

Rebirth: Near-Death Experiences (NDE) in Iranian Muslim Patients: An Interpretive Phenomenological Study

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Abstract

Background: Death is one of the undeniable parts of the life of all human beings and there is little knowledge about this stage of life.

Aim: This research was conducted with aim to explain the near-death experiences (NDE) of Iranian Muslim patients.

Method: In this hermeneutic phenomenological study, 10 television interviews from the documentary "Zendegi Pas Az Zendegi" were analyzed. The presence of these individuals in the documentary was purposeful and the subject matter was to mention the experiences of individuals who had NDE that were conducted in person. The interviews were transcribed and analyzed by the researcher. The data were analyzed based on the Van Manen approach. Analysis of subsequent interviews continued until data saturation.

Results: The main theme of NDE was "rebirth," which included four subthemes: support for preparing for a difficult death, soul journey, transformation in insight, and life after the experience.

Implications for Practice: Explaining NDEs in evidence-based care plays an important role in improving the quality of clinical care, strengthening the therapeutic relationship with patients, and integrating psycho-spiritual dimensions into the treatment process.

Keywords: Lived Experiences, Near-Death Experiences, Patients, Phenomenological Study

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Introduction

Death is the most inevitable reality of human life and has always been faced as an unchangeable phenomenon, so thinking about death is an integral part of human life. Humans have always tried to find ways to increase their lifespan, but despite remarkable advancements in scientific and technological fields, most people see death as the end of their joys and happiness; while death is not an external phenomenon, it is one of the laws of human life (1). There is limited information available about death, but one of the rare examples of experiences related to facing death and the resulting inner transformations occurs in individuals who have been on the verge of death or have experienced clinical death and returned to life, or individuals who have truly died, but have been able to describe their experiences in their final moments. The term "near-death experience" was first expressed in 1975 by Dr. Raymond Moody in English. In his book, "Life After Life," he describes numerous examples of these experiences and highlights their similarities and differences (2). Greyson defines NDE as "profound psychological events with transcendental and mystical elements that usually occur to individuals who are near death or in severe physical or emotional distress" (3). Holden also defines NDE as "transcendental and spiritual memories reported by individuals who have been on the brink of death" (4). However, there is still no clear global definition of this phenomenon.

Today, with medical advancements in critical care, more patients survive in the intensive care unit (ICU), and more reports on NDE have been published from various parts of the world in the past few decades. Rossiou and colleagues in their prospective study demonstrated that 15% of patients discharged from the ICU, regardless of the critical illness they had experienced, reported NDE (5). According to the research conducted worldwide, people from every walk of life, different cultures, and various religious denominations have described relatively similar experiences as follows: It is not possible to fully describe these experiences; a deep sense of tranquility; out-of-body experiences (OBEs); the separation of the soul from the body and the observation of the body by the soul; a disruption in one's sense of self with partial or complete loss of natural coordination between oneself, the body, and the environment (6); hearing the voices of doctors, nurses, and other individuals while being unable to physically interact (materially) with them; witnessing a tunnel leading to a gateway and seeing a bright light; observing deceased individuals; hearing sounds that have not yet occurred at the time of one's death; a change in perspective on life that is usually accompanied by a not fear of death (7).

Some have attempted to provide a natural explanation for near-death experiences, attributing them to brain activity, hallucinations, or the use of certain drugs. Susan Blackmore believes that the similarities in the characteristics of these experiences can be easily explained by bodily intervention, particularly the brain, therefore, she believes that the similarity of these perceptual experiences is solely due to similar brain activities, and their reality cannot be proven through external evidence (8). Most studies have shown that consciousness, identity, memory, and perception can remain active even when the body is non-functional, however, these parameters must be caused by a factor or factors. If the body is not the factor, then there must be a factor other than the body. This can be a strong argument for the claim that the soul is something beyond the body and a compelling reason for the existence of life after death.

Regardless of the elements and components that NDE may contain, they bring about profound and lasting individual, spiritual, social, and physical changes for the experiencing individual, which will be followed by serious and significant challenges. Among these challenges is how to process, analyze, and cope with these profound and enduring changes (9). Many studies have found the near-death experience to be pleasant, with positive emotions, and about 14% describe the experience as a nightmare (10-13). Considering that nurses are responsible for the care of patients facing death, and one of the expectations that patients have from nurses is to pass this stage of life (14), identifying NDE of patients can help identify the concept of death and lead to the development of nursing science. Additionally, end-of-life care education can help alleviate the pain and suffering of patients during this stage (15). In addition, explaining these experiences in several ways improves evidence-based care, strengthening patient-centered care (16), improving psychological outcomes (11), developing clinical protocols (17), providing evidence for future research (18), and ethical and cultural challenges (19).

NDErs often speak of a sense of rebirth or "rebirth" after returning to life (20). Many reports feeling fundamentally transformed after experiencing light, profound peace, or encounters with spiritual

beings (21). These individuals typically have less fear of death and move on life with greater gratitude and meaning, as if their souls have been cleansed and reborn. These experiences are sometimes so powerful that they change a person's beliefs and values forever (22). To date, no research has been conducted to explore the experiences of patients near death from their perspective, and the existing studies on NDE in Iranian patients have focused on the perspectives of families and healthcare providers, which cannot substitute for the experiences of patients themselves, who are key informants. Therefore, the preset study was conducted with aim to elucidate the NDE of Iranian Muslim patients.

Methods

A hermeneutic phenomenological approach was used to analyze and interpret the descriptions of the NDE in Iranian Muslim patients. Specifically, van Manen's descriptions (23) of the four life worlds were used to structure the meanings of the experiences, namely: corporeality, rationality, spatiality and temporality. The phenomenological approach (phenomenology of subjective experiences) is best suited to the study of NDE because they are personal, interpretable, and not objectively measurable. Rather than a scientific or religious explanation, this approach focuses on the precise description of the individual's experience, helping the researcher understand common patterns without limiting assumptions. In order to discover the NDE of patients, we used the analysis of the television documentary "Zendegi pas az Zendegi" that was broadcasted on Channel 3 of the Islamic Republic of Iran. Before the participation of the experimenters in the television interview, a written consent form for broadcasting the documentary and conducting research activities was prepared from their statements by the host director. The inclusion criteria to enter this documentary were having a near-death experience and being physically and mentally healthy to participate in this television documentary. The exclusion criteria were the occurrence of conditions that prevented the interview from continuing, such as participant aggression. First, the interviews that were richer were presented to the researcher by the presenter and the researcher began to analyze them. The participants were patients who had a near-death experience due to reasons such as accidents, heart attacks, falls from heights, etc.

In this study, 10 interviews were recorded and analyzed, and data saturation was confirmed when no new codes were entered into the analysis. The interview was conducted by the presenter of this television documentary, who was also one of the researchers present in this study. The participants were invited in this TV program with the previous arrangement, and permission to broadcast the video and interview through TV was taken from the participants. The presenter conducted the interview by asking semi-structural questions such as "Please tell us what happened?", "How did you feel?", "What did you see there?", "How did your life change after that experience?" The patient's response was also asked. Probing questions were also asked depending on the participant's response. All participants spoke Persian and each interview lasted 52 to 88 minutes.

Van Manen's approach was used to analysis and interpret the data (24). The steps of the Van Manen method in this study were as follows: First, 10 Iranian Muslim patients with NDE were selected using purposive sampling. Then, data were collected through in-depth semi-structured interviews (52 to 88 minutes). In the analysis phase, key statements were extracted and coded using Van Manen's hermeneutic approach. Finally, main themes (rebirth) and subthemes (soul journey and transformation in insight) were identified and validated through repeated reflections by the researchers using MAXQDA software. This process included peer review and verification by external observers to increase the validity of the findings.

Lincoln & Guba's criteria (25) were used to establish the trustworthiness of this study. These criteria are credibility, transferability, dependability and conformability. The credibility of the research was approved by prolonged engagement. In fact, the presenter of this TV show, who played the role of an interviewer, had 4 years of experience directing this documentary and had a relationship with the participants. The analyst of these interviews also had a history of research in the field of end-of-life care and was closely familiar with these concepts. As a result, the production and broadcasting of this TV program is 4 years and providing the ground for trust and an appropriate atmosphere for in-depth interviews. Member checking was also carried out. Therefore, some parts of the texts together with the related codes and categories were sent to some supervisors to give their opinions about the process of data analysis. In order to ensure appropriateness, the results were given to some participant who had not taken part in the research and they were requested to confirm the appropriateness of the

findings. Furthermore, sampling with maximum variation was used to ensure the transferability of the results. Finally, in order to determine conformability, the research processes were accurately recorded and reported, providing the ground for further follow-up. Data analysis was done by the presenter of the TV documentary in Venice, the presenter responsible for this research project, and the high correlation coefficient of 0.9 was confirmed.

Ethical Consideration

This article was extracted from a research proposal, which was approved by Vice-chancellor for Research and Technology of Dezful University of Medical Sciences (ethics code: IR.DUMS.REC.1402.035). Before the participation of the experimenters in the television interview, a written consent form for broadcasting the documentary and conducting research activities was prepared from their statements by the host director.

Results

The study included 10 participants (6 males and 4 females). The highest level of education was a diploma (40%), and the majority resided in urban areas (70%). The mean age of participants was 41 years. Among the 10 events that led to NDE were accidents (30%), heart attacks (20%), diseases (20%), and 10% each case of falling, drowning, and drug overdose (Table 1).

Table 1: Socio-demographic characteristics of participants

Number	Age	Gender	Race	Location	Education	The event leading to near-death experience
1	35	Male	Lur	Village	Diploma	Accident
2	35	Male	Kurdish	Village	Bachelor's degree	Getting malaria
3	54	Female	Turkish	City	Bachelor's degree	Heart attack
4	55	Male	Fars	City	Bachelor's degree	Plane Crash
5	28	Male	Fars	City	Master's degree	Accident
6	40	Female	Fars	Village	Diploma	Neurological disease
7	65	Female	Fars	City	Diploma	Heart attack
8	20	Male	Turkish	City	Diploma	Accident
9	37	Male	Fars	City	High school	Drug overdose
10	39	Female	Fars	City	Master's degree	Drowning

The main theme of NDE in Iranian Muslim patients was rebirth, which included four themes that included: "support for preparing for a difficult death", "journey of the soul", "transformation in insight", and "life after the near-death experience". In total, 822 codes were extracted from the interview analysis, and after removing duplicates, 454 codes remained, which were placed in 21 sub-themes, 4 themes, and 1 main theme (Table 2).

Support for preparing for a difficult death

This theme included 10 sub-themes of physical symptoms, striving for tranquility, and fear at the time of death, anguish of the soul from the mourning of loved ones, angelic support, soul awareness of revival, loss of physical beauty, soul's empathy for the body, effects of worldly performance on soul tranquility, and soul's attachment to life.

• Physical Symptoms

Most participants experienced symptoms such as chest pain, limb pain, pain disseminating during the return of the soul to the body, tinnitus in the ears, loss of speech, sweating, open eyes and mouth, immobility, and body coldness during the separation of the soul from the body and symptoms such as a heavy sensation, electric shocks, shortness of breath, and a sense of trembling during the return of the soul to the body.

"...I felt a tinnitus in my ears and realized that I couldn't speak anymore, at one point, I felt detached from my body." (Participant No. 2)

• Seeking Peace

Most participants found peace by calling the mother, reciting the Shahada (Islamic declaration of faith), and uttering blessed names during the separation of the soul from the body, and peace of the soul by reading Quranic verses.

"...I used to call out the name of the Majesty God." (Participant No. 5)

- ***Fear at the time of death***

Most participants expressed feelings of terror during the separation of the soul from the body, excitement, and a sense of weariness before the near-death experience.

"...I was very weariness before my soul separated from my body." (Participant No. 3)

- ***Agony of the soul from the grief of loved ones***

Most participants experienced discomfort due to the anxiety of those around them about the experiencer's death, concern about the future of their family in case of their death, sadness due to their mother's grief over their death, worry about their father and mother seeing their body, witnessing the difficult situation of their spouse in the future, empathy and sympathy of the soul with their spouse, and regret for dying due to seeing the fate of their spouse.

"...In a future moment, I saw my father and mother hunched over in grief, and my mother had aged 20 years, I became very upset by the occurrence of my death." (Participant No. 8)

- ***Support of the Guardian Angel***

Most participants were afraid of approaching the guardian angel, attempted to calm the soul with the help of the guardian angel, accompanied the soul with the guardian angel at life stations, and experienced cleaning the wounds of the experiencer by the guardian angel.

"...The guardian angel took my hand and showed me significant events of my life from childhood to the future, and it gave me peace." (Participant No. 5)

"...As we moved forward, we would stop at stations with the angel, and he would show me important events in my life that had happened to me." (Participant No. 9)

- ***The soul's awareness of the occurrence of resuscitation***

Some participants expressed gratitude to the healthcare providers for their comfort, despite experiencing clinical death, they were amazed by witnessing the resuscitation team's efforts to bring them back to life.

"...I saw the resuscitation team continue their efforts to revive me, and my doctor's forehead was covered in sweat. I told them not to worry because I was alive." (Participant No. 3)

- ***Loss of body beauty***

Some participants experienced distress upon seeing their frail and sickly appearance, being sad about seeing the body, and seeing themselves in the ugliest possible state during the near-death experience.

"...Before the incident, I valued beauty a lot, and it was important for me, but when I looked at myself at the accident scene, I had a very ugly face." (Participant No. 8)

- ***Empathy of the soul from the body***

Some participants described the soul's compassion for the body, the soul's crying for the body during a near-death experience.

"...When I saw my body in that weak and helpless state, my soul cried for it." (Participant No. 8)

- ***Effects of worldly performance on soul's peace***

Most participants experienced shame for their inappropriate worldly behavior, regretted their wrongdoings in life, felt disgusted at the prospect of death due to their nature, believed that the manner of their death aligned with their life patterns, and feared bad deeds done before death.

"...When the guardian angel showed us our past actions, I truly felt ashamed of the bad things I had done." (Participant No. 7)

- ***Soul's interest in life***

This sub-theme includes the codes related to stress entering the body by pouring money on the body, fear and anxiety about dying, attachment to the body, desire to revive oneself, efforts to maintain material possessions, and seeking divine intervention to return to worldly life.

"...When people gathered around me and poured money on my body, I suffered greatly and pleaded with God to bring me back to life." (Participant No. 8)

Journey of the Soul

This theme includes three sub-themes, "separation of the soul from the body", "a passage in the intermediate world", and "return of the soul to the body".

- ***Separation of the Soul from the Body***

Most participants, during the separation of the soul from the body, had experiences feeling such as pulled in different directions, the soul hovering between the earth and the sky, the soul hitting the ground like a whip, the soul leaving the chest, the soul descending from the body, a desire to ascend, seeing a dark entity in the house, perceiving the sense of harming the dark entity, seeing distant family members, the opening of a gateway from the house to the non-material world, and perceiving the pouring of molten substance into the mouth during separation.

"...When my soul was separating from my body, I felt like molten substance was pouring into my throat." (Participant No. 9)

- ***A Passage in the Intermediate World***

Participants in the intermediate realm reported encounters with other souls, 360-degree vision, life reviews, and transcending physical barriers. Many observed luminous landscapes—green plains, light columns, and celestial beings—while experiencing timelessness and heightened awareness. Some communicated with deceased souls, recognized them intuitively, and resisted merging back into bodily form. Visions of resurrection, Quranic verses, and angelic guardians appeared, alongside feelings of peace, detachment from materialism, and moral reckoning. Common sensations included weightlessness, rapid travel by will, and profound clarity about existence beyond physical limits.

"...When I was in the intermediate world, everything there was beautiful. Scenes of such beauty I have not seen since. Everything there was familiar to me, even those whom I had never seen before." (All participants)

- ***Return of the Soul to the Body***

Most participants in the experiences, such as the rotation of the soul around the body, the moving away of the dead soul from the soul of the experience, attempts to be present in the body, observing the body, the placement of the soul on top of the body, the sensation of the empty body being filled as the soul returns to the body, the recognition of the soul than the body, the feeling of being pulled backward accompanied by the return of vital signs, the forgetting of experiences after the return, the forgetting of experiences for the sake of peace in life again, and the astonishment at the return of the soul to the body at the time of returning to the body.

"...When I wanted to return to body, I saw another soul moving away from me, and when I returned to my body, I didn't remember anything, and after a few months, events gradually came to my mind." (Participant No. 7)

Transformation in insight

This main theme consists of five sub-themes; "acceptance of fate", "going to familiar lands", "accepting the principle of discretion", "loving death", and "the worthlessness of the mortal world".

- ***Acceptance of Fate***

All participants had experiences such as accepting the death of loved ones, believing in surrendering to fate, surrendering to death, and attempting to accept death in the first moments.

"...After that incident, I came to the belief that death is the real part of everyone's life, and we should accept it" (all participants).

- ***Going to familiar lands***

Most participants in the experiences had beliefs such as expecting the deceased to meet their loved ones, the presence of the souls of loved ones near the experiencer at the time of death, the belief in seeing the souls of loved ones after death, and the belief in dying due to Azrael or being received by other deceased.

"...I believe that at the time of death, either Azrael comes to the person, or the spirit of an acquaintance comes to welcome the person." (Participant No. 6)

- ***Accepting the principle of discretion***

Most participants held beliefs such as the belief in discretion in the quality of life, the belief in the completion of arguments for the experiencing souls to live a good life, concern about the final destination, the belief that the world is a school, and the belief that life is for attaining maturity.

"...In this experience, what I realized was that how we live is in our own hands, and despite death,

the arguments for people are completed." (Participant No. 7)

• ***Love Death***

All participants reported experiences such as a greater understanding of death after a near-death experience, lack of fear and concern for the death of loved ones, experiencing longing for death and deceased loved ones, absence of fear of death and burial, disappearance of the fear of death after a near-death experience, belief in light, love, and beauty in the non-material realm, belief in the illusion of fear of death, seeing death as the end of pain and suffering, liking the occurrence of accidents, inclination towards death after going through the experience, reluctance to return to the body, belief in death as a good place, enjoying a sense of style, being amazed by the turmoil over death, lack of happiness about the soul returning to the body, feeling the loss of possessions with the return of vital signs, feeling sadness for missing out on the opportunity of death, and having a strong interest in death.

"...When I realized, I had returned to my body, I felt like I had lost something because death was truly a pleasant feeling." (Participant No. 10)

• ***The Worthlessness of the Mortal World***

Most participants had experiences such as believing in the detachment of the soul from the body, believing in God's bestowal of talents and reclaiming them, living in the non-material realm, believing in absolute reality in the non-material world, not caring about material attachments before the incident, considering the non-material world absolute from the perspective of guardian angels, believing in the world as a dream, believing in awakening in the intermediate, believing in the relativity of the world and the certainty of the intermediate, not valuing external beauty, believing in God's bestowal of talents and reclaiming them.

"...After the near-death experience, nothing in this world has any value to me, and I consider the absolute reality to be the afterlife." (Participant No. 10)

Table 2: Sub-theme, theme, and main theme of NDE in Iranian Muslim patients

Main theme	Theme	Sub-theme
Rebirth	Support for preparing for a difficult death	Physical Symptoms
		Seeking Peace
		Fear at the time of death
		Agony of the Soul from the grief of loved ones
		Support of the Guardian Angel
		The soul's awareness of the occurrence of resuscitation
		Loss of body beauty
		Empathy of the soul from the body
		Effects of worldly performance on soul's peace
		Soul's interest in life
	Journey of the soul	Separation of the Soul from the Body
		A Passage in the Intermediate World
		Return of the Soul to the Body
	Transformation in insight	Acceptance of Fate
		Going to familiar lands
		Accepting the principle of discretion
		Love death
	Life after a near-death experience	The worthlessness of the mortal world
		Post-Incident Growth
		Depression
		Avoidance of reminiscing

Life After a Near-Death Experience

The theme of life after a near-death experience included three sub-themes; "post-incident growth", "depression", and "avoidance of reminiscence".

- ***Post-Incident Growth***

Most participants had experiences such as refraining from grieving for the death of a child, believing in the mercy of death, being content with God, adhering more to moral values, reducing concern about the death of loved ones, valuing the time after a near-death experience, improving life after a near-death experience, valuing moral values after the experience, quitting addictions after a near-death experience, and giving up stealing after a near-death experience.

"...After the incident, I quit my addiction and permanently stopped stealing behind." (Participant No. 9)

- ***Depression***

Some participants expressed a desire to be alone and a fear of darkness, as well as a heaviness in their bodies following the near-death experience.

"...After the experience I had, I'm afraid of the darkness of night and I feel a particular heaviness in my body." (Participant No. 10)

- ***Avoidance of reminiscing***

Most of the experimenters refused to express their experiences, being accused of delusion, and hatred of being judged were their reasons.

"...The only person who listened to me and did not judge me was my doctor." (Participant No. 3)

Discussion

The main theme that emerged from this research was "rebirth". Many people who have had NDE speak of feeling reborn after returning to life. The experiencers often feel that their being has been profoundly transformed, as if they have become a new person after facing death. Some lose their fear of death completely, while others continue to live with renewed passion and meaning, as if they have been spiritually cleansed (20). This transformative experience is sometimes so profound that it permanently changes the person's beliefs, values, and priorities, giving them a sense of starting over (21).

In the present study, support for a difficult death was experienced because in some experiences, dying was terrifying, and the soul was aware of this and tried to calm down, while the angel of death helped the soul. Studies have shown that NDEs are often described as a sense of the soul leaving the body, moving through a tunnel of light, or meeting spiritual beings, but in cases where the person is facing a painful death or a difficult death, the experience may be accompanied by fear, conflict, or a sense of being trapped (26, 27). Some spiritual beliefs and psychological approaches suggest that emotional support, creating a calm and reassuring environment, or even accompanying oneself with prayer and meditation can help facilitate this transition, as if the soul needs companionship to release its physical attachments and accept the transition (28).

One of the themes extracted from the present study was "the soul journey". In NDEs, many people report that their spirit separates from their body and moves in an intangible space, sometimes seeing themselves from above looking down on their lifeless body or traveling in a world filled with light and tranquility (29). This feeling of flying, floating, or passing through a tunnel of light is often accompanied by a profound sense of freedom, peace, and connection with supernatural beings. Some also speak of meeting lost loved ones or experiencing a flashback of their lives, as if the spirit, on the verge of death, travels to a reality beyond the limits of materiality. Although this phenomenon is not fully understood scientifically, the repetition of such descriptions in different cultures raises the question of whether the spirit continues its journey in an unknown realm after leaving the body or whether this experience is simply a reflection of brain activity at critical moments (6, 30)

Another theme extracted from this research was a transformation in insight towards the phenomenon of death and life. NDEs often create a profound transformation in people's attitudes towards death and life, such that many experiencers, upon returning, lose their fear of death and perceive life with a sense of gratitude, meaning, and a deeper connection to others (27). These people often report that they see death not as the end of life, but as a transition to a broader reality, and as a result, material values and everyday concerns fade for them. Instead, love, forgiveness, and service to others become the main priorities in their lives. This change in perspective is sometimes so profound that psychologists call it "near-death experience awakening syndrome," and it indicates the tremendous impact of this phenomenon on the human mind and soul (27).

The final theme extracted from this research is “life after a near-death experience”. NDEs often cause significant changes in a person's lifestyle, beliefs, and priorities. After returning, many experiencers no longer see death as the end of life, but rather as a transition to a higher truth, and their fear of death is greatly reduced (31). These people usually focus on love, spirituality, and service to others rather than material things, deepen their relationships, and pursue more authentic life goals. Many also report a strong sense of "mission," as if they have a message from the beyond to convey to this world. On the other hand, some face challenges after this experience, such as isolation or difficulty adjusting to normal life, because their perspective on reality has been completely transformed (32). Overall, an NDE can divide life into a before and after and lead a person towards an existential transformation. One of the limitations of this research is that it reflects the near-death experience of Muslim experiencers and cannot be generalized to non-Muslim experiencers.

Implications for practice

Research on NDEs can have a profound impact on evidence-based clinical care in several areas: 1. Palliative Care: By better understanding mystical experiences and reducing the fear of death in terminally ill patients, palliative care can be guided towards more holistic and spiritual approaches. Improving the therapist-patient relationship by accepting reports of NDEs as part of the patient's subjective experience, without judgment or denial. 2. Psychology and Psychiatry: Helping survivors of NDE integrate these experiences into daily life and prevent post-traumatic stress disorder (PTSD) or existential crises. Developing psychotherapeutic interventions for those who face identity or social challenges after NDE. 3. Neuroscience and Resuscitation Science: Studying NDEs can provide a better understanding of consciousness during flat EEG and challenge the concepts of brain death. Improving resuscitation protocols with regard to the quality of reported experiences and their impact on patient recovery. 4. Medical Ethics and Clinical Decision Making: Awareness of NDEs may influence discussions regarding the “Right to Die” or “aggressive resuscitation”, especially when patients report memories of “being in another world”. Strengthening the patient-centered approach by considering patients’ beliefs and spiritual experiences in the treatment process. 5. Medical and Nursing Education: Incorporating NDEs into the training of health professionals to deal more sensitively with patients’ experiences in critical situations. Promoting holistic care that addresses not only the physical but also the psycho-spiritual dimensions of patients. 6. Interdisciplinary research (neuroscience, philosophy of mind, theology): Exploring NDEs as a bridge between science and spirituality, with an emphasis on the role of consciousness beyond the brain. Developing new theories about the mind-brain relationship and the possibility of the survival of consciousness after death.

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Conflicts of interest

The authors declared no conflict of interest regarding the publication of this study.

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Authors' Contributions

M.B.B.SH. contributed to the conceptualization; A.M. performed data collection; M.B.B.SH. & A.E. conducted data analysis and interpretation; N.R. contributed to the manuscript drafting for publication. All authors contributed to the writing of the manuscript and discussed on the manuscript.

References

1. Jong J, Ross R, Philip T, Chang S-H, Simons N, Halberstadt J. The religious correlates of death anxiety: A systematic review and meta-analysis. *Religion, Brain & Behavior*. 2018;8(1):4-20.
2. Bianco S, Testoni I, Palmieri A, Solomon S, Hart J. The psychological correlates of decreased death anxiety after a near-death experience: The role of self-esteem, mindfulness, and death representations. *Journal of Humanistic Psychology*. 2024;64(3):343-66..
3. Greyson B. Western scientific approaches to near-death experiences. *Humanities*. 2015;4(4):775-

96.

4. Holden JM. Response to “Is it rational to extrapolate from the presence of consciousness during a flat EEG to survival of consciousness after death?”. *Journal of Near-Death Studies*. 2010;29(2):362-7.
5. Rousseau AF, Dams L, Massart Q, Choquer L, Cassol H, Laureys S, et al. Incidence of near-death experiences in patients surviving a prolonged critical illness and their long-term impact: a prospective observational study. *Critical Care*. 2023;27:76. doi.org/10.1186/s13054-023-04348-2
6. Martial C, Fontaine G, Gosseries O, Carhart-Harris R, Timmermann C, Laureys S, et al. Losing the self in near-death experiences: the experience of ego-dissolution. *Brain Sciences*. 2021;11(7):929. doi.org/10.3390/brainsci11070929
7. Charland-Verville V, Martial C, Cassol H, Laureys S. Near-death experiences: actual considerations. *Coma and Disorders of Consciousness*. 2017:235-63.
8. Blackmore S. Near-death experiences: In or out of the body. *Skeptical Inquirer*. 1991;16(1):34-45.
9. Tassell-Matamua N. Phenomenology of near-death experiences: An analysis of a Māori case study. *Nursing*. 2013;3(3):61-78.
10. Cassol H, Martial C, Annen J, Martens G, Charland-Verville V, Majerus S, et al. A systematic analysis of distressing near-death experience accounts. *Memory*. 2019;27(8):1122-9.
11. Pratte EA. Near-death experiences and psychological wellbeing: A quantitative analysis. *The Journal of Parapsychology*. 2022;86(1):99-124.
12. Greyson B. The Darker Side of Near-Death Experiences. *Journal of Scientific Exploration*. 2023;37(4): 683-98.
13. Pehlivanova M, Carroll A, Greyson B. Which near-death experience features are associated with reduced fear of death? *Mortality*. 2023;28(3):493-509.
14. Shih FJ, Gau ML, Lin YS, Pong SJ, Lin HR. Death and Help Expected from Nurses when Dying. *Nursing Ethics*. 2006;13(4):360-75.
15. Samarel N. *Caring for life and death*. 1st edition. Taylor & Francis: New York. 2019.
16. Bismut E, Straub D. A unifying review of NDE models towards optimal decision support. *Structural Safety*. 2022;97:102213.
17. Martial C, Simon J, Puttaert N, Gosseries O, Charland-Verville V, Nyssen AS, et al. The Near-Death Experience Content (NDE-C) scale: development and psychometric validation. *Consciousness and Cognition*. 2020;86:103049.
18. Harley JB, Sparkman D. Machine learning and NDE: Past, present, and future. *AIP conference proceedings*. 2019: 2012 (1): 090001. AIP Publishing LLC.
19. Singh RR, Clifford T. Ethics in NDE 4.0: Perspectives and Possibilities. *Handbook of Nondestructive Evaluation 4.0*. 2025; 1765-1796. Cham: Springer Nature Switzerland.
20. Greyson B. Near-Death Experiences and Claims of Past-Life Memories. *Journal of Near-Death Studies*. 2021;39(3): 212-26.
21. Sweeney MM, Nayak S, Hurwitz ES, Mitchell LN, Swift TC, Griffiths RR. Comparison of psychedelic and near-death or other non-ordinary experiences in changing attitudes about death and dying. *Plos one*. 2022;17(8):e0271926.
22. David J, Bouso JC, Kohek M, Ona G, Tadmor N, Arnon T, et al. Ayahuasca-induced personal death experiences: prevalence, characteristics, and impact on attitudes toward death, life, and the environment. *Frontiers in Psychiatry*. 2023;14:1287961.
23. Dowling M. From Husserl to van Manen. A review of different phenomenological approaches. *International journal of nursing studies*. 2007;44(1):131-42.
24. Van Manen M. *Researching lived experience: Human science for an action sensitive pedagogy*. 2nd edition. Routledge: New York. 2016.
25. Lincoln YS, Guba EG. *Naturalistic inquiry*. Sage Publication. London: New Delhi. 1985.
26. Martial C, Fritz P, Gosseries O, Bonhomme V, Kondziella D, Nelson K, et al. A neuroscientific model of near-death experiences. *Nature Reviews Neurology*. 2025:1-15.
27. Ghasemiannejad Jahromi A. The aftereffects of near-death experiences on the lives of near-death experiencers: A qualitative study. *Journal of Qualitative Research in Health Sciences*. 2021;10(2):83-91.
28. Trejo J, Killian KM, Wang Z, Peng YB. Local field potential changes during euthanasia may parallel with near death experience. *Scientific Reports*. 2025;15(1):11404.
29. Camelo LG. *Consciousness and Near-Death Experiences: Access to a Known World*. Open

Journal of Medical Psychology. 2022;11(3):205-34.

30. Martial C, Cassol H, Laureys S, Gosseries O. Near-death experience as a probe to explore (disconnected) consciousness. Trends in cognitive sciences. 2020;24(3):173-83.

31. Mohammad Sadeghipour S, Rostami Nasab A, Alavi HR, Yari Dehnavi M, Mowzoon A. Exploring the Nature of Near-Death Experiences in Iranian Experiencers: A Case Study of the Participants in the Life after Life TV Series. OMEGA-Journal of Death and Dying. 2024;00302228241230718.

32. Khatin-Zadeh O, Eskandari Z, Farsani D, Banaruee H. Enhancement of perceptual and cognitive functions in near-death experience: A perspective from embodiment theories. EXPLORE. 2024;20(6):103069.