

Original Research

"Near-Death Experience" In Grief During Public Health Crisis Or Disasters; Theoretical Explanation And Practical Implication

Sedigheh Ebrahimi¹, Mohsen Faseleh Jahromi², Aliakbar Shakeri^{3*}, Seyed Ziaaddin Tabei⁴, Ali Naghi Ghasemiannejad Jahromi⁵

1. Department of Medical Ethics and Philosophy of Health, Shiraz University of Medical Sciences, Shiraz, Iran. Orcid: 0000-0002-9933-9498
2. Department of Nursing, School of Midwifery and Nursing, Jahrom University of Medical Science, Jahrom, Iran. Orcid: 0000-0002-6226-6897
3. Medical Ethics Research Center, Jahrom University of Medical Sciences, Jahrom, Iran. Orcid: 0000-0001-5778-6903
4. Department of Medical Ethics and Philosophy of Health, Shiraz University of Medical Sciences, Shiraz, Iran. Orcid: 0000-0002-9032-7386
5. Certified Imago Relationships Therapist. Kermanshah university medical sciences, Kermanshah, Iran. Orcid: 0000-0002-8132-7894

Corresponding Author: Aliakbar Shakeri. Medical Ethics Research Center, Jahrom University of Medical Sciences, Jahrom, Iran. **Email:** jpteb@yahoo.Com

Abstract:

Background: Grieving is one of the consequences of widespread public health crisis or disasters like the COVID-19 pandemic, in human societies. Human beings were already familiar with one specific example of the experience of facing death called the Near-Death Experience (NDE). This phenomenon is characterized by a supernatural situation and a clear understanding of separation from the physical body and presence in a different spatial and temporal position. The present research aimed to examine whether this phenomenon can help manage the grief of a relative's death - especially in these situations.

Method: This is a theoretical type study and adopts a descriptive-analytical research method with a qualitative approach in which the data were collected through documentary research.

Results: Most researchers in this field believe that NDE gives valuable insights about death and the dying process to the experiencers (NDErs). Anxiety and fear of death reduce in many NDErs. In addition, related studies have suggested that this phenomenon has been used to help reduce the severity of grief as well as reduce anxiety and fear of death in non-NDErs. NDE seems to help people cope with the loss of loved ones through its effects on their beliefs and cognitive processes.

Conclusion: In the field of psychotherapy, several treatment protocols have been proposed for grief and the grieving process. The extent of the public health crisis or disasters -associated grief and the limitations of counseling and psychotherapy in this area require new approaches. The Near-Death Experience phenomenon, seems to be useful in these situations. Therefore, using the capacity of the impact of NDE in the form of media content tailored to the culture is highly consistent with the social conditions created by the public health crisis or disasters. This is while some researchers believe that the general pattern of NDE is similar in different cultures; but the interpretations of the NDErs are a culture-dependent matter. Therefore, qualitative studies – due to further contemplation – can be helpful in this regard.

Keywords: Grief, Death, Near-death experience, Public health crisis, Disasters

Introduction

The phenomenon of death is not an entirely medical concept; it includes biological, cultural, philosophical, psychological, and religious concepts. Accordingly, death is an integral part of life (1). Some scholars believe that life and death are interrelated and death is constantly in motion under the shell of life (2-3). Some studies have shown that the medical model of modern Western societies lacks the necessary psychological and spiritual dimensions of care for death, which is probably due to the prevailing medical paradigm, according to which, “preservation of life” is the main goal of treatment and “death” is considered a failure in treatment (4). In their book entitled “Imaginations of death and the beyond in India and Europe,” Blamberger and Kakar argue that in contemporary Western societies, defined by structural atheism, people engage in writing, art, and mass media rather than reading the traditional religious questions about illness, death, and the beyond. This is in contrast to Asian civilizations, where death and the beyond are the stable and perhaps central themes for their highest thoughts (5). But when, COVID-19 had spread throughout the East and West, the experience of death seems to would have been more personal because of the far-reaching effects of COVID-19 on human societies. In fact, by looking at global expansion maps, people could predict the approach of the virus, which leads to the increased distress (6). The COVID-19 pandemic experience, both individually and socially, had confronted human societies with a more tangible concept of death. These consequences were include anxiety or fear of the death of oneself or loved ones, not being able to say goodbye to loved ones, restrictions on mourning rituals, such as the expression of emotions at the funeral, the postponement or limitation of consolation to the bereaved, and feelings of guilt over the inability to act on the deceased’s will (6-9). On the other hand, before this, the human being was familiar with one of a special example of the experience of facing death and the resulting internal changes, called the near-

death experience (NDE). This phenomenon occurs in people who are on the verge of death but return to life (10). About 5% to 30% of dying people or those experiencing clinical death report NDE (11). This experience is usually described as a supernatural position and a clear understanding of detachment from the physical body and presence in a different spatial and temporal situation (10). Numerous studies suggest that anxiety and fear of death are reduced in many of these experiencers (12-14). Kenneth Ring saw NDE as the compensatory gift that helps the experiencers understand the hardships of life and coping with them – like death itself (15). Many studies conducted on the COVID-19-casued grief have described the current situation and warned about the next psychological effects such as unresolved grief, guilt, and depression; and less attention has been paid to the solutions (6-9). Therefore, the phenomenon of NDE may be helpful during and after widespread public health crisis or disasters like the COVID-19 pandemic. This study aims to examine whether NDE can help manage the grief of a relative’s death—especially in the current and similar situation(s), and if so, how is this process likely to take place?

Methods

This is a theoretical type study and adopts a descriptive-analytical research method with a qualitative approach in which the data were collected through documentary research.

To this end, the researchers investigated the previous studies conducted on the effect of NDE on grief. The available scientific sources, including articles and books written on NDE, were identified and studied, notes were taken, the collected data were classified, analyzed, and interpreted, and the research questions were answered. First, based on the available sources, the impact of NDE on the views of NDErs and then non-NDErs towards death was investigated. Then, the possible mechanism of this phenomenon and its effect on the grieving process were evaluated.

It should be noted that, despite the problems such as sparsity, patchiness, and the possibility of bias (16-18), the documentary research is still a scientific method which complements other studies (17, 19) and hence is useful for hypothesis/problem formulation (18). Therefore, the use of this method is consistent with the objectives of the present research.

Result

A) The impact of NDErs' view towards death most researchers in this field believe that NDE gives valuable insights about death and the dying process to the experiencers (20). According to the related studies, NDErs usually have a stronger belief to life after death (21).

Numerous studies also show that anxiety and fear of death are reduced in a large number of NDErs. It is noteworthy, however, anxiety and fear of death decrease more in NDErs than in those who face death (without NDE) (12-14).

In the study of Bianco et al., performed through the phenomenological method, three following subthemes were obtained regarding the "post-experience effects" theme:

1- Changes in life (including personal and interpersonal changes), 2- communication with others and society (including difficulty in communicating with others, people's judgment, detachment from the shared culturally-acquired worldview), and 3- changes in beliefs about death and afterlife (including a reduction in the fear of death and greater belief in life after death) (22). In a study by Van Lummel et al. on NDErs, the participants were interviewed three times in 8 years and compared with the control group (non-NDErs). Their results showed that in four areas of social attitude (including expression of feelings, acceptance of others, greater interest and compassion, understanding of others, family involvement), religious attitude (including understanding the purpose of life, understanding the inner meaning of life, and being interested in spirituality), attitude towards death (including reduced fear of death and believing in life after death), and other attitudes (including interest in

the meaning of life, self-understanding, appreciation and gratitude for ordinary things), the NDE-resulted changes remain obviously for several years (23).

In a quantitative-qualitative survey to measure attitudes and beliefs about personal death, Lindsay compared 59 people with NDE, 46 people with a life-threatening event but without NDE, and 69 people with no life-threatening event. In addition, 17 NDErs participated in a semi-structured (qualitative) interview to better understand how and why attitudes toward death change after NDE. The findings showed that NDErs were clearly more positive about death than the other two groups; especially in relation to transpersonal fears or events that occur following physical death of the body. This change included features such as reduced fear of suffering at death, feeling that life and death have a purpose, renouncing control over life, accepting death as a fact, and increased belief in continued awareness. He concluded that NDE seems to influence beliefs and attitudes toward death in a relatively specific and permanent way (24).

It is worth mentioning that this change in the attitudes, beliefs, and values of NDErs is usually positive, but may lead to personal and interpersonal problems. These problems have been compared with various mental disorders but can be distinguished from them.

It should be noted that most NDEs are pleasant, but approximately one-fifth of NDErs have reported an unpleasant experience (25).

Probably the same unpleasant reports can help part of the grieving process such as paying attention to the fact that according to the NDErs, the human existence still continues with death (26).

The phenomenon of NDE seems to have the capacity to better explain our awareness of the nature of death with an empirical approach and to expand the scope of knowledge in this field. From this perspective, NDE provides a kind of reconciliation between NDErs and death.

B) The effect of NDEs on non-NDErs' view towards death

One of the remarkable features NDE is that its psychological changes seem to be mentally contagious; so that other people can enjoy the benefits of the experience without incurring the risks of the experience (27).

Previous research has suggested that in the field of psychology, this phenomenon has been used to reduce suicidal attempt, help reduce the intensity of the grieving process, reduce death anxiety/fear of death, increase compassion in students, or change the audiences' attitudes in the face of reports of this phenomenon (21, 28).

In a study into the effect of learning of NDE on those who were dying or one of their loved ones was dying, Horacek offers a seven-category classification. This categorization can be helpful in a situation where the person is dying or grieving.

"1) a dying person shares verbally and/or behaviorally his or her NDE or nearing-death awareness with significant others just prior to death, and this helps the experiencer to face death; 2) a person had an NDE earlier in life and it helps him or her to face death in the present; 3) a person had an NDE earlier in life, has shared this experience with significant others, then dies, and knowledge of the NDE helps survivors with the loss; 4) a griever had an NDE earlier in life and it helps him or her to face the loss of a significant other later in life; 5) a griever has an NDE or nearing-death awareness after a loss and it serves as a healing agent; 6) Knowledge of and understanding NDEs and nearing-death awareness helps a person to face death; and (7) knowledge of and understanding NDEs and nearing-death awareness helps a griever to face the loss of a significant other" (29).

In this categorization, sharing of NDE with non-NDErs can be done in several ways. Some researchers in this field believe that NDE can even have therapeutic effects on non-NDErs. Research has found evidence of these effects (30).

Tassell matamua et al. suggested a paradoxical pattern of subsequent positive effects on NDErs. They also found that these beneficial psycho-

spiritual effects were similar for non-NDErs who learned about NDE. These positive changes included perceptions of appreciation for life, spirituality, and perception of appreciation for death in the intervention group. Of course, most of this research was conducted on population therapy (31).

John M. McDonagh presents similar results in reviewing his experiences as a therapist using NDE psychological trainings. He provided clients who had attempted suicide or mourned the loss of loved ones with the textbook and videotape of NDE. He reported that positive results have been achieved with this approach (32).

In the study of Foster et al., the positive effect of NDE on adult non-NDEr griever was not significant. However, the sample size was small in this study; and therefore, the researchers raised the possibility of type II error in their research (33).

Research on the effects of NDE on non-NDErs is limited, but it can probably be used to accept and manage grief.

Theoretically, it can be said that these experiences can provide an effective platform in increasing the ability of dying patients and their families to understand death and improve grief; as some studies have shown, having NDE may facilitate the acceptance of the dying process (34).

C) How can NDE help incomplete grief?

Despite various studies conducted on the effects of NDE, almost nothing has been published in the literature on how NDErs were affected by NDE information (27).

According to Osarchuk and Tatz, exposure to a death threat – even without the NDE phenomenon – increased belief in life after death (35).

Other studies have reported that death threats during accidents and serious illnesses have been replaced by a sense of aliveness and belief in life after death (36).

However, in some studies in which coping with the deadly phenomenon have been compared in two modes of with or without NDE, a deeper belief in survival has been more observed in NDErs (12).

However, believing in life after death has been one of the ways to make death meaningful (37); and the phenomenon of NDE seems to help provide a positive concept of death.

Of course, the notion that “death represents a new beginning and the transition to life after death where we are reunited with loved ones and live an eternal life” is a common concept in most theological doctrines; this theological view seems to be further substantiated by the unusual reports of people who have had NDE (31, 38).

Lee et al. suggested that NDE variables were associated with grief and meaning-making and religious variables. In fact, NDEs have a positive effect on the grieving process by reducing mourners’ use of negative religious coping and helping them find the meaning from their loss (39).

However, whether these experiences, either real or merely experiential perceptions, act probably through the discovery or construction of a positive concept of death that it is effective in consolation and can be used in the grieving process .

In fact, NDEs often present a beautiful picture of death (“romanticization” of death) (40).

Some scholars believe that part of grieves caused by COVID-19, were result from indecision and confusion over the understanding of the truth that is on the way and is approaching human (6).

On the other hand, humans were unable to adequately solve this problem. Therefore, the positive notion of death can be comforting, at least during this time.

Usually, the most important questions that occupy the minds of mourners are: Where is my beloved now? Will I see him again? Did he suffer during a heart attack or illness or accident that resulted in his death? How could I bear her absence? Based on the authors’ clinical experiences, mourners who have randomly or purposefully been acquainted with NDE through these questions have reported the positive effects of reading NDE reports or watching related documentaries and movies on relieving grief over the loss of loved ones and getting the answers to their questions.

In the field of medical ethics, this phenomenon can probably be used to investigate the grief-related issues, such as improving the quality of breaking bad news or the ethical sensitivity of medical staff in this regard.

D) Culture and NDE

One of the differences of opinion among researchers in this field is whether the phenomenon of NDE is cultural in nature or universal? There are two hypotheses in this regard; depending on culture and no depending on culture (39).

The first view indicates that the elements and consequences of this phenomenon are similar in different cultures and nationalities (41); but the second view suggests that the experiences of different cultures are markedly different from each other (42).

Some scholars believe that the general pattern of NDE is similar in different cultures and that the interpretations of the experience depend on the culture (43-45).

Therefore, it seems necessary to use qualitative research to understand this phenomenon more deeply in different cultures, especially since previous studies have shown that memories of NDE are phenomenological rich (46).

On the other hand, awareness of the underlying needs of each country in response to grief during widespread public health crisis or disasters, and the specific traumatic elements underlying these deaths, will help prevent further harm to those at risk. Prioritization should also be based on evidence-based interventions and cultural sensitivities. For example, higher mortality of COVID-19 among African Americans demonstrates the need for culturally sensitive competencies to meet their needs and represent death and mourning (9).

Therefore, due to further reflection on the subject, qualitative studies can be helpful in this regard. The production of appropriate media content with a deep cultural knowledge of each community can also be a tool to help this process; as in research in

this field, films and books have been used to influence non-NDEs (31, 47).

Conclusion

Grief is one of the consequences of the widespread public health crisis or disasters, like COVID-19 pandemic, in human societies. In this article, we sought to investigate and provide a solution to reduce these psychological complications. In the field of psychotherapy, several treatment protocols have been proposed for grief and the grieving process. According to research, one of the recent phenomena used by some researchers, therapists, and counsellors to help griever in the healing process is the phenomenon of NDE. In addition, this experience has been used to help the healing process of some psychological problems and the beneficial effects of this phenomenon have been observed in non-NDEs. Therefore, it can be hoped that this phenomenon may help manage the grief caused by the public health crisis or disasters. According to the above-mentioned definition of NDE, this experience occurs in conditions close to clinical death – with the suspension of vital signs rather than “definitive and irreversible” death; but components, content, and consequences of NDE can still provide a clearer picture of death in an empirical context. This image, based on cultural beliefs, helps to better understand the phenomenon of death. Therefore, due to the nature of qualitative research, the use of similar studies conducted on people with different cultures is needed to better understand the effects of this phenomenon and to provide culture-oriented content. NDE seems to help people cope with the loss of loved ones through its effect on the beliefs and cognitive processes of the bereaved. Therefore, it can be used in incomplete grief caused by the public health crisis or disasters. In addition, awareness of NDE cannot resolve all the bereaved pain and suffer caused by the death of loved ones; but it seems that NDE can help them to cope with this loss and, to a great extent, bring them peace of mind. The widespread of grief associated with the public health crisis or disasters and the limitations of counseling and

psychotherapy in this area require new approaches. Therefore, using the capacity of NDE in the form of providing culture-tailored media content is very much in line with the social conditions created by this pandemic. Further research is needed in this area.

Acknowledgement

This article is extracted from a doctoral dissertation in Medical Ethics at Shiraz University of Medical Sciences (grant number 18645-01-01-97). The authors would like to appreciate the Vice Chancellor for Graduate Studies and the Vice Chancellor for Research of Shiraz University of Medical Sciences for their material and spiritual support of this research project.

References

1. Facco E, Casiglia E, Zanette G, Testoni I. On the way of liberation from suffering and pain: role of hypnosis in palliative care. *Annals of palliative medicine*. 2018;7(1):63-74.
2. Kodisang P. An existentialist study on prolonged hospitalization for drug resistant tuberculosis: University of Johannesburg; 2013. Available from: <https://ujcontent.uj.ac.za/vital/access/services/Download/uj:10692/CONTENT1>
3. May R, Yalom I. Existential psychotherapy. *Current psychotherapies*. 1989:363-402.
4. Sandler BI. Dying before death to truly live: Therapeutic implications of the ego death experience for the treatment of death anxiety. San Francisco : California Institute of Integral Studies; 2015.
5. Blamberger G, Kakar S. *Imaginations of Death and the Beyond in India and Europe*: Springer; 2018.
6. Wallace CL, Wladkowski SP, Gibson A, White P. Grief during the COVID-19 pandemic: considerations for palliative care providers. *Journal of pain and symptom management*. 2020 Jul 1;60(1):e70-6
7. Aguiar A, Pinto M, Duarte R. Grief and Mourning during the COVID-19 Pandemic in Portugal. *Acta Médica Portuguesa*. 2020;33(9):543-5.

8. Mortazavi SS, Assari S, Alimohamadi A, Rafiee M, Shati M. Fear, loss, social isolation, and incomplete grief due to COVID-19: a recipe for a psychiatric pandemic. *Basic and clinical neuroscience*. 2020;11(2):225.
9. Kokou-Kpolou CK, Fernández-Alcántara M, Cénat JM. Prolonged grief related to COVID-19 deaths: Do we have to fear a steep rise in traumatic and disenfranchised griefs? *Psychological Trauma: Theory, Research, Practice, and Policy*. 2020;12(S1):S94.
10. Greyson B. Western scientific approaches to near-death experiences. *Humanities*. 2015;4(4):775-96.
11. Dossey L. *Dying to heal: A neglected aspect of NDEs*. Elsevier; 2011.
Available from: www.spiritualscientific.com/yahoo_site_admin/assets/docs/Dying_to_Heal_NDE_Dossey.81171210.pdf
12. Groth-Marnat G, Summers R. Altered beliefs, attitudes, and behaviors following near-death experiences. *Journal of Humanistic Psychology*. 1998;3(3):108-113.
13. Greyson B. Reduced death threat in near-death experiences. *Death Studies*. 1992;16(6):523-36.
14. Greyson B. Near-death experiences and antisuicidal attitudes. *OMEGA-Journal of Death and Dying*. 1993;26(2):81-9.
15. Ring K. Amazing grace: The near-death experience as a compensatory gift. *Journal of Near-Death Studies*. 1991;10(1):11-39.
16. Platt J. Evidence and proof in documentary research: 1 Some specific problems of documentary research. *The Sociological Review*. 1981;29(1):31-52.
17. Ahmed JU. Documentary research method: New dimensions. *Indus Journal of Management & Social Sciences*. 2010;4(1):1-14.
18. Appleton JV, Cowley S. Analysing clinical practice guidelines. A method of documentary analysis. *Journal of Advanced Nursing*. 1997;25(5):1008-17.
19. Gaborone B. The use of documentary research methods in social research. *African sociological review*. 2006;10(1):221-30.
20. Morse ML. Near death experiences and death-related visions in children: Implications for the clinician. *Current problems in Pediatrics*. 1994;24(2):55-83.
21. Ghasemyannejhad Jahromi AN. The phenomenology of Iranian and American Near-Death Experiences.] Doctoral dissertation.[] Ahvaz [:Shahid Chamran University of Ahvaz. 2018.266p.
22. Bianco S, Sambin M, Palmieri A. Meaning making after a near-death experience: The relevance of intrapsychic and interpersonal dynamics. *Death studies*. 2017;41(9):562-73.
23. Van Lommel P, Van Wees R, Meyers V, Elfferich I. Near-death experience in survivors of cardiac arrest: a prospective study in the Netherlands. *The Lancet*. 2001;358(9298):2039-45.
24. Lindsay NM. One foot on the other side: changed orientations to death after a near-death experience.] Doctoral dissertation.[] Palmerston North [Massey University. 2018.275p.
Available from: https://mro.massey.ac.nz/bitstream/handle/10179/15225/02_whole.pdf?sequence=2&isAllowed=y
25. Greyson B. Near-death experience: Clinical implications. *Archives of Clinical Psychiatry (São Paulo)*. 2007;34:116-25.
26. Bush, N E. *Dancing past the dark: Distressing near-death experiences*. Nancy Evans Bush publisher. East Windsor Hill, Connecticut; 2012.
Available from: <https://docplayer.net/99914336-Dancing-past-distressing-near-death-experiences-the-dark-nancy-evans-bush-foreword-by-bruce-greyson-md.html>
27. Gandy S. Dying to live: The power of transcendence in the treatment of existential anxiety. *Threshold: Journal of Interdisciplinary Consciousness Studies*. 2017;1(2):25-36.

28. Holden JME, Greyson BE, James DE. The handbook of near-death experiences: Thirty years of investigation: Praeger/ABC-CLIO; 2009.
29. Horacek BJ. Amazing grace: The healing effects of near-death experiences on those dying and grieving. *Journal of Near-Death Studies*. 1997;16(2):149-61.
30. Kajbaf MB, Ghasemiannejad Jahromi A, Ahmadi Forushani SH. The effectiveness of spiritual and existential group therapy on the rates of depression, death anxiety and afterlife belief among students: a study based on the reports [English] of people with death experience. *JSR*. 2016;16(4):4-13. [In Persian], Available from: http://jsr-p.khuisf.ac.ir/article_533985.html.
31. Tassell-Matamua N, Lindsay N, Bennett S, Valentine H, Pahina J. Does learning about near-death experiences promote psycho-spiritual benefits in those who have not had a near-death experience? *Journal of Spirituality in Mental Health*. 2017;19(2):95-115.
32. McDonagh JM. Introducing Near-Death Research Findings into Psychotherapy. *Journal of Near-Death Studies*. 2004; 22(4), 269–273.
33. Foster RD, Holden JM. Eternal connection: An exploratory study of the effects of learning about near-death experiences on adult grief. *Journal of Loss and Trauma*. 2014;19(1):40-55.
34. Renz M, Reichmuth O, Bueche D, Traichel B, Mao MS, Cerny T, et al. Fear, pain, denial, and spiritual experiences in dying processes. 2018;35(3):478-91.
35. Osarchuk M, Tatz SJ. Effect of induced fear of death on belief in afterlife. *Journal of Personality and Social Psychology*. 1973;27(2):256.
36. Bhattacharya PK. Is there science behind the near-death experience: Does human consciousness survives after death? *Annals of Tropical Medicine and Public Health*. 2013;6(2):151.
37. Wong PT, Reker GT, Gesser G. Death Attitude Profile-Revised: A multidimensional measure of attitudes toward death. *Death anxiety handbook: Research, instrumentation, and application*. 1994;121.
38. Mobbs D, Watt C. There is nothing paranormal about near-death experiences: how neuroscience can explain seeing bright lights, meeting the dead, or being convinced you are one of them. *Trends in cognitive sciences*. 2011;15(10):447-9.
39. Lee SA, Feudo A, Gibbons JA. Grief among near-death experiences: Pathways through religion and meaning. *Mental Health, Religion & Culture*. 2014;17(9):877-85.
40. Greyson B. Near-death experiences and attempted suicide. *Suicide and Life-Threatening Behavior*. 1981;11(1):10-6.
41. Walker BA, Serdahely WJ. Historical perspectives on near-death phenomena. *Journal of Near-Death Studies*. 1990;9(2):105-21.
42. Knoblauch H, Schmied I, Schnettler B. Different kinds of near-death experience: A report on a survey of near-death experiences in Germany. *Journal of Near-Death Studies*. 2001;20(1): 15-29.
43. Perera M, Padmasekara G, Belanti J. Prevalence of near-death experiences in Australia. *Journal of Near-Death Studies*. 2005;24(2):109-15.
44. Long M, Perry P. Evidence of the Afterlife: Harper Collins Publishers; 2010. Available from: https://www.difa3iat.com/wp-content/uploads/2014/08/Jeffrey_Long_Paul_Perry_Evidence_of_the_AfterlifeBookZZ.org_.pdf
45. Blackmore SJ. Near-death experiences. *Journal of the Royal Society of Medicine*. 1996;89(2):73-6.
46. Ghasemiannejad Jahromi Alinaghi, Long Jeffrey .The Phenomenology of Iranian Near-Death Experiences. *Journal of Near Death Studies* (forthcoming 2021).
47. Cassol H, Pétré B, Degrange S, Martial C, Charland-Verville V, Lallier F, et al. Qualitative thematic analysis of the phenomenology of near-

death experiences. PloS one.
2018;13(2):e0193001.