THE FRAGARIA™ METHOD HANDBOOK:

Integrating Near-Death Experiences and Related Phenomena

By: Sabine van den Bulk
paramedical naturopathic therapist

sabinevandenbulk.nl

THE BABY LOOK

Different Cultures, Peace

Through prayer and intending to be open to understanding one another,
we find peace.
Through communication and our pulsing hearts,
pain wants to find peace.
Through humaneness and honoring the rights of all in this world,
we find peace.
In trusting nature, its beautiful flowers, trees, and animals,
we find peace.
In being together, praying, working, and dancing with one another,
we find peace.

When we were born into this world we all received breath and the message of love.
For all of us, peace can become a way of life.

— Sabine van den Bulk

Many Thanks To:

Yvonne Sneeden, U.S. manager of The Fragaria™ Method Handbook
Henk Mul, reïncarnation therapist
Arnold Van der Heijden, instructor
Wanda Boeke, translator, editor

Author:

Sabine Van den Bulk, therapist
Mindfulness-based cognitive therapy
www.sabinevandenbulk.nl

English language copyright:

© 2013 Wanda Boeke, Think Heaven Now / Sabine van den Bulk. All rights reserved.

C. 2019-01

TABLE OF CONTENTS

1	**How Did the Fragaria Method of Therapy Come About**?	**1**
	Fragaria Therapy	**1**
2	**What Have I Done So Far in the Medical Field?**	**2**
3.	**Where Can Near-Death Experiencers (with Trauma) Find Help?**	**3**
	Multidisciplinary Approach	**3**
4	**How Does Our Multidisciplinary Team Work?**	**4**
5.	**How Can We Introduce Consciousness as an NDE Phenomenon into the Medical Field?**	**5**
6.	**What Is the Fragaria Method?**	**6**
	Mindfulness: Living in the Here and Now	**6**
7.	**The Care Plan: What Can You Expect?**	**9**
8.	**Identifying Someone Who Has Had a Near-Death Experience**	**10**
	a. What are common symptoms when someone doesn't call it a near-death experience with trauma?	**10**
	b. Features of diagnosis if the client had a near-death experience	**11**
	c. 22 Features of a Traumatic Near-Death Experience or Related Phenomenon	**11**
9.	**How Do You Reach Clients When First Approaching a Case?**	**13**
10	**Which Steps Should Be Used First If Clients Remember a Near-Death Experience or Related Phenomena?**	**14**
	If a Client Is in the Hospital	**14**
	If a Client Is Receiving Care Elsewhere	**14**
11.	**The Fragaria Caregiving Process**	**15**
	a. Every Step Explained Using Examples	**15**
	Basic Diagram	**16**
	The Whole Caregiving Process Using the Fragaria Method (Diagrams 1-4)	**17**
	Purpose of Diagram 1	**19**
	Diagram 1: Basic Safety and Security	20
	Subjects that Could Be Discussed with Clients per Basic Desire or Need	**21**
	Results from Diagram 1	**21**
	Diagram 2.a.: Body Awareness	**22**
	Diagram 2.b.: Body Awareness Plus Basic Safety and Security	**23**
	Working with Diagram 2: Body-Focused Assignments to Clarify Physical Experiences	**24**
	Filling In Diagram 2 with Results	**25**

Diagram 3: Inner World **26**
Desires and Needs Provide Insight from Clients' Inner World (Diagram 3) **27**
Filling in Diagram 3 21 Examples per Basic Desire That Clients Can Fill In **27**
Desires and Needs Provide Insight for Clients to Orient the Outer World (Diagram 4) **28**
Diagram 4: Outer World **29**
The Basic Desires and Needs Using Examples from Diagram 3 **30**
The Entire Caregiving Process (Using Diagrams 1-4) **31**
a. Caregivers assist clients by: **31**
b. Questions You Can Ask Clients **31**
c. Registration and Confirmation That a Client Had a Near-Death Experience or Related Phenomenon **35**
d. 22 Features of a Traumatic Near-Death Experience or Related Phenomenon **35**
e. Treating and Helping Clients, Including PT and Psychotherapy **36**
f. Executing the Long-Term Plan **36**
g. Peer Reviews and Feedback in Treatments with Multidisciplinary Cooperation **37**
h. Relapse in Clients (Keep Going of Stop) **37**
i. Change of Treatment or No Conclusive Results **37**
j. Conclusive Results: End of Treatment **37**
k. Follow-up and Documentation / File **37**

12. Near-Death Experiences in Children **38**
Case Involving the Symptoms of a Child with Family-Oriented Problems **38**
The Story of Pip the Angel **39**

13 A New Way to Live Together: The "Heart Revolution" **44**

14. Individual Self-Help for Those Who Can't Get to a Therapist: How Do They Help Themselves? **44**

APPENDIX A: Two Case Reports Using the Therapy **A-i**
Case 1: Valerie **A-i**
Case 2. Marc **A v**

APPENDIX B: Additional Questions to Ask Clients **B-i**

In the silence of some days

*****NDE = Near-Death Experience. This acronym will be used throughout the handbook.

1. How Did the Fragaria Method of Therapy Come About?

I have worked as a therapist in mainstream healthcare since I was twenty. My interest was increasingly being drawn to clients with "indefinable complaints." I started having more and more difficulty with the often-stigmatized diagnoses that were allotted to such complaints. At thirty-two, my heart stopped, twice, and I consciously had two near-death experiences, or NDEs. After these experiences, I, too, had "indefinable complaints" that, in my opinion, had to do with these two NDEs.

There was no acknowledgment of my experiences and what I went through, either from the doctors handling my case or from coworkers. There were a number of conflicting diagnoses I couldn't work with and that significantly hampered me in performing my work. As a therapist, I myself set out to find the message for me that fit.

The message was to see the possibility of healing and to integrate the information that had been shared with me during these incredible experiences into my current life. It is also important for me to make a contribution to the recognition and acknowledgment of near-death experiences in (mainstream) healthcare.

During my rational quest, I gained more and more insight into the characteristics, symptoms, and aftereffects that can be associated with an NDE. My complaints weren't so "indefinable" after that. More and more clients with comparable complaints were being referred to me. In-depth interviews showed that such clients had also had comparable NDEs or consciousness-expanding experiences in the recent past or at a young age. There had been no integration of these experiences, let alone acceptance among family and friends of near-death experiencers. In addition, several people had traumatic aftereffects or physical limitations.

Fragaria Therapy

I recorded, analyzed, and tested these experiences that I myself and my clients had had, using mainstream therapeutic methods. My method, the Fragaria method of therapy, came about in doing so. In this approach, I adapted cognitive procedures to enhance my clients' treatment.

Psychiatric diagnoses do not fit with the experiences surrounding a near-death experience, or NDE. As a result, NDErs can end up being needlessly medicated and/or hospitalized.

I just kept following my heart, which I think resembles a strawberry. Hence the name Fragaria Method of Therapy, because Fragaria is Latin for strawberry. In my practice, Fragaria has proven itself. Clients feel they are being taken seriously and helped.

Integrating the experiences is constructively worked on, while providing physical and emotional support for the traumatic aftereffects such experiences can cause. NDErs' closest family members are explicitly involved in this process.

2. What Have I Done So Far in the Medical Field?

I wrote a short book about the Fragaria method of therapy (The Happy Strawberry), which is available at Amazon.com and my website (www.sabinevandenbulk.nl). Handholds are provided to gain a clear understanding of an NDE or related phenomenon or should trauma occur. The book is accessible to anyone who is a caregiver. Anyone reading it will understand the effects of a near-death experience as well as whether traumatic aftereffects are involved. I have already gotten lots of feedback about this.
Meanwhile, there is a team in my practice that uses the Fragaria method. Guiding questions within the Fragaria method are addressed by several counselors utilizing their expertise. If the trauma is too great or the illness complex, including symptoms and characteristics of a near-death experience (or related phenomena), the Fragaria diagrams are a good tool to get at the crux of the issues. Treatment remains insightful this way, and it's possible to check whether the goals of the guiding question(s) were actually achieved.

Fragaria also works in a multidisciplinary manner, due in part to the additional issues and illness clients may have. At this point, there are a number of specialized hospital physicians and family doctors providing treatment, family members, and circles of friends who all dare to take a client's near-death experience or related phenomenon seriously. The Fragaria method of therapy offers support when offering professional assistance. The quality of life of clients is improved when they are taken seriously.

The Fragaria method offers oversight, structure, and handholds. By working with this approach, it can virtually be proven that the issues and possible traumatic experiences are related to a dramatic NDE. This allows clients to feel that they are being taken seriously. The "struggle," for one, can be released and quality of life improves significantly.

3. Where Can Near-Death Experiences (with Trauma) Find Help?

The IANDS, (International Association for Near Death Studies) offers information and assistance through websites (iands.org) and group gatherings. Requests for assistance can also be submitted and a knowledgeable contact person will offer volunteer assistance. This usually occurs over the phone or by email, but sometimes face to face. Organization websites will also have a page containing the addresses of those who can offer treatment if a volunteer's assistance isn't enough. Those needing help can also get in touch themselves.

Multidisciplinary Approach

The Sabine Van den Bulk Practice (Praktijk Sabine van den Bulk) has set up a multidisciplinary team of knowledgeable caregivers that also handles referrals from the world of mainstream medicine. Requests come from those who are themselves seeking assistance as well as from (family) doctors, psychologists, vocational and workplace consultants, psychiatrists, organizational heads or caseworkers, volunteer organizations, and schools. They have referrals or issues in the healthcare field and are looking for treatment for clients, for information, or for reassurance. This happens on both the national and international levels. The Practice is also available to English readers at www.sabinevandenbulk.nl.

4. How Does Our Multidisciplinary Team Work?

The Sabine van den Bulk Practice holds "peer reviews" with its team, where clients' situations are discussed. Cooperation comes about by addressing requests for assistance through the disciplines of those providing the assistance: case management through case managers, therapy through therapists, social work through social workers, instruction through educators. Talks and training are organized in cooperation with the relevant organization that is requesting assistance or that is working together with the Practice.

Fragaria is used as a basis for mapping out the issues involved in near-death experiences, related phenomena, and trauma so that quality of life is improved through treatment, assistance, and supervision. Starting in 2013, this therapeutic procedure will be used by the team.

There are also many volunteer organizations. To manage requests for assistance, volunteer organization volunteers have an email address and phone number for a knowledgeable contact person in the area where the person requesting assistance lives. Such contacts generally have a coordinator and the organizations host get-togethers and talks throughout the year for donors and others who are interested. Some of these organizations have also indicated that they may start using the Fragaria method.

5. How Can We Introduce Consciousness as an NDE Phenomenon into the Medical Field?

The experience of an NDE that someone has had is often so overwhelming in beauty, concept, color, shapes, and sounds that it's hard to translate into words and concepts. There are also NDEs that were unpleasant, even terrifying, so they likewise are hard to translate into words and concepts. These are what are called distressing NDEs. Pleasant or unpleasant, NDEs are a class of experience that enlarges the clinical concept of consciousness.

Consciousness appears to be broader than the current continuum of mental experience recognized in mainstream medicine. Approaching consciousness from the realm of the NDE and introducing a broader understanding of consciousness to medical practitioners means:

- *Reaching out to those working in healthcare, first and foremost, so that caregivers are trained to recognize near-death experiences instead of diagnosing by codified criteria;*

- Making it clear that someone who has had an NDE has had an extraordinary experience and that this person is seeking acknowledgment of this. Making it clear that this is not some mental illness or psychological condition that should be treated in that way (with medication);

- Explaining that traumatic aftereffects can sometimes be caused by circumstances prior to an NDE, although more often on returning to this life. Associated topics are:

    1. What does this experience mean to / for me?
    2. How do I assimilate this experience into my life?
    3. How do I deal with lack of comprehension among those around me?

- Explaining the Fragaria procedure to other organizations, like hospitals and other healthcare institutions and facilities;

- Disseminating the Fragaria method of therapy as part of the gradual process of raising awareness and expanding consciousness (and the concept of consciousness);

- Organizing workshops, working with case studies—please refer to the appendices at the back of this handbook;

- Promoting cooperation and the worldwide "heart revolution," so clients can discuss complaints with psychiatrists and doctors without immediately being exposed to psychiatric diagnoses and operations.

6. What Is the Fragaria Method of Therapy?

Fragaria is a treatment approach that maps out the issues surrounding near-death experiences, related phenomena, and traumatic aftereffects. This is done structurally. The client's interior and exterior worlds are brought into balance. The quality of life improves after treatment and guidance.

The Fragaria method can be placed in the "mindfulness-based cognitive therapy" tradition, where mindful awareness affects the improvement of the quality of life in the here and now.

Mindfulness: Living in the Here and Now

Near death....
Becoming aware again of the bed, clothing, the bedroom,
and outside there is a yard, flowers, the fence.

These are here and they are here now. Change will come later.

In behavioral therapy, there is the mindfulness theory regarding problem behavior deriving from experience. Knowledge of this theory can help bring insight to an NDEr's experience or that of someone who has experienced related phenomena of consciousness. Mindfulness is a form of assistance that approaches problem behavior as much as possible with objectivity and without judgment.

This theory assumes a development of awareness that will influence our daily life and functioning. An NDE is not an illness.
Assistance using the perspective of mindfulness allows experiences in the here and now to move through you, even consciousness-expanding experiences. This allows an NDEr to process the fact that this experience of mind exists. The influence of people around the patient is extremely great. This confirms the uncertainly about "'I'm not crazy'" and "'did it happen?'"
www.sabinevandenbulk.nl , www.NDERF.ORG and www.IANDS.ORG, for more clear information.

After my own experience, I was able to see that a person is already automatically living mindfully after an NDE.

After an NDE, you can roll out of bed regain consciousness still terribly ill and realize that life will go on, without understanding that you'll need time to live again in this physical body. The NDE whisked you into timelessness, usually resulting in a blissful experience.

So, afterward there is only here and now, and you want to share the experience with others, wordlessly. It is difficult to explain the right words for it. Because the experience is hard to explain in words. Sometime sin silence. For those close to you, family and friends, your behavior may have drastically changed.

I have understood that mindfulness arises from Buddhist meditation. The Dalai Lama explains to each of us that in daily life, it's all about experiencing your highest feelings of happiness. The Buddha calls it Nirvana. In addition, the Dalai Lama tells us that being happy with all sentient beings is truly being happy; that together we look for ethics and motivations to find positive happiness with one another.

Isn't this what the Christian religion also has in mind? The poetic explanations in the Bible and the experiences of the angelic and the divine, a trinity within one absolute unity, forgiveness and love, are also reflected in the basic principles and disciplines of Hinduism, from which—by way of the Vedas—Buddhism arose. These religions all entail mindful living, because consciousness develops in the here and now. There is no religion that tells us that we must hurry through life.

Mindfulness has become a positive term: to understand one another's experience of consciousness. This is very possible in everyday life. In healthcare, you can use it friendly and easily used in the contexts of behavior therapy and various forms of caregiving, together with psychiatric diagnostic criteria, to gain an understanding of the processing and of the help that an NDEr requesting assistance needs. Due to lack of knowledge, people with this NDE experience are referred to psychiatry and treated. We will have to. Many are already in such a treatment setting.

Anyone returning from a deep NDE into everyday life as it was before is often in some sense like a child that is born and has to learn everything, but then with the awareness of the NDE (read chapter 8). Everything that the newborn will experience and become aware of is useful for its life needs and desires. This starts with parents and preferably in a safe home and social environment. The consciousness of the newborn integrates life along with the growth and development of the body.

The NDEr has a developed body and over the course of years has also integrated the life that he or she had before, except the NDEr cannot go back to the state of consciousness during the NDE or to the state of consciousness before the NDE. This is the only fundamental difference between an NDEr and a little baby. A newborn starts with a consciousness that moves forward according to life in this world as it grows up. The adult NDEr returns to the life he or she had but will have to accept and integrate the experience / expansion of consciousness with the consciousness that was there prior to the NDE. A child with an NDE will also do this, but life is still being built. A child may very well be very wise and aware after this experience, but less integrated with culture, social status, and religious convictions, because the child is still young and so lacks the life experience of an adult. The experience of timelessness and the here and now that arose, mindful living, in other words, is no different, though.

NDErs can develop fears for various reasons. You returned into a body that is sick or physically limited. It is a terrifying realization when your mind tells a limb to move or the eyes to open and this no longer happens because your nerves and muscles don't receive the nerve impulse from the brain. Chances are that you won't trust your body for a long time.

You can also get very scared of doctors and nursing staff due to your heightened sensitivity. There can be a distinct difference in what they say and what they think, and you may experience both.

A client in a psychiatric ward who has been to be placed in isolation due to deviant behavior and who then had there an NDE because of an already unstable physical state (eated and drunk too little and, for instance, have had the lights on for two days) had undergone trauma within the healthcare system. After time in the isolation cell, the psychiatrist may treat further characteristics and symptoms in this client as a psychiatric diagnosis, such as a psychosis or borderline personality disorder.

An isolation cell is comparable to the conditions for isolation in hospitals, except that nursing staff deals more specifically with the pain of sick clients.

Philips Lighting in Eindhoven, Netherlands, has done research on the influence of excessive light on health, which has revealed that the biological system and hormone production get confused and

undermine alertness. Natural rhythms become unbalanced and can cause an NDE if the body is unstable.

The fears that arise from the NDE can receive proper attention within a conceptual framework through mindfulness. Fear is namely the reaction that you feel in your body at an external threat or dangerous situation, and psychological fear is a reaction you also feel physically, even when the danger or the threat comes from within and is less distinct. In both cases, the fear system in the body is operational.

An NDE itself is an emotional event. I mention this in relation to fears NDErs can have in their home and social environment, since, on account of possible behavioral changes, there are emotional consequences that NDErs need to recognize. But that emotional consequences are also important for immediate family and friends, too.

To understand this by way of mindfulness, caregivers assume that events always elicit emotional responses and are assessed cognitively: such events seem threatening, repellent. This assessment takes place quickly and automatically; those around us, family, and friends make assessments, too, but it's something we're not generally aware of. An NDEr, on the contrary, is well aware of this and therefore has a very hard time with it. In order to allow assessment, it means learning and unlearning. It may be that the emotional responses are caused by the NDE, but they could also be caused by behavioral changes afterward or in response to those around the NDEr.

In the mindfulness exercises, body scans are also performed, due to the perception that the body is unique. There is no judgment in that. Situations that are strange and painful to the body arise from NDEs. An NDEr performs body scans if such situations come up. This is mindful living, too. There are a lot of mindfulness exercises also for the benefit of the medical world to use also this body scan.

7. The Care Plan: What Can You Expect?

We start by doing an intake. The appointment for an intake is made if there is a referral from a caregiver or from an institution, or if someone gets in touch. The intake on average lasts sixty to ninety minutes and entails going through what the experience was, what the issues are, and whether a near-death experience or related phenomena occurred. During the intake, we investigate whether this was traumatic or whether there is another form of traumatic experience. After the intake, the person requesting assistance normally receives the first exercises to take home, because an intake may be paired with a crisis intervention.

If it is clear that a near-death experience or related phenomena occurred, the person requesting assistance is informed of this. If more assistance is needed due to the trauma, the symptoms, or the characteristics, there will be follow-up treatments for that. These treatments will take place according to the Fragaria diagrams.

If the person requesting assistance has not had a near-death experience or undergone related phenomena, but has experienced trauma or other issues, then other approaches or techniques will be used in treatment, such as the approach used to address indefinable complaints, for instance.

For treatment, an average of four to five sessions of ninety minutes to two hours each will be needed to integrate the near-death experience or related phenomena or to process the trauma. This can occur across disciplines. In serious and complex situations of deep near-death experience, trauma, or a profile of accompanying illness, follow-up treatments will be needed to improve the quality of life. Clients may be referred to another caregiver who will not work with the Fragaria method of therapy, but who can, however, treat the problem. Clients then usually benefit from tapering off contact with caregivers. The consequences of a near-death experience or a related phenomenon was a dramatic event for the client prior to treatment and the client would like to experience safety and security—carefully tapering off professional contact can help clients safely adapt.

After treatment, assistance is wrapped up. A case with severe trauma and chronic illness will usually require longer assistance than someone who has come more to gain insight into an experience and integration of it. There are also clients without additional illness or trauma who are done after a single session and are given the right information and possible referral(s).

8. Identifying Someone Who Has Had a Near-Death Experience

a. What are common symptoms when someone doesn't call it a near death experience with trauma?

These people (both adults and children) may express the near-death experience in terms of:

- having trouble with time: so, forgetting time, clock-time not considered important; having another biorhythm, and sleeping poorly as a result

- concentration disorders: concentrating in a different way because life offers very different insights or because perceptual and psychomotor stimulus transfer occurs hyper sensitively

- balance disorders with perceptual sensations of pain and eating disorders: because a Near-Death-Experience has also been a leaving of the body, the body needs reorientation. This can result in obvious balance disorders. It can also result in eating disorders, nausea that can't be pinpointed, finding eating unimportant, or gaining a sense of power over "the feeling of having a heavy body in relation to gravity"

- sleep disorders: with dreams, including prophetic ones, and having insights from nonlocal consciousness

- not understanding emotions: this is because near-death experiences fall outside of any normal emotion. An NDE is beyond the regular and everyday emotions. The extremes of emotions of an NDE are before and after the NDE. Also, a negative NDE can be more extremely emotional and a positive NDE completely soothing.
  This causes such people to be viewed as having a behavioral disorder. Making emotional contact is scary because such contact enters the human system deeply, or else emotions are seen as being irritating, contact with the body once again generates emotions and that can be confusing

- periods of wanting to be alone: seeking peace and tranquility, usually in nature, without communicating about this clearly

- wanting to talk with others about giving meaning to life or about dying that isn't dying: this also includes wanting to die, perhaps from homesickness; having an entire philosophy about life for fear of being considered "crazy" and therefore being completely misunderstood or not understood

- no longer finding work and life important: depression or else reckless and dissolute behavior arise, even including abuse of alcohol, sex, drugs, or medications; developing completely different interests This especially with NDE at a young age (adolescents), and strong sensitivity to allopathic medication.

- making it clear that they are sensitive to electricity: they are overly stimulated by it; apparatuses break down in their presence

- not being able to tolerate sunlight, lamplight, or computer light, even having poor eyesight

- exhibiting nondualistic play behavior or enjoying being cruel; making decisions based on fundamental mutual respect: because they don't show signs of clearly choosing a side regarding

what is good or right, there's a chance of teasing and bullying by those around them. Because of misinterpretation, anger and sorrow arise and can cause clients to become ill. Awkward communication arises, with the loss of safely being able to participate in what's going on, such as at work, in healthcare, or with family, friends, or a partner

- undertaking very spiritual, believing actions or strongly rejecting these. Usually a greater interest in spirituality.

b. Features of diagnosis if the client had a near-death experience

Generally, several combination diagnoses have been applied, where it becomes clear that there has been a question of indefinability, such as:

- borderline personality disorder with ADHD or ADD,
- anger disorders with a disorder in the autistic spectrum,
- personality disorder with depression,
- posttraumatic stress disorder with suicidal behavior,
- psychosis with anger disorders, hallucinations, or delirium.

Also, a Near-Death-Experiencer may be dismissed as a whiner. This happens because of the indefinable aspect in requesting help, and the symptoms are not physically visible if there is no disablement. This is because those requesting assistance may undergo complete change in their behavior and personality after a near-death experience. A trauma can result in posttraumatic stress disorder and cause depression. So, this diagnosis is understandable. However, treatment aimed at processing a near-death experience will not happen using such diagnoses. Because the diagnose will be more important. And the client will start to alienate himself from the fact that the Near-Death-Experience may be processed. Psychiatric diagnoses are made without listening to what the client has to report about this special ND-Experience, for which the person is looking for help for integration. An NDE is not a clinical illness.

22 Features of a Traumatic Near-Death Experience or Related Phenomenon:

Intrapsychic

1. Anger and depressiveness related to the loss of a near-death experience or related phenomenon in the past
2. Trouble providing a foundation for a near-death experience or related phenomena from a particular religious mindset and lifestyle
3. Overidentification with the near-death experience or related phenomena
4. Fear that the near-death experience or related phenomena will be seen by those in the immediate environment as mental instability or being "crazy".
5. Ore also homesickness and loneliness should be mentioned as: the result of the fact that a near death experience ore related experience has happened to you in the past.

Interpersonal

6. Problems concerning a change in attitude in family and friends because the NDE changed the person
7. Isolation from those who do not share this experience
8. Fear of rejection and being threatened by others
9. Difficult communication about the consequences of a near-death experience or related phenomena
10. Having trouble because life is different from before

11. Having trouble with the relationships from before the near-death experience and keeping them afterward
12. Having trouble with and refusing to accept normal day / night structure

Psychosomatic and Psychomotoric

13. Fear of the body and physical experience
14. Poor sleep pattern with dreams or not sleeping at all anymore
15. Not understanding emotions, emotional processing gets blocked
16. Physical stress complaints with sensations of pain due to hypersensitive stimulus transfer
17. Losing or gaining weight and severe balance disorders
18. Disrupted biorhythm
19. Experiencing timelessness.
20. hypersensitivity to sound and light.
21. hypersensitivity to allopathic medicine.
22. enhanced intuitive sensitivity.

9. How Do You Reach Clients When First Approaching a Case?

1. The caregiver's attitude is one of equality. The attitude in mindfulness-based cognitive therapy is the most suitable for this, reaching out with objectivity and without judgment, and using the "baby look." What I mean by "baby look" is that you make it clear to clients that we're all born human and are equal in that sense. A baby that has only just entered life from the womb is also objective and without judgment. The reality is that both caregiver and client undergo life just as a baby does. Although the forms of consciousness are different, the equality remains. Many Near-Death-Experiencers also describe the experience as "being reborn," so the "baby look" fits in this context as well.

2. Providing explanations and information about professional confidentiality and the caregiver's professional background is important.

3. Allow the client to relax with you and communicate about this at the beginning of the case. In any event: as a caregiver, assume a calming demeanor, make clear contact, and don't ask too much during the intake. A friendly joke here and there that's not hurtful, sympathetically thought up by the caregiver, makes the exchange friendlier.

4. Confirm that it's OK for clients to touch you in how they exhibit and communicate about the behavior. Repeat this regularly when clients show significant uncertainty or express insecurity. You may even extend your hand and touch or take the client's hand in yours—after all, you shook hands on meeting for the appointment or intake. Give examples of other client situations and that the behavior is familiar to you as a caregiver.

10. Which Steps Should Be Used First If Clients Remember a Near-Death Experience or Related Phenomena?

If a Client Is in the Hospital

1. Make sure you reach the client according to the four points under 9.

2. Make sure that the 'The Happy Strawberry' manual accompanies documents and information.

3. Take yourself seriously as a caregiver (doctor, therapist, social worker, or nurse) or partner, family member, friend at the hospital, and feel equal to your client. Don't think, "It'll all work out." Follow your heart!

4. Confirm that you believe the client in all the vulnerability that there is and provide information by way of books, like the Strawberry manual, or websites. Follow the procedure in this handbook and reference those who can treat near-death experiences.

5. Don't impose your opinion, thinking that as a caregiver you can manage things. The importance of multidisciplinary cooperation is important because hospitals function primarily medically and medical practitioners take an oath that they must keep people alive. Within this medical ethic, caregiving will not be successful because the client has experienced (almost) dying. This can reinforce a death wish. Such an NDE-induced death wish can lead to differences of opinion and conflicts in hospital contexts.

If a Client Is Receiving Care Elsewhere

1. Make sure that the 'The Happy Strawberry' manual accompanies documents and information.

2. Follow the care plan according to 8.a. and 8.b. and follow the procedure in this handbook.

3. Confirm that you believe the client in all the vulnerability that there is and provide information by way of books, like the Strawberry manual, or websites. Follow the procedure in this handbook and reference those who can treat near-death experiences. Work with others across disciplines.

Also use these steps if the client had a near-death experience or related phenomena as a child and has forgotten this or has repressed the memory.

11. The Fragaria Caregiving Process

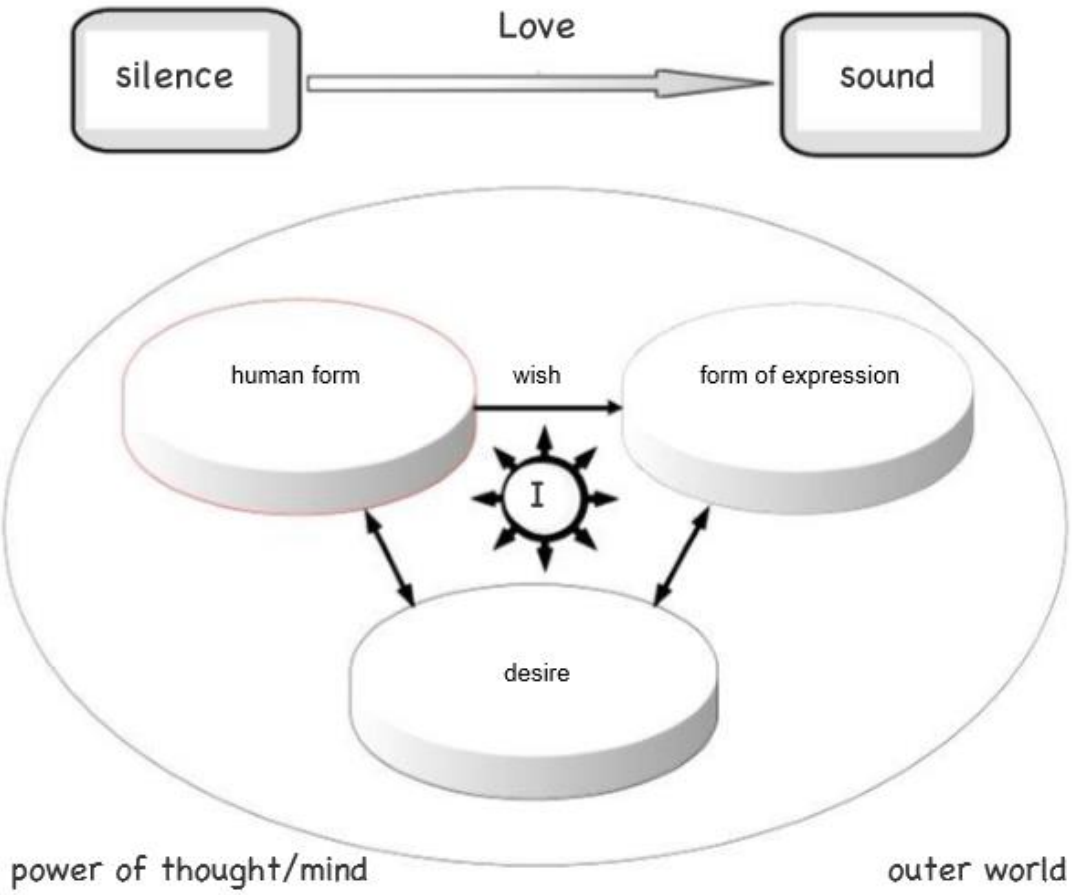
a. Every Step Explained Using Examples

The following explanation is a step-by-step description of the work process with clients, using four diagrams. The Basic Diagram is the very first diagram and is intended only as a *guideline for caregivers*.

This means clients won't get to see this Basic Diagram. The four other diagrams are derived from the Basic Diagram. The Fragaria method is built up to assist in processing an NDE according to this principle.

The seven basic desires are depicted in the circle.
In the Basic Diagram, there is a circle with the word "I" in it. In Diagrams 3 and 4, the "I" comes back in a circle.

Basic Diagram





The Whole Caregiving Process Using the Fragaria Method (Diagrams 1-4)

There are seven basic desires or needs, just as a rainbow's light has seven colors, and the chakras, directly associated with the body, also number seven and express human life energy in color.

Because we assume that the client has a problem, we assume that there are problematic elements in a desire or need. There may be a question of illness and/or physically not being well. It should become clear how the client would like each basic desire or need to be, so the issues can be resolved and, in any event, brought into focus.

In this therapeutic method, we distinguish seven basic desires or needs that are experienced:

1. Family and Household

The "I", with an inner and an outer world, makes contact with family and household.

When an NDE is involved, the "I" no longer exists. Reorientation and restructuring occurs afterward, even divorces, incomprehension, and loss. Joy, sharing love is more important.

2 Friends

The "I," with an inner and an outer world, makes friends that fit with him or her to share life with. Also, loss due to this, retaining faithful friendships.

When an NDE is involved, the "I" no longer exists, friends will disappear, and new ones will be found. Incomprehension on the one hand and other interests on the other.

3. Caregivers

The "I," with an inner and an outer world, receives assistance for various health situations. If the illness changes, then the caregiver—with health organization—will change as well.

When an NDE is involved, the right information, rest, and understanding are needed. Where there is lack of understanding, lack of acknowledgment and recognition, and the right kind of assistance is not offered, processing will happen more slowly and with greater effort, fear and more illness will arise, and inappropriate treatment plans and care plans will be set up accompanied by unsuitable referrals.

4. Home and Social Environment

The "I," with an inner and an outer world, makes the immediate environment as pleasant as possible, or the way he or she wants it. Or else, on the contrary, this doesn't happen (neglect due to not being able to be grounded).

When an NDE is involved, the "I" is disoriented, there is a homesickness for the Light and a desire for those who are close. Other ways of feeling safe in the home environment become important.

5. Activities and Daily Schedule

The "I," with an inner and an outer world, has activities and a daily schedule that includes hobbies, visits, friends, and going out, for instance.

When an NDE is involved, totally different activities and schedules can come about due to an utterly different experience of this world. In situations involving other people, such as work, raising
13
children, hobbies, a lack of understanding can also arise, which can result in the job in question no longer being able to be held onto, another way of raising children may become important. Radiating love can become sensualized, with consequences such as intimidation.

6. Symptoms

The "I," with an inner and an outer world, has symptoms based on an illness. Treatment and medications correspond with this. Which illness is physical? For instance: operations, cancer, coma, accidents, cardiac arrest, and trauma.

Because the NDE is not a clinical illness the symptoms and characteristics not fit one-to-one in the standard diagnoses of the DSM-V-TR.
When an NDE is involved, intentionally allow characteristics and facets, symptom description, and diagnoses from the DSM-V-TR codes to exist side by side. The NDEr's well-being and psychosocial experience, with a processing trajectory, should be part of treatment plans and care plans to organize healthcare services from there. Treatment should focus on any trauma caused by an NDE, not just on a DSM-V-TR diagnosis.

7. Religious or Spiritual Experience

The "I," with an inner and an outer world, has a particular cultural background with a possible way of life and religion.

When an NDE is involved, the "I" has had an experience that places the "I" in a particular religious or spiritual experience. The soul is one with the NDE, regardless of other desires or needs, having met Jesus Christ or helpful angels, for instance.

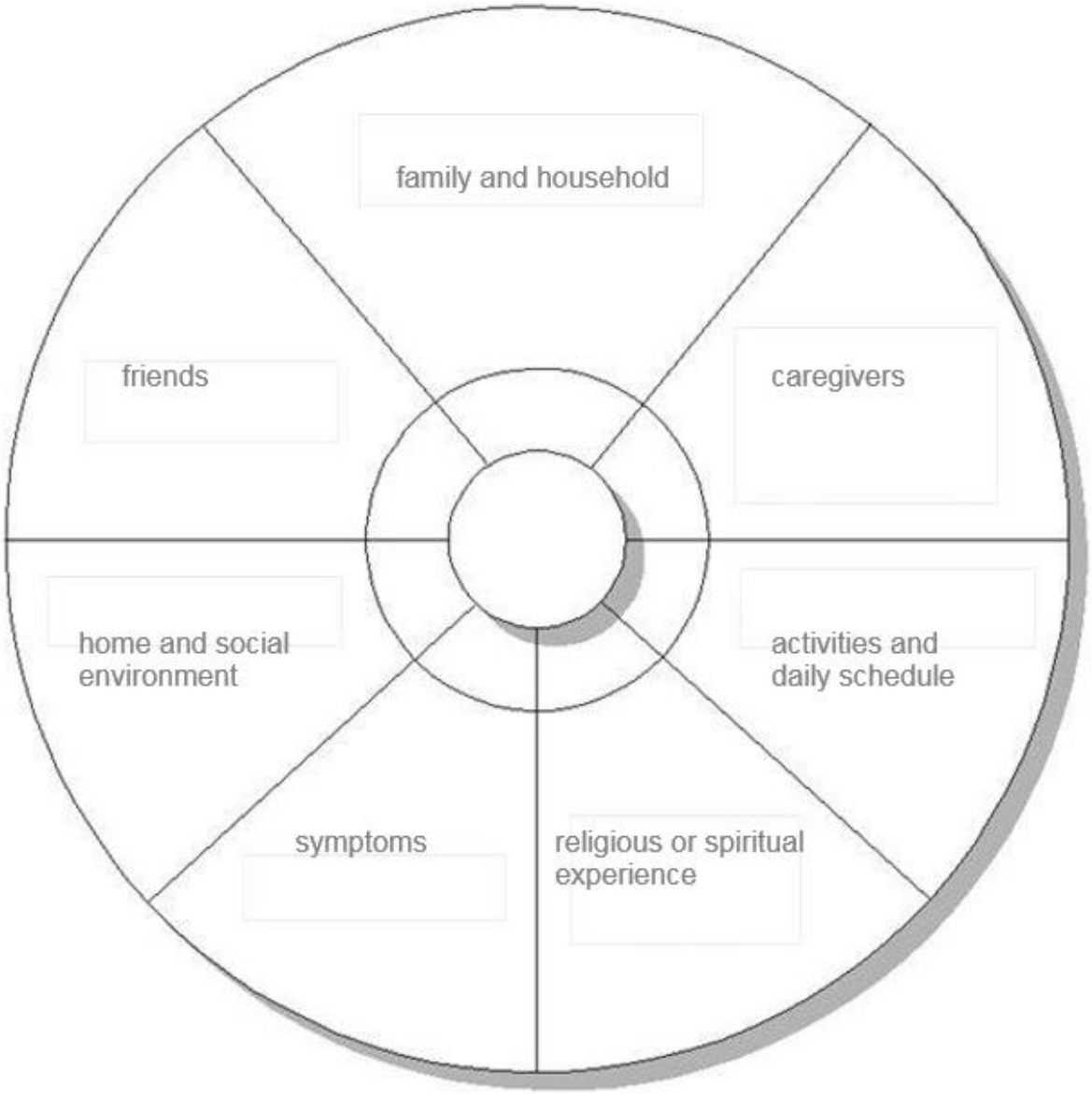
Purpose of Diagram 1

People are not very stable, particularly in western society, if desires are projected mistakenly and if there are no real basic desires. Within the realm of assistance, it is Diagram 1 where caregivers allow clients to become aware of or gain insight into their basic desires or needs instead of general or vague desires or needs.

- Diagram 1 is easily overseen by the caregiver after the intake and anamnesis.
- Clients gain clarity within the realm of their problems and feel helped and supported.
- A balanced therapeutic relationship is created in which clients are given insight into their lifestyle from a position of equality.
- The active form of becoming aware makes it so clients begin to perceive the reality of their lifestyle, with the associated issues.

The seven basic desires can be gone over and noted in one session (sixty to ninety minutes). Depending on the issues and a client's illness profile, the caregiver or the client can fill these in.

Diagram 1. Basic Safety and Security



Subjects that Could Be Discussed with Clients per Basic Desire or Need

1. **Family and Household**
   - processing the death of a family member (saying goodbye again)
   - wanting to have a household issue resolved
   - trauma processing after incest to feel the body normally again

2. **Friends**
   - wanting friends while the person experiences great fear on the communicative or social levels

3. **Caregivers**
   - going to the family doctor or psychiatrist for medications
   - back problems being treated by a paranormal healer
   - a lawyer for damages

4. **Home and Social Environment**
   - out-of-home placement
   - an obligatory move
   - nuisance caused by neighbors

5. **Activities and Daily Schedule (for clarity, ask about the whole week)**
   - practicing a vocation, full-time or part-time
   - eating and sleeping and being on the computer alone
   - playing games with the kids

6. **Symptoms**
   - hair loss when there is cancer
   - symptoms of paralysis when there is dissociation
   - hearing voices when there is psychosis, among other things

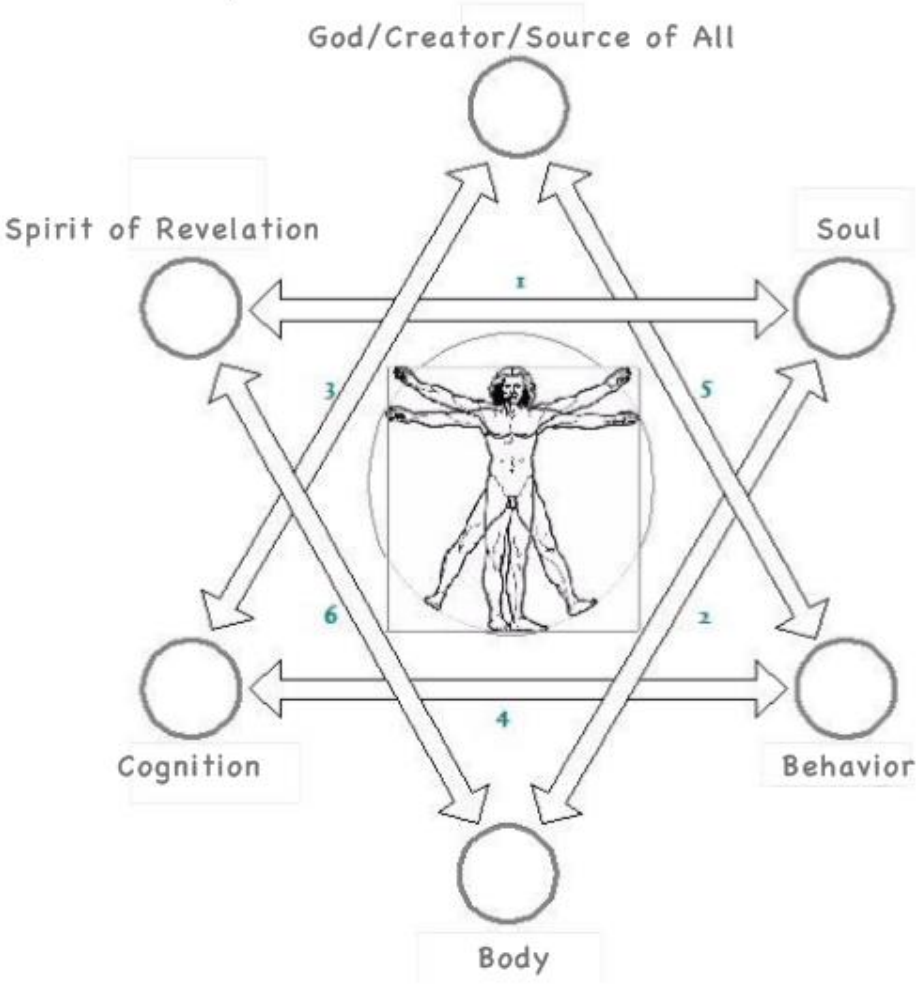
7. **Religious or Spiritual Experience**
   - processing an NDE
   - dying of cancer within a short time

Results from Diagram 1

Clarification of self-insight: “you are...” becomes “you have...”; clients become aware that they are not the issue, but that they have a problem. 15

Diagram 2.a. Body Awareness

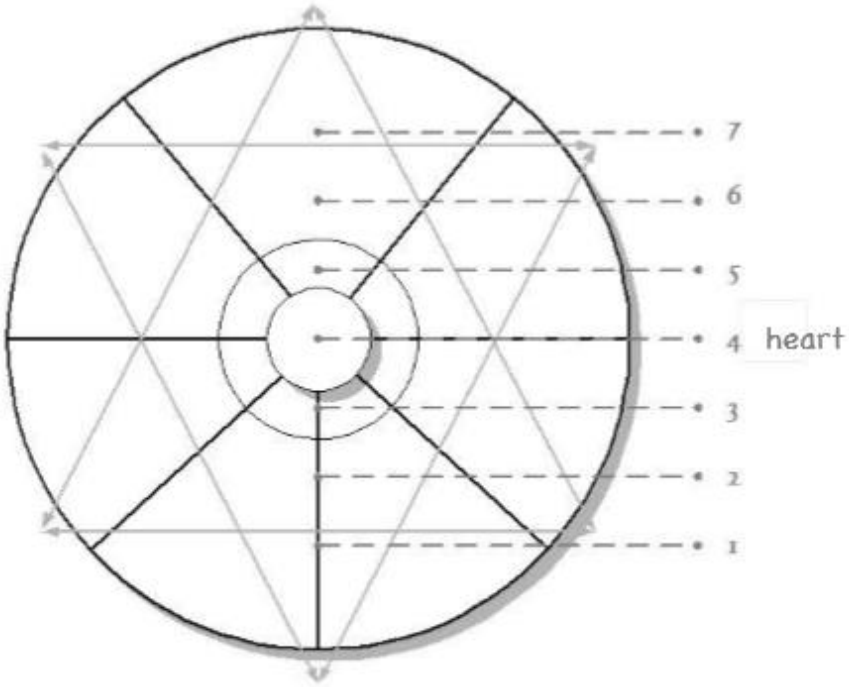
family and household
friends
home and social environment
activities and daily schedule
religious or spiritual experience
symptoms
treatment structure

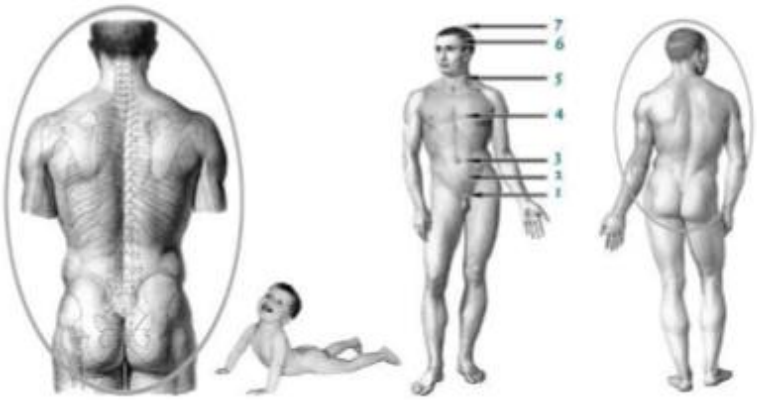


Integrating the basic desires or needs into body and mind, psychologically and emotionally:
1. resistance & experiencing, 2. counter-transference & projection, 3. insight into self, 4. physical reflexes

Influencing the mind:
1. developing guiding questions, reflecting conduct both verbally and nonverbally
2. copying client's physical posture
3. strengthening feeling, emotion, the illness (basic four states: being happy, frightened, angry, or sad)
4. distinguishing emotions (in recollection, too), regaining the power of thought or mind

Diagram 2.b. Body Awareness Plus Basic Safety and Security





Dissolving boundaries through the awareness of God/Creator/Source of All

Transformation

Working with Diagram 2: Body-Focused Assignments to Clarify Physical Experiences

Problems and physical complaints and/or illness profiles go together in someone who is seeking help and who needs help. This is a normal phenomenon in a person's life; the psychosomatics. The body is also a good measure in an illness profile and in a lifestyle with respect to the seven basic desires.

In Diagram 2, the seven basic desires are clarified by the physical experiences clients have with their body. What's important is where the issues are felt most in the body, and, with physical illnesses, how the pain and discomfort are experienced.

By gaining clarity about physical experiences it also becomes clear when, how, and to which other caregiver the client should be referred. Also, by means of such assessment, a multidisciplinary team should be set up if one hasn't been set up yet. A physician in a hospital who examines and operates is, after all, not a psychologist or dance/movement therapist or yoga instructor or pastor/pastoral counselor. All these professionals have different functions as caregivers to assist a client with regard to the client's issues.

Position

- Have the client take up the entire space by spreading out arms and legs when standing; have the client relax and continue to breathe fully.
- If the client doesn't want to or cannot do this due to the circumstances of his or her illness, then this position can be achieved as much as possible while seated (on a chair, a couch, on the edge of the bed, in a wheelchair) or lying down (in bed, on a mattress, on a massage table, on the floor with a mat or blanket).

It is very advisable that caregivers not to allow clients to find this position "strange": after all, there is vulnerability due to illness and opening to a caregiver. Therefore, join clients in breathing exercises, physical contact, giving examples of other situations, providing explanations, or using dance or movement therapy to make this clear.

Why This Position?

This position works by letting people surrender to the bodily system. From this stance, the back along with the spinal cord, the legs along with the pelvic area, the shoulders along with the arms, and the neck along with the head are in as complete a balanced and evenly distributed relationship as possible. In doing this, even the nervous system has a real chance at contacting what clients have become aware of through Diagram 1 and translating this consciously into bodily experience.

How to Translate Awareness into the Body's Experience

Allow clients to talk about, move, show, place hands on the relevant area of the body, or draw or color where the issues and the pain in the body are experienced and feel unpleasant. Also emphasize letting clients experience what's nice and feels good, because this is certainly part of it!

Normally it is considered pleasant to provide anatomical clarification. Clients often ask for insight and reassurance. Explanations of physical functions can be found in books, posters, and on the Internet, where it is made clear what the skeleton, muscles, nervous system, and organs look like and how they function. For one client, pain and unpleasant sensations are soon obvious, for another client they are not obvious. Also, nice, pleasant sensations are normally not clearly recognized or

experienced. Therefore, gaining insight into Diagram 2 will take several sessions. In my experience, it will take three.

Self-insight and integrity of the body are normal for young children if there are no traumatic relationships with those around them. The older we get, particularly in the developed countries, the ego becomes more important than what the human personality truly requires: basic desires or needs. As a result, we get farther and farther removed from basic desires or needs.

Proper Breathing

Breathing properly while relaxed involves the abdomen. If a client is tense, his or her breathing will be "high," by which I mean that only the lung part of the body gets fresh air. It's important that as a caregiver you, too, stay relaxed and breath intentionally.

Being aware of proper breathing

- provides the body with more oxygen,
- helps caregiver and client retain the feeling of cooperation and equality,
- allows client and caregiver alike to experience their relaxed state,
- allows breathing to remain the foundation, especially at moments of processing, such as with emotions when laughing or crying,
- *keeps clients in the "here and now" and in the experience of life instead of in survival mode.*

Achieving Proper Breathing

There are breathing techniques in yoga that are excellent and obviously applicable to every person. I recommend their use in this treatment method. These breathing techniques are centuries old and are used by people worldwide. If as a caregiver you don't feel skilled enough to teach such breathing techniques, make sure this happens through someone who already knows how. Proper breathing is essential: when you were born, this was the first thing you wanted!

There are many techniques. An intentionally body-oriented and relaxed breath is a calm inhalation and exhalation, where after exhaling there are two to three seconds of resting. In these two to three seconds, tension in the body can be released. My own NDE made me explicitly aware of this.

Filling in Diagram 2 with Results

Here, bodily experiences are made visual and a clear link is made to the self-insights of Diagram 1. Also, which caregivers the client has, and which ones will yet be needed can be filled in in a way that's easy to see.

When chronic illness or psychiatric disorders are present, the illness needs to be brought in, even when changes occur. This is not just about complete recovery. That's generally not possible. This is about a basic feeling of safety and security and becoming aware of the power of thought or mind. This makes renewed contact with life more pleasant and different, lighter, with more joy and feelings of happiness. Pain and sadness are no longer experienced as an end in themselves. Life in the "here and now" as well as compassion are important for these clients.

Diagram 3. Inner World

Desires and needs from the inner world point to the outer world through insights from the seven basic desires or needs:

- family and household
- friends
- caregivers
- home and social environment
- activities and daily schedule
- symptoms
- religious or spiritual experience

1. What changes?
2. What's acceptable and what's not?
3. What's the basic relationship between mind or the power of thought and your physical situation?
4. How do action and reaction impact the inner and outer worlds?



Desires and Needs Provide Insight from Clients' Inner World (Diagram 3)

Through the client's self-insights and physical experiences, the client has become aware of his or her inner world (Diagrams 1 and 2).

Where the issues are concerned, clients no longer need to feel they have to react to stimulation from their environment, because the customary notion that "every action has a reaction" is disrupted by self-insight and physical experiences.

This is a confrontation with the personality, where clients arrive at the root of a feeling, both from when they were young and in adulthood. That is why this treatment approach can be used with children, youth, adults, and households.

Filling in Diagram 3

Each part of the seven basic desires or needs has a place in the inner world that clients carry with them. This is written down per basic desire or need. Therefore, there are seven arrows (the seven basic desires or needs) that point to the circle with the "I" inside.

Diagram 3 cannot be processed in a single session since it is associated with behavior, feelings, and emotions that are linked to the issues. It depends on the seriousness of the trauma and the illness profile as to how much time can be allotted to this. Actually, filling it in is quick. It can usually be done in an hour. However, to work with it to improve the situation and the feelings, more time is always needed.

Examples per Basic Desire That Clients Can Fill In

1. Family and Household

I miss my son who died. I'm always thinking about him and then I can't sleep, and during the day I'm too tired to work.

My mother used to hit me so hard when I was little, she might just as well not call as far as I'm concerned. It bothers me.

2. Friends

That the president of that big company is my friend in spite of my illness makes me feel proud. Does this make sense? Is he really my friend?

So many people betrayed me. Maybe I should let go of that pride and meet other people.

I always get nervous when I really want to meet people I think are nice.

3. Caregivers

The doctors always think that they know everything and the pain's killing me. I don't want to go see them anymore because they don't listen.

That gynecologist is a nice woman. I want her again when I'm pregnant.

4. **Home and Social Environment**

What a crappy town. I want to go away. The noise of the cars is driving me crazy.

My kid's fighting with the little girl next door again. What on earth is wrong? Tonight, will probably be another sleepless night.

5. **Activities and Daily Schedule**

That awful job again.

I'm glad I like to read because otherwise I'd have been terribly bored.

6. **Symptoms**

The bleeding always makes me unsure.

I always think I'm being followed. That really scares me. I don't go out of the house anymore.

7. **Religious or Spiritual Experience**

Now that my wife's expecting a baby, I'd like to ask what it means to have the child baptized?

I'll never get better. What am I still doing in this life?

Desires and Needs Provide Insight for Clients to Orient the Outer World (Diagram 4)

When clients have attained order in their inner world through Diagram 3, they can better orient the outer world:

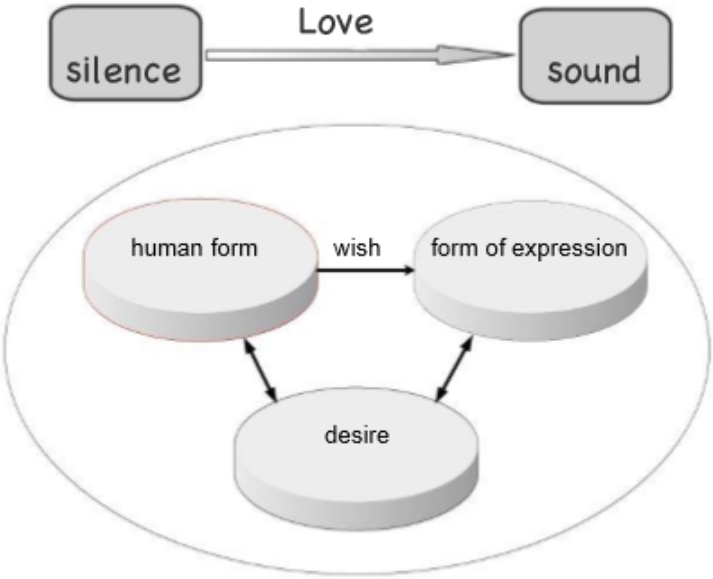
- What changes might come about?
- What's acceptable and what's not acceptable anymore?
- They gain awareness of action and reaction from the inner world to the outer world and vice versa.
- They can use self-insight and the integrity of the body to bring the inner and outer worlds into balance and to utilize a harmonious basic desire.

As a caregiver, you're now the outer world for clients, in their thoughts and feelings. The possibility of trying out the playing field, of expressing emotions, processing, learning, feeling, and really starting to experience a foundation is being created.

Again, filling in Diagram 4 can be done in an hour. After filling it in, the issues can be viewed more easily, and clients can receive the assistance they need through dance or movement therapy, whether from a multidisciplinary team or not.

Diagram 4. Outer World

- The confrontation makes you aware of yourself.
- Your awareness brings you to the source of the feeling.
- You no longer feel you "have to react."
- Action < > Reaction is disrupted.





meditation or prayer

harmony

peace

(at the heart level)

The Basic Desires and Needs Using the Examples from Diagram 3

1. **Family and Household**

Every day I take a little time out to talk with my son and to pray. Then I try to get back to work.

I'm going to write my mother about what's bothering me. Distance gives me room and she can think about what she did.

2. **Friends**

The neighbor across the street wanted to have a drink with me sometime. I'm going to do that.

My brother recommended I get some therapy. That, first, then getting more assertive.

3. **Caregivers**

I'm going to ask for a second opinion from another doctor.

Turns out she's not a good gynecologist. Go see another one, just to be on the safe side.

4. **Home and Social Environment**

I've got a car, too. Now I have to laugh at myself.

I'm going to have a talk with the lady next door.

5. **Activities and Daily Schedule**

The information about extra training offers better prospects now.

What else can I do besides read?

6. **Symptoms**

Fortunately, just a few check-ups now. Maybe I do need to learn to live with an illness.

When I checked, I wasn't being followed by anybody. I'm going to change the idea I have that I'm being followed.

7. **Religious or Spiritual Experience**

My wife also wants to come along for information, after I talked with her about it.

Everybody's started getting into my business. I want to have my own life.

The Entire Caregiving Process (Using Diagrams 1-4)

a. Caregivers assist clients by:

- breaking through resistance,
- translating counter-transfer and projection (when focusing only on the DSM-V-TR diagnosis, this is the result), within their caregiving, according to the issues,
- expanding insight by giving clients feedback,
- allowing physical reflexes made visible by tension, emotion, and blockages to be integrated.
- Clients can experience again to return to their feelings in a safety Fragaria model, with their heart awareness.

In short, caregivers work out the behavior with clients, both verbally and nonverbally, by taking on a client's physical posture. Clients can let the feeling that arises get stronger (the basic four states of being happy, frightened, angry, or sad) and can bring back the difference in the emotions into their memory, mind, behavior, or power of thought as well. Processing can occur in this way. This is not easily accomplished, certainly when psychiatric disorders or chronic illnesses are involved. Clients' "here and now" life has to be respected when assisting in these situations, too. Taking small steps instead of filling in the diagrams in a short period of time is not advisable. But do take the time to work up trust.

Often, clients' childhoods come up during the caregiving process. It's important to let a client's earlier child be present as well, especially in processing trauma and gaining insight.

There is an interaction among the four diagrams. It is the task of the caregiver using this treatment approach to have clients use self-insight and the integrity of their body. As much as possible until they can make these their own and you, the caregiver, aren't needed anymore. To start feeling unity with their body: clients are often fixed on ore more items from schedule 1. And forget other items. The care giver helps the client to regain connection and overview with all the items.

The Diagrams Are Useful for Insightful Assistance and Dance / Movement Therapy Whenever:

- you need clarity and aren't satisfied with a client's intake (which you didn't do yourself);
- you're working with individuals or households; for group sessions you can provide the diagrams as a take-home assignment outside of the group sessions. This is also done when assisting households and individuals;
- you have a client's apartment, treatment room, or a tiny space at your disposal, rather than a larger, professional space;
- you think that a client needs homework assignments. The diagrams cause lots of clients to move "inward" (inner world) by wanting to write, draw, or walk. In short, they are moved to action in their private situation, to change both in behavior as well as in the power of their thought or mind, and then they move "outward" (outer world) with that change.

b. Questions You Can Ask Clients

Regarding 1. Family and Household

- How is your relationship with your family, children, or partner? What do you do with them in your life?
- How are the encounters? How did it go with raising the children? What did they experience during this period in their lives?
- Did you have a fun, safe childhood and are you doing well now?

- How was your birth and do you have memories of it?
- How are things now or in what way were they good or bad before?
- Does your husband, your child, your girlfriend or boyfriend understand you?
- Can you explain what it is that they do or don't understand about you? Can you explain what you do or don't understand about them?
- Has that changed over the course of your life due to a disease process or intense time in your life?
- Would you want those situations to change or improve?
- Has anything been done about this? Have you already thought about how things can change?
- Has the household or family done anything about this?

Regarding 2. Friends

- How are your relationships with your friends? What do you do with them in your life?
- How are the encounters? How is being together?
- Did you have a fun, safe childhood and are you doing well now?
- How are things now or in what way were they good or bad before?
- Do your friends understand you?
- Can you explain what it is that they do or don't understand about you?
- Can you explain what you do or don't understand about them?
- Has that changed over the course of your life due to a disease process or intense time in your life?
- Would you want those situations to change or improve? Has anything been done about this? Have you already thought about how things can change?
- Have your friends done anything about this?

Regarding 3. Caregivers

- What specialist care are you receiving?
- What sorts of caregivers have you had in your life?
- Which caregivers aren't really needed anymore?

Regarding 4. Home and Social Environment

- How is it where you live? Do you think it's safe?
- Is the neighborhood nice?
- Has anything changed due to a disease process or intense event?
- Would you like to stay or move and for what reason?

Regarding 5. Activities and Daily Schedule

- Can you describe what your average day looks like?
- What time do you get up, eat, go to bed?
- What kind of work do you do? What kind of hobbies do you have?
- What would you like to be different or what has become different?
- Do you have trouble with time and structure?
- Do you have trouble with your culture or your society?
- What's nice about the structure and schedule for the day that you would really like to keep that way?
- What really shouldn't change?
- Does your illness or stress, do your fears or complaints have an impact on your day and your activities?
- Does this/Do they impact it so that you'd prefer not to be here, you're homesick for other lives, or you'd even like to be allowed to die?

Regarding 6. Symptoms

- Do you suffer from stress? What causes it?
- In your opinion, do you have any leisure time?
- How many hours do you sleep?
- Are you tired?
- Are you tired when you get up and/or at night or during the day?
- In your opinion, do you sleep well?
- Do you have dreams, prophetic dreams?
- Are you nervous or tense?
- Can you explain that?
- Can you explain that based on physical complaints?
- Are you generally in a bad mood or irritable?
- Can you explain that?
- Do you understand your emotions?
- Do you understand the emotions of others?
- Do emotions, your own or those of others, bother you when you're with others?
- Do you have the idea that you see the feelings and situations and nature of others, of animals or people?
- What does being happy, angry, depressed, or sad mean to you?
- Why don't you give some examples where lack of understanding enters your behavior?
- Do you feel you have problems with time?
- Do you have problems like being timeless, not being able to arrive on time, not finding time important, having no structure in your days or in the hours?
- Does your watch, alarm clock, electricity in general bother you (lamps break, you can feel the electric charge of your computer)?
- Does your cell phone, for example, give you electric shocks?
- Do you have self-control?
- Do you have the feeling that memories or that which has yet to happen can't be placed in time?
- Do you have the feeling that, in a manner of speaking, it seems like you were born yesterday?
- Do you eat enough? Do you eat too much or too little? What do you like to eat and drink?
- Do you have a positive or a negative self-image?
- Do you have this image of yourself because of your illness or because of insights you had?
- Does this self-image come from insights you had during your illness? Or is this because those around you don't understand you?
- Do you understand yourself in what happened to you that made you not feel well?
- Are you afraid of being declared insane?
- Have you had any psychiatric diagnoses?
- What diagnosis was made and do you understand it?
- Is the treatment for this satisfactory?
- Are you taking any medications?
- What medications do you take?
- Do you have enough self-confidence?
- Do you have the idea that you saw your life before you at some point?
- What are you afraid of?
- Does this fear have something to do with those around you who don't understand you?
- Does this fear have something to do with your not understanding those around you?
- Does this fear have something to do with hospital experiences, with the machines and computers, with the doctors and nurses?
- Does this fear have something to do with feeling that you no longer find life real, that there's another life?

- Is there a more pleasant life?
- Is there a less pleasant life?
- Can you tell me more about that, when you experienced that other life?
- Did you pass through a tunnel to that other life?
- Did you experience "Light" in that other life?
- What did you see in that other life?
- Did you see frightening things?
- Did you hear beautiful music?
- Did you meet loved ones?
- Did you see another city?
- Did you meet nasty beings or angels?
- Were you scared in that other life? Why?
- Can you say whether life, this life, makes sense to you?
- Do you often take the initiative?
- Do you have physical complaints due to chronic illness or a disability?
- Are you frequently dizzy or do you frequently lose your balance?
- Are you bothered by overly sensitive eyes?
- Can you tolerate much light?
- Are you bothered by sensations of pain that puzzle you?
- Do they puzzle you because it seems just like you're being overly sensitive?
- Does it seem like you're overly sensitive to stimulation, cold and heat, your senses?
- Do you have the feeling that your physical complaints are caused by stress or by influences from outside, or the feeling of having been close to death?
- Indicate the location of the complaints: psyche, breathing organs, digestive organs, mouth, throat, esophagus, nose, ears, urinary tract, spine (neck, back, lower back), shoulders, bones, muscles, menstruation, circulation and heart, bowel problems, allergies, head, limbs.
- For each of the complaints, indicate what might have been a possible cause.
- Have you yourself ever seen your body from above when the complaints hurt a lot?
- Was it annoying to come back into your body?
- For each of the complaints, say whether you consulted your family doctor, and if so, what the diagnosis was. Consult family doctor.
- Have you been admitted to a hospital? What for?
- Do serious or chronic illnesses appear in your family? Which ones?
- Are you afraid of sickness?
- Are you afraid to die?
- How do you react to being sick? Do you just go to work, for example, or do you take time off?
- Have you experienced bizarre or extraordinary situations while you were ill, or an intense event, as if you were dying, to your mind? • What is your temperament like?
- Do you need to be bodiless and not sexual?
- Did that change after this situation?
- Why don't you describe that?
- Do your moods fluctuate? If they do, what causes that?
- Do you have the idea that your character has changed?
- How has it changed?
- Do you like peace and quiet or variety?
- How is your energy level, your ability to concentrate, your memory?
- Do you have a lot of unusual insights, different ways of thinking than those around you?
- What does that tell you?
- Do you see colors, auras when you see other people, animals or nature?
- What does that tell you? • What can you learn from everything?
- What emotions are linked to your guiding questions and complaints?

Regarding 7. Religious or Spiritual Experience

- Do you have a faith? Were you born for a reason or is there a reason why you're very sick or is there a reason for your problems?
- During a disease process or intense event, did you see and experience "God," Buddha, Jesus, angels, or "The Light"?
- Have you ever seen yourself even though there wasn't a mirror, when you were lying somewhere, like in a hospital bed, or sitting in a chair, in prayer or relaxing while on a walk?
- Do you have ties to a religious or spiritual community?
- How do you approach "Creation"? Through nature? Through books that contain creation stories, like the Bible, the Koran, the Torah, or the Vedas? In some other way?
- Do you, in your own mind, have the idea that greater forces are at work?
- Are you interested in horoscopes and astrology or in prophetic or intense dreams, for instance?
- Have you gone through something where you experienced meeting God, The Creator, The Source of All?

c. Registration and Confirmation That a Client Had a Near-Death Experience or Related Phenomenon

When the questions have been answered and/or the Fragaria method has been used, the results can be included in the client's file. Using the Eighteen Features, check off whether the near-death experience or related phenomenon was traumatic. This should be included in the file or else a file should be started, where a care plan is prepared for the benefit of the client in question.

d. 22 Features of a Traumatic Near-Death Experience or Related Phenomenon

Intrapsychic

23. Anger and depressiveness related to the loss of a near-death experience or related phenomenon in the past
24. Trouble providing a foundation for a near-death experience or related phenomena from a particular religious mindset and lifestyle
25. Overidentification with the near-death experience or related phenomena
26. Fear that the near-death experience or related phenomena will be seen by those in the immediate environment as mental instability or being "crazy".
27. Ore also homesickness and loneliness should be mentioned as: the result of the fact that a near death experience ore related experience has happened to you in the past.

Interpersonal

28. Problems concerning a change in attitude in family and friends because the NDE changed the person
29. Isolation from those who do not share this experience
30. Fear of rejection and being threatened by others
31. Difficult communication about the consequences of a near-death experience or related phenomena
32. Having trouble because life is different from before
33. Having trouble with the relationships from before the near-death experience and keeping them afterward
34. Having trouble with and refusing to accept normal day / night structure

Psychosomatic and Psychomotoric

35. Fear of the body and physical experience
36. Poor sleep pattern with dreams or not sleeping at all anymore
37. Not understanding emotions, emotional processing gets blocked
38. Physical stress complaints with sensations of pain due to hypersensitive stimulus transfer
39. Losing or gaining weight and severe balance disorders
40. Disrupted biorhythm
41. Experiencing timelessness.
42. hypersensitivity to sound and light.
43. hypersensitivity to allopathic medicine.
44. enhanced intuitive sensitivity.

e. Treating and Helping Clients, Including PT and Psychotherapy

Clients can be affirmed in the fact that they had a near-death experience or that they experienced related phenomena.

If there is trauma, review treatment options through which the trauma can be processed and make referral(s). Trauma may be related to the interval between the event (NDE) and the interview/ consultation. The longer the interval, usually the less the NDE is experienced as a trauma
There should always be multidisciplinary cooperation, because medical doctors have taken an oath that they must keep clients alive. If a near-death experience is traumatic, it is important that the client is supported in the fact that "having almost died" also includes being allowed to die.

It is important to go through the various therapeutic options. An "escape" into death is not a solution. Expert caregivers with this awareness can then work together across disciplines. The physical therapy and psychotherapy options are diverse. This depends on whether a client has an additional illness profile. During the intake, this should be clarified together with the client. In complex situations, use a case manager. The client is fixated on the problems. The medical doctor has as goal to keep the client alive. The care provider aims to get the experiences of the NDE clear and have it processed. The case manager has the task of directing the broad lines and keeping an overvieuw of the requests for help and the facts are put in a row once again.

f. Executing the Long-Term Plan

It has been my experience that the long-term plan is set up only if there is a chronic illness profile and/or the trauma with a near-death experience results in significant uncertainty about basic safety and security. What we mean here is

- clients, both children and adults, who extend their lives by technical medical possibilities, where their quality of life depends on the ethics of the healthcare organization, among other things; other medical procedures
- clients who have received several psychiatric diagnoses and who are only getting sicker or don't feel helped;
- clients who want to die, whether by euthanasia or not.

What's important is to keep working on why, with regard to the NDE, "life" was opted for, not death.

The long-term plan goes together with the treatment plan and the care plan that are being used. The long-term plan is extended by new formulations of the guiding questions, thereby automatically giving rise to the long-term plan.

g. Peer Reviews and Feedback in Treatments with Multidisciplinary Cooperation

Always ask for feedback and peer review if a client has had a near-death experience or related phenomenon with traumatic aftereffects. Start multidisciplinary cooperation to avoid organizations that don't yet have insights regarding near-death experience issues starting to accuse you of providing faulty treatment.

h. Relapse in Clients (Keep Going or Stop)

- Get in touch with the family doctor or crisis center or have clients get in touch with their family doctor. If you continue treatment, the guiding question regarding the relapse must be clear. Seek out multidisciplinary feedback.
- Limit the treatment or stop treatment if there are other guiding questions that are more important at that point to get a client stable again. It may be another organization or colleague who fills in the guiding question.

i. Change of Treatment or No Conclusive Results

Treatment may change, and the guiding questions should then be completed appropriately.

It is important to let clients be part of the decision (respect for one's own wisdom). Always make sure there are conclusive results. Report this in the file.

j. Conclusive Results: End of Treatment

Treatment ends when the guiding questions have been filled in, whether results and goals were achieved or not. Goals can't always be achieved. Provide assistance to optimize the quality of life.

The end of treatment is also possible if the case is referred elsewhere and the guiding questions have been wrapped up. Always do this in proper consultation with the client if it is possible to do so.

k. Follow-up and Documentation / File

Keep the file and offer clients the option of returning for treatment.

12. Near-Death Experiences from Children

Case Involving the Symptoms of a Child with Family-Oriented Problems

A girl with a child's near-death experience due to illness as a toddler comes to my practice for therapy. She has learning issues because she doesn't find the school structure interesting and constantly wants to "fly" with wings. Her mother had her go to gymnastics for a while since she is very lithe and eating normally is a problem. The girl has trouble with time, and she doesn't feel that sleeping is necessary, so she plays a lot in bed and goes to sleep late. She responds overly sensitively to stimulation and physical sensations. She is starting to experience being around those of her own age as something to be afraid of and this is becoming a struggle.

In mental health care she has unfortunately been given the diagnosis of ADHD.

I treat the girl, using the Fragaria method, for four months, once a week.

The Following Goals Were Achieved

- Feeling more relaxed in her body, trying to use this at school;
- Not experiencing movement, dance, and expression as winning, as it was in gymnastics before, but that it's "nice, a joy, beautiful" to process emotions and to feel good. Also, in touch with others of her age;
- Starting to experience excessive stimulation and emotional contact as safe in relation to the mandatory educational achievements at school, this due to her near-death experience as a child (such as learning to create boundaries for herself, because her NDE caused her to be overly sensitive, which corresponds with the ADHD);
- Regulation of her eating pattern with game interventions; finding eating to be more normal for her body, instead of playing;
- Experiencing self-confidence, also with older people and family.

It is important that clients receive acceptance for their own perceptions and that they can use these possible talents for self-development.

To provide information, the following story around Pip was thought up for when young children have had a near-death experience. There are also lots of good books out there.

The Story of Pip the Angel

THE ANGEL GIRL PIP

A little angel girl lives in Angel Land.
Her name is Pip.
She is looking for "unheard-of happiness."
She hasn't been able to find it anywhere in Angel Land.
And yet, it's so beautiful and safe there.

Such beautiful butterflies and flowers.
You can hear the little wings of angel children buzzing.

Mother Angel is everywhere.
Light pours out of her heart.
It could well be a waterfall—
But a very soft one.
There is a feeling as if she's always
waiting for you in love.

And the other little angels,
they love to play.
They want to tumble and roll around.
Still, they have a question.

"Unheard-of happiness?"
What's wrong with Pip anyway?
Angel Land is nice, isn't it?
Yes, the other angels really love it in Angel Land.

ANGEL LAND AND THE WORLD

Pip couldn't find unheard-of happiness anywhere in Angel Land. And yet, it was very beautiful there. Pip even became sad. There must be more than this, to always be living in a land like this? It wasn't exciting anymore. There was nothing left to learn.

Mother Angel looked on at all of this. Mother Angel saw everything, and so she saw this, too. "That little angel and that 'unheard-of happiness,'" she said to herself. "She should go down to the human world to find out what there might be in the way of unheard-of happiness."

But...there are angels who are missing something deep down inside.

Mother Angel called for Pip to come to her. Mother Angel knew a lot about other worlds, about the human world and about the Earth. "Is there something you'd like to tell me, Pip?" she asked. Haltingly, falteringly Pip's story came out. She felt unhappy and wondered if unheard-of happiness could be found.

Wise Mother Angel said nothing about unheard-of happiness, but she did give Pip the mission to go down to the human world. She thought to herself that Pip was a very good angel who could keep growing in the human world. And of course, she could always come back to Angel Land.

She could learn something from the human world and the humans in the world from her, which would be very good because unheard-of happiness could come a bit closer that way. The angels and the humans and even the animals and nature could discover this and experience it.

To get a clearer look inside herself, Pip arranged to think up a magic formula, because it was exciting to go to the human world.

That magic formula was transformed into a magic spell so Pip would know how much everybody meant to her and so she could get in touch with Mother Angel. The magic spell was "jessayhi."

She didn't understand it really, that spell, but in her heart, she became cheerful and she wanted to dance and act a little bit weird and crazy.

The Creator had whispered to Pip that this magic spell was basically "just say hi to each other." That makes you more joyful, and for kids it means that something can be really nice. And for humans, it's a way of greeting each other.

GETTING READY FOR THE HUMAN WORLD

Before Pip went to the human world, there were several things that had to be gone over. Mother Angel taught about what humans look like and what kinds of animals she might meet, because Pip had never before seen either human or animal.

But if you wanted to meet them, you had to know what they looked like at least and also how they behaved and how they communicated with each other.

And you know what? Pip couldn't get enough. They were really, really interesting, these people, these beings, or whatever you were supposed to call them. What were you supposed to call them? Very different from angels and angel life.

"What is nature like?" asked Pip.

"There is water in rivers, lakes, the sea, out of the faucet, and even in bottles. Water is very important in the world. And if you really taste it, it can even taste different. In bottles and glasses there is also another kind of water. They call it a beverage or a drink, with different colors and flavors," said Mother Angel, "even bubbles."

Mother Angel continued to explain about nature.

"There are all kinds of trees and grass and paths made of stone and of sand, and lots of times there is even water on it all. It just comes out of the sky somehow, in hard or soft kinds of flecks and speckles, in white or see-through," said Mother Angel.

"The white flecks can make nature look completely different, but then the air's cold, not hot—something an angel's body would start to feel, that difference."

"Jessayhi!" cried Pip. "That must be something very special!"

Mother Angel paid extra attention to the flowers that bloom on the Earth, because she said that for an angel it's a way of remembering Angel Land.

The changes in colors in nature would remind her of Angel Land, too. The changes in colors in nature also have to do with the cold and the heat. The trees and the leaves, the grass and the flowers, and the animals all change with the cold and the heat.

Pip was not to be scared by this, though. She wouldn't change because of the changes in nature. She might just feel lots of "jessayhi."

Mother Angel had gotten off track a little bit because she wanted to talk about how important flowers were. She was also feeling a lot of "jessayhi" inside, which made her talk a lot. She felt responsible, too. The human world is very different from the angel world.

But the flowers and the human children? Pip would have a great time with them once she got used to them.

Mother Angel had more to tell. The flowers in the human world have lots of colors, just like Angel Land has lots of colors. She should not confuse humans, certainly not little humans (who were called children), with flowers, because little humans wear colored clothes.

She was also certainly not to start teasing these little humans once she had gotten used to the human world. Pip was allowed to tease big humans a little bit sometimes. If she didn't hurt them.

For a moment, Mother Angel became stern and said, "Teasing can hurt if the humans are not feeling good in their 'jessayhi.'"

Dear little Pip was impressed. "So, what are animals like?" Pip asked.

"You have to discover them for yourself," said Mother Angel. "Some have sharp teeth or claws, others have big wings. They sometimes need these to protect themselves, from each other or from humans. Humans aren't always in their 'jessayhi,' and they can lose their tempers with each other or with animals. The animals can get confused and not know what they should do, so they might bite or scratch."

Mother Angel said that most animals are very nice and like to help. "Pay attention to the animals' eyes and their fur and say the magic spell to them. Then they'll know who you are, and if they don't, you can tell them."

"What else do I need to know?" asked Pip

"Well, about vehicles in the human world. Cars and trucks and buses and trains," replied Mother Angel.

Mother Angel shook her head. She told Pip that the vehicles are examples of what humans use to move around in, to get from here to there. "Angels have awesome wings, but of course humans don't."

For Pip, this could be something else that was very intense because vehicles also have lots of different colors and make different kinds of noises and look very different from one another in terms of shape.

Pip should be careful around cars, trucks, buses, and trains because they didn't have eyes or ears and were big. They always stayed on paths or tracks, though, so she would be fine if she stayed off the vehicle paths.

Then, Mother Angel let her know that humans themselves also made very nice things. "We angels have everything we need," she added, "but humans make things to make their world look nicer and work better."

WHAT KIND OF UNHEARD-OF HAPPINESS WILL PIP FIND?

"There are lots of sounds in the human world, but they're interesting and often beautiful, too. Putting sounds together is what humans call music. You have to pay attention to musical sound when it comes to that unheard-of happiness you're looking for. Humans do what the angels do a lot, too, when they feel good," said Mother Angel.

"I'm sure that it's because of the 'jessayhi' and everybody's hearts and that's what the angels see!" exclaimed Pip.

Mother Angel had to smile. She felt it in her heart, too. If Pip could do something with this, that would strengthen the unheard-of happiness for all the worlds there are and link all hearts together. "Because animals and humans all have a heart, and those hearts all beat."

Mother Angel fell silent for a moment, and then she said, "The Earth has a heart, too, and the heart of the Earth is having trouble. Humans forget that they belong to the Earth. This makes things very hard for the trees, flowers, water, grass, and everything that the Earth world is actually so happy to give to the humans and the animals," said Mother Angel thoughtfully.

Pip looked directly into Mother Angel's eyes. "Do I really have to go there for that 'unheard-of happiness'?"

"We have hearts, too, and they beat very well," Mother Angel said with conviction. "Beating has to happen somewhere. The butterflies from the Earth world that fly into Angel Land always tell me this."

PIP MEETS BUTTERFLIES

Butterfly, tell me what you want?
"Put wings on your plans and they'll be strong."

Butterflies are fluttering everywhere—
Overseas, past the moon, from here to there.

A rainbow's arc fills up the sky.
Its light lets them fly up, oh, so high.

But if Mother Angel says, "Fly down low!"
Then that must be where they should go.

The butterflies go back to Mother Angel to be assigned other missions. These missions are about joy in the world. “There should be more of it,” says Mother Angel. Pip agrees.

And so it happened...in one spot in the world.

The whole world came to know about this and the whole world—with all the love and all the beings that live in it—became one with Pip.

Have you thought “jessayhi” today? Or seen a butterfly fly by? Well then, you may just have met Pip with your heart!

13. A New Way to Live Together: The "Heart Revolution"

1. We all wake up each day in our normal situation.
2. We all experience links with the other side every night: heaven and earth are not separate.
3. We all have fears and doubts.
4. We all have feelings of happiness.
5. We all want to be part of things and trust in friendships.
6. We will all have crises.
7. We all need peace in our hearts.
8. We all have a child, a pure personality, inside that chose to be born here.
9. We all want interaction and touch.
10. We are all a piece of someone else in the sense that emotions are universal, and feelings are human.
11. We will all find ourselves if respect and self-respect go hand in hand, especially for and in relationships and in being with others.
12. We can't see "light and dark" at the same time. They have equal value, though, when you're in touch with them—for "without darkness there can be no light and without light there can be no darkness" (to paraphrase Lao Tzu).

14. Individual Self-Help for Those Who Can't Get to a Therapist: How Can They Help Themselves?

Those who cannot get to a therapist can still find help by ordering the book The Happy Strawberry, a manual to assist after near-death experiences and trauma. It is also a good tool for others in their immediate environment to come to understand them and work with them so that those opting for self-help can integrate the near-death experience or related phenomena. The Happy Strawberry is currently available at both my website and at Amazon.com.

You can also go to website www.sabinevandenbulk.nl

APPENDIX A

Two Case Reports Using the Procedure

Case 1: Valerie [1]

Case 1 is an intake that I did. It was needed by a foundation, the Dutch IANDS, that works with NDErs because this client had volunteered to be a contact person for the foundation. Considering the board's question as to whether she had sufficiently processed her NDE to be able to do the work required, I went through this intake with her.

Diagram 2 is not included in this case report because the case did not concern therapeutic assistance. Using Diagrams 3 and 4, I was able to get a picture during the two-hour intake of whether or not Valerie could become the contact person.

The final conclusion and further follow-up for this client can be found after the completed diagrams, where it becomes clear whether Valerie had sufficient possibilities for processing.

Diagram 1: Basic Safety and Security

1. Family and Household

Valerie has three sons and is married. Her mother, with whom she no longer has any contact is still alive, but her father passed away eighteen months ago. She is on good terms with one of her three sisters but does not have a strong bond with the other two. Her father rescued her during a childhood NDE, which was acknowledged a few years ago.

2. Friends

Six months ago, a deep friendship developed with a woman who lives next door, and she has had a close, lifelong connection with the Christian community around her. Her sister also feels like a friend.

3. Caregivers

For several years, Valerie has had an intense bond of trust with the female pastor of her church community; due to physical complaints she has had a bond of trust with her family doctor, and due to problems raising her children she has received mental health care. She has received assistance for a year and stayed in touch with the foundation due to her NDE problems.

4. **Home Environment**

Valerie lives with her family in a nice house that is peaceful and has a tea garden. She finds the rest of her surroundings very pleasant as well, along with her work for the Christian community. She has a lot of space to herself where she lives.

5. **Activities and Daily Schedule**

In the morning, she fixes breakfast for the school-going-son, working son, and husband. When they are gone, she takes the time to read, to do housework, and to work in the yard. After that she does email. She has also started to paint and write about her NDE. In the afternoon, she makes sure she is

[1] *For the sake of confidentiality, all the names in these reports have been changed.*

in touch with the Christian community and takes care of her son when he's back from school. After that she cooks and in the evening the family spends time together. Valerie performed custodial services at an elementary school for a long time and she still does volunteer work for the school.

6. Symptoms

Childhood NDE from drowning, trauma; abuse and neglect from parents. Had trouble establishing relationships with other girls. For two years she has not been able to tolerate people around her very well, has had out-of-body experiences, has not had a good awareness of time, had sleep disruptions, couldn't lie next to her husband; two years ago, there were a lot of triggers from the trauma, with dissociation, a very painful arm, and heart palpitations.
In addition, she had primordial contact, post mortal contact, or ADC = after- death communication, with her then recently deceased father who asked her for forgiveness because he hadn't helped her enough as a child.

7. Religious or Spiritual Experience

During her NDE, she met Christ, who helped her, and she lives intentionally by divine guidance because she is aware that she came back.

Diagram 2. Body Awareness

Wasn't needed because this concerned an intake regarding the possibility of becoming contact person for the foundation.

Diagram 3. Inner World

1. Family and Household

As a result of her traumas and processing her NDE, Valerie is no longer up to being in touch with her mother. Her sister, who is like a friend, understands this, the other sisters don't. Her husband does understand her, except he can't always understand the characteristics of the NDEs very well, and Valerie doesn't always think everything about "normal life" is interesting. Her three sons all have problems. Her youngest son has been diagnosed as "autistic," the second has learning difficulties and been classified developmentally disabled for school and work, the oldest leads an uneven life in the city as a squatter and has ADHD symptoms.

2. Friends

Valerie had few friends for a long time because she didn't trust anyone. For several years, this has been improving because she has been able to integrate the NDE into her life and was able to process her traumas. Because of a few people lending an ear when she was having a very hard time, she has worked up slightly more trust and it has gradually grown.

3. Caregivers

She doesn't find it easy to be in touch with public mental health care professionals. They diagnose the children differently than from what she sees and experiences in raising them.

The "autism" Valerie sees as oversensitivity and the psychosis that her son supposedly had she was able to handle with him in her own way, which was different from what public mental health care would have liked. She also didn't feel she was understood by the pastor since she experiences the Christian faith more freely than the rules of her church because of her NDE. In addition, the pastor

was no longer able to assist with the dissociations and triggers. Valerie was at the point of being clinically admitted had there not been insights that arose from the foundation and had she not entered into a good friendship with the woman next door. Since her sister was able to acknowledge a lot from their childhood, Valerie grew calmer and felt she was no longer alone in dealing with her childhood. The family doctor is in touch with her only when necessary, for physical ailments.

4. Home Environment

The home environment has not changed in all this time and remains pleasant. She does a lot to the house to make it feel comfortable. She wants a tea house in order to assist people, so they can find "peace." She feels one of her two sons who live at home should really be leaving and living on his own through an assisted living project.

5. Activities and Daily Schedule

Besides the activities that she has, she wants to do more with her NDE with assistance from the foundation, for others as well. She stopped custodial work at the elementary school because it became too much for her.

6. Symptoms

Through insights and processing her childhood, the triggers have gone away and the posttraumatic stress has largely diminished. She discovered, with her sister, that her mother didn't want her. This was mainly because she got another sister later on who was much prettier than she was. Her older sisters have the negative effects of an angry and neglectful mother from earlier, too.

The awareness of time has been restored for Valerie. She is sleeping well again. She still has out-ofbody experiences and is still overly sensitive. Her problems raising the children are different because her sons have become older. For the youngest son, who hears voices and was supposedly psychotic, with "autism," they are still looking for suitable help through an early intervention team.

7. Religious or Spiritual Experience

She remains Christian but is open to other ways of life and other religions.

Diagram 4. Outer World

1. Family and Household

Valerie has always had the attitude that she felt happy deep inside because of her childhood NDE. Now she has started to share being happy from the inside out a lot more. She was having trouble because of the problems raising her children and conflicts with her family. Her father always supported her without expressing this in words. After his death, she still has the feeling that he is near her. She is happy with her sister, who also sees her as a friend.

2. Friends

She is making more acquaintances and friends because she is becoming herself a lot more and she places more trust in people.

3. **Caregivers**

Since she keeps gaining insight, she is learning to take her position as a mother seriously and speaking well with caregivers and communicating more clearly. She will be seeking support from a paranormal healer instead of solely from normal public mental health care for her youngest son due to his voices and because as a child he picked up his mother's NDE characteristics.

4. **Home and Social Environment**

Completely starting up the tea garden and making it livable has become an important goal.

5. **Activities and Daily Schedule**

These won't change. She likes them the way they are. She has greater peace because she is working less at the elementary school and she can do other activities, like being the contact person for the foundation, doing more pastoral work, putting on exhibits, and managing the tea garden.

6. **Symptoms**

Things will keep improving. She will continue to be a mother to her children. She should also continue to be that inner child who is happy and has knowledge of life through her NDE.

7. **Religious or Spiritual Experience**

"Good contact" insights, will stay with the Protestant community.

Conclusion:

From the diagram information, Valerie has processed her NDE to the extent that she is able to become a contact person. Through feedback from other contact people who have been doing the work longer plus support from me for a period, Valerie has already become a short-term contact person and has set up her tea garden.

Case 2: Marc

Diagram 1. Basic Safety and Security

1. Family and Household

Marc is a boy of 13 and the oldest son of three children of a woman living with her current partner in the household. Marc's mother remarried. She has one son from an earlier relationship and another boy was born to her and her current partner. Marc's mother had pneumonia eight years ago. One night when she was very ill, she had an NDE during which she met her deceased grandfather. He told her that she was not to go to the other side because she was going to have another child. This became the third son. Marc had an NDE right after his birth. Labor did not go smoothly, and Marc suffered from a lack of oxygen. His mother remembers that Marc was grabbing for the oxygen mask with his little hands, gasping for air. The youngest boy is a sensitive child, the middle boy, like the oldest, had problems with the divorce involving their biological father. Marc feels safe at home but does tend to assume a father-role due to his NDE characteristics. It sometimes seems as if you're dealing with someone who is 30. His biological father manipulated and forcibly abused him so that he has chosen not to go see him anymore.

2. Friends

Marc would be happy to have friends, but he finds it hard to connect. The normal things boys his age (thirteen) do he doesn't find interesting. He likes to be alone, quietly reflecting on things, and to be timelessly "old." His socializing is almost always coupled with wanting to know things better and wanting to be better, but in a pacifistic manner, as if he were supposed to become an Einstein. If connection with friends doesn't happen, he becomes a "seer" and he starts using his paranormal sensitivity to keep things interesting.

3. Caregivers

Hospital due to growth disorder, which necessitated the use of medications, various forms of therapy, such as physiotherapy and creative therapy, ergo-therapy, the family doctor, several healers, and an eye doctor due to his wearing glasses.

4. Home and Social Environment

The bedroom, where he also learns, he likes, just as he likes being home. He likes his school because they don't think he is autistic or has behavior problems, which was the case at the public school.

The youngest boy has also already had an assessment, which included alleged "autistic behavior," although this boy is also very sensitive, which tests have revealed. For the rest, Marc has a nice time out in nature, at piano lessons, and while playing sports.

5. Activities and Daily Schedule

During the day, Marc is at school. Then, he plays piano, is taking a course in upholstery fabrics with his mother, spends time on the computer, does sports (tae kwon do), and visits friends.

6. Symptoms

The characteristics of his NDE: oversensitivity, intestinal disorders and resulting difficulty with bowel movements, being able to read others' thoughts, seeing lights and auras, slipping out of his body in bed, quick shifts of thought and being able to absorb tremendous amounts of information, pacifistic attitude toward life, flash forwards with insights about his life, being timeless, and hearing the voice of a man who has already died but who keeps visiting him. Often when Marc is unsure, he

wipes his hands on the table or couch, probably to activate his finely attuned energy, which feels safe. When Marc first came to me professionally, he was three years old and began talking about trillions of years, because he came from there somewhere, and, yes, things had gone quickly with the Light so as to get to Mommy. At the age of twelve, he remembers very consciously that he came here before his two brothers.

7. Religious or Spiritual Experience

With Marc, you can talk endlessly about the emergence of the world and the galaxies. He finds the combination of thinking about atomic energy and where your thoughts are interesting, like an expansion of consciousness.

Diagram 2. Body Awareness

Marc explains that he has the feeling that his body is too small in relation to what he knows and can absorb into his awareness. He is always very interested in doing limitless things and wants to know about things he is too young for. Enjoying, as in playing while being relaxed, doesn't work out well, and so this is what he had to learn. He should also be starting to use his insights and perspectives for studying instead of for behavior, as if he were an older man.

He can pick up information from anything and create singular thoughts from doing so. Because he is also paranormal, he plays too much with his energy. He had to be taught this because he shouldn't be made responsible yet for his feeling and seeing too much.

Oversensitivity settles into his stomach and then, starting in the afternoon, he can no longer have an easy bowel movement. He has a hard time being grounded, will have an out-of-body experience and then become unpleasant, so a confrontation might take place. That's when others think he's crazy or deranged, and he thinks this is awful and he's bad. But he's starting to understand this because other children his age really aren't the way he is with his NDE. Marc can get angry because those in his immediate environment are often not pacifistic. This also makes him nervous and sad.

Diagram 3. Inner World

1. Family and Household

His parents gain insights of the hallmarks of a childhood NDE, thanks to his mother's own NDE as well. Marc can be more the way he is instead of continually exhibiting changeable behavior. Since his mother also had an NDE but couldn't quite recognize this in Marc's problems, this remained a struggle. This is even more the case because the youngest son also turns out to be very sensitive and the middle son needs attention concerning divorce issues. Marc still goes to see his biological father every two weeks. The father who lives with the mother and the boys would like to offer Marc protection in his being affectionate because Marc's friends can sometimes manipulate him, too. He communicates with Marc until he gets through to him. Until recently this was also happening too fast, partially because of the father's age and the mother's also having had an NDE. Marc and his mother can both be timeless and incomprehensible. Marc's second father also has his own world and has a right to his opinions.

2. Friends

Marc had to learn to just enjoy having fun and playing. He can still learn this from others his age. Just stay young a little longer!

3. **Caregivers**

Marc has now become more aware that for some time he will need more help than what he gets from his parents. His mother should not ask for even more help from organizations, though, because Marc keeps having to come up with trust.

4. **Home and Social Environment**

This won't change and is very good.

5. **Activities and Daily Schedule**

It is advisable for him to go out into nature more, breathe well, get grounded, and to enjoy it.

6. **Symptoms**

If Marc learns to enjoy things more, he will find more humor in his issues around the NDE and attain good results from his school work. He should seek relaxation and eat healthily, not have too many out-of-body experiences and learn not to test out his being paranormal. Marc would like to remember his birth, which he has not yet succeeded in doing. He is starting puberty and he is also beginning to be more physical in his contact with others.

7. **Religious or Spiritual Experience**

He wants to make a study of his insights about the galaxy and retain pacifism.

Diagram 4. Outer World

1. **Family and Household**

Over the course of a year, Marc has been able to make it clearer to those in his household what his experience is without having to fall into timeless terms or feel terribly responsible. He can let himself play with his brothers instead of falling into analysis. His oversensitivity is also better grounded so that he feels better in his skin.

2. **Friends**

He makes clear choices in when he wants to be alone and when he really wants to be together with friends or a girlfriend. From consciously learning to play and being stimulated to do this for a period, he is able to make better connections and have more fun with people. He doesn't fall into "thirty-year-old" behavior with his friends but can do this with his mother's current partner or with her.

3. **Caregivers**

Over the course of the year it is becoming clear that Marc no longer wants to take hormones for his growth disorder. He is seeing healers less with his mother because he has indicated he is better able to deal with his sensitivity. He has also become more adaptable.

4. **Home and Social Environment**

Marc will go on to a secondary school that fits with him. He has also made it clear to his parents that he doesn't want to move. He seeks out the natural environment by himself.

5. Activities and Daily Schedule

Marc will start putting in more study time in his daily schedule. He takes piano lessons and tae kwon do. Then, he loves to read or get on the computer. For the rest, he is active with animals and friends and his brothers and family.

6. Symptoms

If there was a question of Marc's developing a psychosis, according to the thoughts of a therapist connected with his previous school, this question is no longer relevant. After further assessment, it turns out that Marc's intelligence scores higher and has become more balanced in cognitive and social-emotional development than before. The question of autism is no longer relevant, either, as was suspected in the early years of his going to school.

7. Religious or Spiritual Experience

Marc is preoccupied with life and death, but not obsessively. Marc has let it be known that his conclusion is that he's here because of breathing.

APPENDIX B

Additional Questions to Ask Clients

Just try to summarize the problem.

- What do you respond to the most?
- What do you feel in your body?
- Which emotion is involved?
- What do you tell yourself?
- What images do you see with this?
- What happens right before the problem reveals itself?
- How do you know you've got the problem again?
- How would I be able to tell by looking at you?
- What part of this do you want to keep?
- How do you benefit from this?
- How do those around you react to your problem?
- What do you hope to achieve? How would you like to react?
- How would you like to feel? What do you think about this?
- How would you know that you've achieved your goal?
- How would other people react then?

In the silence of some days

In the silence of some days my inner peace reflects the rhythm of life.

In the silence of some days the waves of the sea are never still.

In the silence of some days the sun feels the rainbow move.

In the silence of some days people see birds fly high and low, wet and dry.

In the silence of some days my inner peace reflects the rhythm of life.

In the silence of some days who knows…?

Tomorrow again.

(2018-06-a)