



**COL Corcoran** will present a lecture and program to give information about identifying and supporting service members who have had C-NDEs.

COL Corcoran is the past-president of IANDS. She has 40 years of experience sharing her knowledge of NDEs, especially those of combat Veterans. She was in the Army Nurse Corps for 25 years, starting in Vietnam and ending with Operation Desert Storm.

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### **IANDS General Guidelines**

- Provide a safe, nonjudgmental, environment of care offering privacy and quiet.
- Respect the profound nature of C-NDE's content and difficulty to disclose it. Take the C-NDEs at face value and not see it as being symptomatic of pathology.
- Normalize the C-NDE (many others have these C-NDE events) without taking away the unique personal set of meanings given to the event.
- Assess the impact of the event in other life domains. Note if there is supportive family; refer to NDE support groups, and websites like [WWW.IANDS.ORG](http://WWW.IANDS.ORG)



## **TRAINING FOR DOD/VA STAFF AND COMBAT VETERAN GROUPS ON COMBAT NEAR-DEATH EXPERIENCES**

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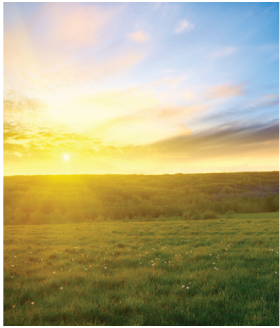
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## WHAT IS A COMBAT NEAR-DEATH EXPERIENCE (C-NDE)?

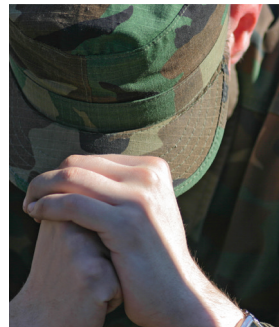
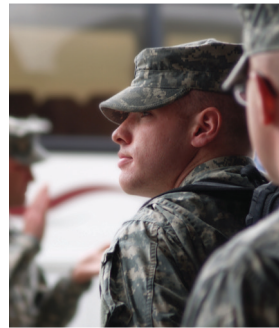
The NDE is a profound psychological event that may occur to a person who is near death or, if not near death, in a situation of physical or emotional crisis. Because it has transpersonal and mystical elements, an NDE is a powerful event of awareness.



■ Combat related near death experiences (C-NDE's) are recognized when along with the physical dangers of war, there are events of a coexisting hyper-aware state of perception. There are about 15 universal elements. A few examples include, being outside your physical body, seeing deceased love ones, being in a tunnel or other world. Seeing a very bright loving light, being at peace.



■ A DVD training Video, "Understanding Veterans' NDEs" coming soon! <https://www.youtube.com/watch?v=E5A0kvGkhD0>



## C-NDE EPIDEMIC AND NON-DISCLOSURE

■ More than fifteen years of ongoing War in Afghanistan and Iraq means many service members have had close calls with their own physical death and or have seen the death of others by gunfire, IEDS, and munitions. Some research indicates more than 48% of wounded veterans may have had C-NDE.

■ Military warrior culture is focused on mission readiness. Mission readiness is built on structure, discipline, and execution of orders. Feelings and thoughts about the profound changes following the C-NDE are usually stuffed-as warrior readiness is top priority. This conditioning acts to block the processing of the effects of C-NDE's.

Disclosures of C-NDEs are curtailed by service members' fears related to being misunderstood, of being diagnosed as having mental illness, or of being prescribed unwanted psychotropic medications.



## CONTINUUM OF CARE GAP

■ A lack of specialized training on C-NDE adds to care-gap of skills and knowledge of C-NDE.

■ The life long aftereffects of C-NDE can be hard to assess given the complexity of many co-occurring conditions (ORTHOPEDIC/PTSD/TBI/SUD/ MDD) with the combat injured patient.

■ C-NDE's are events of profound inner change with lifelong lasting ripple effects.

■ The aftereffects of C-NDE events can bring shifts in perceptions of self, others, and the world.

■ Changes may occur in service members' level of interest in material reality, self-acceptance and concern for others, spiritual values, the purpose and meaning of life, vocational direction and relationships.

The more that C-NDE is recognized and accepted, the better physicians, nurses, chaplains, psychologists, social workers, and counselors can give the needed support to warriors with C-NDEs.