

Near Death Experiences and other transpersonal experiences among women during childbirth

Experiencias cercanas a la muerte y otras experiencias transpersonales en mujeres durante el parto

Kersti Wistrand
Scandinavian IANDS
Stockholm, Sweden

Abstract

This is an investigation about near death experiences (NDEs) among women in childbirth. These experiences take place sometimes, especially at complicated childbirths. There also exist other experiences on transpersonal level: OOBEs (out-of-the-body experiences), visions, meeting and getting help from light/light beings. Often the women do not have a frame of reference to understand their experiences, so they sometimes feel confused and scared afterwards. When they try to explain to the medical staff, they are ignored or told it is due to the effect of narcotics.

In this study more than one hundred persons with NDEs were interviewed in Sweden, 34 among them having NDEs at childbirth. But in this work only eight cases are presented as representative of all.

Later research in maternity hospitals in St. Petersburg showed that these experiences exist and are transpersonal rather than consequence of anaesthesia or brain damage.

Keywords: childbirth, NDE, near death experience, transpersonal experience, Winnicott

Resumen

Este artículo es una investigación sobre experiencias cercanas a la muerte (ECM) en mujeres durante el parto. Estas experiencias tuvieron lugar a veces, especialmente durante partos complicados. También se encontraron otras experiencias, éstas de tipo transpersonal, como son: experiencias extracorpóreas, visiones, encuentros con seres de luz o recepción de ayuda por parte de una luz. Normalmente, las mujeres no tienen un marco de referencia desde el que entender sus experiencias, por lo que en algunos casos se sienten confundidas y atemorizadas posteriormente, y cuando intentan explicar sus experiencias al personal médico, son ignoradas o replicadas con que ha sido debido al efecto de los narcóticos.

En esta investigación fueron entrevistadas más de cien personas en Suecia, 34 de las cuales tuvieron ECMs en el parto, pero en este artículo solo se presentan ocho casos representativos.

Una investigación posterior en las unidades de maternidad de algunos hospitales de San Petersburgo mostraron que estas experiencias existen y son transpersonales, en lugar de ser la consecuencia de la anestesia o de un daño cerebral.

Palabras clave: parto, ECM, experiencia cercana a la muerte, experiencia transpersonal, Winnicott

Received: 27 November 2011
Accepted: 15 December 2012

Introduction

Even though there is no literature or text-books in psychology/psychiatry about near death experiences in women during their childbirth, it is a fact that this exists and needs research. This lack of investigation in the area is considered negative due to the lack of understanding that these women suffer when trying to share their experiences with others. Both the women and the medical staff need frames of reference. There is a lot to be explained and understood in this field and for this reason the following study was conducted.

The background of this research is the following:

In 1982 the first Swedish book on NDEs and OOBES was published in Sweden: *Medvetandet och döden (Consciousness and Death: an anthology on NDEs and OOBES)*, edited by the author of this article, and Dr. Jan Pilotti (Wistrand and Pilotti, 1982). Through TV, radio-programs and newspapers we came in contact with NDErs and started interviewing them. When I was invited to some different women organisations I was in contact with more women who had experienced NDEs when giving childbirth. I also had short time therapies with some of the women. However, they were never told they had a near death experience, and many of them were therefore scared, when coming back to ordinary states of consciousness in some cases, because they didn't understand what had happened.

I made an inventory of the psychology/psychiatry literature to look for an answer in helping those women (Wistrand, 1990). The research interest about modifying states of consciousness in delivering women is not new. There are some old studies but they have little to say about the experiences I was told by those women.

Altered States of Consciousness (ASC) among delivering women, earlier known and described in psychological/psychiatric/obstetric literature

During childbirth, some psychological/psychiatric complications were described long time ago. Those complications led the women enter into (what we could call) an altered state of consciousness, like the following:

Maternity blues

During the first days after delivery many women experience a mild form of depression. It often begins during day 3 to 6 after the delivery and lasts 12 -14 hours depending on hormone adjustment. Sometimes maternity blues can change to a post partum depression (Kringlen, 1980; Bourne, 1975).

Psychosis: Pregnancy psychosis, Post partum psychosis, Lactation psychosis

These psychoses are classified as reactive psychoses, i. e. with an acute start and short duration. One per thousand of the women gets the pregnancy psychosis, which is considered to come from a crisis of identification concerning the new role as a mother. Agony, denial of the pregnancy, reservation, and wrong ideas about her body might appear. Two per thousand get a postpartum psychosis. Hormones and enzymes help to explain the psychosis. Regression also plays a part in it. Early unconscious and negative experiences of being taken care of as a baby turn up, and the mother can feel like being sucked out of a vampire. She might feel confusion, paranoia and agony (Hamilton, 1962; Kumar 1990; Seva 1991).

Primary maternity preoccupation

The psychoanalyst Winnicott (1958) discovered a special state of consciousness, into which the pregnant woman gradually enters during her pregnancy. She got a kind of split, where certain parts of the consciousness took over for the moment. He tells about the necessity of the following: the increased sensibility and the emotional readiness of the pregnant mother towards her foetus, and later it increases her ability to identify with the child, to take care of and to help it to develop when she has just become a mother. Winnicott says:

“The state of mind gradually develops and involves an increased sensibility during the pregnancy, especially in the end of it. It lasts during some weeks after the birth of the child. The mothers usually don’t remember this state of consciousness when it has ceased. I would like to say that the memory they have of this state becomes repressed.” (Winnicott, 1958)

Winnicott mentions this kind of forgetfulness as “fugues”, like a mental fog.

Regression in the service of reproduction

The Norwegian psychologist F. Lisbeth Brudal has written several books on the psychology of delivering women (Brudal, 1985) and shows that the women during their pregnancy might regress to and actualize an earlier cognitive and emotional level of consciousness in their lives. Brudal reminds us about artistic creativity and inspiration, which can also be seen as a regression, where the artists come in touch with their primary process of thinking and can use it in a creative way. She finds that the pregnant woman goes through the same procedure, which is of great importance for the bonding between mother and child. She also tells that the fathers can get transcendental experiences.

Peak experiences

Abraham Maslow (Maslow, 1962), the founder of humanistic psychology, tells about a special state of consciousness; *peak experience*, and describes it in these words: “an ecstatic, transcendent state of mind beyond time and space, stronger than supreme happiness”. He considers this state of mind to exist in creative, intellectual, and bodily activities.

Deborah Tanzer (Tanzer, 1972) investigated the natural childbirths of 36 women. They didn’t use any anaesthetic. Five of these women had a peak experience, describing themselves “like a queen, victorious, blessed, ecstatic and supreme happiness”.

Stages of the Near- Death Experiences

Researchers have found NDEs in as many as one third of the people who have come close to death, which makes up to 5 % of United States population (Gallup and Proctor, 1982).

The professor in psychology Kenneth Ring describes different elements of the NDE (1980):

1. Peace and the sense of wellbeing, no pain
2. Body separation: leaving the body behind. You can perfectly see and hear what is going on in the room. Then you return to ordinary state of consciousness or go on to.
3. Entering a dark but not frightening space or a tunnel floating or drifting through a kind of tunnel
4. a) Seeing a beautiful nature/Meeting dead relatives and friends; b) Seeing or entering the light, feeling a sense of total love, unconditional acceptance and total understanding of life and the universe; c)

Meeting a “being of light” or other spiritual entities

5. Panoramic life review

6. Returning to life, by choice or by being sent back: “Your family needs you, it’s not time yet!”

The NDE encloses 1 – 6. The stages 1- 2 is often called *the out-of-the-body experience* (OOBE); 3 – 6 is called the *transcendence*. 4 b) is called “the *universal experience*”. (Ring 1980; Sabom, 1982).

Method

Due to and after the publication of *Medvetandet och döden* (Wistrand and Pilotti, 1982), I interviewed more than one hundred NDErs about their experiences of ASC (Altered States of Consciousness) during 1982-1994. Some of the lectures were presented in women’s organizations, where I met women telling about their experiences. 34 women were found with NDEs in connection with complicated childbirths as well as women who had had transpersonal experiences (most often parts of the elements in the NDE) at normal childbirths. Every woman first told her story in an unstructured way: her experience, reactions and feelings afterwards, how her story was received by hospital staff and relatives, and how she actually wanted to be received, after-effects and how she managed to integrate her experiences into ordinary life. Then every woman answered a questionnaire used by professor Kenneth Ring (Ring 1980), when interviewing NDErs in USA. Professor Greyson’s NDE scale (Greyson, 1983) was also answered.

Results

The reports of eight women are going to be introduced as representatives for the women studied, in order to explain the results found out:

Case I

This woman is 26 years old and pregnant with her first child in 1974. She is interviewed in 1984. The delivery was prolonged, and her baby was also unusually large; 4, 1 kg.

“When giving birth to my son I had a very long labour for two days. The baby was too big. Suddenly there was tremendous pressure and pain, and I was like slipping out through the top of my head. I just remember sort of floating up in the right hand corner of the room and that there was a very bright light. I was there, but not in my body! I was up near the ceiling, looking down. My vision was very sharp (though I normally wear glasses); I could “hear” people in my thoughts, almost intuitively. I was looking down at myself observing two persons in hospital gowns working on me on the stretcher. It was all in normal colours.

Then I noticed that there was a doctor coming in. Why did he come? Wasn’t my child well? I was extremely calm; I wasn’t scared at all, but a little confused by everything going on below me. The doctor used forceps to bring my little boy out. I watched everything from above and saw that the doctor was bold-headed, and the red face of my boy looked like an old man.

When I finally ‘woke up’ on the ward later, I wanted to see my son! The nurse finally came in, and she asked me how I knew that I had had a boy, and when I said that I had seen him when she was cleaning him after his birth, she gave me a strange look and just walked out!

I've only told one person, a young relative, about the occurrence. She had telephoned me late one evening some years later and not long after giving birth to her first child. She was so upset, needed to talk. She had the same experience during childbirth as I had, watching everything from above. She didn't understand, and hadn't told anyone, because she was scared, and thought that she was brain damaged and going mad. I then explained what happened to me, and it seemed to help her for the moment. After that night we never discussed it again."

This woman had an OOB, seeing her son being born. She had a sharp sight and was calm during the experience, but had problems to integrate her experience in daily life. She was scared and the medical staff or her husband refused to listen to her story.

Case II

This woman was delivered with Caesarean section in 1984. She tells about an OOB, and transcendence. No one listened to her experience or explained what had happened to her. The mother felt alone, had existential problems during many years, and became a spiritual seeker. She refused to get a new baby.

The woman didn't get enough anaesthesia but was awake all the time without possibility to move or talk. The pain made her leave her body, and from the ceiling she saw the whole procedure. She gave a detailed description of what happened. She heard how the medical staff was joking and saw how they cut her and took out her baby. The little girl got a superficial wound on her forehead by the surgical instrument, and a nurse wiped the blood. Floating higher up she saw a white light and in the light she saw her grandmother, who died ten years earlier. This grandmother gave her love and support, saying that she must go back to her daughter. Before the woman lost her consciousness she felt when they sewed her with 48 stings. When she later woke up, her first question was: 'Why did you do this to my daughter?' The staff was amazed, but left her alone. She had no one to talk to. Her daughter really had that scratch on her forehead.

Case III

This woman was to bear her third child in 1990, and was interviewed three years later. In those days the NDE literature was a little more known, and she had good support from her husband, who was there during the delivery. She tells:

"The whole pregnancy was very difficult with high blood pressure and pains in the back. When my delivery started in the maternity ward, I felt a heavy pressure on my breast. The labour pains started and I received nitrous oxide, but in reality I didn't get anything at all, as the tube came loose, when I seized it to prevent leaving my body.

All of a sudden I felt the pressure on my breast again. It was like fire in my head, and I slipped out of my body, up under the lamp in the ceiling. I was in another, light body: weightless and transparent. Below me, I saw my body, the midwife at my feet, the nitrous oxide equipment to the left of my body, and to the right an apparatus which could register the heart activity of my child, which was still inside me. That apparatus was higher up than my head. Beside it was sitting my husband.

I could see the whole delivery from the ceiling. I saw how they pulled out the head of the baby. And then the whole little girl came out. The midwife said: 'Oh, she is slack and blue.' I could hear everything they said. All sounds were louder than normal.

An apparatus was put on the head of the baby to register her heart activity. So the staff disappeared and there was a big commotion and all the instruments were at zero reading. On the paper registering her heart sounds was only a long line. Everybody were running around and I felt an enormous

frustration. I had no time to be up there, because I knew that I had so important things to do down there, I knew that my daughter was very ill and needed me. All of a sudden I slipped back into my body through my head. I was relieved. I managed, I thought.

My little daughter was very ill, and they exchanged her blood. She also got meningitis. After the delivery I felt energy streaming from my heart up to my head when I woke in the mornings. I was afraid of slipping out of my body again. I later got a fourth child without complications.”

Case IV

In the following case a woman had a prolonged delivery lasting 35 hours, where she lost her consciousness. She gets a universal experience, and tells:

“The medical staff didn’t hear any heart sounds from the foetus, I was told later, and myself... I wasn’t there I was thrown directly into a large light, there was no passing over. It was total eternal bliss, total spirituality, total understanding how all life is connected. Ultimate pure knowledge was streaming towards me, and I got total understanding of the purpose of our lives. I had no body – it was left behind. I was my real “I”. I had no sight, but I sensed everything, but in another way. All knowledge in the universe was there, and I could get to know everything. I knew that I belong to that world of light, and felt like being ‘at home’.

I was in the abundant brilliant light far away in the universe. It vibrated and moved. Galaxies and stars gleamed in brilliant colours against the darker space, and at the same time there was that mist-like, exquisitely beautiful, non-dazzling light all around me. Far away below myself I could see our solar system, and the Earth.

The most remarkable thing was that everything was moving, and striving towards another extremely intensive and beautiful light further away. This light was one million times stronger than the sun. I have no words to describe it. It was a light of unconditional love. It was of a dignity, not understandable to us on the earth. It was the purpose and meaning of all life.

This light was a spiritual experience giving knowledge about life, educating me that the deeds we do in our lives on earth are of great value. Every little detail is of big importance, as a smile at anyone or if you save a young bird. I was shown in detail things I had done wrong in my life, but the information was given me with great love and understanding, and harmony. Understanding was the strongest word. The wisdom was given to me by the light. And I know that to die is to exist in this fantastic light, and I am not afraid to die one day.

But all the time I knew that I had to go back. I got much energy, and power from the light. It helped me. I was telepathically told to return. I did, and saw the midwives, and the doctors from above, and heard a female doctor saying: ‘Make her ready for operation!’

I returned through the top of my head and so to speak slipped down into my body. I brought lots of light and energy, and it helped me to at once bear my little son without caesarean.

After this experience I became very changed. I became very calm and harmonious. I had no need to analyze or tell anyone. I wasn’t religious before, but after my experience I become interested in paranormal things. I became an open seeker. It wasn’t wrong to go to the church, but I had no longing for it.”

Case V

One woman with prolonged delivery experienced a *being* in the light, and also a life panorama, where she saw her whole life. The *being* told her telepathically that her son was to sleep during five months, but would wake up in the sixth. ‘Remember that he is not ill. He will be well!’

Later the doctors were unsure if her baby would live, as he was damaged during the delivery depending on lack of oxygen. But she remembered and after five months her little son looked at her for

the first time. And his eyes were very alert and intelligent.

Sometimes the women in childbirth experience that they are following their foetus on their way to be born. Here are two cases:

Case VI

A woman, 26 years old, pregnant with her second child, who is unplanned, lived in a stressed situation, had no feelings for her baby until the following happened to her:

“I got a little laughing-gas and heard the midwife say: ‘Now it’s time to press!’ I did, and so I managed to tell my husband: ‘I’m dying! Take care of the children!’ before I stopped breathing. I was later told that the stop lasted for two minutes. Here is my story:

Suddenly I was in a tunnel, but I wasn’t alone ... I felt the present of my little boy I was to bear. Our consciousnesses were one, so to speak. I knew there was something unique happening to me.

The tunnel was like an intestine, round and with sections. It was really beautiful, the colours shifting from light to dark red. It was rather narrow but soft, forming itself after us. All the time the walls of the tunnel were pulsating, pushing us forward. Going through it in a high speed I saw the tunnel opening. There was a strong intensive light, almost white. It was very harmonious, and I felt: ‘I and my child, we are one!’

So I heard the voices of my husband and the midwife: ‘Wake up, wake up! Start breathing!’

When returning, my little boy was soon born. He was very calm, and gave me strength, and I just loved him so much! We had been together, and I still have that telepathic connection to him.

This experience is the best I ever had, but afterwards I was very scared, when thinking of I was on my way to die, and thinking so much of the meaning of life.”

Case VII

This experience was told by a woman having a prolonged delivery:

“As I lay half-conscious I saw a mental picture and a human soul surrounded with intelligent beings, deciding where on Earth the soul should descend.

Next I rushed through a dark tunnel and out in the universe. Suddenly I saw our planet. I realized that this soul would come to the planet Earth. I joined the soul, and saw the continents and the country, the town and the hospital where I was, and realized that this soul would be in my child, and I would be her mother. And then I came to, and bore my daughter.”

Many other experiences told by women with complicated deliveries were listened and their reports were of the same kind as NDEs. But there was one woman who had an OOB during a *normal* delivery without complications:

Case VIII

Lying on the table the woman began to rush. The rushing contractions started low in her lower back, and were built up to a peak, which left her floating a little bit over her body. She felt wonderful, and it was very ecstatic. From above she saw how her son was born and heard the midwife saying: ‘He has all ten little fingers, and all ten little toes.’ This mother said that her experience of looking at the delivery was the most wonderful she had ever had in her life, and she even tried to get an out-of-the-body experience

again, but failed. She later got another child but without that experience.

Two women interviewed, but not belonging to my sample of 34 women, related their experiences and visions at normal deliveries without anaesthesia:

“I had a fantastic experience of light, and colour. First I had severe pains, but didn’t take any anaesthesia. Suddenly the rushes were transformed into a grey movable mass, and the contractions were changed into all different green pastel-colours. I was bathing in green, and felt beautiful, warm, comfortable, and very safe.”

“I was somewhere in a dreamland. I heard thunder and flashes, and a big bird flew over an ocean with big waves. That ‘movie’-I know it was a kind of a dream, when experiencing it- helped me to come through the childbirth and bear my baby.”

Analysis

Most of the thirty-four Swedish women interviewed, had complicated deliveries with long-lasting after-effects. Several of them had a NDE with classical elements. Severe labour pains sometimes seem to generate OOBes, an altered state of mind, where you have no pains, only registration.

Sixty percent of the interviewed women experienced a special bright light. Some of the women experienced that the light communicated with them telepathically, giving them both psychical strength and energy to deliver their children. Three of the interviewed, met their grand-mothers, dead since long ago, in the light. Those grandmothers gave them support and encouraged them to return and bear the babies. In one case an entity in the light supported and gave advice to the woman. But the light also offered a healing quality, both psychologically and physiologically. One woman with very deep experience of the light was for example cured from her rheumatism.

Similar to the NDEs some of the women entered the light and felt being a part of that light with “unconditional love and all knowledge in the world” (the deepest element in the NDE). Time and space didn’t exist. Within the NDE research it’s called a universal experience. Big loss of blood, sometimes in connection with loss of the child, seems to give a universal experience. But I also found a woman with normal delivery, having this experience.

Three of the women with the deepest experiences in the light, also got transpersonal after-effects like feeling streams of energy in their bodies, having spontaneous out-of-the-body experiences, seeing dead persons, getting refined and reinforced intuition, seeing auras around people, and healing abilities. A woman, whose uterus burst with big loss of blood and death of her child, told that after her childbirth she could experience bodily tensions in other people, and sometimes see like pictures of their internal organs, internal vision.

The women didn’t understand this new situation, most of them getting scared of it. At the same time several women told they were now not afraid to die due to their NDE, some of them getting a new belief in life after death. After many years two of the women started giving massage, using their healing abilities by laying on hands, without telling, and had good results. One woman started her education to become a therapist. Personal value changed among several women: they felt more humility, more tolerance, increased appreciation of life, wanting to help other persons, self-realization as studies or changing of work.

Most of the women agreed that the feeling was neutral or positive during the experience, but afterwards, when they “had returned to their bodies”, and started thinking it over, they were often scared.

They had no frame of reference in which to put the experience. Their experiences were so extraordinary, and they had never heard of anything like that earlier. When, and if, they tried to communicate about it, it was difficult to find the words. And when they tried to tell, they were ignored both by the medical staff and their close family. Some of the women thought that they were brain damaged or mad. Some became spiritual seekers to search for an answer. Some of them were afraid to bear another child. Anyhow, for all of them it took many years to integrate their experiences into daily life. Those were the reports I listened to, but...how many women are still living with post traumatic disorder, unable to speak to anyone?

Here is a summary of what many women told:

“It was terrible that no one wanted to listen to my experience, neither the medical staff, nor my husband. I didn’t know if I was brain injured or what else had occurred to me. I only wish anyone had listened and told me if the same experience had happen earlier to any other women in childbed. It had been enough if anybody just had been sitting down beside me for a little while, listening and then having said: ‘Yes, it was a remarkable feeling!’ But now they only waved aside my trial telling them, and said: ‘Pooh, you can have so strange dreams when you have narcotics’, and then rapidly disappeared.” (Quotation by a woman, 1984).

Further research in Russia

How often do these transpersonal experiences occur at normal deliveries? And why was so little written about it?

I didn’t find so much about all these experiences among childbearing women in the text-books in psychology/psychiatry/obstetrician, but in 1977 the American midwife Ina May Gaskin (1977), spokesman for natural deliveries at home, wrote the book “Spiritual midwifery”. There women tell about some transpersonal experiences including supreme happiness, energy streams in the body, feelings like floating above their bodies, seeing different colours in the room and around their new-born babies. The stories were told soon after the deliveries.

Winnicott (1958) told about a special kind of consciousness at delivering, which he called “primary maternal preoccupation”. It was forgotten some days after delivery. Could the transpersonal experiences, presented above, be a part of that state of consciousness?

I wrote an empirical investigation (Wistrand, 1990), and wanted to do research in maternity hospitals. It was difficult in Sweden, but as the research coordinator of the Scandinavian IANDS (International Association of Near Death Studies, founded in USA by John Audette, Raymond Moody, Kenneth Ring and Michel Sabom) I contacted some professors in countries in East Europe to tell about the NDE research. In St Petersburg I came in contact with the psychiatry professor Leonid Spivak, and his son Dmitri Spivak PhD, Human Brain Institute. They got interested, and I had an introduction lecture in Ott Institute in 1992. Research started at several maternity wards, conducted by professor Leonid Spivak, and PhD Dmitri Spivak (1993 and 1998), supported by the Russian Academy of Sciences.

Several scientific studies were accomplished from 1992 till today. The first one took place at two typical maternity hospitals. 202 mentally and physically healthy pregnant women, 17 -30 years old, were studied. In each case her pregnancy history was previously studied, and a brief general psychiatric observation was carried out. All deliveries were normal without physiological complications. In those years there was an economical crisis in Russia, and anaesthesia was given only to the women in big need. Consequently most of them had natural deliveries.

During the 2nd to the 4th day after childbirth an interview took place. It was structured following a special questionnaire. The questions were carefully worded to resemble typical observations made by

Russian women when speaking of childbirth. The questionnaire consisted of two parts: A) During childbirth, and B) Postpartum period. The women were also asked to comment briefly on their “yes” answers.

In Ott institute I also met one of the first mothers to be interviewed. She was 23 years old, married for two years, and had got a daughter one day earlier. Obstetric state was normal and the baby was well. When asked she told that she was seeing the birth going on from above in the ceiling. Everything was very peaceful. She didn't seem astonished, when telling it. She was tired and seemed to be in an altered state of consciousness, more thinking of her baby, and asking for her. Probably she would forget her OOB after some days.

First project

The items and the result in the first project were the following:

Table I
Psychic Phenomena in childbirth

Items	During childbirth (202 Subjects)	After childbirth (202 Subjects)
I was in an unusual state of mind for me	70 (34, 7%)	84 (41, 6%)
I felt an almost “telepathic” contact with my child	32 (15, 9%)	32 (15, 9%)
I felt an almost “telepathic” contact with my relatives	23 (11, 4%)	18 (8, 9%)
I felt an unusual deep happiness	66 (32, 7%)	81 (40, 1%)
I felt an unusual deep grief	10 (5%)	4 (2%)
I suddenly heard music/singing	5 (2, 5%)	6 (3, 0 %)
I suddenly saw an unusual light	5 (2, 5%)	-
I suddenly saw a “playback” of my life	21 (10, 4 %)	11 (5, 5%)
I suddenly “switched off” and saw myself from without	18 (8, 9%)	11 (5, 5%)
I felt quite unusually falling asleep	-	39 (19, 3%)
I had unusual dreams with many colours	-	26 (12, 8%)
I had many unusual “flight dreams”	-	13 (6, 4%)
I had many unusual nightmares	-	12 (5, 9%)
I felt quite unusual waking up	-	22 (10, 9%)
I saw or heard something else which was quite unusual	-	8 (4 %)

In childbirth one third of the group reported having experiences of an unusual state of mind. The correspondent data for postpartum were a little higher. “Unusual state of mind” tended to be regarded by the subjects as inability to concentrate on outer tasks, and overwhelming preoccupation with childbirth/child care issues.

“Unusual happiness is commented as a kind of peak experience arising uncontrollably, spontaneously, and frequently in waves”. It was profoundly different from ordinary happiness. Fairly often it was compatible with polar feelings like grief. 16 % of the women felt an almost ‘telepathic’

contact with the child during delivery and as many felt it also afterwards. Women frequently claimed to have a mental feedback from the child.

2,5 % of the women experienced light. 10 % of the women also experienced phenomena's as a life review during delivery.

9 % got an OOB, and 5% during the 2nd – 4th day (‘switch off and seeing oneself from without’), where they describe themselves as being up in the ceiling and looking down at what was ‘happening down there’. In another study with 18 delivering women with caesareans, 30% had an OOB.

The period of the OOB was normally considered as several minutes although subjects reported “losing the sense of time”. The major background emotion was neutral. The women had only vague interest in this unusual sensation”. Although unique, this period did not leave a strong trace in the memory, and the women had a tendency to forget this experience after some days.

Winnicott (1958) told about his “primary maternal preoccupation”, and that the mothers usually don't remember this state of consciousness when it has ceased.

Second project

In a second project psychic phenomenon in complicated childbirth with Caesarean was accomplished. The same items were used, 18 women being interviewed (Spivak, Spivak and Wistrand, 1993). 33 % felt a deep happiness during, and after the childbirth. “Seeing light” was a little more common than in normal childbirth (11 %), also having a life panorama (33 %) was more common. 33 % experienced an out-of-the body experience, compared with 9 % among the women with normal deliveries. The ‘telepathic contact’ with child or relatives was much less.

Third project

A third project investigated the experiences in relation to complications, anaesthesia, and loss of blood, and found statistical significance only between experiences and big loss of blood. Brain activity of women during childbirth was also measured and the researchers asserted that there could be a predicted state of consciousness bound to the childbirth.

In a later study the Russian researchers found that EEG and infra slow electrical processes demonstrates the existence of definite bioelectrical correlates of these alterations (Spivak, L; Bechtereva N P; Danko S G (1997).

Discussion

As it can be seen the reports of the Swedish women are of the same kind as those reported earlier in NDE literature (Moody 1975, 1976; Ring 1980; Sabom 1982, Morse 1992). Also the experience of light was to be found. But in contrast to other NDE reports, the light is often experienced as personal and active, giving them power to bear the child. It also seems to have a positive healing influence in childbearing. A “new” effect of the light can so be added to K. Ring's list (Ring, 1984).

Research in Russia, interviewing healthy women with normal deliveries on day 2-4 after delivery, show high frequencies of transpersonal experiences as ecstasy (peak experiences, according to Maslow) seeing light, having out-of-the body experiences, and feelings of telepathic contact with the child. These memories seemed to fade when coming back to daily life.

The element “experience of seeing and entering the light” in the NDE may give a mystical experience similar to those sometimes happening to the meditating mystics in all religions. In old Indian philosophy you talk about arousal of kundalini, a form of energy believed to reside in the base of the spine streaming up to the brain giving enlightenment. I would say that the childbearing women sometimes seem to have the same kundalini power emerging. Christina Grof, the founder of the Spiritual Emergency Network as a consequence of her experience, had a life-changing transpersonal crisis when giving birth to her son:

“ ... I felt an abrupt snap somewhere inside of me as powerful and unfamiliar energies were released unexpectedly and began streaming through my body. I started to shake uncontrollably. Enormous electrical tremors coursed from my toes up my legs and spine into the top of my head. Brilliant mosaics of white light exploded in my head... I felt strange, involuntary breathing rhythms taking over...”
(Grof & Grof, 1990)

Those having the deepest NDE experiences entering the light, also show more psychic abilities, and sometimes also electro-magnetic phenomena. When Kenneth Ring visited Stockholm in 1994 he told about electromagnetic after effects including problems with the malfunction of wrist watches, computers, and TVs. (Ring 2000, also see Atwater 1994 and Bonenfant 2004, 2005) It was a very stressing after effect, though not so common. One woman couldn't walk in the street dark evenings when the street lighting was on without the bulbs crashing!

I have met two Swedish NDErs having this ability. When starting healing, one of them gets a tingling in his fingers, and like a band of tingling energy around his head, especially above his ears and forward to his temples (Peratt, 2012).

I never interviewed childbearing women reporting this after effect. Maybe it is very uncommon, maybe I didn't ask the right questions, but from professor Spivak in St Petersburg I was told about a woman working as a healer, and born in Kirgizia. She had a NDE as a child. At the age of 29 she got a very severe delivery depending on a large loss of blood from her kidneys. She lost her baby, and got an OOB. She could hear the doctors twice telling that she was clinically dead. Then she experienced a landscape with beautiful colours, dead relatives and a light of being, before she was sent back. She got refined intuition with ability to see auras and the future, and also felt lots of energy in her body, and started singing to let the energies out. She also started healing by laying on hands. The most remarkable after effect was electro-magnetism. She was like a magnet: keys fastened on her body and the flat iron sucked to her!

These experiences exist and are transpersonal rather than consequence of anaesthesia or brain damage. It's important to the medical staff to know about and just take the time to listen to the women and “containing” them. Sometimes there is a need of therapy later on. Having long time practice of spiritual emergency and holotropic breathing, the psychiatrist Stanislaw Grof (Grof, 1988, p 225) says: *“In situations threatening the survival and body integrity of the birth-giving women, it's very likely that traumatic event cannot be psychologically ‘digested’ and integrated in the psyche as a dissociated foreign element.”*

Conclusions

First of all it is needed to emphasize that more than one hundred persons in Sweden have reported near death experiences between 1981 and 1992. These data is useful to support the theories that are showing these kinds of experiences exist.

In addition to that, it is worthy to emphasize that almost 35 % of them (34 women) told about their

experiences during delivery or post partum and long-lasting after effects, probably depending on the want and possibility for them to speak to a female researcher.

Now, looking carefully at the 34 interviews, it can be seen that the states of consciousness described are characteristic of clear understanding of reality with increased hearing and increased sight impressions. Clear understanding of the localization of the body and clear localization of the body, clear mind, no loss of identity, and no regression. No loss of understanding of reality. Not paranoid and no agony.

All these signs show an expanded state of mind. The results show that both visions on individual level and OOBES are told about in normal childbirths. In more complicated childbirths there exist experiences of the same character as other people reporting NDEs in literature. Women in childbirth enter an altered state of consciousness, having different experiences from visions of personal subconscious character to visions from the activated collective unconscious in the transpersonal realm, and seeing the light. Therefore these women in childbirth are not mad or brain injured as some medical doctors, relatives or friends told them. In contrast, they have experienced an expanded consciousness with transpersonal content without anyone in the medical staff meeting their needs of understanding.

The Russian research also indicates that there exists a gender-specific altered state of consciousness related to giving birth, provided by a special brain mechanism, rather than being consequence of anaesthesia or brain damage. These states may have an inherent healing dimension tied to them. Winnicott's hypothesis of 'primary maternal preoccupation' has therewith been supported by experimental data for the first time. For economical reasons it was impossible to interview most of the women one month later to see if "the mental fog", the fugues, was there, and if they had forgotten their transpersonal experiences. It could be noticed, however, that the memories told in the interviews often faded during the stay in maternity ward.

Transpersonal experiences occur in childbirth and postpartum, and is a part of the birth-giving women's reality, though little mentioned in text-books and literature. Looking at the obstetrics in perspective we can find traces of pagan spiritual midwifery in Scandinavia and Russia, where the transpersonal level among childbearing women was known and worked with. The catholic persuasion during medieval time extinguished both those midwives and their knowledge. In 1571 a Swedish law was established, in which the priest was given the task to decide who would become a midwife, and special commissions went round in the country controlling the midwife system. Slowly birth became a domain of male physicians. Gradually we entered an era with Cartesian and mechanistic thinking (Osherson and Amarasingham, 1981) and spirit and body were split. Only the body was of interest, spiritual phenomena regarded as being superstitious or fantasies.

This materialistic approach still rules the obstetrics, where the interest focuses on good technique and preventing of pains. It is now time to remove the one-sided materialistic approach, and also focus on the transcendent levels in childbirth, to-day often considered as being only fantasies. The text-books in psychological/ psychiatric/ obstetric literature need to be rewritten to educate medical staffs, and support childbearing women.

Research is still going on in Russia. Further research and contributions from other countries are welcome and needed.

Recently I was called attention to articles written by the New Zealander anthropologist Gregg Lahood, PhD., who has a long-time interest in ritual transpersonal processes among native people, and also in holotropic breath-work (Lahood, 2006, 2007a, 2007b). Looking at visionary states in different cultures, the ritual dances and songs helping the women to surmount the dangers of childbirth, he became interested in transpersonal experiences among women and fathers in childbirth to-day, and is collecting narratives from all over the world by internet. His aim is writing a book to educate birth attendants in this

field, and support birth-giving women. Lahood found that experiences of childbearing women show striking as semblance to what Stanislav Grof calls 'holotropic consciousness'. He means that holotropic breathing sessions is one way to heal birth-trauma in form of post traumatic disorder.

The midwife Ina May Gaskin, mentioned above, got the alternative Nobel Prize 2011 (The Right Livelihood Award). It's time for the women to enter this field!

Acknowledgements

With deepest gratitude to the professors Leonid Spivak, and Dmitri Spivak in St. Petersburg, who made this pioneer research possible.

References

- Atwater, P M H. (1994). *Beyond the Light: what isn't being said about near-death-experience*. New York: Carol Publishing Group.
- Bonenfant, R. J. (2004). A comparative study of near-death experience and non-near death experience outcomes in 56 survivors of clinical death. *Journal of Near-Death Studies*, 22(3), 155-178.
- Bonenfant, R. J. (2005, September). *Electromagnetic sensitivity: A physician's experience following a childhood NDE*. Paper presented at a conference of the International Association for Near Death Studies, Virginia Beach, VA.
- Bourne, G. (1975). *Pregnancy*. London: Pan Books.
- Brudal, F.L., (1985). *Födandets psykologi*. Stockholm: Natur & Kultur. (English translation: The psychology of giving birth).
- Gaskin, I M. (1977). *Spiritual Midwifery*. Printed on the farm Summertown, TN 38483, US.
- Gallup, G. Jr and Proctor, W. (1982). *Adventures in immortality: A look beyond the threshold of death*. NY: McGraw-Hill.
- Greyson, B. (1983). The Near-Death Experience Scale: Construction, reliability, and validity. *Journal of Nervous & Mental Disease*, 171, 369-375.
- Grof S (1988). *The adventure of self discovery*. Albany: State Univ of New York press.
- Grof, S. & Grof, C. (1990). *The stormy search for the self: a guide to personal growth through transformative crisis*. N Y: Penguin Putnam.
- Hamilton, J.A. (1962). *Postpartum psychiatric problems*. St Louise: The Mosby Company.
- Kumar, R. (1990). Childbirth and mental illness. *Triangle: Sandoz Journal of Medical Science*, vol. 29, 273, p. 7 -82.
- Lahood, G. (2006). Skulls at the banquet: Near birth as nearing death. *Journal of Transpersonal Psychology*, 38(1), 1-24.

- Lahood, G. (2007a). Rumour of angels and heavenly midwives: Anthropology of transpersonal events and childbirth, *Women and Birth. Journal of the Australian College of Midwives*, 20(1), 3-10.
- Lahood, G. (2007b). From 'bad' ritual to 'good' ritual: Transmutations of child-bearing trauma in holotropic ritual. *Journal of Pre- & Perinatal Psychology and Health*, 22, 2.
- Kringlen, E. (1980). *Psykiatri*. Oslo: Universitetsförlaget.
- Maslow, A. (1962). *Towards a Psychology of Being*. Princetown: Van Nostrand.
- Moody, R. (1975). *Life after Life*. Bantam N.Y: Books Inc.
- Moody, R. (1976). *Reflection on Life after Life*. St Simon's Island, Ga: Mockingbird.
- Morse, M. (1992). *Transformed by the Light*. USA: Villard Inc.
- Osherson, S. and Amarasingham, L., (1981). The machine in medicine. In: Mishler G, Amarasingham L, Hauser S, Liem, R., Osherson, S. and Waxler, N., (Eds). *Social contexts of health, illness and patient care*. Cambridge: Cambridge University Press.
- Peratt, B. (2012). *12 Sinnen*. Sweden: Visam AB.
- Ring, K. (1980). *Life at Death – A Scientific Investigation of the Near Death Experiences*. N. Y: Coward & McCann & Geoghegan.
- Ring, K. (1984). *Heading toward Omega*. N. Y: William Morrow.
- Ring, K. (2000). Religious wars in the NDE Movement: Some personal reflections on Michael Sabom's Light and Death: *Journal of Near-Death Studies*, 18(4), 215-44.
- Sabom, M. (1982). *Recollection of Death, A Medical Investigation*. N.Y: Harper and Row.
- Seva, A. (Ed) (1991). *The European Handbook On Psychiatry and Mental Health*. Barcelona-Zaragoza: Anthropos-Prensas Universitarias de Zaragoza, Vol 1.
- Spivak, L., Spivak D. and Wistrand, K., (1993). New psychic Phenomena Related to Normal Childbirth. *The Eur Jour Pschiatric*, 7, 4, 239-243.
- Spivak, L; Bechtereva N P; Danko S G (1997) Activity in Brain as Indicator of Psychic Condition in Pregnant Women. *Physiologia Cheloveka*, 1997, #5 (in Russian).
- Spivak, D., Spivak, L., Danko, S. and Wistrand, K., (1998). Genderspecific Altered States of Consciousness. *Internal Jour of Transp Studies*, 17, 2.
- Tanzer, D. (1972). *Why natural childbirth? A psychologist's report on the benefits to mothers, fathers, and babies*. Garden City, N.Y.: Doubleday.
- Winnicott, D. W., (1958). Primary maternal Preoccupation. *Collected papers: Through paediatric to psychoanalysis*. (pp 300-305). London: Tavistock.
- Wistrand, K. and Pilotti J., (1982). *Medvetandet och döden*. Stockholm: Natur och Kultur.

Wistrand, K. (1990) *Förändrade medvetandetillstånd i samband med barnafödande.* (NDE and OOB: Altered States of Mind among childbearing women. Examination work to get the certificate of psychologist). Psykologexamensarbete: Psykologiska institutionen, Stockholms universitet.

Wistrand, Kersti (2011), New altered States of Consciousness (ASC) at childbirth, *Toward a Science of Consciousness*, p 171. Conference book, Center for Consciousness Studies, the University of Arizona, printed in Stockholm.

Kersti Wistrand is a retired psychologist (psycho-dynamic and transpersonal psychology) with studies also in comparative religions at the University of Stockholm, specializing in shamanism in Greenland. Already as a teenager she knew about OOBs and NDEs, and wanted to do research on that subject. She tried to do her PhD on Eskimo shamanism but she was requested to have researching experience in Canada, and due to she could not get a scholarship, she had to leave the project. When then Raymond Moody's book on NDE was published, she started her medical and psychological studies in order to do research. She published the first Swedish book on NDEs and OOBs together with Dr. Jan Pilotti in 1982, which led to more than one hundred interviews and sometimes also short time therapies with persons who told their experiences near death. Through TV, radio-programs and newspapers they came in contact with NDErs, and also with persons with other kinds of altered states of consciousness, and started interviewing them. As pioneers they met resistance and had to finance the project themselves. She got the permission from Prof. Kenneth Ring in order to use his questionnaire for such purpose. Gradually she found childbearing women with NDEs and she realized that some of their stories had parts of the NDE structure, though not near death. When discovering women telling their transpersonal experiences in giving birth she wanted to do research trying to do a doctorate in Psychology on that topic, but she was never allowed due to the controversial subject. There have been many studies on NDEs published in different countries, but none with childbearing women. When in 1989 the Scandinavian International Association of Near-Death Studies (IANDS) was founded (started in USA by pioneers like Audette, Moody, Ring, Sabom.) she became research coordinator, where one of her tasks was to give the information about NDEs to individuals in countries in East Europe. Due to this fact, she contacted professors Leonid and Dmitri Spivak at the Human Brain Institute in St. Petersburg, Russia. They got interested in her findings of the altered states of consciousness among the women in childbirth, and started to research on it, which was impossible to do in Sweden those days. 1992-1996 they interviewed all delivered women with normal deliveries in some maternity hospitals. Research with other projects is still going on. Correspondence to: K. Wistrand, Hornsg.29 F, 1 tr, S- 118 49 Stockholm, Sweden.

E-mail: kwistrand@gmail.com