A Counseling Approach to Assist Near-Death Experiencers: A Response to Bette Furn's Paper

Judith S. Miller, Ph.D.
Matrix Research Institute and Antioch University

A major premise of Bette Furn's paper is "that most mental health practitioners and counseling psychologists in particular should already possess the requisite skills for working clinically with NDErs." Further, she believes that what is needed is a conceptual framework that will be "highly relevant to the client group." To that end, a cross-cultural paradigm and psychoeducational model are suggested.

Furn focuses on a cross-cultural paradigm because she believes that the process of adjustment following the NDE is a normal response that is demonstrably similar to that of culture shock and, as such, tends to follow a predictable pattern. That pattern, when related to the five stages of culture shock, includes such symptoms as excitement, confusion, a rejection of the host culture, an increase in one's coping skills, and ultimately an acceptance of cultural similarities and differences. Additionally, she advocates a psychoeducational model in an effort to "educate the experiencer to what may be the issues with which he or she has to cope and to provide a framework through which to facilitate adjustment."

At the outset, I must say that the title of Furn's paper, "Adjustment and the Near-Death Experience," raised questions by me. The term "adjustment" seems not to be applicable when describing an NDE. As I think of a person who has experienced such an event, words such as profound, exhilarating, frightening, peaceful, joyful, and ultimate may come to mind. At the same time, I am aware that even these emotionally laden words pale when used to express the intense feelings that people

Requests for reprints should be sent to Dr. Miller at 204 Dove Lane, Haverford, PA 19041.

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experience when describing their NDEs. In that context, then, I question the appropriateness of the term "adjustment" as an overriding concept to understanding what comprises successful clinical interventions for experiencers.

Additionally, I'm by no means sure that most mental health practitioners possess the requisite skills for working with NDErs. I believe, rather, that the skills held by most clinicians evolve in large measure from the counseling philosophy and theoretical orientation to which they adhere. And because different theoretical schools reflect different values regarding the development and unfolding of human behavior, I would question whether most practitioners are prepared to work with all populations, including NDErs.

My response to Ms. Furn's work is twofold. First it will clarify the reasons why I believe a cross-cultural paradigm and psychoeducational counseling model to be ineffective for assisting near-death experiencers, and second it will focus on why I believe practitioners working with NDErs should adhere to the beliefs of existential philosophy and adopt the values and counseling methods of a phenomenological client-centered approach. Although Ms. Furn also refers a number of times to the importance of using a humanistic client-centered counseling style when working with NDErs, I will identify examples cited in her paper that indicate how that style may be incompatible when used with the cross-cultural and psychoeducational models.

Clinical Perspectives

This section of the paper will focus on my reactions to some of Ms. Furn's suggested therapeutic interventions. Since her ideas evolve from the cross-cultural and psychoeducational models, my critique will at times be targeted to these approaches and when appropriate, it will be contrasted to a phenomenological, client-centered method.

Aftereffects

Ms. Furn divides the aftereffects of NDEs into personal, interpersonal, and cultural categories. That differentiation assists the reader in contemplating possible problem areas in which the client may need clinical intervention.

Personal aftereffects are said to result in such changes as an increased sense of spirituality, a decreased fear of death, greater compassion for others, and decreased interest in materialism. Regarding those personal

aftereffects, she states, "Probably much more difficult for most practitioners to accept is the data reporting heightened psychic abilities. . . ." The key issue here, in my opinion, is not the practitioner's acceptance or nonacceptance of what the NDEr reports. A client-centered therapist would accept a client's perceptions, even if the perceptions focused on such issues as newly developed psychic abilities and paranormal phenomena.

Interpersonal aftereffects are cited by Ms. Furn as also being a concern. I disagree, however, when she uses the word "unfortunately" to refer to the fact that an NDEr may act and think as an entirely different person. My experience indicates that more often than not, that "new person" possesses a more highly developed value system than the "old person." And if interpersonal strain becomes as intense as she asserts, then the best answer for *some* NDErs may be to make necessary changes in their social and familial networks.

The cultural aftereffects can readily be incorporated into the cross-cultural paradigm reviewed by Ms. Furn. She suggests that NDErs have philosophically and behaviorally adopted a new "culture," which she perceives as an "incongruence in person-environment fit." While I will agree that a person who has undergone an NDE certainly may experience an incongruence in his or her person-environmental fit, I disagree with her identification of the NDE as an adjustment disorder that would meet the criteria of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders III. While referring to the NDE as an adjustment disorder, she makes the following two statements: "interventions designed for the NDEr must be generated from a paradigm primarily concerned with adjustment issues of people in general, as opposed to those primarily concerned with atypical response patterns"; and "practitioners should adapt a framework that frees them from many of the inherent biases of orientations more accustomed to the diagnosis of disease and psychological pathology." Surely, a practitioner who diagnoses an NDE as an adjustment disorder will by necessity adhere to a medical model that emphasizes pathology and cures.

Further, her viewpoint appears unclear when she states, "The therapeutic goal should be to ease and enhance reorientation to the demands of the environment–given the frame of reference of the experiencers." If the *practitioner* is setting the therapeutic goal, then the frame of reference of the experiencer becomes inconsequential. By contrast, a client-centered therapist would encourage the client to set his or her own desired goals for therapy. And from my perspective, it is the client,

not the practitioner, who should decide if the therapeutic goal should be directed toward a reorientation to the demands of environment.

Cross-Cultural Paradigm: Implications for Counseling

The cross-cultural approach, while interesting from a sociological perspective, does not in my view suggest an effective counseling approach for use with NDErs or for that matter with other populations as well.

From a clinical perspective, an analogy might be made between NDErs living in a host culture and homosexuals living in a predominantly heterosexual host culture. Ms. Furn's reference to NDErs as "a cultural minority whose beliefs, values, and attitudes conflict with those of the majority culture" can also be true for a homosexual population.

In the case of homosexuality, it is very clear that current clinical practice would not suggest that the practitioner "reorient the client to the majority culture." Rather, homosexual clients would be encouraged to come to terms with their sexual identities and preferences in order to then make choices as to the culture they wish to become part of. It is ultimately up to the client to make that choice, not the therapist.

I wonder how Ms. Furn would have suggested counseling an elderly female client of mine who made a decision, after experiencing an NDE, to leave her husband of 50 years. Her newly developed sense of self and assertiveness enabled her to make the decision to live peacefully by herself rather than to continue her marriage to a domineering, insensitive husband. Before her NDE, she would not have been able to do that. After her experience, she gained an inner strength and courage that most of the people in her culture could not understand. As a therapist, my role was to help her make the choices that were right for her and to help her use the NDE as a learning tool in that process.

A Developmental Process: Implications for Counseling

Ms. Furn quotes Nancy Bush (executive director of IANDS) as stating " any transformation that may occur in the life of the NDEr is a process involving years . . . and there is a cost that comes with the experience." I agree with that and believe that recognition of the developmental nature of an NDE must by necessity suggest the following important clinical implications.

First, I believe that it can be helpful for an NDEr to "want to spend

more time around persons from the visitor's home culture" on an ongoing, long-term basis. Ms. Furn, however, implied that that was unproductive. She stated that "an NDEr associating primarily or exclusively with other NDErs . . . will impede the adjustment process." I feel that one of the important aspects of IANDS is to enable experiencers to communicate with others who speak the same language. Often, members at an IANDS meeting will comment that they feel they have "come home."

As a psychologist, I am often struck with the fact that some clients who may have started seeing me because of a situational life problem will pick up a subtlety in my way of viewing the world that will fit their previously "closet" views of spiritually and/or paranormal phenomena. As they become aware of our shared perceptions, they demonstrate not only tremendous relief, but also an affirmation of themselves that previously was absent.

Because of these occurrences, I find it difficult to agree with Ms. Furn's suggestions that therapists who have had near-death experiences may be too involved in their own personal struggle to be of help. Extending her line of reasoning, one might infer that clinicians should never work with clients who are undergoing a conflict that the clinicians may once have experienced.

Second, I am unclear regarding the relevance of a psychoeducational model in terms of counseling NDErs who are spending a lifetime working to integrate their experience in the most meaningful way. That model most often connotes a teaching, information-sharing, didactic orientation. As part of the model, the practitioner is advised to obtain "diagnostic information" from NDErs using assessment and treatment plans. In spite of the fact that Ms. Furn identifies the Scale to Assess World Views Across Cultures (SAWVAC) as a scale grounded in existential theory, it is unlikely that NDErs who have difficulty in finding words to describe their experience would feel comfortable conveying the experience onto a written scale. From a theoretical perspective, I believe she is being inconsistent when she states that "the NDEr has undergone an existential crisis of the first order. . . . often enduring for years," and then suggests interventions such as assessment and treatment plans. Those methods, while appropriately fitting within a psychoeducational model, are typically used for helping clients with behavioral and learning problems, not with persons attempting to deal with the profound personal implications of having experienced an NDE.

Clearly, it can be seen that clinicians working with NDErs are challenged in ways that few other professionals are. There are no easy answers and no quick cures. I believe that classifying the near-death

experience into an existing schema such as a cross-cultural paradigm proves incomplete at best and will in the long run impede an experiencer from reaching his or her potential. The following section of this paper will further clarify my rationale for working with NDErs in a manner that gives them the primary responsibility for determining the direction they will take.

A Counseling Approach for Use With NDErs

The counseling approach I suggest for working with NDErs, a phenomenological, client-centered model, is oriented to the idea that each person contains within him- or herself the capability for healthy and creative growth. Developed by Carl Rogers, that therapeutic approach has the clinician relate to the client not as a scientist does an object of study, not as a doctor expecting to diagnose and cure, but rather as one person to another. It is a method wherein practitioners provide a climate that permits clients both the freedom to be themselves and the opportunity to move the counseling in a direction that reflects their unique frames of reference.

The theory underlying that approach views each individual as being the locus of all experience. Experience includes everything potentially available to awareness that is going on within the organism at any given moment. That totality of experience constitutes what is referred to as the phenomenal field. The phenomenal field is the individual's frame of reference that can only be known to the person.

Client-centered theory has much in common with existential psychology. Understanding a client's experience without any hypotheses or prejudgments is the existential psychologists' prescription for studying behavior. Existentialism also analyzes, phenomenologically, the individual's actual existence. Its focus is on aiding the individual to understand more fully his or her inner world of experience.

Clearly, the practitioner adopting a phenomenological approach will adopt a counseling style and use skills that differ from those who adhere to other therapeutic orientations. The behaviorist, for example, attempts to restructure the client's environment in order to change maladaptive behavior and bring about "adjustment." Psychoanalytic theory espouses that personality development evolves from early psychosexual conflicts and, stated simply, that a key process of therapy is to allow the client to transfer his or her dependency needs and unresolved feelings onto the therapist. Still another school of thought is social learning, which holds that people learn through social approval and from a desire to conform to their culture.

It should be emphasized that therapists identifying with different theoretical disciplines will necessarily have different values and will use different styles and techniques when working with NDErs. For that reason, I must again refute Ms. Furn's premise that most mental health practitioners possess the necessary skills for aiding this population.

Rogers includes persons who are willing to accept responsibility for their own lives as being part of an emerging group of enlightened people. He has described them as "highly aware, self-directing, explorers of inner space, scornful of the conformity of institutions and the dogma of authority" (Rogers, 1974). Many of the qualities and characteristics of that enlightened group of people, as described by Rogers, may also be found among NDErs. It is for that reason that I suggest the aforementioned counseling approach will help enable experiencers to take maximal responsibility for finding the unique meaning inherent within their NDEs; and for then making choices that flow from that meaning. Following that, it must be emphasized that the major direction the counseling takes must be decided by the client, not the practitioner.

Conclusion

In sum, I believe a practitioner's theoretical orientation is a necessary factor for NDErs to consider when choosing a therapist. As stated, I feel that an orientation reflecting a phenomenological, client-centered approach will encourage experiencers to find the personally relevant answers they are seeking. Additionally, it is important that that approach be conceptually clear to the clinician and be congruent with his or her value system. I agree with Furn regarding the need for practitioners to be knowledgeable about NDEs and sensitive to other spiritual and paranormal phenomena. And I believe that if by chance the practitioner is also an experiencer, then the NDEr who has chosen that clinician will have indeed come across a winning combination.

References

Rogers, C. (1974). In retrospect: Forty-six years. *American Psychologist, 29,* 115–123.