OBJECTIVES:

Near death experiences (NDEs) are increasingly being reported as a clearly identifiable physiological and psychological reality of clinical significance. Empirical studies of NDEs have mostly been conducted in patients with life-threatening situations such as cardiac arrest [1-5] or (albeit more rarely) in patients with severe traumatic brain injury [6].

To the best of our knowledge, no study has formally compared the influence of the cause of coma to the intensity or content of the NDE. Using the Greyson NDE scale [7], the present retrospective study aimed at: (1) exploring the NDE intensity and content in “NDE-like” accounts following non-life-threatening events versus “real NDE” following coma; (2) comparing the “real NDE” characteristics according to the etiology of the brain damage (anoxic, traumatic or other) and; (3) comparing our retrospectively obtained data in anoxic coma to historically previously published prospectively collected post-anoxic NDEs.

METHODS:

All participants filled a questionnaire including items about demographic (age at NDE, gender) and clinical data (time since NDE, presence of life threatening event, presence of acute coma (i.e., a period of unconsciousness > 1 h [8]), etiology of coma (anoxic/traumatic/other) and a standardized characterization of the NDE using the Greyson NDE scale [7]. We also compared our retrospectively acquired data in anoxic coma with historical data from the published literature on prospective post-anoxic experiences using the Greyson NDE scale.

A Pearson's chi square test with contingency tables was performed to assess for possible discrepancies between the reported features frequencies according to the comatologic state. Finally, our retrospective data in anoxic coma were compared with a historical dataset of prospective data taken from the published literature on NDE after anoxic coma [1-5].

CONCLUSION & DISCUSSION:

It appears that “real NDEs” after coma of different etiologies are similar to “NDE-like” experiences occurring after non-life-threatening events and that subjects reporting NDEs retrospectively tend to have experienced a different content compared to the prospective experiences.

In line with our findings [9], NDE research might benefit from the introduction of a new terminology to account for “NDE-like” experiences. In addition to the use of closed NDE questionnaires, which only leave restricted choices for describing the experience, future studies should employ statistical examination of freely expressed NDE narratives using automated user-independent qualitative analyses of their content, taking into account the clinical data and study design.

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The overall NDE core features’ frequencies were higher in our retrospective anoxic cohort when compared to historical published prospective data (see figure below).

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