

Investigating near-death experiences

Critically ill persons occasionally describe intense near-death experiences (NDEs). A measurement instrument to identify such experiences is available, and has now been translated into Norwegian. We wish to make this phenomenon and the research scale better known among Norwegian health personnel.

The Greyson scale was developed in the USA in the 1970s to investigate so-called near-death experiences that people in life-threatening situations may experience when in an unconscious state. The scale is based on standardised criteria. It has now been translated into Norwegian in accordance with recognised criteria for the translation of instruments of this type (1).

NDEs are defined as deep and universal mental states with clear characteristics (2). The phenomenon has been the subject of a growing field of research since the 1980s, and the Greyson scale has frequently been used (3, 4). In Norway, interest in this field has manifested itself through TV programmes, newspaper articles and books (5).

Around 10–18% of critically ill patients are estimated to have experienced an NDE, and the phenomenon is frequently studied in the context of patients who have survived cardiac arrest (2, 3). When the patients wake, they may often report perceptions of light or «beings of light», they may also have auditory experiences and recount that someone has spoken to them, frequently about factors related to morality or values (2). Some claim that the experience represented a turning point in their lives, and led to changes in their life choices and values. Others may perceive such experiences as painful and stressful (3, 6, 7).

A near-death experience may have a religious or life stance-related significance (8), and patients with troubling near-death experiences may experience frustration and become mentally traumatised by the event (7). Hospitalisation in an intensive care ward can introduce the patient into a process that makes it difficult to understand what they have undergone, irrespective of whether they have had these types of experiences or not (9, 10). Those who have been close to death and have had a positive experience may undergo posttraumatic growth (11). Knowledge of these types of phenomena may be transferable to other patient groups than those with cardiac arrest (12).

Surveying of NDEs could be of importance as patients may need subsequent counselling and follow-up (13). Identifying positive, growth-enhancing NDEs – as well as troubling ones – can provide new knowledge that helps health personnel, hospital chaplains and other conversation partners to improve the way in which they encounter patients.

The Greyson scale

This scale has been tested to establish whether patients underreport or overreport

BOX 1

The Greyson scale has now been translated into Norwegian.

The original English version is presented here.

Please circle one number (0, 1, or 2) for each question to indicate which answer comes closest to what you experienced during your NDE:

1. Did time seem to speed up or slow down?
 - 0 = No
 - 1 = Time seemed to go faster or slower than usual
 - 2 = Everything seemed to be happening at once; or time stopped or lost all meaning
2. Were your thoughts speeded up?
 - 0 = No
 - 1 = Faster than usual
 - 2 = Incredibly fast
3. Did scenes from your past come back to you?
 - 0 = No
 - 1 = I remembered many past events
 - 2 = My past flashed before me, out of my control
4. Did you suddenly seem to understand everything?
 - 0 = No
 - 1 = Everything about myself or others
 - 2 = Everything about the universe
5. Did you have a feeling of peace or pleasantness?
 - 0 = No
 - 1 = Relief or calmness
 - 2 = Incredible peace or pleasantness
6. Did you have a feeling of joy?
 - 0 = No
 - 1 = Happiness
 - 2 = Incredible joy
7. Did you feel a sense of harmony or unity with the universe?
 - 0 = No
 - 1 = I felt no longer in conflict with nature
 - 2 = I felt united or one with the world
8. Did you see, or feel surrounded by, a brilliant light?
 - 0 = No
 - 1 = An unusually bright light
 - 2 = A light clearly of mystical or other-worldly origin
9. Were your senses more vivid than usual?
 - 0 = No
 - 1 = More vivid than usual
 - 2 = Incredibly more vivid
10. Did you seem to be aware of things going on elsewhere, as if by extrasensory perception (ESP)?
 - 0 = No
 - 1 = Yes, but the facts have not been checked out
 - 2 = Yes, and the facts have been checked out
11. Did scenes from the future come to you?
 - 0 = No
 - 1 = Scenes from my personal future
 - 2 = Scenes from the world's future
12. Did you feel separated from your body?
 - 0 = No
 - 1 = I lost awareness of my body
 - 2 = I clearly left my body and existed outside it
13. Did you seem to enter some other, unearthly world?
 - 0 = No
 - 1 = Some unfamiliar and strange place
 - 2 = A clearly mystical or unearthly realm
14. Did you seem to encounter a mystical being or presence, or hear an unidentifiable voice?
 - 0 = No
 - 1 = I heard a voice I could not identify
 - 2 = I encountered a definite being, or a voice clearly of mystical or unearthly origin
15. Did you see deceased or religious spirits?
 - 0 = No
 - 1 = I sensed their presence
 - 2 = I actually saw them
16. Did you come to a border or point of no return?
 - 0 = No
 - 1 = I came to a definite conscious decision to «return» to life
 - 2 = I came to a barrier that I was not permitted to cross; or was «sent back» against my will.

NDEs (14) or if memories of the experiences change over time (15). The Greyson scale has been statistically validated (16).

The Greyson scale has been used in recent studies in the field of consciousness research and neurology (2, 17). It consists of 16 main questions with answer responses of «yes» or «no» (16). Where the answer is «yes», a response is given to one of two sub-questions, which are given a score of one or two points based on the intensity of the experience.

Norwegian translation of the Greyson scale

The translation of instruments written in English into another language for use in another culture can present challenges, and it is therefore recommended that the translation procedure be documented carefully (18). By agreement with the author of the instrument, Bruce Greyson, we have collaborated on a Norwegian translation of the scale, the revised English version of which is presented here (Box 1).

The Greyson scale was translated in accordance with the translation protocol of the World Health Organization Quality of Life Group Assessment (1), which includes a forward translation, expert panel, back-translation and testing of the final version. It was translated into Norwegian by the first author and then submitted to the expert panel.

The members of the panel had Norwegian as their mother tongue, spoke fluent English and were familiar with the terminology associated with spirituality and out-of-body experiences. They had expertise in theology, psychology of religion, and intensive care nursing. Persons with other medical expertise also participated in the process. Agreement was reached on a version that was sent to two independent translators, who then translated it back into English. The versions were subsequently sent to the author of the scale for review. It should be noted that the Norwegian translation has been pre-tested (unpublished data), but that

it has not been validated for Norwegian settings.

We hope that this article can help patients with near-death experiences to be offered counselling and follow-up.

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References

1. The World Health Organization Quality of Life assessment (WHOQOL): position paper from the

World Health Organization. *Soc Sci Med* 1995; 41: 1403–9.

2. Facco E, Agrillo C, Greyson B. Epistemological implications of near-death experiences and other non-ordinary mental expressions: Moving beyond the concept of altered state of consciousness. *Med Hypotheses* 2015; 85: 85–93.
3. Parnia S, Spearpoint K, de Vos G et al. AWARE-AWAreness during REsuscitation-a prospective study. *Resuscitation* 2014; 85: 1799–805.
4. Lai CF, Kao TW, Wu MS et al. Impact of near-death experiences on dialysis patients: a multicenter collaborative study. *Am J Kidney Dis* 2007; 50: 124–32, 132.e1–2.
5. Alexander E. *Himmelen finnes: en nevrokirurgs fascinerende reise inn i døden og tilbake*. Oslo: Cappelen Damm, 2013.
6. van Lommel P. Near-death experiences: the experience of the self as real and not as an illusion. *Ann N Y Acad Sci* 2011; 1234: 19–28.
7. Greyson B, Bush NE. Distressing near-death experiences. *Psychiatry* 1992; 55: 95–110.
8. Wilde DJ, Murray CD. The evolving self: finding meaning in near-death experiences using Interpretative Phenomenological Analysis. *Ment Health Relig Cult* 2009; 12: 223–39.
9. Storli SL. *Living with experiences and memories from being in intensive care: a lifeworld perspective*. Tromsø: Det medisinske fakultet, Universitetet i Tromsø, 2007.
10. Lee SA, Feudo A, Gibbons JA. Grief among near-death experiencers: pathways through religion and meaning. *Ment Health Relig Cult* 2014; 17: 877–85.
11. Khanna S, Greyson B. Near-Death Experiences and Posttraumatic Growth. *J Nerv Ment Dis* 2015; 203: 749–55.
12. Charland-Verville V, Jourdan JP, Thonnard M et al. Near-death experiences in non-life-threatening events and coma of different etiologies. *Front Hum Neurosci* 2014; 8: 203.
13. Greyson B. The near-death experience as a focus of clinical attention. *J Nerv Ment Dis* 1997; 185: 327–34.
14. Greyson B. «False positive» claims of near-death experiences and «false negative» denials of near-death experiences. *Death Stud* 2005; 29: 145–55.
15. Greyson B. Consistency of near-death experience accounts over two decades: are reports embellished over time? *Resuscitation* 2007; 73: 407–11.
16. Lange R, Greyson B, Houran J. A Rasch scaling validation of a 'core' near-death experience. *Br J Psychol* 2004; 95: 161–77.
17. Charland-Verville V, Lugo Z, Jourdan J-P et al. Near-Death Experiences in patients with locked-in syndrome: Not always a blissful journey. *Conscious Cogn* 2015; 34: 28–32.
18. pilker B. *Quality of life and pharmacoeconomics in clinical trials*. 2. utg. Philadelphia, PA: Lippincott-Raven, 1996.

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