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How Widely Are Near-Death Experiences Recognized in Indian Society and Health Care? A Preliminary Survey

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Patients who have had near-death experiences are often profoundly changed by the event, and they and their families can find these phenomena bewildering or even disturbing. Despite this, awareness of near-death experiences appears to be minimal among health care providers in India. This cross-sectional study was conducted with 100 individuals who attend patients at the Amrita Institute of Medical Sciences in Kochi, Kerala, India, and with 100 physicians at the same institution. Acquaintance with the phenomenon of near-death experiences was found to be quite low among both samples—lower than rates seen in Western societies. Almost half of the physicians who claimed adequate knowledge about these experiences did not think that they were medically important. These findings point to a need for education about near-death experiences for health care providers in India, and possibly in other developing societies as well.

Keywords: *NDE, near death experience, India, Indian*

Near death experiences (NDEs) have been described since ancient times (Badiou, 2013). Though some earlier case studies had been reported (Heim, 1972), it was only after the publication of Raymond Moody's book *Life after Life* in 1975, with his recognition of a common phenomenology in these subjective experiences, that NDEs gained widespread notice (Moody, 2001).

Phenomenological, psychological, and descriptive studies have further refined understanding of NDEs over the years (e.g., Athappilly et al., 2006; Fenwick & Fenwick, 1997; Greyson, 1991, 2000, 2007; Holden, 2009; Holden et al., 2009; Locke & Shontz, 1983; Zingrone & Alvarado, 2009). For example, a subset of individuals who have survived a cardiac arrest or have recovered from life-threatening and critical illness describe having had a profound, vivid subjective experience that most insist really happened. As opposed to dreams and confusional states, NDEs do not change over time and are not forgotten (Greyson, 2007). The experiencers—or NDErs, as the people who have had these are referred to in the literature—usually describe detaching from their bodies, viewing

their body and the surroundings from an outside perspective, often seeing their own resuscitation, subsequently going through a dark tunnel, emerging into a transcendental world or realm, meeting a warm, loving light, meeting deceased loved ones, undergoing a life review, coming to a barrier of some kind, and then going back or being sent back to their bodies (e.g., Fenwick & Fenwick, 1997; Holden, 2009; Holden et al., 2009; Moody, 2001; Zingrone & Alvarado, 2009). A few people describe all or most of these features, while many describe a substantial number of them.

The Weighted Core Experience Index was the first attempt to quantify or measure this phenomenon (Ring, 1984), but the most widely used and statistically validated scale is Greyson's Near-Death-Experiences scale (Greyson, 1983b; Lange et al., 2004). A score of 7 is required for an experience to qualify for an NDE. The maximum score is 32, and in this way the depth of the experience can be measured. The phenomenon has been quite well documented and researched in some prospective studies and published in reputed medical journals over the years (e.g., Greyson, 2003; Parnia et al.,

2001, 2014; Schwaninger et al., 2002; van Lommel et al., 2001).

The most compelling reason that the NDE deserves attention from society and the medical community is its dramatic after-effects (e.g., Atwater, 1988; Bonenfant, 2004; Brewin et al., 2000; Christian, 2005; Greyson, 1983a, 1991, 2001; Greyson & Ring, 2004; Noyes et al., 2009). These are profound, life-altering experiences that usually leave people transformed permanently. It is estimated that it requires at least 10 years to properly integrate this into an NDEr's life (Noyes et al., 2009). For example, a person's worldview and values can change so dramatically that a marriage breaks apart because the partner perceives the NDEr to have become another person (Christian, 2005). A well-established scale, The Life Changes Inventory (Greyson & Ring, 2004), measures these post-NDE changes. Experiencers are likely to become less materialistic, lose interest in jobs they find no longer meaningful, leave, and become more self-assertive and confident. Although a few may become more interested in their pre-experience religion, a substantial number lose faith in their particular conventional religion or leave formal religion altogether, while becoming more spiritual in their lives.

A substantial body of literature suggests that it is important for those working in health care to be aware of the NDE phenomenon and learn to deal with people who might talk about their anomalous ("bizarre") experience that seemed so real to them (e.g., Foster et al., 2009; Hayes & Waters, 2007; Moore, 1994; Thornburg, 1988). While knowledge about NDEs is fairly prevalent in the United States, the UK, Europe, and Australia, it has not been adequately studied in many other countries, as is the case in India.

While there is a body of literature on non-Western NDEs (Fracasso, 2020; Jahromi & Long, 2020; Kellehear, 2009; Murphy, 2001; Shushan, 2018; Zhi-ying, & Jian-xun, 1992), these studies are fewer in number and lower in quality as compared to studies conducted in Western nations, and focus mainly on societies other than India. Attempts to characterize Indian NDEs (Pasricha, & Stevenson, 1986; Pasricha, 1993, 2008; Singh, 1988) have been particularly inadequate in describing

the phenomenon, and the Indian NDE remains understudied. Kellehear's chapter on "non-Western NDEs" in the *Handbook of Near Death Experiences* (2005), which surveyed the NDE literature up to 2005, stated that Indian NDEs do not have tunnels or a life review and that Indians frequently reported being "taken" by messengers to Yamaraj the Hindu god of death. They meet Yamraj, or an unidentified authority figure, who has a book and announces that the person was mistakenly brought there. It was another person that the authority figure wanted, and the person is then asked to return to the world of the living. This seems to be a primary theme in Indian NDEs.

It is relevant to note that the tunnel, which was given importance in the 1980s and 1990s, is not now considered an important NDE feature, and that the common scale used now does not have an item related to a tunnel experience (Greyson, 1983b). It is well established (Kellehear, 2009) that this is merely a cultural artifact that people use to describe a sense of transport from the earthly realm to a transcendent one through an unclear transition zone, often perceived as darkness. Therefore the finding and controversies around the presence or absence of tunnels would seem to have little relevance today. In any case, Kellehear's assertion (1994) that tunnels do occur is based only on eight cases gathered through a query published as a newspaper ad. Three of those cases had experienced a perception of darkness and nothing else. The wordings of the query were also criticised as being suggestive (Kellehear, 2005).

Singh (1988) published a study on twenty-five patients who were critically ill to examine the psychological effects of a serious acute illness on patients. Ten patients had experiences suggestive of an NDE. Three reported "intense blackness" (p. 304); another three reported "total silence," (p. 304); the rest described a single mode of perception, such as, "seeing a bright light" (p. 304), "seeing a man with a flowing beard" (p. 304), and so forth. By today's standards, it is difficult to say whether these can be considered NDEs at all.

The major source of all ideas on Indian NDEs is three studies by Pasricha, published in five articles (Pasricha & Stevenson, 1986; Pasricha, 1992; 1993, 2008, 2012). In the earliest of these (Pasricha

& Stevenson, 1986) the authors were studying cases of reincarnation and happened to come across some that appeared to be NDEs. Though the article treats the 16 cases described as a single series, only 10 people were interviewed. Five of the remaining cases were firsthand reports of an NDE experience related by another individual, and one was a second-hand report. According to the authors, “after the spontaneous narrative of the experience, all further questions were regarding the physical details of the illness and not about the content of the experience” (Pasricha & Stevenson, 1986, p. 165). This focus on the illness, combined with the fact that no NDE scale or questionnaire was used to augment the interview, suggests that most of the actual content of the experience could be missing, bringing into question subsequent comparison with American NDE cases. It is noted that tunnels are absent, life review is rare, and Yamraj or the Indian god of death, who talks about a clerical mistake that led to the person’s death, are common factors. However, there are no reported feelings of joy, peace, or love, now considered important features of NDEs. Time distortion, noetic quality, ineffability, and paranormal abilities are also conspicuous by their rarity or absence. These omissions may of course be due to the fact that study of the phenomenon was in infancy when the study was conducted.

The same problems plague the subsequent studies done by Pasricha (1992, 1993), which apparently involved a systematic survey of a series 146 villages in Bangalore, South India. The initial survey done in the mid-eighties was published as a series of 16 cases, but only 13 had useful information. The subsequent survey in the mid-1990s surveyed four villages, which produced 12 more cases examined in some detail, and referenced some additional cases that did not yield useful data. The earlier cases were combined with the later survey in two publications (Pasricha, 2008, 2012). The number of cases with some useful data in these two surveys can be put at 28, but the key features of the experience were not collected in most cases. Pasricha’s 1993 paper focused on just four villages. Given that the survey of 146 villages interviewed 16 individuals reporting NDEs, and the one focused on 4 villages interviewed 12 such individuals (one indirectly through family

and friends, post-mortem), this would appear to be a separate and more carefully focused follow-up study. If four villages provided 12 cases, and 145 villages provided 16, it seems reasonable that the second study was more careful to ensure that every household was included. The follow-up study also provides individual case narratives, whereas the larger survey merely indicated characteristics of the experience. However, no systematic interview method is described, and no mention of the use of a scale or standard questionnaire. The later articles come to roughly the same impressions as the first one: many of the case reports show culture-specific motifs such as the presence of Yamraj, an office-like setting with a book being examined for the person’s name, and ultimately the person being send back because “it was a mistake.” The main conclusion that can be drawn is that there has been an attempt to cursorily interview or obtain some information from around 50 Indians who might have had an NDE, and that Yamraj, and/or a mistaken identity of the person for whom death was intended seems to be a feature of some of these experiences.

It is evident that in India, the study of NDEs is not well developed, which makes it likely that awareness of the phenomenon among members of society, and even among physicians, is likely to be quite poor—a situation that, as noted, can be harmful to those who have such experiences. The following study assessed awareness about this phenomenon among members of the public and among physicians at a hospital in Kerala, India.

Study

A cross-sectional survey was designed to assess awareness of NDEs among individuals in the community and in the medical professions, as well as the sources of information on this topic within the medical community and the non-medical public.

Participants

Participants were a convenience sample recruited from among members of the public who attended patients visiting the outpatient department of Amrita Institute of Medical Sciences, Kochi, Kerala, India, where the researchers work, as well as physicians who work at the same facility. Inclusion criteria for the first group required participants to

be over the age of 18, to give informed consent, and to have accompanied a patient to the hospital. Inclusion criteria for the second group included holding the position of physician of any level of seniority, practicing at the same hospital.

Recruitment

Each Tuesday during the recruitment period the researchers went around the Outpatient Department, asking one person who accompanied each patient whether they were willing to participate in a survey. If so, informed consent was obtained after explaining what the study was about. The process was continued every week until a target number of participants was reached. Thereafter the researchers visited the hospital's medical departments asking doctors to participate in this survey in the same manner until a target number of medical physicians had been enrolled in this manner.

Instruments

The authors created a brief survey intended to provide information on NDEs and assess participant awareness of the phenomenon, with slight variations for the two groups. People accompanying patients to the hospital were asked the following multiple-choice question, in addition to basic demographic information concerning age, sex, and occupation:

Some people who have survived a near-death state, illness, or event, recount some experiences like separating from the body, going to another world, seeing a light, seeing dead souls, etc. Have you heard of this phenomenon? A) No; B) I have heard something about it, but am not sure what it is; C) I have a fair idea what it is.

Those who answered yes to C were asked an open-ended question regarding the source of their information.

The medical professionals were asked the same questions, in addition to having to provide demographic details, and if they answered C, were also asked whether this phenomenon is medically important to know: A) Yes; B) No; C) Do not know.

Procedure

After reassuring each participant that privacy would be maintained at all levels and obtaining informed consent, the brief explanation of NDEs as outlined in the first question was given. Then

participants were asked to fill in the questionnaire. All queries were answered during and after completion of the form.

Treatment of Data

Data were anonymized by eliminating names and other personal details, and identifying each record with a code. A standard data recording sheet was developed using the data collected. Descriptive statistics of frequency distribution and percentages were carried out using Microsoft Excel's analysis tool. To compare the level of awareness of NDEs, the two groups were split into Community and Physicians, and among the physicians, Residents and Consultants. Chi-square tests were performed using SPSS software version 2.0, after fulfilling the normality assumptions. All associations between independent variables and dependent variables and their statistical significance were assessed using odds ratio, 95% CI, and p -value < 0.05 .

Results

The study, conducted between September 2022 and February 2023, enrolled 100 community members who accompanied a patient to the hospital, and 100 hospital physicians. Of the 100 individuals in the Community group, the mean age of participants was 51 years, with most being males (65%); of the 100 people in the Physician group, the mean age was 37 years, with a majority being females (56%).

Table 1 provides a comparative view of the responses for the Community and Physician groups, regarding their knowledge of NDEs. Odds ratio of

Option	Community Group <i>n</i> = 100	Physician Group <i>n</i> = 100	Odds Ratio (95% CI)	<i>p</i> -value*
A	58 (58%)	25 (25%)	2.3 (1.5, 3.7)	0.00001
B	34 (34%)	45 (45%)	0.8 (0.5, 1.2)	
C	8 (8%)	30 (30%)	(0.1, 0.6)	

Table 1. Distribution of responses among Community and Physician groups

*(p -value obtained from χ^2 test for trend)

2.3 (with a 95% confidence interval of 1.5 to 3.7) indicates that a higher proportion of the Community group had no knowledge of NDEs as compared to physicians. Responses for Option B showed that more doctors compared to lay people have heard about NDE but were uncertain or unsure about the phenomenon. Similarly for Option C, physicians indicated a considerably greater knowledge about NDEs, confirmed by the odds ratio of 0.3. Furthermore, an overall *p*-value of 0.00001 also confirmed that the difference observed is statistically significant.

Table 2 shows the distribution of responses among residents and consultants in the Physicians group. In general, consultants reported a higher level of knowledge regarding NDEs compared to residents. Based on the chi-square test for trend, residents were more likely to select Options A and B, indicating little or no knowledge of NDEs, while consultants were more likely to select Option C, indicating some acquaintance with the phenomenon.

Table 3 provides the variety of sources for information about NDEs by Community and Physician groups among those who reported having a fair idea about the phenomenon. The highest frequency was found for the Internet for both groups.

The doctors who reported having a fair idea about NDE were asked, “Do you think NDEs are medically important?” Slightly more than half of the doctors in this group (53%) responded affirmatively, while 30% do not share this perspective, and 17% expressed uncertainty or a lack of knowledge about the medical significance of NDEs.

Option	Residents Sub-Group <i>n</i> = 65	Consultants Sub-Group <i>n</i> = 35	Odds Ratio (95% CI)	<i>p</i> -value*
A	20 (30.7%)	5 (14.3%)	0.3 (0.1, 0.7)	0.002
B	33 (50.8%)	12 (34.3%)	0.4 (0.2, 0.7)	
C	12 (18.5%)	18 (51.4%)	1.5 (0.7, 3.1)	

Table 2. Distribution of responses among Residents and Consultants in the Physician groups

*(*p*-value obtained from χ^2 test for trend)

Discussion

The reported incidence of NDEs among patients who have come close to death and survived is reported to be 2–10% by various studies. A Gallup poll reportedly showed a 5% prevalence among the general public in the United States (Zingrone & Alvarado, 2009). This is not a small number. Researchers in the field hold that it is important to assess knowledge and attitudes towards NDEs among medical personnel, and a questionnaire is available to measure this (Thornburg, 1988). Most NDErs relate their experience first to doctors or nurses, and it is common to be met with incredulity, disbelief, or doubt regarding the patient’s sanity. There are reports of patients being put on anti-psychotics, which are not indicated here. Invalidation and cursory dismissal of these life-altering incidents by medical personnel are known to exacerbate depression and anxiety among NDErs (Foster et al., 2009). Medical healthcare providers need awareness of the phenomenon in order to meet a patient’s needs in this circumstance.

The first step is to have an adequate knowledge about NDEs. In 1989, Hayes and Waters found that out of 85 physicians surveyed,

Sources	Community Group (<i>n</i> = 8)	Physician Group (<i>n</i> = 30)
Internet	5	10
YouTube	1	0
Books	1	4
Patients	0	3
Family	0	3
Literature/ Research articles	0	2
Medical Knowledge/ Discussions/ Talks	0	4
Multiple sources including Internet/ Books/ Articles/ Patients’ experiences	1	4

Table 3. Sources of information on NDEs among members of Community and Physician groups

66% had adequate knowledge about NDEs. In our study, although 30% claimed adequate knowledge, only 16% were aware of its clinical significance; by comparison, 70% of participants in a similar study in the United States had heard about NDEs, and had fairly good idea of what they were (Hayes & Waters, 2007). Moore (1994) studied 143 hospital staff physicians using Thornburg's Near-Death Phenomena Knowledge and Attitudes Questionnaire showing that all had some knowledge about NDEs, and 51% reported that they had treated or cared for a patient who reported an NDE. Sixty-five percent were positively disposed in their attitudes to it, and more than half expressed an interest to study it further.

It is sometimes enough to acknowledge that such a thing as NDE exists, normalizing the experience, rather than pathologizing or invalidating it. The doctor's counsel might help the patient disclose it to friends and relatives. Sometimes relatives, who may be distressed or treat the patient as lacking sanity, might also need to be educated. Early negative experiences during disclosure may inhibit patients from disclosing the NDE further, which could result in completely repressing the experience. This commonly delays or prevents integration of this very significant life event and precludes experiencers from moving on and leading a normal life.

Our study revealed poor awareness of NDEs among a sample of doctors in India, and even less knowledge among non-medical members of the community. This may be due, in part, to the fact that NDEs have never been properly studied in an Indian setting. Significantly, among the 30 doctors who claimed knowledge about NDEs, only six said that they received this information from an academic source. A review of the literature suggests that a paucity of data and awareness about this important clinical phenomenon is common to all countries outside Europe, Australia, and North America, which impairs care for patients with this experience and also substantially impairs the cross-cultural understanding of the phenomenon. It is important that developing societies acquire better familiarity with this phenomenon.

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Ethics Review

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