A Near-Death Experience in a 7-Year-Old Child

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• **Near-death experiences occurring to persons who have survived near-terminal events, such as cardiac arrests or profound comas, have been widely reported in the lay literature; however, there is little documentation of such events in the medical literature. These experiences generally have a consistent core of euphoric affect, an out-of-the-body state, encountering a being of light, meeting others (especially dead relatives), and going from a dark tunnel to a world of light. This core remains consistently present despite wide variations in the religious or cultural background of the person. Such an event occurred to a 7-year-old near-drowning victim. Pediatricians should be alerted to the potential need for counseling in children who have survived near-fatal events.**

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In recent years, there have been startling and often sensationalistic accounts of near-death experiences occurring to survivors of cardiac arrests, profound comas, and severe trauma. These reports have been widely publicized in the lay media; however, there are few well-documented cases in the medical literature and, to my knowledge, none in the pediatric literature. As trauma is the number one cause of death in the pediatric age group in the Western world,[1] it is reasonable to assume that near-death experiences will begin to be reported in children, or that such experiences have occurred and have been unrecognized as such.

The purpose of this article is to describe a near-death experience in a 7-year-old near-drowning victim and to review briefly the known medical literature of such experiences. It is hoped that with greater physician awareness of these potentially traumatic and confusing experiences, the need for counseling for survivors of near-death events can be identified. Further well-documented descriptions of such experiences will help to increase society's understanding of this poorly understood yet fascinating phenomenon.

REPORT OF A CASE

A 7-year-old girl was in her usual state of excellent health until she had an unwitnessed warm, freshwater near-drowning in a community swimming pool. A physician was fortuitously present and found her comatose with fixed and dilated pupils. At the scene, she was intubated, cardiopulmonary resuscitation (CPR) was started, and sodium bicarbonate was given.

The patient was first seen by me at the emergency room of a nearby hospital where she initially had spontaneous respirations, pupils midpoint and reactive to light, and intact brain-stem reflexes. She had no spontaneous movements, no response to commands, and decerebrate posturing in response to pain (Glasgow coma score, 5). After a computed tomographic scan of the head ruled out intracranial trauma, she was paralyzed and mechanically ventilated. Massive pulmonary edema and adult respiratory distress syndrome rapidly developed. An arterial pH was 6.9, 30 minutes after CPR had been started and 70 mEq of sodium bicarbonate had been given. She became extremely difficult to ventilate because of pulmonary edema, and for the first four hours of her course, her P_{O_2} was never greater than 40 mm Hg. She was quickly transported to Primary Children's Hospital in Salt Lake City where she required mechanical ventilation for three days. She regained consciousness on the third day, was extubated, and was discharged after one week.

Two weeks after the near-drowning event, she returned to school with apparent full recovery. A follow-up examination at the same time showed only a mild deficit in short-term memory; results of an extensive neurologic examination were otherwise normal. This short-term memory deficit completely resolved after four weeks.

When examined two weeks after her insult, to understand the circumstances surrounding her unwitnessed near-drowning better, she was asked what she remembered of the experience. She said that she only remembered "talking to the heavenly

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Father," and then she became embarrassed and would not discuss it further. The patient was scheduled for a follow-up interview one week later.

CASE FINDINGS

Medical History

The patient's birth history and early developmental milestones were entirely normal; she walked at the age of 12 months and made two-word sentences at 23 months of age. She took no medications and had had no previous hospitalizations or major trauma. She began kindergarten at the age of 5 years and was attending the second grade at the time of her near-drowning. Her growth and development were normal. Her school performance was above average.

The patient was the second of six children, aged 2 to 13 years, all living at home. Both parents were alive and well, and the family history was noncontributory for serious medical problems or psychiatric illnesses. Her siblings were all growing and developing normally. The parents were active Mormons, and the patient attended church and Bible school once a week. She was described by her parents and friends as a bright, active, and responsible child. She had a good relationship with her siblings and parents, and her home environment was stable and loving.

Follow-up Interview With Patient

Although initially apprehensive and embarrassed about discussing her experience, the patient later stated that "it feels good to talk about it." Her affect was always consistent with someone who had had an intensely personal experience. She refused to be tape-recorded and would only discuss her experiences after first drawing pictures of what she had experienced.

The patient said that the first memory she had of her near-drowning was "being in the water." She stated, "I was dead. Then I was in a tunnel. It was dark and I was scared. I couldn't walk." A woman named Elizabeth appeared, and the tunnel became bright. The woman was tall, with bright yellow hair. Together they walked to heaven. She stated that "heaven was fun. It was bright and there were lots of flowers." She said that there was a border around heaven that she could not see past. She said that she met many people, including her dead grandparents, her dead maternal aunt, and Heather and Melissa, two adults waiting to be reborn. She then met the "heavenly Father and Jesus," who asked her if she wanted to return to earth. She replied "no." Elizabeth then asked her if she wanted to see her mother. She said yes and woke up in the hospital. Finally, she claimed to remember seeing me in the emergency room, but could not supply any other details of the three-day period during which she was comatose.

The patient first discussed her experience with her mother about one week after returning from the hospital, but in vague terms. She said, "I'd like to go back there [heaven]. It was nice." Before that, nurses at Primary Children's Hospital reported that after the patient's extubation, she frequently asked for "Heather and Melissa" (the adults she had met in heaven).

Family Background

The patient was from a deeply religious Mormon background. She and her mother summarized the family's religious beliefs as follows: There is both a preexistence and a hereafter, and earth is but a stopping place. People are all children of God, and when a person dies, that person goes to heaven. There are three heavenly kingdoms, the best being the celestial kingdom, where the dead are reunited with their families and live with the heavenly Father and Jesus.

The patient's aunt had died two years before her near-drowning. At that time, she was told that she would see her aunt again, as well as all her dead relatives. Death was explained to her as "saying goodbye to people on a sailboat. We can only go to the edge and wave to them." The soul was described by her mother as "being like a glove on your hand. When you die, the glove comes off, and later in heaven you are reunited with your glove."

COMMENT

For nearly 100 years, there have been numerous case histories of persons, in previous good health, who came to the verge of death and subsequently reported near-death experiences.[2-6] However, to my knowledge, there are few, if any, published accounts of these experiences occurring in the pediatric population. The consistent elements that make up the core near-death experience include feelings of peace, entering a dark tunnel, being out of the body, encountering a being of light, seeing a world of light, entering into that world and meeting others (especially dead relatives), and reaching a border or limit.[7] At any one of these stages, there is often a decisional process that leads to a return to the body.[8] These near-death phenomena, while containing elements in common with drug-induced, mystic, or transcendental states, seem to have the previously described characteristics as a unique constellation of findings.[9] Several investigators state that these core findings remain consistent despite the religious or cultural context of the experience.[7-11]

My patient's experience precisely fits the prototype near-death experience. Although many of the elements of her experience neatly coincide with her religious training, eg, the hereafter, meeting with Jesus, meeting dead relatives and people waiting to be born, it is consistent with the prototype near-death experience in ways that cannot be explained by her religious background. She went through a dark tunnel to heaven. Heaven had a border around it. She was given the choice to return to earth. This supports Ring's postulation that religious beliefs influence the interpretation of the near-death experience, but do not alter the core experience.[8]

It is postulated that these near-death experiences represent a defense mechanism against the fear of dying.[12-15] Rank[16] stated that these experiences are the ultimate narcissistic defense in the process of the denial of death. The findings of near-death experiences in children must conflict with this reductionistic viewpoint because of their cognitive developmental level and perception of death. In studies of children who are confronted with their own deaths, to my knowledge, this narcissistic retreat caused by the fear of death has not been described.

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The 7-year-old child has an understanding that death is a loss, and the child has the cognitive capacity to grieve. These children frequently go through the same stages of recognizing their own death that adults have, including denial, depression, bargaining, and acceptance. However, their anxiety about death is usually focused on concrete concerns, not on an abstract perception of death.[17-20] Furthermore, to explain near-death experiences as "assorted defenses and rationalizations aimed at warding off the anxiety originating from the breakdown of the body"[13] does not explain how so many persons, including children, can describe the identical core near-death experience despite wide differences in religious beliefs and cultural background.

Other explanations of near-death experiences include the hypothesis that they are caused by chemical alterations in the brain secondary to anoxia at the point of near-death. This is supported by studies in terminal cancer patients who were given LSD and subsequently reported near-death experiences.[21] It has been postulated that LSD interferes with the transfer of oxygen on the enzymatic level.[22] Grof and Halifax[21] further state that it is common for primitive peoples to induce mystical experiences through self-induced anoxia, and that breathing a mixture of 70% oxygen and 30% carbon dioxide can induce the entire range of LSD phenomena, including near-death experiences. This physiologic explanation does not explain the consistent core near-death experience previously described; however, it may be that these experiences are the physiologic equivalent of a Jungian archetype.

Near-death experiences have also been described as memories of the birth experience, a racial archetype of death that preexists in the unconscious, or a dissociative reaction to the stress of dying. Not one of these explanations is particularly satisfying.[7]

CONCLUSION

The patient in the present study had a near-death experience consistent with the typical kind that has been reported among adults in the medical literature. Her experience contains many elements in common with the prototype near-death experience that differ from her religious training, including the dark tunnel, the border around heaven, and the choice to return to earth.

The purpose of this case study is to make pediatricians aware that near-death experiences can occur in children, as well as adults. As this phenomenon has been widely described in the news media, in an often sensationalistic manner, there exists the potential for children who have such experiences to feel conflicting and confusing emotions concerning the meaning of such experiences, and they may be exposed to conflicting messages from adults concerning the significance of such experiences. The pediatrician should be aware that children who suffer near-death events may experience a unique near-death experience and may benefit from counseling concerning such experiences. Finally, because of the developmental stages that children undergo with regard to their understanding of death, further descriptions of such experiences will help add to our understanding of these, as yet, unsatisfactorily explained phenomena.

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