

Information Synthesis

Information Synthesis Review:

Near-Death Experience Literature

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Running head: INFORMATION SYNTHESIS REVIEW

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Information Synthesis Review:

Near-Death Experience Literature

The near-death experience (NDE) is a profound subjective event that many persons encounter at the threshold of death. Independent accounts from numerous individuals have revealed an experience that seems basically the same for all. Elements of the event typically include a sense of peace, a sense of detachment from one's body, entering a dark space, seeing a brilliant and comforting light, entering and being received into a world of ineffable beauty and light, and making a decision to return to the body (Ring, 1980; Sabom, 1982). Individuals who have experienced the phenomenon describe an awareness during the event that is more real and more natural than awareness within the physical body. They report a strong reluctance in returning to the body, but also a definite sense of purpose to their remaining physical existence. NDE survivors commonly remain convinced of the reality of this experience, and live the duration of their lives without fear of death (Bauer, 1985; Ring, 1986).

Gabbard and Twemlow (1986), in an initial taxonomy of mind/body perception phenomena, suggested viewing the NDE on a continuum that also included out-of-body experiences, depersonalization, autoscopy, and schizophrenic body boundary disturbances. The near-death experience was placed at one

end as a growth-producing phenomena, with the schizophrenic body boundary disturbance at the opposite pathological end. Health care professionals have traditionally examined the pathological mind/body perception phenomena, establishing their relevance to the health care domain. The recent scientific investigation of the near-death experience suggests there is growing awareness of the need to include this phenomena within the domain as well.

Although the last 10 years have seen an upsurge of systematic inquiry into the NDE, formalized investigation is not entirely new. The late 1800s was a fairly active period in examination of the phenomenon that has more lately been identified as the near-death experience. For example, Albert Heim, a Swiss geologist and mountain climber, spent 25 years systematically collecting accounts from persons who, like himself, had been involved in a life-threatening accident (translated by Noyes and Kletti, 1972). His material, as with subsequent studies by other investigators (Barrett, 1926; Gurney, 1886; Meyers, 1903), disclosed a clear similarity to recent accounts in rigorously-conducted examinations.

There are several reasons why it is important to pay attention to the near-death experience. First of all, this is a conclusion of investigators in many research articles. Secondly, the approximate 40% incidence of the near-death experience in those who survive clinical death (Ring, 1980;

Sabom, 1982) will yield higher numbers of NDE survivors as resuscitation becomes more common. Thirdly, there are reports of a professionally-ignored aftermath of confusion, sense of alienation, and difficulty in integration of the experience (Moody, 1975; Ring, 1980; Sabom, 1982). And lastly, an emerging pattern of eventual profound and positive changes, such as a definite sense of personal purpose in life and greater altruism (Flynn, 1982; Ring, 1984), demands the attention of those concerned with health and disease.

The frequent and strategic presence of nurses in settings likely to host the near-death experience make our profession an obvious resource. Our traditional focus on health and enhancement of growth supports participation in this event as well. However, the frequent assignment of this experience to esoteric phenomena may have precluded scholarly examination within nursing. The absence of NDE investigation in nursing literature and the need for an awareness of the extent and level of credibility of NDE investigation and discussion in other disciplines precipitated this study.

The purpose of this investigation is to expand nursing knowledge of the near-death experience through a systematic synthesis and evaluation of professional, periodical literature. A particular focus on the impact of the NDE will provide important information to clinicians for informed decision-making in this area, and to guide further research. Because

of the wide scattering of NDE literature across disciplines, a method more sophisticated than a standard literature review was used for search and evaluation. Normally, an approach to literature review does not provide a definitive structure for search and evaluation. The information synthesis review approach (Petersen, in press a) was therefore selected for its rigorous search strategy, as well as for the systematic and replicable structure it provides in documentation of the search, determination of relevant documents, evaluation of research, and presentation of findings.

RESEARCH QUESTIONS

Questions guiding this information synthesis review were as follows:

1. What is the extent of the NDE periodical literature in nursing, medicine, psychiatry, psychology, religion, social work, and thanatology within the years 1983-1988?
2. To what extent do the NDE studies provide valid information for incorporation into practice?
3. Are there investigations that examine the initial aftermath and/or the long-term impact of the NDE?

METHOD

An information synthesis review is defined by Petersen (in press a) as a substantiated review of the literature for the benefit of decision-makers. The topic for review is more specific in focus than traditional reviews, for the purpose of

providing in-depth coverage of an area in which decisions will be made or gaps in knowledge identified. Search strategies are more rigorous, and are documented for future decision-making needs or research efforts. Explicit criteria for determination of relevance for inclusion are utilized. Validation review of any research findings is accomplished via an explicit set of criteria; for this study a checklist of mostly methodological criteria constructed by Petersen (in press b) was used. Review methods are systematic and documented, and findings are presented in such a way as to be useful to those who may be making decisions based on them. A summary of how various phases of this approach were utilized in this project follows.

Search Strategies

Computer databases were searched within each discipline for possibly-relevant literature. Since near-death experiences was an identified subject heading only within PsycINFO and only from the year 1985, other strategies were necessarily employed. A librarian well versed in this method provided assistance in choosing those headings which would most likely retrieve the desired citations when intersected within the databases. In the interest of future replication or continuation of this research at a later point in time, retrieval sources, search time periods, and search formulations were documented (see appendix A).

Two other search strategies were particularly productive. A list of NDE "classics" was entered into the Social Science Citation Index to search for documents citing this literature. A number of relevant articles which had eluded the more direct searches were acquired in this way. Secondly, an article-by-article search in *Anabiosis - The Journal for Near-Death Studies*, not surprisingly, yielded many items.

Determination of Relevant Documents

Table 1 provides an abbreviated display of criteria that were used to determine inclusion of documents in the study. (See Appendix B for full listing.) Decisions regarding inclusion versus exclusion were made at four different points, requiring four separate sets of criteria. At citation level (Level 1), criteria were constructed to provide guidelines for systematic decision-making with regard to which citations might yield relevant content. Criteria at this point were of necessity more broad in scope, so as not to exclude potentially useful documents. All documents accepted at Level 1 were retrieved and reviewed in-hand, to be ultimately accepted or rejected according to criteria at the total document level (Level 2). All documents included at Level 2 were retained for classification, and the portion of this pool fulfilling the criteria at the research document level (Level 3) was available for methodological evaluation. Screening at the NDE impact research level (Level 4) yielded documents addressing impact of the NDE, including those that only incidentally examined this aspect.

Table 1

Relevance Criteria (Abbreviated Display)

Inclusion	Exclusion
Citations (Level 1)	
Relevant periodical literature published from 1983-1988	Non-English literature
Relevant periodical literature published in the U.S. or Canada	Information related to a psychiatric population
Near-death experience	Hallucinations
Out-of-body experiences	
Mystical experiences	
Total Documents (Level 2)	
All above periodical literature that includes the phenomenon labeled the near-death experience as part of its focus	Literature with transitory reference only to the near-death experience
Research Documents (Level 3)	
Explicit systematically - obtained information	Literature that does not indicate a formalized method in access of data
NDE Impact Research Documents (Level 4)	
Research investigations qualified according to Level 3 criteria that includes examination of the aftermath and/or impact on lives of those who encounter the NDE	Research that does not address NDE aftermath or impact on individuals' lives

Validation Review

Original research, as determined by Level 3 criteria, was classified according to design, using the system developed by Petersen (in press b). Investigations were defined as descriptive, methodological, or explanatory. Petersen borrowed the term explanatory from Gehlbach (1982) as a basic type of design classification. Gehlbach identified explanatory studies as investigations using a comparison strategy to scrutinize cause or efficacy. All explanatory studies reviewed for this project were further classified as observational and cross-sectional.

A random sample of the original research from each discipline was drawn for evaluation. (See Appendix C for references comprising the sample.) A validation checklist, developed by Petersen (in press b), was systematically employed in evaluation of these studies. Methodological details were evaluated, and a summary rating was placed on the two separate categories of external and internal validity.

FINDINGS

Response to the first research question requires identification of the extent of the NDE periodical literature in nursing, medicine, psychiatry, psychology, religion, social work, and thanatology from the years 1983-1988. An overview addressing literature from all of these disciplines will first be given, followed by a more in-depth description of

literature in nursing.

Out of 328 citations, 127 (39%) were determined to be relevant for in-hand review. (See Appendix D for overview of search yield.) This review yielded 93 items judged relevant for classification. Appendix E contains a Bibliography of these documents. From this group, twenty-four (26%) were identified as research studies, sixteen of which were assessed to be descriptive in design, seven explanatory in nature and one assessed to be a methodological investigation. Table 2 presents the distribution of journal entries within disciplines across categories of literature. The discipline of psychology included parapsychology; medicine included pediatrics. All of the research published in periodicals in medicine from 1983 forward was conducted within pediatrics.

Numerous disciplines converged within the thanatology journals, with contributions by psychiatrists, psychologists, social workers and many others. This was true of the "Journals representing more than one discipline" category as well, however to a lesser extent. The category labeled "Other Than Original" included items such as causal speculation, discussion of classic literary accounts as possible near-death experiences, and discussion of response/counseling approaches to those who have encountered an NDE.

Table 2

FREQUENCIES AND CLASSIFICATION OF NDE PERIODICAL LITERATURE

Discipline (according to Journal)	Total of Items	Descriptive Research	Explanatory Research	Methodological Research	Other Than Original Research	Book Reviews and Letters
Medicine	5	2	1	-	1	1
Nursing	5	1	-	-	4	-
Psychiatry	6	3	1	-	2	-
Psychology	8	-	1	-	3	4
Religion	7	2	-	-	5	-
Thanatology	55	6	3	-	28	5
^a Journals representing more than one discipline						
Totals	93	16	7	1	46	9

^aJournals: Journal of Nervous and Mental Disease, Suicide and Life-Threatening Behavior, Bulletin of the Menninger Clinic, Perceptual and Motor Skills, and Theta

Nursing Near-Death Experience Literature

Out of the total of 93 relevant documents published from 1983-1988, five (5%) were from nursing. While the majority of disciplines published both within and outside of their own journals, nursing published solely within its own professional periodicals. In addition, nursing has published only one research study, which was a survey of nurses' attitudes toward and knowledge of near-death experiences. This descriptive study by Orne (1986) drew responses from 912 nurses practicing in hospitals and home health agencies. Most were aware of the phenomenon (through lay magazines and television), however knowledge was limited. This survey indicated that nearly all of the nurses desired more knowledge on the NDE as well as information on how to effectively care for patients who have had this experience.

The four remaining nursing articles were predominantly informational, drawing from other disciplines to call professional attention to existence of the phenomenon. Freeman (1985) drew from early anecdotal literature and recent scientific investigations in presenting NDE phenomenology, speculations from other authors on possible explanations, and implications for medical personnel. She emphasized nurses' responsibility to patients in keeping an open mind and listening with an attempt to understand.

Strom-Paikin (1986) focused on impact of the NDE on

persons who have encountered the event, with emphasis on the increased loneliness, sense of isolation, and anger that often occurs in response to disregard and denial of the experience by professionals. Contributing to this professional denial is the difficulty encountered by individuals in trying to explain the experience and its impact. Presumably, Strom-Paikin based these observations on feedback from persons with first-hand experience elicited through her involvement with NDE workshops and group sessions.

Papowitz (1986) explored the professional silence that exists from lack of NDE awareness by nurses. In informal discussion with a CCU nurse, near-death experiences were reported as occurring frequently in that setting. It was revealed that the nurses did not address the phenomenon - with either clients or other nurses - as no one felt certain about how to react. Papowitz went on to suggest appropriate interventions, such as respecting the account of the NDE, allowing expression of emotion, and not automatically assuming the experience to be pathogenic with subsequent referral to a psychiatrist.

Olson (1987), in a very thorough comparison of normal states of consciousness (e.g. dreams) and potentially pathologic states (e.g. hallucinations) to out-of-body experiences (OBEs), placed the OBE within the context of the near-death experience as an example of one form of its

manifestation. In her discussion, it was difficult at times to determine which was being addressed - the NDE or OBE. This is a reflection of the generalized confusion that seems to exist in the wider body of NDE literature with regard to the near-death experience versus the out-of-body experience.

To summarize, if the literature accurately reflects nursing practice, this profound experience is seldom addressed. As a profession, we are at a beginning exploratory stage in terms of description of the event and its impact as it occurs in our domain.

Evaluation of References Comprising the Sample

To address the second research question, internal and external validity of randomly selected investigations from each discipline was evaluated. Table 3 displays the summary ratings for each study. (See Appendix F for detailed ratings.) Decision-making with regard to whether the investigation should be incorporated into one's practice as sufficiently valid evidence is suggested as follows (Petersen, in press b):

1.00 or .75 on both External and Internal Validity - include with high confidence.

.25 or .50 on External Validity - include with lower confidence with regard to generalizability.

.25 or .50 on Internal Validity - include with lower confidence with regard to scientific adequacy.

Of the seven studies reviewed, none were found to have such significant methodological problems as to be determined

Table 3

Summary Ratings on Selected References^a (n = 7)

Discipline (by journal)/Design ^b	Author/Year	External Validity	Internal Validity
Medicine/E	Morse/1986	1.00	.75
Nursing/D	Orne/1986	.50	.75
Psychiatry/E	Greyson/1983	.50	.50
Psychology/E	Locke/1983	.50	.50
Religion/D	McLaughlin/1984	1.00	.75
Thanatology/E	Bauer/1985	.50	.50
Journal representing more than one discipline/M	Greyson/1983	NA	.75

^aRating Key: 1.00 = free of major flaws; .75 = mostly free; .50 = moderately free; .25 = somewhat free; 0 = not at all free; NA = not applicable to this study

^bDesign Key: D = Descriptive; E = Explanatory; M = Methodological

unworthy of consideration. The studies in medicine (Morse, Castillo, Venecia, Milstein & Tyler, 1986) and religion (McLaughlin & Malony, 1984) received high confidence ratings. The methodological study in the journal representing more than one discipline classification (Greyson, 1983) is ascertained to be of a high confidence rating as well. The remainder scored lower in confidence on either external validity or internal validity, or both. The abstractness of the concept and subjectiveness of the experience posed measurement and selection obstacles in every study. Also, the fact that subjects were being asked to address an experience that had occurred in the past (and in many cases a very distant past), allowed for an increased possibility of competing explanations.

Three of the seven studies (Bauer, 1985; Greyson, 1983, 1983) used volunteers from the International Association for Near-Death Studies (IANDS) as subjects. It might be speculated that individuals who have chosen to join this organization and volunteer for the studies may not be representative of the target population. If this were so, findings could not be generalized to any group other than those within the organization. The psychology study (Locke & Shontz, 1983) was also questionable in terms of representativeness of its sample. The majority of the sample was comprised of college students, which is restrictive in

terms of age and perhaps personality type. As personality correlates of the NDE was the focus of the investigation, the field may have been narrowed before the investigation began.

Another methodological issue worth consideration is that of use of questions compiled from measures normed on adults within the pediatric population (Morse et al., 1986). Newness of research within this group may dictate this approach, however findings should be interpreted with this in mind. In reflecting on the sample as a whole, although there are certainly obstacles to overcome, investigations are generally adequate. The recent meticulous development of a reliable, valid, and easily administered instrument for quantification of the near-death experience (Greyson, 1983) may enhance adequacy of future studies.

Aftermath/Impact of the Near-Death Experience

The third research question, asking whether there are investigations examining aftermath or long-term impact of the NDE, will be addressed in this section. This is a particularly relevant question to nursing because of our likelihood of being present to assist in dealing with aftermath, and because of our health-promotional focus.

One study out of the 24 research investigations might be viewed as contributing questionable aftermath data. Herzog and Herrin (1985) illustrate what they describe as the emotional impact of the NDE in childhood with two case

studies. The first case involved a six-month old infant who had been critically ill and in renal failure. When well some months later, the child responded with a panic reaction when her siblings tried to get her to crawl through a tunnel in a local store. Later, at age $3\frac{1}{2}$, she asked if her critically ill grandmother would have to go through the tunnel at the store to get to see God. Reflection on this purported connection between a possible NDE and specifically-focused panic could lead one to thoughts of the immediate aftermath, and how knowledgeable, supportive response might assist in diffusing negative impact.

In the second case example, a 7-year-old child was reported to have suffered several cardiac arrests, and had been resuscitated. The next morning, the child told his mother that he had died the night before. No other NDE details were reported as having occurred. His confusion and alarm were evident, when he asked why he was beat up and had had needles stuck into him when he was being good. This boy's possible out-of-body awareness of his surroundings suggests potential value of explanation and support during and following resuscitation.

Both of these cases are weak with regard to existence of an actual near-death experience. Emotional impact/response might well be related to something entirely different. If nothing else, the investigation provides indirect support for

more rigorous examination of the NDE aftermath.

To address the part of the research question regarding long-term impact of the near-death experience, a frequency count of studies examining positive, undefined, and negative impact was made. Ten of the 24 studies included data on positive impact, three included undefined impact data, and two addressed negative effects. (See Appendix G for documentations of NDE impact according to discipline.)

The following areas of culturally-acknowledged positive impact were addressed: a) decreased fear of death; b) enhanced sense of purpose and meaning in life; c) increase in self-acceptance and self-understanding; and d) more meaningful spiritual orientation. The continued accumulation of evidence of positive impact encourages thoughtful response and supports examination of the event as it interfaces with our health-promotional profession.

The three studies examining impact determined as undefined were labeled as such because of the differing ways in which people value the same concept or experience. Two of these investigations (Greyson, 1983; Kohr, 1983) reported an increase in psychic phenomena following near-death experiences. Subjects reported changes such as increases in extrasensory perception, out-of-body experiences, and encounters with apparitions. Because subjects were not asked to place a value on these changes, determination of how it

might have impacted the majority of persons cannot be made.

Another study conducted by Greyson (1983) examined the personal values of success, self-actualization, altruism, and spirituality, building on findings in earlier studies. In comparing differences in the importance of these values to persons who had experienced an NDE and those who had not, the only significant finding was in the success value (social status, professional success, and material items). NDE survivors valued success to a lesser extent than individuals in the comparison group.

Identification of any negative impact is important to our grasp of the phenomenon with regard to how it may manifest over time. Bush (1983), in review of seventeen accounts of NDEs in children, identified one case that contained positive and negative elements. A 4-year-old boy who had fallen into a pool, apparently died, and was resuscitated described an out-of-body experience and meeting "God" at the end of a tunnel. He said that "God" told him that it was not his time yet, and he needed to go back. On the way back, he claimed to have talked with the devil, who offered him anything he wanted. The boy said he didn't want the devil to be "bossing [him] around." Since that time, the mother identifies her son as moody, with an increase in both good and bad dreams which affect his behavior.

Sullivan (1984), in a study of 24 combat-related NDEs,

reported negative impact on a Viet Nam veteran survivor. He described himself and others (Viet Cong dead) as floating only inches off the ground, having no hard feelings, only something in common. This individual did not encounter any of the transcendental elements that are experienced as comforting, and reportedly returned to a life of fear and nightmares.

The above-described events may represent incidences from groups more susceptible to a negative experience, that is, in those with fewer skills and defenses, or those in a highly stressful, value-compromising set of circumstances. Whether or not this is so, the apparently scarce occurrence of negative experiences still underscores the need for the attention of nurses.

To summarize, the aftermath of the near-death experience has been ignored by researchers. Long-term impact has been more widely investigated, providing evidence of greater potential for positive rather than negative outcomes on survivors. Both the aftermath and the impact of the near-death experience could be more effectively addressed, however, with further study.

FUTURE RESEARCH

The paucity of research on the near-death experience in nursing requires that investigators begin at a descriptive or exploratory level. Research is needed at this level to gather

information about the phenomenon and to generate hypotheses. The immediate aftermath of the NDE would seem to be of particular interest to nurses. Patient responses to illness are a major focus, and we are frequently present when the response is likely to be most emergent. How do patients respond to the near-death experience in the clinical area? Is coping with the NDE influenced by what nurses say or do? When questions such as these are addressed, appropriate approaches can be developed, systematically examined, and eventually formalized. This may not be accomplished, however, until there is more widespread recognition and validation of the experience as one of great impact on the person encountering this event.

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Abstract

Information Synthesis Review:
Near-Death Experience Literature

The near-death experience (NDE) is a subjective phenomenon reportedly experienced by many who survive clinical death. A growing body of scientific investigations documents this phenomenon. Nursing NDE literature is sparse indicating that the profession may not be knowledgeable of and therefore not addressing an event that many patients may be encountering.

The purpose of this project was to expand nursing knowledge of the NDE literature, and to provide an evaluation of the scientific adequacy of research investigations. A further focus was identification of studies dealing with impact of the NDE on survivors.

The disciplines of medicine, nursing, psychiatry, psychology, religion, social work, and thanatology were searched for relevant periodical literature published from 1983-1988. A more rigorous method than a typical literature review was determined necessary to provide a systematic approach to effective retrieval and review. This method, termed information synthesis review, utilizes multiple search strategies, explicit criteria to determine relevance for inclusion of documents in the study, and explicit criteria for evaluation of research findings. Review methods are

systematic, and documented for future reader reference and research efforts.

A bibliography of documents addressing the near-death experience was assembled. These documents were classified according to type of research and/or content, and displayed in frequencies according to discipline. A random sample of original research from each discipline was drawn for evaluation. Methodological criteria were systematically employed in examination of external and internal validity. No studies were judged to have significant methodological problems.

Credible NDE literature exists that provides support for acknowledgement of the phenomenon by nurses. Continued accumulation of evidence of positive impact encourages thoughtful response and supports examination of the event as it interfaces with nursing, a health-promotional profession.

Appendix A

Retrieval Sources

A. Computer Indexing and Abstracting Archives

Database	Search time period	Search formulation
AGELINE	1983-Dec. 1987	Near adjacent death (BRS)
CINAHL	1983-Dec. 1987	Near () death (DIALOG)
MEDLINE	1983-Dec. 1987	: Near Death: All Near and All Death: (MEDLARS)
	1983-Dec. 1987	Authors and Titles of retrieved NDE documents - to locate subject headings stored within.
	1983-Jan. 1988	Attitude to death or Death (A) (A) and consciousness (A) and cognition (A) and parapsychology (A) and depersonalization
PsycINFO	1983-Dec. 1987	Near adjacent death (BRS) Near-death experiences ^a
	1983-1985	All Anabiosis articles in PsycINFO (BRS)
	1983-Jan. 1988	Death-and-dying and parapsychological-phenomena (BRS)

Religion Index 1983-Feb. 1988 Near () death () experience?
 File 190 (DIALOG)

Social Work 1983-Dec. 1987 Near adjacent death (BRS)
 Abstracts

Sociological 1983-Jan. 1988 Near adjacent death (BRS)
 Abstracts

B. Citation Archives

Publication	Database	Search time period
Graf, S., & Halifax, J. <u>The Human Encounter with Death.</u> New York: Dutton.	SOCIAL SCISEARCH	1983-Dec. 1987
Kastenbaum, R. (1979). <u>Between Life and Death.</u> New York: Springer.	SOCIAL SCISEARCH	1983-Dec. 1987
Moody, R. A. (1975). <u>Life After Life.</u> Atlanta: Mockingbird.	SOCIAL SCISEARCH	1983-Dec. 1987
Myer, F. W. H. (1975). <u>Human Personality and Its Survival of Bodily Death.</u> New York: Arno Press	SOCIAL SCISEARCH	1983-Dec. 1987
Noyes, R., & Kletti, R.	SOCIAL SCISEARCH	1983-Dec. 1987

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152-170.

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C. People/Organizations

Colleagues: Sarah Porter-Tibbetts, School of Nursing,
Oregon Health Sciences University; Peggy West, Mt. Hood
Community Mental Health Center, Portland, Oregon.

D. References in Retrieved Documents

The references of all retrieved documents were searched.

E. Content Listings

All 1983-1987 issues of Anabiosis - Journal of Near-Death

Studies were searched for relevant documents.

^aFrom 1985

Consciousness

Parapsychological experiences

Transpersonal experiences

Altered mind/body perception

Paranormal experiences

Afterlife/Immortality

Death/Rebirth

Deathbed visions

Total Documents (Level 2)

All above periodical literature that includes the phenomenon labeled the near-death experience (NDE) as a part of its focus	Literature with transitory reference only to the near-death experience (no specific focus)
-----------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

Research Documents (Level 3)

Explicit systematically-obtained information	Literature that does not indicate use of a formalized method in access of data
----------------------------------------------	--------------------------------------------------------------------------------

NDE Impact Research Documents (Level 4)

Research investigations

qualified according to Level
3 criteria that includes
examination of the aftermath
and/or impact on lives of
those who encounter the NDE

Research that does not

address NDE aftermath or
impact on individuals'
lives

Appendix C

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3. Greyson, B. (1983). Near-death experiences and personal values. American Journal of Psychiatry, 140, 618-620.

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4. Locke, T. P., & Schontz, F. C. (1983). Personality correlates of the near-death experience: A preliminary study. The Journal of The American Society for Psychical Research, 77, 311-318.

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Journals Representing More Than One Discipline

7. Greyson, B. (1983). The near-death experience scale: Construction, reliability, and validity. Journal of Nervous and Mental Disease, 171, 369-375.

Appendix D

Search Yield

Total number of citations reviewed	328
Number of citations judged to be "relevant" or "maybe relevant"	127
Number of retrieved documents screened for relevance	127
Number of screened documents found to be relevant	93
Number of screened documents identified as research documents	24
Number of documents addressing NDE aftermath	1
Number of documentations of long-term impact	15

Appendix E

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Appendix F

GENERALIZABILITY AND SCIENTIFIC ADEQUACY OF SAMPLE OF RESEARCH FINDINGS

	References ^a						
	1	2	3	4	5	6	7
Criteria ^b Discipline/Design ^c	Med/E-O-C/S	Nsg/D	Psychia/E-O-C/S	Psych/E-O-C/S	Rel/D	Than/E-O-C/S	IDisc/M
A. GENERALIZABILITY							
(EXTERNAL VALIDITY)							
1. Description of subject selection procedures	1.00	1.00	1.00	1.00	1.00	1.00	1.00
2. Description of non-participants	1.00	0	1.00	1.00	1.00	1.00	1.00
3. Description of subjects	1.00	1.00	0.50	1.00	0.50	0.50	0.50
4. Description of variables	1.00	0.50	1.00	0	1.00	1.00	1.00

(appendix continues)

References^a

Criteria	1	2	3	4	5	6	7
5. Description of data collection methods	1.00	1.00	1.00	1.00	1.00	1.00	1.00
6. Reactivity of study	1.00	UN	0.50	UN	1.00	0.50	UN
7. Summary: Free of major flaws	1.00	0.50	0.50	0.50	1.00	0.50	.75
B. SCIENTIFIC ADEQUACY (INTERNAL VALIDITY)							
1. Sample frame	1.00	1.00	0.50	0.50	1.00	0.50	0.50
2. Adequacy of measures/instruments	0.50	UN	UN	0.50	1.00	0.50	NR
3. Reporting of results	0.50	1.00	1.00	0.50	1.00	1.00	1.00

(appendix continues)

References^a

Criteria	1	2	3	4	5	6	7
4. Sample size	1.00	1.00	1.00	0.50	1.00	0.50	1.00
5. Appropriateness of statistical methods	1.00	1.00	1.00	0.50	1.00	1.00	1.00
6. Inaccuracies in results	1.00	1.00	1.00	1.00	1.00	1.00	1.00
7. Extraneous variability	1.00	1.00	0.50	0.50	1.00	0.50	1.00
8. Procedural standardization across comparison groups/ times	1.00	NR	1.00	1.00	NR	1.00	1.00
9. Non-biased assignment to groups	1.00	NR	1.00	1.00	NR	1.00	1.00
10. Comparability of groups	1.00	NR	1.00	1.00	NR	1.00	1.00

(appendix continues)

References^a

Criteria	1	2	3	4	5	6	7
11. Blinding of observers and subjects	NR	NR	NR	NR	NR	NR	NR
12. Group attrition	NR	NR	NR	NR	NR	NR	NR
13. Treatment adequacy	NR	NR	NR	NR	NR	NR	NR
14. Summary: Free of major flaws	.75	.75	0.50	0.50	.75	0.50	0.50

Note. Rating Key: 1.00 = fully adequate; 0.50 = partly adequate; 0 = inadequate; UN = unknown; NA = not applicable to this study; and NR = not relevant to design

^a See Appendix C for references comprising the sample

^b For definitions of designs and details of criteria, see Petersen (in press, b).

^c Design Key: D = descriptive, E-O-C/S = explanatory, observational, cross-sectional, M = methodological

Appendix G

DOCUMENTATIONS OF NDE IMPACT

Discipline	Initial Impact	Positive Impact	Negative Impact	Undefined Impact
Medicine	1	-	-	-
Nursing	-	-	-	-
Psychiatry	-	2	-	1
Psychology	-	-	-	-
Religion	-	2	-	-
Thanatology	-	6	2	2
>1 Disc.	-	-	-	-
Subtotals	1	10	2	3