Child Experiencers of Near-Death States

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A Case for Children

On the average, near-death experiencers are without pulse or breath for about ten to fifteen minutes. It is not uncommon to hear of individuals "dead" for an hour or more; some revive in the morgue. The same is true with children; who, by the way, can have such an episode before birth, during delivery, or immediately after being born. Recall from tiny ones, once verbal, is often not only surprisingly meaningful and accurate in detail, but can be an embarrassment to parents and medical personnel.

Since the brain can be permanently damaged in three to five minutes without sufficient oxygen, it is important to note that one of the striking features of the near-death phenomenon is . . . *no matter how long the person fails to register vital signs, there is usually no brain damage once revived,* rather, *a noticeable brain enhancement may result.* Near-death states, then, *provide* a unique lens through which the many aspects of human consciousness may be explored, along with the possibility of life after death.

Approximately one-third of the adult experiencers who face death, nearly die, or who are pronounced dead and later revive, have a near-death episode. But with kids the incident rate is much higher—around seventy percent—as revealed by the pioneering work with children done by Melvin Morse, M.D. This suggests that *most children* in survival crisis will experience the near-death phenomenon. A lot has been said about adults and older teenagers. Now it's time to focus on youngsters, and the different way they tend to respond.

Although the universal patterns of episodes and aftereffects are the same for child, teenager, and adult experiencers, children are especially challenged. They lack the options adults take for granted, and seldom are they believed.

Children's Near-Death States

The vast majority of youngsters have what P. M. H. Atwater calls the "Initial Experience." Always brief, it consists of about one to three elements, things like a loving nothingness, the living dark, a friendly voice, some sort of visitation, or out-of-body experience. Kids, even the very young, can also experience complex episodes, ranging from unpleasant or distressing scenarios to transcendent ones, although these cases are rarely reported.

"Visitations" are often from relatives unknown to the child (such as a grandparent who died before the child was born); or perhaps a deceased pet or other types of animals, religious figures (especially if the child is of school age), and people *very much alive.* The living who show up in children's scenarios seldom remain present for long, and often dissolve into the type of imagery more typical of near-death states. Implied in this is that the task of "initial greeters" may be to put the child at ease, or to "accommodate" the child's immediate needs somehow, before anything else can occur. Once comfortable in their new surroundings, children are not at all hesitant to challenge the beings who greet them with questions like, "Is that what you really look like?" Stories about angels so challenged agree in claims that they immediately reverted into a brilliant burst of light.

Children report "dark" experiences as well as bright ones, and occasionally tell of being bathed in a "dark light." Some describe this dark as "The Darkness That Knows," and use affectionate terms to relay how pleasant it is, a womb-like place of safety and love. In fact, youngsters tend to be quite specific about different types of light in the "otherworlds" they visit: that which is colorless, the dark kind (almost purple-black), and bright ranges of glowing yellow-gold-white.

Youngsters of any age can have a near-death experience, and that includes infants and those in the process of being born.

The Importance of How the Episode Ends

Afterward, the average child experiencer tends to giggle with angels, play with ghosts, and pre-experience or know the future - a behavior pattern that causes parents to panic. What seems worrisome, however, may have a simple explanation: near-death states expand faculties normal to us, enabling greater access to the electromagnetic spectrum. (The average individual is aware of only ten percent of what is available; near-death states are known to increase that range.)

The biggest challenge for children, though, is how their episode ended, the *feeling* they are left with. Because kids usually personalize whatever happens to them, this can become a sensitive issue. For instance, if they are left with a sense of "loss" they often interpret that to mean it's their fault "everyone went away," and they feel guilty; if left with a sense of "*rejection*," that means they're bad and they feel ashamed; "*betrayal*," unworthiness, and they feel abandoned; "*acceptance*," it's okay to leave "home," and they feel satisfied; "joy," trustworthiness, and they feel confident; "*loved*," extra-specialness, and they feel secure.

Feelings are primary for children. How their experience ends, and whether or not they were prepared for it to end, directly colors their response. Parental reactions matter, too. Adult experiencers can at least speak up for themselves or exercise a fair degree of choice. Should a child say anything, he or she is generally ignored or hushed. Thus, child experiencers are six times more likely than adult experiencers to forget, block, or hide what happened to them. The full impact of their experience seldom takes hold until adulthood. Spontaneous recall is common, even decades later, when something triggers memory.

Aftermath

A young man, preferring to call himself "A Child From Minnesota," was suffocated at the age of three and a half by an older brother. He has this to say about the challenge of experiencing a near-death state as a youngster: "Children react differently to near-death episodes than adults because the set of experiences they have to compare them with is smaller. To an adult, such a phenomenon is only one of many life occurrences. But to a child, a near-death experience is the world itself, or 'all. there is.' A child has a more difficult time 'drawing the line' between what is eternal and what is earthly .... This colors everything children think, say, and do."

Kids face the same pattern of aftereffects adult experiencers do, but without the same options. They found "home" but they couldn't stay there. The result? In the research of P. M. H. Atwater, of the 277 child experiencers she interviewed, one-third turned to alcohol for solace within five to ten years of their episode (the incidence rate with adult experiencers in about one in five). Over half dealt with serious bouts of depression (adults have a slightly higher rate). Twenty-one percent actually attempted suicide within ten years (exceptionally high when compared to less than four percent with adults). None who sought to recreate their scenario through the use of drugs were successful (the same is true with adult experiencers).

Among adults, the near-death experience is, for the most part, a suicide deterrent. The same cannot be said of children. Little ones do not recognize suicide as being self-destructive. Their logic is feeling based. Example: "The angels and the bright ones left when I started breathing. I have'ta quit breathing to get them back." Although the majority of youngsters successfully integrate their near-death episodes into daily life, the reverse can also be true. Value judgments adults take for granted are meaningless to the young.

Implications from Research on Kids

Considering the various stages of brain development and the age at which each stage occurs, it may be that the reason children are impacted so heavily, even into adulthood, is because they receive a "double-whammy" -an extraordinary acceleration alongside what is normal for them. The most noticeable result appears to be a "*learning reversal*". . . instead of continuing to progress from concrete (details) to abstract (concepts), child experiencers return suddenly immersed in broad conceptual reasoning styles and have to learn how to go from abstract back to concrete. An oft-repeated phrase from the kids is, "I felt like an adult in a child's body."

Initial statistics from Atwater's research are astounding: 84% exhibited a more creative and innovative mind, 48% tested out on standard IQ tests at genius level (81% if under the age of six), 93% were drawn to and highly proficient in math/science/history, *and of those with the highest scores in math 85% were equally advanced in music.* Since the region in the brain for math and music are side-by-side, it seems as if both areas are accelerated as if a single unit. Half could remember their birth (mothers verified most of the claims), while one-third had pre-birth memories (usually beginning around six to seven months in utero - *the same time pain fully registers in a fetus*).

Even though much more research is needed in this area, initial findings are sufficient to indicate that children who return from a near-death experience may indeed be a remodeled, rewired, reconfigured, refined version of the original "model." What worked with them before, seldom does afterward - much to the befuddlement of parents, teachers, and counselors.

Helpful Books

Atwater, P. M. H., Lh.D. *"Children of the New Millennium"* (Three Rivers Press), and *"Subtext to Children of the New Millennium"* (self-published as a Resource Guide; available on website www.cinemind.com/atwater or contact YOU CAN CHANGE YOUR LIFE, P. 0. Box 7691, Charlottesvilleville, VA 22906-7691, to inquire about price for printed copy).

Morse, Melvin, M.D. *"Closer to the Light"* (Villard Books).

Ring, Kenneth, Ph.D. *"Lessons from the Light"* (Insight Books).

Sutherland, Cherie, Ph.D. *"Reborn in the Light"* (Bantam Books).

Helpful Suggestions

* Sleep patterns often change afterward - less nap time, more flow states, increased restlessness. Reliving the episode in the dreamstate is commonplace. Encourage the child to share this. Listen to them.
* It is normal for them to lose the parent/child bonding. That doesn't mean they cease to be loving, but they can become more distant than before. They tend to "switch gears" and mature faster. Explore new interests with them. This can re-establish love-bonds.
* Most show a marked decrease afterward in the ability to express themselves and socialize. Promote dialogue with question/answer games, group storytelling, reading outloud, speaking on "pretend" microphones - encourage participation in community volunteer projects.
* Writing and drawing become immensely important. Encourage the child to create a book about his or her experience, including dreams and feelings during the years that follow. Parents might keep a journal, then show the child once he or she is grown.
* Child experiencers easily withdraw; can reject hugs and cuddles. Encourage touching - with pets, plants, finger painting, cookie dough and food sculptures that can be molded by hand. Laugh more. Smile.
* Watch lengthy exposure to bright sun and loud noises; also be careful of medication and the dosage given. Child experiencers are more sensitive than the average youngster and could have unexpected sideffects.
* Most want an altar in their room afterward, and to say grace at meals, attend church (any type will do) and pray. Although the spiritual becomes all-important to them, allow questions and challenges.

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Incorporated in Connecticut in 1981 as a 501(c)(3) non-profit organization according to Internal Revenue Service regulations, the International Association for Near-Death Studies, Inc. has three goals:

- ✧ To encourage thoughtful exploration of all facets of near-death and similar experiences;
- ✧ To provide reliable information about them to experiencers, researchers, and the public;
- ✧ To serve as a contact point and community for people with particular interest in near-death and related experiences.

IANDS maintains no "party line" on the interpretation of near-death or similar experiences and is open to the presentation of varying responsible points of view. The Association is committed to scholarly investigation of the NDE and to providing accurate information based on those findings.

IANDS publishes two quarterly periodicals, the scholarly *Journal of Near-Death Studies* and the newsletter *Vital Signs*, in addition to other informational materials. It sponsors a national conference in North America annually and other conferences occasionally.