TIPS ON WHAT TO LOOK FOR WITH CHILD EXPERIENCERS

Supportive parents, although important, are not enough. Child experiencers need more than that. They need freedom “with a fence around it” so they can safely test the multiple realities they now know exist. Here are some suggestions for parents:

➢ Sleep patterns abruptly change afterwards for the young – less nap time, increased flow states, and restlessness. Some may fear sleep and suffer nightmares; others seem exhausted on waking as if they had “toured the universe” or attended “night school” while asleep. Reliving the episode in the dreamstate is commonplace. Encourage this. Do visualizations. Listen.

➢ Love changes for child experiencers. It is normal for them to lose the parent/child bonding. That doesn’t mean they cease to be loving and thoughtful, but it does mean they tend to act more distant than before. The child switches gears and begins to mature faster, become more independent. Interests change.

➢ Afterwards, most kids have a marked decrease in their ability to express themselves and socialize. Since language is the most critical skill anyone has, stimulate the child’s speech with your own. Promote dialogue with question/answer games, group storytelling, reading outloud, speaking on pretend microphones. Encourage the child to participate in community projects as a volunteer.

➢ Writing and drawing are just as important as dialogue. Ask the child to make a special book about his or her near-death experience. Have lots of paper handy for pages that cover: newspaper account of death event (if any), drawings of each aspect of episode, description of what happened, information about dreams afterward, sketches of any “beings” that continue to appear, poems, ideas, thoughts, and extra room to record more things later on. Have the child choose a title; bind book with ribbon. A project such as this validates the near-death episode – as well as the child’s feelings. The parent should keep a journal of the whole affair, too. This helps restimulate parent/child bonding, and can serve as an invaluable resource once the child matures. Making such a book can transform a child experiencer of any age.

➢ Child experiencers tend to withdraw; can even reject hugs and cuddles. Recenter them in their bodies through touch, pat their shoulder when you pass by, touch their hand if you speak to them, nudge a knee from time to time, rub their neck. Smile. Teach them to pat and nudge you like you do for them. Pets are wonderful for touch therapy, as are plants. Make cookies that the child can help prepare, then turn him or her loose shaping cookies by hand into imaginative designs. Do food sculptures (inspirations in Play With Your Food, Joost Elffers (Stewart Tabori & Chang, New York City 1997).
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➢ Speaking of food, watch sugar levels. Child experiencers are more sensitive than the average child to chemicals, excessive sweets, refined sugars, and chemical replacements. Practice good nutrition; use veggies and fruit for snacks. Full-spectrum lights are preferred to florescent; avoid over-exposure to electrical items (especially electric blankets), and power lines; cottons usually work best for clothes and bedding. At meals have a burning candle for a centerpiece, and say the type of Grace where each person in turn can offer his or her own prayer. Flowers put children at ease. Let them pick and arrange the flowers, if possible. Be careful of too much exposure to bright sun (mid-afternoon), and music turned too high (loud sounds are often painful to them). Recheck former medication as it may now be too potent.

➢ Ideally, child experiencers and adult experiencers should get together once in a while, for each can support the other. Adults can provide that special atmosphere for “talking about it” among fellow experiencers, and socializing within a peer group. Children can inspire confidence and stability in adults, as kids are much more understanding and open than their elders. Above all, parents who were experiencers when young should be encouraged to speak of their own episode and what they went through in front of their child experiencer! Most don’t. Such a sharing has a positive ripple effect for years to come.

➢ By joining the International Association For Near-Death Studies (IANDS), child and adult experiencers can avail themselves of many opportunities to share and learn. If under 18, the child must have the parent’s permission. Contact: IANDS, 2741 Campus Walk Avenue, Bldg. 500, Durham, NC 27705; www.iands.org; services@iands.org.

➢ In *The New Children and Near-Death Experiences*, there is an extensive Resource Section with suggestions, ideas, names and addresses, techniques, exercises, and book references. Comprehensive on child experiencers; focuses on how children often repress or mentally tuck away their episode and misinterpret aftereffects until adulthood. A child compensates if they feel out-of-place; they do not integrate. Where the average adult experiencer takes 7 to 10 years to integrate their experience, it takes the average child experiencer 20 to 30 years. They do not “connect the dots.” They have no way to understand why they are different or what caused it. Very few mental healthcare professionals are prepared for dealing with child experiencers, even when they are grown. Refer also to my books, *The Big Book of Near-Death Experiencers* (Hampton Roads, 2007); and *Near-Death Experiences: The Rest of The Story* (Hampton Roads, 2011).