

***Near-death experiences:***

***Glimpses beyond death and the journey back to life***

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# What is a near-death experience (NDE)?

- **Vivid experiences of altered consciousness that can occur when a person is close to death (including clinical death and resuscitation) or in another medical crisis**
- **No clinical definition**



# Typical features of NDEs

**Peace, well-being, joy**

**Hypervivid senses**

**Sense of being outside one's physical body**

**Brilliant light**

**Mystical realm**

**Insights**

**Meeting spiritual entities or deceased loved ones**

**Seeing things from past or future**

**“Border of no return”**



# NDEs are not rare events

Prospective studies:

- Cardiac arrest survivors: **10-23%**
- Critically ill patients in ICU: **15%**

Retrospective estimates:

- General population: **4-5%**



# What causes NDEs?

## Physiological models:

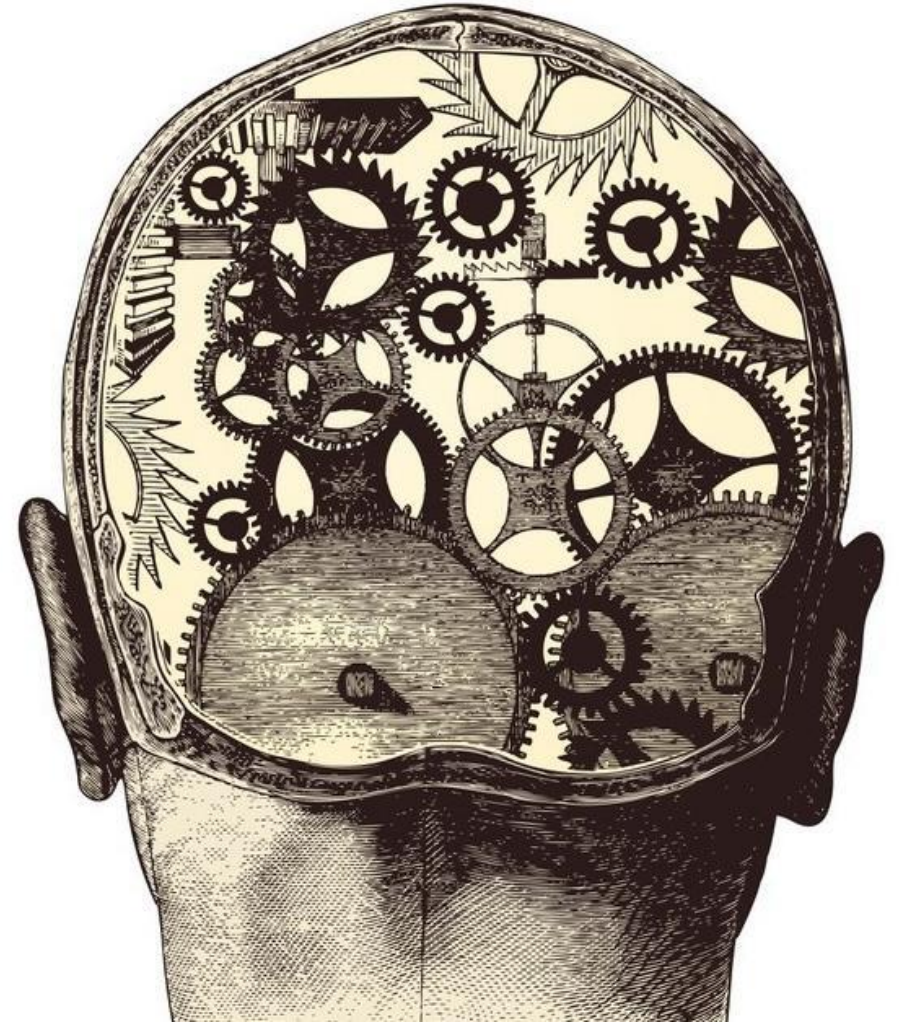
brain function or anatomy

## Psychological models:

expectation/wishful thinking  
traits

Important aspects of NDEs remain unexplained:

veridical perceptions  
extreme vividness under conditions of  
impaired brain function



# Profound changes in attitudes, values, behaviors

- Dose-dependent with intensity of NDE
- Persist over decades
- More intense than when merely coming close to death without an NDE



# Changes in spirituality and death-related attitudes

- **Decreased fear of death**
- **Increased positive attitudes toward death**
- **Increased interest in spiritual matters**
- **Conviction that there is life after death**



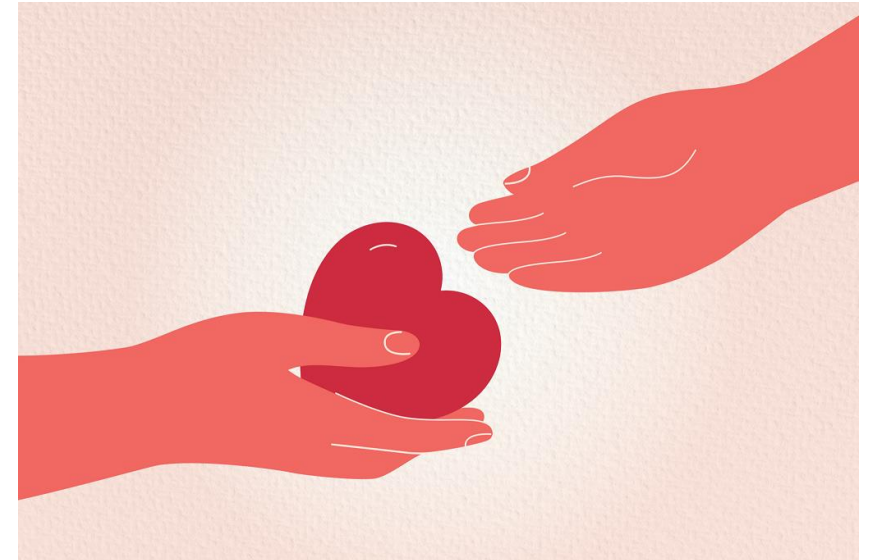
# Changes in attitudes toward life and living

- **Increased sense of meaning in life**
- **Increased appreciation of life**
- **Having or searching for a purpose in life**



# Changes in social orientation

- **Increased concern/compassion/acceptance for others**
- **Increased desire to serve others**
- **Decreased interest in recognition and status**



Adobe Stock/Mary Long

# “Integration” challenges after an NDE

- **May change one’s perceptions of reality**
- **May cause distress if it conflicts with prior religious, scientific or philosophical views or values**
- **Difficult to go back to normal everyday activities and social roles**



# Emotional and interpersonal challenges

## Emotional:

- **Missing unconditional love from NDE**
- **Wanting go back “Home”**

## Interpersonal:

- **Different values and priorities**
- **Others may not understand NDE**



# Challenges in talking about NDE

**Challenges in talking to friends, family, and professionals about the NDE**

**Fear of rejection, ridicule or a mental illness label**

**“Ineffable”**



# NDEs are clinically relevant events

- NDEs occur in medical/clinical settings
- Consistently reported by patients with certain conditions (e.g., cardiac arrest)
- Consistent phenomenological characteristics **and** transformations after NDE (including some struggles)
- Support needs / harm



# Additional clinical considerations

- Reported veridical perceptions of resuscitation efforts
- Psychiatric patients who have been close to death: NDE associated with lower levels of distress
- Survivors of suicide attempts: NDE appears to decrease suicidal ideation
- Reports of unexpected or unusual healing/recovery



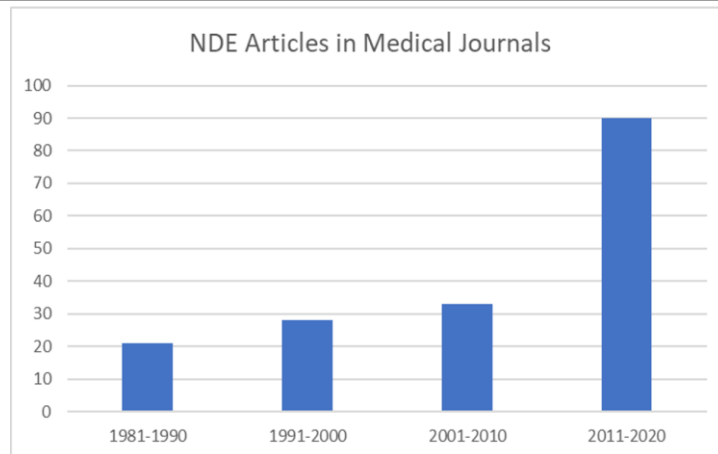
## Clinical relevance



## No medical/clinical education



## Five decades of research



## Bioethical concerns



# “Medical gap of care” for near-death experiencers

- *If a “patient’s self-report is ignored, disregarded as non-factual or misdiagnosed as a hallucination..., causing them to lose confidence in expressing their NDE, for fear of stigma”*
- *“the absence of validation, education, and support for the patient and family”*



# NDE Disclosures to healthcare professionals

Almost **20%** of disclosures to healthcare professionals are reported as negative, unpleasant, or harmful

- Mocking
- Suppressing
- Pathologizing
- Medicating



# Are NDEs real?

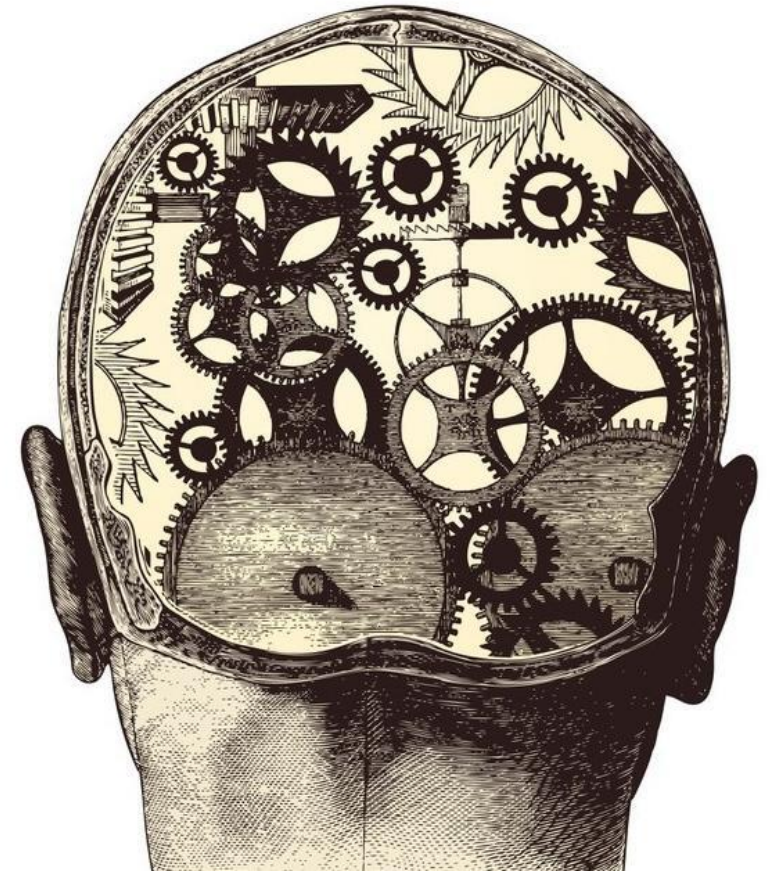
Phenomenon documented extensively

Experiencers: *“Realer than real life”*

Real impact on experiencers

Sometimes apparent veridical perceptions of real events

Ontologically real?





# Study of near-death experiencers' support needs

## Participants:

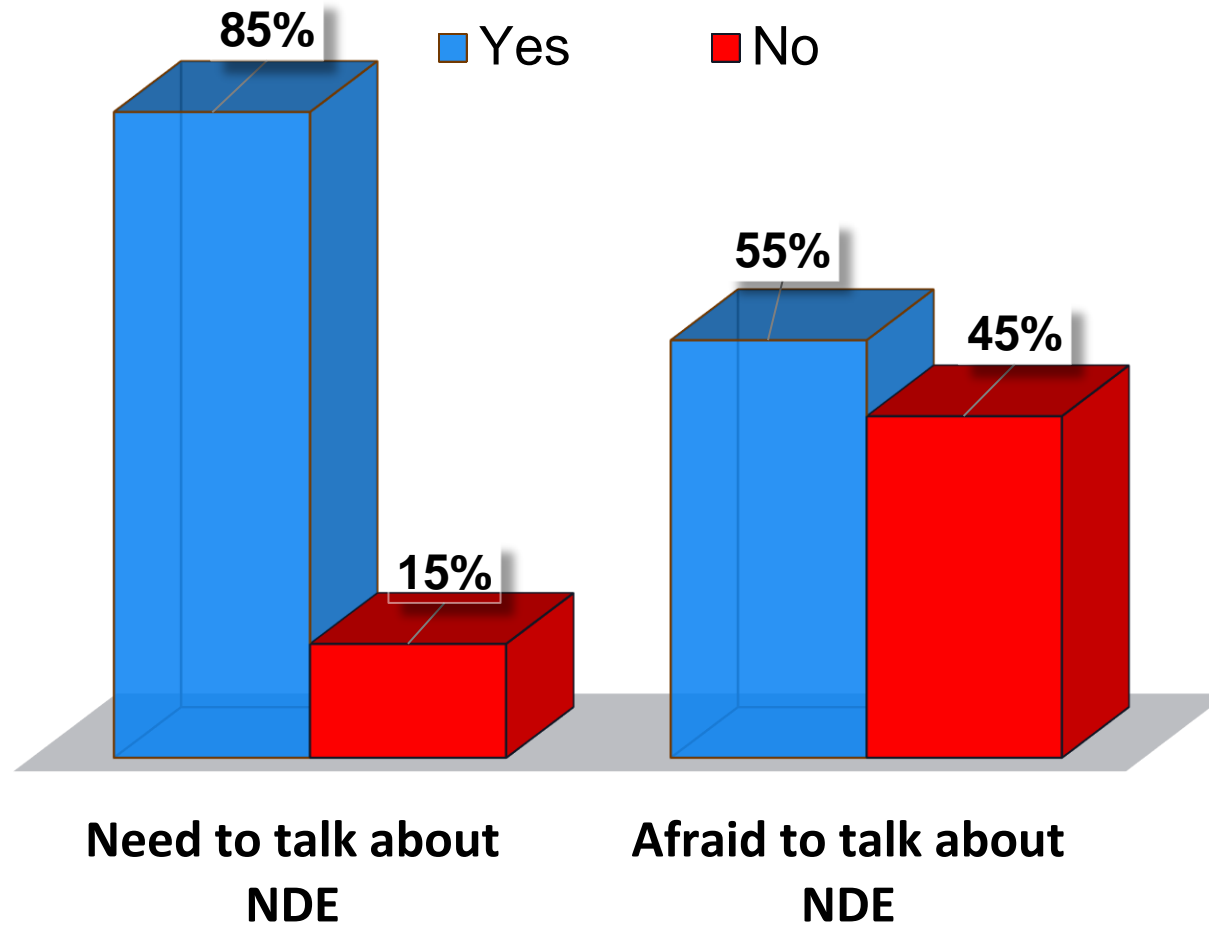
- **167** experiencers (58% female)
- Average age at NDE: **30** y.o.
- Average age at survey: **53** y.o.

## Assessed:

- NDE characteristics
- Demographics and background
- Changes and challenges after NDE
- Support seeking



# Talking about the NDE



# Support seeking



## Seeking

**64%** sought help

**37%:** mental health professional

**10%:** other health professional

**16%:** spiritual counselor

# Support seeking & barriers



## Seeking

**64%** sought help  
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## Barriers

**28%** help unavailable  
**28%** not being believed  
**28%** being thought crazy  
**23%** no need

# What factors predict higher support needs?

## Prior vulnerabilities

- Prior alcohol or drug abuse
- Prior psychological counseling
- Lack of a happy childhood

## NDE characteristics

- NDE depth/intensity
- Number of aftereffects

## Additional stressors

- Unusual stress at the time of the NDE
- Number of difficulties/problems
- Relationships deteriorated
- Health deteriorated because of NDE

## Prior research

- Distressing NDE
- Childhood NDE
- Suicide NDE

# What factors predict benefiting from support?

## Factors that increase helpfulness

- Positive reaction of 1<sup>st</sup> person told

## Support

- Support from organization/online group (+)
- Support from mental health/health professional (-)

# Supportive interactions



- **Normalizing** and **validating**
- Listening **non-judgmentally**
- Being **reflective**: focus on meaning, rather than evidence
- Providing **resources**



- Pathologizing and diagnosing on the basis of NDE alone
- Imposing own belief system/views



# What are physician barriers to acknowledging NDEs?

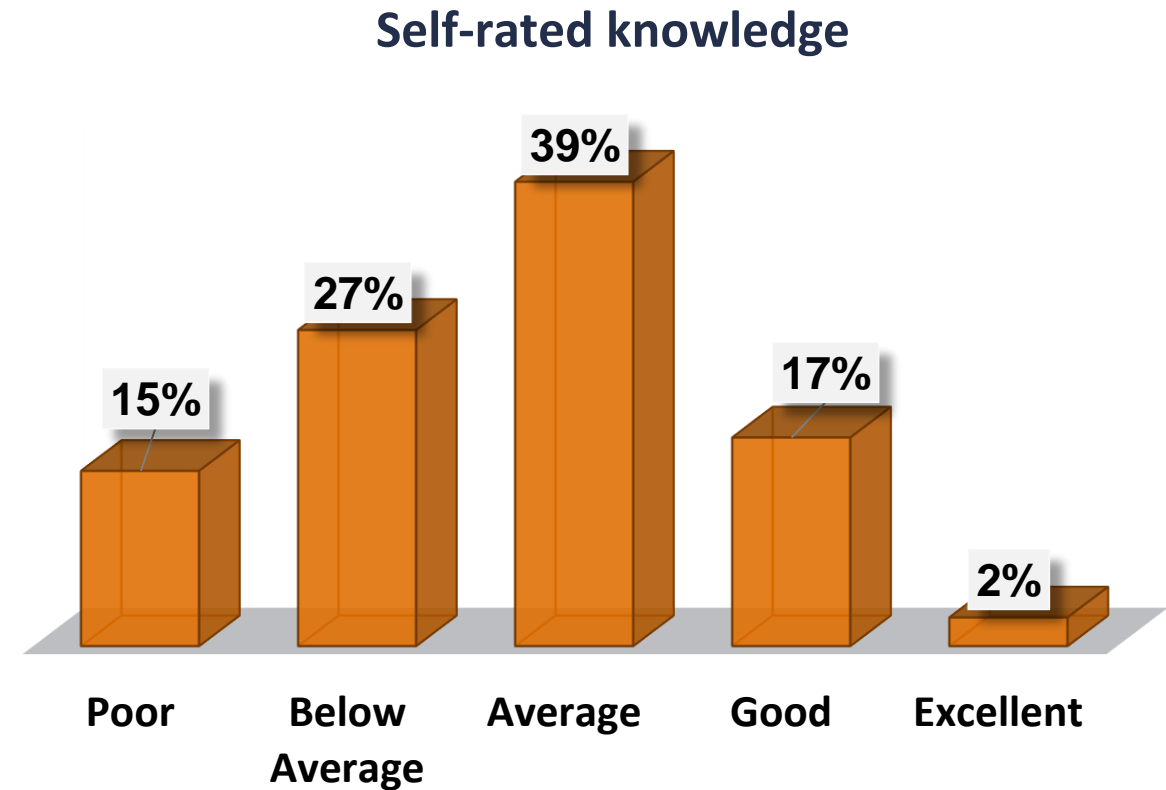
- **215** University of Virginia physicians (23% response rate)
- Gender: **51%** man/male; **47%** woman/female; 2% no answer
- Years in practice: **21** (range: 1 – 56)
- **17+** different specialties
- **18** barriers



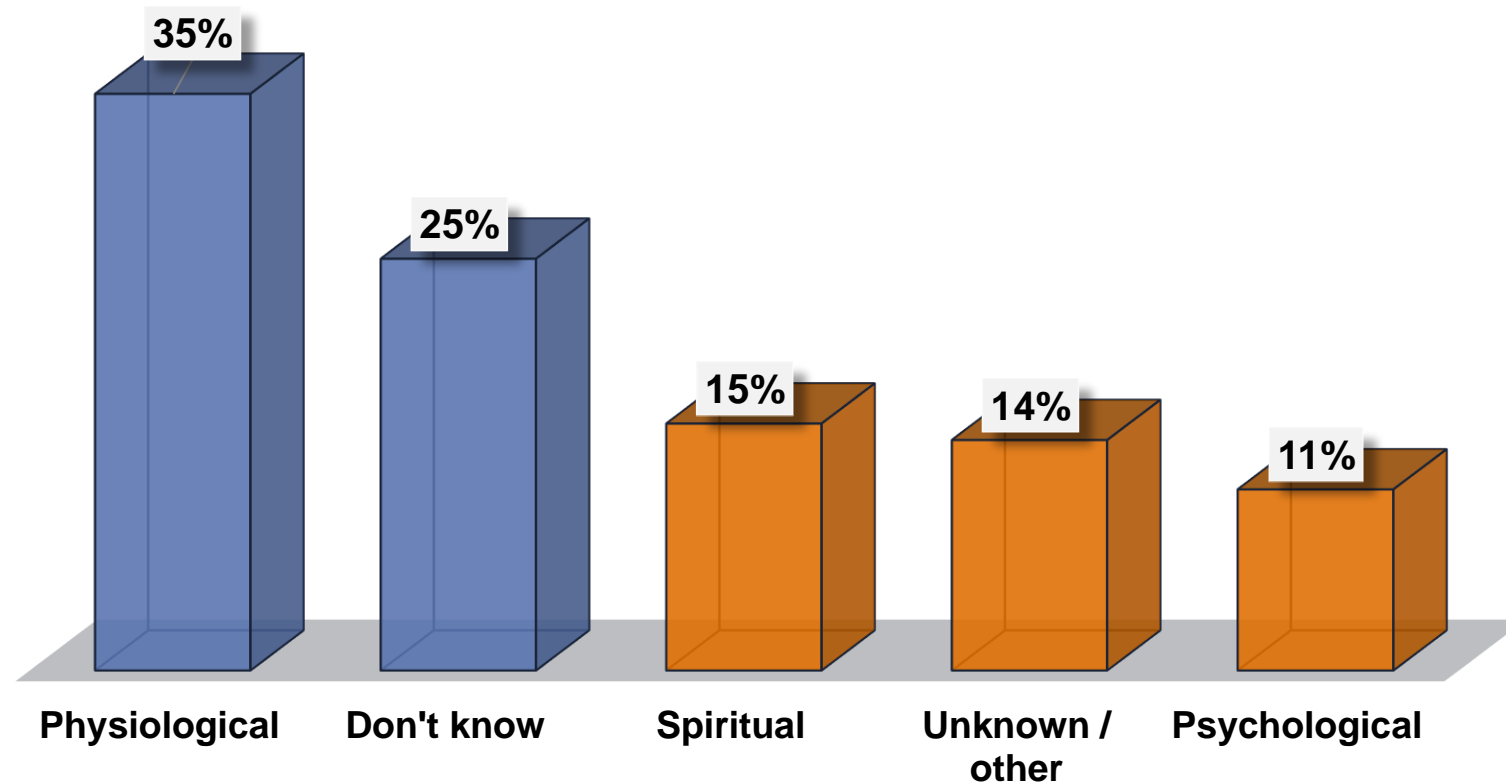
**Bial**  
FOUNDATION

# Experience and knowledge of NDEs

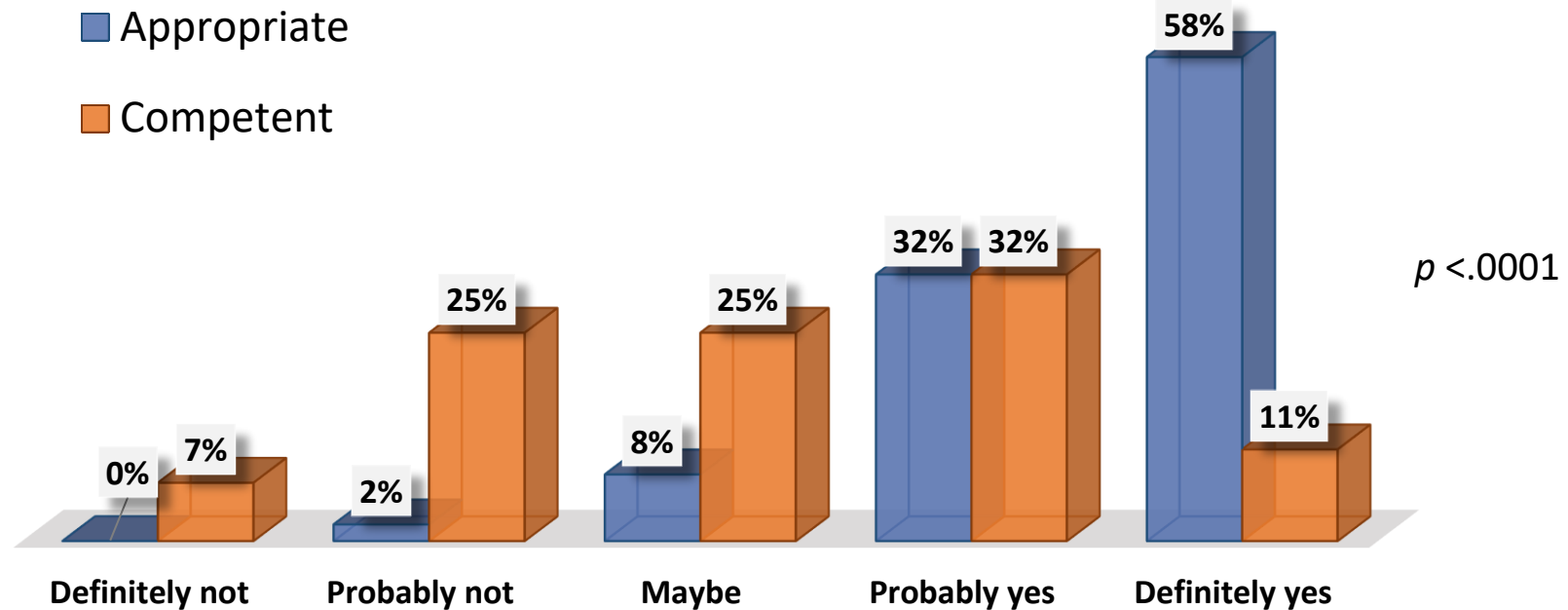
- **25%** of UVA physicians have encountered an NDE patient
- **19%** have prior exposure to educational material
- **55%** interested in educational materials or formal training



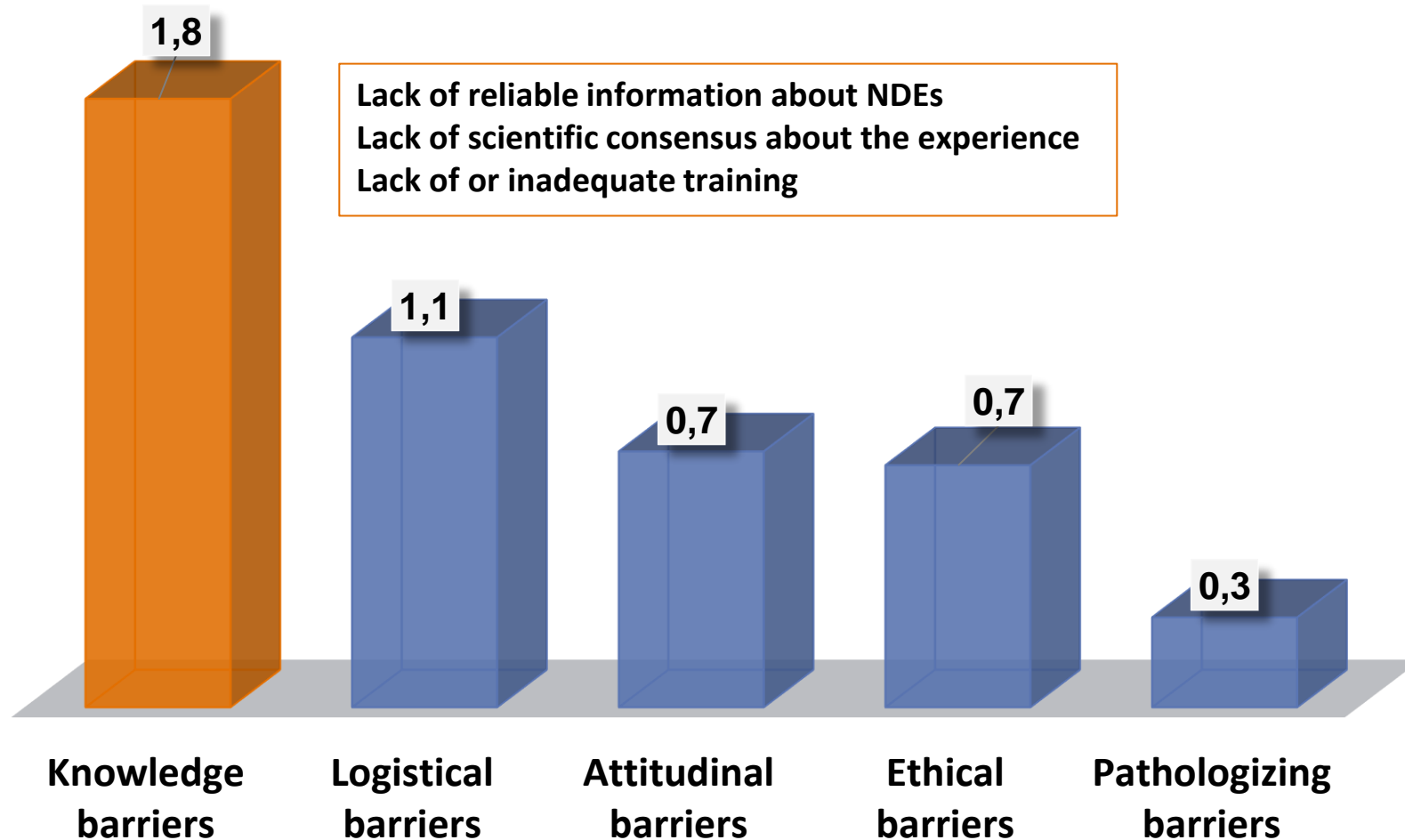
# Most likely explanation of NDEs (ranked 1<sup>st</sup>)



# Appropriateness/competence in acknowledging NDEs and providing support

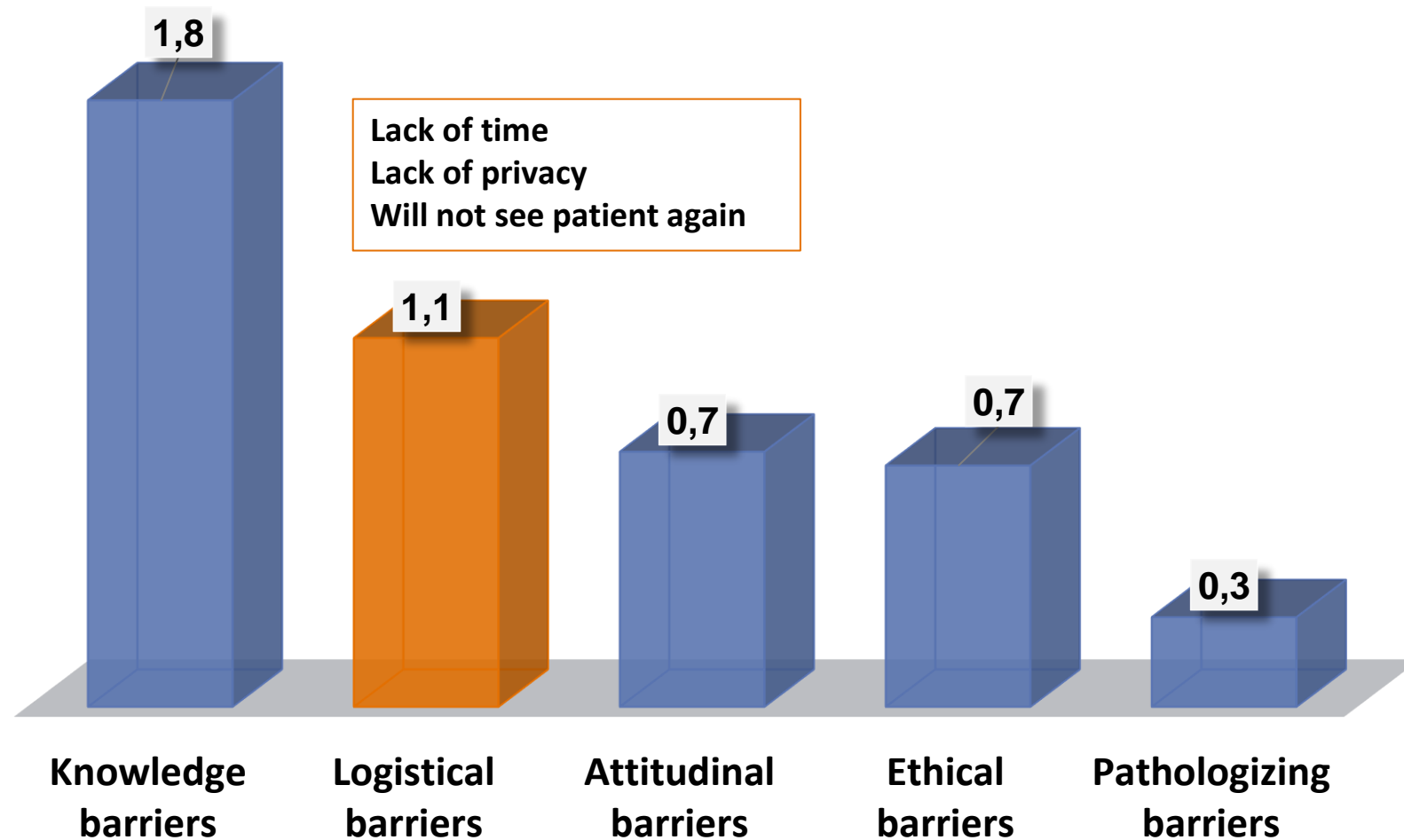


# Barriers to acknowledging NDEs



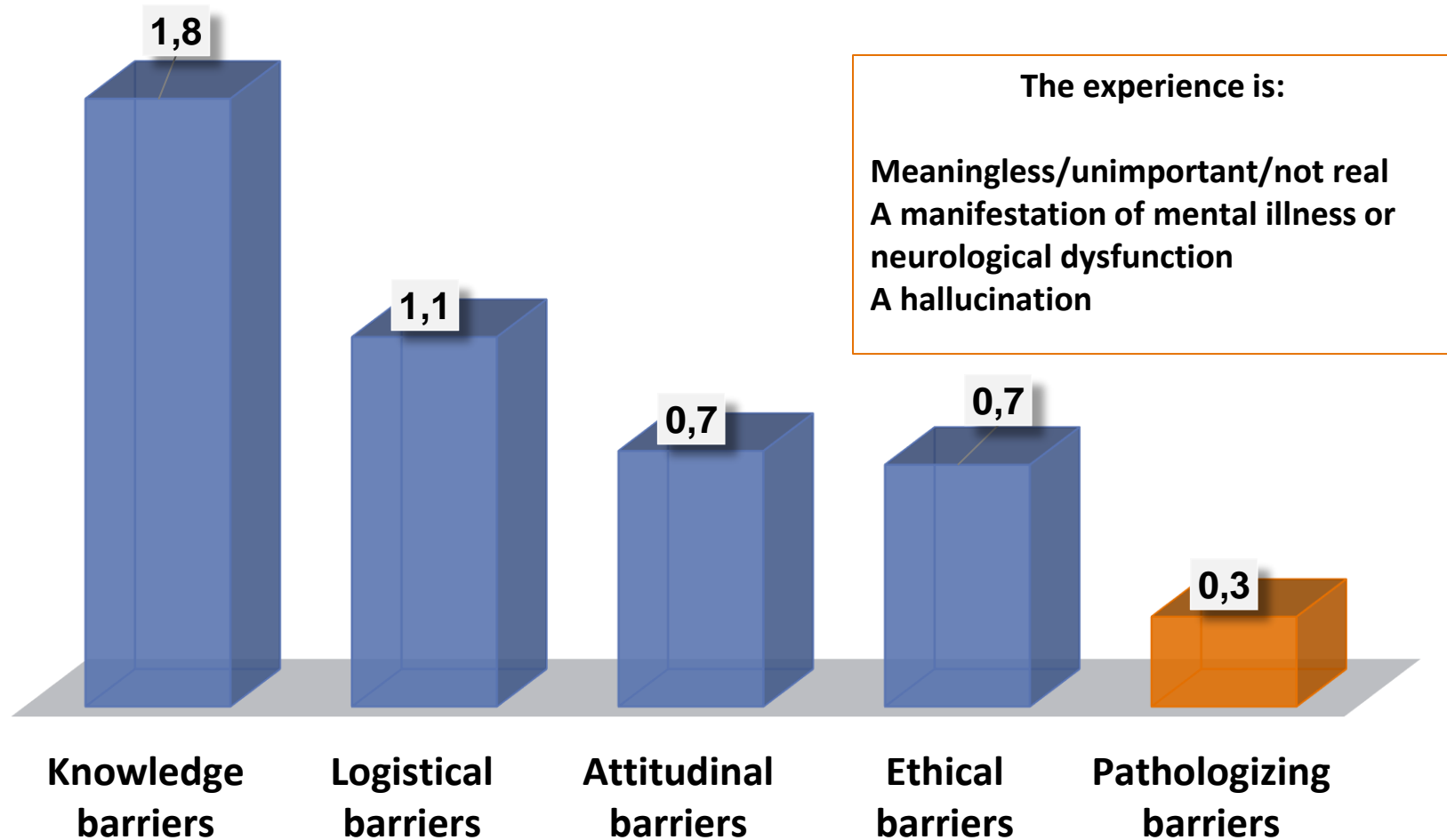
0 = “not significant”; 1 = “slightly significant”; 2 = “moderately significant”; 3 = “very significant”

# Barriers to acknowledging NDEs



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# Effect of prior NDE education

Physicians who had **some NDE education** reported:

- **Increased** self-rated knowledge about NDEs
- **Increased** perceived appropriateness of acknowledging NDEs/providing support
- **Improved** perceived competence in acknowledging NDEs/providing support
- **Lower** knowledge barriers to acknowledging NDEs in clinical practice

# Key points

- **NDEs can be deeply impactful and are clinically relevant events**
- **Call to educate physicians about NDEs**
- **Improve patient care/satisfaction → improved clinical effectiveness and safety**
- **Greater awareness may lead to increased clinical research on NDE**

**Thank you!**

**Division of Perceptual Studies: [www.uvadops.org](http://www.uvadops.org)**

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