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**THE PHENOMENOLOGY OF NEAR-DEATH
EXPERIENCES IN NORTHLAND MĀORI OF NEW
ZEALAND**

A thesis presented in partial fulfilment of the requirements for the degree of
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Abstract

Near-death experiences (NDEs) can be described as profoundly life-changing, subjective events, that typically manifest in those who have been pronounced clinically dead. Over the past four decades, NDEs have been a field of interest for many researchers. However, the majority of NDE research has been conducted in Western contexts, with fewer than ten studies completed in non-Western regions (Sleutjes, Moreira-Almeida, & Greyson, 2014). The limited non-Western NDE research makes it difficult to determine the role culture may play in the development or interpretation of the NDE.

The focus of the current study is the phenomenology of the NDEs of Māori residing in Northland, Aotearoa New Zealand. Because of the Māori focus, Kaupapa Māori Research was selected as the most appropriate methodological framework for this study. A ‘whānau of supervisors’ consisting of five Kaumātua and Kuia assisted the non-Māori researcher with respect to Kaupapa Māori. Six participants took part in unstructured interviews. Findings revealed the significant role of tikanga Māori within the NDEs of participants’, as well as a high similarity with the features often reported by NDErs of Western culture. Based on these results, it is suggested the two positions previous authors have regarded as conflicting, are not in fact mutually exclusive. The NDE may be cross-cultural in nature and culturally interpreted, but incorporate elements developed in reference to culture.

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Personal Rationale

“Justice will not be served until those who are unaffected are as outraged as those who are”

- Benjamin Franklin

One of my clearest memories as a young person is sitting on the playground at primary school with my friends, feeling genuinely envious that I had no Māori lineage. All my friends were Māori. I later came to realise that this genuine envy was a probable consequence of the environment my parents and school developed throughout my formative years. Both adults and young people alike held nothing but unmitigated respect for Māori, culture, and all people of all walks of life. Most of my schooling was completed in Northland environments where those of non-Māori lineage were the minority, and as far as I can recall there was never conflict between ethnic groups, merited by the respect we had for each other. As I grew and attended different institutions for education, where being non-Māori made me one of the vast majority, I realised the bubble of respect I was raised in, unfortunately for society, was anything but an omnipresent convention. I learned very quickly of the ubiquitous judgement of Māori often portrayed as some sort of un-supported ‘truth’ among non-Māori in Aotearoa New Zealand. In many social circles operated within everyday by non-Māori, I see this perception of Māori being demarcated as subsidiary, and it appears to be considered acceptable.

I went on to work for the Ngāti Hine Health Trust in Northland, New Zealand. Ngāti Hine Health Trust is a Māori for Māori health organisation, and the largest Māori health provider in the North. I worked in Māori youth suicide, and I witnessed the extreme consequences of the number of injustices that are destroying the lives of people. One of these injustices is the everyday demarcation between Māori and non-Māori. Here I came into contact with a number of people who had near-death experiences or knew of others who had, and wanted to speak about these experiences in relation to the loss of their loved ones, and how they wish to move on with their lives. Most people wished to know if there were others who had experienced anything similar.

My upbringing and work experience has allowed me to spend much time in Māori cultural circles. I have met large numbers of wonderful people doing wonderful things, and my personal growth and personal learning in all things Māori has been something more than significant. I am lucky enough to have many Māori friends in my life who have been willing to support me endlessly in this research. My supervisor, family, family friends, participants, among many

others have stood by my side and explained, taught, and often laughed with me. They have also made sure I was very aware of my place.

This research is my attempt at developing a piece of work that outlines some of the near-death experiences of Māori in Northland, what these look like, and why these are very important. Also, this research is my attempt at showing that with the right attitude, the right positioning, awareness, the willingness to listen and learn, the right intentions, and kindness, we can work together to not only derogate ignorance, but develop benefits for entire groups of people, oppressed or otherwise.

I am lucky enough to be in a position where I have learned from my experience with many brilliant Māori, how to position myself as non-Māori. I have learned how to apologise when I inevitably get things wrong. I have learned how to reflect and become aware of many of my prejudices and assumptions. Most importantly, I have learned how to put another person's culture ahead of my own. I have pushed myself to learn this because this is something theoretically and personally fundamental. It is fundamental because of the sensitivity of the near-death experience. It is fundamental because how a person makes sense of things is often influenced by culture, and it is how someone makes sense of things that I want to understand. But most of all, it is personally fundamental to me to put Māori culture ahead of my own because of the significant number of non-Māori who are putting it second.

Thank you Massey University for making this possible.

Introduction

“To die will be an awfully big adventure”

J. M. Barrie, *Peter Pan*

The near-death experience (NDE) is one of the most dramatic experiences a human can have (Holden, Greyson, & James, 2009). Reported as a profoundly life-changing, subjective event, NDEs typically manifest in those who have been pronounced clinically dead (those experiencing cessation of vital functions/suffering anoxia of the brain), or who have had a close brush with death (Belanti, Perera & Jagadheesan 2008; Greyson, 2014; Moody, 1975; Tassell-Matamua, 2014). The term NDE originated in 1975 through the work of Raymond Moody and Elizabeth Kubler-Ross, and has since been used in academic literature to refer to these profound phenomena (Tassell-Matamua, 2013a). Moody developed a set of frequently reported phenomenological features of the NDE, that later became known as the ‘core’ NDE (Ring, 1984). Moody also developed a category of frequently reported aftereffects (Atwater, 2008; Khanna & Greyson, 2013; Moody, 1975; Tassell-Matamua, 2013a).

Recent literature revealed a vast majority of NDE research has been conducted in North America (Sleutjes, Moreira-Almeida, & Greyson, 2014). Since 1977, fewer than 10 NDE studies have been completed in regions such as Germany, Belgium, Netherlands, Switzerland, and Africa, while more than 190 have been completed in North America (Sleutjes, *et al.*, 2014). Given the concentration of studies in North America, theorizing about the NDE somewhat disregards potential cultural elements that may be evident in the phenomenology of the experience, as well as potential causation and aftereffects. It is reasonable to develop theories regarding the Western NDE with the available research. However, theories about NDE universality can only be developed when greater numbers of NDEs from non-Western cultures are researched (Kellehear, 2009; Sleutjes, *et al.*, 2014).

So far, only one traditional Māori NDE has been documented in literature. Published in 1985 after being communicated to Michael King early in the 1970’s, it was recently re-analysed by Tassell-Matamua (2013b). She maintained this NDE could support either of two existing theories; that the NDE is similar across cultures but explained and interpreted using the cultural models one has available, or that the NDE is constructed in confirmation with the cultural

beliefs one already holds. The purpose of this research is to better elucidate this proposition. Given the dearth of cultural perspective in NDE research, this study aims to explore the phenomenology of Māori NDEs, and contribute to theorising regarding the phenomenology of NDEs – are they culture-specific or universal. By doing so, this study will contribute to the pool of accumulated knowledge regarding NDEs by offering a perspective currently lacking in NDE research.

To orient the reader, an overview of the thesis is provided here. A summary of NDEs will be provided in the first chapter. Specifically, a definition of NDEs will be given, followed by information regarding incidence. The common ‘triggers’ of NDEs will be described, which will also encompass a critique of the term “near-death experience”. Causal explanations for NDEs will then be covered, followed by the phenomenology and aftereffects of NDEs. Eleven of the most commonly reported features of NDEs are described in detail, followed by some of the more commonly reported aftereffects. NDE measurement is then presented, and the chapter then concludes with a discussion of the cultural bias inherent to NDE research.

The second chapter provides a brief summary of Māori in Aotearoa New Zealand. Māori cultural identity and the way this has been shaped over time will then be outlined. Following this, a few of the primary principles of tikanga Māori are described. Traditional Māori beliefs of the journey of the spirit into the afterlife are then summarised. Following this, the only available Māori NDE recorded by King (1985) is then presented. The consistencies between this NDE account, traditional Māori beliefs of the afterlife, and NDE accounts from Western cultures are then described. The conclusions drawn from the only available Māori NDE follow.

The third chapter outlines the methodological underpinnings of this study. First, Kaupapa Māori research is explained, as are the reasons why it was selected as the most appropriate methodology for this study. Data collection, data analysis, and the demographics of the participants volunteering for this study are then described. The procedure of this study is then outlined. Concluding the chapter is a participant bibliography section. This provides a summary of each participant and their NDE.

The fourth chapter presents the results of the study. The results are presented in relation to NDE phenomenology, NDE aftereffects, followed by elements that appeared to be culture specific.

The fifth and final chapter presents the discussion of the results of this study, and how the findings may contribute to the field of near-death research. The discussion is separated into five sections. In the first section, the findings are discussed in relation to phenomenology. The NDEs of participants are discussed in relation to their similarities with Western NDEs, then in relation to the cultural elements that presented within their NDEs, and then the possible opportunities for future research. The aftereffects of participants NDEs are then discussed in the same way. Following this, conclusions from the findings of this study are drawn. The

limitations of this study are presented, and the chapter is then closed with suggestions for healthcare professionals working with Māori who have had an NDE.

Chapter One

The Near-Death Experience

A synopsis of NDEs is given in this chapter. This involves a generic overview of NDEs as they are currently understood in the literature. Specifically, a definition of NDEs is provided, followed by information regarding incidence. The common ‘triggers’ of NDEs are then described, which also encompass a critique of the term “near-death experience”. Causal explanations for NDEs are then discussed briefly. The second and third sections of the chapter will focus on the phenomenology and aftereffects of the experiences. Eleven of the most commonly reported features of NDEs are then described in detail, followed by some of the more commonly reported aftereffects. The measurement of the NDE is then briefly discussed. The chapter will conclude with a discussion of the cultural bias inherent to NDE research.

1.1 Definition and Incidence

NDEs are profound psychological experiences, involving cognitive, affective, paranormal and transcendental features; and where the boundaries of space, time, and causality are typically transcended (Tassell-Matamua, 2013-14). Demographic factors have not been reliably or consistently linked to NDEs (Ring, 1980), suggesting any person of any particular demographic characteristic is equally likely to have an NDE as anyone else.

People who have been physiologically close to death are the most common reporters of NDEs. Research indicates approximately 10-20% of those who have survived a cardiac arrest report an NDE, which is ten times higher than that of patients with other cardiac conditions (Greyson, 2003). Approximately 4-9% of the general population will also report an NDE. Although dated, Greyson and Stevenson (1980) found the majority of NDEs occur in relation to those who suffer illness (40%), about 30% occur following a traumatic injury, 13% following surgery, 7% following childbirth, while a further 4% are reported to have followed the ingestion of drugs. More recent research would be useful to determine whether these same circumstances are still relevant.

Phenomena resembling NDEs have also been reported by those who have not been objectively close to death, such as those who have suffered a mild sickness, seclusion, depression, meditation, or without any evident reason, and have been termed near-death-like

experiences (NDEs) (van Lommel, 2013). Because the NDE cannot be measured or determined independently of the subjective experience, it becomes very difficult to decipher the NDE as an objective phenomenon. Moody (1988) argued the NDE would vary from person to person, in no way dissimilar from the differences in experiences when individuals travel to France; individual interpretations will vary dramatically. Some individuals will appreciate the architecture, while others will appreciate the cuisine, and appreciations will differ depending on the background and idiosyncrasies of each individual. Although the descriptions could be inconsistent between each other, it doesn't change the fact all those individuals went to France.

Further to this, given many NDEs occur outside hospital settings, where it is impossible to provide an objective assessment of the physiological condition of the individual, concerns about the appropriateness of the term 'near-death experience' have been raised, as it implies the person was physiologically close or at the point of clinical death during their NDE (Engmann, 2014). While the difficulties inherent to terminology are acknowledged here, the term "near-death experience" has been used extensively over the past four decades to refer to a phenomenological experience with a variety of commonly reported features. Given this history, and to ensure consistency with the established literature, for the purposes of this research a near-death experience will be determined by the phenomenology of the experience, rather than the catalyst believed to cause the experience, and will be defined according to the definition provided above.

1.2 Causality

While NDE causality is not the focus of the present research, an overview of some theories regarding causality is given here. The most prominent theories include: physiological, psychological, and transcendental perspectives.

Physiological. From a positivist, materialist and empiricist point of view, physiological explanations are considered the most viable, although in actuality there is little empirical evidence to suggest they are. Blood gases in the human body during situations of near-death (hypoxia, anoxia, and hypercarbia) have been proposed to generate atypical senses similar to those characteristics of the NDE (Facco, & Agrillo, 2012; Purkayastha, & Mukherjee, 2012; Tassell-Matamua, 2013a). However, if the changes in levels of blood gases in the brain were responsible for the NDE, the prevalence of NDEs in individuals suffering cardiac arrest would be more common (Tassell-Matamua, 2013a; van Lommel, *et al.*, 2001).

The prevalence of neurochemicals during situations of extreme stress has also been offered as an explanation. Endogenous opioids such as endorphins and ketamine which elicit pleasant feelings and mitigate pain, are released in periods of extreme stress (Facco, & Agrillo, 2012; Jansen, 1997; Tassell-Matamua, 2013a) and potentially fabricate transcendental experiences (Jansen, 1997). However, the pain relief produced by endogenous opioids endures for a matter

of hours, and those reporting NDEs indicate the pain relief they felt only lasted as long as the NDE, and returned once the NDE concluded (Tassell-Matamua 2013a). In addition, endogenous opioids like ketamine are yet to be located in the brain, therefore their role in the NDE while speculative, cannot be known for certain until or unless new evidence becomes available (Greyson, 2009).

Inadequate administration of anaesthesia has resulted in a patient's ability to be conscious to a degree while receiving surgery (Ghoneim & Block, 1992). However, inadequately distributed anaesthesia occurs very rarely, and has been described as a negative experience, which can include confusion, grogginess, and anxiety (Schwender *et al.*, 1998; Tassell-Matamua, 2013a). This in contrast to NDE phenomenology which is typically reported as an overwhelmingly positive experience (Wilde, & Murray, 2009), involving a high degree of lucidity and perceptual awareness. Even when reported as a negative experience, such NDEs still involve lucid perceptual awareness, which is in contrast to the experiences of inadequate anaesthesia (Atwater, 2009; Bush, 2002).

Psychological. Psychological explanations suggest NDEs serve as a coping mechanism to alleviate the anxiety elicited from being physiologically near-death (Tassell-Matamua, 2013a). A coping mechanism would be based on cultural expectations concerning what occurs at death, such as meeting deceased others or going to 'heaven', to militate against the fear of anticipation over what is to come (Sutherland, 1995). While a logical explanation, it cannot explain the cases of individuals who are congenitally blind visually recognizing his or her surroundings during their NDEs (Fontana, 2003). Congenitally blind individuals are unlikely to have a prior expectation of vision at death, so theoretically should not employ a coping mechanism inclusive of sight at death. Also, not everyone who encounters a NDE – such as those who suffer a cardiac arrest without warning, or are in a motor vehicle accident - have time to become consciously aware of impending death, and therefore would have little, if any time to process and employ a coping mechanism (Tassell-Matamua, 2013a). Very young children are likely too young to hold expectations about what death means or what will happen to them at death, and yet very young children have reported NDEs; typically with the same features reported by adults (Atwater, 2008). However, it is acknowledged that no person no matter how young is free from culture, and therefore expectation (Kellehear, 2007). The language used to describe the NDE is itself culturally construed, and consequently even young children are not free from culture (Augustine, 2007; Kellehear, 2007).

Psychiatric disorders were suggested to be among the contributing factors for NDEs, and while the NDEs of some individuals could be accounted for by psychiatric disorders, many cannot (Tassell-Matamua, 2013a). For example, post-traumatic stress disorder (PTSD) was thought to be an explanation for the NDE, yet individuals who have a NDE can recollect the event without the concerns typically associated with PTSD (i.e., such as avoidance of thoughts

about the experience, or ‘re-living’ the experience), which would not be the case were they suffering PTSD (Greyson, 2001).

Transcendental. Transcendental theories explain the NDE through a belief in the afterlife. What the afterlife may be, is dependent on how that idea has been culturally constructed or shaped for an individual by religion and values (Tassell-Matamua, 2013a). However, NDE research has shown individuals who possess spiritual beliefs prior to their NDE do not always encounter components congruous with their beliefs, and those without beliefs prior to their NDE sometimes describe encountering what they perceive to be religious features they did not previously believe in (Sutherland, 1995; Tassell-Matamua, 2013a).

1.3 NDE Features

Research indicates NDE phenomenology is often comprised of a variety of specific elements: cognitive, affective, transcendental, and paranormal (Lange, Greyson, & Houran, 2015; Tassell-Matamua, 2013a; Zingrone, & Alvarado, 2009); with each element comprising characteristic features. For example, the cognitive element incorporates features of extraordinary cognitive functioning, such as heightened awareness and adapted time perception. The affective element includes the intense feelings of peace/love, and the feeling of being coalesced with the universe. The transcendental element includes an out-of-body experience (OBE), seeing or entering a tunnel, and vivid senses. Seeing a being of light, seeing an unusually bright light, seeing and/or communicating with passed relatives, and a feeling of cosmic union, are some of the more commonly reported paranormal elements (Tassell-Matamua, 2013a; Tassell-Matamua, 2014).

No single NDE includes all the features typical of the experience, and these features do not appear in any specific order (Kellehear, 1993; Rodabough & Cole, 2003; Tassell-Matamua, 2013a), and some features are reported more commonly than others. For example, an OBE is a commonly experienced feature of the NDE, but hearing music is much less common (Zingrone, & Alvarado, 2009).

In his book *Life After Life* Raymond Moody (1975) produced a set of the most commonly reported phenomenological features of the NDE. The original elements Moody sequenced in what he assumed to be chronological order (Rodabough, & Cole, 2003). Below, rather than describing in sequential order as Moody did, the elements have been divided into the four components (i.e., cognitive, affective, paranormal, transcendental), with elements categorized within that component described in detail:

1.3.1 Cognitive Elements

- *Hearing the news:* NDErs sometimes report hearing someone declare them deceased at the scene during their NDE (Rodabough, & Cole, 2003). A sharp sense of hearing

amongst some NDErs is characterised by vividly fast thoughts and sharp vision such as 'hyperalertness' (Noyes & Slymen, 1978-79). According to Moody (1975), many of those he interviewed overheard the communication of spectators at the scene of their NDE or the communication of their surgeon in the operating theatre. For example, one participant recounted to Moody that she heard her physician say: "Let's try one more time, then we'll give up" (Moody, 1975, p. 27-28).

- *The life review*: This feature typically involves the re-living of one's life, either simultaneously or in chronological order, although it can be experienced in a diversity of orders and types (Stevenson & Cook, 1995). While many NDErs communicate the memories they experienced were very vivid, some experience the life review in chronological order from their childhood to present, while others experience it in order from present to childhood. Others still indicate the life review was not panoramic and there was no order to the memories they experienced (Stevenson & Cook, 1995). Another study found the panoramic life review was more commonly reported in those who have an NDE as a consequence of an accident, than those who have an NDE as the result of illness or attempted suicide combined (Ring, 1980). NDErs have also reported that in addition to re-living the events of their life, they were also aware of the implications of their actions on others (Moody, 1975)

1.3.2 *Affective Elements*

- *Ineffability*: NDErs have reported trouble communicating their experience to others (Moody, 1975), primarily because it was a new experience outside that which was considered normal (Rodabough, & Cole, 2003). Moody (1975) recorded NDErs typically find "there are just no words for what I am trying to say" (p.26). The ineffability of the NDE makes the description of some features within the NDE difficult. NDErs often attribute the features they experience to something else that may be familiar (Kellehear, 2009).
- *Noise*: Many NDErs often communicate some type of auditory awareness. This can be either pleasant or unpleasant, and commonly consists of buzzing, a loud ringing, a roaring or banging, and sometimes of beautiful music or bells (Rodabough, & Cole, 2003). Approximately 57% of NDErs are suggested to experience some kind of auditory phenomena (Zingrone & Alvarado, 2009), with only 11% reportedly experiencing heavenly music (Gallup & Proctor, 1982).

- *Feelings of peace*: One of the most commonly reported phenomenological features of the NDE was an inordinate sense of peace (Rodabough, & Cole, 2003). The individuals Moody (1975) interviewed, described relief from pain and great relaxation. Sabom (1982) and Schwanager *et al.* (2002) found 100% of participants in their research reported a calm sense of peace. In Greyson's 1983 and 2003 studies, 77% and 85% of participants respectively reported feelings of peace. In other studies between 60% and 75% of participants have reported overwhelming feelings of peace (Green & Freidman, 1983; Lindley, Bryan & Conley, 1981; van Lommel *et al.*, 2001).

1.3.3 Paranormal Elements

- *The dark tunnel*: NDErs have reported experiencing a dark space, which is often described as a tunnel, a well, cave, an enclosure or a funnel (Rodabough, & Cole, 2003). The tunnel is thought to be a characterising feature of the Western NDE (Blackmore & Troscianko, 1989), with between 23-38% of participants reporting a tunnel-like feature or dark area within their NDE (Green & Freidman, 1983; Lindley, Bryan & Conley, 1981; van Lommel *et al.*, 2001). However, throughout the establishment of the Near-Death Experience Scale (NDE Scale), a self-report measure for NDErs developed by Greyson in 1983, the tunnel-like experience was dropped from the list of self-reported features as it correlated poorly with more commonly reported features of the scale.
- *Being out of the body (OBE)*: The OBE is defined by a sense of being disembodied. NDErs often communicate they could see things from different locations outside their physical bodies, objects were no longer barriers, their senses were heightened, and they had feelings of being weightless and invisible to others (Rodabough, & Cole, 2003). NDErs often describe that they are able to move about within a few metres from the physical body, and can see their physical body from another point in space. The non-physical body is often reported to be lighter in weight but approximately the same size as the physical body (Greyson & Stevenson, 1980). Between 27-90% of NDErs report an OBE (Green & Freidman, 1983; Lindley, Bryan & Conley, 1981; Schwanager *et al.*, 2002; van Lommel *et al.*, 2001). The exit from the body is most often reported as effortless and instantaneous, and in 95% of cases the NDEr reports remaining within meters of the physical body. Seventy-nine percent of NDErs report re-entry into the physical body as effortless and instant (Greyson & Stevenson, 1980). During the OBE, the NDEr may have the capacity to observe physical events and objects (Sabom, 1982), but their sense of sight may differ (Holden, 1988). In one study, some NDErs communicated their vision as clear (75%), 76% described it as free of distortion, 71%

described their vision as accurate in perceiving colour, 77% communicated having a complete field of vision, 61% described having an accurate memory of environment, while 57% communicated their ability to read during their NDE (Holden, 1988).

1.3.4 *Transcendental Elements*

- *Meeting others:* A common element experienced during an NDE is meeting supernatural beings (Rodabough, & Cole, 2003). These beings are sometimes recognised as deceased family members or friends, or sometimes they are described as guardian spirits (Rodabough, & Cole, 2003). Kelly (2001) suggests the most commonly reported encounters are with deceased persons from a preceding generation, (e.g., grandmothers/fathers, mothers/fathers), followed by deceased persons from the experiencer's own generation (husbands/wives, sisters/brothers). The least commonly reported encounters are with deceased members from the succeeding generation (daughters/sons). Kelly (2001) also found a majority of NDErs considered themselves emotionally close to the spirit they encountered, with fewer considering themselves just friendly or not knowing the spirit. NDErs were more likely to see deceased spirits if their NDE was caused by an accident, compared to those resulting from illness. Similarly, the closer an individual was to death at the time of their NDE, the more likely they were to see a deceased spirit, and the more likely they were to report light and darkness throughout their NDE. Between 26-72% of NDErs report encountering some form of supernatural being(s) during their NDE (Greyson, 1983, 2003; Schwaninger *et al.*, 2002)
- *A being of light:* NDErs often describe an exceptionally bright light, although not blinding, and felt an irresistible attraction toward it (Rodabough, & Cole, 2003). The light is often described as a being of love and warmth, and asks the NDErs questions related to their readiness for death, or what they have achieved in life. Communication between the NDEr and the light is typically conducted through thoughts, and because of this lying or misrepresentation cannot take place. There is not a reported sense of vilification from the being of light, but an overwhelming sense of acceptance and love no matter the answer the NDEr has offered (Rodabough, & Cole, 2003). Between 16-63% of NDErs report experiencing a being of light within their NDEs, however, a smaller percentage of NDErs, between 10-18%, report actually entering the light (Green & Freidman, 1983; Lindley, Bryan & Conley, 1981; Schwaninger *et al.*, 2002; van Lommel *et al.*, 2001).

- *The border or limit:* NDErs communicate experiencing a border or limit they wanted to cross but could not, as they were drawn back to life. This border or limit can manifest in a variety of ways, including a grey mist, a fence, gate, a body of water, or a line. (Rodabough, & Cole, 2003). Between 26-57% of NDErs report reaching a border or limit that they could not cross (Greyson & Stevenson, 1980).
- *Coming back to life:* Toward the end of the NDE many individuals communicated they did not wish to return to the body, while others were grateful as they had unfinished business to attend to, or that others back on earth had brought them back to life. It is sometimes reported that the being of light sends the NDEr back to life (Rodabough, & Cole, 2003). In other cases, Ring (1980) found 57% of his sample decided to return to life.

1.4 NDE Aftereffects

In his book *Life After Life*, Moody (1975) noted common changes in the attitudes and values of NDErs following their NDEs, which were often integrated into their everyday lives. These changes he termed aftereffects, were noted most often to be remarkably positive and include significant personal transformation. The aftereffects of the NDE became a significant point of interest for researchers internationally, as the NDE was recognised as an influential agency for change (Noyes, *et al.*, 2009). In understanding what it is about the NDE that provokes these changes, the catalysts for other life changing effects might be better explicated. How to apply these life changing effects of the NDE to benefit others might also be understood. In addition, learning what it is about the NDE that provokes these changes may help validate what the experience meant to those having them. Also, understanding the aftereffects of the NDE may lead to a better comprehension of what it is the NDE can teach us about life and death (Noyes, *et al.*, 2009). Four commonly reported aftereffects of the NDE are described below:

- *Loss of the fear of death:* Loss of the fear of death is the most frequently reported aftereffect of the NDE (Noyes, *et al.*, 2009). One study revealed this loss of fear of death was maintained at both 2- and 8-year follow-up, suggesting it persists years after an NDE (van Lommel *et al.*, 2001). Despite the loss of the fear of what happens once the body ceases to function, NDErs preserve an inherent fear of the *process* of dying, or *how* they might die, because of the possible discomfort and suffering (Noyes, *et al.*, 2009). Moody (1975) speculated NDEs cause an abandoning of pre-existing concepts of death as elimination, resulting in a loss of the fear of death, while Ring (1984) suggested the NDE results in a new belief that something personal survives physical death. However, the actual mechanism of the

NDE (i.e., specific feature/s) that may cause the loss of the fear of death, is still unknown (Tassell-Matamua, 2013-14).

- *Enhanced spirituality:* NDErs often report an enhanced sense of spirituality, regardless of faith or adherence to a specific religious doctrine prior to their NDE (Sutherland, 1990). Encountering a 'being of light' has been suggested as a possible mechanism involved in this change (Morse & Perry, 1992). A new mission or sense of purpose in life is also typically reported concomitantly with a heightened sense of spirituality. To many NDErs, being 'sent back' by the being of light or choosing to come back was due to a sense of unfinished business, or the consequence of a higher plan. A heightened sense of self-esteem also often accompanies the spiritual change (Noyes *et al.*, 2009).
- *Changed relationships with others:* NDErs often report changes in their relationships with others (Noyes *et al.*, 2009). Many report they now prioritise others over more individualistic advancement, they are no longer concerned with status, recognition or material goods, and these priorities are paired with a greater compassion and an impulse to serve others (Greyson, 1983a). Following their NDEs, NDErs report personal gain is perceived to be exercised at the cost of others, and material gain is seen as taking from someone else. These changes sometimes cause NDErs to re-evaluate their vocations and personal relationships. In addition, NDErs report being more sensitive, more accepting, and more tolerant of others following their NDE (Noyes *et al.*, 2009).
- *Greater life appreciation:* NDErs report a new appreciation for life in response to their NDEs. Appreciating little moments with friends or family, or the beauty of nature, and living more in the moment becomes more important following their NDEs. A greater hunger for knowledge and a better understanding of the world are vital. NDErs new-found appreciation sometimes eliminates the NDErs own issues that may have been present before the NDE, issues such as psychological distress, suicidal tendencies or existential uncertainties (Noyes, *et al.*, 2009).

Other reported aftereffects include paranormal episodes and extrasensory occurrences (Noyes, *et al.*, 2009). Precognition, contact with spirits, awareness of dreams, intuition and telepathy are some of these paranormal experiences (Sutherland, 1995). Ongoing contact with deceased relatives or supernatural beings, and auditory hallucinations, which are most often reported as positive experiences, have also been described as aftereffects (Moody, 1975; Morse

& Perry, 1992; Sabom, 1982). Other aftereffects include varying physical and mental alterations such as changes in breathing, ascending sensations, unexplained hot or cold sensations, intense positive emotions, watching oneself from afar and sensing an increase in the speed of thought (Noyes, *et al.*, 2009).

1.5 NDE Measurement

Given their subjective nature, and that phenomenological elements and aftereffects of an NDE can vary markedly, standardising the measurement of NDEs and their aftereffects is important. Consequently, Bruce Greyson (1983) developed the NDE Scale as a means for providing a standard measure of NDEs. The NDE Scale is a self report instrument designed to determine the magnitude of the NDE, through assessment of the type and number of features experienced (Lange, Greyson, & Houran, 2015; Noyes *et al.*, 2009). Sixteen common features were configured from a list of 80 elements typical of NDEs for the NDE Scale, and then classified into the four different types of features; cognitive, affective, paranormal and transcendental features. These categories are each comprised of four features, and scored on a scale of 0 to 2. A consummate total of 32 can be earned, with a score above 7 being indicative of a ‘true NDE’ (Greyson, 1983; Lange, Greyson, & Houran, 2015). The classification of a ‘true NDE’ is useful because it differentiates between the NDE and other types of experiences, for example, the NDLE, that may occur under stressful or life threatening circumstances (Greyson, 1983). However, the term ‘true NDE’ does not adjudge any experience scoring below the 7 threshold to be of lesser value, or less personally significant. It is simply a means of categorising NDEs for empirical purposes (Lange, Greyson, & Houran, 2015). The NDE Scale is the most widely used measure of NDEs in the near-death literature.

The LCI-R was developed to quantify the extent an individual made life changes following an NDE (Greyson & Ring, 2004). Comprised of 50-items, the LCI-R measures nine value clusters, including: appreciation for life, self-acceptance, concern for others, concern with worldly achievement, concern with social or planetary values, quest for meaning or sense of purpose, spirituality, religiousness, and appreciation of death. Over time, domains have been added to, taken from, and altered slightly as more information has been gathered about NDE aftereffects through interviews. Having become the most widely used measure in NDE research, the LCI-R has also been employed in other domains of research, as it is a valuable instrument for the measurement of attitude change (Greyson & Ring, 2004). The LCI-R has demonstrated acceptable psychometric properties across a variety of studies (e.g., Goza, Holden, & Kinsey, 2014), and Noyes *et al.*, (2009) recently suggested it should continue to be utilised as the standard measure of change post-NDE.

1.6 NDEs and Culture

Some of the earliest accounts of NDEs date back to the time of the Sumerians, Ancient Egyptians, and Classical Greeks (Knoblach, Schmied, & Schnettler, 2001). Since then, NDEs have been reported across all times and cultures, and evidence of their existence and belief within various socio-cultural contexts is prevalent. For example, The Egyptian Book of the Dead and the Old Testament both have NDE accounts embedded within their narratives (Holden, Greyson, & James, 2009). Although subject to some debate (e.g., Fox, 2003), experiences synonymous with NDE features are expressed in many of the world's most populous religious teachings, such as Judaism, Hinduism, Islam, Christianity, and Buddhism (Badham, 1997; Lundahl, 1981-82; Masumian, 2009; Vincent, 2003).

Despite this historical evidence of NDEs being embedded in the diverse history of various socio-cultural groups, Sleutjes, Moreira-Almeida and Greyson's (2014) revealed a vast majority of NDE research undertaken over the past four decades has predominantly been with Anglo-European populations. Due to the highly comparable cultural circumstances of those who have participated in near-death research, consistent clinical delineations between NDE accounts are to be expected (Atwater, 1988; Kellehear, 1993; 2009). This has led some researchers to believe this consistency in reported NDE features result from a common physiological foundation (Lange, Greyson & Houran 2004), while others draw attention to the cultural configuration and interpretation of the NDE (Ellwood, 2000; Kellehear, 1993). However, arguments regarding NDE universality are premature as there is little information available on NDEs from non-Western cultures (Kellehear, 1993; 2007).

Although information on NDE phenomenology from culturally diverse/non-Western regions is not abundant, NDE accounts from China, India, Guam, Western New Britain, Native North America, Aboriginal Australia, and Māori New Zealand were contrasted with features common of Western NDEs (Kellehear, 1993). Two commonly reported phenomenological features of the NDE appear to be consistently cross-cultural (Kellehear, 2009): travelling to another realm and visiting or meeting deceased beings. But, the cross-cultural nature of other NDE features is more ambiguous.

For example, the OBE is familiar to a majority of cultures worldwide (Sheils, 1978), however it is not consistently reported in non-Western NDEs. The OBE has been reported in the NDEs of Native Americans and the single Māori recorded account to name a few, but is not reported in African accounts or the single recorded Aborigine NDE, despite the OBE being known in the Aboriginal culture (Kellehear, 2009). The life review common to Western NDEs was thought to be a universal, physiological response to death (Butler, 1963; Noyes & Kletti, 1977) but was only apparent in Chinese and Indian NDE accounts, not the remaining aforementioned non-Western cultures (Kellehear, 2009). While this may in fact be a consequence of an inadequacy of NDE research from non-Western regions, it could also be the result of the similarities in religions of Chinese, Indian and Western cultures. As far as discourse

and social convention are concerned, the religious developments of the Chinese, Indian and Western cultures are highly similar (Kellehear 2009; Masumian, 2009). These religions tend to link death with conscience and identity; therefore the presence of a life review in circumstances of near-death seems appropriate (Kellehear, 2009). In contrast, Pacific and Aboriginal cultures reserve their social encounters in a communal sense within their social worlds, not within themselves. Therefore, the concept of identity is not as significant at the time of death (Roheim, 1932). The life review during circumstances of near-death then appear culturally irrelevant (Kellehear, 2009).

In no NDE account from China, India, Guam, Western New Britain, Native North America, Aboriginal Australia, and Māori New Zealand, was a tunnel sensation experienced (Kellehear, 2009; Kellehear, Heaven, & Gao, 1990), when the presence of the tunnel was thought to be a central and characterizing feature of the NDE (Blackmore & Troscianko, 1989). However, periods of darkness during NDEs were reported. Kellehear (2009) communicated the tunnel does not appear to be a cross-cultural feature of the NDE, but a period of darkness might be. He went on to suggest this period of darkness is predisposed to an interpretation heavily influenced by culture. Those of Western cultural influence often report a tunnel, while those from non-Western cultures interpret this darkness as that which seems most familiar to them. The ineffability of the NDE makes the description of any feature difficult, so NDErs are likely to attribute this period of darkness to anything familiar that they can explain in attempt to portray the right illustration of the experience (Kellehear, 2009). Tunnels are thought to be the object of description in Western NDEs as they can depict a phenomenon both literally and figuratively. Literally the tunnel symbolises a channel that is a pathway to another structure (Oxford English Dictionary, 1989). Figuratively, the tunnel symbolises a period of darkness en route to a period of light. It is noted that from childhood those raised with Western cultural influence are familiar with the concept of looking through a dark shaft toward something attractive, tunnels on highways, kaleidoscopes, binoculars, or the telescope. If this claim is accurate, many Western NDErs should describe the darkness experienced within their NDE as tunnel-like, and non-Western NDEs should describe this darkness as something other than tunnel-like (Kellehear, 2009).

Table 1 was developed by Kellehear (2009) as a summary of findings of non-Western NDEs.

Table 1

Summary of findings regarding features of non-Western NDEs by culture

Culture	Tunnel	OBE	Life Review	Beings	Other World
China	Maybe	Yes	Yes	Yes	Yes
India	no	Yes	Yes	Yes	Yes
Thailand	Maybe	Yes	Yes	Yes	Yes
Tibet	No	Yes	Yes	Yes	Yes
Western New Britain	Maybe	Maybe	Maybe	Yes	Yes
Hawaii	Maybe	Yes	No	Yes	Yes
Guam	No	Yes	No	Yes	Yes
Māori New Zealand	Maybe	Yes	No	Yes	Yes
North & South America	No	Yes	No	Yes	Yes
Australia	No	No	No	Yes	Yes
Africa	Maybe	No	No	Yes	Yes

There are a number of other subtle differences in NDEs between cultures. Western NDEs appear to be experiences of powerful feelings of love and peace in the existence of a great light, while some NDEs reported from China indicate a strong sense of alienation from the body (Belanti *et al.*, 2008). Ring (1980) reported the colour of the bright light within Western NDEs is often reported as golden in colour, while Tibetans' often report a clear light. Western NDEs commonly report seeing deceased relations and following these relatives (Osis & Haraldson, 1977), while Indian NDErs more commonly report seeing religious figures they were unwilling to follow (Belanti *et al.*, 2008).

Overall, the few numbers of available non-Western NDE literature present a number of NDE features that may vary between cultures. The presence of a tunnel or period of darkness, the life review, and the OBE are three examples of this. These variances between NDEs cross-culturally indicate more information is required to enhance our understanding of the influence of culture. It is not yet conclusively known whether NDEs are similar across all cultures but explained using the cultural models one has available, or if the NDE is culturally-developed. The sometimes subtle (variations in language use), and sometimes overt (variations in entire phenomenological elements) differences in NDEs between cultures highlight the essential role

understanding culture will play in comprehending the development, nature, and aftereffects of the NDE.

1.7 Summary

In summary, NDEs are profound, psychological experiences, with diverse phenomenology. There is not yet a sufficient causal explanation for the NDE. The features that present within the NDE can be classified into four components: cognitive, affective, paranormal and transcendental. No two NDEs are the same, and there is no known category of individuals more likely to have an NDE. The aftereffects of the NDE are well known and commonly reported, but also vary among NDErs. The most significant of these is the loss of the fear of death. The personal transformations many NDErs undergo following their NDE are well-supported by literature, however, it is unclear what aspects of the NDE facilitate these transformations. Because of the many elements present within NDEs, instruments designed to measure the depth or magnitude of the experience or the degree of change following an NDE, are valuable tools. NDEs also vary cross-culturally. There is very limited information regarding the NDEs of non-Western cultures as most NDE research has been conducted in Western contexts. There is not enough information on non-Western NDEs to determine whether the NDE is similar across cultures (but explained and interpreted using the cultural models one has available), or that the NDE is developed in relation to the cultural conditioning of the NDEr. In order to better comprehend the NDE, more information regarding the NDEs of those from non-Western cultures needs to be gathered.

Chapter Two

Māori and the Near-Death Experience

There is only one professional account of a Māori NDE, which was first documented in the 1960s but occurred many years prior to the report (Tassell-Matamua, 2013b). To develop a more in-depth understanding of the phenomenology of the Māori NDE, and therefore a better knowledge of non-Western NDEs, greater numbers of Māori NDE reports are required.

This chapter is organised into five parts. First, to gain a better picture of Māori in Aotearoa New Zealand, Māori identity will be covered. An understanding of Māori identity outlines the difficulties of colonization and the ramifications of this for Māori. Māori identity is important to comprehend in the context of NDEs, as it is an identity that has changed over time, potentially altering the influence it may have over the NDE. Following this, a brief discussion of the primary principles of Tikanga Māori will be presented. Tikanga Māori is central to Māori culture, and could influence the development or the interpretation of the Māori NDE. An overview of traditional Māori beliefs of the journey of the *wairua* (spirit) at the time of death is then outlined, followed by the only available Māori NDE. Similarities and differences between this NDE and traditional Māori beliefs of the journey of the *wairua*, and similarities and differences with Western NDEs will then be discussed.

2.1 Māori identity in Aotearoa New Zealand

Māori arrived in Aotearoa New Zealand from Polynesia over 1,000 years ago (Tassell-Matamua, 2013b). As the indigenous people of New Zealand, Māori established tribes (*iwi*) and sub-tribes (*hapu*) and lived sustainably with each other and the environment (Moko Mead, 2003). Spirituality, hierarchy, safety and concern for the benefit of the collective were some of the primary ideas influencing *Te Ao Māori* (the Māori world) (Tassell & Locke, 2012). Prior to European contact, the term Māori meant ‘usual’ or ‘normal’ (Durie, 1998). Māori identity was not a known concept to Māori; instead identity was based on the unique characteristics and environments of *iwi* and *hapu*. It wasn’t until the signing of the Treaty of Waitangi in 1840 that a more national Māori identity was established, primarily based on the features common to Māori that were salient to non-Māori, the new influence of Christianity, and a disregard for

differences between iwi. Rapid colonization led to the declining population of Māori, and the near extinction of the Māori language (Te Reo Māori). The influence of Christianity throughout the colonization of New Zealand was significant, with a number of different branches of Christianity introduced to Māori. Amongst these were Pentecostal Christianity, the Salvation Army, Mormonism and Presbyterianism, resulting in a variety of religious perspectives held by Māori. These religions took the place of Māori spirituality (Rae, 2012). It wasn't until 1984 Māori leaders united to work towards re-establishing Māori cultural identity in relation to iwi-origin. Following this, Māori leaders spoke about the importance of the survival and maintenance of te reo Māori (Durie, 1998).

European contact and the processes of colonization resulted in the deterioration of Māori culture. The self-determination of Māori has become part of the process to maintain Māori culture and develop a more accurate Māori cultural identity (Durie, 1995). Self-determination is the “*advancement of Māori people as Māori, and the protection of the environment for future generations*” (Durie, 1998, p4). It is the cultural, economical and physical health of Māori, while simultaneously resisting assimilation with any outside cultural force. Māori cultural identity has been described as a combination of cultural knowledge, individual attitudes, and participation in the Māori community (Fitzgerald *et al.*, 1996). More specifically, the particular foci of Māori cultural identity are: whether a person self-identifies as Māori, whether they hold knowledge of whakapapa (genealogy), the extent to which they participate in customary social engagements, their connection with whānau (wider family) and access to ancestral lands (Durie, 1998). Because of this, cultural identity is founded on more than an individual's belief structure; it becomes politically founded in an individual's access to cultural resources and establishments.

Durie (1998) suggests Māori cultural identity can be demarcated into four different categories: secure, positive, notional and compromised. A secure Māori cultural identity is determined by a strong self-identification as Māori, along with high knowledge of whakapapa and ancestral lands, high involvement with whānau and te reo Māori. A positive Māori cultural identity still identifies as Māori, but has less knowledge of and/or involvement with whakapapa, ancestral lands, whānau and te reo, than a secure identity. A notional identity is a person who also identifies as Māori, but has no knowledge or involvement in things Māori. A compromised Māori cultural identity is a Māori individual who does not identify as Māori, regardless of access to Māori culture and establishment. What this suggests is Māori cultural identity differs amongst Māori and changes over time (Durie, 1998).

The degree to which Māori identify with these levels of cultural identity is related to socio-economic status (Durie, 1995; 1998). Those who hold a secure Māori cultural identity are more likely to be of higher socio-economic status than those who hold a notional or compromised Māori cultural identity. The number of individuals who identify as Māori is increasing; approximately 15% of New Zealand's population identify as Māori (Statistics New Zealand,

2013). The median age of Māori residing in New Zealand is 24 years of age (Statistics New Zealand, 2013), and approximately 80% of Māori reside in urban areas (Statistics New Zealand 2002).

2.2 Tikanga Māori

Tikanga Māori is fundamental to Māori culture (Moko Mead, 2003). A better understanding of tikanga Māori illustrates a clearer picture of *te ao Māori* (the Māori world). The self-determination of Māori has led to tikanga Māori being more commonly practiced by Māori and some non-Māori in Aotearoa New Zealand (Durie, 1998). Tikanga Māori has been defined as Māori customary values and practice, but to many, means the ‘Māori way’ or ‘in correspondence with Māori custom’ (Moko Mead, 2003). Māori knowledge is accrued through many generations and is considered the intellectual resource of Māori. There are a number of underlying principles of Tikanga Māori forming a set of inter-relating values comprising a way of being (Barlow, 1991; Moko Mead, 2003). The primary principles most commonly described as integral to Māori culture are: whanaungatanga, kotahitanga, mana, tapu, and utu (Barlow, 1991; Metge, 1995; Moko Mead, 2003; Pere, 1982, 1991). Exact practices or principles of tikanga vary between iwi and hapu (Barlow, 1991), so here they are discussed very generally.

2.2.1 Whanaungatanga

Whanaungatanga is a core principle of Tikanga Māori that is concerned with all relationships between people, whanau or otherwise (Metge, 1995; Moko Mead, 2003). Whanaungatanga is concerned with the bonds that hold the kinship ties of a whānau. *Aroha* (unconditional love) is fundamental to the principle of whanaungatanga, as is loyalty, commitment and obligation. Whanaungatanga is concerned with the strength of the whānau, which impacts the strength of the social unit, and as a result, the tribe (Pere, 1982). It is recognized in Māori culture that relationships are fragile and need to be protected and worked for (Moko Mead, 2003). While an individual can expect to be supported by his or her own immediate whānau, the collective expects the support of its individuals as well. Whanaungatanga focuses on the value of others, looking after each other, and taking concern in the way others are treated, which in turn advances the social cohesion and unity of the collective (Metge, 1995; Moko Mead, 2003). Whanaungatanga also inter-relates everything in the universe. It relates to the connections between genealogy, the world, the gods and else systematically (Pere, 1991).

2.2.2 Kotahitanga

Kotahitanga, translating as tribal unity, strives to give every member of the collective an equal share of the resources to ensure no one goes without (Barlow, 1991). Kotahitanga provides for the needs of the orphaned, the young, the sick and the widowed. All group members have a

responsibility to supplement the collective by some means, and everyone benefits (Moko Mead, 2003). Elders are generally responsible for the allocation of resources to those in need. On a larger scale, kotahitanga was also historically practiced between hapu. If a hapu was under attack or required assistance due to some form of scarcity or depleting resource, other hapu belonging to the main iwi would assist. Since the signing of the Treaty of Waitangi, a number of hui have been held to determine if a unity of all iwi is appropriate for the collective benefit for all Māori, however this is yet to be determined. It is in this sense that Kotahitanga works at a variety of levels, no one more or less significant than another (Barlow, 1991).

2.2.3 *Mana*

The absolute conceptualization of mana does not have an English equivalent. However, more generally, mana is known as prestige, power, control, authority and influence (Pere, 1982; 1991; Williams, 1957). Quite often, mana refers to an individual's social status (Moko Mead, 2003). People, animals, insects, resources, iwi, have mana that is inherent to them, *mana atua* (divine right). All individual beings are considered unique and with something to offer (Pere, 1991). However, individuals can gain mana from their bloodlines. Mana can be passed on from parents, grandparents and so on, and the mana of individuals is then socially supported by their kinship and social groups. Individually, a person can gain mana based on their given skill sets and contributions over time to the collective (Moko Mead, 2003). To keep mana intact, the strength of the whānau must be presented as united to others outside this group, therefore the wellbeing of the whānau is one method of gaining or losing mana (Pere, 1982).

2.2.4 *Tapu*

Tapu lies at the nucleus of Māori religion, and is concerned with all things in life inter-connecting (Moko Mead, 2003). There is no single definition in English that can describe tapu, or be used as an equivalent. However, tapu can be used as a type of social control or disciplinary measure, a way of developing awareness of spirituality, a protective measure, preservation or conservation, or a way of appreciating another person or life force (Pere, 1991). Tapu can be the integrating of different philosophies and attempting to make peace between inconsistencies or conflicts. It is an integral aspect of Māori custom and can be applied for reasons of safety, respect, or ritual. For example a person who is very ill can become tapu especially if they are bleeding. Restrictions are then placed on access to the individual for reasons of collective safety (Moko Mead, 2003). Most effectively, tapu was means of social control. The use of tapu within the collective could be used to keep individuals safe and maintain respect for people and resources (Pere, 1982).

2.2.5 *Utu*

Utu is the principle of reciprocity or equivalence (Moko Mead, 2003). Utu is the maintaining of relationships by the restoration of balance. There are a multitude of processes by which utu is maintained. For example, when a whānau is grieving the passing of a loved one, the extended whānau stand in to assist in the organizing of the tangi to let the immediate whānau grieve, and the grieving whānau then return this assistance when the time comes for the passing of others within their extended whānau. Utu can also be achieved through acts of revenge, a more traditional method of policing. This process of utu restores the balance in an upset collective, maintaining unity. The maintenance of unity has ramifications throughout many of the other principles of tikanga. The principle of utu restores balance, manages relationships, and accordingly influences whanaungatanga, kotahitanga and in some cases tapu as well (Moko Mead, 2003).

2.2.6 Tangihanga

Most commonly, tangihanga (tangi) refers to the ceremony that occurs following the death of an individual (Pere, 1982). The tangi is one of the most significant of Māori traditions as it incorporates many, if not all of the traditional practices and principles of tikanga that traditional Māori are familiar with (Pere, 1991). The principles of tikanga mentioned above all play a role within the tangi. For example, principles of whanaungatanga are incorporated within the tangi, as the relationships between people become suddenly severed or disrupted through the process of death (Pere, 1982). Kotahitanga similarly, plays a role within the tangi, as unity of the tribe can be highly effective means of distributing resources to those who have been recently widowed or are too deep in grief to maintain their usual responsibilities. Traditionally, bodies were buried at a specific burial site for decomposition, and then moved to a final burial site where the skull of the deceased individual was buried in a place separate from the rest of the bones (Pere, 1983). Although this specific element of the tangi is no longer practiced, many of the customs and traditions are highly similar to those practices of the traditional tangi (Pere, 1982; 1991).

Tikanga Māori informed Māori practice prior to European colonization (Moko Mead, 2003). The self-determination of Māori has resulted in tikanga becoming more evident throughout Aotearoa New Zealand society (Durie, 1998). An understanding of tikanga Māori outlines a few of the fundamental cultural practices that inform Māori culture and custom.

2.3 Traditional Māori beliefs of the afterlife

Traditional Māori beliefs regarding the afterlife are all encompassing. Pertinent to this study is the journey of the *wairua* (spirit of the individual) upon death to Cape Reinga, *Te Rerenga Wairua* (The Leaping Off Place of Spirits), where the wairua then journeys to Hawaiiiki, the provenance of Maori (Moko Mead, 2003; Tassell-Matamua, 2013b). At death, the

wairua detaches from the physical body and remains close by for several days (Hita-Brown, 2008; Tassell-Matamua, 2013b). When the physical body is laid out for final burial the wairua begins the journey north over Aotearoa (Moko Mead, 2003; Tassell-Matamua, 2013b). Following the leaping of the wairua from Te Rerenga Wairua, the wairua is purified at a spring named *Te Waiora a Tāne* (Life waters of Tāne). Once the wairua has bathed here it is thought the spirit cannot return to the physical body, the spring representing a border or line which once crossed, can not be crossed back again (Tassell-Matamua, 2013b). The wairua then dives down a cliff off the most northern point of Aotearoa to Te Aka, the roots of an exceptionally old pohutukawa tree, where the wairua then meets the ocean and the opening to the underworld, a place named *Maurianuku*. Maurianuku is the entrance to the afterlife, and from here the wairua journeys to Te Manawatawhi, the largest of the Three Kings Islands, where it takes one last look at Aotearoa New Zealand before continuing on to Hawaiiki (Mitcalfe, 1961; Tassell-Matamua, 2013b). The journey of the wairua from this point is unknown (Tassell-Matamua, 2013b).

It is plausible that Māori NDEs occurring prior to European contact hold consistencies with the traditional belief of the journey of the wairua at death. Whether culture influences the development or the interpretation of the NDE, traditional beliefs could be expected to influence some aspect of the NDE prior to colonization.

2.4 A Māori NDE

There is only one account of a Māori NDE in the scholarly literature. Published by Michael King in 1985 and later analysed by Tassell-Matamua (2013b), the experience was recounted by a Māori woman named Nga. Nga communicated she had very little contact with Europeans (King, 1985). Because of this it is assumed that Nga's worldview was heavily influenced by Māori cultural values, potentially cementing her understanding of what occurs at death (Tassell-Matamua, 2013b). The case of Nga recounted by King (1985) is provided verbatim here:

“I became seriously ill for the only time in my life. I became so ill that my spirit actually passed out of my body. My family believed I was dead because my breathing stopped. They took me to the marae, laid out my body and began to call people for the tangi. Meanwhile, in my spirit, I had hovered over my head then left the room and travelled northwards over the Tail of the Fish. I passed over the Waikato River, across Manukau, over Ngāti Whatua, Ngāpuhi, Te Rarawa and Te Aupouri, until at last I came to Te Rerenga Wairua, the Leaping off Place of Spirits. I cleansed myself in the weeping spring and then descended to a ledge from which hung Te Aka, the pohutukawa root. Here I crouched. Below me was Maurianuku, the entrance to the underworld, covered by a curtain of seaweed. I began to kāranga to let my tūpuna know I had come. Then I prepared to grasp the root and slide down to the entrance. But a voice stopped me. It was Mahuta. “Who is it?” he asked. “Ko au” I said, “It is I, Ngakahikatea”. “Whom do you seek?” he questioned me further. “My parents. My old people. I have come to be with my tūpuna”. “They are not here,” said Mahuta. “They do not want you yet. Eat nothing and go back where

you came from until they are ready. Then I shall send for you". So I did not leap off. I rose and returned to my body and my people in Waikato. I passed over all the places and things I had seen on the way. My family and those who had assembled from Waahi for the tangi were most surprised when I breathed again and sat up. So it is that I live on. Because the spirits of my dead will not claim me. I shall not die until they do" (King, 1985, p. 87-88).

2.5 A Māori NDE and consistencies with traditional Māori beliefs

Tassell-Matamua (2013b) analysed Nga's account for consistencies between NDE features and traditional Māori beliefs about the afterlife, and revealed a number of similarities. Nga's wairua left her body, and her family took her to the marae for her tangi. What is unknown is if she claims to have seen her physical body being taken and placed at the marae, if this is a process that has been conveyed to her after the fact, or whether she inferred this is what happened based on her knowledge of tikanga. If Nga *did* witness this process, it stands to reason that her wairua remained close by for a prolonged period of time after her assumed death, which would conform to traditional Māori beliefs. However, if these events were relayed to her, or she assumed this was the case, the NDE may deviate from traditional belief that the wairua remains in close proximity with the physical body until burial.

The geographic locations and traditional iwi Nga describes as her wairua travels up the Tail of the Fish, are recounted congruently with the actual physical geographic order one would experience should they travel up the North Island of New Zealand (Tassell-Matamua, 2013b). It is unknown whether this was achievable through some form of sensory perception during the NDE, or because Nga had previous knowledge of the exact order of locations and iwi prior to the NDE, and so made assumptions about what she would have passed on such a journey. From here, Nga cleansing herself in the spring and descending down to Te Aka conforms to traditional Māori belief, but deviates from traditional belief that once the wairua has cleansed and passed on from the spring, there is no returning to the physical body; however, Nga did. Nga then began a *kārangā* (traditional call) to let her ancestors know she had arrived. A *kārangā* is traditional in letting others know you have arrived, or in welcoming others, so the act of the *kārangā* is congruous with traditional Māori beliefs (Best, 1998; Tassell-Matamua, 2013b). Nga also declared the voice she spoke to when she was questioned was the voice of Mahuta. Although it is not known who Māhuta is, Tassell-Matamua (2013b) speculates it could have been Tāne Māhuta, god of the forest, who in Māori mythology is a commanding leader and part of the creation story. Tāne Māhuta forced the separation of his parents Pāpātuanuku (Earth Mother) and Ranginui (Sky Father) allowing light into the earth, and created the first human by fashioning a woman out of earth and breathing life into her. Tāne Māhuta appearing at this point in Nga's NDE as a commanding and authoritative figure is consistent with traditional Māori beliefs about the characteristics of Tāne.

The life review wasn't a feature present within Nga's NDE. This supports the claim of Kellehear (2009) that Pacific cultures of more collectivist societies are unlikely to experience a life review, as they reserve their social encounters in a communal sense within their social worlds, not within themselves, and the life review then appears culturally irrelevant. This suggests the NDE has been developed in relation to Nga's culture, not solely interpreted in relation to it. Overall, the high number of similarities between Nga's NDE and traditional Māori beliefs of the afterlife suggest Nga's culture definitely played a role in her interpretation of her NDE, but may also have influenced the development of her NDE.

2.6 Māori NDE and consistencies with Western NDEs

There are consistencies between Nga's NDE and Western NDE reports. Nga's descriptions of being out of the body, observing the physical world, meeting supernatural others, being told by supernatural others to return to life, and a border or limit, are congruent with Western NDEs, supporting the theory of cross-cultural similarity of the NDE (Tassell-Matamua, 2013b). Meeting super natural others is thought to be a cross-cultural feature of the NDE (Kellehear, 2009). Nga's NDE supports this, as she met 'Māhuta' during her NDE, who sent her back to life. While 'Māhuta' is presumably Tāne Māhuta, Māori god of the forest, the presence of a supernatural being of any form is congruent with Western NDEs (Belanti *et al.*, 2008; Kellehear, 2001; 2009). Being out of the body and observing the physical world is also commonly reported in Western NDEs (Greyson & Stevenson, 1980). Nga seemed to communicate that during her OBE she was invisible to others, consistently with Western NDEs. Nga also described a border or limit as a 'curtain of seaweed' covering the entrance to the underworld, Maurianuku. Again, while the description of this feature is culture specific, its presence is congruent with many Western NDE reports. Supporting the theory of Kellehear (2009) in relation to the cultural interpretation of the NDE, Nga did not describe a tunnel like element within her NDE. Kellehear (2009) suggested non-Western cultures are unlikely to describe any period of darkness (if present) as a tunnel, as the darkness is subject to cultural interpretation, and the tunnel as recognised in Western culture is not a familiar feature to many indigenous cultures. Nga did not attribute any period of darkness she may have experienced as 'tunnel like', suggesting her culture played a role in the interpretation of her experience. However, Nga may not have experienced a period of darkness within her NDE at all, and that is why she has not described a tunnel or any other feature similar.

There was little chance Nga's NDE was influenced by Western beliefs or knowledge about what occurs at death. Nga had very little contact with Europeans, living in relative isolation from Western influence (King, 1985; Tassell-Matamua, 2013b). Also, her NDE occurred and was recorded before Moody's (1975) representation of the NDE. It is therefore unlikely Nga

held any Western knowledge about the NDE prior to her experience, yet her NDE holds many similarities with Western NDEs.

2.7 Conclusions

The features reported in Nga's NDE are consistent with traditional Māori beliefs of the afterlife. This could support the theory her NDE was influenced by 'cultural conditioning' (Tassell-Matamua, 2013b). In addition, some of the discrepancies between Nga's NDE and traditional Māori beliefs of the afterlife may be explained by potential methodological problems. The first recording of Nga's NDE was completed by King, who is non-Māori (King, 1985). Because Nga had very little contact with non-Māori, it is likely Nga recounted her NDE to King in *Te Reo Māori* (Māori language), and he later translated her NDE into English. Translation may have resulted in misunderstandings, such as the ambiguity around whether Nga's wairua remained with the physical body for several days, and for the inconsistent finding that Nga's wairua bathed in the spring that traditionally thought once crossed, could not be crossed back again to return to life. Nga may not actually have crossed this border and returned to life; this may be misunderstood information due to the act of translation (Tassell-Matamua, 2013b).

It was concluded that the phenomenology of Nga's NDE could support either of the existing theories; that the NDE is cross-cultural in nature and interpreted culturally, or that the NDE is psychologically manufactured by the individual congruently with the norms and beliefs of the culture they belong to (Tassell-Matamua 2013b). Tassell-Matamua (2013b) then describes the significance of further research on Māori NDEs. The cultural climate of contemporary Māori differs notably from that of Nga. Some authors claim that NDEs have been shaped over time by the authoritative views of the Christian church (Carr, 1993; Lee 2003). If this claim is correct the NDEs of contemporary Māori may be more similar in nature to Western NDEs than the NDE of Nga. The degree to which the NDEs of contemporary Māori conform to traditional beliefs of the afterlife and/or Westernized beliefs will provide a greater understanding of the phenomenology of the NDE, and the role culture plays in NDE development and interpretation (Tassell-Matamua, 2013b). It cannot be assumed that Nga's NDE is representative of other Māori NDEs that may have taken place at that time, or that it is similar to NDEs of contemporary Māori. Since Nga's NDE, the Māori culture has been subject to a variety of different influences, primarily Western.

Chapter Three

Methodology

“I ore ate tuatara ka patu ki waho.” “A problem is solved by continuing to find solutions.”

Author unknown - *Māori Proverb*

The methodological underpinnings of this research are presented in this chapter. Because of the specific Māori focus, Kaupapa Māori research was selected as the most appropriate framework for guiding culturally safe and accurate results. The role of Kaupapa Māori research and the methods by which it is applied to this study are discussed first. Following this, the means of data collection employed for this study are described. The reasons why thematic analysis was selected as the most appropriate method of data analysis are then outlined. The selection of participants involved in this study is given, succeeded by the procedure of this research. Finally, participant bibliographies are then presented. These bibliographies provide information about each participant and their respective NDEs.

3.1 Kaupapa Māori Research

Traditionally research in New Zealand has not recognised Māori views, customs, tradition or knowledge as legitimate. Kaupapa Māori research has become a process of configuring presumptions, values and priorities in research and regaining some of the lost power for Māori (Smith, L. T., 2012). It resists outside dominance with regard to what embodies truth and prerogative, and validity and authority manifest through the set of Māori rules regarding knowledge. The elegance of the Kaupapa Māori approach to validity is the redistribution of power back into the community in which it is operating (Bishop, 2011). Because the NDEs of Māori are the experiences of interest in the current study, Māori were at the forefront governing and authorising the progress of the research. Therefore, as only appropriate, the current research was both developed and progressed as Kaupapa Māori research.

Because a Kaupapa Māori framework validates the way Māori view and organise the social world, participants have the power to determine how their NDEs are narrated, presented and defined in terms of their culture. Also, the validation of Māori culture is a means of compensating for the cultural barrier between the participants and non-Māori researcher.

There is not consensus within the Māori community whether or not non-Māori can participate in Kaupapa Māori research, although it is agreed Kaupapa Māori research certainly cannot be conducted by non-Māori alone (Bishop, 2011; Smith, L. T., 2012). If non-Māori are to be involved in Kaupapa Māori research, they will do so with Māori, and they will have a way of positioning themselves as a non-Māori individual (Smith, L. T., 2012). Bishop (2011) positions Kaupapa Māori within the context of the Treaty of Waitangi, suggesting that non-indigenous people have a responsibility to support Māori research. Because the researcher of this study is non-Māori, respected Māori (including the researcher's supervisor) placed every element of this research under scrutiny, and the researcher worked along side Māori in a collaborative effort.

Kaupapa Māori is both more and less than a paradigm. It provides ontological and epistemological underpinnings, theoretical perspectives, methodologies and methods (Smith, L. T., 2012). One of the fundamental principles of Kaupapa Māori is the concept of whānau, which is a way of organising the social world (Bishop, 1994; Irwin 1994; Smith, L. T., 2012), and integrating ethical practice that informs the community, discusses ideas, and represents different sections of the Māori community (Smith, L. T., 2012). In terms of actually *doing* research, the concept of whānau is also largely pragmatic; involving the allocation of jobs, persons of specific expertise, and keeping Māori values central to the project (Smith, L. T., 2012). It is based on these principles that the researcher developed a whānau of supervisors that consists of five very highly respected kaumātua and kuia from Northland. The involvement of kaumātua is essential to the application of Kaupapa Māori, as they guide, protect, and maintain cultural safety throughout the research process (Walker, Eketone & Gibbs, 2006). Kaumātua spent much time with the researcher discussing her positioning as a non-Māori, and how to approach sensitive topics like NDEs with Māori participants. In addition to the positioning of the researcher, Smith's (Smith, G., 1992) four proposed models for assisting with the culturally pertinent maturation of research were selected to govern the research process:

- Tiaki: The guidance and mentoring by a respected Māori elder(s) for the researcher as supervision of the processes and development of the research (the researcher's whānau of supervisors),
- Whangai: The process by which the non-Māori researcher integrates into the everyday lives of the participants for experience and understanding,
- Power-sharing: The sought assistance of the Māori community with respect to the research process,

- Empowering-outcomes: The process by which the results and findings of the research are relayed back to the Māori community.

The tiaki or guidance from Māori elders was a constant throughout the research. The Kaumātua supporting the researcher determined how long the researcher was to spend with each participant prior to the interviews. How this time was managed was dependent on who the participant was.

Kaupapa Māori research not only ensures the cultural safety of Māori, but also provides discourse in relation to the cultural context of their NDEs. Because Kaupapa Māori encases all that which is Māori and places Māori culture at the forefront of participants' NDEs, others examining these NDEs have a better understanding of cultural context.

3.2 Data Collection

In-depth unstructured interviews are a method of data collection that are case centric and flexible, but importantly fit comfortably with Kaupapa Māori research (Curtis & Curtis, 2011; Walker *et. al.*, 2006) The unstructured nature of the interview allows for the development and maturation of ideas independently of prior assumption (Creswell, 2007; Crotty, 1998). This was essential for two reasons: 1, to compensate for the learning of the researcher with respect to the prominent cultural boundaries between the researcher and the participants, and 2, the researcher had to be prepared for the emergence of themes that were not predefined. Because so much more is known about Western than non-Western NDEs, unstructured interviews remove potential for the researcher to lead participant's NDE narratives.

Collected data did not at any stage become the resource of the researcher (Walker *et. al.*, 2006). The hui held following data collection and the formulation of results was a way of ensuring the Māori community was held at the forefront of the research, were in control of what was being portrayed, and had a safe forum to feedback on the research.

3.3 Data analysis: Thematic Analysis

Thematic analysis is a technique for recognising, examining and disclosing themes or patterns discovered within data. If utilised accurately and effectively, thematic analysis can develop comprehensive descriptions of data (Braun & Clarke, 2006; Cutris & Curtis, 2011). Thematic analysis is also one of the few qualitative analytic methods not bound to any specific ontological or epistemological position, thus can be utilised appropriately and effectively alongside a Kaupapa Māori framework. Thematic analysis is widely acknowledged for its flexible nature (Braun & Clarke, 2006; Moss, 2015).

Due to the varying nature of the NDE, and the cultural boundary between the researcher and the participants, a process of *inductive* thematic analysis was employed. Inductive thematic analysis, sometimes described as a bottom-up approach to data analysis, is a process by which

identified themes are intimately connected to the data themselves. An inductive, or ground-up approach to data analysis reduces the likelihood of the researcher unconsciously fitting uncovered themes into a preconceived framework. As well as an inductive form of thematic analysis, latent themes were the point of interest throughout data analysis. Latent level inductive thematic analysis inspects beyond the semantic, surface elements of the data, and instead analyses the concealed concepts, suppositions and doctrines shaping and influencing the semantic elements of the data (Braun & Clarke, 2006). If utilised and completed correctly, inductive thematic analysis at the latent level operates congruently with the principles of Kaupapa Māori. With one of the concerns of Kaupapa Māori being emancipation and sovereignty, a latent level approach to coding and data analysis allowed for the examination and development of themes that maybe associated or stemming from the oppressive and marginalising forces Māori have battled and do battle contemporarily.

Following verbatim transcription of the six unstructured interviews, data was analysed as suggested by Braun and Clarke (2006), through an initial process of coding. Initial codes were decided upon through the reading and re-reading of each of the six unstructured interviews. Data was coded initially on their basis of prevalence, and the researcher's interest. If a minimum of three participants implied or communicated similar concepts across the six un-structured interviews, individual concepts were coded on the basis of prevalence. Elements of researcher's interest were coded as concepts that simply stood out, were unusual, or unexpected. Transcripts were then read and re-read, and codes were categorised according to data sets, and from there, candidate themes. Candidate themes became more defined and demarcated through reading and re-reading, checking, adding and subtracting codes throughout the transcripts, and developed into sub-themes. The validity of themes were then compared and contrasted against all the individual codes comprising the data sets. The over-arching themes and sub-themes are presented in chapter four, results section.

Although latent level inductive thematic analysis allowed themes to be developed in relation to the data itself, the researcher nevertheless had to remain reflexive about the subjectivity with which she approached the research. Although employing the inductive techniques of thematic analysis buffered the findings of the research against the differing cultural lens of the researcher, thematic analysis by nature, even though inductive, is a process where the researcher chooses her codes based on her decision of which segments and constituents appear most interesting to her (Braun & Clarke, 2006; Crotty, 1998). The researcher and researcher's supervisor considered the codes selected throughout the data to ensure the researcher was at all times aware of the perspective with which she viewed the data.

3.4 Participants

Six participants participated in this study four male and two female. Participants were between the ages of 49 and 78 years of age. Selection was non-random and purposive. All participants identified as Māori, had an NDE at some time in their life, and experienced their NDE as a consequence of a life-threatening event. All participants were living in Northland, Aotearoa New Zealand at the time of their NDE, as well as interview. Participant biographies are provided in section 3.6 below.

Six participants is a suitable number for this type of research, as guidelines for determining non-probabilistic sample sizes suggest sample size typically relies on the concept of "saturation," or the point at which no new information or themes are observed in the data (Creswell, 2007; Curtis, & Curtis, 2011). Research has indicated saturation typically occurs within the first twelve interviews (i.e., no new information extracted from each interview), but can occur as early as after six interviews (Guest, Bunce, & Johnson, 2006). Therefore, an excess of six interviews was deemed unnecessary. The rationale for the sample size is based on these guidelines.

Table 2

Participant Demographics

Demographic	Participant One	Participant Two	Participant Three	Participant Four	Participant Five	Participant Six
Age	53	78	70	49	71	75
Gender	Male	Male	Female	Female	Male	Male
Tribe	Ngāti Hine	Ngāti Hine	Ngā Puhi	Ngā Puhi	Unknown	Ngāti Hine
Vocation	Policeman	Retired	Retired	Sales	Retired	Retired
Te Reo	Fluent	Fluent	Little	Little	No	First Language
Resides	Northland	Northland	Northland	Northland	Northland	Northland

3.5 Procedure

A 'whānau of supervisors' comprised of five experienced and respected Kaumātua/Kuia in Northland agreed to offer guidance and *tiaki* for the researcher throughout the project. The whānau of supervisors were involved in the initial development of the research, and three members of the whānau of supervisors communicated their support of the research and the researcher through letters addressed to the Massey University Human Ethics Committee (see Appendix A).

Prior to commencement of the research, participants approached the researcher and described their NDEs to her. The researcher subsequently discussed conceptualising a project to document

and further explicate their NDEs. The researcher discussed the possibility of conducting unstructured interviews with participants, all of whom provided agreement to participate pending ethics approval. A full research proposal was submitted to The Massey University Human Ethics Committee: Southern B 15/32. Ethical approval was granted, and following this, participants were contacted by phone by the researcher. At this phase, participants were made aware of the aims of the research, whom is likely to benefit, what to expect in the interview, what will happen to the information collected during the interviews, and when the research will be presented back to the community. The researcher then spent time over four months with the advisory panel, making better acquaintance with the participants preceding interviews as a process of *whangai*. This process of *whangai* was completed to allow familiarity with researcher, and to seek the advice of participants about the way they expect the research to be conducted, as a form of power-sharing. Participants were informed the researcher would like to meet again following their interview to confer the results of the interview to enable feedback, validity and accuracy of interview transcripts. Participants were also provided with information sheets describing the research, and the researcher in further detail (see Appendix B).

If participants were still interested in the research, they chose a time and place for the interview, and communicated their desire to have support persons of their choice accompany them to the interview. Participants were also informed they could ask to have a member(s) of the researcher's whānau of supervisors accompany the researcher to the interview.

Interviews were held in locations appropriate for the participant, mostly the participants' homes, with one interview being held in the home of the researcher for the convenience of the participant. Prior to interview commencement, participants were provided with consent forms (see Appendix C). Interviews were a minimum of two hours in length. Participants were informed the interview could exceed the minimum two-hour period should they want it too. In most cases interviews exceeded the two-hour minimum, on average an interview taking four hours. Interviews consisted of informal chatting, and sharing food, being shown around participants' homes and properties, and the interview itself.

Each interview began with the researcher asking the participant to explain their NDE to her. Throughout the interview the researcher asked questions or used prompts to gain more in-depth information where necessary. The main focus of the interview questions was to ascertain the phenomenology of the NDE, and the specific cultural features that may have been present. The interview schedule consisted of three questions concerning the background of participants, and one question asking participants to describe the phenomenology of their NDEs (see Appendix D).

A dicta-phone recorded all interviews, which were later transcribed verbatim electronically using Microsoft Office Word. On the completion of transcription, thematic analysis was employed.

3.6 Participant Bibliography

Participant One: Participant One is a 53-year-old Māori male from Northland. Descending from Ngāti Hine, Participant One was born and raised in Northland, strongly identifies as Māori, and speaks Māori fluently. Participant One asked to have the interview conducted in the home of the researcher and didn't request anyone accompany either himself or the researcher to the interview.

Participant One brought his medical notes to the interview to show the researcher where he had flat lined. Participant One's heart showed no activity for 28 seconds and was sometime before clinicians got him back into sinus rhythm.

Participant One's NDE occurred in early June 2011 when he suffered another episode of atrial fibrillation. Participant One self admitted to Hospital. Throughout the day, clinicians accidentally overdosed Participant One on Beta Blockers in attempt to slow his heart rate. Following this Participant One collapsed. He could clearly see two nurses about 300mms above him as he lay on his back on the floor. Following this he heard a loud buzz in his ears and the nurses morphed into his two daughters. When he saw his daughters he thought to him self "I know where I am, I know where I am now". Participant One communicated he knew he was somewhere else. Then all of a sudden Participant One's heart began beating, and he could feel himself coming back. His hearing came back and he woke up on a bed. Participant One didn't speak to any medical professionals about his NDE because he suspects the team working with him were told to keep tight-lipped about this double dose of Beta Blockers.

Participant Two: Participant Two is a 78-year-old Māori male from Northland. Descending from Ngāti Hine, Participant Two was born and raised in Northland, strongly identifies as Māori, and speaks Māori fluently. Participant Two is a highly respected Kaumātua in Northland. It was most convenient the interview be conducted in his home.

In January 2014 Participant Two was out for his daily swim when he was hit with a pain in the chest. Following a check up, Participant Two was told he had angina and required an operation because the angina was affecting his valves and arteries. In mid-July Participant Two had triple by-pass surgery and was in a coma for two days. During this time he had a NDE. He recounts meeting one of the theatre nurses at his chapel at home during his NDE. He asked how he knew her and she said to him he had never met her before. He was then walking around the pews of the chapel trying to find his way out. When he got to the back of the chapel he saw a

little being in a cage on the ground, and it grew until it took the form of the nurse he'd met at the door. He told her he wanted to get out but didn't know how. The nurse took his arm and led him out of the chapel. At this point he recalls waking up. It was confirmed by the nurse he had never met her before he woke up. The nurse in Participant Two's NDE played a huge role in his recovery, and she was very attentive to him.

Participant Three: Participant Three is a 70-year-old Māori female from Northland descending from Ngā Puhi. She identifies as Māori, although does not speak much Māori. The interview was conducted in the home of the participant, and the participant's husband was present. He had not heard about the participants NDE in detail.

Participant Three's NDE followed a stroke she suffered in 2005. She spent a lot of time speaking about what led to her NDE and the severity of her stroke. Participant Three kept collapsing and no one really knew why. After collapsing a number of times in the hospital one morning she collapsed about 2pm in the afternoon and suffered a stroke. Participant Three said she saw a bright light and could feel herself moving towards it. At the end of this bright light was her Father who passed away years ago. At this time she could hear her brothers crying and could hear her family preparing her tangi and calling her Mother to tell her Participant Three wasn't going to make it. At the end of the bright light Participant Three's Father told her to go back, because her brothers were preparing her tangi. It was then she woke up to feel her sister-in-law rubbing her hand. The conversations she heard during her NDE were later confirmed by her whānau.

Participant Four: Participant Four is a 49-year-old Māori female from Northland. Participant Four was born in Northland and descends from Ngā Puhi. She only spoke a little Māori and communicated she didn't consider herself heavily immersed in Māori culture. She asked that her husband be present at the interview. Participant Four had a strong belief in the afterlife.

Participant Four's NDE occurred as a 27-year-old giving birth to her youngest son. She spent much time speaking about the lead up to the NDE, and was very clear to say it wasn't the gas causing the experience although many people said it was. Participant Four underwent a caesarean. She was put under general anaesthetic and remembers panicking and telling the doctor she could feel everything that was happening. Participant Four communicated there was a pathway with people on either side that did not have human forms but were shaped like humans. There was a bright light at the end of the pathway that she wanted to go to. People were talking to her in Māori saying "Haere mai, Haere mai" which she thought was interesting, as she doesn't speak Māori. It was at this time her brother stepped out of the crowd and grabbed her

and said, “No sis, you’re coming back”. Participant Four remembers fighting him as she wanted to go, and it was at this point she woke up punching the doctor.

Participant Five: Participant Five is a 71-year-old Māori male from Northland. Participant Five descends from Ngā Puhī and was born and raised in Northland. The interview was conducted in his home, and he asked that his wife and daughter be present. Participant Five did not speak Māori, and was very clear in the beginning that he was brought up the ‘Pākehā’ way. Although identifying as Māori, he spoke of not being too concerned with Māori culture.

Participant Five experienced his NDE as a 70-year-old in a diabetic coma. He woke up early one morning and woke his wife. He couldn’t move and was freezing, and he knew something was wrong. He had been very sick and had lost a lot of weight, but was still taking the correct doses of medication had he been many kilograms heavier, resulting in an overdose. Participant Four thought he was dying, and described his NDE as hallucinating. He was falling in and out of consciousness, and at one stage felt as though he was floating out of his body in his room looking at himself and his wife. He could hear his wife on the phone calling his daughters and the ambulance, and what he heard was later confirmed by his wife.

Participant Six: Participant Six is a 75-year-old Māori male from Northland. Participant Six is a descendent from Ngāti Hine, and strongly identifies as Māori. Māori is his first language. The interview was conducted in the home of the Participant. The participant’s wife and respected members of the Māori community were invited by Participant Six to attend the hui. Participant Six was raised in Te Ao Māori by his Grandmother, and is considered a Tohūnga in Northland. Participant Six held traditional Māori beliefs about the afterlife prior to his NDE.

Participant Six had his NDE as a 72-year-old with pneumonia, while in a coma for six days. During his NDE, he recalls visiting many of his friends who were ill all over the world. He materialised out of walls to see them. He said to the first old friend he visited in Australia “Haere Mai, Haere Tau”, come on, let’s go. His friend said to him “no, I don’t want to go with you”, so Participant Six left and went to his next friend in America. Later his friend who was in Australia at the time confirmed he had seen Participant Six in his dreams saying exactly this to him. The friend he visited in America saw him and stood up out of his wheel chair and took off, but this has not yet been confirmed. Following this, Participant Six said he saw a very bright light. He said he emerged through a tunnel and came into another world. He spoke of the colours and the animals and the peacefulness. There was a huge veil in front of him, and people lining up to go through it. Participant Six spoke of not recognising anybody, but feeling peace in himself. He looked up and saw a shadow right in front of him that said “a koe, ki hoki, e hoki” (you, go back), and in Māori he said “your work is not finished”. Later Participant Six realised it

was his Father who was speaking to him. When he looked back to leave this other world all he could see was a darkness and a little hole on the other side. As he walked through that hole he came back to life.

Chapter Four

Results

The primary focus of this research was to examine the phenomenology of NDEs reported by participants residing in Northland, New Zealand who identify as Māori. Beyond this, an additional intention was to ascertain whether there were specific cultural elements that could be identified within those phenomenological experiences. Analysis of the unstructured interviews revealed participants readily spoke about their NDE experiences, and there were similarities regarding key features of the NDEs. Participants also readily spoke about the aftereffects of their NDEs.

As such, this chapter is organized according to two main themes of:

- 1) NDE phenomenology
- 2) NDE aftereffects

Within each of these themes, sub-themes have been identified that correspond to the specific features identified across the interviews, which are as follows:

1. Phenomenology
 - a. Life review
 - b. Tunnel
 - c. Light
 - d. Peace
 - e. Beings
 - f. 'Sent back'
2. Aftereffects
 - a. New understanding of death
 - b. Mission/purpose

A further over-riding theme termed 'cultural elements' was also identified. During analysis of the interviews, factors relevant to Māori culture were embedded within the dialogues related to both phenomenology and aftereffects. Four further sub-themes were evident within this overarching theme, and these have been termed:

- 1) Whānau
- 2) Tikanga

- 3) Te reo
- 4) Cultural identity

This chapter will first address the theme of phenomenology and its sub-themes, followed by the theme of aftereffects and its sub-themes. The cultural elements theme and sub-themes will complete the chapter.

4.1 NDE Phenomenology

Each interview was initiated with the researcher asking the participant to explain their NDE. This gave participants the power to decide where they began, how they would describe it, and where they ended their narratives during the unstructured interviews. All participants began their descriptions with reference to the context and background of events leading up to their NDE. Participants mostly defined and described the elements present in their NDEs exactly as they experienced them, for example, a ‘bright light’, ‘another world’, or ‘other beings/human forms’. Phenomenological elements of the NDEs described by participants appear in Table 3 below.

Table 3

Summary of phenomenological elements reported in the six participants’ NDEs

NDE element	Participant One	Participant Two	Participant Three	Participant Four	Participant Five	Participant Six
Supernatural Beings	Yes	Yes	Yes	Yes	No	Yes
Other World/Realm	Yes	Yes	Yes	Yes	No	Yes
Tunnel	No	No	No	Maybe	No	Yes
OBE	No	No	Yes	No	Yes	Yes
Life Review	Maybe	Maybe	No	No	No	No
Bright Light	No	No	Yes	Yes	No	Yes
Whānau bringing or sending them back	No	Yes	Yes	Yes	No	Yes
Peace	Yes	No	Yes	Yes	Yes	Yes

5.1.1 Life Review

Two participants described features consistent with the life review identified in other NDE research. One participant in particular explicitly identified the features as “life flashing before your eyes”, before going on to describe the aspects of the life review, and the implications of it:

“I think when they say I think your life flashes before your eyes, I think that’s what happened. It was pretty close to it. My life is my daughters. All people think it

flashes like playing tennis up here, diving swimming, mum and dad, all those sorts of things flashes, but I think more who's dependent on you and what you're leaving behind...I was glad it happened, that those two appeared...I now know my fathering hadn't finished".

Another participant similarly attributed an element of his NDE as some form of life review. The setting of this participant's NDE was in a chapel very special to him from his childhood and he spoke at length very fondly of the time he spent there, before giving an explanation of why he thought the chapel occurred in the NDE as some form of life review:

"...(the chapel) it's probably been a part of my, in my upbringing I think...It used to be a place for us to have our end of year functions, concerts and things, yeah we'd always have them at the chapel...I've never forgotten it we did all sorts of things in there like dancing and um singing...we did gymnastics, and so that chapter's always been a part of my life I think...so I've always been attached to the church...so I think that's why I got tied up with the church really".

4.1.2 Tunnel

One participant explicitly identified a feature of his NDE as a tunnel:

"When I first materialised and saw this bright light it was like an aurora. It was bright but not blinding, and you came through out of a tunnel, you know a darkness, yeah, and all of a sudden you materialised into this world."

Following this explicit description of a tunnel, the same participant elaborated on his description of the experience without precisely identifying it as a tunnel, but instead describing a hole with contrasting light and darkness:

"So I looked back to where I came from and all I could see was this darkness and a little hole on the other side. Like ah, like an exit I suppose when I came through it was just dark and all of a sudden it went out like that and bang you were there, so I looked back again and the hole and everything was starting to disappear...so I looked back at that hole and I turned around and walked back. And bang when I walked through that hole I came back to life".

4.1.3 Light

Experiencing a bright light was a feature described by three participants. Specifically, two participants described the light in relation to the dark:

"It was dark. I remember it was dark, with the light...it was a big sort of yellowy light that was just sort of there".

“When I first materialised and saw this bright light, it was like an aurora. It was bright but not blinding, and you came through out of a tunnel, you know, a darkness...”

Two participants also described the light as something they couldn't really explain, but they were drawn towards it and wanted to get closer. They indicated that had they not been sent back, they would have continued toward the light:

“I was like oh ok, I'm going to go, I'm going to go to that light...”

One participant described a sense of being drawn to the light through a floating sensation:

“I saw this bright light, I was moving towards it, but not like walking. Like, like floating, you know.”

4.1.4 Peace

Four participants communicated the peaceful nature of the NDE. This peace was communicated as an observation that peace appeared to exist between the beings they encountered during their NDE:

“It was so peaceful. There was no conflict there.”

“There was nobody going at somebody's throat or an animal eating anything. There was nothing like that. They were all at peace.”

Several participants indicated the peaceful experience of the NDE was so encompassing, they wanted to continue with the NDE. Another participant described peace in terms of witnessing his body from a vantage point removed from his body, and feeling as though the physical body was in pain, yet he was not:

“I knew I was cold lying there, but as I watched my body from here, I wasn't cold at all. I felt myself drifting in and out, but it was nice drifting out because the pain was gone and I wasn't cold anymore.”

4.1.5 Beings

The presence of other beings within the NDE was described by all but one of the participants. For the majority, the beings they encountered were significant others or extended whānau members who had previously passed over:

“...at the end of this bright light was my father. He passed away years ago...”

“I was walking with all these people saying ‘haere mai, haere mai’, talking to me in Māori.”

One participant described encountering a shadow. Although the shadow did not take any human-type form, the participant he later stated he ‘knew’ the shadow was a manifestation of his deceased father, whom spoke to him:

“There was a shadow right in front of me and all that shadow said was ‘a koe, ki hoki, e hoki...It was my father I had seen...it was my father.”

For four participants, the beings they encountered were living persons. One participant did not know the being they encountered at the time of their NDE, but later came to know them shortly after their NDE:

“So I was there and then I noticed this person. Well, it wasn’t a person when I first saw her, it was like a little animal on the floor and then it sort of grew bigger and bigger and bigger and it was this nurse...”

While this participant described the person as a being encountered during the NDE, this encounter could also have indicated some form of precognition experienced during the NDE.

A further participant described ‘visiting’ his living friend who was geographically distant to him at the time of NDE:

“I materialised out of the wall and I said to him ‘Haere mai, haere tau’ – ‘come on, let’s go’. But he said to me point blank ‘no, I don’t want to go with you...”

According to this participant, he phoned his friend some time after the NDE encounter, and his friend described he had had a dream in which the participant materialised out of a wall and asked him to go with him, to which he replied “no, I don’t want to go with you”.

Two participants described encountering groups of beings they did not know, and that had no features. These beings were identified as having human form, but did not have any specific defining features to them:

“All I remember was this pathway. It was like there were all these people on the sides. They weren’t sort of like, they didn’t have human forms. They were sort of just shaped of humans, but there were no features...sort of facial features or anything. They were just white shapes...”

“I couldn’t recognise anybody. Even the ones that were up close and going past me...I couldn’t recognise them, whatever creed they were I didn’t see white or black – they were just people...there was no black or white, when you’re there you’re all the same...”

4.1.6 ‘Sent back’

Several participants indicated they were ‘sent back’ to their physical bodies, often by the being they encountered during their NDE. For example, two participants were directed back by their deceased fathers, who indicated in various ways that it was ‘not their time’:

“There was a shadow right in front of me and all that shadow said was ‘a koe, ki hoki, e hoki, and all he was saying to me was ‘you go back’. And then in Māori he said to me ‘your work is not finished’.”

“He (participant’s father) told me to go back because my brothers are preparing my tangi. I could hear them preparing my tangi and I could hear them crying.”

A further participant described being ‘guided’ out of the NDE by a being they encountered during the NDE but whom they did not know, rather than being ‘sent back’. Specifically, the participant indicated to the being that he wished to leave, and the being complied with his request:

“I said I was wanting to go out and she said ‘OK, I’ll see that you get out, and, and, she just took my arm and led me um, up some stairs...and that was more or less that end of it...”

4.2 NDE Aftereffects

In the course of describing the phenomenology of their NDEs, participants also tended to describe events, circumstances, or points of interest occurring post-NDE. Many of these, which have been themed as ‘aftereffects’, were similar, and have been grouped here into two specific sub-themes.

4.2.1 New appreciation of life and death

Participants communicated the idea that following their NDE they are not afraid of dying, but do have a new appreciation or understanding of death as well as life. Two participants expressed this understanding of death in terms of beliefs about what happens when we die:

“Our bodies are just vessels, once we die it’s our souls...”

“Once we die that’s it. We don’t go to heaven as Māori or Pākehā, we’re just souls aren’t we...”

Other participants indicated a greater appreciation for life, their bodies, and a need to not take things for granted:

“For me, it’s don’t take things for granted...appreciating and not taking for granted what an amazing machine our body is and in particular our organs and our brain...not to abuse it...”

“...maybe appreciate things more...”

“I think it sort of hit home that we are vulnerable when it comes to things about our own bodies, that you know you’ve got to learn and appreciate.”

“I think looking at it as though you are grateful gives some kind of finality to it...so I think satisfying is the word to use aye, not grateful.”

A further predominant aspect of this sub-theme was the notion of not having completed all the tasks one hoped to achieve in life, or not having all of one’s affairs in order before death:

“Sorting out my affairs, making sure my daughters are sorted...There was unfinished business. The fear of death is just unfinished business...”

“It made me think ok, you’ve got to get your shit together...I’ve made sure my children know that I love them.”

“...and what that journey has told me, is that yeah, it isn’t finished. You saw in there (points to his research room), there is a lot to be done.”

4.2.2 Mission/purpose

Closely aligned to the sub-theme of a new appreciation for death, was an expression by all participants that they felt they had a purpose or mission in life, and the NDE had highlighted this. This purpose or mission was typically expressed in relation to whānau obligations; such that participants felt they still had some role to fulfil within their whānau:

“I didn’t believe it was my time to go, because, just my belief, because of my grandchildren...The whole reason I am here is because of my grandchildren...I’ve been given this chance with my grandchildren to make a mends and do the things I didn’t do with my children...”

“I know my fathering hadn’t finished...”

4.3 Cultural elements

Four components pertinent to Māori culture were communicated by participants throughout their interviews. While many of these are interrelating, they have been termed and grouped as four sub-themes below.

4.3.1 Whānau

Five of the six participants had their whānau appear within their NDE, and all participants mentioned their whānau in relation to their NDE. In two interviews, a deceased whānau member sent the participant back to life during their respective NDEs:

“...my Father...told me to go back because my brothers are preparing my tangi...”

“...all he was saying to me is ‘you, go back’...It was my father I had seen...and I knew it was my Dad...”

Two participants explained a whānau member was present during their NDE:

“The two nurses changed their facial features...and I quite clearly saw my two daughters (begins to cry)...I was glad it happened, that those two appeared.”

“I could see my wife getting up and calling people, I couldn’t hear who she was calling though...I assumed it was the girls (participant’s daughters) because I’d told her to call them, and, she was going to need help with me I thought”.

In contrast to the significance of whānau within participants’ NDEs was the partial or total non-disclosure of the NDE to other whānau members. One participant had not told any one other than the researcher about his NDE even though he was supported by a very large, loving whānau:

“You’re the only one that I’ve told these things too. I didn’t get around to telling anybody”

Four of the remaining five participants told the researcher prior to the interviews that they had disclosed their NDEs to their spouses. However, following the interviews the partners of said four participants communicated the aspects of the NDE that they had not before heard. Some had heard more of their respective partner’s NDEs than others, but it was the first time they had heard the experience of their loved one in its entirety.

4.3.2 Tikanga

There were elements of tikanga present throughout participants' NDEs. Tikanga relates to 'a right way of doing things', or can be considered in relation to the correct process or procedures of a specific event or setting. Two participants' spoke about tikanga in relation to hierarchical structures, and the loss of what might normally be expected within a Māori cultural institution, for example a pōwhiri. Instead of an expected hierarchy or role differentiation, an equitable sense amongst beings was noted:

"There was no fear in terms of our living hierarchy. There was no fear amongst the lowest and the highest."

"There was no body going at somebody's throat...there was no conflict there"

Another participant spoke about tikanga as an assumption of Māori custom or practice:

"He (participant's father) told me to go back because my brothers are preparing my tangi. I could hear them preparing my tangi and I could hear them crying."

The tangihanga the participant overheard her whānau was confirmed at a later date, so may have been the result of some kind of precognition as well as a cultural assumption.

4.3.3 Te Reo

Two participants experienced an element of Te Reo during their NDEs. The first language of one participant was Te Reo, and he communicated after the interview that he 'was glad they spoke like he did up there':

"I said to him 'Haere mai, haere tau, - come on, let's go'...all that shadow said to me was 'a koe, ki hoki, e hoki' and all he was saying was you, go back. And then in Māori he said to me 'your work is not finished' ..."

Throughout this participant's NDE, every time he spoke, he spoke in Māori.

Another participant explained where Te Reo was present within her NDE:

"All these people saying (whispering) 'haere mai, haere mai', talking to me in Māori, I don't speak much Māori, haere mai, haere mai, and I was like oh ok I'm going to go".

The Te Reo present in this participant's NDE was communicated as though it was surprising to her, as she doesn't perceive herself as a competent speaker of Te Reo.

4.3.4 Cultural Identity

The cultural identity of the participants was described in a number of different ways throughout the interviews. Three of the six participants spoke about cultural identity in relation to the way they identify as Māori:

“Once we die that’s it. We don’t go to heaven as Māori or Pākehā, we’re just souls aren’t we...”

“I didn’t see white or black...they were just people...there was no black or white, when you’re there you’re all the same...neither black nor white...no here’s a nigger, here’s a Māori, here’s a Pākehā. No, it was all the same.”

“There was nothing better than any thing else, it is all the same”

All three participants spoke as though an element of their cultural identity had been removed, but at the same time as communicating a sense of equality between beings or a balance amongst beings.

One participant spoke about cultural identity in relation to the way he perceives himself as a Māori male:

“The things going through my head at that time...is that males, in particular, Male Māori have this bravado sometimes...a lot of the time, knowing that you come from a warrior background, that we are brought up to believe, and that we’re invincible...at that time...it hit home that we are vulnerable”

This participant spoke as though he never assumed this would happen to him, and that his identity as a male Māori may have been compromised in the process. He seemed to insinuate the NDE and the cultural identity of male Māori contradict.

Chapter Five

Discussion

“Death in itself is nothing; but we fear, to be we know not what, we know not where.”

John Dryden (1676) – *Aureng-Zebe*

The following chapter is organised into five parts. First, the phenomenological elements of participants’ NDEs are discussed, with suggestions for future research in relation to each phenomenological element. The aftereffects of participants NDEs are then presented, again followed by possible directions for future research. The conclusions of this study are then discussed, followed by a summary of its limitations. The chapter concludes with thoughts on the implications of this study for healthcare in Aotearoa New Zealand.

5.1 Phenomenological elements:

The results of this study show the phenomenology of participants’ NDEs appear broadly consistent with those reported in Western accounts. However, the results also show a number of culturally specific elements present within the NDEs of participants. The presence of these culturally specific elements may be a product of the participants’ interpretations of the NDE, but may also play a role in the development of the NDE.

Both a tunnel and a life review were reported within the NDEs of participants. It has been previously claimed that neither of these features are likely to present within the NDEs of Pacific cultures like Māori (see Table 1) (Belanti et al, 2008; Kellehear, 2001, 2009). In contrast to this previous claim, the tunnel and the life review were both reported by participants of this study, and described similarly to Western NDE reports of the tunnel, and some Western reports of the life review.

Kellehear (2009) claimed that the description of a tunnel feature within the NDE might be a Western cultural interpretation of a cross-culturally experienced period of darkness. He suggested this might explain why some non-Western cultures do not describe a tunnel. One participant of the current study described a tunnel, and then went on to explain what he

experienced as darkness with a little hole on the other side. Contemporarily, it is not unusual for an individual living in New Zealand to be familiar with either the literal or figurative concept of the tunnel, as New Zealand is a Westernised society (Durie, & Hermansson, 1990). One explanation of this finding could be that the non-Māori researcher influenced the participant's description of his experience. The participant may have initially described what he experienced as a tunnel to provide a frame of reference for the researcher. Once he had done so, he could move on to describe the experience more accurately, as darkness with a little hole on the other side. This finding could be used in support of Kellehear's (2009) claim that a cross-cultural period of darkness may be interpreted culturally. The description made by the participant in this study suggests he may have been experiencing an extensive dark space similar to the night sky, not limited to a shaft similar to a tunnel. However, because only one participant described an element of his NDE as a tunnel, future research could further our understanding of the presence of the tunnel by increasing the numbers of Māori NDEs that are documented. This may assist our understanding of whether it is a period of darkness often experienced by Māori NDErs that is then subject to interpretation.

The life reviews reported by participants in this study are consistent with some of the previous research regarding the life review reported by Western NDErs. This previous research suggests a variety of ways a person can experience a life review other than the traditionally understood panoramic display of memories in chronological order (Stevenson & Cook, 1995). Some NDErs experience sequences of memories that do not take a chronological form (are experienced from present to childhood, or in no sequence at all), and do not appear panoramically (Stevenson & Cook, 1995). Supporting this, the life reviews communicated in this study did not occur panoramically or in chronological sequence. For example, one participant described the life review as something dependent on what it is that one views their life to be, and where their responsibilities lie. Another participant described the life review as unfolding within a favoured childhood location. While this finding may suggest cross-cultural similarity between Māori and Western culture, the life reviews present within this study could be indicative of the extent of colonization and the influence of Christianity from European settlers on Māori. If so, this finding may support the claim made by Carr (1993) and Lee (2003) that NDEs have been shaped over time by the authoritative views of the Christian church. The incorporation of many branches of Christianity and multiple other European religious principles into Māori cultural expectations about death (Rae, 2012), may explain the similarities in the reports of the life review of participants of this study, with Western reports of the life review. In line with this, the participant who described the life review within his NDE as experiencing what it was he perceived his life to be (his daughters), communicated this as though he held a prior understanding of the life review within the NDE. This may suggest that his prior understanding of the Western NDE influenced the development of his own NDE. Athappilly,

Greyson and Stevenson (2006) analysed NDEs before and after the publication of Moody's (1975) well-known book *Life After Life*, to determine any influence prior knowledge of the NDE may have had on NDErs. The only difference they found in NDE reports before and after 1975 was that dark tunnels were reported more frequently. They found no differences in the reporting of any other NDE features. Although this suggests contemporary social beliefs do not influence the NDE, the study was completed with Caucasian participants, the majority of whom were female. Therefore, it cannot be assumed the prior expectation about Western NDEs held by the participant of the current study did not influence the development or his interpretation of the life review within his NDE. Future research could further examine the NDEs of Māori, and specifically focus on the presence and variations of the life reviews experienced within the reported NDEs. Greater numbers of reported NDEs of Māori may provide a better understanding of the variations of the life review presented within the Māori NDE. This in-turn may assist our understanding of the influence of Western culture on the Māori NDE, and therefore the role of culture within the development and/or interpretation of the NDE.

Participants reported meeting supernatural beings during their NDEs. Meeting supernatural others has been regarded as a cross-cultural feature of the NDE (Kellehear, 2001, 2009; Noyes *et al.*, 2009). The findings of this study support this claim. Western NDE research found most NDErs encounter supernatural beings who are deceased persons from the generation of, or the previous generation to, the NDEr. In addition, the encountered being is commonly known to the NDEr (Kelly, 2001). Consistent with the findings of Western research, the participants of this study most commonly reported meeting supernatural beings who were from the generation of the NDEr, or the generation prior. Only one participant encountered supernatural beings from the generation succeeding himself, and only one participant encountered a being he did not previously know.

However, in contrast to Western NDEs, most participants of this study (5/6) experienced supernatural beings within their NDEs to be a member or members of their immediate whānau with whom they were very close. Kelly (2001) found within Western NDE reports only 39% of NDErs were very close to the supernatural being they encountered. She also found that Western NDErs were more likely to encounter a being or beings who were deceased. In contrast to this, four of the six participants in the current study encountered supernatural beings who were still alive, while only two participants encountered immediate whānau who had passed away. One explanation for this finding could be related to the influence of whanaungatanga. A primary concern of whanaungatanga is one's obligation to whānau, as individuals are responsible for the emotional, spiritual and material needs of the whānau (Pere, 1982, 1991). The high presence of whānau within participants' NDEs may be indicative of a subconscious sense of responsibility one may feel to those one is leaving behind. This explanation may also account for one participant's encounter with a deceased immediate whānau member. This participant was sent

back to life by his father who told the participant his work is not yet finished. This finding could be interpreted as an indication that the participant's perceived responsibility to life and to others was not yet fulfilled.

The participant who encountered a supernatural being he did not previously know, encountered the only Māori nurse working with him during his surgery. He had not seen or been introduced to this nurse prior to being put under anesthetic. Viewing the nurse may have been the result of some kind of precognition on part of the participant, which is supported by research that some Western NDErs report being shown future events within their NDEs (Zingrone & Alvarado, 2009). Therefore, one explanation of meeting the nurse who played a major role in his recovery may have been this participant viewing his future and the role of the woman who was going to help him through his recovery, similar to what one may expect in Western NDEs. Another explanation for this could be related to the influence of kotahitanga. One concern of kotahitanga is unity between people (Barlow, 1991; Moko Mead, 2003; Pere, 1982, 1991). It may be the presence of the only other Māori nurse within this participant's NDE was influenced by a subconscious assumption that there were shared understandings and values between the participant and the nurse because they were both Māori. This may have led to a subconscious sense of trust in the nurse on part of the participant, that the nurse would help him through his surgery. If so, this may suggest the sense of kotahitanga influenced the development of this participant's NDE.

The presence of supernatural beings within participants' NDEs appears consistent with the available Western NDE research, supporting the claim of Kellehear (2001, 2009) that supernatural beings are a cross-cultural feature of the NDE. In turn, this finding could provide support for the cross-cultural nature of the NDE. However, the apparent differences in the nature of the supernatural beings between participants of this study and Western NDE reports could support either the cultural interpretation of the NDE, or the claim there are aspects of NDEs developed in accordance with one's cultural beliefs and expectations. Future research could further our understanding how likely Māori are to experience the presence of immediate whānau within their NDEs. A better understanding of the role culture plays in the presence of supernatural beings within the NDE, should improve our understanding of the role of culture within the development of the NDE.

The presence of whānau within a majority of participants NDEs appeared to impact many other phenomenological elements of their experiences. Whānau was apparent within the experiences of participants being sent back to life, and may have influenced the role of the light within their NDEs.

Participants perceived experience of being sent back to life appeared to be strongly influenced by the concept of whanaungatanga. Five of the six participants reported immediate whānau members were most likely to be the supernatural beings sending or bringing them back

to life from their NDE. These findings contrast with Western NDEs common reports of being sent back to life by the 'being of light' they encounter during their NDE (Moody, 1975; Rodabough & Cole, 2003). One explanation for this may be related to the influence of *whanaungatanga* (specifically a person's obligation to others). If participants felt a responsibility to their *whānau* who were living, the strong presence of their *whānau* sending or bringing them back to life is consistent. In line with this, participants only described the light as a phenomenon, not a 'being'. The light did not communicate with them and did not ask questions of life achievement. In contrast, it is often reported in Western NDEs that the 'being' of light is a figure of love and warmth that communicates through thoughts with the NDEr (Rodabough & Cole, 2003). If the presence of *whānau* within participants' NDEs was influenced by their sense of obligation and responsibility to others, and it was in fact the role of the *whānau* to bring or send participants back to life, there is no need for the light within participants' NDEs to be anything other than a pleasant phenomenon. This could support the claim of Kellehear (2009) that collectivist cultures that hold conscience within social interaction do not require approval from within or a supreme being. Approval may come from one's social interaction with others; hence, the high presence of the *whānau* bringing participants back to life. While Kellehear's (2009) original claim was in relation to the life review, it may explain the differences in the reports of the coming back to life and the being of light from participants of this study. Future research could specifically examine the role of the *whānau* within the NDEs of Māori. A better understanding of the degree to which *whānau* or the principle of *whanaungatanga* may influence the NDEs of Māori may result in the development of more accurate theories in regard to the Māori NDE and the role of Māori culture in the development of their NDEs.

An overwhelming sense of peace is very commonly reported in Western NDEs (Green & Freidman, 1983; Greyson, 1983, 2003; Lindley, Bryan & Conley, 1981; Rodabough & Cole, 2003; van Lommel et al., 2001), and similarly peace was reported by a majority of participants within this study (4/6). As in the descriptions of peace from the interviews Moody (1975) conducted, one participant reported relief from pain and suffering, resulting in great relaxation. It was this relief from the cold and pain that compelled a desire to continue on with his OBE and therefore NDE. The pain relief experienced by this participant reportedly only lasted as long his NDE, and this contributed to his great sense of peace within his NDE. In addition, participants also communicated peace shared among all beings or phenomena they encountered. This sense of peace among all beings experienced within participants' NDEs may be related to the principles of *tapu* (the integrating of different philosophies attempting to make peace between inconsistencies or conflicts) or *utu* (the maintaining of balance within relationships) (Moko Mead, 2003; Pere, 1983, 1991). A sense of peace amongst the beings presented within

participants' NDEs could suggest their NDEs are developed with reference to inherent Māori values of how to maintain and restore peace within a community or group.

The sense of peace experienced by four of the six participants within this study may also have been related to the concept of cultural identity. Participants communicated cultural identity with reference to two differing perspectives. Three participants spoke about their cultural identities in relation to the way it appeared to be removed during their NDEs. These participants regarded cultural identity as something that may be limited to physical life on earth. Participants explained that during their NDEs there was no separation in relation to the ethnicity of the beings they encountered. The beings encountered did not appear to participants to have salient ethnicities; all beings were the same and all equally significant. This may have been related to an inherent sense of peace described by participants. One interpretation of this could be that with the removal of cultural identity came the removal of segregation and hierarchy between cultures or beings. Perceptions of this removal of ethnic divisions may be something limited to minority/marginalised cultures. Previous research has found that cultural identity is integral to the personal identities of those belonging to minority groups (Maldonado, 1975). However, members of marginalised or exploited minority groups face a choice between accepting and internalising the negative views of the majority in relation to their cultural identity, or refuting the view of the majority and searching for their own cultural identity. Many adopt the negative views of the dominant group and form negative cultural identities (Erickson, 1968; Tajfel, 1978). In addition, another study found even in circumstances where they were the minority, White students did not exhibit evidence of cultural identity, aside from the fact they identified as American (Phinney, 1989). With this in mind, perhaps the beings within Western NDEs are also not separated by ethnicity, but this goes un-noticed to many people of the cultural majority. What this could suggest is that cultural identity is a salient feature, deeply embedded within the psyche of those belonging to minority groups. It may be that individuals belonging to minority cultures are much more aware of ethnic divides between people than are those of the majority who do not have varying degrees of internalized negative cultural identity. The apparently culturally-neutral perception of supernatural beings within many NDEs may be a cross-cultural element of the NDE. However, this is difficult to confirm, as ethnicity tends not to be explicitly commented on within Western reports. It also has to be considered that a removal of ethnic divide could be specific to the NDEs of contemporary Māori. Perhaps the long history of colonization and the profound effects of this on Māori have over time shaped the development of the Māori NDE. Future research could focus on examining whether Western NDErs report an ethnic divide between the beings present within their NDEs. This may require specific questions to be asked of Western NDErs, as they may not otherwise include ethnicity as an important or salient element within their report. Western NDErs may not actually be able to recall such a feature, as they may not be culturally attuned to notice cultural identity. Because of this, it may

be difficult to decipher whether or not an ethnic divide between beings within the NDE is cross-cultural. Nevertheless, future researchers should attempt to determine this. A better understanding of the removal of an ethnic divide within the NDE may improve our understanding of the depth to which one's cultural identity influences one's subconscious.

Two participants reported the use of te reo Māori (te reo) within their NDEs. Te reo within one of these was to be expected as te reo was this participant's first language. It is assumed by the researcher that all the language within this participant's NDE was Māori. However, this was not explicitly asked of the participant during the interview, so cannot be confirmed. The use of te reo in another participant's NDE was reported by the participant as interesting to her, as she does not speak much te reo Māori. She reported that, contrary to her expectations, she was able to understand the te reo she heard. One explanation for this could be that although this participant may not have strongly participated in Māori cultural practice, on some level she may have still identified as Māori. This may suggest that how a person consciously identifies as Māori, may not be reflective of their subconscious Māori identity. What the NDE of this particular participant may suggest is that a person categorised as having a notional or compromised identity, may hold a state of cognitive dissonance (Festinger, 1962), in which a number of complex elements of cultural knowledge and affiliation have been suppressed. This may relate to the claim of Maldonado (1975), that cultural identity is integral to one's personal identity. A person may incorporate the negative views of the dominant culture and develop a personal identity that is consistent with those views, by suppressing non-congruent cultural elements. Adopting a secure Māori cultural identity may not be an option for those who have internalised the negative views of Pākehā.

In addition, the fact the participant did not speak much te reo despite it being present within her NDE suggests she may have had no cultural expectation of this prior to her NDE. Previous research has suggested that expectation can alter the details of the NDE. The fact that NDEs and NDLEs can occur in situations where one is psychologically close to death and not physiologically close to death suggests expectation does in some way influence the NDE (Blackmore, 2002). For this participant, however, conscious expectations appear to have been subverted. She avidly described to the researcher her pre-existing expectation about what occurs at death throughout her interview. Contrary to her held expectations about death, this participant still experienced hearing te reo within her NDE. This may suggest that the NDE is developed culturally, and perhaps in relation to one's subconscious. Future research could examine greater numbers of Māori NDEs, and determine whether there is any relationship, correlational or otherwise, between the presence of te reo Māori, or the principles of tikanga and the security of the cultural identity of the individual. This may not only increase our understanding of the role culture plays within the NDE, but may also increase our understanding of the influence of Māori cultural identity on an individual.

5.2 Aftereffects:

This study found consistencies between the aftereffects of participants and commonly reported aftereffects of Western NDErs, including a loss of the fear of death, a new appreciation for life, and a new sense of purpose or mission. Western NDErs reports also include a maintained fear of the dying process, albeit a loss of the fear of death itself (Noyes *et al.*, 2009; van Lommel *et al.*, 2001). Participants described a new-found appreciation for life was coupled with a respect for the physical body, and a respect for death as a phenomenon. The NDE was communicated as an event that made the risk of death more salient, and outlined the physical body's vulnerabilities. While participants appeared no longer afraid of death, there remained a subtle fear of the dying process, and the lack of control over this. This finding is consistent with what is understood of Western NDEs. Participants' new appreciations for life and death were closely connected to their new sense of purpose or mission. Most participants spoke about this in relation to sorting out their affairs. It is difficult to conclude whether the aftereffects of the Māori NDE have changed since the documentation of King's (1985) traditional Māori NDE, as aftereffects were not discussed in that study. This new appreciation for life and death, and new sense of purpose was strongly related to the role of whānau. The role of the whānau appeared to influence the affairs that participants believed needed sorting (affairs were mostly whānau oriented), and this related to fulfilling whānau roles. One participant spoke about a responsibility to his people and iwi. One explanation for these findings may be related to the influence of whanaungatanga and kotahitanga within tikanga Māori, specifically providing for their spiritual, emotional and material needs of the whānau, and the strength of the social unit, and the unique talents each person has to give (Metge, 1995; Moko Mead, 2003; Pere, 1983). Participants may have felt their obligation to either their whānau or their tribe in the sense that they had more to offer. Their responsibilities may not yet have been complete and they still had people they needed to care or provide for.

Another commonly reported aftereffect of Western NDEs is a heightened sense of spirituality (Morse & Perry, 1992; Noyes *et al.*, 2009; Sutherland, 1990). NDErs have been found to refuse to describe themselves as religious following their NDEs, but often describe themselves as spiritual. Some NDErs reject organised religion entirely following their NDEs, and solely identify as spiritual (Greyson, 2006; Sutherland, 1990). Participants' in the current study did not overtly communicate their mission or purpose in relation to an enhanced sense of spirituality. However, the role of the whānau is integral to the Māori worldview. The worldview of traditional Māori is developed in context to the genealogies relating individuals and whānau to their ancestors that eventually lead back to the gods of Māori religion (Moko Mead, 2003). Because the whānau is an integral aspect of Māori religion, a responsibility to whānau in relation to a new mission or purpose could potentially be linked to a more enhanced spirituality.

Future research into Māori NDEs could further explicate these findings. The influence of the whānau on NDE aftereffects could be better understood by examining the NDEs of Māori who may not experience whānau within their NDEs. Personal perspectives concerning religion and spirituality could be examined specifically following Māori NDEs for a more complete picture of NDE aftereffects for Māori. A better understanding of these aftereffects may benefit Māori and clinicians working with Māori in the healthcare system in New Zealand, and will aid our understanding of the role culture plays in the production and interpretation of NDE aftereffects.

5.3 Conclusions

The findings of this study have been found to provide some support for both theoretical positions regarding the NDE; that the NDE is similar across cultures (but explained and interpreted using the cultural models one has available) and, that the NDE is constructed in confirmation with the cultural beliefs one already holds. These results provide insight that may be useful in informing research from both perspectives.

This study has identified features which previous research has considered to be cross-cultural in Western cultures within the NDEs of Māori. However, the deeply embedded cultural elements within the NDEs of Māori could equally suggest the NDE is psychologically manufactured by the individual, congruent with the norms and beliefs of Māori.

From the findings of this study, it is suggested the two positions previous authors have regarded as conflicting, are not in fact mutually exclusive. In other words, the NDE may be cross-cultural in nature and culturally interpreted, but incorporate elements of the NDE that are developed culturally. The significant role of tikanga Māori within the NDEs of participants', and the high similarity between the features reported by participants of this study and the features reported by NDErs of Western culture, suggest the NDE may be consistent with both existing perspectives; that the NDE is cross-cultural in nature, but also there are aspects of the NDE that can be developed in relation to the cultural conditioning of the NDEr. The aspects of the NDE that are developed culturally may be dependent on those aspects that are most integral to the culture. This appears to be the case in the current study. The role of the whānau within Māori culture is fundamental to the Māori worldview and way of life (Bishop, 1994; Irwin, 1994; Smith, L. T., 2012). It is therefore not surprising that the whānau was so significant within the NDEs of participants. Similarly, tikanga Māori shapes process, perspective, and society within Māori culture (Moko Mead, 2003). While both tikanga Māori and whānau can be expected to heavily influence the interpretation of the NDE, the findings of this study suggest they may play a role in the development of the NDE as well. A combination of the existing theories about NDE development can explain similarities between NDE reports between people of different religions, beliefs and cultures. It also helps to explain the consistencies within cultures and variations between them.

5.4 Limitations

The most prominent limitation of this study was that the researcher is not Māori. The implications of this were sometimes overt and sometimes very subtle, yet manifest in many areas of the research. The methodology of this research was developed to compensate for the lack of cultural understanding of the researcher. The researcher sought to mitigate the cultural boundary between researcher and participant through practices such as *tiaki*, *whangai*, power sharing and empowering outcomes (seen in chapter three). However, as a Pākehā researching alongside Māori, there were inherent barriers of culture faced in relation to the researcher-participant relationship. It cannot be assumed participants communicated their NDEs in their entirety because of the salient cultural boundary between participants and the researcher. There may have been cultural elements of their NDEs they felt they could not disclose for cultural reasons. Here, the cultural boundary between researcher and participants may have impacted the validity of the reported NDEs.

The researcher's interpretation of the results was also a potential limitation of this study. As discussed in chapter three, latent level inductive thematic analysis is a process by which themes emerge inductively from data sets based upon segments the researcher considers most significant (Braun & Clarke, 2006). Although inductive, the process remains subjective, and the cultural lens of the researcher may have impacted the validity of the results. In addition, the extent Western culture influenced participants was unknown. While a majority strongly identified as Māori, the degree their Māori worldview has been influenced by Western cultural ideas such as Christianity is unknown. Therefore, it may not be possible to classify the elements of the NDE consistent with Western reports conclusively as cross-cultural elements. One participant's pre-existing conceptualisation of the life review is a good example of this. The influence of Western culture can therefore not be excluded from its role in the development or interpretation of the NDE.

A further limitation relates to generalisation; an inherent limitation of many qualitative studies. This study was limited to six participants in order to gather in-depth information regarding their NDEs. A small sample size restricts generalisation, and the information gathered covers depth but not breadth of the topic. In addition, the participants were between 49 to 78 years of age. The findings of this research cannot be generalised to NDErs below or above this age. Also, there are subtle differences in *tikanga* and dialect between *iwi* and *hapū* throughout Aotearoa New Zealand. The NDEs of Māori of Ngāti Hine and Nga Puhi therefore, may differ in phenomenology from those of tribes from other areas, for example, Ngai Tahu (South Island) or Ngāti Porou (East Cape).

5.5 Implications for healthcare practice in Aotearoa New Zealand

It is important to recognise the potential ramifications of the NDEs of Māori within healthcare in New Zealand. The findings of this research highlight both the similarities and differences between Māori NDEs and Western NDEs.

One of the similarities between Māori and Western NDEs, pertinent to the care of Māori post-NDE, is the nature of the aftereffects experienced by Māori. Participants of this research explained a new appreciation of life and a new sense of purpose. Facilitating conversations regarding these aftereffects and assisting the changes an individual may want to make following their NDEs are areas health-care professionals can make a positive difference. Western research has found the experience an NDEr has of disclosing their NDE to healthcare professionals influences the ease with which an NDEr integrates their experience into their lives (Foster, James & Holden, 2009; Holden, Kinsey & Moore, 2014; Noyes *et al.*, 2009). The acknowledgement and validation of the NDE by healthcare professionals has been found to make a positive difference for the NDEr following their NDE (Hoffman, 1995). Future research could examine how often Māori disclose their NDEs to their healthcare professionals, and how they perceive their disclosures to be received by these professionals.

The differences between the NDEs reported by Māori in this research and the NDEs reported in Western cultures might also be pertinent to the care of Māori in health-care within New Zealand. The significant role of the whānau within participants' NDEs and influencing the aftereffects of participants, may suggest greater involvement of the whānau throughout patient care is beneficial for Māori, especially if they have disclosed a NDE. Similarly, the role of tikanga Māori, specifically the influence of whanaungatanga and kotahitanga within the NDEs of participants' highlights the value of knowledge and attention to tikanga when caring for Māori patients. One participant's account of the significant role of the Māori nurse caring for him during and following his NDE is indicative of the benefits to patients when tikanga Māori is considered.

The findings of this study also highlight the role of cultural identity in relation to the care of Māori. The disparities between Māori male masculinity and the vulnerability of the NDE may need to be addressed for some patients following their NDEs. The interpretation of why the NDE occurred and how this reflects on the NDEr as a Māori male may be challenging. Specific research into the effects of the NDE on Māori cultural identity should inform the care of Māori following their NDEs.

Overall, this study suggests that culture does influence the NDE. Whether or not culture influences the interpretation or the development of the NDE, there are cultural elements deeply embedded within the NDE and its aftereffects. Therefore, the care of individuals who have had NDEs, should be culturally specific. This findings of this study could suggest Māori who have

had NDEs may require a greater presence of whānau throughout their recovery. This could be implicated in increasing visiting hours in healthcare establishments for whānau of Māori individuals in their recoveries from NDEs.

Further research should be conducted into the NDEs of Māori to further explicate the findings of this study. A more generalisable picture of the Māori NDE may better our understanding of the role culture plays in the NDE. This study suggests culture plays a significant role in the phenomenology of the NDE, but the degree culture plays can only be determined with further research.

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Appendices

Appendix A: Letters of support for the research from Kaumatua and Kuia (3 pages)

Appendix B: Participant Information Sheet

Appendix C: Participant Consent Form


Appendix D: Interview Schedule

Appendix A: Letters of support for the research from Kaumatua and Kuia (3 pages)

TO WHOM IT MAY CONCERN:

This is to inform that on the request of ex-student at Opuia Primary School, Hannah Young, that I would be delighted to act as an adviser in providing any information with regards to Te Reo Maori me ona tikanga, as she so desires, in connection with her Masters degree.

Yours sincerely,



Joseph Tipene

Retired School Teacher.

Ngatihine Kaumatua.

14 tui grove,
Te haumi,
Paihia.

Phone: 09 40 27028



22 May 2015

PRIVATE & CONFIDENTIAL

Massey University Ethics Committee
Palmerston North Campus
Massey University
PALMERSTON NORTH

Tena koutou katoa

Hannah Young is known to me as her previous General Manager over a period of 2 years in which she worked across a range of public health programmes primarily in the Taitokerau ki Muriwhenua service delivery area. The majority of the participants were Maori similarly the team make-up. Hannah and her whanau have worked and remain domiciled in te Pewhairangi. We are glad to call her one of ours.

I have encouraged, advised and instructed Hannah on more than one occasion in regard to her Master's Degree in Science and we maintain regular contact related to her progress.

I am completely supportive and actively encouraging her to pursue this line of research. I am confident and willing to advise her in regard to *nga mea Maori* on her journey alongside Maori.

I am happy to discuss this matter with whoever requires a discussion and remain pleased to offer my services to Hannah in this regard.

Na

Mariameno Kapa-Kingi
General Manager
Matauranga Whanui

Trust Services:
Hauora Whanui
Clinical Services
Maiaore
DSS / Home Support
Matauranga Whanui
Health Promotion/Education
Whanau Whanui
Social Services & Development
Te Tari Mahi Whanui
Financial & IT Services
Ngati Hine FM
Radio Station
Northcorp
Property Development

Level 1/5 Walton St
PO Box 1127
Whangarei
Ph: (09) 430 1230
Fax: (09) 430 2385

Kawakawa Office: 2-4 Rayner Street, Kawakawa
Phone: (09) 404 1551
Fax: (09) 404 1876

'Pukepuke Rau'

22/05/2015

**Massey University
Palmerston North**

Tena Koutou te Roopu Tikanga Matatika.
Nga mihi mahana I te wa makariri.

Hei koreoro mohio poto tenei
Ona Granny mama, papa, mea tino tautoko te iwi Maori ki Te Atatu
West Auckland I tera wa ko mate raua aiainei. He whanau tino Aroha ki toku Whanau nga whanau wanui
ki Te Atatu ..

Ko te mokopuna tenei a Noel raua ko Elsie Muller
A raua kotiroa Ko Karen.
Ka moe a Karen raua Ko Rodger Young
A puta te Mokopuna / Tamahine hoki a Hannah Young.

He kotiro mohio ta tatau Tikanga
I whakatipu ki te rohe a Pewharangi (Opuia)
Na te tini Kaumatua , Tumuaki a Joe Tipene Ngati-Hine I akonga . ka patu te Ku ware.

Na reira maku mahi tautoko. hei arahina , whakatika tiaki ia,
E kore e taea a Hannah I te takahi te mana ara te tapu o te tangata.
Hei rapu ana ia Hannah Rangahau Maori I roto I te Hauora Hinengaro.
Te whakamomori Maori.
Ma te mohio, ka marama, ke marama, e hanga nga mahia oratanga ki te tangata.

Te Tumanako e hiahia a Hannah kei te whakaora tonu tou tataau iwi Maori.

Greetings to the Ethics committee.
How is the winter cold treating you?

Thank you all for allowing me to be part of decision making in ensuring that Hannah has the cultural requirements to begin her research, with cultural supervision kawa, tikanga a iwi. We are working with Hannah to ensure she can work alongside Maori, and her understanding of Tikanga is very important. Processes of addressing Tapu and establishing noa are in place to ensure the participants mana/tapu is upheld. Hannah comes from a highly respected whanau from West Auckland Te Atatu. Her grandparents Noel and Alisa Muller supported a thriving Maori community. Hannah grew up in the Bay of Islands her parents Roger & Karen Young both primary school teachers in Opuia, well respected in the Bay of Islands. I fully endorse Hannah in her vocation to serve the community especially the Maori People.

Naku noa

Kaumatua Nga Puhī ki Waitemata
0279788569
[Paora Matthews](#) I Kaumatua, Taurawhiri (Cultural Advisor)

Whitiki Maurea I Waitemata DHB

33 Paramount Drive, Henderson, Auckland, Private Bag 93115, Henderson 0610

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The Phenomenology of Near-Death Experiences (NDEs) in Northland Māori of New Zealand

INFORMATION SHEET

Ko wai ahau? Who am I?

Tēnā koe. Ko Hannah Young taku ingoa. Ko au te kai-rangahau o tēnei whakatakanga. My name is Hannah Young, and I am studying towards a Master of Science in Psychology through the School of Psychology at Massey University. Ko Ngāti Pākehā tōku iwi. I whanau mai ahau I Pēwhairangi. I tipu ake ahau i Pēwhairangi hoki. I am of Pākehā descent, and was born and raised in the Bay of Islands of Northland, New Zealand. My supervisor is Dr Natasha Tassell-Matamua (Te Āti awa rāua ko Ngāti Makea kei Rarotonga), who is a lecturer and NDE researcher, in the School of Psychology at Massey University.

What is this project about?

I am investigating near-death experiences (NDEs) among Māori within the Northland region of New Zealand. NDEs are understood to be unusual, vivid, and profound life changing experiences occurring in people who have been in physically life threatening conditions (such as having a heart attack), or feared they were going to die (such as being in an accident). They involve a number of features, which can include: travel through a tunnel; seeing a bright light; feelings of peace, joy, and love; disembodiment; meeting deceased others; a life review; and travel to a beautiful realm. This research will collect the NDE accounts of Māori participants, and identify key features across the accounts.

Can I participate?

If you identify as Māori, are above the age of 18 years, reside in the Northland region of New Zealand, and believe you have had an NDE at some stage in your life, then you are welcome to participate in this study.

What will I be asked to do?

You be asked to participate in an interview, which will be about one hour long. Depending on where you are located, I will ask you to come to one of the Ngāti Hine Trust offices, which is located closest to you. During the interview, I will ask you about your NDE, and ask you to provide details about the NDE.

Within three months after the interview, I will contact you again with a transcript of your interview. If you wish to check the transcript, I can arrange to meet you at the Ngāti Hine Trust office, or can email or post the transcript to you. Reviewing the transcript should take no longer than one hour.

In December this year, you will be invited to a community hui at the Ngāti Hine Health Trust office in Whangarei. At this hui, I will share the findings of the study. If you are unable to make this hui, I will either email or post a copy of the findings to you – at your request.

What are my rights as a participant?

As a participant in this research, you have the right to answer as many or as little questions as you choose. You may also withdraw from the interview process and/or ask questions about the research, at any time. The interview will be digitally recorded and later transcribed. The transcribed interview will be returned to you for editing if you wish, prior to me using the information in my research. All information you provide to me will be held securely and your privacy will be respected. That means, no one will have access to the information you provide, and any information I use in my research will not be able to identify you. Where necessary, people and places named by you will be assigned pseudo-names. Any specific circumstances that could potentially reveal your identity will be altered accordingly to protect your identity, while still providing enough detail about your NDE so that it is portrayed as accurately and as factually as possible.

While people are often pleased to be provided with the opportunity to share their NDE, speaking about it can at times raise emotions and other concerns. If participating in the research causes any distress or other emotions, you will be welcome to contact my supervisor or me to discuss these. I have also attached a list of supports in the Northland, if this is preferable.

Although I am of Pākehā descent, I have previously worked in Māori health organisations, and am aware that I am not an expert in te reo Māori or te ao Māori. I am however, genuinely interested in your NDE, and also want to make research participation as comfortable for you as possible. Therefore, you are more than welcome to bring a support person with you to the interview, or to ask me to be accompanied to the interview by a kaumātua.

Who can I contact?

If you have any questions or queries about this research, please feel free to contact either Hannah or Natasha on the following details:

Researcher:
Hannah Young
Phone: 0212242662
Email: hannah.young7@gmail.com

Research Supervisor:
Dr. Natasha Tassell-Matamua
Phone: 06 9518080
Email: N.A.Tassell-Matamua@massey.ac.nz

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 15/32. If you have any concerns about the conduct of this research, please contact Prof Julie Boddy, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 350 5799 x 86055, email humanethicsouthb@massey.ac.nz

The Phenomenology of Near-Death Experience in Northland Maori of New Zealand

PARTICIPANT CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being sound recorded.

I wish/do not wish to have my recordings returned to me.

I wish/do not wish to bring a person of support to the interview with me.

I wish/do not wish to have the researcher be accompanied to the interview by a respected Māori person

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:

Date:

.....

Full Name - printed

.....

Appendix D: Interview Schedule

The Phenomenology of near-death experiences in Northland Maori of New Zealand

INTERVIEW SCHEDULE

Background:

- 1) Where in Northland do you live?
- 2) With which hapu/iwi do you identify?
- 3) How old were you when you had your near-death experience?

About your NDE:

- 1) Tell me about what happened in your near-death experience:
- 2) Prompts – *if* required
 - a. How did you feel?
 - b. Can you tell me more about (specific point of conversation) etc.
 - c. Was it positive or negative or neither?
 - d. Do any features of your NDE stand out as important to you or unique?

