Adjustment and the Near-Death Experience: A Conceptual and Therapeutic Model

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ABSTRACT: Most mental health practitioners, and counseling psychologists in particular, possess skills for helping near-death experiencers. What is needed is a conceptual framework that is both familiar to practitioners and highly relevant to that client group. Cross-cultural counseling in general, and the consideration of world views more specifically, are suggested. Using that framework, the world view assimilated during the near-death experience (NDE) is viewed as being in contrast to that of the "old self," significant others, and the majority culture. The difficulties reported by NDErs are considered analogous to those associated with culture shock. The world views of the practitioner, NDEr, and relevant others should be taken into account in the formulation of psychoeducational and therapeutic interventions.

The specific question being considered in this essay is: in what ways can counseling psychologists aid near-death experiencers (NDErs) in adjusting to the experience and its aftereffects? While the focus is on the particular skills and orientations of counseling psychologists, it is hoped that the model to be presented will prove useful to a wide variety of practitioners working in medical and other health-care settings. Each aspect of the question will be considered separately, with all relevant terms defined. The final section will suggest a paradigm from which to view the particular adjustment problems of the NDEr, and from which to draw appropriate intervention strategies.

A major premise of this paper is that most mental health practitioners, and counseling psychologists in particular, should already posses the...
requisite skills for aiding this population; what is needed is a concept-
tual framework that is, or should be, both familiar to the practitioner 
and highly relevant to the client group. Such a paradigm can be provided 
by the literature on cross-cultural counseling.

Counseling Psychology as an Applied Discipline

The historical roots of counseling psychology can be traced, in part, 
through the mental hygiene movement of the early twentieth century. 
While this, in and of itself, is not a particularly exclusive distinction, 
it has been counseling, more than other branches of psychology, that 
derived its heritage from nonmedical and nonpsychoanalytic traditions 
(Whiteley, 1984). Initially through the vocational guidance movement, 
and later via the client-centered approach of Carl Rogers, counseling 
psychology developed as a discipline concerned with life-stage issues of 
subjective import to its client population. Historically, its focus has been 
developmental, and remediation has been approached largely through 
a psychoeducational model. The American Psychological Association 
(1981) refers to services by counseling psychologists as those for "facilitat-
ing effective functioning during the life span developmental process . . . 
with a significant emphasis on positive aspects of growth and adjust-
ment and with a developmental orientation" (p. 654).

With some significant omissions, the above description captures the 
essential spirit of counseling psychology as an applied discipline. While 
it may seem that what has been presented is a thinly veiled example 
of professional chauvinism, it is important to recall, first, that many 
of the specifics of orientation and technique are not unique to counsel-
ing psychologists, and, second, that the conceptual framework as it has 
been outlined thus far allows for an easy inclusion of the near-death 
experiencer as an appropriate client, if one is willing to consider an 
encounter with death as a life stage.

For reasons that should become clearer in the following sections, it 
is particularly important that interventions designed for the NDEr be 
generated from a paradigm primarily concerned with adjustment issues 
of people in general, as opposed to those primarily concerned with atyp-
ical response patterns. A framework derived from nonmedical and non-
psychoanalytic traditions should not only be more appropriate to this 
client group, but could also free the practitioner from many of the in-
herent biases of orientations more accustomed to the diagnosis of dis-
ease and psychological pathology.

The historical legacy of counseling psychology has called for the pro-