

# A distressing near-death experience with veridical perceptions during coma: psychiatric and clinical reflections from a rare case

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**Summary. Background.** Near-death experiences (NDEs) are profound subjective experiences that are reported by individuals who have been near death. These conscious experiences occur during critical states such as coma, cardiac arrest, or severe trauma. While the majority of NDEs are characterized by pleasant and often transformative elements like a sense of peace or connection to a higher consciousness, a significant minority of cases present with distressing, frightening, or even terrifying content. A key feature of NDEs is the out-of-body experience (OBE), where individuals feel as though they have left their physical body. Remarkably, some of these experiences include veridical perceptions, which are accurate observations of physical events that could not have been perceived from their unconscious state, and are later confirmed by third parties. **Case report.** We present the rare case of a 25-year-old woman who sustained a severe traumatic brain injury following a high-speed car accident, necessitating her placement in a medically induced pharmacological coma for 20 days. Upon her recovery of consciousness, the patient recounted a deeply frightening NDE (scoring 28/32 on the Greyson NDE Scale) that included an OBE with specific, accurate perceptions of events that occurred while she was unconscious. These perceptions were later verified by medical personnel. Notably, the patient subsequently reported significant psychological and behavioral changes, including the complete resolution of her pre-accident suicidal ideation. **Conclusions.** This case offers compelling evidence that challenges conventional reductionist models of consciousness, raising critical questions about its neurobiological basis. It also underscores the profound transformative potential of distressing NDEs and their implications for psychiatric practice. We discuss the importance of acknowledging and exploring these non-ordinary states of consciousness to better understand their psychological and neurobiological underpinnings.

**Key words.** Coma, consciousness, distressing NDE, Near-Death Experience.

## Introduction

Near-death experiences (NDEs) are subjective phenomena reported by individuals who are in a

*Un'esperienza di pre-morte angosciante con percezioni veritiere durante il coma: riflessioni psichiatriche e cliniche da un caso raro.*

**Riassunto. Introduzione.** Le esperienze di pre-morte (NDE) sono profonde esperienze soggettive raccontate da individui che si sono trovati in prossimità della morte. Queste esperienze coscienti si verificano durante stati critici come coma, arresto cardiaco o traumi gravi. Mentre la maggior parte delle NDE è caratterizzata da elementi piacevoli e spesso trasformativi, come un senso di pace o una connessione con una coscienza superiore, una significativa minoranza di casi presenta contenuti angosianti, spaventosi o persino terrificanti. Una caratteristica chiave delle NDE è l'esperienza extracorporea (OBE), in cui gli individui hanno la sensazione di aver lasciato il proprio corpo fisico. Sorprendentemente, alcune di queste esperienze includono percezioni veridiche, ovvero osservazioni accurate di eventi fisici che non avrebbero potuto essere percepiti dal loro stato di incoscienza e che vengono successivamente confermate da terze parti. **Caso clinico.** Presentiamo il raro caso di una donna di 25 anni che ha subito un grave trauma cranico a seguito di un incidente automobilistico ad alta velocità, che ha reso necessario il coma farmacologico indotto per 20 giorni. Dopo aver ripreso conoscenza, la paziente ha raccontato una NDE sconvolgente e spaventosa (punteggio 28/32 sulla scala Greyson NDE), che includeva una OBE con percezioni specifiche e accurate di eventi accaduti mentre era incosciente. Queste percezioni sono state successivamente verificate dal personale medico. In particolare, la paziente ha successivamente riferito significativi cambiamenti psicologici e comportamentali, tra cui la completa risoluzione della sua ideazione suicidaria pre-incidente. **Conclusioni.** Questo caso offre prove convincenti che sfidano i modelli riduzionisti convenzionali della coscienza, sollevando interrogativi critici sulle sue basi neurobiologiche. Sottolinea inoltre il profondo potenziale trasformativo delle NDE angosianti e le loro implicazioni per la pratica psichiatrica. Viene discussa l'importanza di riconoscere ed esplorare questi stati di coscienza non ordinari per comprenderne meglio le basi psicologiche e neurobiologiche.

**Parole chiave.** Coma, coscienza, NDE angosciante, esperienza di pre-morte.

state of clinical unconsciousness or who are facing imminent death. Historically, NDEs have been viewed with a mixture of skepticism and fascination, yet they continue to be a subject of intense scientific

and clinical inquiry. The reported elements of NDEs are diverse, commonly including a sense of peace, out-of-body perception (OBE), the feeling of passing through a tunnel, and encountering a light or a deceased loved one. However, a small but important subset of NDEs is experienced as distressing or terrifying, involving frightening imagery, a sense of dread, or “hellish” landscapes<sup>1,2</sup>.

Psychiatric interest in NDEs lies in their potential psychological aftermath, which can include positive transformation or, conversely, lasting trauma<sup>3</sup>. Since they are subjective experiences that cannot be reproduced, the Greyson scale is used to analyze the phenomenology, intensity and to allow a comparison of different case studies (table 1)<sup>4</sup>. The Greyson NDE Scale is a validated psychometric tool used to analyze the phenomenology and intensity of these experiences, allowing for systematic comparison across different case studies. The case reported here involves a distressing NDE with veridical out-of-body

perceptions during a state of deep coma in a patient with severe cerebral injury. This challenges conventional neurocognitive models of consciousness and offers insight into the psychological integration of such events<sup>2</sup>.

### Case report

A 25-year-old woman was admitted to the Emergency Department after a high-speed car accident. On arrival, she was in a deep coma (Glasgow Coma Scale score: 3), with extensive cranial trauma including an inoperable left deep parietal hemorrhage, multiple facial fractures with cerebral exposure, and a burst fracture of the right orbit with retrobulbar hematoma. Neurological examination revealed abolished sensorium, decerebrate posturing on the right, flexor response on the left, miotic reactive pupils on the left and non-reactive on the right, absent Babinski

**Table 1.** Greyson Near-Death Experience Scale (NDE Scale).

#	Question	0 = No	1 = Moderate	2 = Strong/Definite
1	Did time seem to speed up or slow down?	No	Time seemed faster/ slower than usual	Everything happened at once / time lost meaning
2	Were your thoughts speeded up?	No	Faster than usual	Incredibly fast
3	Did scenes from your past come back to you?	No	Remembered many events	Past flashed before me
4	Did you suddenly seem to understand everything?	No	Everything made sense	Understood everything about the universe
5	Did you have a feeling of peace or pleasantness?	No	Relief or calmness	Incredible peace or pleasantness
6	Did you have a feeling of joy?	No	Happiness	Incredible joy
7	Did you feel a sense of harmony or unity with the universe?	No	No separation from surroundings	Felt united with the world
8	Did you see or feel surrounded by a brilliant light?	No	A bright light	Overwhelming brilliant light
9	Were your senses more vivid than usual?	No	More vivid than usual	Incredibly more vivid
10	Did you seem to be aware of things going on elsewhere (ESP)?	No	Possibly	Definitely aware of unknown events
11	Did scenes from the future come to you?	No	Scenes from the future	Specific future information
12	Did you feel separated from your body?	No	Felt separated	Clearly left the body
13	Did you seem to enter an unearthly world?	No	A different place	Mystical or unearthly realm
14	Did you encounter a mystical being or voice?	No	Sensed presence or heard voice	Clearly encountered a being/voice
15	Did you see deceased or religious spirits?	No	Sensed presence	Clearly saw them
16	Did you come to a border or point of no return?	No	Came to a barrier	Reached a clear point of no return

Scoring: Add the values from each question. Total Score Range: 0-32. Threshold for NDE: ≥ 7 points

This scale is used to evaluate near-death experiences (NDEs). Each item is scored from 0 to 2, with a total score ranging from 0 to 32. A score of 7 or higher is considered indicative of a near-death experience.

ski reflex, and generalized hypotonia. The patient was intubated and placed in a pharmacological coma.

Prior to the accident, the patient had a history of depression and self-harm, including documented suicidal ideation. This information was gathered during the post-awakening psychiatric evaluation and provides a crucial baseline for understanding the psychological changes that followed the NDE.

After 20 days, she began to recover consciousness, and was discharged with significant neurological sequelae, including right hemiparesis, dysphasia, and sensorimotor deficits. During hospitalization, after regaining verbal communication, the patient reported a disturbing near-death experience.

The patient described a vivid OBE in which she claimed to have floated above her body. She specifically recalled witnessing a heated argument between a doctor and a paramedic during her ambulance transport, which she described as resulting in the paramedic's minor nasal injury. This detailed account was later corroborated by both medical professionals. She also provided precise descriptions of the operating theater, the specific surgical tools used, the appearance of the medical personnel, and even snippets of their conversations. She reported an astonishing sensory clarity, claiming her perceptions were far more vivid than in her normal conscious state. She described the experience as frightening, involving a sense of separation from her body, visions of distorted environments, terrifying images, and a pervasive sense of dread. The most striking aspect of this case was the patient's psychological transformation following her NDE. Her pre-accident suicidal ideation was completely resolved, and she developed a renewed and profound appreciation for life. She also demonstrated improved emotional regulation and a notable spiritual curiosity. These positive changes were observed clinically by the medical team during her lengthy neurorehabilitation. However, it is important to note that no formal psychometric tests were administered to objectively quantify these changes. Her spiritual curiosity was manifested through her frequent discussions with staff about her experience and the nature of consciousness. The patient scored 28/32 on the Greyson NDE Scale. A score of 7 or higher indicates that the experience has a sufficient level of complexity to be classified as such.

## Discussion

This case contributes to the limited literature on distressing NDEs and highlights their potential for psychological integration and post-traumatic growth<sup>5</sup>. The occurrence of a structured, highly lucid conscious experience with verifiable perceptions during a state of deep coma and profound cerebral

dysfunction raises significant questions for both neuroscience and psychology. This case is difficult to explain by neurobiological models that posit consciousness as being solely a product of brain function, as the patient's brain was severely compromised at the time of her experience. From a psychiatric standpoint, NDEs – particularly distressing ones – can mirror dissociative experiences or trauma-related responses, but they also differ in phenomenology and outcome. While dissociation typically involves fragmented or depersonalized perception, NDEs often feature hyperlucidity, identity continuity, and transformative insight<sup>6,2</sup>.

The patient's post-NDE transformation suggests that even terrifying experiences may facilitate psychological growth if integrated constructively. This echoes findings in trauma therapy, where meaning-making plays a crucial role in recovery. In this case, the patient underwent a non-formal psychological integration process facilitated by the medical team during her neurorehabilitation, which focused on helping her make sense of the experience. Clinicians should be open to exploring such experiences without pathologizing them and facilitate adaptive integration, especially in post-ICU or neurorehabilitation settings. We note the absence of formal psychometric testing and a structured psychological integration program as a limitation of this case study<sup>3</sup>.

Neuroscientific models struggle to explain conscious recall of verified events during states of profound cerebral dysfunction. This case adds to growing evidence that challenges reductionist views of consciousness and invites multidisciplinary investigation, including psychodynamic, phenomenological, and neuroethical approaches<sup>7-10</sup>.

## Conclusions

This case of a distressing NDE with veridical perceptions during a deep coma offers significant insight into the nature of consciousness and the human capacity for psychological transformation. It underscores the critical need for psychiatric awareness of such phenomena, their potential for recovery and growth, and their implications for our understanding of the mind-brain relationship.

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