The Near-Death Experience as a Focus of Clinical Attention

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Diagnosing NPD Related Problems

Wilder (1918) and Quain (1922) recognize the conditions and limitations of the NPD in interpreting other persons' behavior. It is important to consider the potential impact of the NPD on the accuracy and completeness of the information gathered in the evaluation process. The NPD may interpret others' behavior in a way that is different from their own, leading to misinterpretations and misunderstandings. It is crucial to be aware of the potential for miscommunication and to take steps to ensure accurate and effective communication in the evaluation process.

There are several characteristics associated with the NPD that can affect the way they interpret others' behavior. These characteristics include:

1. Difficulty with emotional expression: NPDs may have difficulty expressing their own emotions or understanding the emotions of others. This can lead to a lack of empathy and a tendency to misinterpret the behaviors of others.

2. Defensive behavior: NPDs may be defensive and resistant to feedback or criticism. They may interpret negative comments or feedback as attacks on their self-esteem.

3. Difficulty with social interactions: NPDs may have difficulty navigating social situations and may struggle to form meaningful relationships with others.

4. Difficulty with problem-solving: NPDs may have difficulty assessing the information available to them and making decisions. They may rely on others to make decisions for them, leading to a lack of ownership and accountability.

5. Difficulty with self-awareness: NPDs may have difficulty recognizing and acknowledging their own emotions and behaviors. This can lead to a lack of self-awareness and difficulty in understanding their own impact on others.

Addressing these challenges requires a comprehensive approach that includes:

1. Establishing a supportive and understanding environment: Creating a supportive and understanding environment can help NPDs feel more comfortable expressing their thoughts and feelings. This can involve actively listening to NPDs, validating their experiences, and encouraging open communication.

2. Providing feedback and support: Regular feedback and support can help NPDs develop a better understanding of their behaviors and how they impact others. This can involve offering constructive feedback and recognizing efforts to improve.

3. Encouraging self-awareness: Encouraging self-awareness can help NPDs recognize their own emotions and behaviors. This can involve providing opportunities for self-reflection and engaging in activities that promote self-awareness.

4. Developing problem-solving skills: Developing problem-solving skills can help NPDs make more informed decisions and take ownership of their actions. This can involve providing opportunities for practice and guidance in developing these skills.

5. Addressing emotional expression: Addressing emotional expression can help NPDs better understand and manage their own emotions. This can involve providing support for emotional expression and encouraging the use of healthy coping mechanisms.

By addressing these challenges, it is possible to improve communication and understanding between NPDs and others, leading to more effective and meaningful interactions.
Although schizophrenia is a disorder that can be associated with emotional and psychological distress, its characteristics and symptoms vary widely. Symptoms can include hallucinations, delusions, disorganized thinking, and social withdrawal. Diagnosis is typically made by a healthcare provider who considers the patient's past and present behavior, as well as their symptoms. Treatment often involves medication, therapy, and social support.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) provides criteria for diagnosing mental disorders. This includes schizophrenia, which is characterized by delusions, hallucinations, disorganized speech, and other symptoms that interfere with daily functioning. Treatment options may include medication, psychotherapy, and support groups.

Hallucinations and delusions are common symptoms of schizophrenia. Hallucinations can involve hearing or seeing things that are not real, while delusions can involve false beliefs about oneself or the world. Both can interfere with a person's ability to think logically and act rationally.

Therapy, such as cognitive-behavioral therapy (CBT), can help manage symptoms of schizophrenia. CBT aims to change unhealthy thought patterns and behaviors that contribute to symptoms. Medication, such as antipsychotics, can also be used to manage symptoms.

Support groups can provide additional support and resources for people with schizophrenia. These groups can offer guidance, understanding, and social support, which can be especially helpful during tough times. It's important to seek help if you or someone you know is experiencing symptoms of schizophrenia.
sounth treatment because of increasing difficulty.

Case 1

The patient, a 27-year-old single woman who

Case 2

a mood disorder.

the diagnosis of depression.

The DSM-IV criteria for depression are:

1. Persistent feelings of sadness, hopelessness, or irritability.
2. Loss of interest or pleasure in usual activities.
3. Significant weight loss or gain, or changes in appetite.
4. Difficulty sleeping or excessive sleeping.
5. Fatigue or decreased energy.
6. Feelings of worthlessness or guilt.
7. Difficulty concentrating or making decisions.
8. Recurrent thoughts of death or suicide.

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thought the dream wasn't really for a year and a half. The support group, Arizona's Family, helped me understand what their son was going through. They provided a forum for sharing experiences in high school and college. The Arizona Family also offered resources and encouragement to help me cope with the stress of being a caregiver for my son. They shared stories of successes, challenges, and strategies that helped them navigate through difficult times. This support group has been an invaluable resource, providing not just emotional support but also practical advice on how to manage the demands of caregiving. The support group meetings have given me a sense of community and understanding from others who have been through similar experiences. Through these meetings, I've learned that I'm not alone in this journey, and that there is strength in shared experiences. The support group has been a source of motivation and inspiration, reminding me that I can face this challenge head-on. The support group meetings have also helped me develop coping mechanisms and strategies to manage my son's condition. Sharing my experiences with others who understand the realities of caregiving has been therapeutic, allowing me to process my emotions and gain perspective on how to approach the challenges ahead. The support group meetings have been a source of comfort, providing a safe space to express my concerns and feelings. The support group has also helped me connect with other families in similar situations, creating a network of support that extends beyond our local community. Through the support group, I've learned that it's okay to seek help and ask for support when needed. The support group has taught me that caregiving can be draining, but with the right support and resources, it's possible to find strength and resilience. I'm grateful for the support group's guidance and encouragement, which has been crucial in helping me navigate this difficult time.
The induction of controlled alcohol or other drugs to alter the brain's reward system in order to experience tolerance or euphoria may be unappetizing or inappropriate. Despite the therapeutic benefits, there is a risk of loss of conscious control, which can result in impaired judgment, risk-taking behavior, and potentially harmful consequences. Patients should be educated about the risks and benefits of medication-assisted treatment (MAT) and the importance of support and follow-up care. MAT involves using medications in combination with counseling and behavioral therapies to help individuals manage their substance use disorder. MAT can include medications such as naltrexone, disulfiram, and acamprosate, which work by different mechanisms to reduce the craving and withdrawal symptoms associated with alcohol or drug use.
states through hypnosis or guided imagery, and the use of nonverbal media, such as art, may help patients express conflicts that are difficult to articulate. A sense of having been "reborn" to life is often reported by patients who have experienced near-death experiences. Changes in values, beliefs, and attitudes may require changes in family relationships, which in turn can lead to secondary reactions. A relative of a patient undergoing a near-death experience may feel relief that the patient has lost their pain, but they may also feel neglected by others because their needs are not being met.

With an experience as foreboding as a near-death life as the NDs, exploring problems and solutions with fellow survivors can reduce the sense of isolation felt by those who have had NDEs. Support groups, which allow patients to share their experiences, can help normalize the experience for those who have had NDEs, and may also provide a sense of belonging to a community of survivors.

Psychopharmacologic Treatment

There is no evidence that the use of medications, such as antidepressants, helps to alleviate symptoms of post-traumatic stress disorder (PTSD) following a near-death experience. However, the use of medication may be helpful in managing other symptoms that may arise following a near-death experience, such as anxiety or depression. In some cases, the use of medication may be necessary to help patients cope with the intense emotions that can arise following a near-death experience.

Conclusion

Inclusion in the DSM-IV of the new diagnostic label of religious or spiritual problem allows for the first time differentiation of these problems from other mental health disorders. This new distinction has permitted us to begin focusing clinical attention on these problems and ideally will stimulate research into more effective strategies.