

Journal
of
Near-Death Studies

Editor's Foreword • Bruce Greyson, M.D.

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Volume 16, Number 2, Winter 1997



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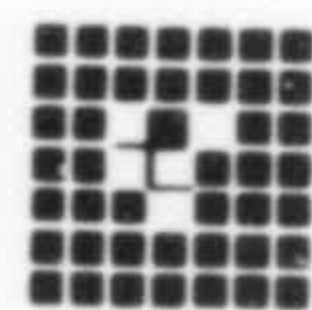
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JOURNAL OF NEAR-DEATH STUDIES (formerly ANABIOSIS) is sponsored by the International Association for Near-Death Studies (IANDS). The Journal publishes articles on near-death experiences and on the empirical effects and theoretical implications of such 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, P. O. Box 502, East Windsor Hill, CT 06028.

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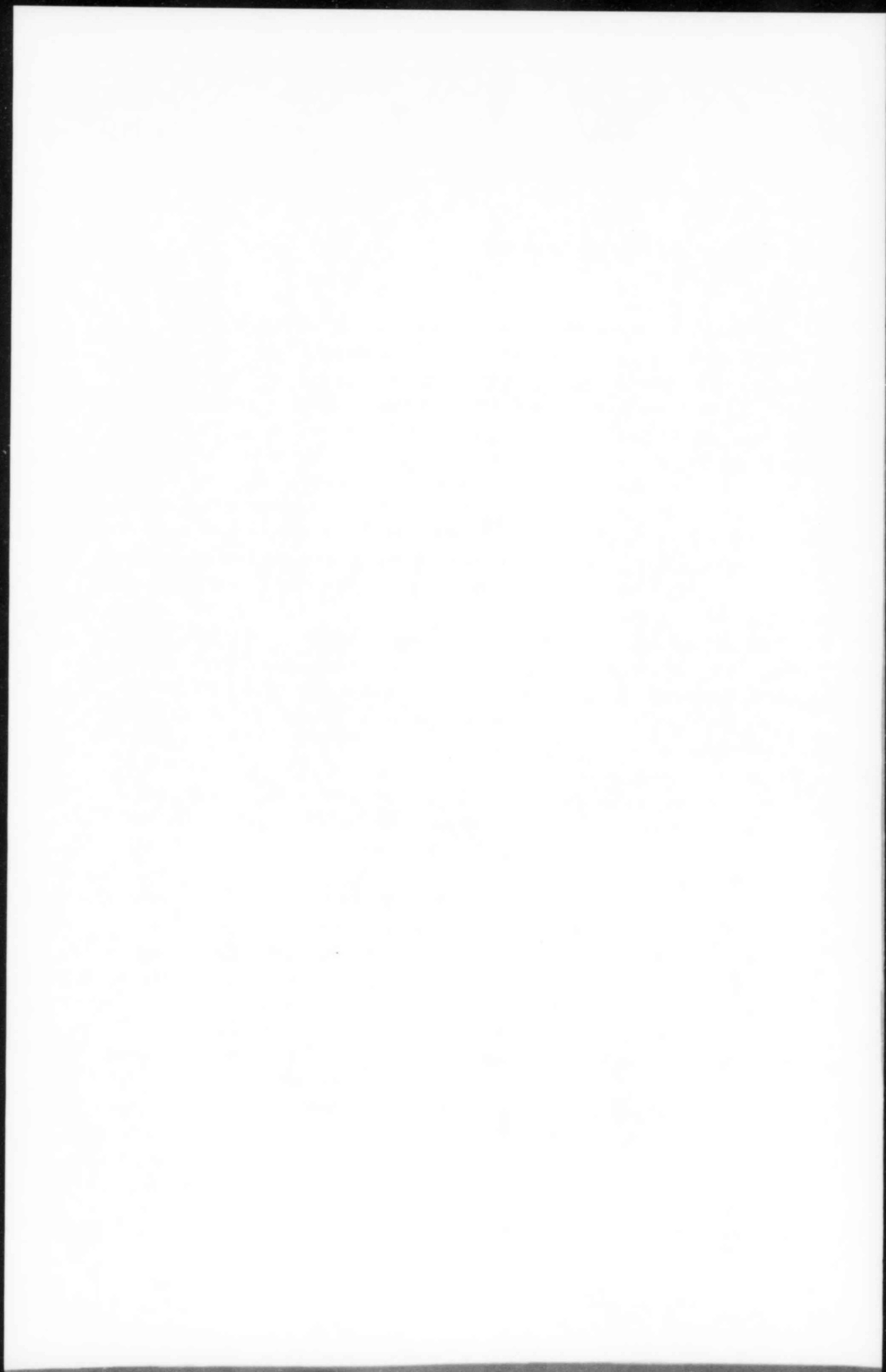
Editor's Foreword

We lead off this issue of the Journal with a groundbreaking empirical study by near-death researchers Kenneth Ring and Sharon Cooper of apparent vision in blind persons while they were purportedly out of their bodies. Surveying subjects through a variety of organizations for the blind, they found that even those blind from birth reported classic NDEs, and that the great majority of those claimed to see during their NDEs, occasionally reporting visually-based knowledge, whose accuracy was independently corroborated, that could not have been obtained by normal means. Ring and Cooper present various explanations of these findings, and suggest an interpretation based not on vision *per se* but rather on the concept of transcendental awareness.

In a second empirical study, gerontologist Bruce Horacek builds on Ring's suggestion in the Fall 1991 issue of the Journal that NDEs act as compensatory gifts helping individuals cope with and understand life's difficulties, conferring "amazing grace" on individuals whose lives were spinning out of control toward self-destruction. Horacek presents evidence of seven categorical situations in which NDEs and related experiences serve as healing agents in facing one's own death or the death of a significant other, by freeing persons from paralyzing death anxiety and allowing them to focus on additional ways to help each other face dying and grieving.

Our third article, by Polish philosopher Mishka Jambor, presents a model of transcendent experiences, derived from the study of mysticism, that accommodates both blissful and frightening NDEs. Jambor argues that the typical NDE, with its discrete events and strong emotional quality, cannot be the mystics' ultimate state, which is beyond space and time and devoid of emotional or cognitive content. Her model of bliss and abyss as parallel paths to that ultimate state predicts several types of frightening NDEs beyond those already identified in the literature, and suggests questions for further research.

Bruce Greyson, M.D.



Near-Death and Out-of-Body Experiences in the Blind: A Study of Apparent Eyeless Vision

Kenneth Ring, Ph.D.

Sharon Cooper, M.A.

University of Connecticut

ABSTRACT: This article reports the results of an investigation into near-death and out-of-body experiences in 31 blind respondents. The study sought to address three main questions: (1) whether blind individuals have near-death experiences (NDEs) and, if so, whether they are the same as or different from those of sighted persons; (2) whether blind persons ever claim to see during NDEs and out-of-body experiences (OBEs); and (3) if such claims are made, whether they can ever be corroborated by reference to independent evidence. Our findings revealed that blind persons, including those blind from birth, do report classic NDEs of the kind common to sighted persons; that the great preponderance of blind persons claim to see during NDEs and OBEs; and that occasionally claims of visually-based knowledge that could not have been obtained by normal means can be independently corroborated. We present and evaluate various explanations of these findings before arriving at an interpretation based on the concept of transcendental awareness.

Kenneth Ring, Ph.D., is Professor Emeritus of Psychology at the University of Connecticut, where Sharon Cooper, M.A., was Research Assistant at the time of this study. This study was funded in part by the Institute of Noetic Sciences, to which the authors express their deep thanks for its support. They also acknowledge their deep thanks to Lucienne Levy for her invaluable help in connection with this research. The authors are also indebted to the following organizations for their collaboration in this study: the American Council of the Blind; the American Foundation for the Blind; Blindskills, Incorporated; the Massachusetts Association for the Blind; the Massachusetts Commission for the Blind; the National Braille Press; the National Federation for the Blind; the National Federation for the Blind in Connecticut; Newsreel Incorporated; the Theosophical Book Association for the Blind; and the Ziegler Magazine for the Blind. Reprint requests should be addressed to Dr. Ring at 19A Stadium Way, Kentfield, CA 94904.

This life's dim windows of the soul
Distorts the heavens from pole to pole
And leads you to believe a lie
When you see with, not thro', the eye.

William Blake, "The Everlasting Gospel" (circa 1818)

The question of whether blind individuals can actually see during out-of-body experiences (OBEs) while close to death has long intrigued researchers in the field of near-death studies. In part, the idea that this seemingly impossible event could really occur has been fueled by occasional anecdotal reports by prominent researchers (e.g., Kübler-Ross, 1983; Moody and Perry, 1988) that they have come across such cases in the course of their investigations. Lesser known physicians interested in near-death experiences (NDEs), such as Fred Schoonmaker of Denver's St. Luke's Hospital, have also mentioned that they have heard such claims from their blind patients (Schoonmaker, personal communication, 1981). Similarly, another physician, Larry Dossey, opened his book *Recovering the Soul* (1989) with the dramatic case of a woman named Sarah, blind from birth, who had detailed visual perception during surgery when her heart had stopped.

As a result of these accounts in the literature, other researchers and writers who have taken an interest in NDEs have used such cases to make a powerful argument on behalf of the authenticity of near-death phenomena (Anderson, 1980; Habermas and Moreland, 1992; Iverson, 1992; Wilson, 1987; Woodward, 1976). Representative of this view is a passage in a recent book by a leading figure in transpersonal psychology, the psychiatrist Stanislav Grof:

There are . . . reported cases where individuals who were blind because of a medically confirmed organic damage to their optical system could at the time of clinical death see the environment. . . . Occurrences of this kind, unlike most of the other aspects of near-death phenomena, can be subjected to objective verification. They thus represent the most convincing proof that what happens in near-death experiences is more than the hallucinatory phantasmagoria of physiologically impaired brains. (1994, p. 31)

Yet there is reason, we think, not to leap too quickly to the conclusion that the evidence supporting visual perception in the blind is as solid as Grof's statement would imply. In fact, when one begins to look into the basis for these claims, they appear to dissolve into the mists of hearsay, unsubstantiated anecdote and other dead ends—and even, in one case, outright fabrication. For example, Kübler-Ross and

Schoonmaker have never documented the cases they have mentioned or published any details concerning them. Similarly, when one of us (K. R.) pressed Raymond Moody for further particulars about the blind person he described in one of his books, he could only remember that he had heard that account on an audio cassette provided to him by an elderly physician, but he no longer had the tape and could not recall the physician's name (R. Moody, personal communication, 1992). And the compelling case of Sarah, so vividly portrayed by Dossey, turned out, as he confessed in a letter to K. R., to be a complete fiction, though Dossey justified it on the grounds that such cases seemed to be implied by the literature on NDEs (L. Dossey, personal communication, 1990). Indeed, Susan Blackmore (1993) has recently reviewed all this evidence and concluded that none of it holds up to scrutiny. In short, according to her, there is no convincing evidence of visual perception in the blind during NDEs, much less documented support for veridical perception (Blackmore, 1993).

Nevertheless, while there may be reason to concur with Blackmore's assessment, there was at least one study that did attempt to inquire whether any evidence for this proposition could be gathered by systematically interviewing a sample of blind respondents. In that investigation, Harvey Irwin (1987) had field workers survey a sample of 21 blind persons in Australia. The focus of Irwin's project was to see whether any such persons had had an OBE and, if so, to get an account of it. Among his 21 respondents, three persons did indeed report having had an OBE. Unfortunately, as Irwin ruefully had to admit, all of these persons had either some residual or peripheral vision, so they did not in the end constitute anything like a stringent cohort in terms of which to evaluate the hypothesis that the blind can see. Irwin's own conclusion at the time was that neither his own survey nor the work of anyone else had demonstrated that persons blind from birth even have OBEs, and therefore no evidence existed that such individuals could see under such circumstances. "It now remains," he wrote, "for further surveys to locate an OBE in a congenitally totally blind person" (Irwin, 1987, p. 57).

This is precisely what we have attempted to do in this study. In what follows we describe the results of a research project in which an effort was made to locate and interview blind persons, including those blind from birth, who believed they had undergone either an NDE or an OBE not related to any near-death incident. The principal underlying aim of this study, however, will already be apparent: we were concerned to determine whether in fact any reliable evidence

could be deduced from such a sample that the blind really do see under such conditions.

The significance of such findings, should they be established, has largely been implicit in our discussion thus far, but obviously the validation of such claims, or alternatively, the confirmation of all these rumors over the years, would have far-reaching and possibly baleful consequences for a conventional materialist view of science. By the same reasoning, empirical support for sight in the blind would be consistent with various "New Paradigm" visions of science that are rooted in nonlocal, nondual or holonomic perspectives in which consciousness is the primary reality. Furthermore, such findings would raise profound questions, from any scientific perspective, about mind/body relationships, the role of the brain in vision, and indeed the very mechanisms of sight.

Even within the more limited confines of parapsychological thought, such data would have a critical bearing on hypotheses having to do with the nature of OBEs and NDEs themselves. For example, V. Krishnan (1983) has argued that the perceptions reported during OBEs may have a physical basis. As a test of this hypothesis, Krishnan has proposed that the OBEs of congenitally blind persons should be distinct from those with sight. Irwin, in his discussion of this issue, framed the implications neatly:

Specifically, because people who surgically regain their sight take some time to learn visual identification of objects, the initial OBEs in the congenitally blind should exhibit the same property if the experience depends upon the visual pathways of the nervous system. The content of a congenitally blind subject's OBE therefore may speak to Krishnan's notion of the physical basis of out-of-body visual impressions. (Irwin, 1987, p. 54)

Our data will thus provide a crucial test of Krishnan's hypothesis, as well as speak to the long-standing controversy in parapsychology over whether the OBE represents some kind of true extrasomatic state or only a retrospective reconstruction based on sensory cues and imaginal processes. In any case, the possible epistemological and metaphysical implications of our findings potentially touch on deep conundrums and perennial concerns in the history of both normal and anti-establishment science.

Insofar as the specific and limited objectives of this study are concerned, however, there were three that formed the basis of this inquiry. Each can be phrased as a question. First, because we were chiefly interested in NDEs in this research, there is a necessary pre-

liminary question we need to answer to which no previous systematic investigation has even been addressed: do blind persons in fact have NDEs and, if they do, are they the same as or different from those of sighted persons? Second, do blind persons, if they do report either NDEs or OBEs, claim to have visual perceptions during these experiences? And, finally, if such claims are made, is it ever possible to corroborate them through independent evidence or the testimony of other witnesses? In other words, can one establish that these claims are something other than mere fantasies or hallucinations?

These were the issues, then, this study was designed to probe.

Method

Procedure

In order to recruit qualified participants for this study, that is, blind persons who believed they had had either an NDE or an OBE, we first made contact with 11 national, regional, and state organizations for the blind, to solicit their help in locating potential respondents among their membership. Toward this end, we provided a notice to these organizations about our research that was then included in their respective publications, most of which were distributed in Braille or in the form of an audio cassette, providing our phone number and address and inviting interested individuals who believed they qualified to take part in this study to call or write us. A similar announcement was also published in *Vital Signs*, the newsletter of the International Association for Near-Death Studies. Finally, we alerted a few of our colleagues in the field of near-death studies about our project and asked them to refer any potentially eligible candidates to us.

After an individual made contact with us, we conducted a screening interview over the telephone to make sure that he or she had the appropriate qualifications for our study. Specifically, we determined the sight status of the person and made sure that he or she had undergone either an NDE or one or more OBEs, not necessarily associated with a near-death crisis. Once the person's eligibility for the study was established, we either then continued with the formal interview or scheduled a second call for that purpose. In a few cases, one or more follow-up calls were necessary to clarify some aspects of the respondent's account. In the interview, we took a detailed sight

history from the individual and then conducted an in-depth probe about his or her relevant experiences. This portion of the interview was modeled on the format originally devised by Kenneth Ring (1980), but was tailored to the specific interests of this study and the special characteristics of our respondents. In the course of this interview, particular attention was given to obtaining information about events or perceptions that in principle could be corroborated by external witnesses or medical records. Where those witnesses could be specifically identified or relevant records secured, we made efforts to gain access to them and, when possible, to interview the witnesses about their own recollections of the events or perceptions described by the respondent.

All conversations were tape recorded with the permission of the respondent, and transcripts based on these conversations were later prepared, to permit detailed analysis of our findings. Finally, each participant who expressed an interest to receive information about the findings of this study was sent a summary at its conclusion.

Subjects

Of the 46 persons who were screened for this study, 31 qualified for inclusion and were interviewed. All but three of this final sample had heard about our study through the notices we had distributed. The exceptions were two persons referred to us by professional colleagues and one individual who came fortuitously to the attention of one of us as a result of meeting her husband while traveling to a professional conference.

Demographically, our sample consisted of 20 females and 11 males whose ages ranged from 22 to 70 years. They were all Caucasian, overwhelmingly Christian with respect to their original religious tradition, but varied greatly regarding their educational attainment and occupation.

Experiential Status. Sixteen of our respondents had survived an NDE, while an additional five persons had undergone both an NDE and one or more OBEs on other occasions not associated with their near-death incident. Thus, the total number of near-death experiencers (NDErs) in this sample was 21. The remaining 10 were persons who had one or more OBEs only.

Of our NDErs, 13 had their experience in connection with an illness or a surgical procedure; six as a result of an accident, usually

involving an automobile; two were mugged; one was nearly killed by being raped; one almost perished in combat; and one survived a suicide attempt. (The totals here are 24 experiences since three persons had two separate NDEs each and were therefore counted twice in these tabulations.)

Most of the OBEs reported occurred during states of bodily quiescence or relaxation, though some were occasioned by traumas, such as falls or rapes. The great majority of these episodes were not deliberately induced, though a few persons in our sample did try on occasion to bring them about through an act of will.

Sight Status. Not quite half of our total sample, 14, was comprised of persons blind from birth. A few of our respondents classified as blind from birth either had some limited light perception as children or have retained some as adults, but a distinct majority of persons in this category were without even any light perception at the time of their NDE or OBE. An additional 11 persons fell into the category of adventitiously blind, which means they lost their sight sometime after 5 years of age. The remaining six persons in our study were individuals who were severely visually impaired, most of them having at best only minimal non-delineated vision.

With respect to our two main experiential categories, NDEs and OBEs, the breakdown on sight status is as follows: among the 21 NDErs, 10 were blind from birth, nine adventitiously blind, and two severely visually impaired; among the remaining 10 out-of-body experiencers (OBErs), four were blind from birth, two adventitiously blind, and four severely visually impaired.

Of the 14 respondents blind from birth, two were congenitally blind and one had both his eyes removed by the time he was 4 $\frac{1}{2}$ years old. The remaining 11 were born prematurely between 1946 and 1958 and all were placed in incubators where they received excessive concentrations of oxygen resulting in blindness. These individuals developed retrolental fibroplasia (RLF), now commonly referred to as retinopathy of prematurity (ROP).

Of our 11 adventitiously blind respondents, seven lost their vision between the ages of 16 and 41 as a result of illness or accident. In some cases, it was their near-death event itself that caused their blindness. The other four lost their vision between the ages of 13 and 52 due to slow degenerative eye diseases including retinitis pigmentosa (RP), glaucoma, and aging.

Three of our six visually impaired respondents developed RLF; two had RP, both of whom had limited peripheral vision (14 and 20 degree

field, respectively); and one was born with cataracts and developed glaucoma as a teenager. All six have been legally blind from birth and only three of these individuals have been able to read any print at all.

Results

NDEs in the Blind

To examine the nature of NDEs in the blind, we must of course restrict ourselves to the 21 respondents in our sample, 12 women and nine men, who reported NDEs. Our findings with respect to this issue are unequivocal: blind persons, even those blind from birth, recount experiences that clearly conform to the familiar prototype of the beatific NDE first popularized in Moody's book, *Life After Life* (1975). Their narratives, in fact, tend to be indistinguishable from those of sighted persons with respect to the elements that serve to define the classic NDE pattern, such as the feelings of great peace and well-being that attend the experience, the sense of separation from the physical body, the experience of traveling through a tunnel or dark space, the encounter with the light, the life review, and so forth.

Before we turn to a statistical summary of our findings, however, it will be helpful to present a couple of illustrative cases in order to provide a sense of the actual narrative texture of these experiences. In doing so, we will unavoidably discover some unmistakable evidence pertaining to our second, but primary, question, having to do with whether the blind see during their NDEs. Nevertheless, we must defer a detailed consideration of this issue for the time being since our purpose here is chiefly to report what some of our respondents told us they remembered when they found themselves hovering between life and death. Because of space limitations, we will be able to present only one case in depth, but we will follow it up with a synopsis of a second comparable instance. Cases that we recount below with complete names are used with the respondent's permission; if only a first name is given to identify a case for purposes of reference, it is a pseudonym.

Vicki Umipeg

Vicki Umipeg is a married 43-year-old woman who has had two near-death experiences. The first, when she was 12 years old, oc-

curred as a result of appendicitis and peritonitis. Her second NDE took place almost exactly a decade later, when she was seriously injured in an automobile accident.

Vicki was born very prematurely, having been in the womb only 22 weeks at delivery, and weighed just three pounds at birth. Afterward, her weight dropped precariously to one pound, 14 ounces. As was common for premature babies in the 1950s, she was placed in an airlock incubator through which oxygen was administered. Unfortunately, because of a failure to regulate the concentration of oxygen properly, Vicki was given too much and, along with about 50,000 other premature babies born in the United States about the same time, suffered such optic nerve damage as to leave her completely blind. As she made clear in an initial interview with another researcher, Greg Wilson, who kindly provided his tapes and transcripts to us, she has never had any visual experience whatever, nor does she even understand the nature of light:

Interviewer: Could you see anything?

Vicki: Nothing, never. No light, no shadows, no nothing, ever.

Interviewer: So the optic nerve was destroyed to both eyes?

Vicki: Yes, and so I've never been able to understand even the concept of light.

Interestingly, the overall form of Vicki's two experiences, which were separated by a period of 10 years, was extremely similar, almost as though they were replays of one another, albeit with some variations owing to the particularities of Vicki's life circumstances on each occasion. To minimize redundancy, we will present a fairly full exposition here only of Vicki's second NDE, since according to her own testimony, it was the more detailed and vivid of the two.

In early 1973, Vicki, then 22, was working as an occasional singer in a nightclub in Seattle. One night, at closing time, she was unable to call for a taxi to drive her home and circumstances forced her to take the only other option: a ride with a couple of inebriated patrons. Not surprisingly, a serious accident ensued during which Vicki was thrown out of their van. Her injuries were extensive and life-threatening, and included a skull fracture and concussion, and damage to her neck, back, and one leg. In fact, it took her a full year after being released from the hospital before she could stand upright without the risk of fainting.

Vicki clearly remembers the frightening prelude to the crash itself, but she has only a hazy recall of finding herself alternately out of

her body and then back inside of it at the accident scene. Her only definite recollection of anything external to herself while out-of-body is a very brief glimpse of the crumpled vehicle. Although this aspect of her experience was confusing, she does claim that while in her out-of-body state she was aware of being in a nonphysical body that had a distinct form and that was, as she put it, "like it was made of light."

She has no memory of the her trip to Harborview Hospital in the ambulance, but after she arrived at the emergency room, she came again to awareness when she found herself up on the ceiling watching a male doctor and a woman—she is not sure whether the woman was another physician or a nurse—working on her body. She could overhear their conversation, too, which had to do with their fear that because of possible damage to Vicki's eardrum, she could become deaf as well as blind. Vicki tried desperately to communicate to them that she was fine, but naturally drew no response. She was also aware of seeing her body below her, which she recognized by certain identifying features, such as a distinctive wedding ring she was wearing.

According to her testimony, Vicki first had a very fleeting image of herself lying on the metal table and she was sure, she said, that "it was me," although it took her a moment to register that fact with certainty. As she later told us:

I knew it was me. . . . I was pretty thin then. I was quite tall and thin at that point. And I recognized at first that it was a body, but I didn't even know that it was mine initially. Then I perceived that I was up on the ceiling, and I thought, "Well, that's kind of weird. What am I doing up here?" I thought, "Well, this must be me. Am I dead? . . ." I just briefly saw this body, and . . . I knew that it was mine because I wasn't in mine. Then I was just away from it. It was that quick.

Almost immediately after that, as she recalls, she found herself going up through the ceilings of the hospital until she was above the roof of the building itself, during which time she had a brief panoramic view of her surroundings. She felt very exhilarated during this ascension and enjoyed tremendously the freedom of movement she was experiencing. She also began to hear sublimely beautiful and exquisitely harmonious music akin to the sound of wind chimes.

With scarcely a noticeable transition, she then discovered she had been sucked head-first into a tube and felt that she was being pulled up into it. The enclosure itself was dark, Vicki said, yet she was aware that she was moving toward light. As she reached the opening

of the tube, the music that she had heard earlier seemed to be transformed into hymns, similar to those she heard during her previous NDE, and she then "rolled out" to find herself lying on grass.

She was surrounded by trees and flowers and a vast number of people. She was in a place of tremendous light, and the light, Vicki said, was something you could feel as well as see. What the light conveyed was love. Even the people she saw were bright and reflected the light of this love. "Everybody there was made of light. And I was made of light. There was love everywhere. It was like love came from the grass, love came from the birds, love came from the trees."

Vicki then became aware of five specific persons she knew in life who were welcoming her to this place. Debby and Diane were Vicki's blind schoolmates, who had died years before, at ages 11 and 6, respectively. In life, they had both been profoundly retarded as well as blind, but here they appeared bright and beautiful, healthy and vitally alive, and no longer children, but, as Vicki phrased it, "in their prime." In addition, Vicki reports seeing two of her childhood caretakers, a couple named Mr. and Mrs. Zilk, both of whom had also previously died. Finally, there was Vicki's grandmother, who had essentially raised Vicki and who had died just two years before this incident. Her grandmother, who was further back than the others, was reaching out to hug Vicki. In these encounters, no actual words were exchanged, Vicki says, but only feelings of love and welcome.

In the midst of this rapture, Vicki was suddenly overcome with a sense of total knowledge:

I had a feeling like I knew everything . . . and like everything made sense. I just knew that this was where . . . this place was where I would find the answers to all the questions about life, and about the planets, and about God, and about everything. . . . It's like the place was the knowing.

And then she was indeed flooded with information of a religious nature as well as scientific and mathematical knowledge. She came to understand languages she didn't know. All this overwhelmed and astonished her:

I don't know beans about math and science. . . . I all of a sudden understood intuitively almost things about calculus, and about the way planets were made. And I don't know anything about that. . . . I felt there was nothing I didn't know.

As these revelations were unfolding, Vicki noticed that now next to her was a figure whose radiance was far greater than the illumi-

nation of any of the persons she had so far encountered. Immediately, she recognized this being to be Jesus, for she had seen him once before, during her previous NDE. He greeted her tenderly, while she conveyed her excitement to him about her newfound omniscience and her joy at being there and with him again.

Telepathically, he communicated to her: "Isn't it wonderful? Everything is beautiful here, and it fits together. And you'll find that. But you can't stay here now. It's not your time to be here yet and you have to go back."

Vicki reacted, understandably enough, with extreme disappointment and protested vehemently, "No, I want to stay with you." But the being reassured her that she would come back, but for now, she had to "go back and learn and teach more about loving and forgiving."

Still resistant, however, Vicki then learned that she also needed to go back to have her children. With that, Vicki, who was then childless but who "desperately wanted" to have children—and who has since given birth to three—became almost eager to return and finally consented.

However, before Vicki could leave, the being said to her, in these exact words, "But first, watch this."

And what Vicki then saw was "everything from my birth" in a complete panoramic review of her life, and as she watched, the being gently commented to help her understand the significance of her actions and their repercussions.

The last thing Vicki remembers, once the life review had been completed, are the words, "You have to leave now." She then experienced "a sickening thud" like a roller-coaster going backwards, and found herself back in her body, feeling heavy and full of pain.

Brad Barrows

A second case is that of Brad Barrows, a 33-year-old man living in Connecticut, who had a near-death experience in the winter of 1968 when he was only 8 years old. At the time, he was a student at the Boston Center for Blind Children, and had contracted a severe case of pneumonia and eventually had severe breathing difficulties. Afterward, he was told by nurses that his heart had stopped, apparently for at least four minutes, and that cardiopulmonary resuscitation (CPR) had been necessary to bring him back.

Brad remembers that when he couldn't breathe any longer, he felt himself lifting up from the bed and floating through the room toward the ceiling. He saw his apparently lifeless body on the bed. He also saw his blind roommate get up from his bed and leave the room to get help. (His roommate later confirmed this.) Brad then found himself rapidly going upward through the ceilings of the building until he was above the roof. At this point, he found that he could see clearly.

He estimates that it was between 6:30 and 7:00 in the morning when this happened. He noticed that the sky was cloudy and dark. There had been a snowstorm the day before, and Brad could see snow everywhere except for the streets, which had been plowed, though they were still slushy. He was able to give us a very detailed description of the way the snow looked. Brad could also see the snowbanks that the plows had created. He saw a street car go by. Finally, he recognized a playground used by the children of his school and a particular hill he used to climb nearby.

When asked if he "knew" or "saw" these things, he said: "I clearly visualized them. I could suddenly notice them and see them. . . . I remember . . . being able to see quite clearly."

After this segment of this experience, which happened very fast, was over, he found himself in a tunnel and emerged from it to find himself in an immense field illuminated by a tremendous, all-encompassing light. Everything was perfect.

Brad could clearly see in this domain, too, though he commented that he was puzzled by the sensation of sight. He found himself walking on a path surrounded by tall grass, and also reported seeing tall trees with immense leaves. No shadows were visible, however.

While in this field, Brad became aware of beautiful music, like nothing he had ever heard on earth. Walking toward the sound, he came to and climbed a hill, eventually encountering a glittering stone structure so brilliant that he thought it might be burning hot. But it wasn't, and he entered it. The music continued here as well and, to Brad, seemed to be praising God. In this structure, Brad encountered a man whom he didn't recognize but from whom emanated an overwhelming love. The man, without a word, gently nudged Brad backward, initiating a reversal of his experience, ending with his finding himself in bed gasping for air, attended by two nurses. Brad, like Vicki, has been blind from birth.

These two cases, which took place a continent apart and before the advent of modern near-death studies, show an obvious structural similarity and clearly exemplify the familiar Moody-type pattern of NDEs. To be sure, not all of the NDEs described by our blind respondents are as rich in their narrative line as those of Vicki and Brad, but there is no question that the great preponderance of these experiences conform to the classic form of the NDE.

To examine this point from a statistical perspective and help to provide something of an overview of our findings here, we can list a number of the common features of NDEs and state how often they are mentioned in the interviews of our 21 respondents in the NDEr category. Feelings of peace, well-being, or being loved were reported in 20 interviews; a sense of separation from the physical body, or an actual out-of-body experience (OBE), in 14; seeing one's own physical body, in 10; going through a tunnel or dark space, in eight; meeting others, such as spirits, angels, or religious personages, in 12; seeing a radiant light, in eight; hearing noise or music, in seven; a life review, in four; encountering a border or limit, in six; and a choice or being told to return to life, in 10.

In general, although the numbers in the various sight categories (that is, blind from birth, adventitiously blind, and severely visually impaired) were too small to permit statistical tests, inspection reveals no obvious differences among sight subgroups with respect to the frequency of NDE elements. Thus, whether one is blind from birth, loses one's sight in later life, or suffers from severe visual impairment, the type of NDE reported appears to be much the same and is not structurally different from those described by sighted persons.

With these facts established, we can now turn our attention to our principal interest in this study, namely, whether and to what extent blind persons claim to be able to see during their NDEs and OBEs.

Visual Aspects of NDEs and OBEs in the Blind

We have already had evidence from the summaries of Vicki's and Brad's narratives that there appear to be clear visual representations, both of things of this world and of an otherworldly nature, during the NDEs of blind persons. The question we face here, however, is how common such testimony is among our respondents as a whole.

First, let us look at how many of our respondents report being able to see during their NDEs or OBEs. Of our 21 NDErs, 15 claimed to have had some kind of sight, three were not sure whether they saw or not, and the remaining three did not appear to see at all. All but one of those who either denied or were unsure about being able to see came from those who were blind from birth, which means that only half of the NDErs in that category stated unequivocally that they had distinct visual impressions during their experience. Nevertheless, it is not clear by any means whether those respondents blind from birth who claimed not to have seen were in fact unable to, or simply failed to recognize what seeing was. For instance, one man whom we classified as a nonvisualizer told us that he could not explain how he had the perceptions he did because "I don't know what you mean by 'seeing.'" He was not the only such person to admit such perplexity, so that even among those cases we felt obliged to classify as not involving sight, the possibility is not entirely foreclosed. As a whole, however, our data here are quite consistent in indicating that the preponderance of our blind NDErs do indeed report vision during their near-death encounters, while only a minority are unsure about the matter or, in some cases, have no clear sense of sight.

Evidence of vision is even stronger among the OBErs in our sample. Nine of our 10 OBErs claimed sight, and if we include the five persons who had both an NDE and one or more OBEs on other occasions, the figures are 13 out of 15. In this connection, one of the NDErs whom we classified as a nonvisualizer during her NDE did report vision during her OBEs.

Overall, the number of persons who indicated they had some kind of vision, either during an NDE or OBE, was 25, which was 80 percent of our entire sample. Even for those blind from birth, 9 of 14, or 64 percent, likewise reported sight.

Given that some kind of vision is the rule for the blind, we can go on to ask, just what do they see?

In general, they report the same kinds of visual impressions as sighted persons do in describing NDEs and OBEs. For example, 10 of our 21 NDErs said they had some kind of vision of their physical body, and seven of our 10 OBErs said likewise. Occasionally, there are other this-worldly perceptions as well, such as seeing a medical team at work on one's body or various features of the room or surroundings where one's physical body was. Otherworldly perceptions abound, too, and for NDErs, as we have already seen, they seem to

take the form characteristic for transcendental NDEs of sighted persons: radiant light, otherworldly landscapes, angels or religious figures, deceased relatives, and so forth. Somewhat similar otherworldly perceptions are sometimes found for OBEs as well, though these, when they occur, are usually limited to seeing light, beautiful colors, and meeting others. None of our OBEs recounted a life review.

How well do our respondents find they can see during these episodes? We have already noted that the visual perceptions of Vicki and Brad appeared extremely clear and detailed, especially when they found themselves in the otherworldly portions of their near-death journeys. While not all of our blind NDEs had clear, articulated visual impressions, nevertheless enough of them did so that we can conclude that the NDE cases like Vicki's and Brad's are fairly typical in this regard. For instance, one of our interviewees whose sight perished completely as a result of a stroke at age 22, and was near-sighted before that, told us in connection with seeing her body, her doctor, and the operating room during her NDE: "I know I could see and I was supposed to be blind. . . . And I know I could see everything. . . . It was very clear when I was out. I could see details and everything."

Another man, who lost his vision in a car accident at the age of 19, had a comforting vision of his deceased grandmother across a valley during his NDE. In commenting on his clarity, he said: "Of course I had no sight because I had total destruction of my eyes in the accident, but [my vision] was very clear and distinct. . . . I had perfect vision in that experience."

Still another man, this one blind from birth, found himself in an enormous library during the transcendental phase of his NDE and saw "thousands and millions and billions of books, as far as you could see." Asked if he saw them visually he said, "Oh, yes!" Did he see them clearly? "No problem." Was he surprised at being able to see thus? "Not in the least. I said, 'Hey, you can't see,' and I said, 'Well, of course I can see. Look at those books. That's ample proof that I can see.'"

Typically, vision is reported as clear, even acutely so, by our respondents in the otherworldly domain, where seeing is often described as "perfectly natural" or "the way it's supposed to be." However, sometimes the initial onset of visual perception of the physical world is disorienting and even disturbing to the blind. This was true for Vicki, for example, who said:

I had a hard time relating to it [i.e., seeing]. I had a real difficult time relating to it because I've never experienced it. And it was something very foreign to me. . . . Let's see, how can I put it into words? It was like hearing words and not being able to understand them, but knowing that they were words. And before you'd never heard anything. But it was something new, something you'd not been able to previously attach any meaning to

Later, in commenting on the shock of these initial visual impressions, she even used the word "frightening" to characterize them. She also told us that she was never able to discriminate colors as such, but only "different shades of brightness," about which impressions she could only wonder afterward whether they represented what sighted people meant by color.

However, after this brief and confusing period of adjustment, the experiencer's perception quickly seems to become self-organizing and coherent; then it is as if the individual has been seeing his or her whole life. As Brad commented on the naturalness of his own perception in the otherworldly domain:

It was like it was always there. . . . It was so natural it was almost as if I should have always been able to see like that. . . . I could never understand why I never could do that back in my own body, yet it was so unbelievably natural. . . . I thought to myself I should be able to carry this right back with me. It's just something I've always had. . . . I was very comfortable with it.

To conclude this section, we would like to bring all of these visual threads together in one specific illustrative case of still another of our blind respondents, a woman we'll call Marsha. Marsha is a 40-year-old married woman living in Connecticut who had an NDE on January 16, 1986, when she was 32, as a result of complications in her pregnancy.

Like Vicki, Marsha was a premature baby, having been born after only a six month pregnancy, and, as a result, had developed a condition of retinopathy of prematurity. Unlike Vicki, however, she has always had some limited vision. In this respect, Marsha told us: "I have some vision in my left eye, not a whole lot. I don't have any reading vision—I can't read print at all, but I can see, like, people and stuff, but they look . . . blurry." We classified Marsha in the severely visually impaired category, as her actual vision was extremely poor and she uses a guide dog.

Marsha's case is mainly of interest here in showing how the visual perception of a severely visually impaired individual during an NDE

is not only enhanced, but can become virtually perfect. In her interview with us, she made it plain that her heightened acuity pertained both to her out-of-body perception as well as to that which she experienced in the otherworldly portion of her experience. As to the former, Marsha told us that when she was coming back, she was aware of seeing her body:

Interviewer: Could you describe it? Could you see it in detail?

Marsha: Yeah, it just looked like me. I was, like, asleep.

Interviewer: And how was your vision, if I could put it that way, when you were looking down on yourself?

Marsha: It was fine. . . . It was normal.

Interviewer: When you say normal, you mean clear?

Marsha: Yeah, everything. There was no problem with it.

Concerning the quality of her otherworldly perception, she commented:

Interviewer: Were you able to see better than you could in the physical world?

Marsha: Oh, yeah.

Interviewer: What was your visual perception like in this room [in the otherworldly portion of her NDE]?

Marsha: Everything, I could see everything. . . . All the people, all the way back. Everything.

Interviewer: In what way? Could you be a little more specific?

Marsha: It was perfect. It would not be like that here. There was no problem. It was, like, you know— everything, you could see everything. It was not like your eyes. I don't know what normal vision would feel like. It was not like your eyes see. It couldn't be my eyes because my eyes were back over here. I could see gold in the room. Gold on the walls. There [were] white birds and angels and all these people.

Interviewer: When you saw birds and the people and the room, were you seeing it in detail or just like you see now?

Marsha: No, no. It was detail. It was white light. Everything was white light in there. And there was gold on the walls.

Later on, in elaborating on her perception of colors during this part of her experience, Marsha was similarly definite about what she was aware of:

Interviewer: And could you see it [color] clearly in the experience?

Marsha: Yes. Everything was the way it was supposed to be.

Finally, when the interviewer probed to get Marsha's further thoughts on her visual experience during her NDE, this exchange occurred:

Interviewer: If you had to say how much sight you actually had at the time of your experience, is there a way for you to describe it?

Marsha: It was, like, perfect. I don't see how it could not be perfect. I can't say I could see like I see now. . . . I could see everything [then].

Interviewer: Do you have any thoughts on the fact that you had vision during this experience?

Marsha: Well, see, it was vision, but I don't think it was my eyes. I don't know how it works because my eyes were back here, and since they are not right and I could see everything right, there had to be more special vision somehow.

Although Marsha still has some residual physical vision, it is clear that her comments echo both those of Vicki and Brad concerning the quality of her visual perception, especially in the otherworldly realm. There, she saw perfectly and in detail that was astonishing to her and for which she had no explanation. And like Vicki and Brad, who had also noted the naturalness of their otherworldly vision, Marsha used a phrase we have encountered before, namely, "everything was the way it was supposed to be." Likewise, her visual impression of her physical body seemed clear and distinct, in contrast to her everyday vision. Overall, her testimony was as striking as it was consistent and showed that severely visually impaired persons, too, may find that coming close to death appears to restore their sight to normal, and perhaps even superior, acuity.

In summary, as a whole our interviews with both NDErs and OBErs offered abundant testimony that reports of visual perception among the blind are common, that their impressions concern both things of this world and otherworldly domains, and that they are often clear and detailed, even in narratives furnished by those who have been blind from birth.

Corroborative Evidence for OBE and NDE Visions

Obviously, in order to demonstrate that the perceptions described by our blind experiencers are something other than mere fantasies or even complex hallucinations, it will be necessary to provide some kind of confirming evidence for them, preferably from other independent witnesses or from reliable documentation. But just here, not surprisingly, is where it proves difficult to gather the type of indispensable corroboration that would help to cinch the argument that

what they report seeing is indeed authentic. In many cases, such as those of Vicki and Brad, the reported NDEs or OBEs took place so long ago that it is no longer possible to know precisely who the witnesses were or where to locate them. In other instances, potential informants have died or were not accessible to us for interviews. As a result, much of the testimony of our respondents is dependent on their own truthfulness and the reliability of their memories. As a rule, we did not have cause to question the sincerity of our respondents, but sincerity is not evidence and one's own word is hardly the last word when it comes to evaluating the validity of these accounts.

Nevertheless, in at least some instances, we are able to offer some evidence, and in one case some very strong evidence, that these claims are in fact rooted in a direct and accurate, if baffling, perception of the situation. In this section, we will present two of our cases in which we could document some measure of evidentiality for the visual perceptions of the blind.

Frank

Our first example is one of apparently veridical perception during an OBE in which a respondent claimed to have seen himself. What makes this case of special interest, however, is that he also saw something he couldn't have known about by normal means. Furthermore, he told us that a friend of his was in a position to confirm his testimony. Frank is 66 years old, but lost his sight completely in 1982. He cannot see anything now, including light or shadows. He has had several OBEs, however, since becoming totally blind. What follows is his recall of one of them.

Around 1992, a friend of Frank's was going to be driving him to the wake of a mutual friend. As Frank remembered the incident:

And so I said to her that morning, I said: "Gee, I haven't got a good tie to wear. Why don't you pick me up one?" She said, "Yeah, I'll pick you up one when I get down to Mel's [a clothing store]." So she picked it up and dropped it off and said, "I can't stay. I've got to get home and get ready to pick you up to go to the wake." So I got dressed and put the tie on. She didn't tell me the color of the tie or anything else. I was laying down on the couch and I could see myself coming out of my body. And I could see my tie. The tie that was on. And it had a circle on it—it was a red—and it had a gray circle, two gray circles on it. And I remember that.

The interviewer then probes for further details and clarification:

Interviewer: Now just for the chronology of it, you were lying down with this tie on, you saw yourself going out of the body, and then you saw the tie?

Frank: I saw the tie 'cause I told her the color.

Interviewer: You told your friend who was driving you?

Frank: Yeah, when she came back to pick me up. . . . And when she came down to pick me up, I said to her, "Are the circles gray in this tie?" And she says, "Yes."

Interviewer: Was she surprised that you knew?

Frank: Yes. She said, "How did you know?" She said, "Did anyone come here?" I said, "No, nobody came here." You know, you can't tell 'em [laughs], 'cause they just don't accept, they don't believe in it.

Interviewer: And do you remember what the tie looked like even now?

Frank: Yeah. It's a rose-colored tie with circles on it and dots in the middle of the circle. Whitish/grayish circle around there. And it's a beautiful tie, 'cause every place I go they remark on it. So she said to me, "Who told you?" And I said, "Nobody." I said, "I just guessed." I didn't want to tell because, like I said before . . . you can't say things to certain people.

Naturally, after hearing this story, we were eager to see if we could track down the woman involved in this incident. That proved difficult, since Frank had lost contact with her, but eventually he was able to locate her and, without telling her exactly why we were interested to talk with her, put us in touch with her. One of us (S.C.) did conduct an open-ended interview with this woman shortly afterward and summarized it as follows in her notes:

I independently called his friend who said she did purchase a tie for Frank that day and did pick him up for the wake. However, she didn't have a clear recollection of the sequence of events that day to confirm the accuracy of Frank's story and didn't remember the exact design and colors of the tie. She added that Frank is a down-to-earth guy who in her experience does not embellish stories. And even though she couldn't independently corroborate his account, she tended to think he was probably accurate in recounting the details.

So here, although we lack the crucial confirming facts we need from the witness involved, we nevertheless have a highly suggestive instance that this man's recall of his experience is essentially accurate. However, the obvious weaknesses in and ultimate inconclusiveness of this case were overcome in our second example, in which a

direct and independent corroboration of the respondent's own testimony was obtained.

Nancy

The next respondent was a 41-year-old woman we will call Nancy who underwent a biopsy in 1991 in connection with a possible cancerous chest tumor. During the procedure, the surgeon inadvertently cut her superior vena cava, then compounded his error by sewing it closed, causing a variety of medical catastrophes including blindness, a condition that was discovered only shortly after surgery when Nancy was examined in the recovery room. She remembers waking up at that time and screaming, "I'm blind, I'm blind!"

Shortly afterward, she was rushed on a gurney down the corridor in order to have an angiogram. However, the attendants, in their haste, slammed her gurney into a closed elevator door, at which point the woman had an out-of-body experience.

Nancy told us she floated above the gurney and could see her body below. However, she also said she could see down the hall where two men, the father of her son and her current lover, were both standing, looking shocked. She remembers being puzzled by the fact that they simply stood there agape and made no movement to approach her. Her memory of the scene stopped at that point.

In trying to corroborate her claims, we interviewed the two men. The father of her son could not recall the precise details of that particular incident, though his general account corroborated Nancy's, but her lover, Leon, did recall it and independently confirmed all the essential facts of this event. Here is an excerpt from our interview with him, which bears on this crucial episode.

Leon: I was in the hallway by the surgery and she was coming out and I could tell it was her. They were kind of rushing her out.

Interviewer: Rushing her out of where?

Leon: Of the surgery suite where she had been in the recovery area, I think. And I saw these people coming out. I saw people wheeling a gurney. I saw about four or five people with her, and I looked and I said, "God, it looks like Nancy," but her face and her upper torso were really swollen about twice the size it should have been. At that point I looked and I said, "Nancy, Nancy," and they just—she didn't know, I mean. She was out of it. And they told me they were taking her down for an angiogram.

Interviewer: Who told you that?

Leon: I believe a nurse did. I'm not quite sure. I think I was still in a state of shock. I mean, it had been a long day for me. You're expecting an hour procedure and here it is, approximately 10 hours later and you don't have very many answers. I believe a nurse did. I know I asked. And I think Dick [the father of Nancy's child] was there at the same time. I think he and I were talking in the hallway.

Interviewer: Do you know how far you were from Nancy?

Leon: When I first saw her she was probably, maybe about 100 feet and then she went right by us. I was probably no more than 3 to 5 feet away from her. And I believe Dick was right next to me as well.

Interviewer: And do you know how they took her out? She was on the gurney?

Leon: She was on the gurney. There were IVs. . . . I'm not sure—I think she had some sort of a breathing apparatus. I'm not sure if it was an Ambu bag or what it was.

Interviewer: And then where did they take her?

Leon: They took her downstairs to do an angiogram.

Interviewer: How?

Leon: They took her down in the gurney in the service elevator. They didn't take her in a regular elevator. They took her around the corner to the service elevator.

Interviewer: And did you see that whole process?

Leon: Yes, I did.

Interviewer: Did you see her go into the elevator?

Leon: Yes, I did because I walked around to watch her enter the elevator.

Interviewer: Was there any disturbance that you remember in getting her into the elevator?

Leon: I think there was a real sense of urgency on the staff. I've worked in hospital emergency rooms as well and I can really relate to that. I think somebody was, like, trying to get into the elevator at the same time and there was some sort of a "Oh, I can't get in, let's move this over a little bit," kind of adjusting before they could get her into the elevator. But it was very swift.

Interviewer: Did you have a good look at her face?

Leon: Yeah, it really kind of shocked me. She was just really swollen. She was totally unrecognizable. I mean, I knew it was her but—you know, I was a medic in Vietnam and it was just like seeing a body after a day after they get bloated. It was the same kind of look.

Leon's account accorded with Nancy's in virtually every significant respect, despite the fact that he was very worried about her condition, and could scarcely recognize her because of her edema when he did see her. Yet, despite his evident state of shock at the time, his interview appeared to corroborate her story, as much as any external witness could be expected to. It should be noted that this witness has been separated from our participant for several years and

they had not even communicated for at least a year before we interviewed him. Furthermore, even if Nancy had not been totally blind at the time, the respirator on her face during this accident would have partially occluded her visual field and certainly would have prevented the kind of lateral vision necessary for her to view these men down the hall. But the fact is, according to indications in her medical records and other evidence we have garnered, she appeared already to have been completely blind when this event occurred.

After a detailed investigation of this case and a review of all pertinent documentation, we have concluded that in all probability there was no possibility for Nancy to see what she did with her physical eyes which, in any event, were almost surely sightless at that time. Yet the evidence suggests that she did see, and, as the corroborative testimony we have quoted shows, she apparently saw truly.

The question, of course, is how she was able to do that, and not only how Nancy saw, but how any of the blind persons in our study saw what they certainly could not possibly have seen physically. Our findings in this section only establish a putative case that these visions are factually accurate, and not just some kind of fabrication, reconstruction, lucky guess, or fantasy; but they leave unexplained the paradox of our discovery that the rumors some of us have been hearing all these years, that the blind can actually see during their NDEs, appear to be true. Whether and how this can be so is the mystery we must next be prepared to probe.

Discussion

An Overview of Our Findings

Before tackling the perplexing and difficult questions we have just posed, it will be helpful to summarize our principal findings. To do so, we will return to the three issues this study was designed to address. The first of these was whether blind persons do report NDEs and, if they do, whether those NDEs are the same or different from those of sighted persons. Our findings here were unequivocal in the affirmative. There is no question that NDEs in the blind do occur and, furthermore, that they take the same general form and are comprised of the very same elements that define the NDEs of sighted individuals. Moreover, this generalization appears to hold across all three categories of blindness that were represented in this study:

those blind from birth, those adventitiously blind, and those severely visually impaired.

The second issue, and the one that was the driving force of this study, was whether the blind claim to have visual impressions during their NDEs or OBEs. On this point, too, our data were conclusive. Overall, 80 percent of our respondents reported these claims, most of them in the language of unhesitating declaration, even when they had been surprised, or even stunned, by the unexpected discovery that they could in fact see. Like sighted experiencers, our blind respondents described to us both perceptions of this world and otherworldly scenes, often in fulsome, fine-grained detail, and sometimes with a sense of extremely sharp, even subjectively perfect, acuity.

The last issue hinged on the second, and that had to do with attempting to corroborate these claims of sight in an effort to show that they represented something other than fantasies or hallucinations. This was the weakest part of our study since, for a variety of methodological reasons, it was often not possible to locate relevant witnesses or gain access to potentially helpful documentation. Nevertheless, we did offer two illustrative and highly suggestive cases that seemed to indicate these claims are indeed authentic and not explicable by conventional means.

Some Possible Explanations for Apparent Sight in the Blind

With this summary of our findings we are now ready to explore the questions of central interest to us. The simplest way to frame the issue might be to ask: "How is it that the blind can see during these experiences?" But, however natural it might be to put the question in this form, doing so implies that we have already concluded that we can reasonably infer from our data that the blind do in fact see. That is certainly possible, perhaps even plausible, but not all readers would be prepared to concede the point. Indeed, we have already implied that from an epistemological point of view, it might be better to rephrase our basic question as: "If it can legitimately be said that the blind in some sense do see, in precisely what sense would that be?" Putting the question in this way, then, leaves open the issue of the nature of apparent sight in the blind. However, even before we can properly address this question, there is plainly still another one that must exert a prior claim on our attention, and that is: "Might there be some non-retinal-based mechanisms that could

in principle account for the results of this study and thus demonstrate that vision in the blind is indeed only apparent and not actual?"

Thus, by a series of interrogative declensions, we find ourselves facing first the possibility of various alternative explanations that would avoid having to posit some kind of eyeless vision to subsume our findings. Before resorting to possible unconventional theories such as those rooted in New Paradigm science or even esoteric thought to interpret our findings, we must first make sure that no already recognized natural or prosaic mechanism cannot provide a superior or more parsimonious explanation.

The Dream Hypothesis

One fairly obvious possibility that has often been advanced in connection with the NDEs and OBEs of sighted persons is that this experience is some kind of a dream, perhaps a lucid or exceptionally vivid dream, which has such realistic properties that it is easily misinterpreted and thus given an ontological status it does not deserve. To evaluate this hypothesis, we first need to inquire into what is known about normal oneiric processes in the blind. Fortunately, there has been a great deal of research devoted to the dreams of the blind, some of it going back more than a hundred years. As a result of these investigations, certain generalizations about the presence of visual imagery in dreams appear to stand up quite well. Among these "empirical cornerstones" (Kirtley, 1975) are that (1) there are no visual images in the dreams of the congenitally blind; (2) individuals blinded before the age of 5 also tend not to have visual imagery; (3) those who become sightless between the age of 5 to 7 may or may not retain visual imagery; and (4) most persons who lose their sight after age 7 do retain visual imagery, although its clarity tends to fade with time. In addition, various researchers have found that audition tends to be the primary sense involved in dreams of the blind, with tactile and kinesthetic elements next (Kirtley, 1975).

In our interviews, we routinely asked our respondents about the nature of their dreams, and what we found in our sample accords with the generalizations just described. In addition, however, and particularly pertinent to the hypothesis under consideration, our respondents usually went on to say that not only were their NDEs unlike their usual dreams, but in the case of those blind from birth,

they stood out as radically different precisely because they contained visual imagery, whereas their dreams had always lacked this element. Vicki, one of our NDErs blind from birth, provides a good case in point:

Interviewer: How would you compare your dreams to your NDEs?

Vicki: No similarity, no similarity at all.

Interviewer: Do you have any kind of visual perception in your dreams?

Vicki: Nothing. No color, no sight of any sort, no shadows, no light, no nothing.

Interviewer: What kinds of perceptions are you aware of in your typical dreams?

Vicki: Taste—I have a lot of eating dreams [laughs]. And I have dreams when I'm playing the piano and singing, which I do for a living, anyway. I have dreams in which I touch things. . . . I taste things, touch things, hear things, and smell things—that's it.

Interviewer: And no visual perceptions?

Vicki: No.

Interviewer: So that what you experienced during your NDE was quite different from your dreams?

Vicki: Yeah, because there's no visual impression at all in any dream that I have.

These remarks, along with similar asseverations from other participants in our study, make it abundantly clear that from our respondents' point of view, the NDE, especially its visual aspect, has nothing in common with their usual dreams. It is instead something in a class by itself and not to be conflated with dreams. Since there is no support whatever from our interviews for the dream hypothesis of NDEs, we may confidently reject it as a potential explanation for our findings.

Retrospective Reconstruction

Another possibility, at least for the kind of visual perceptions respondents report during the out-of-body phase of NDEs, is that individuals are not really seeing at that time, but talking afterward as if they did. Instead, according to this hypothesis, they have actually reconstructed a plausible account after the fact of what might be expected to have happened while they were close to death, although they may sincerely but erroneously believe that they witnessed it at the time. From a combination of prior expectations, familiarity with hospital routines, overheard conversations or other

sensory cues at the time, information gleaned afterward, or even simply by lucky guesses, it might be possible for an NDEr to construct imaginatively a pictorial representation of events during an NDE. Thus, this hypothesis would contend that what appears to be vision is in reality a product of the mind's inventiveness.

The chief proponent of this hypothesis is Susan Blackmore (1993), who used it chiefly to discount some of the pioneering work by Michael Sabom (1982), in his study of apparently veridical, though seemingly impossible, visual perception in a sample of NDErs. In discussing, for example, how a patient could unconsciously use auditory information available during an operation, Blackmore indicated how naturally such a false representation could be generated:

It does not take much information from such sounds for a person to piece together a very convincing and realistic visual impression of what is going on. This will provide the best model they have and seem perfectly real. They may have no idea that the model was constructed primarily from things that they have heard. . . . It is very hard to assess just how much information any patient would have available. We can only remember the general point that people who appear unconscious may still be aware of some of the things going on around them and they can easily build these up into a good visual picture of what was happening (1993, pp. 124-125).

Blackmore's reasoning is logical and her hypothesis has a certain plausibility, but we have not been able to find any significant support for it among our interviewees. In fact only one of our 31 respondents even alluded to it, and at that merely as one theoretical possibility among several. Furthermore, a review of our transcripts affords no basis for arguing that retrospective reconstruction was likely to have played a role in most or even some of our cases. This same conclusion was reached by Sabom and independently by Scott Rogo (1989), in an evaluation of the former's work in regard to the possible relevance of this hypothesis.

And there are additional reasons for finding it inadequate here. For one, when one considers that it is an after-the-fact hypothesis that virtually cannot be disproved, the almost complete lack of direct evidence from our study in its behalf is particularly telling. Second, this hypothesis clearly founders when it comes to accounting for instances where unusual objects, ones that could not easily have been predicted or otherwise anticipated, such as the design and color of Frank's tie, are described by the blind. Third, it is completely impotent when it comes to accounting for the otherworldly segments of

NDEs, which is especially clear in visual form for many of our respondents.

On the basis of these considerations, we find scant evidence in favor of this hypothesis, and a number of cogent reasons not only to reject it, but to be tempted to regard it almost as a kind of all-purpose refuge for the skeptically-minded, rather like the "super-ESP" hypothesis in parapsychology, which, in principle, is always capable of explaining away in a pseudoscientific fashion findings that threaten to disturb prevailing ideas of the possible.

Blindsight

In the early 1970s, Lawrence Weiskrantz began to study a curious phenomenon he was later to call "blindsight" (Weiskrantz, 1986), in which patients suffering from extensive cortical blindness appeared to be able to "see." In his experiments, for example, Weiskrantz was able to show that in the absence of any visual sensation, patients, if asked to reach for a nearby object about whose exact location they were ignorant, tended to move in the right direction. Furthermore, when asked to grasp objects the nature of which was not disclosed to them beforehand, their hands tended spontaneously to assume the appropriate form necessary to hold the object. Weiskrantz's work has since been replicated by others (Humphrey, 1993) and the phenomenon has even been found in monkeys after extirpation of the visual cortex.

Is it possible, then, that what our respondents report is actually a form of blindsight?

Further scrutiny of the results of research into blindsight shows very quickly that although it seems to be a legitimate form of perception, it can by no means account for our findings. First of all, patients manifesting the effect typically cannot verbally describe the object they are alleged to see, unlike our respondents who, as we have noted, were usually certain about what they saw and could describe it often without hesitation. In fact, a cortically blind patient, even when his or her object identification exceeds chance levels, believes that it is largely the result of pure guesswork. Such uncertainties were not characteristic of our respondents. Second, even when performance is better than chance would allow, even the best of these patients still make many errors (Humphrey, 1993). While we cannot of course provide an overall figure of accuracy of object

identification in our study, it is not obvious from our findings that errors were made in regard to reports of visual perception in those portions of the environmental visual field where attention was focused. Finally, and perhaps most crucially of all, blindsight patients, unlike our respondents, do not claim that they can "see" in any sense. As Humphrey wrote: "Certainly the patient says he does not have visual sensation. . . . Rather he says, 'I don't know anything at all—but if you tell me I'm getting it right I have to take your word for it'" (1993, p. 90). This kind of statement is simply not found in the testimony of our respondents who, on the contrary, are often convinced that they have somehow seen what they report.

Thus, the blindsight phenomenon, however fascinating it may be in its own right, cannot explain our findings. Indeed, the term itself seems to be a bit of an unintentional misnomer, since in such patients there does not seem to be any conscious sense of visual perception at all.

Skin-Based Vision

The idea that we may have a kind of eyeless visual back-up system based on dermal sensitivity is an old one, although at first blush the notion may seem preposterous. Yet the retina itself is just a specialized piece of skin, which through evolution has come to be the "vision specialist" for the body. Therefore, it is certainly conceivable that in our skin itself there might be a residual basis for visual detection, which has simply atrophied and become nonfunctional through disuse, like a vestigial organ.

In fact, when one begins to explore the empirical basis for this hypothesis, one finds considerable evidence for it. The earliest work along these lines seems to have been done three-quarters of a century ago by Jules Romain. In 1920, he published a now nearly forgotten book called *La Vision Extra-Rétinienne et la Sens Paroptique*, which described his experiments in skin-based perception and became available in 1924 in an American translation under the title of *Eyeless Sight: A Study of Extra-Retinal Vision and the Paroptic Sense*. Romain's general purpose was to determine if individuals could "see" without the use of their eyes. To investigate this possibility, he first blindfolded his subjects in such a way as to ensure that no light could penetrate their eyes. He then ran them through a series of experiments to assess their visual capabilities under these conditions.

In some, he would present them with a newspaper and ask them to read the headlines. In others, he would ask his subjects to "read" a set of numbers. In still others, as in modern blindsight experiments, he would invite them to describe an object he placed in front of or behind them, or ask his subjects to identify the colors of objects or to distinguish the colors of papers under glass.

In general, and quite astonishingly, Romaines reported that his subjects performed remarkably well, far exceeding what would have been possible by chance. Furthermore, these experiments were witnessed by many observers, some of them quite eminent, and therefore do not depend solely on his own word. Romaines found, however, that several conditions affected the probability of correct identification. First, even though the subjects were blindfolded, light had to be present in the room for them to be able to "see." Second, his subjects could not perceive the object or "read" the number or letters on a paper when an opaque screen or door was placed between them and the object. Finally, the greater the area of the skin actually exposed, the more accurate subjects tended to be in their descriptions.

Romaines developed some elaborate theories to explain his findings, but however intriguing his discoveries were, for several distinct reasons they do not seem to have much bearing on what we found in our study. To begin with, in Romaines' experiments, shielding the object from view prevented it from being "seen." Yet, in our study, even the presence of walls or ceilings proved to be no impediment to our respondents' apparent vision, as cases such as Vicki's and Brad's, among others, attest. In addition, whereas Romaines found that the degree of skin exposure was directly related to accuracy of perception, there was no evidence of that in our study, and in fact some evidence that would contravene it. Remember, for instance, that in some of our cases the respondent's body was covered with bedsheets or was clothed at the time of an NDE or OBE, yet vision seemed to occur without difficulty. Most telling of all, however, is that Romaines' subjects generally took a long time to achieve whatever degree of visual accuracy they did demonstrate. Indeed throughout his book, Romaines frequently commented that the kind of eyeless vision he obtained from his subjects was piecemeal, gradual, with the elements of perception coming together slowly, as a result of laborious effort, at least at the beginning. Eyeless vision, he wrote, is successive, a matter of trial-and-error, and tends at first to discern only objects near at hand. In our study, visual perception seemed to be immediate, unlearned, and was not restricted to objects close to the individual. Therefore

we conclude, as we did with the later experiments in blindsight, that Romain's findings, even if valid, have no relevance for ours and must depend on entirely different mechanisms.

Incidentally, the insight underlying Romain's work, that there may be non-retinal mechanisms that afford a kind of vision, has been followed up by a succession of modern researchers (Bach-y-Rita, 1972; Duplessis, 1975; Grinberg-Zylberbaum, 1983), but their findings, although generally consistent with Romain's, fail to explain ours. In general, this more modern research parallels Romain's observation that it takes a considerable amount of time and training for subjects to show even a modest proficiency of object recognition. That fact alone disqualifies the hypothesis of skin-based vision as a possible explanatory vehicle for our results.

The rejection of this hypothesis also implies that similar views, such as V. Krishnan's (1983), which contend that the vision reported in NDEs and OBEs may be a function of some kind of obscure physical mechanism are without support. For instance, Krishnan's position requires that congenitally blind persons, on seeing for the first time, have inchoate perception, as do those whose sight is restored through an operation (Gregory, 1966; Sacks, 1993; Valvo, 1970; von Senden, 1960). But, clearly, that is not the case. The brief surprise or disorientation a blind NDEr may experience when confronted with visual impressions before adjusting to them does not begin to compare with the hours of training that a newly sighted individual needs to undergo in order to transform visual information into meaningful patterns. Relatively speaking, then, sight is virtually immediate in our blind NDErs, and although there may be some confusion over the fact of sight and uncertainty about color, object perception seems stable from the outset. Moreover, when never-before-seeing NDErs find themselves in the transcendental portions of their experience, some of them remark that seeing was perfectly natural in that state; it was as if they could always see. Any mechanism that could explain that baffling fact is, to us, truly obscure. In any event, the hypothesis that it might be rooted in some kind of skin-based vision, as Krishnan has also suggested, is without a shred of evidence.

An Assessment of the Evidence for Alternative Explanations

Our search for a non-retinal-based mechanism that could in principle account for the results of this study and thus demonstrate that

vision in the blind is indeed only apparent and not actual has considered theories and data relating to dreams, retrospective reconstruction, blindsight, and skin-based vision, and has come up empty. Of course, it would be absurd to claim that we have exhausted the list of naturalistic or conventional possibilities or eliminated all conceivable artifacts, but we believe we have ruled out some of the most obvious candidates for explanatory honors. At the very least, we have perhaps managed to cast some doubt on the tenability of this type of explanation for our findings, and consequently increased the likelihood that however they might be accounted for, we would do best to seek elsewhere for our answers.

In any case, having addressed this basic issue, we can now revert to the question we posed earlier about whether or in what sense it can be said that the blind do see. Clearly, before any explanation for vision in the blind can be accepted, it must first be established that their reports reflect the operation of something that can legitimately be called "true sight." That assumption has of course been implicit throughout this article and may perhaps appear to some to be self-evident by now. But it is not, and our next task is to demonstrate just why it is not.

Apparent Vision in the Blind: Is It Really Seeing?

We as researchers can never have access to the NDE or OBE in itself. Rather, every such experience is coded in a certain way as it occurs and afterward, and comes to us only later as a report in a linguistic form. Therefore, by the time we interview our respondents, the original experience has already been processed through several distinct filters and necessarily undergone a series of virtually unconscious transformations until it reaches us as a distinct and coherent narrative. Therefore, it will prove helpful to discern how this narrative comes to be shaped, and how the experience may be coded in the first place. Doing so will in turn shed light on the pivotal question of this section, namely: is what we discovered in our blind respondents truly a form of seeing? That is, is it in any sense something that might be conceived of as analogous to physical sight?

To answer these questions, we reviewed our transcripts as sedulously as possible for insights into the formative processes that ultimately gave rise to the verbal report of the NDE or OBE. And what we discovered in a finer reading of these documents were a brace of

factors that together sounded a tocsin against an overly literal interpretation of these reports as indicative of "seeing" as such. For one thing, our scrutiny of these transcripts frequently revealed a multifaceted synesthetic aspect to the experiencer's perception that seemed to transcend simple sight. A number of our interviewees, for example, were hesitant to assert that what they were able to describe was incontestably visual, either because they were blind from birth and did not know what vision was like or because they knew they could not possibly be seeing with their physical eyes. The following comments were typical of this vein:

It wasn't visual. It's really hard to describe because it wasn't visual. It was almost like a tactile thing, except that there was no way I could have touched from up there. But it really wasn't visual because I just don't have vision any more. . . . It [was] sort of a tactile memory or something. It's not really like vision is. Vision is more clear, but it's also more tied down.

I think what it was that was happening here was a bunch of synesthesia, where all these perceptions were being blended into some image in my mind, you know, the visual, the tactile, all the input that I had. I can't literally say I really saw anything, but yet I was aware of what was going on, and perceiving all that in my mind. . . . But I don't remember detail. That's why I say I'm loath to describe it as a visual.

What I'm saying is I was more aware. I don't know if it's through sight that I was aware. . . . I'm not sure. All I know is . . . somehow I was aware of information or things that were going on that I wouldn't normally be able to pick up through seeing. . . . That's why I'm being very careful how I'm wording it, 'cause I'm not sure where it came from. I would say to you I have a feeling it didn't come from seeing, and yet I'm not sure.

Even Brad, whose initial testimony seemed so clear on this point, in a subsequent interview eventually qualified and clarified his earlier remarks about his memory of seeing snow on the streets outside his school:

I was quite aware of all the things that were physically mentioned in there [i.e., his earlier description]. However, whether it was seen visually through the eyes, I could not say. . . . I mean, you have to remember, being born blind, I had no idea whether those images were visual. . . . It was something like a tactual sense, like I could literally feel with the fingers of my mind. But I did not remember actually touching the snow. . . . The only thing I can really state about those images was that they came to me in an awareness and

that I was aware of those images in a way I did not really understand. I could not really say that they were visual *per se* because I had never known anything like that before. But I could say that all my senses seemed to be very active and very much aware. I was aware.

Brad, too, seemed to be telling us now that he could not be certain his representation of the snow was in any definitive sense "visual" as such, especially since he had no real understanding of what a visual image was. Instead, as with others in our study, a complex multisensory awareness seems to have been involved, and, in a remarkable similarity with one of the respondents quoted above, Brad made an almost identical statement to hers about the tactile quality of his impression, again suggesting that this modality may be a key feature in the coding of these experiences by the blind, as it certainly is in their daily life.

Vicki as well, in recent exchanges with us, eventually clarified her previous statements concerning whether her experiences could be properly thought of as examples of pure seeing. In our interview with her on May 27, 1994, she allowed, "It was scary at first. . . . I had trouble relating things to one another, what I was seeing and perceiving versus what I had touched and known the way I had known things all my life." And in a telephone conversation the following year, on July 18, 1995, when one of us (K. R.) asked her whether in her opinion it was a matter of seeing or knowing in her experience, she unhesitatingly replied, "It's both, Ken, it's both seeing and knowing."

As this kind of testimony builds, it seems more and more difficult to claim that the blind simply see what they report. Rather, it is beginning to appear it is more a matter of their knowing, through a still poorly understood mode of generalized awareness based on a variety of sensory impressions, especially tactile ones, what is happening around them. The question that immediately confronts us now, however, is as unavoidable as it is crucial: Why is it that these reports, when casually perused, nevertheless often seem to imply that the blind do see in a way akin to physical sight?

As we have already observed, however these experiences may have been coded originally, by the time we encounter them they have long come to be expressed in a particular linguistic form. And that form is a language of vision, since our ordinary language is rooted in the experiences of sighted persons and is therefore biased in favor of visual imagery. Because the blind are members of the same linguistic

community as sighted persons, we can certainly expect that they will tend, and indeed will be virtually compelled, to phrase their experiences in a language of vision, regardless of its appropriateness to the qualities of their own personal experience.

And there is another clue from our transcripts that mitigates against an overly literal interpretation of our data on apparent vision in the blind. Examination of language usage by our respondents reveals that they tend to use vision verbs far more casually and loosely than do sighted persons, a finding that other researchers who have studied language in the blind (Cook, 1970; Rathna, 1962) have confirmed. Vicki, for example, said that she loves to "watch" television and uses phrases, such as "look at this," that clearly cannot be taken literally. Although this observation does not necessarily invalidate the testimony in our reports, it does send up another amber flag of caution when it comes to the interpretation of the narratives of our blind respondents.

In summary, what we have learned from our respondents is that although their experiences may sometimes be expressed in a language of vision, a close reading of their transcripts suggests something closer to a multifaceted synesthetic perception that seems to involve much more than an analog of physical sight. This is not to say that as part of this awareness there cannot be some sort of pictorial imagery as well; it is only to assert that this must not be taken in any simplistic way as constituting vision as we normally understand it.

Eyeless Vision and Transcendental Awareness

Even if we cannot assert that the blind see in these experiences in any straightforward way, we still have to reckon with the fact that they nevertheless have access to a kind of expanded supersensory awareness that may in itself not be explicable by normal means. Furthermore, notwithstanding the cases of indistinct and nebulous "sight" we have just reviewed, we must not overlook the ineluctable and very unequivocal claims on the part of most of our respondents that they did seem to possess a type of vision that was very keen, detailed, and even "crystal clear" at times. Even if these reports may not be analogous to retinal vision as such, they clearly represent *something* that must be directly addressed. Thus, it remains for us

to grapple with the question of what these reports represent, if not vision.

To pursue this line of inquiry, the first point we must note is that the blind simply represent a kind of limit case in research dealing with alleged perceptions while in a near-death or out-of-body state. If blind persons report what they cannot possibly see, since they have no physically-mediated sight, or what they cannot know by other normal means, as seems to be so in at least some instances in our study, then we have clearly identified a phenomenon that threatens to cast a dark shadow on the house of conventional science. But it is equally plain that whenever we can show that such perceptions are physically impossible, whether with blind persons or not, the same kind of shadow appears, as indeed it already has, many times, in other research dealing with NDEs and OBEs. So to begin to focus more clearly on precisely what it is we need to explain here, let us look for a moment at a few illustrative cases one step removed from those we have considered in this report where "impossible perceptions" of great acuity are described by the poorly sighted.

One type of case that has long intrigued us is when such individuals are seemingly able to report such fine and improbably noticed features as, for example, "dust on the light fixtures" in an operating room when, from the location of their physical body at the time as well as their eyesight, such perceptions would manifestly be impossible. Here, then, are a couple of such instances from our previous research.

One of them came from a woman interviewed in the early 1980s who was 48 years old at the time (Ring, 1984). She had had her NDE in connection with a surgical procedure in 1974. What was especially noteworthy about her account at the outset, however, was her mention of her unusually garbed anesthesiologist. As she explained, he was a physician who often worked with children. And because he had found that his young patients often were confused by a team of similarly clad green-garmented doctors, he had taken to wearing a yellow surgical hat with magenta butterflies on it so he, at least, could easily be recognized. All this will, of course, be highly relevant to this woman's account of her experience which will now be described in her own words. She had gone into shock when she heard her physician exclaim, "This woman's dying!" At that point:

Bang, I left! The next thing I was aware of was floating on the ceiling. And seeing down there, with his hat on his head, I knew who he was because of the hat on his head [i.e., the anesthesiologist

with the magenta butterfly cap]. . . it was so vivid. I'm very near-sighted, too, by the way, which was another one of the startling things that happened to me when I left my body. I see at fifteen feet what most people see at four hundred. . . . They were hooking me up to a machine that was behind my head. And my very first thought was, "Jesus, I can see! I can't believe it, I can see!" I could read the numbers on the machine behind my head and I was just so thrilled. And I thought, "They gave me back my glasses. . . ." (Ring, 1984, p. 42)

She went on to describe further details of her operation, including how her body looked, the shaving of her belly, and various medical procedures that her surgical team were performing upon her, and then found herself looking at another object from a position high above her physical body:

From where I was looking, I could look down on this enormous fluorescent light . . . and it was so dirty on top of the light. [Could you see the top of the light fixture?] Yes, and it was filthy. And I remember thinking, "Got to tell the nurses about that." (Ring, 1984, p. 43)

One of the striking features of this case is this woman's observation that she was able to see so clearly during her NDE despite the fact that, as she averred, she was very nearsighted. In this respect, too, this woman's testimony is far from unique in our records. Another very similar story was told, for example, in a letter from an audiologist who likewise reported seeing dust on the light fixtures of the operating room where his NDE took place. This incident occurred in a Japanese hospital during the Korean war. In addition, this same man, who became interested in NDEs as a result of his own experience, also learned of another case, involving a nurse at the same hospital, which had a remarkable correspondence to his. On this point, as he wrote in his letter:

The odd thing about both of our experiences is that we are both extremely myopic, i.e., thick glasses and blind as bats 6" from our noses. And yet we were both able to describe accurately events, dials, details, expressions in our OBEs, without our glasses.

Such highly acute visual perceptions on the part of the poorly sighted are hardly limited to those who are apparently hovering above their bodies during NDEs. Other nonordinary states of consciousness, such as meditation, can also sometimes evoke them. Here is a particularly compelling example from a book by an optometrist whose uncorrected eyesight was 20/200:

[At this time] I was meditating every day. . . . During one of these deep meditative states, I had a very profound and startling experience. Although my eyes were closed, I could suddenly see everything—the whole room and myself in it—and I couldn't tell where I saw seeing from! I wasn't seeing from my eyes or from any single point of view. I seemed to be seeing everything from everywhere. There seemed to be eyes in every cell of my body and in every particle surrounding me. I could simultaneously see from straight on, from above, from below, from behind, and so on. . . . There seemed to be no observer separate from what was seen. There was simply awareness. (Lieberman, 1995, p. 47)

Here we have an important clue about the nature of this kind of "seeing." It may not be limited to the kind of concentrated focus we sometimes encounter in cases of NDEs, where one's perceptual attention sometimes seems restricted to the physical body. Instead, as this account shows, one's awareness can be omnidirectional. In fact, this type of perception is sometimes reported by those having NDEs or OBEs, and it is precisely this feature that suggests that "awareness" is a more appropriate term for this experience than is "seeing," as the writer just quoted also implied. In this new context, then, consider this account from an NDEr whose experience occurred as a result of pneumonia during her second pregnancy. During this crisis, the woman was rushed to the hospital by her husband and, upon arrival, lost consciousness. Still, she was able to hear the nurses talking about her, saying that she was "dead meat." Nevertheless, she herself was elsewhere at the time. As she related her experience:

I was hovering over a stretcher in one of the emergency rooms at the hospital. I glanced down at the stretcher, knew the body wrapped in blankets was mine, and really didn't care. The room was much more interesting than my body. And what a neat perspective. I could see everything. And I do mean everything! I could see the top of the light on the ceiling, and the underside of the stretcher. I could see the tiles on the ceiling and the tiles on the floor, simultaneously. Three hundred sixty degree spherical vision. And not just spherical. Detailed! I could see every single hair and the follicle out of which it grew on the head of the nurse standing beside the stretcher. At the time I knew exactly how many hairs there were to look at. But I shifted focus. She was wearing glittery white nylons. Every single shimmer and sheen stood out in glowing detail, and once again I knew exactly how many sparkles there were.

In this narrative, we notice again not only this astonishing feature of omnidirectional awareness, but also a type of knowledge that stretches our concept of ordinary "vision" beyond the breaking point.

Clearly, this is not simple "vision" at all as we are wont to understand it, but almost a kind of seeming omniscience that completely transcends what mere seeing could ever afford. Indeed, what we appear to have here is a distinctive state of consciousness, which we would like to call *transcendental awareness*. In this type of awareness, it is not of course that the eyes see anything; it is rather that the mind itself sees, but more in the sense of "understanding" or "taking in" than of visual perception as such. Or alternatively, we might say that it is not the eye that sees, but the "I."

Celia Green, in an important survey of OBEs (Green, 1968), found evidence for much the same concept as we are calling transcendental awareness among her respondents, too. To cite one brief relevant instance, she quoted one of her subjects as saying, "having no eyes, I 'saw' with whole consciousness" (Green, 1968, p. 70). Indeed, her survey is full of cases showing many of the features we have found in our study of the blind, including instances of keenly detailed perceptions, which some of her subjects, like ours, characterized as "crystal clear," saying things like, "I could see the room in great detail, even the specks of dust" (Green, 1968, p. 72). Green also reported examples of apparent sight through physical obstacles and multisensory or synesthetic experiences. Therefore, what students of OBEs tend to call extrasomatic vision seems to be identical to what we have labeled here transcendental awareness.

Still another domain of research that appears to involve this type of awareness is that of pre- and perinatal psychology. In some investigations of early childhood memories, for example, there are reports by adults of events they appeared to have witnessed prior to birth (Chamberlain, 1977; Cheek, 1986). In a popular book David Chamberlain (1988) wrote on apparent birth-related memories, he recounted a story that came from a 3 1/2-year-old boy named Jason. Riding home one night, Jason spontaneously said that he remembered being born. He told his mother that he had heard her crying and was doing everything he could to get out. He said that it was "tight," he felt "wet," and he felt something around his neck and throat. In addition, something hurt his head and he remembered his face had been "scratched up." Jason's mother said she had "never talked to him about the birth, never," but the facts were correct. The umbilical cord had been wrapped around his neck, he had been monitored by an electrode in his scalp, and he had been pulled out by forceps. The photograph taken by the hospital showed scratches on his face (Chamberlain, 1988).

Another girl, not quite 4, in speaking of her own birth, knew a "family secret" that had never been divulged to her. In this case, a friend of the mother and later an occasional babysitter named Cathy had been present at the birth, assisting the midwife. After the birth, the midwife had been busy and the mother had by then been helped into a bath, leaving Cathy temporarily alone with the baby. As the baby began to whimper, Cathy reflexively let the baby suck from her own breast. By the time the mother had returned, the baby was already asleep, and Cathy, feeling somewhat guilty about being the first person to nurse the child, elected to say nothing to the mother about it.

Nearly four years later, Cathy was babysitting this same child, and, just out of curiosity, happened to ask the child if she remembered being born. As Chamberlain related what Cathy later told him,

She answered, "Yes!" and proceeded to give an accurate account of who was present and their roles during labor and delivery. She described the dim light of the womb and the pressures felt during birth. Then the child leaned up close and whispered in a confidential tone, "You held me and gave me titty when I cried and Mommy wasn't there." At that, she hopped up and went off to play. Says Cathy, "Nobody can tell me babies don't remember their birth!" (Chamberlain, 1988, pp. 103-104)

Hearing such suggestive anecdotes as these, Chamberlain felt obliged to see whether he could confirm such reports through systematic research into the question. For this purpose, he eventually studied a paired set of 10 mothers and children and independently hypnotized them, asking them for details about the birth from their separate perspectives. Only mothers who could assure Chamberlain that they never shared details about the birth with their child were eligible for the study. For the purposes of evaluation, Chamberlain assumed that the report given by the mother would be at least an approximately accurate description of the circumstances of the birth against which the child's testimony could then be measured.

When comparing these independent accounts, Chamberlain found that in general the respective stories of mother and child agreed impressively, corresponding on specific points of detail in an almost uncanny fashion:

Mother and child reports were coherent with each other, contained many facts that were consistent and connected, and were appropriately similar in setting, characters, and sequences. The independent narratives dovetailed at many points like one story told from two

points of view. . . . Generally, reports validated each other in many details like time of day, locale, persons present, instruments used (suction, forceps, incubator) and type of delivery (feet or head first). Sequences of receiving bottled water, formula, or breast milk, appearance and disappearance of fathers, and moving in and out of different rooms were often consistent. . . . Considering all the facts, objectively gathered birth memories appear to be genuine recollections of experience. (Chamberlain, 1988, pp. 106 and 120)

In all the areas we have mentioned—studies of NDEs, OBEs, meditation, and pre- and perinatal psychology—a single unified concept such as transcendental awareness can provide the basis for a parsimonious explanation for the entire and seemingly diverse array of “impossible perceptions” that research into these phenomena has disclosed. Furthermore this term seems more faithful to the nature of these experiences than one that emphasizes only the visual component.

Returning now to its specific application to our research, the reason we prefer to invoke the concept of transcendental awareness hinges on our previous discussion about the ubiquity of the language of vision. In effect, we argue that the blind, like other persons reporting OBEs and NDEs, have entered into a state of transcendental awareness, which confers access to a realm of knowledge not available in one’s normal waking state, but then are forced, again just like others, to translate their experiences into visual metaphors. Thus, the supersensory kind of knowing that the experience provides becomes seeing when it undergoes the necessity of linguistic transformation. That is why NDErs and OBErs, including some of our blind respondents, speak as if they have seen, even though, we conclude, it is an almost unavoidable distortion required by common language usage.

Thus, in answer to our earlier question as to what these individuals experience, if not seeing, we submit that it is transcendental awareness, a distinctive state of consciousness and mode of knowing in its own right, which is operative in blind and sighted persons alike during their experiences and which now stands in need of explanation. But at least we have, we believe, finally identified the phenomenon itself that seems to underlie and make possible the claims that the blind can “see” during their NDEs and OBEs, and why it is that their apparent “vision” can sometimes be so extraordinarily detailed and fine as to be, in their mind, “perfect.” Since transcendental awareness by definition must transcend the limitations of the senses,

it is possible, at least at times, for one to have access to a state of consciousness in which, with "the doors of perception cleansed," things present themselves in true Blakean fashion, "as they are, infinite."

Theories of Transcendental Awareness

When confronted with the evidence for transcendental awareness we have presented in this paper, both from our own study and from the research of others, it is obvious that the generally accepted theories of human perception and cognition that derive from mainstream science will not, without some extraordinary extrapolations, be able to account for such findings. If, however, we turn instead to some recent theoretical developments in New Paradigm Science we can quickly discern the shape of the explanation we need to seek.

In recent years, a number of thinkers, influenced by developments in modern physics, have elaborated a variety of theories of consciousness which, despite their somewhat different basic postulates, all either predict or imply that blind persons should be able to have something like visual perception during NDEs and OBEs. In addition, all of these theories explicitly address the phenomenon of the NDE in general and also posit the existence of a state of consciousness that corresponds to what we have called here transcendental awareness. Among such formulations are Kenneth Arnette's "Theory of Essence" (Arnette, 1992, 1995a, 1995b), Larry's Dossey's "Nonlocality Theory of Consciousness" (Dossey, 1989), Amit Goswami's "Quantum Theory of Consciousness" (Goswami, 1993, 1994), Michael Talbot's "Holographic Theory of Consciousness" (Talbot, 1991), and Jenny Wade's "Holonomic Theory of Consciousness" (Wade, 1996).

As indicated, the ground philosophic assumptions of these theories vary. For instance, Arnette's position is one of explicit dualistic interactionism, Goswami's, a monistic idealism that nevertheless is able to incorporate some of the insights of dualistic theories without having to resort to dualism *per se*, while Wade's approach represents an uncompromising nondualism. Nevertheless, these theorists all agree about certain properties of consciousness itself, and on this basis they can serve as a kind of collective expression of the point of view we believe best articulates our own theoretical convictions. Let us examine next, then, this list of the common postulates of these theories having to do with the nature of consciousness.

The first postulate on the nature of consciousness that these diverse theories share is that consciousness itself is primary and is the ground of all being. Goswami's statements are indicative of this position and sum it up succinctly:

all events are phenomena in consciousness. Beyond what we see as immanent reality, there is a transcendent reality; ultimately all reality is comprised of consciousness. The division of reality into transcendental and immanent is an epiphenomenon of experience. (Goswami, 1994, p. 1)

The second common postulate is that consciousness is nonlocal. What this assertion implies is that the mind, rather than being located in the individual and bounded by time (that is, birth and death) is fixed neither in time nor in space. In fact, in this view, it is not really appropriate, except as a shorthand convenience, to speak of the mind; instead there is, as our first proposition implies, only Mind. This insight, though derivative from a nonlocality position, may be stated as a separate assumption, namely, the third common postulate: that consciousness is unitive. That is, there is only one consciousness, which we call Mind, and the notion of individual minds is at bottom nothing more than a useful fiction that Dossey pointedly called "the illusion of a separate self and the sensation of an ego that possesses a separate mind" (Dossey, 1989, p. 98).

The fourth common postulate is that consciousness may and indeed must sometimes function independently of the brain. This is a key assumption, especially for understanding how the blind may become aware of something that seems like visual perception. Dossey again stated the matter concisely:

if the mind is nonlocal, it must in some sense be independent of the strictly local brain and body. . . . And if the mind is nonlocal, unconfined to brains and bodies and thus not entirely dependent on the physical organism, the possibility of survival of bodily death is opened. (Dossey, 1989, p. 7)

Of course, as Dossey elsewhere pointed out and as all of the other theorists under consideration would agree, although Mind is neither confined to the brain nor a product of it, it may of course work through the brain to give us our representation of the phenomenal world. According to Goswami, our ordinary perception of time and space comes about as a result of a quantum-mechanical process whereby consciousness self-referentially "collapses" what are called "possibility waves" so as to give rise to actuality: "In the process of

collapse, one undivided consciousness sees itself as apparently divided into dualities such as life and environment, subject and object" (A. Goswami, personal communication, 1995).

Thus, what we have here is an adumbration of a process that begins with Mind fully independent of brain becoming self-referential, that is, becoming identified with consciousness itself, and then converting this noumenal consciousness into a dualistic modality that generates the familiar phenomenal world. What we have called transcendental awareness is at least the beginning of the reversal of that process by which, even though the traces of an everyday dualism remain, the individual is enabled, however temporarily, to experience the world from a perspective independent of brain functioning and the operation of the senses. Each of these theories formally entails such a state of awareness, and specifically in blind persons, during NDEs or OBEs; we direct the interested reader to the citations we have provided in order to confirm our assertion that these New Paradigm theories are perfectly capable of elegantly subsuming our findings as derivations from their stated premises.

Conclusion

In the introduction to this paper, we alluded to an account of an NDE of a blind woman who afterward reported that she could see during her experience. At first blush, because this case was recounted by a well-known physician, we were probably inclined to take it at face value, perhaps also influenced by our desire to believe in the miraculous. Almost immediately, however, we learned that the story that had so beguiled us into entertaining such an appealing possibility was fictitious. But by the end of our inquiry, we came to understand that in this tale there resided still another paradox besides the one it seemed initially to represent: namely, that this was a story that was simultaneously true and false. Or perhaps we might better say it was a fictitious story that turned out to be true after all, just as the author all along had felt it just had to be. In this sense, at least, perhaps this author has received a measure of justification after the fact for his convictions, even if we cannot embrace, in this one instance, his penchant for prematurely converting belief into apparent fact.

Nevertheless, as we have seen, there is still another level of subtlety in this story, because although in a sense it is true, it is not

entirely true. The story of Sarah implied that she really could see during her NDE, in the way that a sighted person might. We have shown this is an unwarranted inference. What seemed like an analog to physical sight really was not when examined closely. It is a different type of awareness altogether, which we have called transcendental awareness, that functions independently of the brain but that must necessarily be filtered through it and through the medium of language as well. Thus, by the time these episodes come to our attention, they tend to speak in the language of vision, but the actual experiences themselves seem to be something rather different altogether and are not easily captured in any language of ordinary discourse. Indeed, our work has shown the need to exercise critical discernment before taking these reports at face value. To be sure, they make good stories, in books or in tabloid headlines, as the case may be, but they are not always necessarily what they seem. They are more remarkable still.

What the blind experience is more astonishing than the claim that they have seen. Instead, they, like sighted persons who have had similar episodes, have transcended brain-based consciousness altogether and, because of that, their experiences beggar all description or convenient labels. For these we need a new language altogether, as we need new theories from a new kind of science even to begin to comprehend them. Toward this end, the study of paradoxical and utterly anomalous experiences plays a vital role in furnishing the theorists of today the data they need to fashion the science of the 21st century. And that science of consciousness, like the new millennium itself, is surely already on the horizon.

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Amazing Grace: The Healing Effects of Near-Death Experiences on Those Dying and Grieving

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ABSTRACT: Kenneth Ring (1991) argued that near-death experiences (NDEs) act as compensatory gifts helping individuals cope with and understand life's difficulties. He saw NDEs as conferring "amazing grace" on individuals whose lives were spinning out of control toward self-destruction. Expanding on Ring's contention that NDEs can be seen as healing gifts, this study presents evidence of seven categorical situations where participating in or knowledge of NDEs and nearing-death awareness experiences serve as healing agents in facing one's own death or the death of a significant other. NDEs and nearing death awareness seem to free persons from paralyzing death anxiety and, consequently, allow them to focus on additional ways to help each other face dying and grieving.

When hearing the term near-death experience (NDE), one thinks of some or many of the following elements: a sense that one is near death; perceiving that one's consciousness has been separated from the physical body; entering a darkness and moving at great speed through a transitional space, often described as a tunnel; meeting "beings of light," often identified as deceased relatives or friends or as Jesus, Moses, or some other religious figure; occasionally contending with hostile or frightening entities; encountering and sometimes being embraced by a radiant "Being of Light," described as being golden or white in color, and as being loving and the source of all

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life; experiencing an instantaneous, panoramic life review in which one relives every thought and feeling, including, at times, the thoughts and feelings of others that one has interacted with; feeling a oneness with the universe, and having a sense of understanding everything and knowing how everything works; realizing that there is no past, present or future, just "isness," and perceiving things that will happen to oneself and the world in the future as if they are already happening; being told that one will remember these things after returning to the body, but only as they are needed; becoming aware of approaching a boundary like a door, a river, or a cliff, that may not be crossed if one is to return to life; being told telepathically that it is not one's time to die; and returning to one's body. Most NDErs report an overwhelming sense of peace, joy, and well-being (Horacek, 1992; Morse and Perry, 1990; Ring, 1984).

Although the above description contains the most recognizable elements of the near-death experience, what follows afterwards is equally if not more important to the experiencer. The principal aftereffects of the NDE are loss of one's fear of death, more interest in the spiritual than the material, and heightened zest for life (Morse and Perry, 1992; Ring, 1984). Other effects can include changes in human relationships, feeling disoriented in the world, and searching for the meaning of the experience and what one is meant to do with the rest of one's life (Atwater, 1988, 1995; Ring, 1984).

Like raindrops on a lake that produce expanding ripples, NDEs continue to cause many aftereffects for years to come in both experiencers and those around the NDEr. In an attempt to explore the meaning of NDEs and their aftereffects and why they happen to certain persons, Kenneth Ring (1991), using four case studies, argued that some NDEs happen to people who have suffered grievous physical and/or emotional wounds in their lives, and are like compensatory gifts that act as healing forces in these people's lives. In the four cases, Ring saw these individuals' lives spinning out of control toward self-destruction. Then, with apparently providential timing, it was almost as though a guiding intelligence conferred an "amazing grace" through these NDEs. Expanding on Ring's contention that NDEs can be healing gifts, this article focuses on seven categorical situations surrounding the dying and grieving process in which NDEs can serve a healing function.

Seven Categorical Situations of Amazing Grace

Over the last six years I have gathered more than 60 cases where NDEs and related phenomena called "nearing-death awareness" (Callanan and Kelley, 1992) have aided those who were dying and/or grieving. These cases were collected from personal interviews, written accounts given to me, and published materials.

Maggie Callanan and Patricia Kelley (1992) used the term nearing-death awareness to describe what are commonly called deathbed visions. Nearing-death awareness experiences, like NDEs, contain glimpses into another world, visions of dead loved ones or spiritual personages, and usually a strong sense of peace and calm. Nearing-death awareness differs from NDEs in that the person dies soon after the experience. In addition, the person seems to drift between this world one minute, then gone from it the next, then back again. Sometimes the nearing-death experience is communicated to witnesses at the time of the experience itself. Nearing-death awareness is more often, but not always, associated with persons dying of progressive illnesses, while NDEs are usually triggered by acute medical crises such as cardiac arrests and near-drownings. I am including NDEs and nearing-death awareness experiences together because they are part of the same fabric of producing healing effects on those dying and grieving.

I am not including any frightening or distressing NDEs or nearing-death awareness experiences (Atwater, 1992, 1995; Grey, 1985; Greyson and Bush, 1992; Horacek, 1992) in this study. Frightening NDEs do demonstrate the healing power of those experiences to the NDEr (Bush, 1994; Horacek, 1992; Ring, 1994); however, to date, I do not have any cases with sufficient detail to illustrate that the experiencer used the frightening NDE or nearing-death awareness experience to cope subsequently with facing the process of dying or grieving. On the other hand, it can be argued that frightening NDEs are powerful experiences that can transform the lives and values of the NDEr just as do light experiences (Bush, 1994).

The cases that I have gathered seem to fit into seven categorical situations in which the NDE or nearing-death awareness serves a healing function when a person is facing dying or grieving. The seven categorical situations are:

- 1) a dying person shares verbally and/or behaviorally his or her NDE or nearing-death awareness with significant others just prior to death, and this helps the experiencer to face death;
- 2) a person had an NDE earlier in life and it helps him or her to face death in the present;
- 3) a person had an NDE earlier in life, has shared this experience with significant others, then dies, and knowledge of the NDE helps survivors with the loss;
- 4) a griever had an NDE earlier in life and it helps him or her to face the loss of a significant other later in life;
- 5) a griever has an NDE or nearing-death awareness after a loss and it serves as a healing agent;
- 6) knowledge of and understanding NDEs and nearing-death awareness helps a person to face death; and
- 7) knowledge of and understanding NDEs and nearing-death awareness helps a griever to face the loss of a significant other.

Examples of Amazing Grace

The following cases illustrate each of the seven categorical situations described above. Several of these cases illuminate more than one of the categories.

Sam Kinison

As reported in *The Los Angeles Times* by Amy Wallace (1992), comedian Sam Kinison was driving down U.S. Highway 95 on Saturday, April 11, 1992, on his way to a sold-out show in Laughlin, Nevada. Two young men, both in their late teens, were drinking and driving, when their pickup truck crossed the center line, hitting Kinison's Pontiac Trans-Am head-on, fatally injuring the comedian and knocking Kinison's new wife, Malika, unconscious.

Friends of Kinison who were following in another car said that at first he appeared to be okay. Kinison had worked his way free of his wrecked car with cuts on his lips and forehead, and lay down on the ground only after his friends insisted.

What happened next is somewhat out of the ordinary. Kinison's best friend, Carl LaBove, held his bleeding head in his hands and heard Kinison say, "I don't want to die, I don't want to die." According

to LaBove, Kinison then paused, as if listening to a voice that couldn't be heard. Next Kinison asked, "But why?" and according to LaBove it sounded like

he was having a conversation, talking to somebody else. He was talking upstairs. Then I heard him go, "ok, ok, ok." The last ok was so soft and at peace . . . whatever voice was talking to him gave the right answer, and he just relaxed with it. He said it so sweet, like he was talking to someone he loved. (Wallace, 1992, p. 3)

Shortly after this Kinison died at the scene, apparently of severe head injuries when he hit the windshield. Kinison's experience is an excellent example of a deathbed vision, or nearing-death awareness. Whatever happened to Kinison obviously gave him comfort and allowed him to die a very peaceful death (categorical situation #1), and gave support and comfort to his friends in their grieving (category #7).

Erica

This story was told to me in 1992 by a former student. The pharmacy student, who also worked as a nursing assistant in a large Midwestern city, related a story about a 52-year-old woman, Erica, who was diagnosed with brain cancer early in 1992. The student said that Erica was receiving invasive medication to fight parts of a brain tumor that surgery had not eliminated.

The student became acquainted with Erica in the context of doing research on an anticancer drug used to fight brain tumors. The student related that even though Erica was suffering from various side effects from the chemotherapy, she exuded incredible warmth and love that just seemed to radiate out of her. The student said that she thought this was due to the fact that Erica had had a near-death experience earlier in her life. Erica had told this student that her experience included traveling through a very bright tunnel that was soothing and surrounding, and that she had been touched by the hand of God. The student related that tears came to Erica's eyes whenever she told her about this experience, but her tears were soon replaced by a radiant smile. Erica said, according to the student, that this life is only the beginning of an eternal journey, and that the NDE gave her great strength during the dying process.

What makes this story even more touching is the fact that Erica had shared with her two children the story about her NDE and about what would happen to her after she died. Erica said she did not worry about her children because they spoke of their mother as being about to embark on a journey to a greater place that she had visited earlier in life. Adding more poignancy to this story is the additional element that the student claimed to have had an NDE earlier in life. Erica's earlier NDE not only enabled her to face her dying with calmness and radiance (category #2), but her children and the student were able to receive comfort from Erica's description of her NDE, and were able to accept her approaching death as a journey to a greater place (category #3).

Susan

This story was told to me in 1989 by a former student. The story is about her best friend, whom I will call Susan, a 44-year-old woman who died of breast cancer in October of 1989 in the Midwest. The student described Susan as a woman who always worried about something or other, so when Susan first mentioned a lump on her breast, her best friend, the student, did not attach much importance to it. However, a diagnosis of breast cancer was made in 1984.

Over the next five years, Susan's battle against cancer drew her friend closer to her and her family. The student worked as a health-care professional and was able to talk at length with each family member as various test results showed that the cancer was progressing. Likewise the student was able to talk openly with Susan and to offer her comfort and support.

Susan slowly got worse and had to be hospitalized. She was in a lot of pain and was taking several medications. During her last hospitalization, Susan became very depressed, according to my student, hanging on to her family, crying and sobbing, "I don't want to die." The whole family became increasingly upset and depressed and had a hard time communicating with her. Then one evening Susan woke up from a nap and described an experience to her student friend.

She said she had seen and talked with her uncle, who was dead, and also a friend who had died of breast cancer. She told her family and my student that her dead uncle and friend were "waiting for her," and that she was ready to die. According to my student, her entire *persona* changed, as if a huge weight had been taken off her

shoulders. Her acceptance of dying allowed those around her to begin to accept it also, according to my student. Susan spent the next day talking individually with family members and friends. Her daughter commented that she felt lucky that her mother had gotten to this point where they were able to talk and tell each other things that they never would have been able to otherwise. In late October of 1989, Susan died peacefully. Susan's nearing-death awareness not only enabled her to die peacefully (category #1), but also gave her the opportunity to share this experience with those closest to her, giving them comfort (category #7) and, in turn, allowing her family and friends to give comfort to her.

Geri

I met Geri, a woman in her early 40s, in June of 1989 at the national conference of the International Association for Near-Death Studies (IANDS) at Rosemont College in Philadelphia. Geri had remarried, had two sons, and lived in New Jersey, and she told the story of her own near-death experience and a later experience when her first husband was dying.

She described having her NDE at age 15 after having had an allergic reaction to drugs following surgery, and almost dying. She related that she left her body and floated toward the ceiling and could see and hear everything that was being said by those trying to revive her. She said she didn't make it to the tunnel but "felt" the light. While her physical body had been in great pain, all she felt as she floated above were joy and peace. She came back to her body and said she was severely depressed for three days. Later, while reflecting on this experience, Geri stated that she came to the realization that there is a reason for everything, even physical suffering. Up to the time of her experience, she stated that she had had a hard time accepting that God could allow great suffering in the world.

A few years prior to the conference where I met Geri, she helped her first husband through the process of dying. Her 33-year-old husband was diagnosed with cancer and was given about six months to live, but he ended up living three and a half years. Geri described in detail the last day of her husband's life. Her husband, who chose to die at home, stated that he was going to die in two hours. Then he described somebody standing at his bedside, a soldier holding a yellow flower. Then more of these soldiers came, according to Geri's

husband. Late in the morning he asked Geri to turn off the light because it was so bright. She told him that the ceiling light was not on. Calmly, her husband said "the soldiers are back," then he said "goodbye," and died very peacefully. Geri stated that without having had her earlier NDE she would never have been able to help her husband through those three and half years (category #4), and her husband found comfort in her talking about her NDE (category #7). Her husband's nearing-death awareness experience during his last day helped him to die (category #1), and gave comfort to Geri (category #7).

Nancy and Bob Nims, and Their Son, Mark

I met Nancy and Bob Nims at the same IANDS conference at Rosemont College in 1989. Nancy said that she and her husband, Bob, had been "sent" by their son, Mark, to this conference. Mark, 18 years old, had died of cystic fibrosis at Children's Hospital in Boston on January 9, just six months prior to this conference. Nancy and Bob felt they had an important story to tell to help give hope and comfort to others who were grieving.

Nancy and Bob stated that Mark had had a nearing-death awareness experience about seven hours before he died, and had shared this experience with his parents. According to Nancy and Bob, Mark described leaving his body and going to "another plane of existence" and told them that he would soon return to that state when he died, and that he had no fear of dying because he had already been to the other side. He mentioned that he had met with beings he called "the masters," who told and showed him many things. He stated that there were bright lights all around, and he told Nancy that she would "pee in her pants if she knew where he had been." He said his suffering was over, and there is no suffering where he had been and where he was returning. Nancy and Bob stated that Mark described many things that he had seen and heard during his NDE, things that he learned, and that he told them it is "so, so beautiful there." A little while later Mark had a nearing-death awareness experience in which he talked with Nancy's mother, who had died less than a year before. A few hours later he died peacefully.

One night during the conference, Nancy and Bob, along with about a dozen other grieving parents, met together and shared their common experiences. According to Nancy and Bob, Mark's nearing-death

awareness enabled him to die peacefully, with no fear (category #1), and it certainly has helped his parents to cope with Mark's death (category #7), and their story helped comfort those who were grieving and had attended that conference (category #7). Nancy and Bob have since retold their moving experience to many other persons and have done so on television talk shows.

Laura

This is the story of a woman I will call Laura, who had a near-death experience in 1982 when she was 29 years old. She was in a dentist's office, in a town in the Pacific Northwest, and had an allergic reaction to an anesthetic. Then she floated toward the ceiling and watched the frantic efforts of the dentist working on her physical body, which was still in the chair. Laura said she felt no fear or panic; in fact, she said, she felt great!

Next, Laura moved through a tunnel, being pulled through that tunnel at great speed. While in the tunnel, she stated, she met her mother, who had died when Laura was 13 years old. Laura indicated that not a week had gone by, since her mother died, when she did not wish to talk with her mother about several things that she had never had a chance to do. Laura stated that her mother had not been whole, healthy, or beautiful when she died. Now, in the tunnel, she said, her mother was healthy, vibrant, and beautiful. Laura indicated that she communicated telepathically with her mother, in a sense finishing unfinished business, and that for the first time since her mother died she was able to "let go" of her anxiety and feel at peace.

Continuing with the description of her NDE, Laura said that she came into the presence of "the Light," which emanated a forgiving love. She was told that she would have to return to her physical body, and even though she protested, she felt herself "whooshing" back into her body. As have most experiencers, Laura has undergone many changes in her life, including sharing her NDE with dying patients. This story is a wonderful example of a person who had suffered a grievous loss earlier in life, a loss that involved many unresolved issues, after which the griever had an NDE in which she encountered her dead mother, and the experience served to heal her (category #5), so much so, that she is able to share her NDE and

its meaning with dying patients and help them to face death (category #7).

Deborah L. Drumm, R.N.

Two letters published in the *Journal of Near-Death Studies* by Deborah L. Drumm (1992, 1993) gave eloquent testimony of the power of near-death experience accounts in offering hope and comfort to persons who have not experienced an NDE themselves. Drumm wrote that she had been diagnosed with breast cancer in January, 1991. Her physician told her that treatment would involve a modified radical mastectomy and inpatient chemotherapy, and there were no guarantees that these would stop the spread of her cancer.

Deborah was terrified and she described a "smothering fear" of what it might be like to die. However, during her chemotherapy she met a hospice chaplain who shared with her a number of inspiring experiences about dying patients. Later, Drumm began to immerse herself in learning about deathbed visions (nearing-death awareness) and NDEs. She read books by Ring, Raymond Moody, Bruce Greyson, Michael Sabom, and others. She began to question friends and acquaintances as to whether they had ever had an NDE. She felt that her questions were being answered by those who had already had a glimpse of another life. Her fear of death was replaced by excitement.

Eventually she went into remission, and she came to the firm belief that the paralyzing fear that had haunted her during the first half of 1991 would never come again. In fact she stated that even if it turned out that NDEs and nearing-death awareness were caused by anoxia, brain chemicals, or psychological responses to trauma, and that when we died the lights simply went out, these experiences would still offer strength and comfort during the dying process.

As related in her second letter (Drumm, 1993), Drumm's breast cancer recurred and had spread to her right lung. Her physicians said the cancer was incurable. She put her earlier statements to the test, and confirmed that knowing and believing in the content of NDEs and nearing-death awareness has kept her functional, that the paralyzing fear she had felt prior to knowing about these experiences had not returned. She has used her understanding to help offer comfort to those who are dying or grieving (categories #6 and #7); and she hopes that other health-care professionals will consider using NDE and nearing-death awareness accounts as therapy when work-

ing with dying patients and their families, and with those who are grieving. Drumm's letters offer an excellent example of how just knowing about and understanding NDEs and nearing-death awareness help a person to face death (category #6).

Jenny, Sharon, and Bruce

Jenny, 16 years old, the youngest child of Sharon and Bruce, was taken to the University of Minnesota Hospital in Minneapolis for treatment of cystic fibrosis in late October, 1986. Jenny and Sharon shared the same hospital rooms for three months, including an intensive care unit room the last five days of her life. Ironically, the immediate cause of her death on January 27, 1987, was a virus that she caught while hospitalized, producing bronchial pneumonia.

On the day before she died, Jenny mentioned to Sharon and Bruce, "I hate to leave you guys, but I feel like I just have to die." During the semester before she died, Jenny had taken a course on death and dying, and had read Moody's *Life After Life* (1975), so she asked Sharon whether she'd see a "light." Sharon replied that she thought Jenny would experience the light.

After trying various medical procedures, Sharon and Bruce had to talk the physicians into letting her die, because all their attempts were simply adding additional pain, especially putting her on a ventilator twice.

The physicians gave Jenny morphine and Valium to ease her troubled breathing. She wanted to be held, so Sharon got into bed with her, Jenny laid back against her, and Bruce held her hands. Within a few minutes she was unconscious, but several times during the next three hours she raised her arms and Bruce's with hers, and Bruce whispered in her ear to "go toward the light." Some of the physicians who came in saw her raising her arms and suggested that she was dreaming, or that this was due to anoxia or elevated carbon dioxide levels. Bruce and Sharon did not think so, for as they held Jenny, and Jenny raised her arms, they felt a tremendous sense of peace, a sense of peace that they felt they were sharing with her. Jenny seemed to be greeting someone or something as she raised her hands. Finally, after three hours, she died peacefully.

Sharon and Bruce will always remember and feel some of the peace that Jenny shared with them as a final gift, a peace that Sharon and Bruce have been able to share with people who are dying or

grieving. This story illustrates category #1, Jenny experiencing a sense of peace as she lay dying, and sharing it behaviorally with Sharon and Bruce, enabling them to face the death of their daughter (category #7).

Discussion and Conclusions

This study presents evidence of seven categorical situations where the experience or knowledge of NDEs and nearing-death awareness serves as a healing agent in facing one's own death or the death of a significant other. The case of Laura and her mother is an excellent example of how an NDE enables a person to let go of the anxieties associated with the death of a loved one.

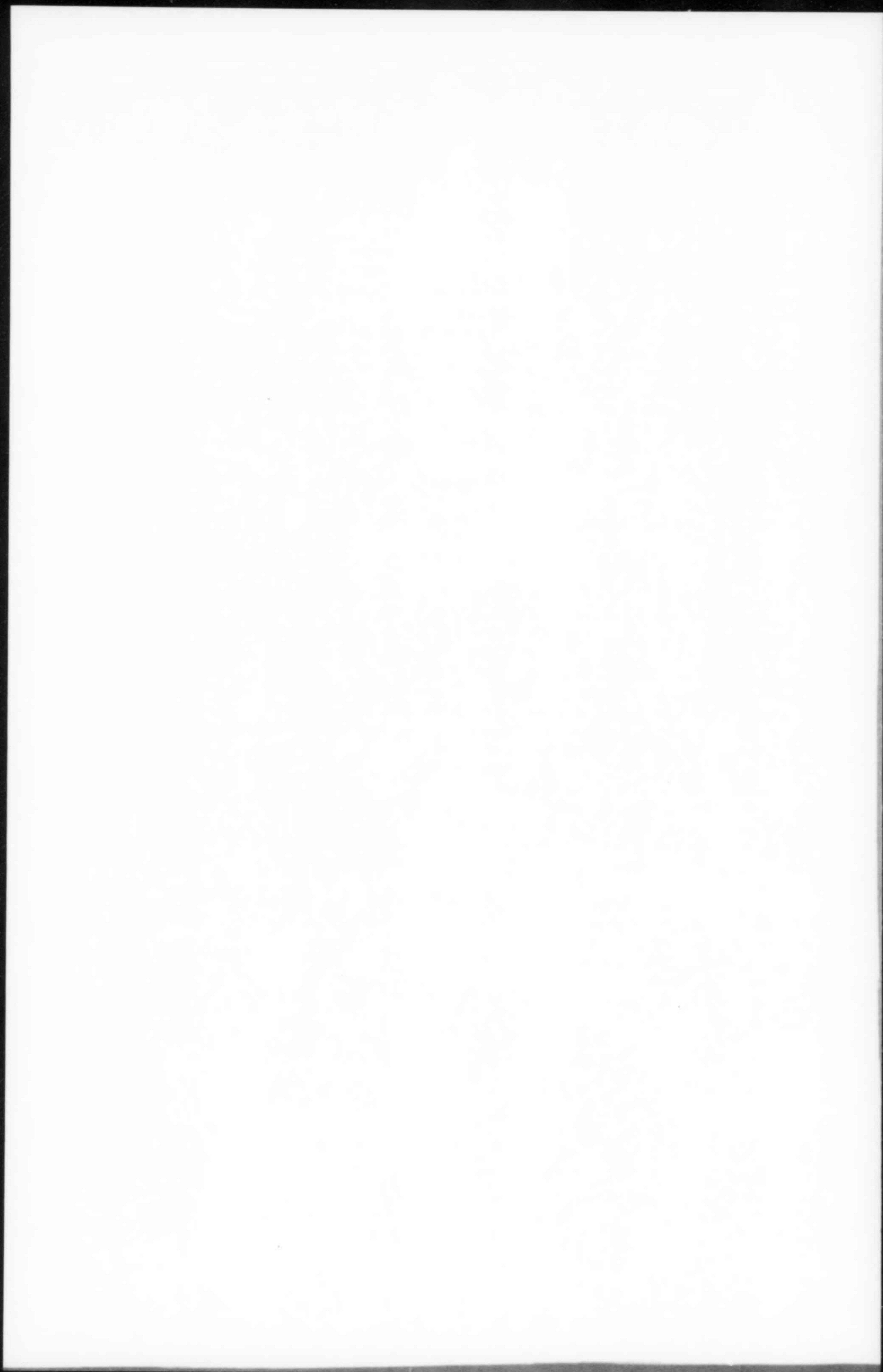
NDEs and nearing-death awareness act as healing agents mainly by reducing the fear of death. NDEs have already been shown to decrease significantly death anxiety (Greyson, 1992; Morse and Perry, 1992; Ring, 1980, 1984; Sabom, 1982). Both experiencers and those with knowledge of NDEs and nearing-death awareness (Ring, 1995) connect reduction in death anxiety with belief in the continuing existence of the deceased after death. The case of Nancy and Bob Nims illustrates the gift of Mark's description of what he encountered during his NDE, that it is "so, so beautiful there"; and Mark's description of his conversation with Nancy's recently deceased mother points to the conviction that we continue to exist after death, although such an existence cannot be proven using scientific measures.

With the reduction in death anxiety and the comfort offered by the belief that one continues to exist in some form after death, both the person dying and the griever are able to focus on additional ways to help each other face dying and grieving. The case of Susan and her family demonstrates the power of nearing-death awareness to release people from the clutches of paralyzing fear that often surrounds the dying process. Susan's experience freed her and her loved ones to talk with each other about other significant issues, to finish unfinished business, and to let Susan die peacefully in the loving embrace of those close to her.

Jenny's peaceful dying experience, in which she raised her arms and shared her sense of peace with Bruce and Sharon as a final gift, continues as a powerful healing and transforming element in the lives and work of both Sharon and Bruce.

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The Mystery of Frightening Transcendent Experiences: A Rejoinder to Nancy Evans Bush and Christopher Bache

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ABSTRACT: In this essay, I review Christopher Bache's (1994) perinatal account of near-death experiences (NDEs) and suggest that it does not go far enough. I then present a new model, bliss/abyss, derived from the study of mysticism; show that pleasant and frightening NDEs can be accommodated within the model; and discuss the predictions that can be drawn from the new theoretical framework. The implication for near-death research is that there may be several types of frightening NDEs beyond the three types recently identified by Bruce Greyson and Nancy Evans Bush (1992). I emphasize understanding the powerful emotional force that ensures that all frightening experiences, whether NDEs, perinatal, or spontaneous, have a taste of hell. Extending Bush's intuition, I argue that both pleasant and frightening transcendent experiences intimate the ultimate reality through the colored glasses of bliss and horror respectively. Finally, I suggest areas for further research.

I congratulate Nancy Evans Bush (1994) for doing justice to the frightening near-death experience (NDE) as "the depths of spiritual experience" as compared with the "heights" of the radiant NDE, and Christopher Bache (1994), for rehabilitating those who had or will have frightening NDEs.

Kenneth Ring (1994a, 1994b) and Bache noted some striking parallels between NDEs and mystical experiences. Bache concluded that "nearly dying is but a trigger that catapults persons with some con-

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sistency into higher states of consciousness that can also be cultivated through various consciousness-expanding techniques" (1994, p. 38). Let us explore then transcendent experiences, whether obtained spontaneously, in meditation, in nearly dying, or triggered by psychedelic drugs. I include frightening as well as pleasant experiences in the category "transcendent." Both types, frightening and pleasant, transcend the ordinary waking state of consciousness in the direction of something experientially more real. My own account of frightening transcendent experiences will follow from a metaphysical scenario of the Beyond and bliss-horror duality, to be presented in the middle part of this essay. Let us explore first the usefulness of Bache's perinatal account.

The Perinatal Account of NDEs

Bache presented a detailed study of parallels between NDEs and perinatal experiences obtained under the influence of psychedelic drugs and during certain types of meditation. Given the close similarities between the three groups, one can inquire about them collectively. Where do all of these experiences come from? Carl Jung, for example, had an answer in terms of the collective unconscious and archetypes. What is their ontological status? Bache's is a phenomenological and classificatory work, as is Stanislav Grof's (1975), and as such does not venture into the exploration of origins and ontology. When it is claimed that NDEs have their patterning from birth, one needs to ask what aspects of the biological birth process enter into the structure of NDEs and what elements, if any, are of a transcendent character. Clearly, the sense of moving through a tunnel could have been structured by a memory of the birth process. However, peace, joy, and bliss, or horror and pain are less likely to be the fabrication of the biological birth process, while the pure transcendent experiences occurring in some NDEs, like that of John Wren-Lewis (1995), are clearly of such sublime character that to explain them through a biological process would constitute a case of medical reductionism. While such reductionism is a defensible position, Bache, like Ring and Bush, presented an alternative account whereby the transcendent aspects of perinatal experiences and of NDEs are given their due. Bache agreed with Grof that "we must interpret the states of consciousness triggered by LSD [and by near-death events] in terms of the psyche's inherent process, not in terms

of biological responses devoid of psychological significance" (1994, p. 31). But then, calling those states of consciousness "perinatal" privileges the biological and provides for misunderstanding.

Here is my own analysis of the perinatal account. There are two distinct yet intertwined aspects of perinatal experiences: the event stream, developing and changing over time; and the "fuel" or "coloring" of these experiences by frightening or pleasant emotions. Bache, like Grof, focused largely on the event feature and explained it in terms of a confluence of personal and transpersonal themes; one could then proceed to Jung or to Rupert Sheldrake (1981) for an explanation of how these motifs originate or perpetuate themselves. This explanation of sensory and cognitive *content* seems for Bache to constitute also the etiology of the emotional component. Yet this move is mistaken. No pattern from the "event stream" is inextricably linked with a given emotional tone; for example, sometimes tragic events are experienced in a serene way. More specifically, the power and viciousness of a frightening emotion at the perinatal level is too prominent to be subsumed under the sensory and cognitive categories.

I suspect that even the experiencers themselves would agree with this point, as it seems that the "what" of their experiences is less important to them than the "how"; for example, peaceful, calm, heavenly, and joyous, or horrifying, unbearable, merciless, agonizing, and frantic. All of the above words, which were extracted from NDE reports, and sometimes longer descriptions, point to some majestic and powerful emotions, which are at the core of most perinatal reports and of perhaps all NDEs. This mysterious, grand emotional force, sometimes pleasant in its various hues and sometimes frightening, calls for an exploration in its own right.

The Abyss

How can we approach the "other," the fluid, overwhelming emotional force, with conceptual tools more suited to the realm of discrete solid entities? What kind of beings are we, that we can feel in such a profound way that the *feeling alone makes for heaven and hell* (for otherwise the experience would only be judged cognitively as unusual and interesting)? Let us call the feeling of transcendent perinatal and mystical experiences "deep-feeling." What is its origin? If the pleasant deep-feeling could theoretically be assigned to Ring's "ulti-

mate reality," to which I shall return later, we are left with the mystery of the frightening deep-feeling.

The frightening deep-feeling truly deserves the name "abyss." This abyss, with its viciousness and forcefulness, evokes all the relevant theories, concepts, and mythologies in order to explain it, but to no avail. Is that not trying to explain a higher-order phenomenon by a lower-order one? The recent all-is-good philosophies do not offer an adequate answer either. Does the "illusory separative ego fighting a phantom battle" (Ring, 1994a, p. 22) produce the powerful awareness-in-horror-and-agony, or is it the other way around: the sheer impact of that horror setting in motion all the defenses of an ego in order to avoid that striking reality?

It is possible, even likely, that our theoretical problem with frightening NDEs lies not in the "mixed levels of discourse: a tumbling of metaphysics and testable hypotheses, spiritual and psychological language" (Bush, 1994, p. 49), but in our metaphysics being partially wrong or incomplete.

Let us envisage the horror and extreme despair of an immobilized mother made to witness the screaming of her tortured daughter (Amnesty International, 1985). In that instance, would talk about an "illusory separative ego fighting a phantom battle" not only be inadequate to the situation but also constitute dishonor and mockery of agonies that we were lucky to be spared? Can our metaphysics and spiritual theory disregard the history of humankind "in which torture, abuse, starvation and humiliation occur a thousand times every day" (Farley, 1991, p. 214)? That such events prove so tragic depends on human vulnerability: the capacity for extreme suffering. As we know, however, these historical events are not the only horrors that befall humanity; many perinatal and transcendent experiences evoke the same or even greater intensity of suffering. The same force seems to encroach on us in psychosis and depression. We need to raise the question again, with a greater sense of urgency: what is that force, an abyss, into which mundane and transcendent events plunge us? The perinatal model does not explain this force, while accounting for the patterns within the event-stream.

Theories drawn from the study of mysticism are most likely to be of use, as NDEs and some perinatal experiences have much in common with traditional mystical experiences (Grey, 1985; Happold, 1963). My own theoretical framework, presented below, belongs to this category. I will first sketch a hierarchy of transcendent experi-

ences and then draw implications for a novel understanding of the frightening force I call "abyss."

The Beyond, and Bliss/Abyss Duality

The reality accessed by radiant NDEs, as well as by inverted and hellish NDEs, is clearly not the ultimate state beyond space and time, beyond distinctions, and beyond form, since the standard radiant NDE has (1) a temporal quality, in which events develop in sequence, although the proceeding of time may differ from the everyday passage of time; (2) discrete events; and (3) spatial characteristics. Spiritual traditions as well as accounts of mystics have left us with intimations of the true Beyond, or at least of the realm beyond the sensory, imaginary, and conceptual.

The modern American mystic Franklin Merrell-Wolff wrote of this realm that

[t]he pure Nirvanic State of Consciousness is a Void, a Darkness and a Silence, from the standpoint of relative or subject-object consciousness. But taken on its own level it is an extremely rich state of consciousness that is anything but empty. (1973, p. 200)

For thought, and also for sense, It is truly Nothing. But to say, therefore, that it is nothing in every sense whatsoever is to imply that all being is necessarily a being for sense of thought. (1973, p. 240)

Merrell-Wolff's portrayal is quite characteristic of mystics' insistence that the realm Beyond is indeed beyond the sensory and the conceptual. What has not yet been spelled out is the emotional coloring of the Beyond. It is nowadays commonly assumed that the ultimate itself is of the nature of bliss. It is unlikely, however, that the Source, or ultimate reality, would be constituted by an element—bliss—that has an opposite—horror/pain. It is advisable to assume, after some mystics, that the Beyond is also beyond any pair of opposites, hence beyond bliss and horror. Merrell-Wolff supported such a point, as I shall show below. Hence the realm of pure bliss and abyss would be located somewhere "further down" in the hierarchy of being, not in the heart of the Beyond, although the Beyond must contain the possibility, or the "seed," of these separate states of bliss and horror. Here we approach the slippery slopes of metaphysical speculations, and we must be careful, as in speculation it is easy to slip unaware from one's path. Our resources for the following include

mystical accounts, theological models, transpersonal research, intuition, and a sense of humility.

The Beyond is largely beyond our comprehension: possibly even mystics glimpse only a small slice of it, though to them it may seem to be All. We are concerned here in locating the profound duality so manifest in our world, the duality of the sensed good and evil. There have been suggestions that the subject-object dualism is the first breaking up of the nonduality of the Beyond. Here I put forward an alternative or complementary hypothesis: that awareness-in-bliss and awareness-in-horror are the primordial building blocks of the manifest world; desire and aversion, enjoyment and pain, and even attraction and repulsion devoid of consciousness are the ground rules of the world of individuation. Perhaps time originates in that splitting as well. Lack of consciousness appears to be the effect of shutting up from awareness-in-horror, or abyss. Sensory impressions in lower biological forms constitute probably the initial emergence of individualized awareness, capable of fending off abyss. The sensory level would act as a defense, simultaneously recreating something of the beauty of the Beyond.

The emotional level of a conscious being would partially reveal and partake of the qualities of bliss and horror/pain, though the powerful intensity of the two forces would remain dimmed due to the additional entanglement of consciousness in sensory and later sensory/conceptual data. The deep-feeling of horror/pain that people sometimes experience would then be a prepersonal, prehuman primordial force. Rather than being a creation of biological evolution and of childhood trauma on the individual level, this force of abyss would turn out to be itself one of the engines behind evolution.

Another evolutionary step is the emergence of the cognitive: the mythological mind, the belief structure and the discursive thought, embedded in visualization and/or language. The cognitive functions largely as a shield against feeling, yet partaking sometimes of a deeper knowing. In this scenario the cognitive structure is also responsible for structuring the two deep-feelings into specific emotions, such as sadness, grief, or satisfaction.

In overview, the constituents of conscious individualized life seem to exhibit a dual function: a defense against abyss and a translation or refraction of the riches of the Beyond. Taking this duality as a major clue, we have created a version of a Chain of Being, comparable and complementary to the Great Chain of Being of the perennial philosophy (Wilber, 1984). My bliss/abyss model, diagrammed in

Figure 1, posits two primordial forces of bliss and horror/pain as underground engines of human and other beings' behavior and experience. Ultimate reality, or the Beyond, would be on a still higher level, and devoid of any emotional coloring.

This metaphysical schema would require an extensive research to establish it as an adequate theory. As a hypothesis, it seems adequate enough. Let us just note two more points. First, the Biblical myth of Adam and Eve's forbidden knowledge of good and evil fits perfectly well into our scenario. The fall, a primordial discrimination of good and evil, achieved experientially in the split into bliss- and horror-consciousness, constitutes the beginning of the process of individuation. It is a fall from divinity, and simultaneously a fall, or "involution" (Aurobindo, 1986) into worldliness. Second, human capacity to become supremely happy, without an external reason, and the capacity to suffer greatly, incommensurate to the initial stimulus or reason, seem to reflect that primordial split of undifferentiated consciousness, the Beyond.

Given our model of the Chain of Being as indicated by corresponding states of consciousness, we can now locate the frightening and

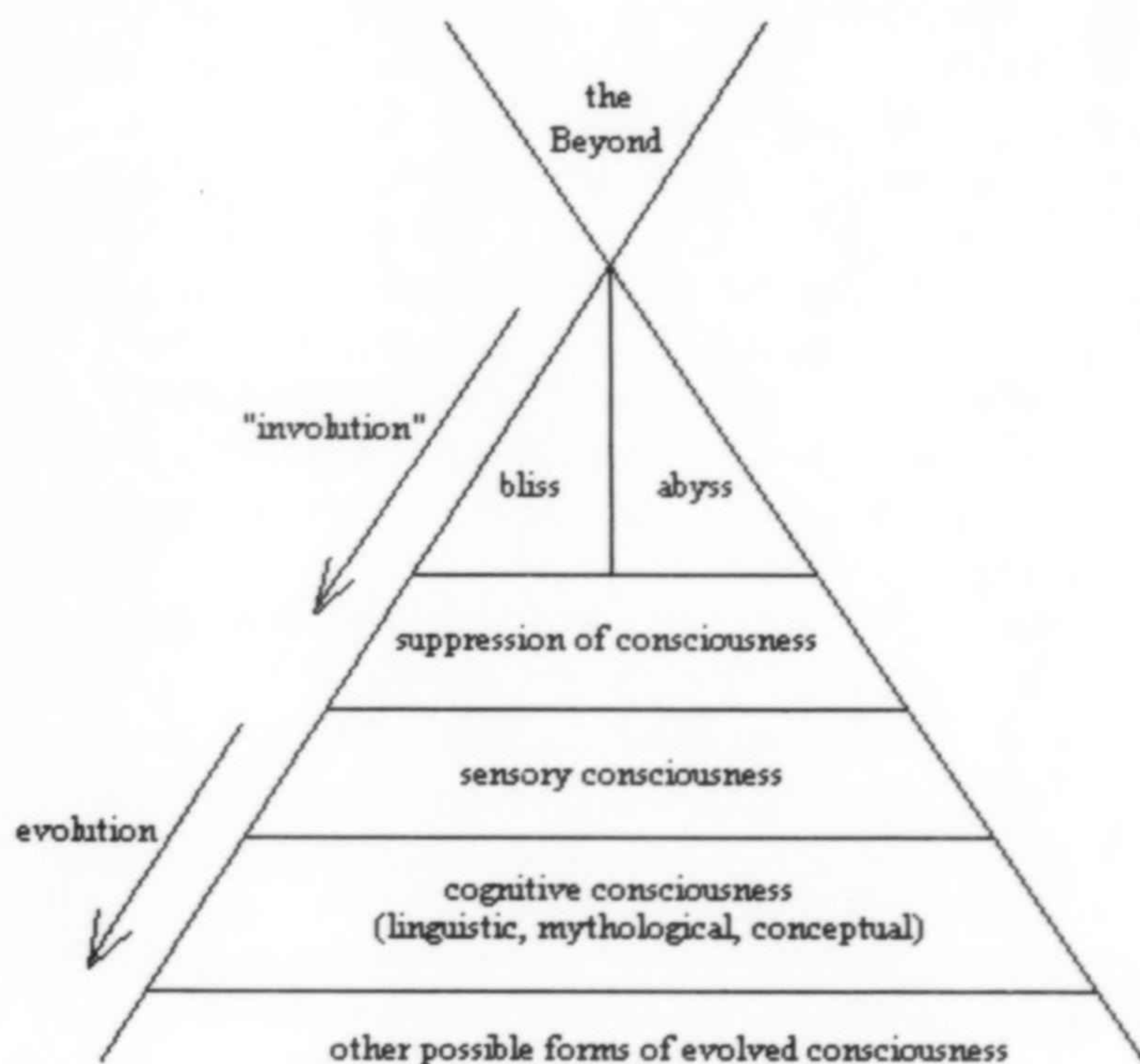


Figure 1. The bliss/abyss model.

pleasant NDEs within this model, as well as predict new types of experiences.

Frightening Transcendent Experiences: in the Grip of Abyss?

Hellish, inverted, and pleasant NDEs belong to a class of experiences with supersensory components. They do not reach to the height of the Beyond. Nevertheless, they are a step or two toward it; they are glimpses of the Ultimate Reality, but spread over the sensory and supersensory content and colored frighteningly or pleasantly. However, some pleasant or frightening transcendent experiences would have surpassed the sensory and supersensory, but would remain structured by a cognitive component. The meaningless void is an example of this, as the experiential negating of the human-created meaning is of the cognitive order. Another example of this type of experience is the painful/lonely void, constructed by a cognitive element: the concept of loneliness, of not having suitable partners to relate to.

There may be several types of pleasant and frightening altered states of consciousness, all devoid of the sensory component, or where the sensory is experienced as irrelevant. Although near-death researchers have so far distinguished only one type of frightening non-sensory experience—the meaningless void—there is theoretical room for more varieties. Furthermore, Wren-Lewis's (1994) pleasant NDE did not fit the classical pattern, as it included no tunnel, no encounters with other beings, and so on. His was definitely a nonsensory NDE, and it is hard to judge on the basis of his written report alone whether or not this NDE was skewed by a structuring of some conceptual component.

There may be some NDEs that reach to those heights where cognitive and emotional structuring and coloring no longer occur; in this case they would parallel mystics' highest realizations. Returning to frightening NDEs, if the bliss/abyss schema is roughly correct we would expect some frightening transcendent experiences to be non-sensory and free of cognitive conceptual content, consisting solely of an unobstructed explosion of deep-feeling of horror/pain, the abyss. One would expect such an experience to be relatively rare; a counterpart absorption into bliss (*nirvikalpa samadhi*) is also quite rare, despite aspirants' prolonged efforts to reach it. Moreover, with the

frightening experience, its awfulness would act as an inhibitor against disclosing it.

Are there any recorded experiences of pure abyss? I can suggest several possible candidates. One is what U.G. Krishnamurti, an Indian iconoclast who disposed of such cherished notions of humanity as mind, enlightenment, and love, referred to as a "calamity." This event, which happened to him some 30 years ago and of which he has no direct memory, became manifest through powerful aftereffects of physiological, sensory, and cognitive variety (Bhatt, 1992). On the whole, the event deprived him of all, or nearly all, defenses. This negativity, assessed as such by Krishnamurti himself, seemed to result in a free but unsatisfactory state of his mind.

Another possible candidate for the experience of abyss is what Emil Cioran, the Romanian-born philosopher, alluded to when he wrote: "The truth of one's being is a torture beyond what is bearable. He who does not lie before himself (if there is someone like this) is truly worthy of pity" (1976, p. 107, my translation). I presume he was alluding to a certain transcendent experience or experiences, rather than to an ordinary, day-to-day apprehension of the self. Moreover, he made a universal claim, and it is particularly transcendent or transpersonal experiences that lend themselves well to universalization. "*The torture of experiencing one's own being*" must be the most succinct description of the abyss experience.

The general problem with reports of the abyss seems to be the following: at present, no worldview, cultural or religious, allows for the possibility of a *pure* abyss experience, beyond the sensory or conceptual structuring; in consequence, those who would experience it to any extent are likely to explain it by transplanting the experience to existing thought systems or mythologies, hence overlaying it with extraneous elements.

It is this phenomenon, in my view, that we find in Simone Weil's writing on affliction. The experiential and religious dimension of suffering, and particularly affliction, figures largely in her work. She interprets more than describes, using her own original Gnostic-Christian framework. Between the lines, however, one can catch a glimpse of a peculiar inner experience, the inside of an affliction. The general condition of affliction concerns us here because it seems to constitute an ideal vehicle toward a pure abyss experience. In Weil's understanding, affliction involves three components creating a cumulative effect, a tragic one. The afflicted person undergoes a certain nonpsychotic breakdown, and experiences physical pain and pain of social

ostracism. The breakdown consists of a progressive loss of a sense of one's self. What remains and grows is a dumb pain and despair; the Biblical Job seems an exemplar of this type of suffering. Consider the following descriptions:

Affliction is something which imposes itself on a man quite against his will. Its essence, the thing it is defined by, is the horror, the revulsion of the whole being which it inspires in its victim. (Weil, 1974, pp. 96-97)

In the case of someone in affliction, all the scorn, affliction, and hatred are turned inward. They penetrate the center of the soul and from there color the whole universe with their poisoned light. (Weil, 1951, p.122)

Here is my own interpretation of the dynamic of affliction as presented by Weil. From the bliss/abyss schema one would predict that the immersion in affliction, the increasing emotional pain, progressively eliminates the sensory and the cognitive as *effective defenses*. Hence the individual would be exposed more and more to unobstructed horror/pain.

From her own theological framework Weil advised sufferers to accept their affliction and even love it. Without going into the theological reasons behind her advice, we need to notice the outcome of following this advice from our perspective. To surrender to that horror/pain would mean to enter it fully. If the bliss/abyss model is correct, the sufferer would go through the abyss and either emerge into the Beyond, or experience suddenly the total relief from pain and experience themselves in the state of well-being, joyous, secure, totally purified, that is, under the influence of the deep-feeling of bliss. In fact, one illustration of some such process is a breakthrough of an Australian doctor, Iain Edwards, who unexpectedly emerged from utter despair upon losing his wife who had been brutally murdered. He "emerged" into a sense of well-being, calm, and serenity within minutes of the decision not to fight the overwhelming frightening feeling, a moment of surrender (Edwards, 1994).

The significance of pure abyss experience would require a separate study, gathering more empirical data and refining the theoretical framework. One can, however, show tentatively the relevance of abyss to the understanding of frightening NDEs. The abyss would be the source of the emotional tone of all frightening NDEs as well as being the limit of possible frightening experiences, whether mundane or transcendent: as they become more and more subtle, that

is, as they lose their sensory and conceptual structuring, they would approach pure abyss.

We may also note at this stage that the bliss/abyss model points to a metaphysics more sensitive to the dual nature of human experience: there are experiences that feel good and those that are tainted with pain. Any metaphysics must pass the test of life. As Bush put it: "If the riddle of frightening experiences is to be found authentically, it must be in the *fullness* of nature, human and otherwise" (1994, p. 51).

Real Joy and Unreal Pain?

Ring (1994a), drawing on ideas from *A Course in Miracles* (1975), viewed frightening NDEs as illusory in some sense, in contradistinction to radiant NDEs; and while he later acknowledged the existential significance of the frightening ones, he did not retract his view of their ontological status (Ring, 1994b). From the perspective developed in this essay, the ambivalence of the status of frightening transcendent experiences can be fully accounted for as follows.

First, from the standpoint of the ultimate reality, all other levels of the Chain of Being, structured or colored by sensory, conceptual, emotional, and possibly other elements, are "illusory," or more accurately, less real, because supervening upon the basic "stuff," the ultimate. Second, from the standpoint of ordinary waking consciousness, both pleasant and frightening transcendent experiences, including NDEs, are more real, hence providing glimpses of the Beyond.

Against Ring's position, if fear be illusory or less real, so too must be joy and heavenly visions. But that is so *only* from the stance of the ultimate. Let us transpose this discussion to the realm of the mystical once more. Merrell-Wolff put forward this relevant argument against the valuing of the blissful state over pain:

But where there is valuation there is still duality—a difference between that which is valued and that which is depreciated. . . . But it is not enough to arrive at the Place beyond evil; it is also necessary to transcend the Good. (1976, p. 246)

There is a sense in which we may speak of a *bondage to Bliss* as well as a bondage to pain. (1976, p. 244, emphasis added)

In fact, Merrell-Wolff went so far as to deny the finality of the blissful Self that Shankara extolled, as Ring (1994b) noted. Merrell-Wolff distinguished between a "nirvanic" blissful state, precisely the Atman Brahman of Advaita Vedanta, as an intense subjective state disconnected from worldly content; and the all-encompassing yet all-transcending state, beyond the subjective and "objective" or worldly states. To realign the above categorization with the bliss/abyss model, an additional *subjective* state would have to be postulated: abyss, devoid of sensory, supersensory, and conceptual structuring. The distinction of the nirvanic state and the Beyond is, according to Merrell-Wolff, "extremely subtle, and yet of vital significance" (1976, p. 235).

Would the Beyond not include both bliss and horror/pain, being distinct from either? Perhaps many New Age philosophies mistake a *partial* realization of a blissful state for the final goal. If the distinction between the blissful and the ultimate seems not well grounded yet, possible evidence from other mystics or writers could be researched. Let us note, for example, that the famous 20th century Indian sage, Sri Aurobindo, has repeatedly argued the point that Shankara's solitary blissful Self is not the ultimate state (Aurobindo, 1986). Furthermore, he stated that

[e]ven the highest individual perfection, even the blissful cosmic condition is no better than a supreme ignorance. All that is individual, all that is cosmic has to be austere renounced by the seeker of the Absolute Truth. (1986, p. 273)

So far near-death research has labored under the schism between the metaphysical and existential aspect of NDEs. This need not be so. We require a metaphysics that delivers straightforwardly the existential advice of taking both radiant and frightening NDEs equally seriously. Certainly the scenario of the Beyond and bliss/abyss duality goes part of the way toward such a metaphysics.

Suggestions for Further Theoretical Research

We need a series of questions to inspire a new theory, or a refinement of ones already in existence. First, as Bache (1994, p. 34) asked: "When so many people are frightened of death and ego dissolution, why are so few of them propelled into frightening NDEs?"

Second, why is there such a "narrow thematic content" of frightening NDEs? Bache's answer—that perinatal experiences, including frightening NDEs, activate a level of the psyche where universal motifs prevail—seems quite satisfactory, but perhaps there are alternative explanations.

Third, is ego-death enough to transcend horror and pain? Or does ego-death make more room for both pleasant and frightening transcendent realities to be fully encountered? In other words, is identification with a specific psychophysical being the last block to be overcome? Is it a block at all?

Fourth, if Merrell-Wolff is right in viewing the transcendence of valuation as the sublime task beyond the immersion in bliss, how could it be carried out or lived?

Fifth, what is the essence of spiritual surrender? Has it got anything to do with facing abyss?

Sixth, is the traditional Christian and Buddhist view of pain as purification valid? What is being purified? Is purification another name for detachment from sensory and conceptual components of one's life, such as beliefs and worldview?

And finally, at what point are we filled with true love and compassion? Could near-death research contribute to the longstanding philosophical enquiry into the nature of good and evil?

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