproach, selectively sharing it with trusted people who have belief in her experience.

As with Jane, Margaret believed that post-NDE she has experienced a range of psychological and behavioural changes in her life. She thought that she had undergone an expansion in her psychic, creative, and mental abilities, such as gaining the gift of foresight. She believed that she had become greatly more empathic; an empathy extending beyond human-to-human empathy to empathizing with animals, alive or dead. She termed this development as having "evolved to the next stage." These enhanced abilities she believed were additional reasons why she had felt a sense of separateness from other people.

Like Margaret, Deborah also received a mixed reaction to the disclosure about her NDE. However, her negative reactions came closer to home. In the years following her NDE, both she and her husband noticed that her behaviour and personality were changing. These transformations had a profound impact on her relationships with her husband and her children. Her husband was an Armenian man, Greek Orthodox in religion, and considered her talk of NDEs, and some of her spiritual practices, as "evil." These divisions eventually contributed to the couple divorcing. With hindsight, she believed this was necessary; a consequence in part because of "his fear," but also that getting divorced was an ingredient of her spiritual growth. However, she did find support and acceptance from her children regarding her spiritual life and her NDE:

I've progressed... I think that's something that, erm, I've have given my children... one chapter of my life has closed, because now I'm on the next part in my spiritual journey with my children.

She viewed the NDE as having confirmed to her the validity of her spiritual path and that it has strengthened her resolve to discuss her spiritual beliefs.

Since her NDE, Deborah's devotion to service has impacted on her decision-making and the choices she had had to make regarding what she brought into her life that would best honour her commitments:

There are different types of yoga, and I wanted mine spiritual... then after a few years I left the psychic college... they always just want money out of you and if you do this course, and of course I found I don't need to go back and do another, so I passed all that and moved on.

In terms of the promises she made to God, she admitted that she never remembered exactly what she promised to do, but periodically she was reminded of them when he needs her to take on some new task, such as her latest work on her path:

Sometimes the conversation [with God] comes back and I think, ahh, I've done this. That's what I've done for you, thank you... I do a lot of work in India, and I, I have a spiritual master there and we feed five hundred people a day, and so now that's where my path is.

## Discussion

The above analysis has shown the NDE to be a major life transition event; one which can exert lasting social, affective and psychological tensions on the individual in terms of the evolution of their selves and identities in their quest for meaning. In this section of the paper we will discuss these findings within a theoretical context.

Our participants described many of the features commonly reported during NDEs, such as feelings of contentment and peace, seeing a tunnel or light, being out of their body, and meeting with spiritual beings (Moody, 1975; Ring, 1980, 1993). Sabom (1982) distinguished between "autoscopical" and "transcendental" NDEs. Autoscopical NDEs are characterized by a feeling of separation from the physical body, and sometimes also seeing it from an exteriorised viewpoint, as well as receiving other sensory input from the physical environment. Transcendental NDEs are typified by images of alternative realms of existence and/or experiencing contact with "spiritual beings." Of the three NDEs described by our participants, Jane and Deborah's were both autoscopical and transcendental, whereas Margaret's was purely autoscopical.

Different typologies of NDEs have been described in the literature. Deborah's NDE could be termed a generally positive experience, while Jane's and Margaret's NDEs incorporated predominantly negative elements. Greyson and Bush (1992) have classified three distinct types of negative NDE; first, blissful but still terrifying experiences, second, experiences in which the person feels as if they have entered a place of non-existence, and third, those experiences which depict visions of hell and damnation. Margaret's NDE, particularly her fear of dissolution in the light, is illustrative of the first of these typologies, what Ring (1994) termed the "inverse" NDE, where common features are perceived but the principal affective tone is one of outright fear.

The motifs and emotions Jane experienced in the latter stages of her NDE are more suggestive of the second category, where the person feels as if they have entered an endless void and are overwhelmed with perceptions of profound solitude. Rommer (2000) has noted that this category may also contain disturbing or terrifying life reviews, in which the person is upset by or fears some form of judgement, which again would fit with Jane's experience.

One of the main aims of this study was to carry out an examination of the lived experience of having an NDE and what meaning NDErs attribute to that experience. Corbett (1996) considered the meaning of an event as having "dispositional power" over the experient in what they will do or think afterwards. The results from this study show that NDEs can be considered as critical life events (Dougherty, 1990) in terms of the transitions experienced afterwards that affect the development of the person's self, their identities, their relationships, and general life directions. The "dispositional power" of the critical life event has been previously acknowledged by various authors (Baltes & Danish, 1980; Brim & Ryff, 1980; Pearlin, 1980).

What our results have been successful in emphasizing is the psychological, social, and affective tensions experienced by our participants throughout the process of these transitions.

Jane's response to her NDE is similar in nature to one described by Bush (2002)—called "the turnaround"—the main meaning behind the NDE is seen as a kind of caveat; a forewarning of an ill-advised direction in life that must be heeded. Jane does "hear" the warning she is given and makes changes in her life in accordance. Despite her confusion and angst, she seems to have overcome and resolved the underlying message of her experience.

The overall meaning of Margaret's NDE is complicated, and hence her assimilation of her experience has taken an uneasy trajectory. The shock and pain of the death of her baby, as well as her harrowing experience giving birth to a still-born child, are irrevocably intertwined with the experience of communicating with him in an out-of-body state during her NDE. As her life progresses beyond that critical point, the influences of both events vie for psychological attention in Margaret's everyday living space. Sometimes they coalesce in periods of psychological contraction and introversion; substantiated by her thoughts of alienation and separation, and protracted communication difficulties with hospital authorities and in trying to combat the perceived illegitimacy of her NDE by other people. More than a need for social bonding, she has a burning desire to find acceptance and peace in some form of public acknowledgement of her NDE, but also an admission of negligence on behalf of the hospital staff. In the face of these factors, the underlying message may then have been missed.

While the most linear of the three narratives is the story of Deborah's NDE, there are tensions evident in how she resolves the conflict between her autonomous self and her connected self. The progression along a spiritual path is often viewed through modern eyes as a fulfilling and constantly enriching experience, yet historically it has been strongly linked with struggle and dark nights of the soul; a lonely journey where difficult and painful situations are often the most profound providers of spiritual wisdom (Corbett, 1996; Eichmann, 1991). Throughout the interview, Deborah repeatedly evoked this symbolic image of the "path" and the "journey," underwriting her determination, autonomy, and responsibility to honour her pledge. This process leads to the creation of her own spiritual ego-ideal and self-image (Downton, 1980; Sacks, 1979). Many of her decisions and choices are streamlined to aid the fulfilment of that mission and some of these impact upon her relational self (e.g., Hine, 1970; Lofland & Stark, 1965). This kind of social re-balancing has also been noted by Downton (1980). For instance, she spoke about the split from her husband after 30 years of marriage as a necessary step in her spiritual evolution, citing religious differences and personal changes as the main drivers behind the split. Yet, she also mentioned a strong wish to feel connected, grounded to her children as companions along the path, a self desiring a connection to another self or selves, another which shares similar goals and understandings.

### Conclusion

The qualitative findings presented here adds to existing knowledge of NDEs in showing that to more deeply understand the impact of NDEs it is crucial to consider how the experience fits within the biographical context of an individual's life. This differs from much of the previous work to date, which has largely considered the NDE as a separate entity and in so doing has lost how individuals respond to such a unique critical life event and the transformative processes it can thrust upon them. As our data have shown, rather than being an overall influence on personal and spiritual growth, people will choose elements of an experience which are most personally meaningful for them and take that into their later lives. As their lives change, and in the light of new information and experiences, so may their interpretation of their NDE.

The idiographic, phenomenological approach taken in this research has been instrumental in highlighting the subtle affective, social and psychological mediating factors that influenced how the NDE was interpreted and integrated during the course of

daily living. In addition, concomitant physical and psychological events can also intertwine in vastly complex ways, which may aid or hinder the individual's resolution of the underlying meaning of the NDE. What it has also shown is the challenges the NDE, or elements therein, have on the individual's sense of self and how they maintain and develop that self in the years succeeding the event.

### Note

1. Some readers may be concerned about the small sample size and the potential generalizability of the results to the wider NDE population. Smith and Eatough (2006) point out that IPA is an idiographic approach to data collection and analysis, and this is mainly considerate of honouring the richness of the individual's account. Smith and Osborn (2008) have argued that IPA is not opposed to more general claims for larger populations, but is "committed to the painstaking analysis of cases rather than jumping to generalizations" (p. 54). They further argue that while generalizable claims regarding a sample in a single IPA study would not be made, as more studies with other samples are carried out with similar findings, more general claims would become possible. However, they refer to this as "theoretical generalizability," rather than "empirical generalizability." With regards to the data presented in this study, the authors wish to make it clear that the focus of interest was on the detailed experience and meaning of the NDE for the individual participants, without claiming that these experiences are universal to all NDEs or NDErs.

### Acknowledgements

This research was supported by the Bial Foundation, a Parapsychological Association Research Endowment, and also, in part, by a Faculty Scholarship Fund granted by the Faculty of Medical and Human Sciences at the University of Manchester. We would also like to express our gratitude to all. We would also like to thank the two reviewers for their constructive comments on an earlier draft of this paper.

### References

- Athappilly, G.K., Greyson, B., & Stevenson, I. (2006). Do prevailing societal models influence reports of NDEs? A comparison of accounts reported before and after 1975. *Journal of Nervous and Mental Disease, 194*(3), 218–222.
- Atwater, P.M.H. (2003). *The new children and near-death experiences*. Rochester, VT: Bear & Company.
- Baltes, P.B., & Danish, S.J. (1980). Intervention in life span development and aging: Issues and concepts. In R.R. Turner, & H.W. Reese (Eds.), *Lifespan developmental psychology intervention* (pp. 49–78). New York: Academic Press.
- Belanti, J., Perera, M., & Jagadheesan, K. (2008). Phenomenology of near-death experiences: a cross-cultural perspective. *Transcultural Psychiatry, 45*, 121–133.
- Blackmore, S.J. (1993). Near-death experiences in India: They have tunnels too. *Journal of Near-Death Studies, 11*(4), 205–217.
- Brim, O.G., & Ryff, C.D. (1980). On the properties of life events. In P.B. Baltes, & O.G. Brim (Eds.), *Life-span development and behavior* (pp. 368–388). New York: Academic Press.
- Bush, N.E. (2002). Afterward: making meaning after a frightening near-death experience. *Journal of Near-Death Studies, 21*(2), 99–133.
- Chari, C.T.K. (1982). Parapsychological reflections on some tunnel experiences. *Anabiosis, 2*, 110–131.
- Corbett, L. (1996). *The religious function of the psyche*. London: Routledge.

- De Waele, J.P. (1986). Individual psychology. In R. Harre, & R. Lamb (Eds.), *The dictionary of personality and social psychology* (pp. 185–188). Oxford: Blackwell.
- Dougherty, C.M. (1990). The near-death experience as a major life transition. *Holistic Nursing Practice*, 4(3), 84–90.
- Downton, J.V. (1980). An evolutionary theory of spiritual conversion and commitment: The case of divine light mission. *Journal for the Scientific Study of Religion*, 19(4), 381–396.
- Eichmann, W.C. (1991). Meeting the dark side in spiritual practice. In C. Zweig, & J. Abrams (Eds.), *Meeting the shadow: the hidden power of the dark side of human nature* (pp. 134–137). Los Angeles: Tarcher/Perigee.
- Estes, W.K. (1997). Processes of memory loss, recovery, and distortion. *Psychological Review*, 104, 148–169.
- Fenwick, P., & Fenwick, E. (1995). *The truth in the light*. London: Headline.
- Flick, U. (2002). *An introduction to qualitative research* (2nd ed). London: Sage.
- Flynn, C.P. (1982). Meanings and implications of NDEr transformations: some preliminary findings and implications. *Journal of Near-Death Studies*, 2, 3–13.
- Grey, M. (1985). *Return from death: An exploration of the near-death experience*. London: Arkana.
- Greyson, B. (1983). The Near-death Experience Scale. *Journal of Nervous and Mental Disease*, 171(6), 369–375.
- Greyson, B. (1994). Near-death experiences. In R. Corsini (Ed.), *The encyclopedia of psychology* (pp. 460–462). New York: Wiley.
- Greyson, B. (1996). The near-death experience as a transpersonal crisis. In B. Scotton, A.B. Chinen, & J.R. Battista (Eds.), *Textbook of transpersonal psychiatry and psychology* (pp. 302–315). New York: Basic Books.
- Greyson, B. (2000). Near-death experiences. In E. Cardeña, S.J. Lynn, & S.C. Krippner (Eds.), *Varieties of anomalous experience: examining the scientific evidence* (pp. 315–352). Washington, DC: American Psychological Association.
- Greyson, B. (2001). Post-traumatic stress symptoms following near-death experiences. *American Journal of Orthopsychiatry*, 71(3), 368–373.
- Greyson, B. (2007). Consistency of near-death experience accounts over two decades: Are reports embellished over time? *Resuscitation*, 73, 407–411.
- Greyson, B., & Bush, N.E. (1992). Distressing near-death experiences. *Psychiatry*, 55, 95–110.
- Groth-Marnat, G., & Summers, R. (1998). Altered beliefs, attitudes, and behaviors following near-death experiences. *Journal of Humanistic Psychology*, 38, 110–125.
- Hine, V. (1970). Bridge burners: Commitment and participation in a religious movement. *Sociological Analysis*, 31, 61–66.
- Irwin, H.J. (1999). *Near-death experiences*. In *An introduction to parapsychology* (3rd ed, pp. 199–217). Jefferson NC: McFarland & Company.
- Knoblauch, H., Schmied, I., & Schnettler, B. (2001). Different kinds of near-death experience: a report on a survey of near-death experiences in Germany. *Journal of Near-Death Studies*, 20(1), 15–29.
- Lofland, J., & Stark, R. (1965). Becoming a world-saver: a theory of conversion to a deviant perspective. *American Sociological Review*, 30, 862–875.
- Moody, R.A. (1975). *Life after life*. Covington, Texas, GA: Mockingbird Books.
- Moody, R.A. (1977). *Reflections on life after life*. St. Simon's Island, GA: Mockingbird Books.
- Morris, L.L., & Knafl, K. (2003). The nature and meaning of the near-death experience for patients and critical care nurses. *Journal of Near-Death Studies*, 21(3), 139–167.
- Murphy, T. (2001). Near-death experiences in Thailand. *Journal of Near-Death Studies*, 19(3), 161–178.
- Noyes, R. (1980). Attitude change following near-death experience. *Psychiatry*, 43, 234–242.
- Osis, K., & Haraldsson, E. (1977). *At the hour of death*. New York: Avon.
- Pasricha, S., & Stevenson, I. (1986). Near-death experiences in India: A preliminary report. *Journal of Nervous and Mental Disease*, 174(3), 165–170.



- Pearlin, L.I. (1980). Strains and psychological distress among adults. In N.J. Smelser, & E.H. Erickson (Eds.), *Themes of work and love in adulthood* (pp. 174–192). Cambridge, MA: Harvard University Press.
- Ring, K. (1980). *Life at death: A scientific investigation of the near-death experience*. New York: Coward, McCann & Geoghegan.
- Ring, K. (1993). The near-death experience. In R. Walsh, & F. Vaughan (Eds.), *Paths beyond ego: The transpersonal vision*. New York: Jeremy P. Tarcher/Putnam.
- Ring, K. (1994). Solving the riddle of frightening near-death experiences: Some testable hypotheses and a perspective based on a course in miracles. *Journal of Near-Death Studies*, 13, 5–23.
- Rommer, B. (2000). *Blessings in disguise: Another side of the near-death experience*. St. Paul, MN: Llewellyn.
- Sabom, M. (1982). *Recollections of death: A medical investigation*. New York: Harper & Row.
- Sabom, M., & Kreutziger, S.A. (1978). Physicians evaluate the near-death experience. *Theta*, 6(4), 1–6.
- Sacks, H.L. (1979). The effect of spiritual exercises on the integration of self-system. *Journal for the Scientific Study of Religion*, 18(1), 46–50.
- Schooler, J.W., & Eich, E. (2000). Memory for emotional events. In E. Tulving, & F.I.M. Craik (Eds.), *The Oxford handbook of memory* (pp. 379–392). Oxford: Oxford University Press.
- Smith, J.A. (1996). Beyond the divide between cognition and discourse: Using Interpretative Phenomenological Analysis in health psychology. *Psychology and Health*, 11, 261–271.
- Smith, J.A., & Eatough, V. (2006). Interpretative Phenomenological Analysis. In G.M. Breakwell, S. Hammond, C. Fife-Schaw, & J.A. Smith (Eds.), *Research methods in psychology* (3rd ed., pp. 322–341). London: Sage.
- Smith, J.A., Jarman, M., & Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray, & K. Chamberlain (Eds.), *Qualitative health psychology: Theories and methods* (pp. 218–240). London: Sage.
- Smith, J.A., & Osborn, M. (2008). Interpretative phenomenological analysis. In J.A. Smith (Ed.), *Qualitative psychology. A practical guide to research methods* (pp. 51–80). London: Sage.
- van Lommel, P., van Wees, R., & Meyers, V. (2001). Near-death experiences in survivors of cardiac arrest: a prospective study in the Netherlands. *The Lancet*, 358, 2039–2045.
- Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J.A. Smith (Ed.), *Qualitative psychology. A practical guide to research methods* (pp. 235–251). London: Sage.