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Near-Death Studies

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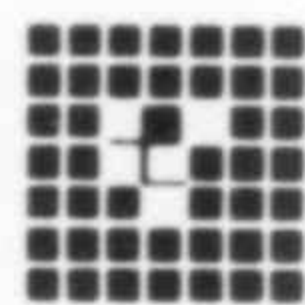
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JOURNAL OF NEAR-DEATH STUDIES (formerly ANABIOSIS) is sponsored by the International Association for Near-Death Studies (IANDS). The Journal publishes articles on near-death experiences and on the empirical effects and theoretical implications of such events, and on such related phenomena as out-of-body experiences, deathbed visions, the experiences of dying persons, comparable experiences occurring under other circumstances, and the implications of such phenomena for our understanding of human consciousness and its relation to the life and death processes. The Journal is committed to an unbiased exploration of these issues, and specifically welcomes a variety of theoretical perspectives and interpretations that are grounded in empirical observation or research.

The **INTERNATIONAL ASSOCIATION FOR NEAR-DEATH STUDIES** (IANDS) is a world-wide organization of scientists, scholars, near-death experiencers, and the general public, dedicated to the exploration of near-death experiences (NDEs) and their implications. Incorporated as a nonprofit educational and research organization in 1981, IANDS' objectives are to encourage and support research into NDEs and related phenomena; to disseminate knowledge concerning NDEs and their implications; to further the utilization of near-death research by health care and counseling professionals; to form local chapters of near-death experiencers and interested others; to sponsor symposia and conferences on NDEs and related phenomena; and to maintain a library and archives of near-death-related material. Friends of IANDS chapters are affiliated support groups in many cities for NDErs and their families and for health care and counseling professionals to network locally. Information about membership in IANDS can be obtained by writing to IANDS, 638 Prospect Avenue, Hartford, CT 06105-4298.

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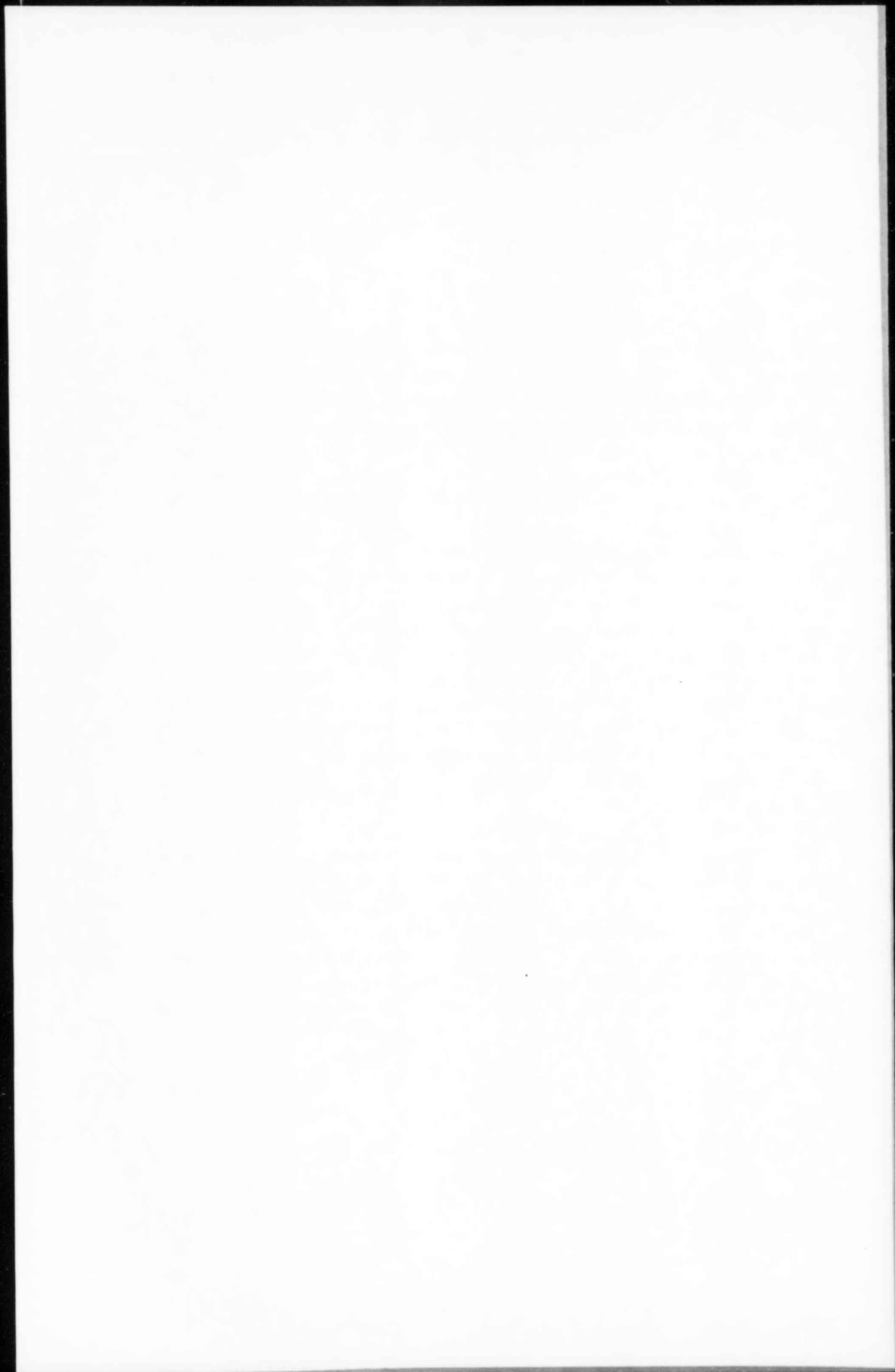
Editor's Foreword

We start this issue of the Journal with a Guest Editorial by social psychologist Kenneth Ring comparing contemporary near-death experiences (NDEs) with the Tibetan tradition of *das-log*, or return-from-death, experiences. Though they bear much in common, Ring finds significant differences that he relates to their historical and cultural context. From those aspects of modern NDEs that distinguish them from *das-log* experiences, he suggests, might come a new "Book of Dead" with particular relevance for our current situation.

This issue also contains two articles on NDEs and dissociation, a topic that has recently been much debated and much misinterpreted. Health scientist William Serdahely presents two extraordinary cases of NDEs that demonstrate dissociative features, and he documents similarities from the near-death literature and that of multiple personality disorder. Australian psychologist Harvey Irwin then presents an empirical study of dissociative tendencies among NDErs and a control sample. Finding that NDErs report more childhood trauma but not greater use of dissociation, Irwin proposes an explanation for this paradox and for the recent findings of others on dissociation among NDErs.

Next sociologist Craig Lundahl presents a propositional theory of the NDE based on the accumulated research, which in turn may form the basis for further investigation. This issue also includes Joy Risser's book review of *Final Gifts*, in which hospice nurses Maggie Callanan and Patricia Kelley address what they call "nearing death awareness" in patients with terminal illness. Finally, we conclude with a letter to the editor from pediatrician Melvin Morse, commenting on thanatologist Robert Kastenbaum's book review of Morse's *Transformed by the Light* in the Fall 1993 issue of the Journal, and on the role of criticism in scientific research.

Bruce Greyson, M.D.



Guest Editorial

A New Book of the Dead: Reflections on the Near-Death Experience and the Tibetan Buddhist Tradition Regarding the Nature of Death

Kenneth Ring, Ph.D.
University of Connecticut

ABSTRACT: There are many similarities between Tibetan Buddhist teachings on death, as reflected in *The Tibetan Book of the Dead* (Trungpa and Freemantle, 1975), and a perspective based on the modern study of near-death experiences (NDEs)—but also important differences. In view of these differences, a more appropriate comparison might involve historical cases of Tibetan NDEs and contemporary Western accounts. A tradition of NDEs in Tibetan culture, the *das-log* experience, affords such a comparison. Modern NDEs differ from *das-log* experiences in ways that reflect their cultural context, and may provide the foundation for a new Book of the Dead especially fitted to the existential and planetary concerns of our own time.

What can we say about the nature of death from the perspective of modern Western scientific research? My jumping off place for this question will be—to no one's surprise, I'm sure—the research that has been conducted, largely in the West, for almost two decades now, on the near-death experience (NDE). Most readers of this Journal, I

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assume, will know something about this extraordinary phenomenon, so I will not take any time here to describe its familiar features.

Still, just to be clear as to what it is, I am talking about an experience that has been reported by many thousands of persons who have gone to the brink of physical death, or even over it temporarily into the first stages of clinical death, and have then returned to life. And, as the world now knows, such persons tend to describe a remarkable experience, remarkable both for its content and for the fact that it so astonishingly similar, by and large, from one person to another. For all the controversy about the meaning of the experience itself, it is enough to note here that it is now well established and abundantly documented. The question is: what does it tell us about the nature of death?

Obviously, since these near-death experiencers have only been clinically dead and not biologically dead, we are not permitted to draw any logical conclusions from the NDE itself about what happens *after* physical death. The NDE gives us a direct and literal insight only into what appears to happen during the first stages of death when the heart stops, respiration ceases, there is a rapid drop in blood pressure, and so on.

Clearly, however, that vision of the entrance hall into death paints a seemingly very attractive picture of death itself and many persons who have become familiar with the NDE have certainly drawn a great deal of comfort from it. Moreover, virtually everyone who has this experience becomes convinced that some form of conscious existence awaits us after physical death, and that the NDE is a preview of this existence. This is so regardless of whatever their prior beliefs on this question may have been, and anyone who has listened to this consistent and indeed insistent testimony cannot help but be impressed by its sincerity and tone of inner certitude.

Nevertheless, empirically, it's difficult to justify going beyond this point. The NDE trail leaves off after a while and those who survive this experience return to tell their tales of what they have seen. Those whose testimony we really need on this matter, the ones who do not survive, have of course no tales to tell. Thus, the NDE, while it may illuminate the mystery of death, in the end, doesn't really solve it for us. And so we remain, as it were, still in the dark, although with the hope that one day we ourselves might find our own answers in the light.

Understandably, many persons have felt that it is possible to go beyond the inherent limitations of NDE research by joining its findings to already existing spiritual teachings or traditions that purport to tell us not only of the initial moments of death but of the entire

journey into the after-death realms. Such persons, naturally, have been led to this approach because they have seen clearly that what the NDE implies about the first moments of death tends to be highly congruent with the teachings of various spiritual traditions. Therefore, given this kind of overlap between the findings of NDE research and these spiritual teachings, it is hard to avoid the inference that the NDE itself points to the *possibility* that the entire journey into death may indeed conform to the canons of these spiritual traditions. Thus, though unsought and ultimately unnecessary, NDE research has been used as a sort of empirical support for these teachings.

And just here, of course, we make the linkage between the great tradition of Tibetan Buddhism and its teachings on death, as reflected especially in *The Tibetan Book of the Dead* (Trungpa and Fremantle, 1975), and the NDE. A few words on this connection are certainly in order.

As many of you will be aware, several commentators (e.g., Becker, 1985; Carr, 1993; Grof and Grof, 1980; Grof and Halifax, 1977) beginning with Raymond Moody—the psychiatrist whose best selling book, *Life After Life* (1975), introduced the modern world to the near-death experience and gave us the very phrase we use for this phenomenon—have pointed to the numerous parallels that exist between the NDE and the *The Tibetan Book of the Dead*. And indeed, the noted lama, Sogyal Rinpoche, has performed the same service for us in his book, *The Tibetan Book of Living and Dying* (1992). In general, what these comparisons show is that there are many features of the NDE that are described as components of the experience of dying and the after-death bardo states in *The Tibetan Book of the Dead*. These points of seeming equivalence are particularly evident in the last bardo—usually called in English the bardo of becoming—and no one familiar with the literature on NDEs could fail to spot them when reading the *The Tibetan Book of the Dead*. Indeed, this is so obvious and well-accepted a point that I will not dwell on it further here; it is enough just to remind you of it.

Still, before exploring this linkage more deeply, I would like to add that there are some further points of correspondence here that are not well known, but should be brought out, at least briefly. For example, in the bardo of becoming, it is obvious that should efforts at liberation fail, the individual will eventually find himself drawing ever closer to reincarnation, which is of course an integral part of the teachings of Tibetan Buddhism. What many persons—even those already conversant with NDE literature in general—are *not* aware of is that recent research suggests that the great majority of near-death experiencers,

following their NDE, also come to embrace a reincarnationist view of the life cycle. This has now been found in three separate studies (viz., Ring, 1992; Sutherland, 1992; and Wells, 1993) and shows that the overall level of belief in reincarnation among NDErs appears to be about three times greater than that of the general population in the United States (23%, according to a Gallup poll; see Gallup and Proctor, 1982). Furthermore, there is some evidence that this reincarnationist shift is experience-based and often reflects insights given during the NDE itself or in its experiential aftermath. Thus, here, too, we find further evidence linking the traditional teachings of Tibetan Buddhism on the nature of death with the revelations apparently vouchsafed during the NDE.

Yet, after noting these patterns of similarity, we shouldn't allow ourselves to be blind to the differences that are just as apparent but more often overlooked. In my opinion, these differences also have something important to teach us, and in the remarks to follow I would like to amplify on some of them.

According to tradition, the elements of *The Tibetan Book of the Dead* derive from the 8th century and are credited to Padmasambhava, who introduced Buddhism to Tibet, but were only brought to light and codified a few centuries later. In any case, this book has long served as a manual to help guide individuals through the dying process so that they can gain liberation or, failing that, at least achieve circumstances for a favorable rebirth. Though the description of the experiences in the bardos is said to derive from enlightened lamas and yogis who were directly aware of these internal states, what we have in *The Tibetan Book of the Dead*, as it came to be ritually used through the centuries, is largely a *tradition-based teaching*. This teaching treats the nature of the after-death, shows how to recognize the experiences in the bardos as essentially mental projections, and contains frequent exhortations to attain liberation by seeing into one's own true nature—essential emptiness—especially through complete identification with the Primary Clear Light.

With the NDE, of course, we have something very different. It is based not on scriptural tradition but on scientific research into the direct experiences of now tens of thousands of persons, mostly Westerners, who claim to know first-hand what it is like to die. Their collective stories present, I think, a rather different view of the death process than is to be found in *The Tibetan Book of the Dead*. True, the elements are often similar, as I have said, but they are *organized in a different way* by the bearers of *this* tradition—the NDErs themselves and especially the chroniclers of this tradition, NDE researchers and

writers—and the resulting NDE narrative line tells a very different story with somewhat different implications.

After all, the narrative line in *The Tibetan Book of the Dead* begins with the encounter with the Primary Clear Light, then moves into the bardo of dharmata, with its fabled peaceful and wrathful deities, and finally into the bardo of becoming with its lonely and frightened individual being blown about in his mental body by the winds of karma, eventually to take rebirth in another physical body. The NDE, on the other hand, begins with a tremendously reassuring sense of peace and well-being, which eventually culminates with the glory of absorption by and merging with the light, but always ends with a return to the present physical body, often as a result of one's sense of subjective choice. The NDEr returns from death, then, and returns transformed, but the journeyer of *The Tibetan Book of the Dead* actually dies, either to be liberated or to be reborn into a new life some weeks later.

This being so, one is moved to ask whether there is anything in the Tibetan tradition that would actually provide a more appropriate basis of comparison to today's NDErs than what is given in *The Tibetan Book of the Dead*. And the answer is: there is. For the Tibetan culture has, in fact, its own distinct history of near-death experiencers, and furthermore, the stories of their experiences have been chronicled and are well known in Tibet, if little known to us in the West. Such persons are called *das-log*, which means "returned from death." The narratives of these persons, in their own cultural and historical context, and how the accounts of these experiences are used by their society, have a great deal to teach us about *the relativity*—as well as the universality—of NDEs.

These accounts are not based on the revelations granted to great lamas or other spiritual figures, but come from ordinary men and women of Tibet who have nearly died but somehow revived. Here, of course, we see an immediate and undeniable similarity to our modern NDErs. Although, according to what I've read, the phenomenon can still be found among today's Tibetans, the heyday of these accounts and biographies about these persons stemmed from the early sixteenth to the mid-eighteenth century in Tibet.

The *das-log* experience in fact has many commonalities with modern NDEs, but its tone throughout is more negative and judgmental, and its mood often frightening to the point of terror. The key episodes center on a tour of hell and an encounter with the Lord of Death, Dharmaraja, who, after judging the individual, exhorts him to lead a moral life in conformity with the tenets of Buddhism, and, once

returned, to spread the word among the living. The *das-log* indeed does appear to do this, and the literature based on these experiences helps to renew and reinvigorate these teachings. The *das-log* himself or herself even has a certain spiritual authority, which is conferred by his special personal experience and the evidence of his own moral zeal in everyday life. According to one writer, Lawrence Epstein, on the subject:

The major function . . . of the *das-log* literature is just this: to teach or remind an audience of laymen who either may have known or had been accustomed to forget that the dogmas of Buddhism really work. The biographies of the *das-log* stress three things: suffering and impermanence, the vicissitudes of karma, and how these may be overcome. As such, they are concordant with the basic teachings of the sutras. . . . The *das-log*, however is more than just a teller of tales. He himself becomes a source of religious authority and an object of popular worship (Epstein, 1982, p. 21).

In short, the social function of the *das-log* in Tibetan culture is to help "keep the (Buddhist) faith."

Now all this material on the *das-log*—and the detailed personal accounts themselves, however they may have been modified for hortatory purposes by the scribes who have provided us with this literature, are fascinating—is very instructive on the ways in which these apparent NDEs come to have a form consistent with the general religious belief system of the culture in which they are embedded. Perhaps this is an obvious point, but what makes it more telling is that we have in our own Western tradition NDEs that are, *almost point for point*, the exact equivalent of the *das-log* experience in Tibet.

I'm referring to the medieval period from about the tenth to the thirteenth century in Christendom when very similar stories and a distinctive literary tradition based on them were well known. These tales, and their relationship to modern NDEs, were explored extensively by the American scholar, Carol Zaleski, in her excellent book, *Otherworld Journeys* (1987). In it, Zaleski emphasized that the medieval NDEr in the Christian tradition had riveting experiences in hellish and purgatorial realms, was confronted with a weighing of his or her good and evil deeds, and returned with a deep sense of the need to live in accordance with the moral teachings of the Church and inspired with a zeal to recount these visionary experience to others so that they, too, may be strengthened in their belief.

These medieval NDEs in the Western tradition and the *das-log* experience that was common in Tibet a few centuries later are not only

structurally identical, but also reflect the imprint of the religious traditions that molded them and that, in turn, were strengthened by them to the extent that others heard and gave credence to such tales. In short, the faith of Tibetans was reinforced by recourse to *the same kind of experience* that Christians of another era had used to support *their* beliefs.

What are the lessons of these historical NDEs for us? For one thing, I think they show us that *while the body of the NDE, so to speak, may be given by the brain, it is clothed in the garments of the culture*. What I mean is, the overall form of the NDE may be very much the same because all human beings share a common biology. Therefore, the elements that comprise the experience of dying can be expected to show, over time and culture, a certain uniformity. But in the same way that all human bodies show the same structural similarities but can appear in very different dress according to one's time and culture, the NDE's *surface appearance* may be expected to show similar variations. Second—and I think this is important to emphasize—while medieval Western and traditional Tibetan NDEs may have had some astonishing similarities, *both are very different from modern NDEs*. And from this, a third thing follows: *What contemporary NDEs have to teach us and the insights we derive from them differ in important ways from these traditional NDEs*. And for that reason it is crucial, in my opinion, to focus precisely on the differences here and to resist the obvious temptation to assimilate these experiences into a kind of generalized universal atemporal model that obscures the special meaning of NDEs for our own time and planetary culture.

What of these contemporary NDEs and their particular relevance to this juncture in our planetary journey? To begin with, there is one aspect of modern NDEs that seems to set them sharply at variance with those I have already discussed, and that is the emphasis on love. Love is the primary energy of these experiences, as is well attested, and it is the essential message of the NDErs who are the embodied vehicles of this love. Their cry is simple: Love others, love yourself, love the earth, love life and the privilege of life, love God, the very energy and source of this love. The universe is not a cold, mechanical machine indifferent to our fate: it is stitched in a fabric of love, and we ourselves, being a part of the universe, are also made of this love. The NDErs want us to be aware of this, and to act on it.

Second, the sense of judgment from an external source, which was so evident in the earlier historical accounts and even in *The Tibetan Book of the Dead*, is largely absent in these modern narratives. Instead of judgment by the Lord of Death or a high tribunal, one stands in the

presence of an all-accepting being of light and looks at one's life, in one's life review, simply with razor-sharp objectivity. And what you see with full awareness are the effects not only of your actions on others, but also the effects of every thought and every emotion, since they affect others, too, whether you have been aware of it or not. Needless to say, this can be a very humbling and painful experience, but it takes place, remember, in a context of compassionate understanding for why you have behaved as you did. And it is *you* who are doing the judging. And what you come to understand through this experience, as a number of writers on the NDE have already pointed out (e.g., Farr, 1993; Lorimer 1990; Reaney, *in press*; Sogyal 1993) is that there is only one person in the universe: you. You see that the Golden Rule is not merely a prescription for ethical conduct, *it is how it works*. Everything you do unto others you yourself experience, for in this state you become the very people you have hurt and the very people you have aided. It is, in short, an immediate intuitive understanding of the law of karma. And you also see this without guilt, and with the knowledge that all your so-called "sins" have been forgiven.

Third, because you are in a state where there is no sense of separation but only wholeness and interconnectedness, you come to appreciate that all of the world's divisions based on racial, national, ethnic, or religious grounds no longer have the same meaning or force of allegiance for you. You can easily see the truth in many different religious traditions, for example, and what is universal in them. And it is these universal truths rather than sectarian dogmas that are revealed to you in this state, and which come to affect your outlook on life afterward. As a result, you are more likely, as many NDErs have said, "to feel at home at any church," and, in effect, to call all religions your own.

Finally, the NDE extinguishes, and seemingly permanently, one's previous fear of death. Death is seen to be an illusion of the senses and to exist only from a purely physical, external point of view. What is essential in us, however, is without birth or death, and is what is experienced when one encounters and becomes one with the Light and sees directly into the heart of eternity.

Most persons familiar with the now abundant literature on the NDE will recognize these as the common themes of today's NDEs. But *why* these particular themes, one may well ask?

I submit that the NDE always reflects the requirements of the times and is shaped by the prevailing culture in terms of its collective needs. In short, the NDE is not a purely endogenous phenomenon, but is in part called out by the *zeitgeist*. In this vein, we might assert, then, that although the ideals of liberation or salvation are still found in the religions of East and West and were leading motifs of earlier NDEs

when such religions ruled their cultures, it seems that the dominant need of *our* time is for people to live in harmony with one another and all life; otherwise, we are likely to destroy one another and possibly irreparably damage our Mother Earth. The best way to abort this form of ecocide is for persons to experience *egocide*; that is, to realize that we are all truly one on this earth, that we are joined in love, and that our selfish, separative ways are going to have to be seen as ultimately grounded in illusion. And that we are in the end responsible for everything we do in life—and life is forever and does not terminate in death, which is only another illusion.

What we have in the NDE, then, somewhat in contrast to *The Tibetan Book of the Dead*, is an *experience-based* teaching about the nature of death (and life) that is emerging in our own time, founded on the testimony of thousands of ordinary people who have somehow secured the *imprimatur* of the priests of our era, those who wear the white vestments of the physician and scientist. These people collectively are writing a Book of the Dead fitted to the existential requirements of our time in history and our sense of a nascent planetary culture that is imperiled as never before by the tyranny of egos still caught in the delusion that they are real and separate entities.

This Book of the Dead, based on the narratives of today's NDErs, obviously doesn't supplant any others, but on the contrary can be combined with them in creative ways to meet the particular demands of our time and to speak to persons in the language and imagery appropriate to a modern planetary culture. Rinpoche's book (1992), for example, has done this beautifully, and his is truly one of these books for our time. And to the Tibetan tradition generally our debt is enormous and enduring since it always addresses itself to the fundamental issues of compassion, wisdom, and liberation.

But the collective wisdom of the NDE is *also* a resource for us at this time, providing us with a new and distinctive vision of death and the seeds for a harmonious way of life on earth—for all the earth. Therefore, let us not hesitate to learn from it and use it well.

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Near-Death Experiences and Dissociation: Two Cases

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ABSTRACT: The near-death experience (NDE) literature has long chronicled the observation that out-of-body experiences (OBEs) lead to relief from physical and emotional pain. Researchers have suggested recently that the NDE may be viewed as dissociation. People who are physically or sexually abused, including those who have multiple personality disorder, often develop dissociative defenses and may well leave their bodies to achieve pain relief. This article presents two cases of NDEs that support the supposition that NDEs and OBEs may be a dissociative process.

Several years ago I reported the retrospective account of a near-death experience (NDE) triggered by sexual abuse of a pre-teenage girl by her father (Serdahely, 1987-88). In that same article, I noted the case of another woman who had had out-of-body experiences (OBEs) while being molested. She described her OBEs as a "safety valve" to escape the trauma of being abused.

Barbara Harris picked up on my suggestion of a connection between NDEs and child abuse and noted her impression that, in her subsequent work with near-death support groups and in the responses she's received to public presentations of her own NDE, "child abuse and incest survivors who have had NDEs are constantly popping up" (personal communication, 1987).

One of Harris's NDEs pertinent to her childhood physical and emotional abuse was discussed by Kenneth Ring (1984): during this NDE,

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at age 32, Harris had a life review in which she was able to see the abuse perpetrated on her at about the age of 4 or 5. She had been harshly punished by her mother for wetting the bed, feeling unloved by both parents and ignored by her father (Harris and Bascom, 1990).

Ring and Christopher Rosing (1990) hypothesized that childhood abuse leads to subsequent adult NDEs by fostering the development of the "NDE-prone personality." Their research showed that childhood abuse and trauma, including sexual abuse, physical abuse or punishment, psychological abuse, neglect, or a negative home atmosphere, makes a person more likely to experience an NDE later in life.

Ring subsequently talked about NDEs as a form of dissociation to escape physical and psychological pain (Adolph and Taylor, 1992), a point I had alluded to earlier (Serdahely, 1987-88). Ring noted that people with the "encounter-prone personality"

are more likely to say that their childhoods were marked by patterns of various kinds of child abuse, trauma, and other forms of stress. They're people who, because of childhood trauma, are more likely to dissociate from ordinary reality and then tune in to other realities where they can feel safe. (Adolph and Taylor, 1992, p. 67)

Ring then more directly connected the concept of dissociation with NDEs by suggesting "that NDErs are dissociating from the trauma of being near death" (Mauro, 1992, p. 80). Harris, referring to her own NDE, concurred: "Yes, I am dissociating but I am also out of my body and I am someplace else" (Mauro, 1992, p. 81).

I have noticed some similarities between NDEs and multiple personality disorder (MPD), including the out-of-body experience common to both in response to pain (Serdahely, 1992b). Both NDErs and persons who have MPD may leave their bodies when the pain becomes unbearable; the former, for example, in conjunction with vehicular accidents or heart attacks, and the latter in conjunction with sexual abuse or torture. Ring and Rosing made a similar point when they wrote that abused children "'tune into' other nonsensory realities where, by virtue of their dissociated state, they can feel safe regardless of what is happening to the body" (1990, p. 232).

Having interviewed several NDErs with MPD, I have noted the use of out-of-body experiences to gain relief from pain and view the OBE as one stage of a continuum of dissociation. When victims get to the OBE stage of this continuum, they dissociate from the physical and/or psychological pain mediated by the nervous system by leaving the body. Harris's comment above about dissociating while out-of-body during her NDE fits into this continuum of dissociation, which includes the following stages:

1. totally centered, "together," and completely in the body;
2. feeling fragmented and not "together," not totally present in the moment;
3. split, with co-consciousness of other personalities ("alters") in individuals with MPD;
4. split, without co-consciousness of "alters" in individuals with MPD;
5. not entirely in the body, at a little distance from the body; and
6. out-of-body.

Recently, one of my respondents described how she had left her body while making love with her estranged husband during a hiatus between acrimonious battles surrounding their divorce; she went out of body to separate herself from him. In light of Ring and Rosing's research, it is interesting to note that this woman had described being emotionally and physically abused as a Native American child by nuns in an Indian mission school. She said she recalled "not always being there" in the schoolroom as the nun verbally abused her or her Native American peers.

Another recent correspondent, Deena (a pseudonym), described her OBE at age 33 and subsequent personal transformation after 12 years of an emotionally and sometimes physically abusive marriage, the 12 years perhaps giving her what Ring and Rosing called the "NDE-prone personality." She described herself as like a cloud, or a vapor, or a fog while she was out-of-body, and said her return to her body was like a hand filling out a glove. During this reentry, she had the sensation of "needles and pins from the toes all the way up" her body.

But the connection between OBEs or NDEs and dissociation becomes even clearer given the following two extraordinary cases. In presenting these cases, I argue that MPD is not in itself pathological. It is the heinous torture and sadistic sexual abuse of a minor that are pathological; the dissociation, including splitting of consciousness, affiliated with MPD allows the victim to survive the torture and abuse. Ring made a similar point but did not go as far in writing:

It is normal to dissociate. We all dissociate to a degree and sometimes. Dissociation, except when it reaches an extreme, is not in itself pathological; in such cases, it is customary to speak of dissociative *disorders*. (1992, p. 143).

Case 1: Kay

Kay (a pseudonym) was incorrectly given an epidural anesthetic prior to a Caesarian section. This 24-year-old woman tried to tell the inattentive anesthesiologist she thought something had gone wrong

with the injection. However, the physician did not believe her, at which time Kay commenced to have a near-death experience.

Kay next noticed that "light-consciousness" began to leave from every cell of her body. A ringing sound accompanied the withdrawal of this energy. All of the "light-consciousness" quickly concentrated in her heart. It then flowed from her heart through the top of her head, resulting in a kind of out-of-body experience in which Kay was floating near the operating room ceiling, looking down on the scene below. Kay unequivocally identified the "light-consciousness" as herself. She commented that "I'm still me" but without a physical body. In this out-of-body state, Kay was able to hear fragments of conversations below her, and to see, think, and locomote as a "whitish, iridescent, light cloudy substance."

From the ceiling of the operating room, Kay then moved into a "clear tunnel" that separated her (and possibly protected her, she said) from a "black, dark void" surrounding her tunnel. The void was like "endless space," like "outer space." While in the tunnel as a white, cloudy "light-consciousness," she met her "Higher Self." Her Higher Self was in a pale pink gown with a gold belt, and she found herself merging with this Higher Self, which she called a "spiritual body." At this point, Kay believed she was the real person she truly is; she described the merging of the "light-consciousness" with the Higher Self as "all me."

After undergoing a current life review and a review of approximately a thousand past lives in chronological order, in the company of her guardian angel, a group of about six kindred souls, and a "council" of three advisors, Kay decided to return to her physical body. Her return was instantaneous. She said she felt "light-consciousness" come through her head and the flow through her body filling out every cell. The filling out of the body was very fast compared to the withdrawal of energy from the body.

Asked if she experienced a separation from her spiritual body or Higher Self on the return, Kay replied she was not certain what happened to her Higher Self. She said that possibly her Higher Self separated from her and remained in a location above her physical body. Kay indicated she had been clinically dead for approximately 15 to 20 minutes.

Case 2: Joan

Conceived by a cult for the purpose of being its eventual priestess, at age 31 Joan (a pseudonym) had over 70 personalities. She had split many times due to the countless incidents of torture and sexual

assaults she had endured literally since she was a neonate. While I have never been able to determine exactly how many OBEs and NDEs Joan has had in her lifetime, nevertheless in 13 interviews conducted thus far she has revealed a number of both.

On Halloween Day of 1991, Joan was abducted from the parking lot of a mall in a Southern state by a couple of cult members as she was getting out of her car. In March of 1992 Joan's therapist asked me to help Joan understand and interpret the OBE and the NDE she and her other personalities experienced as the result of the abduction and subsequent abuses perpetrated during the previous Halloween period. While the MPD literature uses the terms "personalities" and "alters" to refer to others in one's body, in this account I will use Joan's term of "selves" to refer to these others who shared her body.

At the very moment of her abduction in the parking lot, all of the 70-some selves immediately went out-of-body to escape the expected imminent pain and abuse. These selves went to a "dusky" dimension, "like when the sun goes down," which Joan and her selves call "the space in-between," a dimension between life and death, that is, between the physical body and the light. They were waiting in the "space in-between," for the physical body to die and then for them to go on to the other side. While they were in the "space in-between," they decided they would not come back to the physical body.

Ring (1980) used the term "Higher Self" to indicate the divine, omniscient part of the NDEr, while the MPD literature generally uses Ralph Allison's term "Inner Self Helper" (Allison and Schwartz, 1980). Joan's Higher Self, which she calls "Mother," was with the other selves in the "space in-between" during this OBE. Mother drew a sketch for me of this particular OBE depicting all 70-some selves, including Mother herself, out-of-body, linked hand-in-hand with one another.

Mother's drawing showed them as if encapsulated by a cloud. Being cloudlike or vaporous while out-of-body, or of being enveloped in a cloudy substance, has been described by NDErs who presumably do not have MPD, including Deena and Kay described above, and Harris (Harris and Bascom, 1990). Mother's sketch also showed a cord connecting the cloud to Joan's physical body below it. In a letter, Mother likened this structure to an umbilical cord, and this too is reminiscent of the "silver cord" described by some NDErs (Grey, 1985; Morse and Perry, 1990).

At this point, none of the selves was in control of Joan's body. The cult ritual took place the night of the abduction; three more selves—that is, three more personalities split off from Joan—resulted from that ritual. Then, at some point, Mother came into the body. The testimony is confusing on this point, but Mother seems to have taken control of

Joan's body either to protect a new self who was being created concurrently in the "space in-between," or to keep Joan's body alive: Mother stated that Joan's "mission in life had not been completely fulfilled yet," similar to what NDErs often say about their reason for returning to their bodies.

The body was then transported by three thugs to be given over to a cult leader. To facilitate the transfer, the body was heavily sedated, possibly with the hypnotic drug Halcion. As the thugs were waiting for the cult leader to arrive, one of them sexually assaulted the body. Mother was still in control of the body at this time and felt the abuse from the assault. More drugs were put into Joan's mouth. The body was then left in the woods where the assault took place, the thugs departing with the cult leader's failure to show.

During this assault, all of the selves except Mother stayed in the "space in-between." At this point, a large hand, accompanied by "so much light and brightness" that was "not hurtful to the eyes" penetrated the dusky region. This, Joan said, was God's hand taking hold of the hand of Kristina, one of Joan's selves. Kristina-2, a new self, then separated from Kristina and continued to hold onto God's hand as God and Kristina-2 went into the white light. Here again the experience is reminiscent of "the hand of God" reaching for NDErs who are not known to have MPD (Morse and Perry, 1990).

God then asked, "Are you all right?", making eye contact with Mother, who is Joan's Higher Self or Inner Self Helper, the divine part of the individual that is the connection to God. God then told Kristina-2, "We'll be going back soon. You must return; you're not finished." Kristina-2 told me, in a voice, language, and sentence structure quite different from Joan's, that she next saw clouds and palm trees rushing up to her, and then found herself in the body and in control of it. She found a bag of clothes next to the body, and told me they were not *her* clothes; presumably, they were Joan's.

A light, like a "flashlight," appeared ahead of her, leading her out of the woods. Kristina-2 was found walking along a highway by a law enforcement officer and taken to a local hospital. There she had an allergic reaction to a dye she was given for abdominal x-rays and had a seizure and cardiac arrest, which brought all the other selves back into the body from the "space in-between."

To summarize this account, due to previous, copious traumata starting from birth, Joan had split into 70-some selves. She was in contact with her Higher Self ("Mother") as a result of the magnitude of the cumulative abuse (Serdahely, 1992a). All of the selves left the body in anticipation of yet another abusive ritual about to take place, and

while they were in the dusky "space in-between," a new self was created. This new self, Kristina-2, had a light experience much like an NDE, walking hand-in-hand with God in bright, white light and receiving communication from God. Taking control of the physical body, Kristina-2 then had a post-NDE paranormal event in which she followed a light out of unfamiliar woods, reminiscent of the paranormal events that follow NDEs (Grey, 1985; Ring, 1984). Thus while 70-some selves were out-of-body, one self was having an NDE.

Discussion

In a previous article on the similarities between near-death experiences and multiple personality disorder, I concluded that NDEs and MPD may be "variants of the very same experience, variations of the same phenomenological pattern" (Serdahely, 1992b, p. 37). That phenomenological pattern can now be identified as dissociation (Ring, 1992). Both Kay and Joan dissociated in part by means of their respective out-of-body and near-death experiences.

Deena's sensation, described above, of filling up the body on the return from an OBE is not new to students of near-death research. But what may be new is the opposite experience of leaving the body, as described above by Kay. Kay's dissociation from her incompetently anesthetized body began with the "light-consciousness" energy emerging from every cell and coalescing in her heart. Her dissociation continued as the cloudy substance of "light-consciousness" that was Kay left her physical body through the top of her head, and finally as she merged with her Higher Self. At that point, Kay believed she was all of who she is, that is, "all me."

Deena's experience has relevance also with respect to Joan's dissociation, which included an OBE and an NDE: Deena had endured 12 years of emotional and physical abuse, and Joan more than 30 years of abuse. Like a number of my respondents who related NDEs, Joan and her selves dissociated from a body about to be tortured and abused yet another time by the cult. Ring wrote that "an individual [with] a history of childhood abuse and trauma," when faced with trauma or shock later in life, is "more likely . . . spontaneously to 'flip' into" non-ordinary realities (1992, p. 146), which is exactly what happened to Joan and her other selves at the moment of abduction.

Prior to the OBE and NDE described above, Joan had many times before dissociated from the pain inflicted on her by splitting into more than 70 selves. I hypothesize that what is splitting for Joan and for

others who have MPD is the "light-consciousness," that cloudy, white energy of consciousness and intelligence that leaves the body at the inception of an NDE. Joan's "light-consciousness," if you will, split again and again to cope with unthinkable atrocities and inconceivable tortures. This splitting allowed at least some of the selves to dissociate from the events that caused the split.

Joan's dissociation left the selves in a "void" with a strong determination never to come back to that tortured physical body. The void has been described by near-death experiencers (Morse and Perry, 1990), and Sandra Ingerman (1991) wrote about going on shamanic journeys into a void to retrieve soul parts. Stephen Levine (1984) referred to a "mezzanine" where the consciousness of people in comas may go, a place between ordinary reality and the light. Fourteen NDErs interviewed by Michael Sabom described entering a "dark region or void" (1982, pp. 41-43).

Another of my respondents described a place that sounds quite similar to the void mentioned by these other researchers and by Joan. Diane (a pseudonym) had two NDEs, the first a warm, joyful, and beautiful experience with a loving, wonderful presence in a meadow of unearthly colors. Her second NDE came 12 years later while in a coma; this time there were no colors, only gray, like a gray mist or fog. The loving presence was not in this gray dimension, but deceased relatives and other persons were. Diane believed she was in this grayness for a couple of days, the duration of her coma. She said this grayness was like a "plateau," a place to wait until it was her time to die, to wait to move on to the "environment of colors" or the light. Likewise, Joan and her selves were waiting in the "space in-between" or the void for the other side to open up; they were waiting for their time to die and enter the light.

Joan's dissociation with respect to her OBE and NDE was further evidenced by her contact with her Higher Self or Inner Self Helper, Mother. Unlike Kay, Joan did not merge with her Higher Self, but remained separate. Being separate from Mother allowed Mother to protect and to provide loving help for Joan's many selves. The separation and contact between Joan and Mother seems to be an indication of the need for loving help from the other side (Serdahely, 1992a).

Joan and her selves remained in the dark void, whereas Kay, having merged with her Higher Self while in a "clear" tunnel that kept her from the surrounding darkness, traveled on to the dimension of the white light. After Kay's return to her physical body, she said, her Higher Self most likely remained in the nonordinary reality somewhere above her body. Kay's return to her physical body as "light-

consciousness" without her Higher Self suggests a *reassociation* with her body following its dissociation.

In a letter, Joan summarized what dissociation was like for her as someone who has MPD. Her "dissociative process," as she called it, has the following steps:

1. "daydreaming—whole self present";
2. integrated with some or many of the selves;
3. "space sharing" with another self, where two selves simultaneously control the body;
4. "watching, listening, and *feeling*" while in the body but with another self in control of the body; co-consciousness with other selves;
5. no co-consciousness with other selves; only the Higher Self is able to contact Joan;
6. out of body, going to the "space in-between" or to the void; and
7. "contact with [the] other side," with the light.

Joan's "dissociative process" is similar to what Harris described as her "dissociating" (Mauro, 1992, p. 81).

At the time of this writing, Joan has now blended or integrated her selves to a considerable extent, with Joan, the birth personality, in control of the physical body. The integration can be seen as the opposite of dissociation, that is, a willingness or capacity to *associate* with the physical body, even though that may be painful at times.

Summary

Some of the literature on multiple personality disorder has indicated that dissociation may be used to cope with pain (Ross, 1989). And some of the near-death literature has suggested that the out-of-body stage of an NDE provides the experiencer with relief from pain (Moody and Perry, 1988; Serdahely and Walker, 1990). Ring and Rosing (1990) have implied, and Ring (1992) and Harris (Mauro, 1992) have each proposed, that the NDE and the OBE are ways to dissociate. I suggest that the OBE is one stage of a continuum of dissociation from a physical body.

As mentioned above, NDErs find relief from pain by having an OBE, and their pain returns when they return to their painful body. Hence the various degrees of dissociation may be thought of as increasing the distance from a painful body, that is, of dissociating from the painful

body. The antithesis of dissociation then is *association*, being able to associate with a physical body, the end point of which is being totally centered in the body.

The cases of Kay and Joan corroborate the supposition that NDEs and OBEs are part of the process of dissociation. These two experiencers dissociated from a physical body that was, in Joan's case, too physically and/or emotionally painful to be in, and in Kay's case, too physiologically close to death to sustain life.

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The Near-Death Experience as a Dissociative Phenomenon: An Empirical Assessment

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ABSTRACT: Many commentators, particularly those working in a psychiatric framework, interpret the near-death experience as a dissociative phenomenon. The present study sought to assess the hypothesis that near-death experiencers are characterized by a dissociative response style engendered by severely traumatic childhood experiences. A postal survey of 121 Australian university students failed to identify a dissociative response style in experiencers, but these people did evidence a distinctive history of traumatic events in childhood. An attempt is made to reconcile these seemingly paradoxical findings.

In much of the psychiatric literature the near-death experience (NDE) is interpreted as an instance of dissociation. The purpose of this paper is to examine this view and to subject it to empirical investigation.

Some preliminary remarks on the nature of dissociation are appropriate. In the usual course of everyday life processes such as thoughts, memories, feelings, and sense of identity are relatively integrated. A particular train of thought, for example, may rekindle a distant memory that in turn may evoke various emotional reactions and may reaffirm the roots of the person we are. Dissociation may be defined as a structured separation of such mental processes (Spiegel and Cardena,

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1991). That is, feelings may be separated or "dissociated" from memories of specific incidents, and some memories may be kept separate or "repressed" from the flow of conscious thought. In pathological forms of dissociation such as multiple personality disorder, different clusters of memories and feelings may be maintained as separate "identities" within the one individual.

Although these processes lie at the heart of the so-called dissociative disorders (American Psychiatric Association, 1987), dissociation in itself is not pathological. Dissociative experiences are common in the general population (Ross, Joshi, and Currie, 1990). The capacity for dissociation evidently develops spontaneously in childhood as a normal process intrinsically associated with fantasy and imaginative ability (Putnam, 1991). Thus, young children commonly exhibit intense absorption in an activity, rapid attentional shifts, forgetfulness, and a capacity to take on another identity during play. Dissociative experiences in adolescence, however, tend to be transient and their incidence declines markedly between early adolescence and early adulthood (Ross, 1989). In normal adulthood, dissociative experiences are increasingly infrequent, their distribution across age being markedly skewed in the positive direction (Ross, Joshi, and Currie, 1990).

Some young children apparently capitalize on their heightened dissociative ability as the basis of a psychological coping mechanism. A rapidly expanding body of data (e.g., Sanders and Giolas, 1991) suggests that extraordinary childhood trauma is responsible for inducing this defensive use of dissociative processes. According to Spiegel (1986), although dissociation initially is used at the time of the trauma as a defense against (or attempt to adapt to) the associated pain and the sense of extreme vulnerability, the dissociative response subsequently becomes relied upon increasingly as a defense mechanism. In very general terms this course of development is construed as the origin of the dissociative disorders, in which the individual's mental processes become habitually fragmented. But the incidence of dissociative phenomena in otherwise normal adults is generally taken as an indication that many people develop a dissociative coping style without reaching the point where they fulfill the criteria for the diagnosis of a dissociative disorder.

The NDE frequently is spoken of, and even defined, as an instance of dissociation (e.g., Spiegel and Cardena, 1991). Indeed, Serdahely (1992) recently has proposed that the NDE and multiple personality disorder are variants of the same phenomenological pattern. More typically this depiction of the NDE has been presented in terms of the concept of depersonalization, a psychiatric symptom that entails an altered sense

of self. Among near-death researchers the first influential writer to adopt this approach was Russell Noyes. Particularly in his early writings Noyes (e.g., Noyes and Kletti, 1976) identified the NDE with depersonalization almost as a matter of definition, although he did support that definition by noting parallels between some phenomenological elements of the NDE and previously identified symptoms in depersonalized patients (e.g., Slater and Roth, 1969).

At the heart of the sense of self, however, is an awareness of one's identity. It is arguable that in phenomenological terms, a person having an NDE does not have an altered sense of identity. On the contrary, many near-death experiencers (NDErs) report that their impression of their self identity during the NDE was particularly lucid. What is altered in the NDE is the individual's association of self identity with their physical body, or more precisely, with current bodily sensations. In a life-threatening situation these sensations commonly would include anxiety symptoms and physical pain. During the NDE the experiencer is seemingly oblivious to such sensations. Indeed, the NDEr is oblivious also to the diverse somaesthetic and kinesthetic sensations that normally serve to remind one that phenomenologically speaking, the self is "in" the body. In psychiatric terminology these symptoms are most aptly described as dissociation rather than simply as depersonalization. From this perspective, sense of identity and mental imagery appear to be dissociated from physical sensations and (the physical concomitants of) emotions. In any event it is fair to say that a number of researchers working in a psychiatric framework, including those who prefer the terminology of depersonalization, essentially are interpreting the NDE as a dissociative phenomenon.

Under the dissociation model it might be predicted that many NDErs are characterized by a dissociative coping style. In other words, NDErs may react to threatening circumstances with dissociative behavior because they were prompted to develop such a coping style in childhood. Little attention seems to have been devoted to a direct empirical assessment of this hypothesis. The recent study by Kenneth Ring and Christopher Rosing (1990) nevertheless is most pertinent. A comparison between NDErs and control participants was undertaken on an inventory of items concerning childhood abuse and trauma. Ring and Rosing reported a significant difference between the groups on all dimensions surveyed, namely physical abuse, psychological abuse, sexual abuse, neglect, and negative home atmosphere. These researchers interpret their data to imply that as a result of a history of childhood abuse, NDErs develop a "dissociative response style" (p. 231), enabling them to "tune into" alternate, nonordinary realities (p. 232).

Although Ring and Rosing's notion of the nonordinary reality of an NDE is a moot inference, their findings do offer a degree of support for the dissociation approach to NDEs. There are, however, some limitations to their study. One problem is that the surveyed dimensions of childhood trauma may well be intercorrelated. Although Ring and Rosing acknowledged this point, they did not utilize a statistical procedure such as discriminant analysis to overcome the problem, apparently opting instead for a series of univariate tests. It is possible, therefore, that their two groups in effect did not differ on all aspects of trauma. By way of illustration, if "neglect" is a common element in many other childhood traumas, the groups may differ on this factor but not on other factors once the contribution of neglect has been partialled out. A second limitation of the study is that it surveyed a comparatively limited range of childhood trauma. Use of a broader index of trauma not only would offer the opportunity for a constructive replication of Ring and Rosing's findings, but also might reveal other categories of trauma that have a bearing on NDEs' alleged dissociative coping style. Additionally, there is scope for undertaking a direct test of the dissociation hypothesis by assessing NDEs' relative proneness to dissociative experiences.

In seeking to address these limitations of the previous research the present study sought to assess further a dissociation approach to the NDE.

Method

Participants

The study was undertaken as part of a larger postal questionnaire survey of adults enrolled in an off-campus Introductory Psychology course taught through the University of New England in Australia. Students in this course generally are of mature age; most are in paid employment, some are homemakers. This group thus may be deemed to be more similar to the general population than are typical undergraduate psychology students.

Survey forms were mailed to the 152 members of the class. Completed forms were returned by 121 people, a participation rate of 80 percent. The net sample comprised 32 men and 89 women, ranging in age from 19 to 72 years (mean = 37.1, median = 36).

Materials

The survey inventory included three questionnaires. One was a brief form requesting details of gender and age, and asking if the respondent had had an NDE, that is, a transcendent state of consciousness or awareness experienced under life-threatening circumstances. The other two questionnaires related to dissociation and to childhood trauma.

The measure of proneness to dissociation was Kevin Riley's (1988) Questionnaire of Experiences of Dissociation (QED). The QED comprises 26 dichotomous (true/false) items tapping experiences of dissociative phenomena. Scores thus may range from 0 to 26, with higher scores signifying a greater range of dissociative experiences acknowledged by the respondent. The QED has been standardized on normal samples. The scale's reliability is satisfactory, and the measure has been validated both through application to clinical samples with dissociative disorders (Riley, 1988) and by factor analytic comparison to another similar measure (Ray, June, Turaj, and Lundy, 1992).

Childhood trauma was indexed by the Survey of Traumatic Childhood Events (STCE) (Council and Edwards, 1987). The 30 items of the STCE tap childhood trauma of eleven types: intrafamilial sexual abuse, extrafamilial sexual abuse, intrafamilial physical abuse, loss related to a friend, loss related to the family, isolation, personal illness or accident, parental divorce/separation and abortion/miscarriage, assault, loss of the home, and robbery. Responses are made on a five-point scale (1 = "none", to 5 = "more than ten"). For each of the eleven subscales a score is computed by summation across items, with high scores attesting to a high incidence of the given class of childhood trauma. No psychometric data for the STCE are yet available.

Procedure

An informed consent form was attached to the front of the inventory mailed to potential participants. This sheet explained the objective of the study, drawing attention to the personal nature of items in the STCE and stressing that participation was voluntary and confidential. An appeal was made to participants to respond as spontaneously and openly as possible.

Participants returned their completed questionnaires in a stamped envelope supplied by the researcher. A substantial majority of

inventories were returned within a few weeks of the original distribution, but occasional returns still were being received some three months later. At the latter date a decision was made to regard the process of data collection as complete, and statistical analysis then was undertaken.

Results

For the purpose of statistical analysis, participants were allocated to one of two groups on the basis of their response to the item about a past NDE. Ten students responded affirmatively to this question; they were designated as NDErs. The remaining 111 participants served as a control group. The incidence of NDErs in the sample thus was 8 percent, a result comparable to findings of previous research (Locke and Shontz, 1983). It may be noted that all NDErs in the sample had encountered their experience at the age of 18 years or older; that is, the NDE did not occur in childhood and thus its circumstances can not be regarded as one of the childhood trauma indexed by the STCE.

Mean scores on each of the research measures are given for each group in Table 1.

Table 1
Mean Scores of each Group on Measures of Dissociation (QED) and Childhood Trauma (STCE)

<i>Scale</i>	<i>NDErs</i> (<i>n</i> = 10)	<i>Controls</i> (<i>n</i> = 111)
QED	10.40	8.96
STCE scales		
Intrafamilial sexual abuse	3.10	3.87
Intrafamilial physical abuse	17.30	15.46
Loss related to friend	4.20	3.45
Extrafamilial sexual abuse	6.20	4.42
Loss related to family	3.90	4.79
Isolation	2.90	2.60
Personal illness or accident	2.60	2.60
Parental divorce or separation; abortion or miscarriage	2.40	2.47
Assault	4.10	2.63
Loss of home	5.30	4.64
Robbery	1.00	1.05

Although the mean QED score for NDErs was slightly higher than that for the control participants, the difference between groups was not significant ($t = 0.96$, $df = 119$). That is, there is no evidence here that NDErs as a group are especially prone to dissociation.

A discriminant function analysis was performed using the eleven subscales of the STCE as predictors of membership in the two groups. The discriminant function was highly significant ($\chi^2 = 27.24$, $df = 10$, $p < .005$). Dimensions of childhood trauma contributing substantially to the prediction of group membership were assault (canonical loading = .65), extrafamilial sexual abuse (.41), and loss related to a friend (.37).

Discussion

The lack of any evident difference between NDErs and others in proneness to dissociation is an interesting result. It suggests that experiencers are not habitually inclined to use a dissociative response style. In this respect the findings do not offer support for Ring and Rosing's (1990) interpretations of their data, nor indeed for the claim of Serdahely (1992) that the NDE and multiple personality disorder are variants of the same phenomenological pattern. This result does warrant replication in a larger sample of NDErs, but given that for my sample the value of t was less than 1, the prospects for establishing a significant relationship seem remote.

At the same time the data clearly support the broad findings of Ring and Rosing (1990), that NDErs as a group tend to have had a relatively traumatic childhood. Because the trauma indexed by the STCE occurred before the NDE, the higher level of traumatic events in the NDErs' childhood is not a mere confound of the circumstances of the NDE itself. The results of the discriminant function analysis therefore attest to a significant developmental difference between experiencers and nonexperiencers.

Contrary to the findings of Ring and Rosing, however, the data suggest that some traumatic events are much more important than others in discriminating between the two groups of people. The factors contributing most strongly to the discrimination were assault by a stranger, extrafamilial sexual abuse, and separation by injury, illness, or death from a close personal friend. One possibly cogent characteristic of these specific types of traumatic event is their episodic and unpredictable nature. Some of the factors that did not contribute to the discriminant function, on the other hand, commonly tend to be persistent

and relatively predictable in the life of the traumatized child, such as intrafamilial sexual abuse, intrafamilial physical abuse, and living in isolation.

This characteristic of the discriminating trauma in NDErs' childhood suggests a means of reconciling the STCE results with those for the QED. It is possible that childhood events encountered by NDErs in fact do not induce a general dissociative defense style that is used whenever the person has difficulty in coping with prevailing circumstances. Rather, severe and unpredictable episodic trauma may engender a tendency to use a dissociative response in specific situations marked by a highly stressful but *unforeseen* threat. In other words, the dissociative defense may be relatively situation-specific. This version of the dissociation model would account for the occurrence of an NDE when such an individual is in a life-threatening context and for the paradoxically "normal" level of dissociative behavior in most other settings. Perhaps other researchers will be able to replicate my findings and extend my speculations through a detailed formulation of a dissociation model of the NDE.

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The Near-Death Experience: A Theoretical Summarization

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ABSTRACT: This article (a) outlines a systematic theory of the near-death experience (NDE) based on accumulated research; (b) formulates 23 propositions that describe the NDE developmental process and illustrates these propositions and their relationship to one another; and (c) discusses observations on the sequence of events for the NDE and its aftermath and illustrates a proposed model of causal relationships for the NDE.

Since 1975 scholars in the field of near-death studies have produced research studies and grand theories to explain the near-death experience (NDE). More explanations have been proposed than have been adequately tested. No less than 100 publications have been concerned with explanations for the NDE and rebuttals to these explanations. Many of these theories have been quite controversial. What seems to be needed in the field of near-death studies is a comprehensive theory of the NDE. Such a theory should be based on the accumulated research in the field over the past 18 years, and could help resolve the debate over an explanation for the NDE.

Modern research on the NDE began when psychiatrist Raymond Moody collected more than 150 accounts of the NDE. He identified 15 elements that often recurred in these accounts: a sense of ineffability, pronouncements of death, feelings of peace, a buzzing or ringing noise,

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moving through a dark void or tunnel, separation from the physical body, meeting others, an encounter with a being of light, a panoramic life review, an approach to a border or limit, return to the physical body, telling others of the experience, lasting effects on lives, new views on death, and subsequent corroboration of the experience (Moody, 1975). He followed this study with a later publication adding the new NDE components of the vision of knowledge, cities of light, a realm of bewildered spirits, and supernatural rescues (1977).

Maurice Rawlings (1978) reported that more than 20 percent of the patients he resuscitated described NDEs. He reported a composite experience including a sense of hovering above the body, acute perceptions, moving through a tunnel, a realm of light, encountering others, a being of light, life review, judgment, and a boundary. He also reported some hellish NDEs.

Michael Sabom and Sarah Kreutziger (1978) found 61 NDEs in 100 patients who had been unconscious and near death. Sixteen patients viewed their bodies from a detached position, which they called auto-scropy; 31 experienced passage of consciousness into a foreign dimension, which they called transcendence; and 13 experienced both auto-scropy and transcendence. I examined 11 accounts of Mormon NDEs, nine of them occurring before 1923 (Lundahl, 1979, 1982). All the subjects experienced Moody's common elements except ineffability, the noise, the border or limit, and vision of knowledge.

Kenneth Ring (1979, 1980, 1984) surveyed 102 near-death survivors, half of whom reported experiences containing NDE elements. Of those who had NDEs, 60 percent experienced peace, 37 percent experienced separation from the body, 23 percent experienced entering the darkness, 16 percent experienced seeing the light, and 10 percent experienced entering the light. These NDErs often reported a decision point of return that tended to follow a life review and an encounter with a presence or meeting with loved ones. Ring found that the incidence and depth of the experiences were greatest for illness victims, moderate for accident victims, and lowest for suicide attempters. He found no correlations between the likelihood and depth of NDEs and various demographic measures, and his data largely confirmed Moody's findings.

James Lindley, Sethyn Bryan, and Bob Conley (1981) analyzed 49 NDErs' accounts and reported that 75 percent reported a sense of peace; 71 percent, an out-of-body experience; 38 percent, a tunnel or void; 56 percent, the light; and 35 percent, a paradisaical setting. Timothy Green and Penelope Friedman (1981) reported a study of 50 NDEs in which 70 percent described a sense of peace; 66 percent, an out-of-

body experience; 32 percent, a tunnel or dark area; 62 percent, seeing the light; and 18 percent, entering the light.

Pollster George Gallup (Gallup and Proctor, 1982) found in a national survey of NDEs that 11 percent of NDErs reported experiencing a sense of peace; 11 percent, a life review; 11 percent, a sense of being in a different world; 9 percent, an out-of-body sensation; 8 percent, acute visual perception of surroundings; 8 percent, the presence of a special being or beings; 6 percent, audible sounds of human voices; 5 percent, the light; 3 percent, a tunnel; 2 percent, premonitions; and 1 percent, a sense of hell or torment.

Sabom (1982) determined through an analysis of 61 nonsurgical NDE cases that the NDE content consisted of 10 elements: a sense of being dead (92 percent), a sense of peace (100 percent), separation from the body (100 percent), autoscopy (53 percent), a dark region or void (23 percent), a life review (3 percent), entering a transcendent realm (54 percent), encountering others (48 percent), the light (28 percent), and the return to the body (100 percent).

Ring and Stephen Franklin (1981-82) surveyed 17 suicide survivors, who reported they experienced all of the various elements commonly found in accounts of NDEs. Paola Giovetti (1982) studied 120 Italian accounts of NDEs and other deathbed phenomena, and found 46 included appearances of deceased relatives or friends; 29, out-of-body experiences; 21, heavenly landscapes or realms; 17, the perception of a barrier or limit; and 11, phenomena such as lights, raps, voices, and apparitions.

Margot Grey (1985) assessed the NDE reports of 32 English and nine American subjects and found that 38 of the respondents described events that fell within one or more categories of Ring's core experience model. Most of her subjects reported a sense of joy and separation from the body, while decreasing numbers described the deeper stages of entering the darkness, seeing the light, and experiencing another world. An eighth of her sample reported hellish experiences.

Nancy Bush (1983) reported that the experiences most often found in 17 accounts of NDEs of children were the light, a sense of well-being, separation from the body, entering the darkness or tunnel, peace, absence of fear, and spiritual presences. She reported that except for the lack of a life review and any sense of being judged, the features of children's NDEs were comparable in content to those reported by adults.

Melvin Morse, Paul Castillo, David Venecia, Jerrold Milstein, and Donald Tyler (1986) reported on seven childhood NDEs. Six of these children experienced being out of the body; 5, entering the darkness;

4, being in a tunnel; and 3, deciding to return. William Serdahely (1990) reported research suggesting that childhood NDEs include feeling pain-free, seeing a light at the tunnel's end, entering the light, and time alteration. His cases also suggested that the life review may be a function of chronological age.

This review indicates that there is now enough research in the field of near-death studies on which to build a systematic theory of the NDE. Such a theory should address who has an NDE and why, what is the content of the NDE, and what influences the NDE. This article is a step toward development of such a systematic theory of the NDE based on accumulated research. This theory is intended to deal with the NDE as a process rather than as a series of independent and measurable variables.

Propositions for a Theory of Near-Death Experiences

A theory is used to systematize and organize experiences like the NDE. A good theory should organize what we know from prior research as well as generate propositions that can be tested in future research. Any theory consists of a set of propositions that are developed to describe a relationship between variables and explain a certain phenomenon. Below are developed a number of propositions that describe the variables of the NDE and the NDE process itself.

The first proposition that might be considered the necessary condition for, or barrier to beginning, the NDE process:

Proposition 1: The likelihood that an individual will come close to death is increased by a serious illness, serious accident, or suicide attempt.

The three major modes of near-death onset in Proposition 1, a serious illness, a serious accident, or a suicide attempt, may bring people close to death. Although some researchers, such as Moody (1977) and Gallup (Gallup and Proctor, 1982), have suggested several possible modes of near-death onset, those modes that are appropriate in light of research have been subsumed under the abovementioned three major modes.

The second proposition might be considered a necessary condition for an NDE:

Proposition 2: A closeness to death makes possible, and is a precondition for, a near-death experience.

This proposition is based on Morse's work (Morse and Perry, 1990) showing that a person actually needs to be near death to have an NDE. Reports of NDEs by other researchers have generally been of individuals who were near death. However, some studies of adult NDErs have suggested that NDEs may be as common among people who think they are near death as they are among people who actually are near death (Greyson, 1989). Further research may offer firmer evidence for this observation. Research also shows that demographic variables do not influence the likelihood of having an NDE or, for that matter, the depth of an NDE. In other words, closeness to death is a precondition to having an NDE.

Another factor that has been proposed as an early perpetuator of the NDE is unconsciousness (Sabom, 1982):

Proposition 3: The likelihood of an NDE increases as unconsciousness is prolonged.

Duration of unconsciousness affects the incidence of NDEs: the NDE may either be perpetuated or reduced by prolonged or shortened unconsciousness.

NDE incidence is greatest for illness victims, moderate for accident victims, and lowest for those who attempt suicide (Ring, 1980). Thus, keeping in mind that the discussion so far is only on the period before the NDE begins:

Proposition 4: The incidence of an NDE is greatest for illness victims, moderate for accident victims, and less for suicide attempters.

If a person is close to death, it is possible he or she may have an NDE. According to Gallup's national survey (Gallup and Proctor, 1982), about 35 percent of all people who have a verge-of-death or temporary death experience have an NDE.

The NDE usually begins with a feeling of peace and/or well-being as well as with a loss of pain. An experience of peace was described by 100 percent of Sabom's subjects (1982), 74 percent of the subjects in Lindley, Bryan, and Conley's study (1981), 70 percent in Green and Friedman's study (1983), 60 percent of Ring's subjects (1979, 1980), and 11 percent of the Gallup Poll national sample (Gallup and Proctor, 1982). These findings are reflected in Proposition 5:

Proposition 5: The likelihood that the individual close to death will experience a feeling of peace and well-being and of painlessness is increased by having an NDE.

Once the NDE has begun, a barrier to communication may be confronted. Efforts to resuscitate the NDEr may terminate the NDE. It is probably because of current medical technology allowing quick resuscitation of patients that many NDErs do not proceed to deeper levels of the experience. Proposition 6 addresses resuscitation efforts and the development of the NDE:

Proposition 6: The likelihood that an NDE will be terminated before reaching deeper experience stages increases with efforts to resuscitate the NDEr.

As the NDE continues, research generally suggests the next stage is a separation from the physical body. Bodily separation was described by 100 percent of Sabom's subjects (1982), 71 percent of the subjects in Lindley, Bryan, and Conley's study (1981), 66 percent of Green and Friedman's subjects (1983), 37 percent of Ring's subjects (1979, 1980), and 9 percent of the Gallup Poll national sample (Gallup and Proctor, 1982). Proposition 7 summarizes this stage of the NDE:

Proposition 7: The likelihood that an NDEr will separate from the physical body increases as the NDE progresses to a deeper experience level.

Generally, once NDErs see and recognize their physical bodies from an out-of-body vantage point, they sense being dead. However, this feeling does not necessarily have to occur after seeing one's body. Sabom (1982) reported that 92 percent of his subjects experienced a sense of being dead, and other researchers also discussed this phase of the NDE (Moody, 1988; Ring, 1980). Proposition 8 addresses this next phase of the NDE:

Proposition 8: The likelihood that an NDEr will have a sense of being dead increases as the NDE progresses to a deeper experience level.

Prolonged unconsciousness perpetuates the NDE and facilitates its progression to deeper levels. The NDE is also progressed to deeper experience levels by occurrence of an apparent clinical death and by the prolongation of that clinical death, observations made by Moody (1975). The following propositions describe the perpetuation of an NDE and its progression to deeper levels:

Proposition 9: The likelihood that an NDE will progress beyond a minimal experience increases as unconsciousness is prolonged.

Proposition 10: The likelihood that an NDE will progress to deeper experience levels is increased by the NDEr undergoing an apparent clinical death.

Proposition 11: The likelihood that an NDE will progress to deeper experience levels is increased with the duration of apparent clinical death.

Research findings suggest that as NDErs move into a moderately deep experience, they may enter a darkness, often described as a dark tunnel or void. Entering such a dark space was described by 38 percent of subjects in Lindley, Bryan, and Conley's study (1981), 32 percent Green and Friedman's subjects (1983), 23 percent of Ring's subjects (1979, 1980), 23 percent of Sabom's subjects (1982), and 3 percent of the Gallup Poll national sample (Gallup and Proctor, 1982). Proposition 12 summarizes this stage of the NDE:

Proposition 12: The likelihood that the NDEr will enter a darkness increases as the NDE progresses to a deeper experience level.

This stage of the NDE is followed by seeing a light. Sixty-two percent of Green and Friedman's subjects (1983) described seeing the light, as did 56 percent of the subjects in Lindley, Bryan, and Conley's study (1981), 28 percent of Sabom's subjects (1982), 16 percent of Ring's subjects (1979, 1980), and 5 percent of the Gallup Poll national sample (Gallup and Proctor, 1982). Proposition 13 summarizes this stage of the NDE:

Proposition 13: The likelihood that the NDEr will see the light increases as the NDE progresses to a deeper experience level.

As noted above, Ring (1980) found in his research that the depth of an NDE was greatest for illness victims, moderate for accident victims, and lowest for suicide attempters. Ring also reported that suicide-related NDEs in his study never reached the stages of seeing the light and entering the light. Proposition 14 summarizes this finding:

Proposition 14: The likelihood of having an experience beyond a minimal NDE is reduced by attempting suicide.

As the NDE progresses to a deeper experience level, the NDEr is likely to enter another world and encounter a being of light, a presence, and/or other beings. Entering another realm or world was

described by 54 percent of Sabom's subjects (1982), 39 percent of subjects in Lindley, Bryan, and Conley's study (1981), 18 percent of subjects in Green and Friedman's study (1983), 11 percent of the Gallup Poll national sample (Gallup and Proctor, 1982), and 10 percent of Ring's subjects (1979, 1980). Proposition 15 addresses this stage of the NDE:

Proposition 15: The likelihood that the NDEr will enter another world increases as the NDE progresses to a deeper experience level.

Once NDErs are in this new environment, they usually encounter a being of light, a presence, or other beings. Sabom (1982) found that 48 percent of his subjects reported encountering others, and the Gallup Poll found that 8 percent of a national sample reported the presence of a special being or beings (Gallup and Proctor, 1982). If the NDEr encounters a presence or being of light, he or she will probably experience a life review. In the Gallup Poll, 11 percent of a national sample experienced a life review (Gallup and Proctor, 1982), as did 3 percent of Sabom's subjects (1982). Propositions 16 and 17 summarize this phase of the NDE:

Proposition 16: The likelihood that the NDEr will encounter a being of light, a presence, and/or other beings increases as the NDE progresses to a deeper experience level.

Proposition 17: The likelihood of experiencing a life review increases if an NDEr encounters a being of light or a presence.

At any time during the NDE, the experience may be terminated because of an alternative to death, that is, an opportunity to return to life. This often happens when the NDEr is asked if he or she would like to return to life following the life review, but may actually occur at any time during an NDE. Proposition 18 summarizes this barrier to continuation of the NDE:

Proposition 18: An alternative to death may arise at any phase of the NDE. The likelihood that the NDE will be terminated increases with the attractiveness to the NDEr of the alternative to death.

As Ring (1980) found, if the NDEr undergoes a serious accident, he or she is less likely to experience a deep NDE than an NDEr who undergoes a serious illness. This finding is reflected in Proposition 19:

Proposition 19: The likelihood that an individual will experience a deep NDE is reduced by having a serious accident.

Furthermore, the more an NDE progresses to a deeper experience level, the more likely it will be terminated. This obvious observation is supported by research reports, and is reflected in Proposition 20:

Proposition 20: The likelihood that an NDE will be terminated increases as the NDE progresses to a deeper experience level.

Once NDErs have encountered a presence, a being of light, or other beings, or undergone a life review, they are often asked to decide whether to return to life, or are told to return to life. When NDErs are given the option of returning to life, they usually decide to return to the body, or if reluctant to do so, are soon persuaded to return. It is a certainty that when NDErs are told to return to life, they do so. This brings us to the final three propositions:

Proposition 21: The likelihood of being asked to decide whether to return to life or of being told to return to life increases if an NDEr encounters a being of light, a presence, or other beings, or experiences a life review.

Proposition 22: The likelihood of returning to the body increases if the NDEr is asked to decide whether to return to life.

Proposition 23: Return to the body is a certainty if the NDEr is told to return to life.

These 23 propositions constitute the basis for a propositional and systematic theory of the NDE based on the accumulated research in the field of near-death studies. These various propositions are incorporated into a developmental process of the NDE shown in Figure 1.

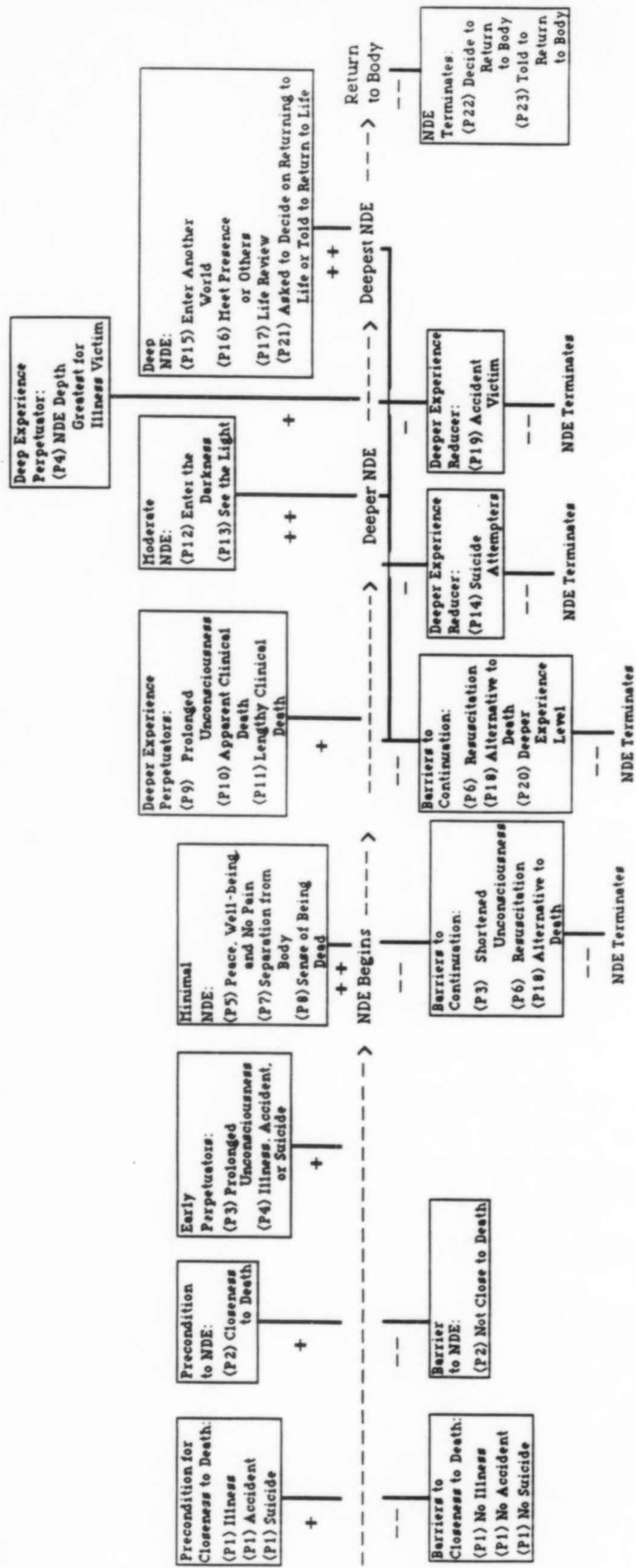
A General Story of the Near-Death Experience

A good theory tells a general story of humanity and, therefore, a theory of the NDE should closely parallel the way people actually experience an NDE. To provide a better understanding of the 23 propositions of this NDE theory, let us consider them in light of a brief story of a hypothetical NDE:

Mary is seriously ill from kidney failure and multiple associated complications (Proposition 1). She is dying from her illness (Proposition 2) and as she reaches the greatest distress she loses consciousness (Propositions 3 and 4).

She begins to feel a sense of peace and well-being, and notices that she no longer feels any pain (Proposition 5). Suddenly, she finds herself separated from her body and in the air above it (Proposition 7), looking down at her physician and two nurses working to resuscitate

Figure 1
The Near-Death Experience Developmental Process



Symbol Chart:

- - - - -> Direction of NDE Developmental Process
- Influence Line
- + Positive Influence on NDE
- ++ NDE Phases
- - Negative Influence on NDE
- - - Terminal Influence on NDE

her (Proposition 6). At this point, she begins to realize she is dead but she still has a body, acute vision and hearing, and a clear and alert mental state (Proposition 8).

After 10 minutes she still remains unconscious (Proposition 9) and she is pronounced dead (Propositions 10 and 11). She then enters a dark space (Proposition 12), at the end of which she sees a brilliant light (Proposition 13). Upon entering this light (Proposition 14), she finds herself in another world of preternatural beauty (Proposition 15).

She now meets a being of light (Proposition 16) who takes her through a life review and helps her put all the events of her life in perspective (Proposition 17). The life review is a full color, three-dimensional, panoramic review of every single thing Mary has done in her life, in what seems to be an instant. She perceives the effects of all her actions upon the people in her life.

At this point in her NDE, she considers an alternative to death, and thinks about what it might be like to return to her body (Proposition 18). But Mary, who has been suffering from a serious illness (Proposition 19), continues her deep NDE (Proposition 20).

Eventually, however, Mary is asked by the being of light whether she wants to return to life and she begins to contemplate her responsibilities to her family (Proposition 21). Although she is reluctant to go back, she finally decides to do so (Proposition 22). When her spirit re-enters the body, the pain and suffering return. She eventually recovers from her illness and as a result of her NDE she loses all fear of death and experiences a change in her values, attitudes, and behaviors.

This story could just as easily have been written so that Mary meets her deceased relatives in the other world (Proposition 21), who tell her that she will have to return to life because it is not her time yet, and she returns to her body (Proposition 23). Under these circumstances, Mary may not experience a life review (Proposition 17).

The Sequence of Events in the Near-Death Experience

This propositional theory of the NDE based on accumulated research suggests an association between a sequence of events prior to the NDE and following the NDE. Generally, it can be said that there is a relationship between an NDE and changes in behavior of the NDEr. The aftereffects of the NDE on the experiencer are beyond the scope of these theoretical propositions that explain the NDE developmental process, but they have been discussed extensively in the literature (Lundahl, 1993; Morse and Perry, 1992) and are important to our understanding of events following the NDE. This relationship is asymmetrical in that

having an NDE results in a change in the experiencer's behavior, whereas a change in behavior does not result in an NDE. In other words, an NDE at one point in time seems to cause behavior changes in the experiencer, such as a change in religious behavior (Ring, 1980), at some point in time following the NDE.

This theory also suggests that a serious illness, a serious accident, or a suicide attempt is a necessary but not sufficient condition for the occurrence of an NDE. To experience an NDE an individual must be close to death, as a result of either illness, accident, or attempted suicide. However, not all persons who come close to death have an NDE. The other factors that contribute to having an NDE have not yet been ascertained. I believe, based on some scrutiny of NDE case studies, that other factors necessary for an NDE may be spiritual purposes and the inward spirituality of the NDEr. Together, these combined factors and perhaps other as yet unidentified factors may be sufficient to cause an NDE, but each alone, while necessary, is not sufficient.

This aspect, the cause of the NDE, has been the center of considerable discussion among near-death researchers. Some researchers believe the unknown factors may be neurological, pharmacological, physiological, psychological, or religious in nature. Other researchers see a neurological, pharmacological, physiological, or psychological factor as the sole cause of the NDE, suggesting that a neurological, pharmacological, physiological, or psychological factor is simultaneously both necessary and sufficient for the occurrence of an NDE.

The NDE seems to be the same journey, with different people encountering different segments or stages of a single, common path (Ring, 1980). Research seems to point to ten general steps in this path: peace, bodily separation, sense of being dead, entering the darkness, seeing the light, entering another world, meeting others, life review, deciding to or being told to return to life, and returning to the body. The incidence and depth of the NDE itself are contingent upon the cause of the close brush with death (illness, accident, or suicide attempt) and upon length of unconsciousness. Progression to deeper NDE levels is also contingent upon resuscitation efforts, apparent clinical death and its duration, an alternative to death, and the level of depth of NDE already reached.

As noted above, there is an apparent relationship between the NDE and experiencers' behavior changes. However, this apparent correlation exists because of several other variables intervening between the NDE and the behavior changes, namely, changed values, desires, motives, and thoughts. In other words, the NDE causes changes in values, which in turn cause changes in the NDEr's desires, which in turn

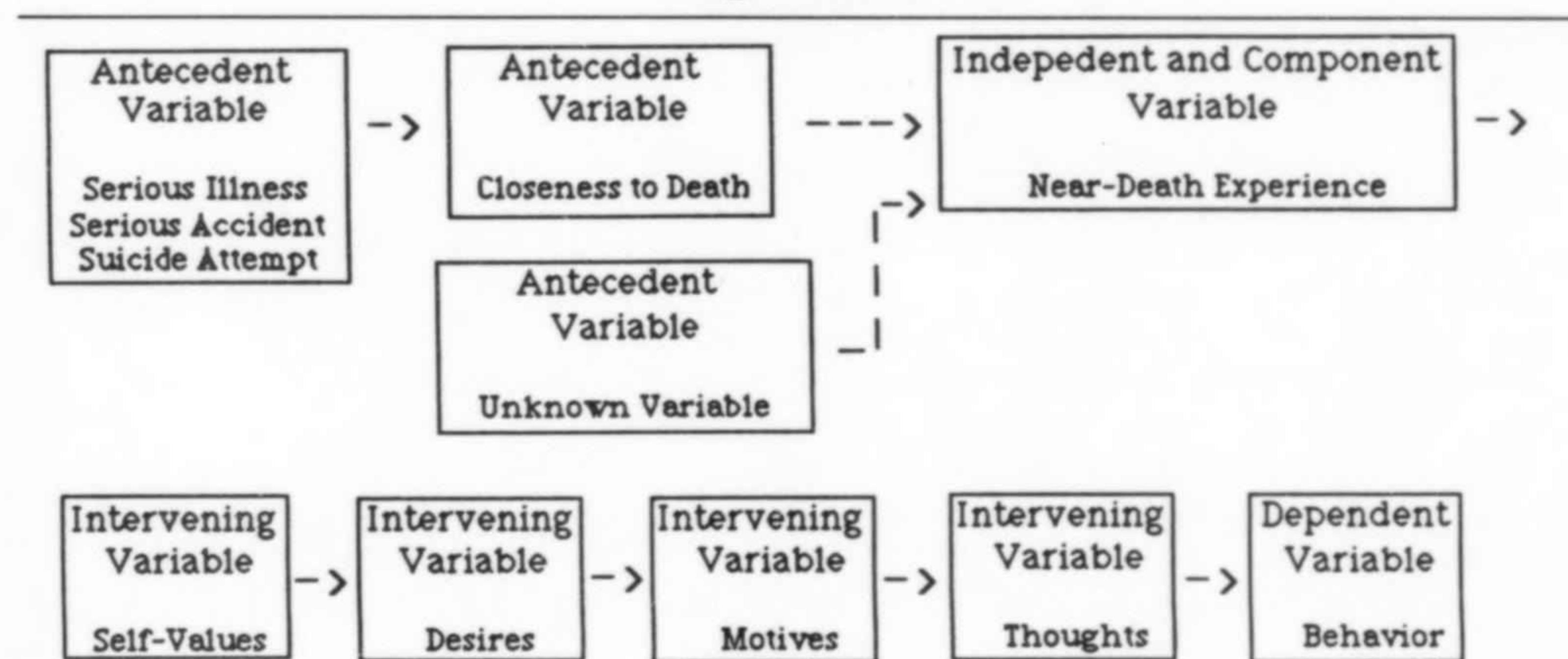
cause changes in the individuals' motives, which in turn cause changes in the experiencers' thoughts, resulting finally in changes in the NDErs' actions or behaviors. Although these behavioral changes are also seen in those who approach death or who have a death experience without experiencing an NDE, the behavioral changes are not as extensive as those of NDErs (Ring, 1980). Morse's study found that changes in behavior were most profound in NDErs who had experiences of light (Morse and Perry, 1992). These research findings suggest that the intervening variables of changed values, desires, motives, and thoughts are sufficient for the occurrence of each of the subsequent variables in the chain, and that they occur every time the preceding variables occur.

Figure 2 presents a proposed model of causal relationships for the NDE that attempts to illustrate these observations on the sequence of events for the NDE.

Conclusion

This article has attempted to take a first step in a systematic theory of the NDE based on accumulated research in the field of near-death studies, and the associations between different variables in the developmental process of the NDE to the behaviors of NDErs. This exercise

Figure 2
A Proposed Model of Causal Relationships for the Near-Death Experience



Symbol Chart:

- - - - -> Direction of Causal Relationships

identifies the need for continuous research on identifying the factors that explain why some people experience an NDE while close to death, while others do not. Future research findings should be included in modifications to this proposed NDE theory and to the proposed causal model.

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BOOK REVIEW

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Final Gifts: Understanding the Special Awareness, Needs, and Communications of the Dying, by Maggie Callanan and Patricia Kelley. New York, NY: Poseidon Press, 1992, 221pp, \$21.00

Probably there is hardly a member of IANDS who has not read Raymond Moody's little gem, *Life After Life* (1975). On the final two pages of that book, Moody responded to a hypothetical objector as to the value of his study of near-death experiences (NDEs): "I can think of no other way to answer this than to point again to the universal human concern with the nature of death. I believe that any light whatever which can be shed on the nature of death is to the good" (pp. 183-184). Surely the deeply felt yet comfortable dialogues of *Final Gifts* are helping raise the blinds to that special light and even opening windows to warm sunshine for those who, as authors Maggie Callanan and Patricia Kelley write, are "able to listen and understand."

Callanan and Kelley are hospice nurses who have, for well over a combined total of twenty-five years, chosen to care for the terminally ill. They are leaders among the growing number of health care professionals who are not only familiar with NDEs and open to their value but, in addition, intimately familiar with *pre-death* experiences of the dying and of *their* value—to caregivers, to the dying themselves, and to all of us as we inevitably share in the event of another's death and of our own.

Joy Risser, Ph.D., completed her doctoral dissertation in education at UCLA on "The Hospice Kind of Care: A Work of Love." Reprint requests should be addressed to Dr. Risser at 13381 Lakota Road, Apple Valley, CA 92308.

The title of Callanan and Kelley's book—*Final Gifts: Understanding the Special Awareness, Needs, and Communications of the Dying*—is a true mirror, a fullblown, foreshadowing description of their helpful and heartfelt narratives regarding dying patients. The authors tell us that after working closely, often over weeks and months, in individual home-care settings with patients who are dying slowly, they have discerned what they have termed "Nearing Death Awareness":

The experience of dying frequently includes glimpses of another world and those waiting in it. Although they provide few details, dying people speak with awe and wonder of the peace and beauty they see in this other place. They tell of talking with, or sensing the presence of, people whom we cannot see—perhaps people they have known and loved. They know, often without being told, that they are dying, and may even tell us when their deaths will occur.

Dying persons' requests are sometimes difficult to decipher. Their recognition of the importance of these needs, along with concern for family and friends, can cause the dying to control the time and circumstances of death until those needs are met. (pp. 22–23)

Callanan and Kelley present in a smooth-flowing and logical order more than 60 one- to four-page accounts portraying patients during their final days and weeks of earthly life, living and sharing this aspect of their Nearing Death Awareness. Each account is a personalized story told in dialogue from the nurse's viewpoint, recounted as by a welcomed friend of the family astutely alert to any agitation or comment that might imply a potential need.

In keeping with their past and present roles in nursing education, Callanan and Kelley build into their graphic stories approaches and reflective thinking that a caregiver or family member might use to pinpoint a patient's need. The following lines are taken from a narrative about Andrea, beginning here with her comment to her husband regarding his father:

"I feel like he's angry at *me* because I might die and leave you stuck to raise these kids alone," she sobbed. "Does he think I would *choose* this to happen?" . . .

Too weak to participate in any of her care, Andrea slept most of the time and had increasing periods of restlessness and confusion. But a clear and insistent phrase in her incoherent ramblings was "We *must* go to the park." I asked Tom what that might mean. I was concerned that her restlessness indicated that something was making her uncomfortable.

"She and Pop used to take the kids to the park all the time," he said. "It's Pop she's waiting for—I'm certain!" . . .

When he saw Andrea, he exploded into sobs, cradling her in his arms. . . .

"Could I stay here tonight?" Pop asked.

"Yes, we'd like that," Tom said.

Andrea died peacefully that evening, in their king-sized bed, surrounded by Tom, her children, and Pop. (pp. 134-135)

In Andrea's case, persistent listening and an open relationship between family and caregiver finally led to the understanding of a special need, a special communication, however "confused" the ramblings. The result was a final gift of peace for each person involved.

A brief section from a narrative about Alan will further illustrate the scope of Callanan and Kelley's sensitivity. "Communication" is used in this case in a different sense; but it points, nevertheless, to another good and perfect gift. Alan was one of those people who believe that "when you're dead, you're dead." He had often told his wife that he was perfectly content simply to know he would live on in her memories. During the final days of his bout with cancer, he lay perfectly still in a coma:

One morning Alan's breathing changed while Margaret and I were with him. He opened his eyes and looked toward the far corner of the room. Smiling as if recognizing someone, he sat up in bed and reached out his arms. He sat that way for a few minutes, then closed his eyes, slowly dropped his arms, lay back, and died. Margaret was awestruck.

"I hoped he'd just stop breathing and die easily, and he did, but this . . ." she said, shaking her head. "It was as if he saw someone, and tried to reach for a hug." . . .

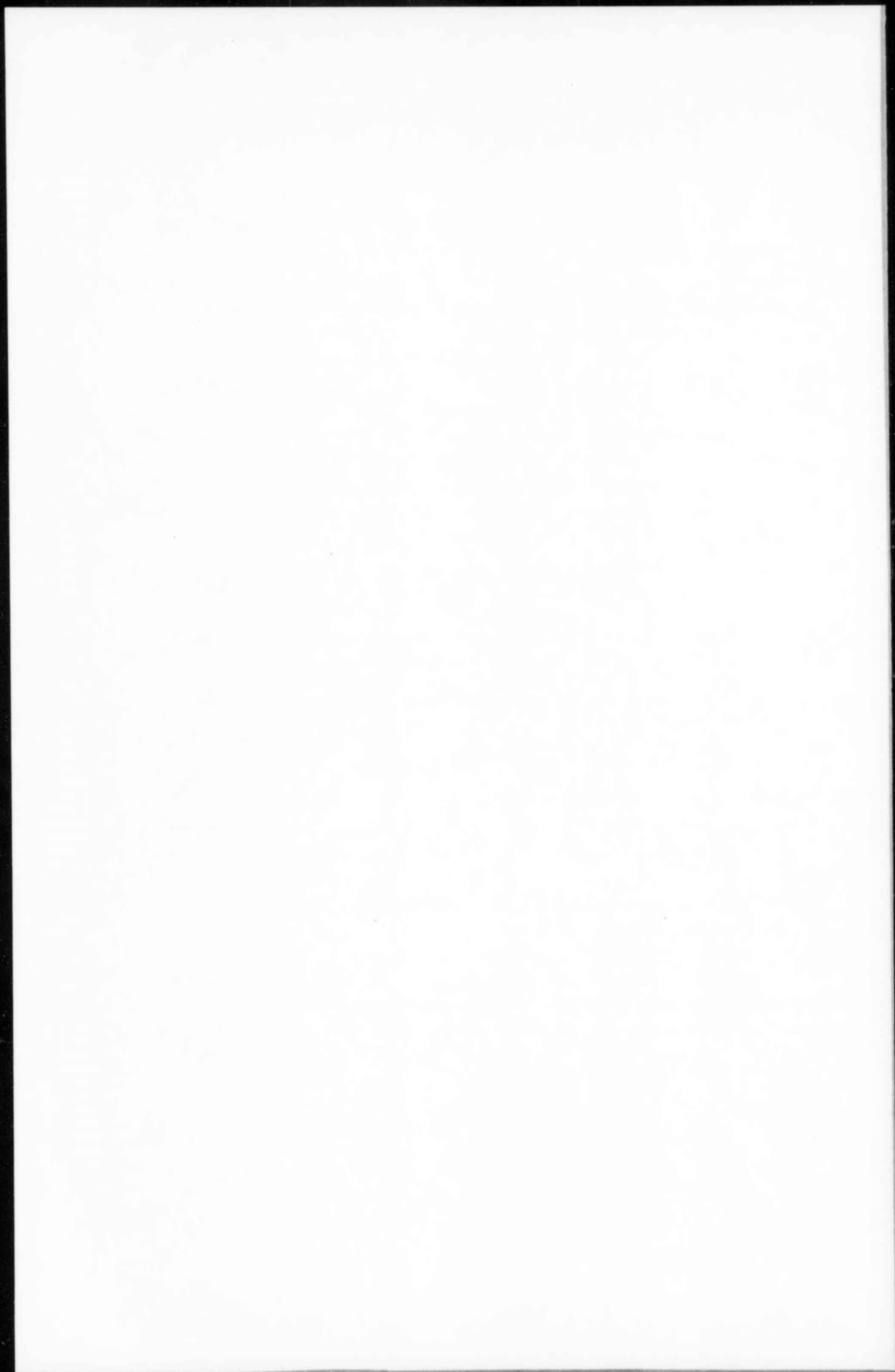
". . . he sure saw something we didn't, and he's gone somewhere else now. So he'll be waiting for me when I go." (pp. 173-174)

Margaret could be joyful at having been a party to Alan's instance of Nearing Death Awareness. What, however, of someone who had left a dying person for a few minutes, returning to find the loved one lying dead on the floor next to the bed? Wouldn't the natural inclination be to blame oneself for having left the bedside? How many people would be inclined to imagine that anything akin to Alan's experience could have incited the fall?

Through *Final Gifts*, caregivers, each of us, and the dying themselves are given the opportunity to become aware of what might be learned from this profound process call dying. Callanan and Kelley's outstanding book opens us to the light of their insight, living along with their narratives, recognizing in retrospect the recollected images and responses of our dying.

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Letter to the Editor

Review of *Transformed by the Light* and the Progress of Research

To the Editor:

I am honored to have my research and book *Transformed by the Light* reviewed by Robert Kastenbaum (1993). Thoughtful criticism is the lifeblood of good research. Near-death research has the potential to lead to important new understandings of the nature of human consciousness. Insights gained from studying near-death experiences have the potential to explain such seemingly disparate phenomena as telepathy, faith healing, ancient Chinese medical systems based on energy fields, tumor regression, and quantum mechanics. I predict that near-death research will finally result in a comprehensive theory of mind-body interactions.

Our society clearly has a deep craving for the spiritual information contained in near-death experiences. I firmly believe that the message contained within the near-death experience has the power to reduce health care costs nearly 15–20 percent. It is not simply about a warm, fuzzy way to die. The knowledge that dying patients are often conscious and are having spiritual visions may help to reduce irrational and expensive medical procedures rooted in our fear of death. The potential of this field to improve our society's quality of life is enormous.

Of course, excellent criticism is hard to take on a personal level, just as a mother is often protective of her children, no matter how stunted or ugly. Such criticism is, however, essential to scientific progress, and new truths often emerge from the clash of doctrines. My old research advisor Archie Bleyer used to say that good research is born in the scathing fires of peer review. My only response to Robert Kastenbaum's review of *Transformed by the Light* is that my research is hypothesis-generating in nature, and as such, hopefully will raise questions to be answered by more rigorous projects.

One example of the value of such research is seen in the debate concerning people who claim to remember past lives. This debate has unexpectedly led to new understandings of cryptomnesia and human

memory, which in turn has important implications for forensic psychiatry and the recall of repressed memories of sexual abuse. For example, Edward Ryall (1974) published extensive recollections of a past life in seventeenth-century England. Ian Stevenson, who has been described as investigating such cases with legal documentation and rigorous methods (Almeder, 1990), wrote the forward to that book and felt it was not a hoax (Stevenson, 1974). After a lively debate primarily over how closely details of Ryall's story matched our current understanding of seventeenth-century life in England, it became clear that many of his memories were confused with memories obtained in this lifetime (Rogo, 1985).

The value of this case turned out to be not that it provided proof of reincarnation, but proof of a phenomenon known as cryptomnesia, which Stevenson described in a landmark paper (1983). Our memories are not tape recordings of real events, but are often filtered through our preconceptions and state of consciousness. We can even access fragments of memory that seem to have "really happened" to us but in fact are picked up from other sources. Many of the problems of near-death and reincarnation research overlap with problems of memory storage, as, for example, when we try to understand how two children can recall the same past life event or how comatose brains can process complex memories of spiritual visions. My speculation that perhaps memory can be stored outside the human body solves many of these problems.

Cryptomnesia and past life recall play an important role in understanding adults who claim to have been abused as children and have repressed the memories, for decades in some cases. Just as byproducts of scientific explorations of space have resulted in practical inventions used by consumers, spin-offs from reincarnation research turn out to have practical importance in the courtroom. If it turns out to be proven that memories are stored at least partially outside the body, this will in turn lead to other practical applications that Stevenson could not have dreamed of when he first started his investigations.

In fact, "scientific investigation begins with a surprising fact, something that challenges our preconceived notions of what the world should be" (Pearce, 1988). In my book, I tried to present many of those facts, from my own research as well as others, in new patterns to challenge our preconceived notions of what is "real." My work is, by nature, speculative and inspirational. I look forward to a generation of graduate students turning out hundreds of dissertations on near-death studies in the next few years. My greatest dream is to be proven completely wrong, and that the real answer is in fact something unforeseen at this time.

In the past two years, several major studies have replicated or supported my own research. Nurses at Boston Children's Hospital reported a study of near-death experiences in their patients, and found that the most frequent time interval of reporting the experience after resuscitation was 1 to 2 weeks (Levin and Curley, 1990). Cardiologists at the University of Utrecht have found that 15 percent of adult survivors of near-fatal events report near-death experiences. Further review of their data and my own, which reported 80 percent of children having such experiences, supported the idea that the closer we are to death clinically, the more likely a patient is to report an experience (van Wees and van Lommel, 1990).

Arvin Gibson (1992), a Mormon near-death researcher, independently came to the same conclusions as our Seattle study with regard to transformative effects. He studied 45 subjects who reported decreased fear of death, renewed appreciation of life, spontaneous regressions of cancers associated with visions of light, and electromagnetic changes such as watches not working properly. Scientists at the California Institute of Technology have documented that human brains contain tiny magnetic particles of unknown purpose (Kirschvink, Kobayashi-Kirschvink, and Woolford, 1992), which supports my hypothesis that human beings have a secondary electromagnetic nervous system.

I feel that the weight of the scientific evidence, albeit flawed, is towards survival of some sort of human spirit after death. After a hundred years of scientific study of an issue that has not dissolved under serious scrutiny, as N-rays or the Davis-Barnes effect have (Huber, 1991), it is now up to the skeptics to design and implement studies to support their materialistic and reductionistic world view.

This skeptical viewpoint is crumbling under the mass of objective proof that human beings are spiritual beings as well as biological machines. I remember a time when telepathy was dismissed as impossible, even though virtually all married couples can tell some trivial anecdote illustrating it. Researchers had for years documented that when a spouse dies, often a surviving spouse, who is separated at a physical distance, will have a visual hallucination of the dead person at the time of death (Broughton, 1991; Rogo, 1989). For many years, my skeptical friends dismissed such stories as the result of autosuggestion and recall bias. Now that the *Skeptical Inquirer* has accepted that telepathy is a human ability (Frazier, 1993), these same friends dismiss such stories as merely telepathy.

However, in accepting telepathy we must accept that the playing field has changed. The validity of the near-death experience often depends on apparent telepathic communication as an important factor

in producing verifiable details. Telepathy research in the laboratory must be seen as validating a hundred years of anecdotal research on deathbed visions and after-death communications. For too long we have used selective amnesia and recall bias to hide our spiritual side from our rational mind.

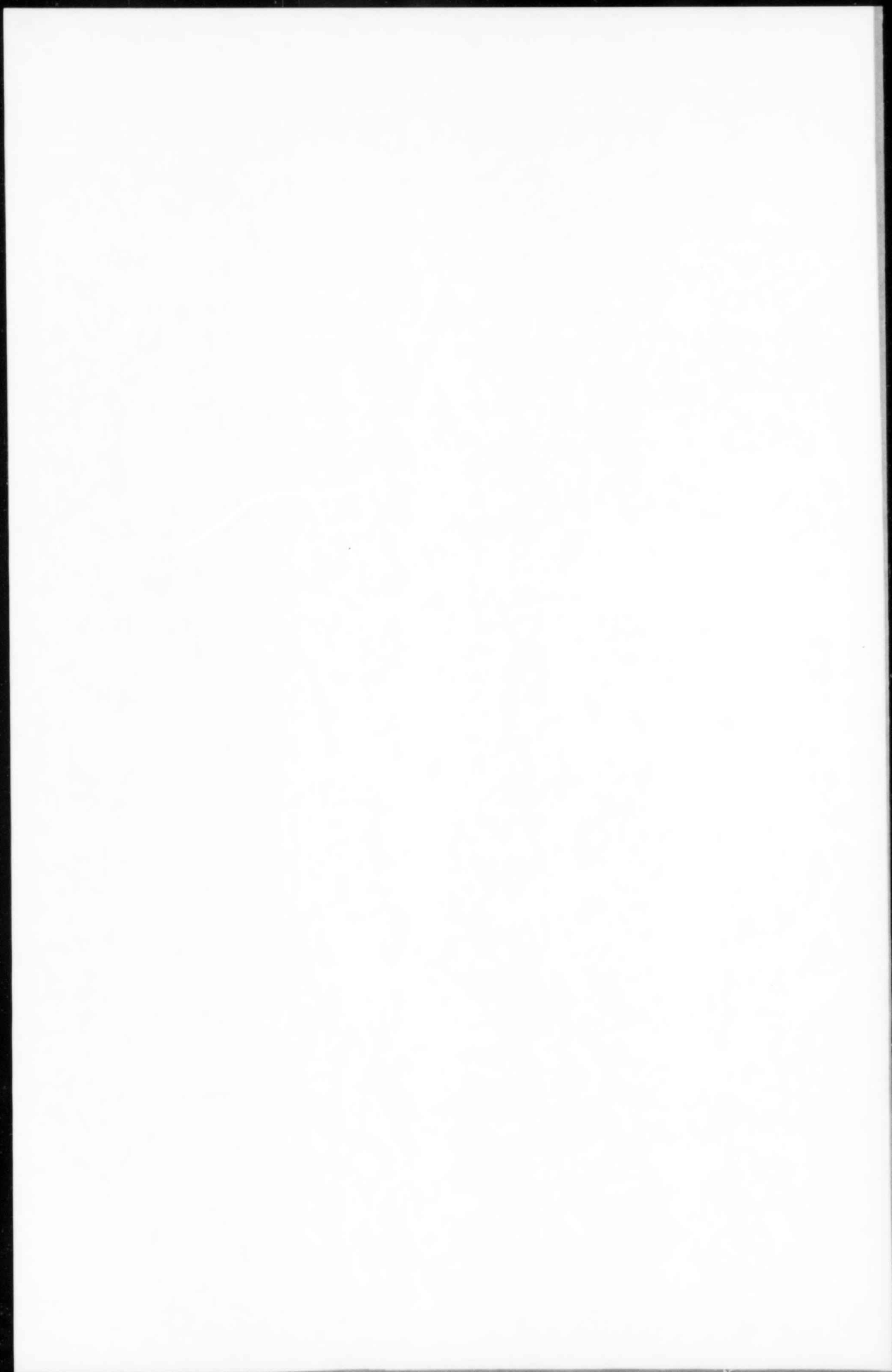
I believe that the visions of the near-death experience have the power to transform our society. These experiences are pertinent to the fundamental issues human beings struggle with, the meaning of life and death. Physicists have been telling us for 70 years that we are all beings of light, from a mathematical point of view, so perhaps it should come as no surprise that we see beings of light when we die. As my emotional bias is also reductionistic and materialistic, I must remind myself that clash of doctrines is not disaster, but opportunity. I look forward to our group as well as others taking Kastenbaum's critique of my book and using that to further research in this area. We have taken the first step. It is now up to critics such as Carl Sagan (1977), Richard Restak (1988), Morton Reiser (1984), Douglas Hofstadter (Hofstadter and Dennett, 1981), Daniel Dennett (1991) and William Calvin (1990) to respond with their own data and studies, not speculations, when they present models of human consciousness.

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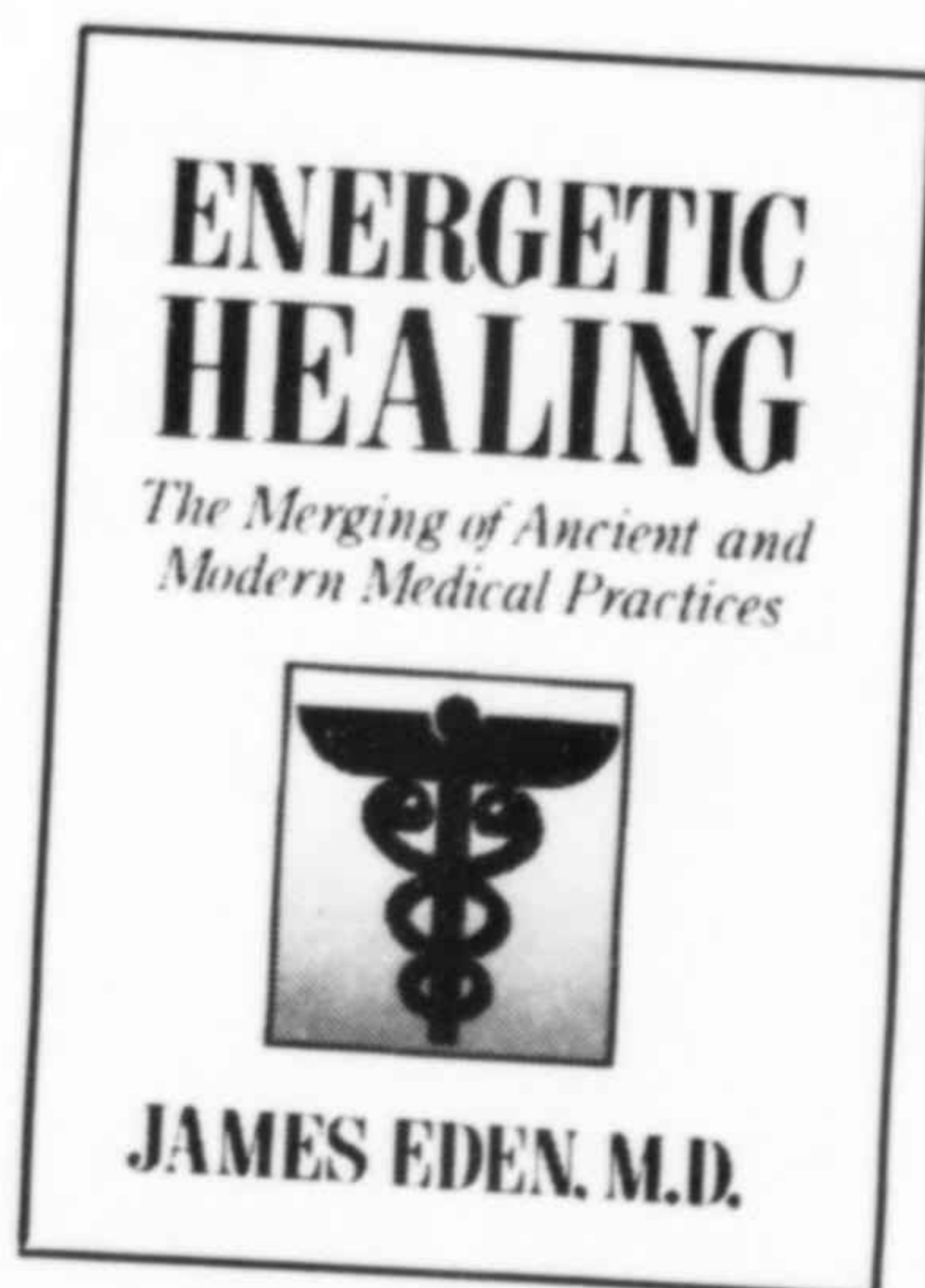
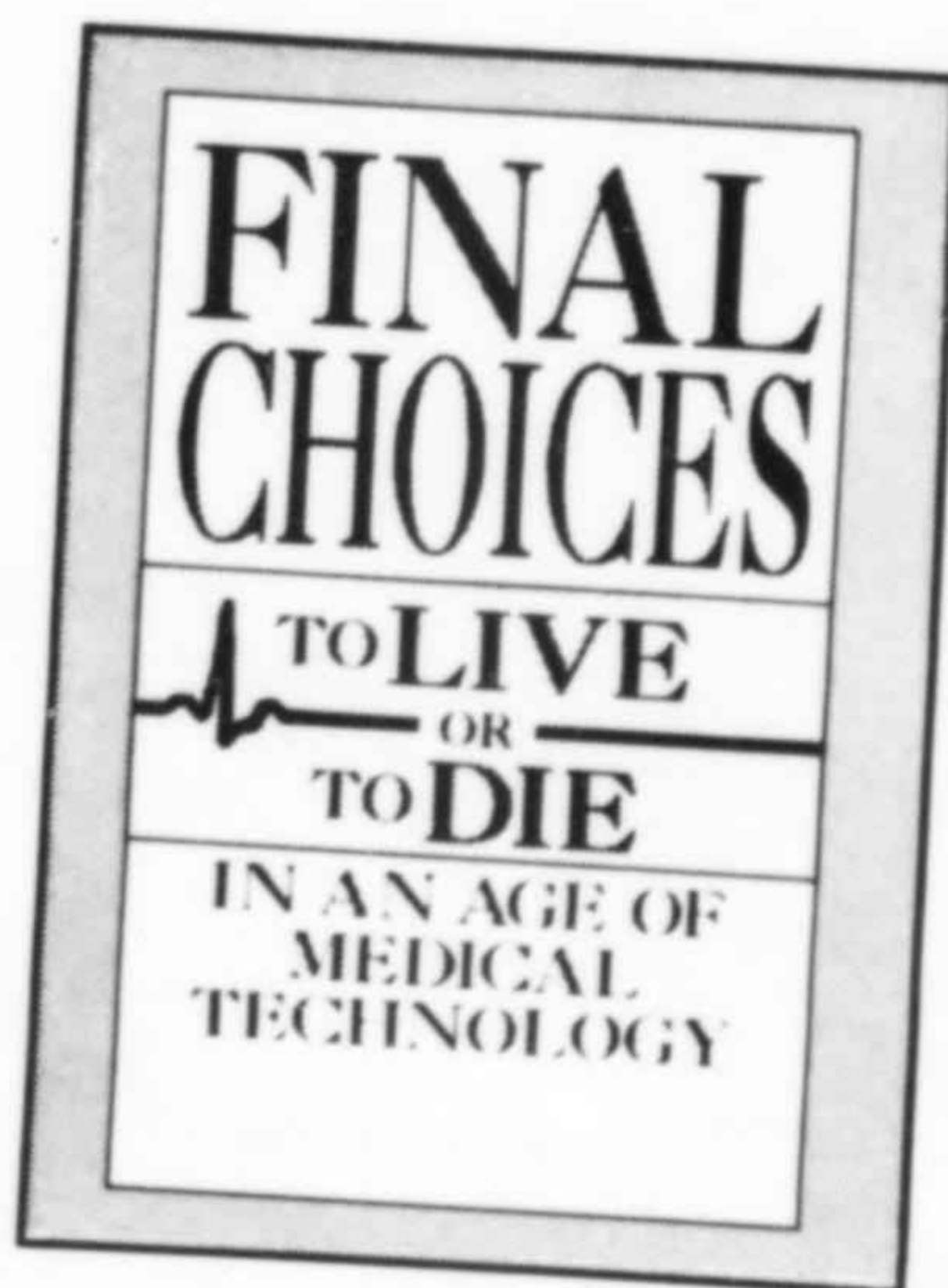
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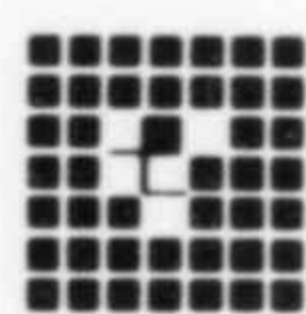
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