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OUR TINIEST NEAR-DEATH EXPERIENCERS: STARTLING EVIDENCE SUGGESTIVE OF A BRAIN SHIFT

Paper Presented at the International Conference on Near-Death States, Honolulu, Hawaii,
by the International Association For Near-Death Studies (IANDS). 1-10-03

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Anyone at any age can have a near-death experience. That includes tiny ones still in the womb, babes being born, infants, and toddlers. Once they are verbal, our smallest experiencers do their best to convey what happened to them - either through speech, drawings, words on paper, or actions. How their attempts to share their story are received, determines, to a large extent, whether or not their episode has a positive influence in their life or is tucked aside, denied, or repressed. The pattern of aftereffects cannot be denied; the experience, can.

With adults and teenagers it is easier to check on the aftereffects, as before and after comparisons can be made. This cannot be done with little ones. What I did to compensate for this in my study was hold sessions with parents and relatives whenever possible (usually mothers and aunts). Men were not as accommodating, probably because in most cases child care was under the purview of the women. It was the families who verified how different their child was and how he or she seemed somehow not to fit into the family unit as did the other siblings. Nor did the child match genetic markers going back several generations. This both puzzled and concerned the families I spoke with. Only in a few cases could I link the unusual jumps I discovered regarding intelligence and abstractions, for instance, with traits already present in the family.

My career as a researcher of near-death states has now spanned 25 years. My observations are based on original fieldwork; I use police investigative techniques as my protocol. I cross-check everything I find with experiencers in at least five different parts of the country at differing times to avoid regional, cultural, and religious bias. Although most of my focus has been on adults and teenagers, I have encountered child experiencers right along - thanks to concerned parents who requested that I spend some time with their "unusual" youngster.

My work with child experiencers took on a more urgent note after sharing the stage with Melvin Morse, M.D. on the NBC television program "The Other Side" in 1994. Morse was featured for his breakthrough book, *Closer to the Light*; me for *Beyond the Light*. Several children from his study gave testimonials. He left when taping concluded, leaving me with the kids and their moms - who went on and on with a long list of

complaints - which exactly matched what I had seen throughout my many years of research. And that is: children differ markedly from adults in processing and integrating their near-death episodes. Because of this encounter, I launched an additional project, focusing on youngsters who had near-death episodes from around birth to 15 years. *Children of the New Millennium* is the result.

As a brief aside: the publishers discontinued this book last August saying "It is too advanced for today's readers." I am happy to announce that Inner Traditions just bought reprint rights and will come out with their own edition this coming fall - AND - they are allowing me to add back some of the material deleted by the previous publisher. The revamped book will be called *Children's Near-Death Experiences and the Evolution of Humankind*.

Overall, 277 child experiencers of near-death states constitute the research base I use. Of these, about half were kids when I spoke with them; the other half had reached their teen years or were adults. My racial mix was: 12% Blacks (American and Canadian), 23% Latinos (Hispanics, Argentineans, and Colombians), 5% Asians (Malaysian and Chinese), and 60% Whites (American, Canadian, French, English, and Ukrainian).

Out of 100 whom I asked to fill out a lengthy and intense questionnaire, 52 did: 44 of them had a near-death experience by their 15th birthday (the majority before the age of seven), 4 had an unusually dramatic death dream that affected their health, the remaining 4 met the profile of a child near-death experiencer yet none of them could remember undergoing any such event. Some of my statistics, then, come from the questionnaire; some from the larger group. I will declare which is which as I go along.

Of the 277 cases, the most frequent cause of death was drowning, followed by suffocation and minor surgery (such as tonsillectomies, accidents); 42% could be traced to some form of parental OR sibling abuse. The most common of the four types of near-death states experienced by those I had sessions with was the Initial Experience (76%), which consists of only a few basic elements. (Please check the charts in your packet -- look for "[The Four Types of Near-Death Experiences](#).") Regardless of brevity, the full spread of aftereffects ensued. This suggests to me that complexity is no determinant of the intensity or impact of a near-death episode. In fact, intensity alone seems to be the major factor, rather than imagery or length of scenario. (I found this also to be true with adults.)

In my earlier books, I had stated that small children never experienced the extreme range of scenario types as do adults. This project proved me wrong: 3% of child experiencers had Unpleasant and/or Hellish episodes (the youngest being only 9 days old); of the 2% who had Transcendent experiences, everyone of them had reached puberty before the event occurred.

Overall, half of the child experiencers could remember their birth. In those cases where I could check with their parents, especially the mother, what the child remembered was accurate. This is true as well with the 1/3 who had pre-birth memory. That memory, for the most part, began around 7 months in utero, the same time medical science tells us that the fetus is fully responsive to pain. And those memories were as startling to hear, as they were embarrassing and sometimes shocking for the parents.

Most of the pre-birth memories the children communicated, once verbal, were anchored around any trauma, excitement, or grief the mother experienced (and sometimes the father) during the third trimester. Certain comments that seemed important to the child were mentioned; descriptions of the environment outside the womb were more commonplace - as if the "babe-to-be" could somehow "see" through uterian walls and mother's skin. Any attempt by the mother to have an abortion became a big issue for little ones once born and communicative. A number of them confronted their mother with words like: "Why did you try to kill me while I was in your tummy?" One distraught mother told me: "I only thought about aborting my baby. I never tried it. We were so poor and we couldn't afford another mouth to feed." In this particular case, the daughter was only 2 when the confrontation occurred. No one knew about the mother's desperation, as she had said

nothing about wanting an abortion to anyone. The child had "heard" her mother's thoughts while still in the womb and was terrified by them. It was many years later before the youngster forgave her mother.

The following statistics come from the questionnaire. I mention them here only because they reflect from what I noticed in the larger study. As most of you know, I have little respect for questionnaires, no matter how scientifically they are designed and used. I relegate them to an *afterward* rechecking of observations and perspectives. With that said, here are a few percentages of interest:

Faculties enhanced, altered, or experienced in multiples	77%
Mind works differently - highly creative and inventive.	84%
Significant enhancement of intellect	68%
Mind tested at genius level (without genetic markers).	48%
Drawn to and highly proficient in math/science/history	93%
Professionally employed once grown in math/science/history	25%
Unusually gifted with languages	35%
School: Easier after experience	34%
Harder afterward or school experience blocked from memory	66%

When I speak of genius, I am referring to scores on Standard IQ Tests of between 150 and 160. It depends on which educators you speak with as to what this means. Some claim a score of 132 constitutes the beginning of genius; others claim it must be at least 140. The statistic of 48% of those filling out the questionnaire scoring 150 to 160 becomes significant once I include the larger group of 277. When I do that, the same figure of slightly less than half holds. What amazes me, though, is this additional observation.

The majority of cases in my overall study had their near-death episode under the age of 6. If I pull out this large cluster and focus only on them, the percentage testing between 150 to 160 jumps to 81%. I had another cluster: from birth to the age of 15 months. For them, the figure is 96% - unless they had a Black or Dark Light experience - then, it's 100% - *except* that, with these tiny ones, the IQ score begins at 186. Yes, I said Black or Dark Light experience. Allow me to explain.

In 25 years of research, covering over 3,000 adult and 277 child experiencers of near-death states, I discovered that there are three predominant types of light that appear to exist beyond conscious awareness and the realms of earthlife. They are: Primary Light, a colorless pulsating presence or luminosity that is usually perceived as overwhelmingly awesome, a piercing power, raw essence - as if the origin of all origins. Dark Light, pure black yet often with velvety tinges of purple, seen as a shimmering warmth, a peaceful depth, usually perceived as "The Darkness That Knows;" a source of strength and knowing, a healing sanctuary - as if the womb of creation. Bright Light, in the range of yellow-gold-white, a brilliant radiance usually perceived as an almost blinding glow that emanates unconditional love, a warm and inviting intelligence, union - as if the activity of truth. Kids are more specific than adults. They call the Primary Light, *God Light*; the Dark or Black Light, *Mother Light*; and the Bright or White Light, *Father Light*. And the children are explicit in saying that the Mother Light and the Father Light come from God's Light, hence the reference to this Light as Primary.

Many adult experiencers report being in a dark or black light, as well, and there's something very special about this Light as it heals people and seems to infuse them with wisdom. I discuss this at length in my book with the silly title, *The Complete Idiot's Guide to Near-Death Experiences*. We tend to assume that anything black or dark automatically infers negativity or hell. I can assure you there's nothing sinister about this Light. Quite the contrary. For this reason, I urge other researchers to be on the alert for such accounts, especially from children.

I found no difference between males and females overall in regards to enhanced intelligence and spatial and

mathematical abilities. I did notice, though, that the leap in math and science was accompanied by a nearly equal jump in the appreciation of and love for music. Since the regions for math and music are located next to each other in the the brain, they seem to accelerate together as if the same unit. Whether or not the child returns a beneficiary of such enhancements, almost all of them come back highly psychic, innovative, and with the ability to be creative problem solvers. (Refer to the chart on "[Faculty Extensions](#)" in your packet for the spread of psychic abilities I have observed throughout, regardless of age.)

Another observation: after a near-death experience, a child's learning ability tends to reverse. Instead of continuing along with the normal development curve, from concrete (details) to abstract (concepts), a child experiencer usually returns immersed in broad conceptual reasoning styles and has to learn how to go from abstract back to concrete. The most oft repeated comment was: "I felt like an adult in a child's body." And they did indeed appear more mature, wiser. To get a glimmer of why little ones might be more impacted by a near-death experience than an older teenager or adult, let's focus for a moment on a few facts from medical science. We know now that from birth to about 15 months of age is when the actual wiring of the brain is determined and synapse formation increases 20-fold. An infant's brain during this early stage of development utilizes twice the energy of an adult brain. We also know that between the ages of 3 and 5, the temporal lobes develop. This is the time when the average child spends more time in the future than in the present, exploring and experimenting with possibilities, future roles, and the continuity of environment. Most child-development specialists call this timeframe "the birth of the imagination."

Age Clusters and Correlations

CHILDREN AND YOUNG ADULTS:

* Birth to 15 months

When the actual wiring of the brain is determined and synapse formation increases 20-fold; utilizes twice the energy of an adult brain.

* 3 to 5 years

Time of temporal lobe development; explore and experiment with possible roles, future patterns, and continuity of environment.

* 10 to 14 years

Time of puberty; hormone fluctuations, sexuality questioned, identity crisis.

MATURE ADULTS:

* 27 to 32 years

Cross-over time between adherence to values of friends, family, and the pressures of the workplace – and the urge to establish self as an indepen-

dent and mature ego; social crisis.

Note: Other clusters not as tight with mature adults, but did notice slight clusterings around the ages of 39, 49, and 59. Kids data based on 1997 analysis; adults, on 1994 analysis. Asterisks with children show where the largest clusters were with the near-death research I conducted; same is true with adults. Strongest evidence for genius with experiencers was from birth to 15 months. Most alien, fairy, and monster sightings with typical children usually occur between 3 to 5 years of age (same timeframe for most NDE reports from kids).

*This chart appears in several books, among them *Children of the New Millennium* (Three Rivers Press, NYC 1999), *The New Children and Near-Death Experiencers* (Bear & Company 2003), and *Children's Near-Death Experiences and the Evolution of Humankind* (Inner Traditions, Rochester, VT 2003).*

An interesting correlation can be made to the observations I have addressed thus far, and it comes from the clinical research of Linda Silverman, Ph.D., one of the foremost experts on giftedness in the United States, and a specialist with children. She telephoned me after reading *Children of the New Millennium* (Replaced by *The New Children and Near-Death Experiencers* (Bear & Company 2003)) and said, "Your work verifies mine and my work verifies yours." She went on to state that about 80% of the children she had studied who had IQ scores over 160, had experienced serious birth trauma and had gone on to exhibit all the aftereffects of a near-death experience. . . as if they, too, had had such an episode. The fact that so few remembered any such thing as they matured also fit my research, as I discovered that kids were 6 times more likely than adults to repress their experience.

What I noticed with child experiencers underscores a previous claim I have made, and that is: the near-death experience appears to cause a change in brain structure, chemistry, and function. When you bring together my work with both adults and children, with both near-death states and their pattern of physiological and psychological aftereffects, you have more than enough evidence suggestive of what I call "a brain shift." Research done in the past 5 years using brain scans to track what can alter brain structure, more than backs up what I suggest. The near-death phenomenon is no simple dream nor is it just another "otherworldly journey." It has aftereffects, and they are extensive.

My finding that it takes a minimum of 7 years to integrate the aftereffects was affirmed in the clinical, prospective study conducted by Dutch cardiologist Pim van Lommel and associates, published in *Lancet Medical Journal*, December 15, 2001. This is significant, as it clarifies what I have been saying for 25 years - that the near-death phenomenon must be more than a change in consciousness. It may in fact be more akin to a "power punch" - considering the spread and impact of its effect. Examine the final chart you have, entitled "[Brain Shift: Phases of Integration Most Experiencers Go Through](#)." The four phases of integration I describe apply to both adult and child experiencers.

Briefly, the first three years after the episode, or Phase One, the individual tends to be detached, loving, psychic, and disoriented. In the four years following or Phase Two, experiencers open up more to family, jobs, and significant relationships with others. By Phase Three, the 7th year and afterward, most individuals are grounded, dedicated, more practical, self-confident and self-aware. What catches experiencers unawares is Phase Four, which usually occurs between the 12th to 20th year (your chart will say 15th year - but with

many it can take longer than that). During this latter stage there are often changes in mood and hormonal levels. The individual finds him or herself reassessing and reevaluating gains and losses because of what they went through, as if "grieving" (for their death). Most feel called upon to make further life adjustments because of this; new depths can emerge.

At the bottom of the chart is a stark reminder that near-death experiences can sometimes confuse more than clarify. You will notice that in my study of child experiencers, 1/3 had serious problems with alcohol during Phase Two (challenges with socialization and communication seemed to be the cause). However, in Phase Four, 21% attempted suicide – not because their life was difficult but because they wanted to go back to The Other Side. To understand this, you need to understand the reasoning of children. They were in the bright, loving world of spirit when not breathing. When they started to breathe again, that world disappeared. The logic of a child reasons that breath must cease in order to go back. They do not think in terms of consequences, or that suicide is necessarily harmful. To them, stopping their breath is simply a way back. Nothing more. Few realize or are taught that through meditation or by learning visualization techniques, they can go back and forth at will without putting their lives at risk.

I do not have time in this short talk to discuss the many differences between how children integrate their near-death experiences versus how adults do. But I will say this: precious few, once they reached teen or adult years, received any help from professional therapists. This is not true with adult experiencers.

I submit the following as perhaps the reason why.

Children, especially our tiniest experiencers, imprint to otherworldly imagery and behavior rather than, or, in addition to earthplane involvements. Thus, their temporal lobes, as they form, build "libraries" of shape, form, sound, smell, and taste to accommodate models family and friends cannot account for and psychologists have no training in how to interpret. These models are augmented by sensory input and intuitive knowing to the extent that the child can seem wise beyond his or her years when, in fact, the child is simply responding to what feels natural. With this in mind, here is a summary of the differences I have seen between how adult and child experiencers handle the aftereffects of near-death states:

ADULTS - deal with changes afterward, and the necessity of finding new reference points. They are challenged to redefine themselves and the living of life from another perspective. Before and after comparisons are made.

CHILDREN – deal with the strangeness that what they encounter around them, does not match what they know. They are challenged to recognize the source of their differentness and accept the credibility and value of what they have gained. What happened to them is all they know. Adults integrate.

Children compensate - - *they imprint to otherworlds.*

Contrary to my work with adult experiencers and the 7 years I found that it took most of them to integrate their episode, I noticed that the average child experiencer took 20 to 30 years to integrate theirs. This is not necessarily a gloomy thing. After all, compensating is the major way children have of adjusting to the changing conditions in their lives that are beyond their ability to comprehend at the time. A child is perfectly capable of balancing two differing worldviews if they have supportive and loving parents who are as good a listener as they are at creating boundaries with an invisible "fence" around them, so their son or daughter can explore and experiment without ridicule or feeling "foreign."

Here are some tips for parents and therapists: Inspire the child experiencer to create a book about what happened, no matter how old the child experiencer has become. Aafke Holm-Oosterhof in the Netherlands

did this, and said the project enabled her to finally accept and make peace with her experience. She was 8 _ when it occurred; 40 years older after she completed her book. (Show Aafke's book.) Suggest using some form of symbolic art to interpret the experience. With kids, have them act it out on stage or with puppets. Use pretend microphones. Or, record the story on audio and/or video cassettes. Sand trays or dioramas are also helpful to recreate otherworldly scenes. Encourage parents to make notations in a journal, and to keep doing it until the child is grown - then give the journal to the child. It will be an invaluable asset to the integration process and could considerably shorten the time it takes. Emphasize touch-related activities such as gardening, food crafts, using a potter's wheel, cloth sculpture, playing with and taking care of pets. Touchy things help to ground the child in the earthplane and bring meaning to life as it is lived. Visualization techniques are a must for the child to learn, as well as some kind of focusing. Most near-death kids are quite active and find it difficult to take naps or curb their curiosity. Sugar intake and nutrition levels should be monitored. Child experiencers, even in grade school, are perfect candidates for the study of philosophy, of morals and integrity, especially using the Socrates' model: asking questions that inspire deep, probing responses. Sometimes they are better at drawing what they think or scripting a play that expresses their feelings. Be careful of prolonged exposure to bright light. Many experiencers are light sensitive, AND, sound sensitive. Loud music/sounds can be painful to them. They also tend to be sensitive to pharmaceuticals. Cautions are discussed in *The Idiot's book* and *Children of the New Millennium (Children's Near-Death Experiences and the Evolution of Humankind---Inner Traditions, 2003)* and *The New Children and Near-Death Experiencers* (Bear & Company 2003).

To understand children's cases, we must keep in mind that any kid is tuned to different harmonics than adults. Concepts of life and death leave them with puzzled faces. "I don't end or begin anywhere," a youngster once told me. "I just reach out and catch the next wave that goes by and hop a ride. That's how I got here."

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