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The therapeutic importance of the study of the effects of the near-death experience

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During the near-death experience (NDE), most percipients do express a high level of orderliness; yet at some instances, some percipients show some symptoms of trauma. It is pertinent to notice that a great quantity of academic work has been carried out about the excitements and awesomeness that comes alongside the NDE, but very little has been itemised about the traumatic or the negative aspects of the NDE. The aim of this research is to discuss the seemingly abnormal effects of the NDE that can be connected to the symptoms of post-traumatic stress disorder (PTSD). It is important to note that the life review is one of the major features of the NDE in which a percipient narrates vividly and logically his or her dying experiences that may or may not include a feeling of guilt. A phenomenological method is implored in this research because the researcher uses the life review feature to argue that there is both saneness and some distressing features observed among many NDE percipients. At the end of this study, the researcher argued that the NDE may provide scanty evidence or possibilities for symptoms that pertained to a PTSD that may require a therapeutic and medical attention.

Contribution: The researcher challenges the current status quo, which does not provide any guide or therapy for NDE percipients. The researcher therefore instigates the need for the psychiatrists and other caregivers to begin to develop some guide or therapy for NDE percipients especially those who experience a negative NDE.

Keywords: brain; death; dying; experiencer; heart; mind; percipient; resuscitation.

Introduction

The near-death experience (NDE) is a universal phenomenon that is connected to all kinds of people irrespective of race, region, religion, beliefs, education, economic background, and many more. The NDE has many implications on theological studies among which are: its connection to providing biblically based counselling for NDE percipients, the interpretation of the visions of the image of light as one of the features of the NDE,[1] the concept of judgement in the afterlife, and so on. Fox noticed that there seemed to be a general disinterest among some theologians on the study of the NDE because to them, the study of NDE is rather medical and psychological with so much academic distrust against the wish of the theologians (Fox 2003:4–5 cf. Greyson 2008:12–13). Yet, he advised that theologians need to get involved in the study of NDE because they are responsible for teaching their members how to scrutinise what is true and false:

> For others, one key task of theology is indeed to sort Truth from error, usually by attempting to measure the correctness or truthfulness of a claim being made against criteria-including Scripture, tradition and established practice-that exist for just such purpose. (Fox 2003:92)

The NDE has been reported universally which suggest that it pertained to people of all faiths and to people that have no religious affiliation. Dr. Robert M. Pallotti, a deacon, called on the Church to provide counselling guides to their members who might experience the NDE. Having being a pastor for many years, Pallotti (2014) is of the view that there is at present no biblical dogmas or standards that can be applied in counselling Christians who have experienced the near-death. He added that:

> [*T*]he near-death experience presents great opportunities, and poses significant challenges to ponder concerning the reality of the spiritual life, and its lessons for living in this world in preparation for the one to come. (p. 1)

1.Most NDE percipients have narrated their experiences with an "image of light" they come across during their experiences. While some regard the image of light as Jesus, others say Budha or Mohammed, while some say they do not have an identical name to the image of light they saw during their experiences (Corazza 2008:29–32). This raises concern on those who believe that Jesus is the *only way* to the God (Jn 14:6). The image of light or being light according to Greyson offered a cheap grace and the Devil himself according to Greyson (2006:408) can appear as a being of light thus making this subject theologically relevant (Jn 3:1–21 cf. Ezk 36:22–28; Paul warned that even the Devil can appear as a Being of Light (2 Cor 11:14).

Although this research is not directly a study of the theological implications of the NDE, the researcher however provides scientific-grounds or reasons for counselling people who experienced the NDE and especially the NDE that comes alongside traumatic symptoms. Christian counsellors, psychiatrists, and general caregivers will benefit tremendously from this research because the researcher challenged various specialists to develop a programme or therapy that can help NDE percipients where and when necessary. The researcher applied a phenomenological approach to explain the scientific meaning of death and dying, and its connection with the NDE.

Death and dying

The study of death and dying

Death is a phenomenon or an event or an experience that is inevitable. People are aware that at some point in time, they have to die (Rensburg & Eck 2008:1499). The study of death has become very important to the point that scientists in the 21st century included the concept of death as a major characteristic of all living things. Dr. Sarah Akka of the London School of Medicine noted that the traditionally known characteristics of living things taught in African schools have been movement, respiration, nutrition, excretion, growth, reproduction, and irritability. Death is now added to these seven characteristics of living things, (S. Akka, [School of Medicine], pers. comm., 23 September 2023). Contemporary studies regarding the out-of-body experiences are generating scientific interest on the aftereffects of death and dying. Scientific interest on the subject of death cannot be overemphasised. Polkinghorne, a theoretical physicist proposed that dead bodies break into thin air and become unseen particles that exist in another universe (Polkinghorn 1985:180–184). His view might have been motivated by the interest on the aftereffects of death.

To further buttress scientific interest on the study of death, Robert Lanza, a renowned medical doctor on the other hand taught that death does not exist, reason being that he taught that death is a change of state of existence and not the end of life (Lanza & Berman 2018:2). This is in view of the contemporary concept of biocentrism, which teaches that life cannot die 'nothing actually dies in the sense of going out of existence. What is lost to the past is the high probability of detecting event' (Allen 2017:4).

In addition, the subject of death has been guessed-upon and studied for many years in order for humans to understand the reasons for the existence of death, and this has led to the creation myths and legends among many cultures of the world. People in different fields of knowledge have studied and are studying the concept of death. Anthropologists, historians, religious scholars, archaeologists, nurses, psychiatrists, neurosurgeons, and other medical practitioners study death for various reasons (cf. Turner 1993:1).

While some are concerned about finding ways to prevent or avoid death, others prefer to know the processes of dying and what happens to the physical body after death. One of the aims of studying death could be in tandem with preserving the dead for a future life. Cryonics is a recent field of study that is aimed at preserving the dead. Cryonics is an exploration of modern scientific methods in freezing and storing the dead with a view according to which further scientific researches would be conducted so that the dead body might rise or resurrect not in the otherworld but in the physical world we live-in today (Mercer 2017:1–8). Although the practice is disputed among scientists as a mainstream science, yet others believe that the practice is science-based (Mercer 2017:4).[2]

The idea of cryonics as a modern concept might likely not be a surprise to many, reason being that the idea of preserving the dead for a possible resuscitation or resurrection is ancient. It might be recalled that the Egyptians were more concerned about death and the dead to the point that they had to mummify in order to keep the dead alive. Jock Agai noted that the ancient Egyptians mummified in order to keep both the body and the soul alive for aggrandizing journey into the afterlife (Agai 2015:7-8). Knibb also observed that death has become a subject of interest to religious scholars to the point that themes on the subject of death are more valued and studied than themes on the subject of life (Knibb 1989:402).

Modern science is interested in the study death, dying and dying in dignity, and this informs one of the reasons for this research (Grosso 1989:237–239; Kubler-Ross, Wessler & Avioli 2010:174–175). It should be observed that while most NDEs are positive because of the awesomeness and excitements it generates, some NDE percipients may sometimes experience a negative NDE. A negative NDE usually comes alongside panic, fear, and extreme feelings for isolation (Grey 1987:56–58). This makes it necessary to discuss the implication of death and dying on the definition of the NDE in addition to finding a need to associate or dissociate the NDE with traumatic experiences.

There is yet to be any evidence according to which the NDE is a trauma (Muller 2021). This research however evaluates some of features of the NDE that can be connected with the outcome of post-traumatic stress disorder (PTSD). One of which is the hellish or a negative NDE where a percipient is knocked with great anguish, thus resulting to a form of trauma that may or may not last for a longtime:

> A negative [*NDE*] experience is usually characterised by a feeling of extreme fear or panic. Other elements can include emotional and mental anguish, extending to states of the utmost desperation. People report being lost and helpless and there is often an intense feeling of loneliness during this period coupled with a great sense of desolation. The environment is described as being dark and gloomy, or it can be barren and hostile. People sometimes report finding themselves on the brink of a pit or at the edge of an abyss, and state that they needed to marshal all their inner resources to save themselves from plunging over the edge. (Grey 1987:56–58)

A trauma is a result of an experience that might be connected to sustaining injuries or pain or stress that may have a long-

2.Evidence-Based Cryonics, 2011, Scientists' open letter on cryonics, viewed 20 December 2022, from https://cryonics.org/cryonics-library/scientists-open-letter-on-cryonics/

term or short-term effect on the subject. The effect could be connected with emotional and physical pain or sorrow that resurface time after time, except it is checked (Briere & Scott 2006:8–13). The Development Service Group proposed a definition of a trauma to include situations that allows an individual to experience death by threat because of exposure to aversive or unpleasant sceneries (Development Service Group 2016:1–2). The NDE has certain features that might be connected with some features of trauma that might include a feeling of isolation, stress, and many more.

The difference being that most NDE percipients reported a feeling of peace, kindness, and love for humanity. The purpose of the research is not to argue that the NDE is a PTSD, but to show the need to begin to see some connection between PTSD and certain features of the NDE. As a result, there is a need for the study of the NDE so that health workers will proffer ways of handling and communicating with the percipients of the NDE.

The concepts of death and dying

The meaning of death is a contested view. It thus becomes important to elucidate the various notions regarding the meaning of death. Firstly, from a traditionally scientific point of view, death is generally referred to as the end of life. It arises when vital body organs such as the lungs, heart, liver and others cannot function completely (Halsey & Johnston 1989:758). The complete malfunctioning of vital body organs especially the heart used to be the criterion for certifying death. The heart is the major organ in the cardiovascular system that allows the networking of body fluids through the pulmonary system consisting of the heart and lungs; the coronary system consisting of all the vessels that serve the heart and through the systemic systems consisting of all other systems in the human body (Ramalingam 2016:325–326).

The heart is a vital organ considering that it receives deoxygenated blood and other metabolic waste products and pumps it to the lungs for oxygenation,. The heart also pumps the oxygenated blood to other body parts, likewise hormones to relevant body parts in addition to maintaining blood pressure. It is important to observe that without the functioning of the heart, there can't be an active lifestyle among humans (Ramalingam 2016:327).

This is one of the major reasons why the heart was used for determining whether a person is dead or alive, because the heart seemed to control all other body organs including the pumping of oxygen to the brain, the absence of which causes necrosis (the dying of brain cells) (Halsey & Johnston 1989:758).

The electrocardiographic (EKG) tracing is used to measure the rate of heartbeat and where the tracing runs flat because the patient ceased to breath suggest that the person could be declared dead. Contemporary medical sciences have made advances to the point that heartbeat is no more regarded as the primary criterion for determining death but brain impulses (electroencephalograph [EEG]). Respiration which is controlled by the heart can now be artificially induced and maintained using mechanical techniques such as the cardiopulmonary resuscitation (CPR), defibrillation, and the use of chemical stimulants such as epinephrine injection and so on (Nelly 2017:1).

Secondly, death is that which involves the complete malfunctioning of brain impulses. In other words, the heart could stop beating yet the subject may not be declared dead until brain impulses are completely absent. This is popularly referred to as brain death and it is determined by the use of EEG tracings, which checks brain impulses. Where electrical brain impulses do not function for about 24 h because of the death of brain cells, the subject could be certified medically death.

The brain is critical in determining the certification of death, to the point that even if the heart functions but the brain cells are dead, the individual could finally be laid to rest (Agai 2015:2; Moody 1975:196–199). Moore (1968) echoed on this definition of brain death:

> There must be something that can be seen by the unaided eye which tells the observer that the brain is damaged, extruded, divided or destroyed. Then with the total cessation of neural activity of the brain, the state of the other organs can be whatever suits the recipient best. Even if the heart is still beating, there is no question for the coroner or lawyer. The donor is dead. (p. 386)

Technically, brain death occurs when the subject has lost every brain functioning activity that involves complete memory loss, personality loss, loss of consciousness, and most importantly when the cerebral hemisphere is declared fully malfunctional. Ben Sarbey observed that cerebral death is the true meaning of brain death because it is the cerebrum that makes a person (Sarbey 2016:747). This view by Sarbey might be justified because of the brain function of the cortex that uses several lobes located within the cerebral hemisphere charged with the responsibility of processing all human senses including emotion, consciousness, problem solving, reason, thinking, learning, memory activity, and many more. The cortex has different lobes that serve different purposes such as the frontal lobe, parietal lobe, occipital lobe, and temporal lobe (Jordaan & Jordaan 1989:183–185).

Although brain death is regarded as an important criterion in certifying death, it is important to notice that the subject is still debated. The border between life and death are not easily determined as generally thought. This is so because the EEG although good is yet not enough to serve as a proof for complete brain death 'hence a flat EEG tends to be more indicative of neocortical inactivity but not full-brain inactivity' (Agrillo 2011:2). This is why despite the EKG and EEG tracings, taking time to observe the dying person and making sure that the person is truly dead is important in addition to the mentioned mechanical tracings (cf. Moore 1968:386).[3] The observation of a dying person or a person

3.Rizzo and Yonder observed that the EEG, which preceded EKG is also at the moment no more a determining and a confirming sign that a person is dead (Rizzo & Yonder 1973:225). In other words, the incomplete or the malfunctioning of the heart and brain testing are not the only criteria that should determine whether a person is dead or not as Moore noticed "[a] flat EEG is not enough" (Moore 1968:386). Proper and careful observations are rather encouraged (Ad Hoc Committee of Harvard Medical School 1968:85–86).

who is immediately declared is important. In other words, despite the EEG and EKG tracings, observations by the health practitioner can be used as the ultimate litmus in concluding that an individual is dead (Moore 1968:386).

This research discussed two types of death. Firstly, the death of vital body organs that affect cardiac activity, respiration, and circulation of body fluids. When vital body organs such as the heart cannot function completely or where its activity is derailed because of the malfunctioning of other body parts or accident, the rhythm of heartbeats get affected creating a condition called cardiac arrest but sometimes resuscitation is possible.

This type of death might be in tandem with systemic or somatic, or clinical death where resuscitation is possible (Nelly 2017:1–2). Secondly, brain death in which resuscitation is not possible because vital brain parts particularly within the cerebral hemisphere are destroyed and cannot function for a period of time (Sarbey 2016:747–748). Should there be any extraordinary situation where a brain-dead individual is resuscitated, he or she cannot in anyway function or function properly because of damages in the cerebral hemisphere. For a person to be declared dead and be buried or kept in a mortuary or cremated or disposed or applied alkaline hydrolysis, the subject must be observed to have reached a stage where he or she lost his or her brain function to the point that it cannot be reversed or resuscitated.

The Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research promoted that death must primarily satisfy the condition that brain cells are completely dead (Sarbey 2016). Other conditions for certifying a person as dead are:

> [*1*] Unreceptivity and unresponsivity to even the most painful stimuli. [*2*] No spontaneous muscular movements or spontaneous respiration or response to stimuli such as pain, touch, sound or light, verified over at least an hour. [*3*] Absence of cerebral and spinal reflexes. [*4*] The flat EEG verified by competent specialist. (Sarbey 2016: 744)

Dying on the other hand means the processes of death in which factors such as old age, accident, sickness, and other derailing factors causes the subject to experience a situation where blood cells are weak or not functional in addition to when certain body parts are weak or injured and where systemic aspects of the body systems are not functional including damage to the brain resulting in the weak or non-functioning of brain cells. Dying indicates the time, the processes and other activities that happens to the patient or the subject during which the patient may or may not return to life. It is a form of an intermediate state between death and life. Clinical death for instance could be one of spheres of dying reason being that, some organs and tissues may still be alive for a brief period of time before the patient is finally declared dead (cf. Rizzo & Yonder 1973:225 cf. Kubler-Ross et al. 2010:174–176).

However, there are instances whereby the patient may be declared clinically dead and when he or she regains consciousness, he or she narrates his or her experiences about his or her dying processes. There are individuals who have also claimed that they have been declared brain-dead yet at a point in time, they regained their consciousness and also narrated their experiences of dying. The narration of the experiences may look like a fantasy to the listener but the percipient takes his or her experiences as serious and real.

Cardiologists, psychologists, nurses, and other health workers are now interested in studying the experiences of dying people for many reasons to include the provision of therapy for dying people, to gain knowledge about death and dying, and to learn to give the best care for the terminally ill people. One aspect of research that deals with the study of the experiences of dying people is called the NDE. The NDE elucidates the pragmatic meaning of dying and death.

The near-death experience

The terms NDE was suggested by Dr. Raymond Moody, a philosopher-psychiatrist, who interviewed about 150 people about their experiences of dying because of life-threatening episodes.[4] The people he interviewed said they died and were returned to life, and they narrated their experiences during their alleged death experiences. Moody thought that his percipients of the NDE might not have died but went *close* to death, which resulted in the acronym NDE (Moody 1975:200–203). Scientifically speaking, no one returns to life after death, but in dying and during the NDE, percipients may return to life to narrate their experiences (Fox 2003:66).

The meaning of NDE cannot be easily ascertained as many things are involved and having a specific view about the border between life and death requires further study (Agrillo 2011:2). It is importance to mention that some people may experience the NDE, but may not be willing to share their experiences because of cultural and religious stigmatisation that might arise after telling their experiences (Greyson 2006:395).

While some percipients might be alive to narrate their experiences, some may not be alive to share their experiences yet they may have experienced the NDE. It is likely that others may consciously or unconsciously speak about their experiences at the moment of the experience; yet, they may or may not be alive to explain further to their listeners about their experiences. Some NDE percipients may not be able to remember all they saw or heard during their experiences, which may make them to prefer to remain mute.

For those NDE percipients who may only speak about what they saw or experienced but may not be alive to explain further, their listeners speak about what they saw or heard

4.It is important to notice that the phenomenon of the NDE as a form of resuscitation that allows an individual to narrate his or her experiences of dying existed thousands of years before Moody popularised the study of the concepts. Plato told the story of Er who was killed in a battle and was later resuscitated (Bacchiocchi 2013:7 cf. Bremmer 2002:90). Corazza also wrote about Heim who fell from a mountain and experienced the near-death experience in 1892 (Corazza 2008:24–26).

the percipient did or said. In this case, family members may require information about the death of their loved ones and they may love to hear from the health workers about the experiences of the deceased before he or she died. The uniqueness of the experiences of each percipient of the NDE makes it difficult to have one universal definition of the phenomenon, thus the need to share the various views and features of the NDE.

It is important to observe that the NDEs are universal experiences and people narrate their experiences in most cases because of their respective socio-cultural backgrounds. There are coherencies or similarities in the experiences of the NDE percipients, yet this can be debated because sometimes percipients may not experience all but some of the coherencies with differences in the percipients cultural background (Moody 1975:206–215).

Some of the coherencies experienced by NDE percipients include: the vision being of light, the life review or life history or reminiscence period, the tunnel or a narrow path experience, a feeling of peace and satisfaction, the hearing of strange sound or sounds, a feeling of being out-of-the body, the presence of a border or a limit that allows entrance into another realm, a form of rising into heaven, an experience of a supernatural rescue, a process of coming back into the physical body, an experience of reluctance to return to the physical body, meeting others or meeting spiritual beings, cities of light or awesomeness and a realm of bewildered spirits. Raymond Moody added other coherent experiences that include a negative NDE and sometimes positive NDE that included: deeper appreciation of life, less fear of death, a corroboration of out-of-body experiences, and sadness in discussing their experiences (Moody 1975:164–200 cf. Greyson 2006:395). Other major coherencies of the NDE are resistance to return to earth, a surrender to a supreme or supreme beings, and a transcendence experience (Greyson & Khanna 2014:44).

Many researchers categorised NDE to a mere brain activity, meaning, the human brain is responsible for causing people to experience the NDE; yet others have argued that the NDE is primarily a mind activity that may or may not incorporate the brain in its operations. Moody explained that among the individuals he interviewed, some of them were declared clinically dead and brain dead, yet they returned to narrate their experiences (Moody 1975:196–199). At some instances, Moody said that the dead cannot return to life to narrate his or her experiences of an afterlife and at other instances, he taught that the NDE percipients experienced brain death but his emphasis is on those who experienced clinical death (Moody 1975:240; cf. Ma'SUmian 1996:121).

Moody knew that the NDE is not evidence for a life after death, but he seemed perplexed to explain why people whose biological systems were declared non-functional could narrate accurate histories about their experiences. In other words, why should the brain be declared non-functional, yet NDE percipients narrate accurate events of their experiences as though the brain that was declared weak or dead was not responsible for recording and storing information that pertained to their experiences. His dualistic view of the human body is further supported by his expression according to which the body can be separated from the mind suggesting that there is an entity in humans that may operate irrespective of the body or of the brain (Moody 1975:200–203).

On a similar note, Harpur explained that there is yet to be a specific brain mechanism that is universally accepted to direct the activities of the mind (Harpur 1991:98) and Prof Trueblood also said that there are certain human activities for which the brain cannot account for (Trueblood 1963:137). Ma'SUmian is of the view that the brain works hand in hand with the mind, yet there are situations by which the mind can operate independent of the brain (Ma'SUmian 1996:138).

On the other hand, continued studies on the NDE have demonstrated that it is a brain activity. Christof Kock taught that the association of the NDE with life-threatening situations is in connection with the malfunctioning of brain activity especially when the brain is starved of blood flow (ischaemia) and oxygen (anoxia). He expressed the view that even when the EEG of a brain impulse is flat and that electrical activity in the cortex runs down making the brain to go offline, the mind which he described as neurons can still be functional and able to record certain experiences:

> Like a town that loses power one neighborhood at a time, local regions of the brain go offline one after another. The mind, whose substrate is whichever neurons remain capable of generating electrical activity, does what it always does: it tells a story shaped by the person's experience, memory and cultural expectations. (Kock 2020:4)

Bob Yirka wrote about an outcome of a research conducted by a group of trio researchers in collaboration with Hadassah Hebrew University Medical Centre in Israel, where they studied the causes of memory retention during the NDE. Although the researchers could not find the specific cause of memory retention during the NDE, they however suggested that the medial, prefrontal and temporal cortices in the brain are responsible for retaining autobiographical information during the NDE (Yirka 2017:1–3). This suggestion, although not proven, might have provided some light on the wonders regarding the ability of the brain to store accurate information during the NDE (cf. Moody 1975:200–203).

Similarly, Bruce Greyson and Surbhi Khanna narrated that human difficulty or life-threatening experiences have the tendency to induce body reactions that makes an individual to have a transcendence experience. They taught that the brain when threatened by stress or attack or any form of failure can automatically reach its limits to human reality and as a result be triggered into a spiritual or a mystical experience. Although they did not specify the specific portion or part of the brain that leads to mystical transformation in a life-threatening experience such as the NDE, they thought that the body or the brain controls extra ordinary experiences like the life review process that occurs because of the NDE

where an individual stores and narrates a lot of his or her experiences that pertained to the otherworld (Greyson & Khanna 2014:44–45).

While the debate on the specific cause of NDE continues, researchers are yet to reach a conclusion on the subject. Harpur for instances noticed that whatever the cause of NDE might be, the experience of it is always revelatory or mystical (Harpur 1991:52–55), and Moody said that the knowledge of the NDE often is mystical and raises more questions than answers for both the percipient and the observer (Moody 1975:240). Bremmer on the other hand argued that no one can boast of having a full understanding of the NDE. He said that the specific physiological and psychological stimulator behind the events of the NDE still remain unclear and somewhat a mystery (Bremmer 2002:89).

There are many contentions regarding the definition and the phenomenon of the NDE. While the experience is in most cases is associated with life-threatening situations (Kock 2020:1), there are others that experienced the NDE without any life-threat or stress or difficulty (Charland-Verville et al. 2014:2–3). Also, the life review or the oral history or life history or the reminiscence feature of the NDE allows a percipient to explain his or her experiences to specific people who may either be healthcare workers or not (Olson & Dulaney 1993:370). The narratives of the NDE percipients have always been accurate, specific, and in most cases transformational to them (Musgrave 1997:188). Kock (2020) shared an experience about a life review that appears elicit and vivid. The narrative was made known by a British admiral Sir Francis Beaufort, who in 1791 had drowned:

> A calm feeling of the most perfect tranquility succeeded the most tumultuous sensation … Nor was I in any bodily pain. On the contrary, my sensation were [*sic*] now of rather a pleasurable cast … Though the senses were thus deadened, not so the mind; its activity seemed to be invigorated in a ratio which defies all description; for thought rose after thought with a rapidity of succession that is not only indescribable, but probably inconceivable, by anyone who has been himself in a similar situation … (p. 3)

The narration that often results from the experiences of NDE percipients have over the years been proven to be accurate and clear (Moody 1975:214–225). Their narration has always been dissociated from the results of drug intake or drug abuse (Corazza 2008:39), schizophrenia (Harpur 1991:59), and hallucination (Ma'SUmian 1996:126–127). When an individual is declared clinically dead, yet the same individual returns or regains consciousness to narrate his or her experiences that are found to be accurate and clear, this type of situation raises a lot of concern on the categorisation of the NDE as strictly a brain-controlled experience.

More so, to classify the mind as an independent entity that solely controls the NDE also raises a lot of questions as there is yet to be proof that the mind is an independent entity '[t]here is no anatomical or physiological evidence for the mind's separate existence' (Arnette 1992:7). The NDE might be strictly a brain-controlled experience or it might be strictly a mind-controlled experience or both, but the brain and the mind are responsible for initiating the NDE or it is likely that the specific cause of the NDE is still not known at this stage.

Death is important in the study of the NDE because the percipients of the NDE are assumed to have approached death or are close to death. Death is a form of a bait that attracts an individual to experience the NDE. Dying in connection with the NDE is the process of a journey that leads an individual to experience the NDE. The terms death and dying are therefore relevant in the study of the NDE.

The implications of the near-death experience

An important feature of the NDE that it is a universal experience (Jacobs 2008:1) is its transformational effects in which the percipients regard themselves as being refined in understanding to humble themselves, appreciate and love other people, and to have lesser fear for death and to believe in a possible existence of the otherworld or supreme beings (Muller 2021). Percipients seemed less concerned about earthly favours and materials and they channelled their interest towards a heaven or a future place of happiness where humans' extreme quests for materials are not found (Musgrave 1997:197–200). When NDE percipients begin to narrate their experiences, they should be listened to and not be disdained. Even when their views differ from the views of the listeners, it is advisable that their listeners should avoid arguing with them especially few moments after their experiences. Steenson and Cook added 'Psychiatrists need to be aware of these experiences and willing to listen to accounts of them when offered' (Stevenson & Cook 1995:452).

Life review from NDE percipients where they narrate the awesomeness and the pleasantries of their experiences can help them to lessen their stress. It can reduce anxiety and can trigger or refresh the functions of memories giving the percipients the opportunity to be happy and especially for the percipients who are terminally ill (THC Editorial Team 2021). Olson and Dulaney wrote '[i]n nursing, life review has been suggested as useful for validating, integrating, guiding, and connecting' (Olson & Dulaney 1993:370). For the elderly people who experienced the NDE, their life review experience is more frequent than those of the younger people and when they are allowed to share their experiences, it helps them to regain connection with the society, thus reducing their feelings for being isolated (Stevenson & Cook 1995).

While the NDE is not proven to be a PTSD that have direct consequences such as agitation, difficulty in concentration, sudden sweating or heart palpitations, anxiety, depression, difficulty in trusting others, emotional swings, irritability, and so on (Committee on Health Care for Underserved Women 2021:e95–e96); yet, there are other consequences

about the near-death that often connects with some of the symptoms of PTSD such as a feeling of disconnect with people, a feeling of blame or guilt, and fear especially when an individual experiences a hellish NDE (Muller 2021).

Robert Muller noticed that in popular cases, NDE has beautiful transformative and pleasurable moments, yet there are instances that the NDE and especially the negative NDE connects with some of the symptoms of PTSD:

> Even when the content is pleasurable, NDEs can cause distress. Some can be so disorienting and at odds with conventional experiences they can lead to "long-term depression, broken relationships, disrupted career" and "feelings of severe alienation". (Muller 2021:1–3)

Furthermore, the NDE at this stage of study is not officially classified as a PTSD (Muller 2021). Considering some of distressing effects of the NDE, it is pertinent for health practitioners to begin to provide guides who can help percipients of the NDE to easily associate with the society and develop their self-esteem. Other ailments such as the PTSD, heart failure, cancer, and many more may result in the experience of the near-death and this makes it necessary for the subject to be reconsidered by health workers who need to provide care for percipients where necessary. Caring is the primary function of the nursing practice. Dr Jean Watson, the inventor of the Watson Caring Theory in Nursing, which was developed from 1975 to 1979, proposed that caring results in healing and caring sustained the healed. She emphasised that positive communication and the establishment of rapport between the patient and the nurse is key to healing (Devi et al. 2022:1465–1466).

Conclusion

There are sicknesses that might make a patient to experience the NDE. Life-threatening situations may also make a person to experience the near-death and in most cases, the NDE might be experienced without a life-threatening scenario. The primary advocation for this research is to educate the public and especially the health workers that the NDE can be connected to behaviours that might have distressing effects and as a result, the health workers need to be aware so that an appropriate care can be provided to any percipient who expresses any distressing symptom of the NDE. The life review feature of the NDE often leads to transformation in the life of the percipient who may narrate an unpopular or supernatural views about his or her experiences. In some instances, the life review results in a feeling of guilt where the percipients feel condemned emotionally. Proving love and care for the percipient by caregivers makes him or her to feel welcomed and accepted into the society thus a form of Acceptance and Commitment Therapy (ACT). It will be good for health workers including Christian counsellors to be educated about this and there is a need to begin to consider or formulate some therapy for NDE percipients that expresses depression because of their experiences; therefore, it is important to study the effects of the NDE.

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The author has declared that no competing interest exist.

Author's contributions

A.M.J., is the sole author of this article.

Ethical considerations

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Data availability

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Disclaimer

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