Psychology of Consciousness: Theory, Research, and Practice

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Online First Publication, August 14, 2025. https://dx.doi.org/10.1037/cns0000439

CITATION

Pehlivanova, M., McNally, K. C., Funk, S., & Greyson, B. (2025). Support needs after a near-death experience: A quantitative study with experiencers. *Psychology of Consciousness: Theory, Research, and Practice*. Advance online publication. https://dx.doi.org/10.1037/cns0000439

AMERICAN PSYCHOLOGICAL ASSOCIATION
SOCIETY OF PSYCHOLOGICAL HYPNOSIS
Psychology of Consciousness: Theory, Research, and Practice

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ISSN: 2326-5523
https://doi.org/10.1037/cns0000439

Support Needs After a Near-Death Experience: A Quantitative Study With Experiencers

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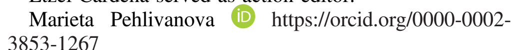
Near-death experiences (NDEs) can occur when an individual is in a medical crisis or near death and they appear to involve an awareness of a reality beyond one's physical conditions. NDEs have common (though not universal) features, such as out-of-body perceptions or a sense of undergoing a life review. Profound aftereffects frequently follow an NDE, including reduced fear of death or increased compassion for others. However, these experiences can also bring distress, as experiencers may struggle to communicate about their NDE, integrate it when it challenges their prior worldviews or reconcile their changed values with those of loved ones. Despite these well-documented challenges, specialized professional help for experiencers remains limited, prompting individuals to seek support from various sources. Here, we report findings from an exploratory study with 167 NDEs, examining the types of professional help, therapy, and other support avenues they have pursued to process their experience, as well as the perceived helpfulness of support and barriers to seeking support. Sixty-four percent of participants reported seeking help in processing the NDE and 78% found the support received to be helpful. Greater NDE intensity and a history of psychological difficulties significantly increase the likelihood that experiencers will seek support. Experiencing validation—such as a positive first reaction when disclosing the NDE or support from NDE-friendly organizations—significantly increases the perceived helpfulness of the support. We offer an overview of challenges after an NDE and discuss how these findings can be used going forward to improve support after this transformational experience.

Keywords: near-death experiences, spiritually transformative experiences, integration, spiritual challenges

Supplemental materials: https://doi.org/10.1037/cns0000439.supp

Near-Death Experiences

Near-Death Experiences (NDEs) are subjective, transformative experiences, often interpreted as mystical, that sometimes occur when an individual is physiologically or sometimes only psychologically close to death, with a well-documented pattern of features and aftereffects (Greyson, 1983b; Holden, Greyson, & James, 2009; Moody, 1975). Common (though not universal) phenomenological

Etzel Cardeña served as action editor.
Marieta Pehlivanova  https://orcid.org/0000-0002-3853-1267
Quantitative data and the analysis code from this study are available in this online repository upon publication at https://osf.io/6eny4/ (Pehlivanova, 2024).

The authors report no actual or potential financial, personal, or other conflicts of interest in conducting this work. The authors are grateful to John N. Migliaccio, whose support made this research possible.

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features of NDEs include ineffable peace, joy, and unconditional love (with a small percentage of NDEs experienced as distressing), a sensation of being outside of one's body, a sense of dying or being dead, a sense of time distortion and sudden understanding of everything, a review of one's life, apparent encounters with deceased relatives or spiritual figures, and a sense of visiting an unearthly realm (Greyson, 1983b; Martial et al., 2020; Moody, 1975; Zingrone & Alvarado, 2009). Every NDE is a unique combination of features, specific to the individual and their circumstances.

In the absence of an authoritative conceptual or clinical definition of an NDE, individual researchers have sometimes developed their own definitions (Evrard et al., 2022; Long, 2014; Parnia et al., 2022). However, a recent survey of 100 near-death researchers and 100 near-death experiencers (NDErs) converged on a consensus that NDEs are

> Events that occur when people are close to death, typically characterized by transcendent or mystical features, out-of-body experiences, exceptional lucidity, and unusually strong emotions. They generally have profound aftereffects, such as decreasing one's fear of death, enhancing one's spirituality, and radically shifting one's worldview (Greyson, 2023a, pp. 199–200).

NDEs are not uncommon, with prospective studies showing that an average of 17% of critically ill patients across 11 prospective studies report NDEs (Zingrone & Alvarado, 2009), and a more recent prospective survey reporting NDEs in 15% of patients with prolonged intensive care unit stays (Rousseau et al., 2023). NDEs are reported by diverse segments of the world population, regardless of age, gender, race, education, socioeconomic status, sexual orientation, religious affiliation, or country (Dale, 2006; Holden, Long, & MacLurg, 2009; Kellehear, 2009; Moody, 1975).

NDE Aftereffects and Challenges Postexperience

NDEs can precipitate profound and lasting transformations in some NDErs, including changes in their values, spirituality, relationships, and outlook on life (Greyson, 1983a; Lindsay & Tassell-Matamua, 2021; Noyes et al., 2009; Pratte, 2022; Tassell-Matamua & Lindsay, 2016; van Lommel et al., 2001) that may persist unabated for decades (Greyson, 2022). Previously documented (though not universal) aftereffects include increases in sense of purpose, appreciation of life, self-esteem, compassion, and altruism toward others, heightened intuition, and focus on spirituality, as well as decreased focus on material gain or societal status and decreased or absent fear of death (Noyes et al., 2009). While most of these aftereffects appear to be positive or desirable, NDEs can also bring about emotional, interpersonal, and psychological challenges, and the long-term integration of these experiences and their aftereffects can take years (Greyson, 1997, 2021; Greyson & Harris, 1987; Hoffman, 1995b; Stout et al., 2006).

Despite commonly—but not exclusively—pleasant emotions during the NDE, the experience can cause distress if it challenges the individual's social, religious, spiritual, philosophical, or scientific worldview and value systems (Greyson, 1997; Pratte, 2022). An overarching challenge post-NDE is the assimilation of the reality experienced during the NDE (often described as "realer than real life") into an experiencer's worldview and their everyday life (Stout et al., 2006). Many struggle with returning from the exceptional state experienced during the NDE and coping with the perceived triviality of their life or the problems they were facing before the NDE, a situation termed "reentry problems" and likened to culture shock (Furn, 1987a, 1987b; Greyson & Harris, 1987; Stout et al., 2006). This can manifest as a sense of loss of the unconditional love experienced during the NDE, which can turn into anger or depression at having returned to life from what felt like "home" (Furn, 1987a, 1987b; Greyson, 1997). In the immediate aftermath, NDErs may also struggle with the physical and emotional traumas from the illness or medical crisis that led to the NDE (Furn, 1987a, 1987b; Greyson & Harris, 1987; Stout et al., 2006). NDErs may struggle with integrating their experience with conflicting beliefs and value-systems they held before their NDE (Greyson, 2006; Groth-Marnat & Summers, 1998; Martin & Kleiber, 2005).

Specifically, deep changes in NDErs' values, attitudes, and life worldview can lead to struggles finding the motivation to take part in the same normal day-to-day activities, and work-related, familial, or social roles as they did before their NDE (Furn, 1987a, 1987b; Greyson, 1983a; Stout et al., 2006). Difficulties adjusting to everyday life and life priorities, and changing values, can in turn lead to relationship strains, including the termination of relationships (Christian & Holden, 2012; Foster et al., 2009). Moreover, strains in relationships may develop when NDErs do not live up to the expectations placed upon them by others. As

Greyson and Harris (1987) pointed out, due to the publicity of positive transformations after NDEs, the NDEr may be placed on a pedestal (and later rejected) under the belief that they have acquired special abilities and insights. NDErs may also view themselves as special, sometimes appearing superior, which can further exacerbate feelings of isolation and loneliness (Greyson & Harris, 1987).

Another large category of challenges for NDErs is communicating about and sharing their NDE with others (Stout et al., 2006). The experience is described as "ineffable" by many NDErs, making it difficult to describe its intensity, intricacy, and emotionality in its entirety using human language. However, many experiencers have an intense desire to talk about their NDE, but may also find it difficult to share with loved ones or medical professionals, for fear of rejection, ridicule, or a label of mental illness (Hoffman, 1995a, 1995b; Holden et al., 2014). The early period right after the NDE can be accompanied by emotional distress and shock (Hoffman, 1995b). One third of NDE disclosures happen immediately or within a day of the NDE (Holden et al., 2014), when support and validation are especially important (Morris & Knafl, 2003).

Apprehension about sharing the NDE is not unfounded, because, despite the decades of research on NDEs and their aftereffects, public and medical education about them is still scarce or nonexistent (Foster et al., 2009; Furn, 1987a, 1987b; Samoilo & Corcoran, 2020). Research on attitudes toward and knowledge of NDEs among health professionals reveals that many of them may be familiar with and hold nominally positive attitudes toward NDEs, but they are not similarly knowledgeable about NDEs (Foster et al., 2009; Fracasso et al., 2010; Hayes & Waters, 1989). Despite encouraging attitudes, supportive knowledge about NDEs is still absent from medical practice and NDErs report that sharing their experience with health professionals can elicit negative reactions (Samoilo & Corcoran, 2020).

Indeed, research on NDE disclosures reports that almost 20% of the disclosures to health professionals were reported as negative, unpleasant, or harmful (Holden et al., 2014). Finding supportive, safe, nonjudgmental therapeutic guidance is in and of itself a notable struggle for NDErs (Bush & Greyson, 2014; Cassol et al., 2019; Foster et al., 2009; Fracasso et al., 2013; Greyson & Harris, 1987; Strom-Paikin, 1986). If, despite apprehensions, an NDEr shares their experience with a professional and receives a negative, dismissing, or pathologizing reaction, this can deepen their sense of alienation. Such a reaction may discourage them from seeking the support they need to process the experience and associated struggles, ultimately hindering the integration of the NDE into their lives (Foster et al., 2009; Greyson & Harris, 1987; Holden et al., 2014; Samoilo & Corcoran, 2020; Stout et al., 2006). Hoffman (1995b) proposed the following stages of NDE integration: early shock, need for validation, interpersonal implications, exploration, and integration. According to Hoffman (1995b), communication about the NDE is important at every stage, but rejection during the validation stage could be especially harmful to the process (Hoffman, 1995a). Overall, the research on NDE integration strongly suggests that support and validation of one's experience are crucial for a healthy and productive integration (Geraci, 1987; Greyson, 1997; Greyson & Harris, 1987; Miller, 1987; Stout et al., 2006).

While the extent and depth of challenges after an NDE varies with each individual, depending on their prior history and culture, certain groups of NDErs may struggle more than others, depending on the circumstances or content of their NDE. NDErs who have an unpleasant, distressing, or frightening NDE (estimated to occur in at least 10% and possibly as high as 22% of reported NDEs) may be unable or reluctant to face the experience, which can lead to difficulty integrating the NDE and resulting long-term emotional trauma (Bush & Greyson, 2014; Greyson, 2023b). Similarly, individuals who have an NDE as children or as a result of a suicide attempt may face additional integration challenges (Greyson, 1997; Greyson & Harris, 1987). Young children may lack the required knowledge to frame their experience and thus make sense of it, and may face additional challenges of not being believed when they report the NDE or feelings of abandonment or separation (Foster et al., 2009; Pratte, 2022; Samoilo & Corcoran, 2020).

Overview of the Study

We conducted an exploratory study to investigate the types of professional help, therapy, and support avenues NDErs have sought out to process their experiences, the perceived helpfulness of support, as well as barriers to seeking support as reported by NDErs. We used regression analyses to explore which factors predicted seeking support after the NDE (including specific types of support) and whether the support was helpful. We

considered factors related to demographics, prior history, characteristics of the NDE, and how it affected the individual. To our knowledge, this is the first quantitative study to explore the types and outcomes of therapies and support avenues specifically for NDErs. Results from this study could help us empirically validate and extend existing guidelines for supporting individuals who have had an NDE and are experiencing difficulties resulting from it.

Method

Participants and Recruitment

The study included 167 individuals who reported having had an NDE. Initially, 334 individuals consented to the study, of whom 175 finished the questionnaire.[1] Of these 175 respondents, 167 reported experiences which were retrospectively determined to meet the NDE research criterion of scoring at least 7 on the NDE Scale (Greyson, 1983b). Our sample consisted of 97 women (58%) and 70 men (42%). One hundred forty-six participants (87%) identified as Caucasian, nine identified as Native American (5%), eight identified as Hispanic (5%), six identified as African American/Black (4%), five identified as Asian (3%), and 12 participants identified as another race (7%). The mean age at study participation was 53.3 years ± 14.4 (median = 56, range = 18–82). The mean age at the time of NDE was 30.5 years ± 17.3 (median = 29, range = 0–75) and the mean time elapsed between the NDE and study participation was 22.6 years ± 18.2 (median = 19, range = 0–75). The NDE circumstances self-reported by participants included vehicular, near-drowning, falling, and other accidents (28%), cardiac or other illnesses (17%), cardiac and other surgeries (13%), allergic/drug reactions (11%), and other causes (32%; e.g., childbirth/pregnancy complications/Caesarean section, suicide attempts, and intentional wounding by others).

NDErs were recruited through a call for research participants via organizations involved in education, support, and research on NDEs and related topics, including the International Association for Near-Death Studies (IANDS) and the American Center for the Integration of Spiritually Transformative Experiences. We also posted information on our Division's Facebook page and two NDE Facebook groups, and invited individuals who contacted us to share about their NDE to participate in the study. The bulk of participants in our final sample of NDErs (63%) were recruited through IANDS.

Procedure

Participants completed a single online questionnaire via Qualtrics (Provo, Utah, United States), a secure survey platform with a site license provided by the University of Virginia. The survey was administered via an anonymous link provided with our call for participants. The study protocol was approved by the University of Virginia's Institutional Review Board for Social and Behavioral Sciences (Protocol No. 2377). Participants provided consent electronically as the first part of the online questionnaire they completed. Participants were not paid for their participation.

Online Questionnaires

The online questionnaire for NDErs consisted of 79 items (included in Supplemental Materials), the majority of which were multiple-choice, with a few open-ended questions. We inquired about participants' demographic and personal background, the content, circumstances and aftereffects of their NDE, including a narrative in their own words, the difficulties they may have experienced, the support they sought out and any benefits from it, and communications about their NDE, among others. We also included the NDE Scale, a self-rated, 16-item, multiple-choice questionnaire developed to assess the phenomenology of NDEs (Greyson, 1983b), to measure the "depth" of the NDE, and to determine if a given account meets the research criterion for an NDE (a score of at least 7 out of 32). Each item in the NDE scale reflects a different phenomenological aspect of the NDE, including cognitive changes during the experience, such as an altered sense of time; affective changes, such as intense feelings of peace and joy; purportedly paranormal experiences, such as a sense of separation from the physical body; and transcendental experiences, such as an apparent encounter with a mystical being.

[1] The study also included an NDE counselor group consisting of mental health professionals, other health professionals, chaplains, and other counselors who have worked with NDErs in helping them process their experiences. Data from the counselor group will be published separately.

Statistical Analysis

Categorical variables were summarized as counts and percentages. Continuous variables were summarized as means and standard deviations. The main analyses consisted of binary logistic regressions predicting seeking support after the NDE and whether the support was perceived as helpful. Independent variables in these models included demographics (e.g., age at survey, sex), personal history (e.g., prior alcohol/drug abuse), characteristics of the NDE (e.g., NDE depth), NDE aftereffects, and communication about the NDE (e.g., reaction of first person told). For categorical independent variables, one category was chosen as a reference category, and comparisons for all other categories against the reference are reported. The strength of association between predictors and the dependent outcomes is expressed as odds ratios (*ORs*) and their corresponding 95% confidence interval (CI). For example, when predicting whether NDErs seek support, the *OR* for prior alcohol/drug abuse describes the odds that seeking support is observed in NDErs who used alcohol/drugs before their NDE, compared with the odds in NDErs who did not. An *OR* of 1 indicates no effect, such that, for categorical predictors, seeking support is not more likely in either of the categories being compared, while values greater or less than 1 indicate that the category of interest is associated with higher or lower odds of the outcome, respectively. For continuous independent variables such as NDE depth, the *OR* describes the increase (if $OR > 1$) or decrease (if $OR < 1$) in the odds of seeking support with a one unit increase in the predictor. All statistical analyses were conducted in SAS 9.4 (SAS Institute, Cary, NC).

Transparency and Openness

For this exploratory study, the sample size was limited by practical constraints. We maximized and diversified recruitment efforts over a 20-month recruitment period. The quantitative data from this study and the analysis code are available at https://osf.io/6eny4/ (Pehlivanova, 2024). This exploratory study was not preregistered.

Results

Quantitative results are presented across three tables. Table 1 provides descriptive statistics on participant demographics, NDE characteristics, and reported changes following the NDE. Table 2 provides descriptive statistics on the types of support participants sought, challenges encountered, and barriers to seeking and accessing support. Table 3 summarizes results from the logistic regression models predicting two binary outcomes: whether participants sought support after their NDE and whether that support was perceived as helpful. The Results section begins with key themes that emerged from the data, integrating quantitative and qualitative findings within these themes.

Themes

The NDE Event

NDEs frequently occur during acute medical traumas that result in the momentary cessation of most or all vital signs, making the events both traumatic and shocking for the individual and their loved ones. Nearly half (44%) of participants lost vital signs or were considered dead during their NDE. Fifty percent reported experiencing unusual stress or significant life changes at the time of the NDE.

Aftereffects

Participants highlighted both positive and challenging aftereffects post-NDE. Positively, they reported enhanced appreciation for life, increased compassion, a desire to serve, and diminished or absent fear of death. However, integrating the experience was difficult for many; common challenges included difficulty discussing the NDE, fear of judgment or ridicule, and limited access to specialized support. Approximately one third reported ongoing health issues linked to the event that caused their NDE and one in five experienced strained or deteriorated relationships. Additional aftereffects included unusual abilities, lifestyle adjustments, career changes, and changes in religion and spirituality.

Shift in Worldview

Almost 70% of participants reported changes in religious or spiritual beliefs and altered views on survival after death. One participant shared, “My NDE was considerable; I know I’ll never be the same person ever, so ongoing reflection and inner work are needed daily.” Another described this transformation as a “double-edged sword,”

Table 1

Descriptive Statistics for Variables Related to Demographics, Background, NDE Characteristics and Circumstances, Aftereffects, and Communication About the NDE

Variable	*M*/*SD* (min–max) or count (%)
Demographics	
Age	53.3 ± 14.4 (18–82)[a]
Sex (female)	97 (58%)
Education (ordinal)	4.7 ± 1.9 (1–8)[a,b]
NDE-related	
Age at NDE	30.5 ± 17.3 (0–75)[a]
Time since NDE	22.6 ± 18.2 (0–75)[c]
NDE scale	17.3 ± 6.0 (7–32)
Self-reported lost vital signs or considered dead	72 (44%)[d]
Positive/pleasant NDE	121 (72%)
Post-NDE	
Health problems from event that led to NDE	50 (30%)
Relationships with family, friends, or people in general deteriorated after NDE	36 (22%)[c]
Number of aftereffects after NDE	3.9 ± 2.3 (1–8)[c]
Number of challenges/problems after NDE	1.0 ± 0.9 (0–4)[e]
Positive reaction of first person told about NDE	84 (52%)[f]
Current mental health (excellent/good)	129 (77%)
Pre-NDE	
Happy childhood	106 (63%)
Prior alcohol or drug abuse	58 (35%)
Prior psychological counseling	42 (25%)
Self-reported unusual stress or significant life changes at time of NDE	84 (50%)
Specific changes after NDE	
Religious or spiritual beliefs	115 (70%)[c]
Attitudes or beliefs	109 (66%)[c]
Private religious or spiritual practices	68 (41%)[c]
Lifestyle and activities	77 (47%)[c]
Health habits	59 (36%)[c]
Beliefs about survival after death	114 (69%)[c]
Divorce or break-up of a relationship	37 (22%)[c]
Change in job or occupation	60 (36%)[c]
Communication about NDE	
Need to talk about NDE	142 (85%)
Afraid to talk about NDE	92 (55%)
Number of private communication avenues about NDE[g]	2.9 ± 1.8 (0–7)
Number of public communication avenues about NDE[h]	0.7 ± 1.0 (0–4)

Note. $N = 167$, unless indicated otherwise. NDE = near-death experience; IANDS = International Association for Near-Death Studies; Min = minimum; Max = maximum.
[a] $N = 166$. [b] 1 = *some high school*, … , 4 = *associate's degree*, 5 = *bachelor's degree*, … , 8 = *doctoral degree*. [c] $N = 165$. [d] $N = 164$. [e] $N = 124$. [f] $N = 163$. [g] Includes significant other, family, friends, medical professional, counselor, clergy, a researcher. [h] IANDS group/message board/online group/newspaper/magazine, TV, lecture, or book.

wanting to share insights to reduce others' fear of death yet fearing judgment. Participants noted the ongoing, often solitary journey of integrating such transformative experiences, reflecting a recurring theme of isolation despite the personal significance of the NDE. More than 20% of participants reported relationship challenges or breakdowns, and additionally more than 20% reported marriage dissolutions of break-ups, following their NDE.

Mental Health

Participants reported diverse mental health impacts post-NDE. While some experienced a renewed appreciation for life, others faced adjustment challenges, strong emotions, and symptoms of depression and posttraumatic stress disorder. Notably, 77% rated their current mental health as excellent or good, with over 60% recalling a happy childhood.

Table 2
Descriptive Statistics for Variables Related to Support NDErs Sought Out, Problems Leading to Seeking Support, and Barriers to Seeking Support

Variable	*M*/*SD* (min–max) or count (%)
Specific problems leading to seeking help	
Something in the NDE itself	23 (19%)[a]
Some aftereffect of the NDE	42 (34%)[a]
Problem with other people as a result of NDE	18 (15%)[a]
Something else related to the NDE	22 (18%)[a]
Something related to the physical condition/event that led to the NDE	16 (13%)[a]
Something else not related to the NDE	39 (31%)[a]
Support-related	
Sought support/help[b]	107 (64%)
Mental health professional	61 (37%)
Other health professional	16 (10%)
Religious counselor	20 (12%)
Spiritual counselor	27 (16%)
Organization	19 (11%)
Online resource	21 (13%)
Number of sources of help	1.0 ± 1.0 (0–5)
Support was (somewhat or very) helpful	97 (79%)[c]
Helpfulness (ordinal)	4.1 ± 0.9 (1–5)[c,d]
Barriers to seeking or accessing support	
Felt no need	38 (23%)
Did not think help was available	47 (28%)
Could not find appropriate help	32 (19%)
Could not afford help financially	23 (14%)
Did not or could not talk about NDE	22 (13%)
Fear of being ridiculed	30 (18%)
Fear of not being believed	46 (28%)
Fear of being thought crazy	48 (28%)

Note. $N = 167$, unless indicated otherwise. NDE = near-death experience; Min = minimum; Max = maximum.
[a] $N = 124$. [b] This variable is defined as seeking support from one of the six avenues we inquired about: mental health or other health professional, religious or spiritual advisors, organizations or online resources. [c] $N = 123$. [d] 1 = very harmful, … , 3 = no effect, … , 5 = very helpful.

Reasons to Seek Support

Approximately 64% of participants sought support from resources including mental health professionals, spiritual advisors, and online communities. The majority found this support helpful, rating it slightly above “somewhat helpful.” Participants most commonly sought support to process aftereffects related to the NDE, with the majority expressing a strong need to talk about their experience. However, over half feared judgment for doing so. Some sought support for physical outcomes of the event, while others looked for assistance with interpersonal challenges stemming from their NDE or to gain clarity on the experience itself. Participants acknowledged the continuous, challenging nature of integrating such an experience into daily life: “The NDE has been, I believe, hands down the most important experience of my life and I have no idea what to do with it.”

Barriers to Seeking Support

Participants frequently cited fear of being labeled “crazy” or misunderstood as reasons to avoid disclosure. They preferred confiding in those who showed a prior acknowledgment of NDEs, with one participant stating, “I just feel awake to reality, but alone in that knowledge.” Additional barriers included perceptions (which may be accurate) that help was unavailable, challenges in finding suitable support, financial limitations, and difficulty discussing the experience. One participant noted, “After a few attempts, I honestly didn’t feel anyone was deep enough to handle it … all the responses were textbook and uninspired; very disappointing.” Another participant noted, “My experience felt that those around me didn’t understand the magnitude of what I went through, so I didn’t think others would care either.” Practical barriers were also mentioned, with some being brushed off by professionals or

Table 3
Models Predicting Participants Seeking Support and Whether Support Was Helpful as Binary Dependent Variables

	Models predicting seeking support					Models predicting helpfulness of support				
Independent variable (reference if categorical)	*N*	*OR*	$Wald_1$	*p*	CI for *OR*	*N*	*OR*	$Wald_1$	*p*	CI for *OR*
Age	166	0.97	3.8	.051	[0.95, 1.00]	122	1.03	3.61	.057	[1.00, 1.07]
Sex (male)	167	0.98	0.00	.96	[0.52, 1.87]	123	0.92	0.03	.85	[0.38, 2.21]
Education	166	1.07	0.69	.40	[0.91, 1.27]	122	1.24	2.99	.08	[0.97, 1.59]
Age at NDE	166	1.00	0.03	.87	[0.98, 1.02]	122	1.04	7.75	.005	[1.01, 1.07]
Time since NDE	165	0.99	1.64	.20	[0.97, 1.00]	121	0.98	1.43	.23	[0.96, 1.01]
NDE scale	167	1.06	4.86	.027	[1.01, 1.13]	123	1.04	1.26	.26	[0.97, 1.12]
Lost vital signs or considered dead (no)	164	1.71	2.56	.11	[0.89, 3.29]	122	1.12	0.06	.80	[0.47, 2.67]
Positive/pleasant NDE (unpleasant/neutral/mixed)[a]	167	0.71	0.83	.36	[0.34, 1.48]	123	1.90	1.89	.17	[0.76, 4.75]
Health problems from event that led to NDE (no)	167	2.55	5.80	.016	[1.19, 5.48]	123	0.94	0.02	.90	[0.39, 2.30]
Relationships with family, friends, or people I general deteriorated after NDE (no change/improved)[a]	165	2.29	3.55	.06	[0.97, 5.41]	122	0.59	1.19	.28	[0.23, 1.51]
Number of aftereffects after NDE	165	1.41	15.76	<.0001	[1.19, 1.67]	121	1.06	0.32	.57	[0.86, 1.31]
Number of challenges/problems after NDE	124	1.36	1.17	.28	[0.78, 2.40]	113	1.51	1.72	.19	[0.82, 2.80]
Positive reaction of 1st person told about NDE (negative/neutral)[a]	163	0.64	1.80	.18	[0.34, 1.23]	121	3.06	4.76	.03	[1.12, 8.37]
Excellent/good mental health (average/poor/terrible)[a]	167	0.39	4.53	.03	[0.17, 0.93]	123	3.10	5.95	.02	[1.25, 7.71]
Happy childhood (no)	167	0.39	6.82	.009	[0.19, 0.79]	123	2.53	4.23	.04	[1.04, 6.11]
Prior alcohol or drug abuse (no)	167	2.02	3.84	.05[†]	[1.00, 4.06]	123	1.03	0.00	.95	[0.42, 2.51]
Prior psychological counseling (no)	167	2.53	4.92	.026	[1.11, 5.73]	123	2.46	2.36	.12	[0.78, 7.77]
Unusual stress or significant. life changes at time of NDE (no)	167	2.13	5.28	.02	[1.12, 4.07]	123	2.28	3.31	.07	[0.94, 5.54]
Need to talk about NDE (no)	167	2.19	3.20	.07	[0.93, 5.17]	123	1.29	0.16	.68	[0.38, 4.38]
Afraid to talk about NDE (no)	167	1.89	3.81	.05	[1.00, 3.59]	123	0.53	1.76	.18	[0.21, 1.35]
Number of private communication avenues about NDE	167	1.43	11.94	.0005	[1.17, 1.75]	123	1.17	1.59	.21	[0.92, 1.48]
Number of public communication avenues about NDE	167	1.28	2.14	.14	[0.92, 1.79]	123	1.94	4.81	.03	[1.07, 3.52]
Number of sources of support						123	1.09	0.15	.70	[0.70, 1.70]
Support from mental health/health professional (no)						123	0.54	1.85	.17	[0.22, 1.31]
Support from religious/spiritual counselor (no)						123	1.27	0.25	.61	[0.50, 3.22]
Support from organization/online source (no)						123	5.12	4.51	.03	[1.13, 23.09]

Note. The helpfulness variable was not restricted to participants who reported seeking one of the six support avenues. $Wald_1$ = Wald statistic with 1 degree of freedom; CI = 95% confidence interval; NDE = near-death experience.
[a] Reference category combines several response options.
[†] $p < .05$.

organizations, such as a church responding, "We don't do that here." Participants also discussed that it is difficult to find targeted therapies or support networks for such experiences: "There really are no 'therapies' or support out there if we are being honest. … This is not like other phenomena, addiction, abuse, posttraumatic stress disorder, with a wide patient population." Notably, not every participant felt the need to seek support.

Predictors of Seeking and Benefiting From Support

Seeking Support

Table 3 presents logistic regression models predicting whether participants sought support and whether they found it helpful. Key predictors for seeking support included prior psychological challenges, such as a history of substance abuse, prior counseling, and perceived lack of a happy childhood. Participants were also more likely to seek support if they experienced stress at the time of the NDE or had ongoing health issues related to the event. Additionally, a deeper NDE and a higher number of aftereffects increased the likelihood of seeking support, indicating that more intense NDEs are associated with a stronger need for assistance. Deeper NDEs are typically associated with stronger and more pervasive aftereffects, as they were in this sample ($r = .35$, $p < .0001$).

Helpfulness of Support

Significant predictors for the perceived helpfulness of support included a positive initial reaction from the first person told about the NDE, good mental health, a happy childhood, and receiving support from an organization or online source.[2] Older age at the time of the NDE was also associated with finding support more helpful. Participants emphasized the importance of validation and understanding in their support experiences, as noted by one individual who shared, "Validation was very important to me and my understanding of what had happened to me. It gave me courage to be open and accept the NDE." This need for validation was often paired with a struggle for clarity and understanding of the experience, reflecting the complexity of integrating the NDE.

Discussion

This study examined the support needs of individuals who have experienced NDEs. Prior research underscores the importance of support in helping NDErs integrate these profound experiences into their lives. Yet, professional support remains limited, often hindered by skepticism about NDEs and the absence of established clinical guidelines for addressing them. This study documented the various avenues through which NDErs seek support, the challenges they face, and the perceived benefits and barriers to receiving such support. Understanding these dynamics involves identifying both risk and protective factors that influence the effectiveness of support in post-NDE integration.

Factors Influencing Support Seeking in Processing an NDE

Several factors seem to complicate the integration of NDEs into individuals' lives and personal narratives. Our findings suggest that individuals who experience deeper, more intense NDEs may require additional support, likely due to the stronger transformative impact and increased number of aftereffects. Further, participants who reported stress at the time of the NDE or dealt with health problems resulting from the event or illness that caused it reported greater support needs. This increased burden underscores the interplay between preexisting (mental) health conditions and the NDE's impact on personal identity and coping.

Experiencers' support needs may also be shaped by a history of trauma or psychological difficulties. For instance, participants with a history of counseling or substance abuse were more likely to seek support for processing their NDE. Conversely, those who reported a happy childhood were less likely to seek support post-NDE. While these factors were analyzed separately, they are interrelated: early-life trauma,

[2] Helpfulness of the totality of support received was rated on 5-point scale from "very harmful" to "very helpful" with a neutral option of "no effect." For simplicity, in the main analyses we treat helpfulness of support as a binary dependent variable, where helpful support encompasses the categories of "very helpful" and "somewhat helpful." In additional exploratory analyses using an ordinal dependent variable, help from a from mental health/health professional predicts a significant reduction in the perceived helpfulness of support, $OR = 0.31$ (95% CI [0.15, .61]), $p = .0008$.

associated with a lack of safety during childhood, is a known risk factor for ongoing (mental) health and substance use issues (Zarse et al., 2019).[3] In contrast, a happy childhood may act as a protective factor, contributing to smoother integration of the NDE with reduced need for external support. The positive effects of a happy childhood may be attributed to its association with secure attachment, resilience, and positive adult self-concept, equipping individuals to better navigate complex or challenging experiences (Martín Quintana et al., 2023). Accordingly, individuals with more secure attachment and a positive self-concept may be better prepared to independently process the intense, transformative, and potentially traumatic nature of an NDE, with less reliance on external support.

Factors Influencing the Helpfulness of Support in Processing an NDE

Our findings also reveal factors that influence the perceived helpfulness of support sought by NDErs. Strong predictors of helpful support included a self-reported happy childhood, a positive first reaction when disclosing the NDE, and support from organizations or online groups that are friendly to NDErs. These factors underscore the critical role of validation and psychological safety in the post-NDE integration process. Prior studies similarly emphasize the importance of support from like-minded individuals who offer validation and understanding as NDErs navigate their integration journey (Foster et al., 2009; Greyson & Harris, 1987; Holden et al., 2014).

Age at the time of the NDE also emerged as a significant factor: Older participants were more likely to find support helpful, suggesting that childhood NDEs may pose unique challenges due to developmental and social factors (Greyson & Harris, 1987). In addition, participants who rated their current mental health as good were less likely to seek support but more likely to find support helpful if they did. Consistent with previously discussed findings, psychologically resilient individuals may maintain their mental well-being despite the challenges posed by NDEs, potentially reducing their need for additional support. Alternatively, these individuals might be more receptive to benefiting from support or that their current good mental health may result from having received helpful, validating support regarding their NDE.

Notably, support received from mental health or health care professionals may be associated with lower perceived helpfulness. This finding highlights a notable "gap of care" for NDErs, who often struggle to find professionals trained to offer the necessary support to integrate the experience. Addressing this gap may require specialized training for health care providers, allowing them to offer informed support that aligns with the unique needs of NDErs (Foster et al., 2009; Holden et al., 2014; Samoilo & Corcoran, 2020).

Support for NDErs: Pitfalls and Opportunities

Despite the well-documented struggles experiencers face after an NDE, specialized professional help is limited by the scarcity of counselors, therapists, or health professionals familiar with NDEs and with specific issues engendered by the experience (Foster et al., 2009; Greyson, 1997; Greyson & Harris, 1987; Samoilo & Corcoran, 2020). Relatedly, an important pitfall of providing care for NDErs is the common misdiagnosis of issues stemming from the NDE as psychopathology, which can negatively affect experiencers' lives and severely hinder the integration of the experience and potential growth from it (Foster et al., 2009; Greyson & Harris, 1987). Countering this notion, abundant research has documented that NDEs constitute a real phenomenon with consistent characteristics that affects experiencers deeply and are demonstrably different from hallucinations, dreams, or manifestations of mental illness (Brook, 2021; Fracasso et al., 2013; Greyson, 1997, 2007, 2014; Greyson & Liester, 2004; Turner et al., 1995).

A number of clinicians have elaborated on the criteria distinguishing NDEs from hallucinations (de Menezes Júnior & Moreira-Almeida, 2009; Koenig, 2007; Lukoff, 2007; Menezes & Moreira-Almeida, 2010; Moreira-Almeida, 2012; Moreira-Almeida & Cardeña, 2011; Noble, 1987; Sartori, 2004, 2008). These distinctions include not only

[3] These variables are also correlated in our data. Among participants reporting prior psychological counseling, 71% reported prior alcohol/drug abuse compared with only 22% among individuals with no prior counseling ($p < .0001$). Among participants reporting a happy childhood 19% had prior psychological counseling compared with 36% among those who did not report a happy childhood ($p = .01$), and 26% reported prior alcohol/drug abuse compared with 49% among those who did not report a happy childhood ($p = .003$).

the context of the NDE (occurring in medical crises; single, brief, nonrecurring events; absence of mental illness), but also their content (specificity, detail, veridicality of perceptions, consistency across individuals and cultures, involving multiple sensory modalities), the way they are remembered, as "realer than real," not fading or changing over decades, and their long-term effects on the experiencers (enhanced sense of meaning and purpose, decreased fear of death, increased sense of connectedness and altruistic behavior).

As some NDErs struggle to understand and integrate the experience into their lives, the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition (*DSM-IV*) has acknowledged that profound spiritual experiences can cause significant turmoil and lead people to seek help (American Psychiatric Association, 1994, p. 685). The *DSM-IV* introduced a new category called "Religious or Spiritual Problems," in a class of problems that may become the focus of professional attention but that are not in themselves mental disorders. In companion articles explaining this new category, the authors gave as one example NDEs, citing their distinction from mental illnesses (Lukoff et al., 1992; Turner et al., 1995).

NDE researchers and clinicians have offered specific recommendations for adequate and supportive interactions with NDE patients and have long urged health professionals to adopt these guidelines (Holden et al., 2014; Samoilo & Corcoran, 2020). However, these are yet to be integrated into medical and psychological care. This gap in care for NDErs may explain why psychiatric help and medication were rated as the least helpful among 84 interventions, behaviors, and practices by individuals who have had spiritually transformative experiences, including NDEs (Brook, 2021).

Common guidelines for health professionals include normalizing and validating the NDE and its aftereffects, while affirming its uniqueness for each experiencer; avoiding pathologizing the experience or imposing one's own belief system; listening nonjudgmentally; and being reflective rather than analytical (Foster et al., 2009; Fracasso et al., 2013; Greyson, 1997; Greyson & Harris, 1987). When these guidelines are followed, therapy can assist the NDEr in their integration journey, including addressing challenges in family relationships, helping the individual gain a sense of agency in the NDE and its meaning, accept the event, grieve the loss of their old self, and reconceptualize themselves with a newly acquired perspective, as well as encouraging insights and posttraumatic growth from the NDE (Fracasso et al., 2013; Greyson, 1997; Greyson & Harris, 1987; Holden et al., 2014; Khanna & Greyson, 2015). In addition, alternative therapeutic methods such as hypnosis, dreamwork, guided imagery, and art and music therapy can be helpful for NDErs (Bush, 2002; Fracasso et al., 2013; Greyson, 1997; Holden & MacHovec, 1993; Rominger, 2013).

Aside from specific therapies, sharing the NDE with receptive others is an essential part of its integration and helps NDErs make sense of their experience and feel validated (Foster et al., 2009; Greyson & Harris, 1987; White, 1998). Organizations such as IANDS and American Center for the Integration of Spiritually Transformative Experiences facilitate well-established support groups, which can provide a sense of community and educational resources for NDErs and their families and were shown in this study to be predictive of perceptions of helpful support. Similarly, books and other research materials on NDEs and spiritually transformative experiences can help experiencers feel less alone (Stout et al., 2006). Time for reflection or meditation in quiet spaces and in nature has also been found to help NDErs (Stout et al., 2006).

Limitations

The main limitations of this study stem from its exploratory, retrospective, and correlational nature. Although we identified factors predicting an increased need for and helpfulness of support for NDErs, we were unable to measure mental health prior to and immediately after the NDE. Therefore, we could not assess directly which types of support were associated with their improvements over time. Additionally, many participants reported seeking multiple sources of support, and we were unable to evaluate the unique helpfulness of each individual type of support. There are inherent challenges to systematically studying NDEs and their impact due to their subjective nature and their varied interpretations both by individuals who experience NDEs and by researchers who study them (Hashemi et al., 2023). An additional limitation of this study is that the sample of NDErs was recruited through organizations and platforms specifically geared toward people with an interest in or experience with NDEs. As a result, participants may differ in meaningful ways

from other experiencers who do not engage with such communities, potentially limiting the generalizability of the findings to the broader population of NDErs. Finally, the findings from this exploratory study are preliminary, and future preregistered studies with larger and more diversely recruited samples are needed to explore these associations in greater depth. Addressing these limitations in subsequent research will allow for the validation and extension of findings presented in this article.

Conclusions and Future Directions

NDEs are not rare among critically ill individuals (Rousseau et al., 2023; Zingrone & Alvarado, 2009). They hold the potential for profound transformation but may also be accompanied by significant struggles for experiencers (Foster et al., 2009; Greyson, 1983a, 2022; Samoilo & Corcoran, 2020; Stout et al., 2006). It is crucial that the research and medical communities devote efforts to understanding and addressing the needs of individuals after an NDE, thus bridging the gap in care for these patients (Samoilo & Corcoran, 2020). This article seeks to address this need and to inspire further research into approaches, interventions, and challenges in supporting NDErs.

Research on the needs of NDErs and the appropriate care for them relies on their ability to safely disclose and discuss their experiences. Concerns about sharing one's NDE with professionals due to fear of negative reactions are valid, impactful, and historically justified. Holden and colleagues have advocated for "a world in which NDErs find help rather than harm in disclosing their NDEs to health care providers such that they can integrate their experiences to achieve their greatest potential for psychospiritual development" (Holden et al., 2014, p. 285). Future research aimed at improving the culture around NDE disclosures to health professionals, therapists, and even lay people would be valuable in bringing us closer to this vision.

Going forward, it will be important to assess individuals' mental health, challenges, and needs immediately after an NDE to directly measure these outcomes' trajectories over time. Such assessments would enable longitudinal testing of the effectiveness of specific interventions designed to help experiencers integrate their NDE. Additional clinical attention may be needed for experiencers with higher support needs, such as those with prior psychological vulnerabilities or intense NDEs.

We strongly hope that professionals outside the narrow field of near-death research will take an interest in and contribute to such initiatives. This is important because our data and previous research (Holden et al., 2014) show that experiencers may disclose their NDE to individuals in various roles. Researchers are increasingly recognizing the importance and health benefits of providing spiritual care in clinical practice, which includes taking an interest in patients' spirituality and offering support (Best et al., 2016). Such initiatives should include NDEs, as they often feature content perceived as spiritual and can lead to spiritual growth and changes toward a spiritual life orientation (Greyson & Khanna, 2014). Increased awareness across the fields of medicine and psychology will ultimately help foster earlier intervention, more effective support, and enhanced ability to study the underlying mechanisms of NDEs, their aftereffects, and their implications. This research also has broad implications for the integration of other transformative experiences, including those induced by psychedelics, which closely resemble NDEs in both their phenomenology and aftereffects (Fritz et al., 2024; Martial et al., 2024).

In summary, this study offered valuable insights into the support needs of NDErs and the complexities involved in navigating the aftermath of their experiences, including the challenges they face in finding effective, validating care. Our findings call for future research to further explore these dynamics, with the goal of developing tailored interventions that address gaps in care and improve the quality of support for individuals who have had a NDE.

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Received January 2, 2025
Revision received June 15, 2025
Accepted June 24, 2025 ■