

*Journal*  
*of*  
Near-Death Studies

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**Volume 20, Number 1, Fall 2001**



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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.

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## Editor's Foreword

This issue of the Journal opens with a Guest Editorial by philosopher Michael Grosso urging a reconsideration of research on the afterlife. Grosso notes that humankind's earliest approach to the question of immortality involved experiential explorations by shamans, which was succeeded over the centuries by mythology, philosophy, spiritualism, and psychical research. He suggests that the dominant Western faith in logic as the ultimate source of truth changed the question from one of immortality to one of mere survival of bodily death, and entangled us in the logical impasse of the "superpsi" hypothesis. Grosso argues that resurrecting the shamanic tradition, not to replace logical inference but to augment it with an experiential and pragmatic approach, may revitalize afterlife research.

This issue also includes three empirical articles on crosscultural research on near-death experiences (NDEs). First, Hubert Knoblauch, Ina Schmied, and Bernt Schnettler report the first German survey of NDEs. They found that about 4 percent of the general population reported NDEs, which were more diverse than previous studies would have suggested and seemed to reflect religious and cultural differences. Next, Australian medical sociologist Allan Kellehear reports a century-old account of an Hawaiian NDE and compares and contrasts it to more recent accounts of Polynesian NDEs, concluding that NDE content appears to be shaped in part by cultural influences. Finally, Italian psychiatric nurse Laura Cunico reports a study of knowledge of and attitudes toward NDEs among nurses in Italian hospitals, and finds that personal experience with experiencers was associated both with greater knowledge of NDEs and with more positive attitudes toward these phenomena.

This issue also includes an essay review by English scholar Susan Gunn of *The Last Laugh*, the latest book by psychiatrist Raymond Moody, who had coined the term "near-death experience" a quarter century ago. We conclude this issue with three Letters to the Editor. Barbro Österman from Sweden raises concerns about confounding "real" NDEs with induced experiences that appear to mimic them. Philosopher Neal Grossman suggests that knowing transgressors will experience an empathic life review in their NDEs renders superfluous our wish for them to feel the impact of their behavior, and thus obviates our lust for

vengeance and allows us to forgive and feel compassion for our transgressors. Finally, psychologist Joe Green presents tantalizing evidence suggesting that Albert Einstein may have derived his revolutionary ideas about the relativity of time from the time dilation described by NDErs who fell from heights.

Bruce Greyson, M.D.

## **Afterlife Research and the Shamanic Turn**

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**ABSTRACT:** In Western culture, approaches to the afterlife have mutated throughout history, from shamanism and mythology to philosophy, spiritualism, and psychical research. For conceptual reasons, however, survival research seems to many to be languishing, despite some remarkable recent advances. I urge a return to a more experience-based approach, modeled after features of the near-death experience, for its practical benefits; I intend that approach to complement other forms of research, not displace them. Finally, I underscore the unique status of survival research as a scientific pursuit.

**KEY WORDS:** afterlife; shamanism; philosophy.

### **The Twisty Road of Research**

Immortality is an ancient problem in philosophy. Philosophers since the days of Plato and Descartes used *a priori* arguments to deduce the soul's immortality, but beginning in the 19th century with philosopher Henry Sidgwick and classical scholar Frederic Myers, the immortality project changed in two ways. First, intuition and speculation were laid aside, and research became empirical; one looked at ghosts, apparitions, and mediumship for evidence of an afterlife. Secondly, one now spoke more modestly of *survival* instead of immortality. In tune with a more fallibilist modern outlook, people have lost faith in the power of pure reason to solve the riddles of the universe.

At most we hope that certain types of evidence will incline us to believe that some people in some way survive death. It has taken almost

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the whole of human intellectual history to shift from a mythological and speculative approach to one that is data-based and experience-centered. On the other hand, the shamanic roots of Greek philosophy were themselves experience-centered (Cornford, 1965, see especially pp. 62–106). The shaman, in traditional societies, is a master of altered states of consciousness, an empirical explorer of alternate realities. The shamanic origins of Greek philosophy may be seen in Plato's definition of philosophy as the "care of the soul" and the "practice of death," as well as in his definition of the philosopher as a "spectator of all time and existence."

I believe it is time for another shift in the approach to the problem of "immortality," and I recommend a return to a shamanic model of research. However, to distinguish this suggestion from reactionary naivete, let me speak of a *postmodern* shamanic model. As the approach of the early psychical researchers did not displace the earlier traditions but built upon their insights, so would the *shamanic* turn (or return) that I propose rest on existing empirical findings. Owing to the uniquely existential challenge of the afterlife question, I believe that the inquirer needs to participate more intimately in the research; the *whole* person must get involved, the emotional and intuitive side as well as the rational. This is a research question like no other; it touches on the most dramatic issues a human being can confront: one's ultimate nature, range of hope, possible experience, and spiritual destiny.

### The Superpsi Impasse

Let us begin with three points about the evidence for life after death. First of all, such evidence exists—a fact that needs to be underscored. I say this because a few writers seem to think that it makes no sense to talk about evidence for life after death. The majority of researchers, however, have operated on the assumption that there are types of reported incidents that plausibly, and without self-contradiction, may best be explained by assuming that someone has survived death: for example, apparitions that reveal information unknown to any living person; memories, imaged and behavioral, that children have of other people's lives; or certain statements that issue from mediums about deceased people. Narratives of this sort exist in significant numbers; there is room to disagree about them, but postmortem survival is often at least an intelligible interpretation.

The second point about the evidence is its epistemic indigestibility. Thanks to scientific materialism, the dominant metaphysical conceit of the age, anything supporting the reality of minds as substances—which survival would clearly imply—tends to be ignored, if not repressed, by the watchdogs of mainstream culture.

The third point brings us to the crux of the shamanic turn. The evidence for survival that researchers have been collecting and analyzing for well over a hundred years has led to a seeming impasse, thanks to certain curious problems of interpretation. Consider an often cited example: A man obtained information from a series of dreams of his father about a lost will. No living person knew of the whereabouts of this document. The case was probated, and the authenticity of the father's last will was confirmed (Richmond, 1938, pp. 28–31). This story admits of two interpretations: the intelligence that located the will came from a dead man, or the living son discovered the will by means of his clairvoyance. The young man was of course also motivated to find the will, which benefited him. Unfortunately, it is hard to interpret such cases; it always seems possible to see the evidence in a way that suits one's bias toward belief or disbelief in survival. It often depends on the slant one takes.

As the early researchers encountered the peculiar difficulties of their task, they looked for cases more difficult to account for by the paranormal or *psi* abilities of the living. Meanwhile, skeptics continued to refine the case for covert *psi* abilities of the living to account for the data. Consider a few examples: In the early days of mediumship, a sitter anxious to communicate with a deceased loved one sent a proxy to the medium. This would rule out the medium fishing for information from the mind of the proxy sitter, who knew nothing of the deceased target person. But it soon became evident that the paranormal outreach of great mental mediums like Eleanora Piper or Gladys Osborne Leonard was quite extensive, and investigators realized that mediums might obtain the necessary information from sources located *anywhere*.

Such presumed abilities are called *superpsi* because they exceed anything known in experimental parapsychology. The appeal of *superpsi* lies in its relative simplicity; it involves only an extension of known abilities of living people. By contrast, assuming life after death implies a radical extension of what is known to be empirically possible.

To sum up a long story, it turns out that the chief rival to the survival hypothesis is equally momentous: people possess uncanny paranormal abilities, through which they may obtain information from distant and multiple sources and produce the appearance of convincing phantasms

of the living or the dead. Superpsi thus became the focal point of the afterlife enigma.

However, certain types of evidence have been singled out that seem to strain this hypothesis, including book tests, collectively perceived apparitions, drop-in communicators, cross-correspondence material, and other phenomena. All these suggest autonomous agency. For example, in cases of so-called "drop-in communicators," an intelligence that identifies itself as an unknown deceased person "drops in" on a medium's home circle and conveys its identity (later verified) and other correct facts about its personal history through the medium. This strains the superpsi explanation, which is tied to the concept of motivation. For, if the personality who drops in is unknown to any of the sitters or to the medium, where is the motivation to manifest coming from? It seems reasonable to suppose the intelligence is coming from outside the circle rather than from anyone within it. Suppose, moreover, as Alan Gauld (1982) has pointed out, that the information confirming the medium's statements comes from several sources: different physical records, minds of different living people. The absence of motivation (from medium or sitters) and the complexity of the sources weigh against the medium being the intelligence behind the "drop-in." It seems simpler to assume that the source was the dead person.

But arguments keep appearing that fend off puzzlers like drop-in communicators. Take the complexity-of-source problem just alluded to. Stephen Braude (1988, pp. 177-195) has reminded us that studies show psi operates independently of task complexity. According to Helmut Schmidt (1974), psi is a goal-oriented process. Just as the physical complexity of a psi task with a random event generator is no obstacle to success, neither should the complexity of sources be an obstacle to mediumistic scanning for needed data.

David Griffin (1997) offered an even simpler rejoinder to the drop-in challenge. He suggested that a medium could obtain all the needed information about the personality who seemed to be dropping in by *retrocognizing* the mind of the dead person when he or she was alive. Experimental evidence for retrocognition is hard to come by; however, if we accept precognition (which Griffin does not, by the way), why not entertain the possibility of retrocognition?

Psi, like all mental functions, is motivated. We cannot invoke superpsi automatically, as some might be tempted to do, to explain away evidence; we have to show the presence of a motivated agent. So where is the motivation at a seance with a drop-in communicator? No particular motive of anyone present at the seance seems plausible. But I

think it possible to invoke a general motive, as it were, a disposition, an automatic tendency to generate images and associations suggestive of survival or immortality.

Several kinds of data suggest we may be so disposed to manufacture simulations of immortality. Anita Muhl (1930), in her study of automatic writing, found that graphic automatism regularly involve narratives of spirits, elves, fairies, and daemons. That is, once the writer enters the "automatic zone," fantastic otherworldly narratives spontaneously show up. Mythology, of course, which partly originates from this automatic zone, is rife with images of otherworlds. Again, in our dreams, we regularly produce hallucinations of recognizable, deceased people. In addition, phenomena of dissociation and multiple personality involve the creation of new and sometimes distinctly different and even more complex personalities.

Sometimes these automatic simulations of survival and otherworldliness appear in mediumship. Consider two well known cases: In one, an investigator asks a medium to contact a certain Bessie Beals, said to have passed over. Before long, a personality starts to come through who calls herself Bessie Beals. The problem is that the investigator was testing the medium; there was no Bessie Beals. Nevertheless, in response to suggestive prompting, the medium automatically impersonated a nonexistent spirit (Murphy, 1945, pp. 75-76).

The next example further complicates the story. Add to the "automatic zone" a sizeable portion of paranormal capacity, and you get the highly misleading performance of the medium Blanche Cooper, who conveyed accurate information to S. G. Soal about an old friend of his, Gordon Davis, whom Soal mistakenly thought had died in the First World War. As a result of the medium's performance, Soal was led to believe his old school chum had survived death. The one hitch was that Davis was alive and well. The medium had picked up accurate information about a distant person she had never met, and unconsciously created the illusion that a dead man was communicating with the living (Soal, 1926). In this case, the imposture was exposed. One wonders how many seemingly authentic cases of survival are paranormal impostures.

One argument against superpsi is that it is not based on laboratory findings. On the other hand, why believe that the limits of psi are defined by the findings of experimental parapsychology? Most experimental set-ups are not very exciting or meaningful, and the effects they generate are typically marginal. The big effects arise in emotionally charged and meaningful contexts. If we add to the equation "miracles" and *siddhis* of mystics and shamans, as well as materialization,

levitation, teleportation, and sundry auditory and photic effects of mediums like Eusapia Palladino and D. D. Home, we can begin to see what a huge repertoire of potential abilities for simulating survival may be available.

In the end, only a case-by-case analysis can give reliable answers. As things stand, some have concluded in favor of survival; but not all who have studied the data have been convinced. One is always free to play up or play down particular facts or slants on facts, and thus favor one interpretation or the other. True, the crucial experiment will come eventually for us all; but in the meantime, given our hopes and fears, it is hard to be sure whether we have been swept along by personal bias. And of course, bias can work against the afterlife hypothesis as well as for it (Grosso, 1992, pp. 81-93).

### **Beyond the Superpsi Antinomy**

For researchers like J. B. Rhine, superpsi lands us in a kind of Kantian antinomy: For every attempt to interpret a piece of evidence in support of survival, it always seems possible, if one is ingenious and persistent enough, to devise a counterargument. Let us suppose we are at such an impasse or "antinomy." What is the next move?

We come now to my proposal of taking the shamanic turn. In effect, this means the return to the experiential, phenomenological, and pragmatic roots of belief in otherworlds, spiritual beings, and afterlives. The general idea behind the mutation of survival research I am urging is this: We might advance our understanding if we succeeded in gaining an inside perspective on what postmortem states might *be like or feel like*.

We owe it to our selves to be more adventurous in these explorations. So far, survival research has been trace-oriented. One studies "traces," indications that some other person has survived death: a trace could be an apparition that seems to originate from an excarnate personality; a mediumistic deliverance that points to minds that have survived death; or memories, physical marks, or behaviors that imply reincarnation of a previous personality. This is empirical research based on inferences. The investigator tries to authenticate a story and then determines if survival is the best explanation. This inferential procedure, made up of many interlocking steps, is based on sources that are objective and publicly observable.

There is, however, a kind of survival-related evidence that works differently. In the near-death experience, the source of evidence is

subjective and immediate; the experiencer claims to know there is a life after death. This type of evidence involves "knowing" as direct awareness, unmediated revelation, and nonlinear intuition. No deductions from reports, no critically-filtered observations, but rocket-fast entry into the dead zone. "Proof" arises by means of a dramatic alteration of one's state of mind. Near-death experiencers, like shamans, seem to themselves to enter another world, another mode of consciousness.

Of course, to the outside observer, the claims of the near-death experiencer need carry little weight. At most, certain features of the experience such as reports of verifiable out-of-body experiences (OBEs) suggest survival (Cook, Greyson, and Stevenson, 1998, pp. 377-405). Nevertheless, near-death experiences (NDEs) do provide a model, a paradigm for a more direct exploration of possible other worlds. In line with the terminology of Joel Schumacher's 1990 movie, let us call this the *Flatliner* paradigm; in this movie, medical students, unhappy about the failure of religion and philosophy to solve the great mysteries, decided to use their scientific expertise to induce temporary death, and to peek at what may lie on the "other side." Needless to say, I am not recommending such reckless experimentation. By the *Flatliner* paradigm I mean something already familiar to traditional spiritual practice.

In fact, individual experimenters (perhaps *explorers* is the better word) could try to replicate three components of the NDE. The first is the out-of-body experience. Enough hints in the literature suggest ways in which we might learn to induce the out-of-body experience in ourselves; in fact, there are all sorts of techniques available for triggering them (Rogo, 1983). The more we managed to induce OBEs in ourselves, the more we might learn about the limits of consciousness, whether we are geniuses at self-deception or immortal spirits caged in mortal bodies. It would be interesting to observe the effects of frequent OBEs on our belief systems and lifestyles, whether, for example, it would reduce death anxiety and free up our psychic energies for the business of living.

The second often reported NDE component we could try to replicate is seeing apparitions of loved ones. Raymond Moody (1992) has resurrected an ancient mirror-gazing technique he calls a *psychomanteum*, whose purpose is to stimulate apparitions of deceased loved ones, a procedure, as used by Moody, meant primarily to assist bereaved patients. Moody's work calls attention to the therapeutic side of survival research, which is an important aspect of the shamanic turn.

There is another aspect of the NDE that could be the basis of a new form of experimentation: the light experience. One of the most

powerful and widely reported aspects of the near-death experience is the encounter with an overwhelming presence of light that seems to emanate pure love and that results in the utter conviction of the reality of the other world. A superb example of this may be found in Joseph McMoneagle's *Mind Trek* (1993, pp. 27-34). Based on my own experience of encountering the light in a dream (Grosso, 1997), and the study of an extensive literature, I am convinced it is possible to induce transcendent light experiences.

First, as researcher and pediatrician Melvin Morse (1992) has stressed, experiencing the light is the most deeply transformative aspect of the NDE; it reduces the fear of death and produces confidence and conviction of the reality of another world. No amount of critical examination of externally derived data could produce such an impact. Second, the near-death light is part of a universal pattern of human experience, an archetypal constellation of psychic constants, found everywhere in shamanic, mystical, esthetic, and inspired states of being (see, for example, Eliade, 1965, pp. 19-77).

Third, Chinese, Tibetan, and Sufi traditions describe techniques for inducing these mystic light encounters. They consist of related practices such as meditation, regulated breathing, visualization, conscious dreaming, diet, sensory isolation, and so forth, which can be adapted to researchers' needs. The appeal of this type of experiment is not just that it may afford us a glimpse of what may be another world, but that it may serve as part of a deep process of self-transformation.

Let me conclude with these remarks. I recommend the shamanic turn not as a substitute for inferential research but as a therapeutic, experiential complement. After all, death is not just another scientific or philosophical puzzle; it underlies the consciousness of our whole existence. On pragmatic grounds we need a working hypothesis for coping with our mortality. As Carl Jung (1979, p. 213) put it, we should do our best to "form a conception of life after death, or to create some image of it. . . . Not to have done so is a vital loss."

Subjective experiences, however stunning, will never prove survival, and we may never know for sure if there is a life after death. On the other hand, in the course of our subjective encroachments on the presumptive "next" world, the likelihood increases that we will encounter new data and gain new insights. In time, a new consensus on the afterlife might conceivably emerge and change our whole *feeling* about death. From a practical point of view, is that not what counts?

The kind of research I am lobbying for promises less to solve than to dissolve the discomfiting uncertainty we associate with death; in the

end, we may arrive at a place where the question of personal survival just does not matter any more. There are experiences in which the importance of the "I" seems to thaw, melt, and fade away into a vaster frame of reference. These experiences, often called *transpersonal*, combined with the best survival data, offer the raw materials for a 21st century *ars moriendi*, an art of dying.

I began by talking about how the classical philosophers approached the afterlife. They did so using general abstract principles (the soul is a simple substance, therefore it cannot die), a method totally out of tune with our modern empirical approach. At the same time, there was an experiential background to Greek philosophy, as Francis Cornford (1965) explained. Behind the tradition of Plato, Aristotle, and Plotinus was an older tradition of shamanic thinkers like Empedocles, Epimenides, and other sages of the ancient school.

The ecstatic experience was at the root of Greek philosophy; even Greek skepticism was a form of consciousness alteration, an attempt to achieve a state of awareness beyond all conflicting positions, *ataraxia*—a kind of floating indifference. In the *Phaedo*, Plato defined philosophy as the practice, the rehearsal for death. According to Socrates, only when we shed our bodies will the truth be known.

There is a practical dimension to Plato's writings that blends with survival research. The main point of this paper is to call attention to the need for a personal form of experimentation, something like what Hindus call *sadhana* or spiritual practice. So, when Plato wrote that philosophy is the practice of death (*melete thanatou*), he was saying that we can practice for our death by practicing detachment from material existence. Now the curious thing about the near-death experience is that it forces one to experience this detachment, suddenly and without preparation. Think of it as a speed course in Plato's metaphysics.

There is one more point of contact between Plato's concept of philosophy and the near-death experience: Both seem to agree on the final test, the benchmark for passing the course. Like the celebrants of the Eleusinian Mysteries, near-death visionaries must see the light, not just figuratively but the ineffable blaze itself. Thus, philosophy, in one stroke, recaptures its ancient goal of *enlightenment*. With our near-death data, the hidden meaning of Plato's perennial metaphysics is revealed. In a famous letter, Plato (1966) described the moment of philosophical enlightenment as an experience of a brilliant light. Near-death epistemology, like Plato's, admits the validity of intuition, the value of mystic illumination. At the same time, we keep the empirical gains of the scientific method, which was the hope of the founders of psychical

research. We borrow back from philosophy its practical shamanic dimensions, its readiness to explore the full range of consciousness, and not to be imposed upon by the prevailing views of reality and rationality. We reconnect with the shamanic origins of Western philosophy. The circle from experience to theory and back to experience would be complete.

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# **Different Kinds of Near-Death Experience: A Report on a Survey of Near-Death Experiences in Germany**

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**ABSTRACT:** This article provides a short summary of a representative survey on near-death experiences (NDEs) in Germany, which is the first of its kind in Europe. We tested several assumptions derived from previous research on NDEs, including the assumptions of a unified pattern of experience, the universality of the pattern, and the necessary link between NDEs and clinical death. We received replies from more than 2,000 persons, 4 percent of whom reported NDEs. The patterns of the NDEs did not seem to correspond to earlier findings: aside from being much more diverse, they also differed with respect to cultural variables, particularly the difference between religious interpretations and the differences between post-socialist East Germany and West Germany.

**KEY WORDS:** sociology of near-death experience; surveys; Europe; Germany; cultural comparison.

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Reports on near-death experiences have become almost a cultural fashion. Television shows, magazines, newspaper, and other media frequently present people who talk about experiences of this kind. Nevertheless, we know little as to how many people have had experiences of this kind, and we do not know the range of experiences involved. Our research project at the University of Konstanz, Germany, on structure and distribution of near-death experiences tried to address these questions. The project aimed at a representative survey of near-death experiences (NDEs) in the Federal Republic of Germany and an analysis of the structure of the corresponding reports of NDEs.

Near-death experiences are reported by people who lived through a situation in which they were felt to be near death, dying, or even dead. Typically these experiences are considered as different from everyday life, and they involve different elements, stages, or motifs. Near-death experiences are sometimes treated as authentic reports of the transcendent reality lying beyond the normal realms of life; or as constructions of consciousness within a body in crisis. Some more critical observers of these phenomena regard them as forms of stories similar to the genre of urban legends, that is, as products of imagination.

The phenomenon covered by the notion of the NDE has been common throughout history. Reports of such experiences are known from pre-Christian history, ranging from Sumerian to classical Greek culture (Moraldi, 1987), and they are also mentioned in the Bible (2 Corinthians 12:1-4). As Peter Dinzelbacher (1985) found, reports on NDEs as subjective experiences of death constitute one of the most popular genres in the Middle Ages. At that time, the genre tended to become fictionalized in literature, adapting elements from mysticism and Christian iconology (Dinzelbacher, 1991). In Protestantism, the early 18th century saw a mounting number of reports about experiences near death, which typically functioned as moral instructions (Clark, 1852). In the 19th century, death books played an important role, containing statements by dying persons and regarded as warrants for the claim that dying did not necessarily mean the end of existence (Zaleski, 1995).

Scientific investigations of NDEs started at the end of the 19th century. The first systematic collection of reports of NDEs was assembled by the Swiss geologist Albert Heim (1892), who interpreted reports by mountain climbers who had survived serious falls. He found these reports to be strongly religious in content and showed that 95 percent of such accident victims experienced being near death as exceedingly pleasant. In 1926, the British physicist William Barrett published a study on deathbed visions that included near-death experiences. Yet,

although the phenomenon had been discussed before (Scott, 1931; Tucker, 1943), it was only in more recent times that near-death experiences triggered what may be called a cultural fashion. One major influence on this development has been the popular books of psychiatrist Raymond Moody (1975), who interviewed 150 people and found recurring elements in their reports, which he combined into what he constructed as the ideal case. Typically, this ideal case was described in terms of 15 consecutive elements, such as the notice of one's own death, followed by a feeling of silence and inner peace, then by sounds. After hearing sounds one enters something that resembles a dark tunnel, then seems to be leaving one's body. Descriptions also include meeting others, perception of light or a creature of light, and a panorama of one's life.

### Assumptions About NDEs

Following Moody, other researchers studied this phenomenon, including Stanislav Grof and Joan Halifax (1977), Russell Noyes and Roy Kletti (1977), Kenneth Ring (1980), and Michael Grosso (1981). In much of this research, a number of assumption became accepted, which we subjected to further scrutiny.

#### *Link to Biological Death*

The first such assumption is that NDEs are *linked to the biological death*. This assumption holds that NDEs occur only to subjects who have been medically in the most dangerous conditions, such as clinical death. This assumption led several investigations to concentrate solely on people who have been near death. Thus Fred Schoonmaker (Audette, 1979) restricted his studies to survivors of medically life-threatening situations, as did Karlis Osis and Erlendur Haraldsson (1977) and Michael Sabom (1982).

#### *Common Structure or Schema*

Many researchers assume that NDEs exhibit a *common structure* and manifest a *unified, common schema* (Zaleski, 1995). Despite the commonality of this assumption, investigators often disagree as to what elements form part of the basic structures. Whereas Moody mentioned 15 elements, Michael Schröter-Kunhardt (1993) found 11; Sabom (1982) identified ten elements, as did George Gallup and William Proctor

(1982); and Ring (1980) found NDEs to be comprised of five phases. In general, one can identify two lines of research.

*Common Motifs and Temporal Sequences.* First, in the tradition of Moody, many prominent researchers have maintained that *the structure of NDEs is constituted predominantly by certain substantial elements, or motifs*, by which we mean the content of what is experienced or its *noemic* qualities, such as a tunnel, a light, and an out-of-body experience. Like Moody, these researchers also have assumed that these motifs occur one after another, that is, that the NDE exhibits a certain *sequentiality*, which is often considered to be very clear-cut. Thus Ring (1980) identified five different stages of inner peace, the out-of-body experience, entering a darkness, perception of light, and entering the light, which he assumed succeed one another. We should note, in discussing these elements or motifs, that some of them have also been studied in isolation, such as out-of-body experiences, tunnels, and panoramic experiences (Blackmore, 1982; Drab, 1981; Noyes and Kletti, 1977).

*Common Forms of Experience.* The other line of research assumes that *NDEs may be described in terms of forms of experiences*, by which we mean the ways in which the experience is constructed, or its *noetic* quality. In this vein, Sabom (1982) tended to use more abstract categories related to the study of religious experience. To him, NDEs are characterized by ineffability, timelessness, a sense of reality, a feeling of being dead, acoustical perceptions, bodily separation, and a mental journey and return. Bruce Greyson (1985) characterized NDEs by four core dimensions—cognitive, affective, paranormal, and transcendental—which we have included in our questionnaire.

*Other Structural Assumptions.* Aside from the typical motifs of NDEs, there are some additional elements that are often taken for granted as being part of a common structure of NDEs. These include four commonly accepted hypotheses.

The first hypothesis is *that NDEs lead to fundamental changes in life*. On the one hand, they may affect only the subject's image of and attitude to death; on the other hand, they may lead to serious changes and aftereffects on the subject's life style, ranging from changes in social behavior to increased religiousness. According to P. M. H. Atwater (1988), Charles Flynn (1986), Ring (1992), Cherie Sutherland (1990, 1995/1992), and others, NDEers tend towards postmaterialist values; some believe that they have been chosen for some unique but still unknown mission, and that God or some other supernatural force was

responsible for their new sense of destiny. Many have a new or intensified belief in some form of life after death, including an increased belief in reincarnation (Wells, 1993).

The second hypothesis is *that NDEs are ineffable*, that is, they are said to be expressed in language and communication only with great difficulty and loss of content. The third hypothesis is *that NDEs are a taboo subject in most communicative contexts*. Experiencers typically hide their NDEs and communicate them only under special circumstances. And the fourth hypothesis is *that NDEs are of a distinctly positive nature*. Although there are a few indications that some NDEs are experienced as unpleasant, bad, or "hellish," a common assumption is still that NDEs are of a distinctly positive nature.

### *Universality*

A third major assumption is that NDEs follow "universal laws of symbolic experience" (McClenon, 1994, p. 172) that remain constant across cultural as well as social differences. Thus Glenn Roberts and John Owens (1988) wrote that "The central features of the NDE have been recorded throughout history and across numerous cultures and religious groups" (p. 611). And Schröter-Kunhardt (1990) concluded that NDEs exhibit outstanding cross-cultural similarities of form, despite considerable diversity of imagery and content, that is, recurrent motifs, composite imagery, and a series of sequential events. We shall refer to this assumption as the *universality assumption*. In a more sophisticated version the assumption concedes that there are differences in the structure of experience; yet, these differences are said to be accounted for by different degrees of elaboration and depth of investigation of other accidental circumstances.

### *Religious Interpretations*

The fourth assumption is that NDEs are linked to *religious interpretations* in two different ways. On the one hand, the assumption of a universal structure of the NDE led some investigators to speculate about a religious explanation for these experiences, by postulating either the objective existence of the reality experienced (Kübler-Ross, 1969) or the existence of a religious faculty of human experience, which supposedly forms the basis of the universal structure (Roberts and Owen, 1988).

Secondly, and on a more empirical basis, some investigators found that these experiences are regarded as religious by the experiencers.

Thus Ring (1982) wrote that "A specifically religious interpretation is given to it by many, though not all, of the core experiencers" (p. 138). The same was observed by James McClenon (1993) in his interviews of American and Japanese students. Moreover, the NDE is said to increase individual religiosity (Schröter-Kunhardt, 1990).

### Study Rationale and Methods

In general, we started from the assumption that one must distinguish between *experiences* of near death and *reports* of NDEs. As scientific observers, we have access only to reports of NDEs. This also holds for those studies that claim to investigate experiences. Actually, reports on NDEs are, in general *communicatively constituted accounts of what is claimed to have been experienced subjectively*. Parenthetically, there is an interesting issue on the relation between experience, communication, and culture, which, however, cannot be pursued at this point. Suffice it to say that our sociological interests are strongly related to this issue. On the grounds of this assumption we infer that there must be social and cultural influences on NDE reports, since the communication of experiences is necessarily a social activity. Our main thesis, therefore, was that the structure of reports of NDEs varies, and that it is subject to cultural and social factors.

The overall goal of the research project was to pursue two questions: (1) How many people have had these experiences? and (2) What are the structures of these experiences? Both questions were analyzed with respect to their relation to social and cultural variables. Of particular interest to us was a comparison of East German and West German data, since those two societies differ with respect to some crucial cultural features.

Since the distribution of NDEs was one of our two main questions, we had to survey a sample representing the whole society. In order to achieve this goal, we collaborated with a recognized institute specializing in surveys, ZUMA at Mannheim, which conducted the survey.

The survey was preceded by a series of 18 qualitative interviews conducted by Hubert Knoblauch. In addition to available investigations of similar kinds, we drew on the results of these interviews in the development of the questionnaire. The entire survey sample were asked if they had ever had an NDE or similar experience. Following this filtering question, the rest of the survey was administered only to those who gave positive or ambivalent answers (for example, "I am not sure")

to this first question. Survey respondents were asked to fill out the questionnaire by themselves. In addition to these data, we also had access to the sociodemographic data of our sample and of the general survey.

The questionnaire consisted of a series of questions, including multiple-choice scales, as well as open-ended questions that had been tested in advance. In order to access the structure of the experience, we formulated a multiple-choice question including several different items, motifs, and features mentioned by earlier researchers. In addition, we asked respondents to describe the content of their experience in an open-ended question. The questionnaire also included questions about the circumstances of the experience, its interpretation, and its religious meaning. The structured questions were analyzed statistically, using loglinear models to explain the influences on NDEs. We also applied cluster analysis for the classification of particular experiences. Open-ended questions, on the other hand, were interpreted by qualitative methods which considered (a) the form of recounting, or narrative structure, and (b) topical contents, or motifs.

## Results and Discussion

### *Frequency of Experiences*

Of the 2,044 persons interviewed, 356 answered positively to having had experiences with death of at least one of the following kinds (some respondents reported more than one kind of experience): 258 respondents (14 percent) reported a premonition of someone else's death that, in their view, later proved true; 79 respondents (4 percent) reported having witnessed deathbed visions; and 55 respondents (2.8 percent) reported having seen paranormal phenomena while being with dying persons, such as a cup breaking at the moment of death.

With respect to the NDE, 118 persons (6 percent) completed the entire questionnaire. However, that number exaggerates the percentage of NDEs in the sample, since it included respondents who stated that they were not sure whether they had had an NDE. On the basis of the multiple-choice and open-ended questions, we eliminated those questionnaires that described experiences not directly related to NDEs, such as death shocks, death presentiments, and reports of NDEs occurring to persons other than the respondent. With those extraneous questionnaires eliminated, we found that 82 respondents (4 percent of the sample) reported an NDE.

It should be stressed that this can be considered the first representative survey of the frequency of NDEs in Germany. Since our sample was representative of the German population in a statistical sense, with respect to the total population of 82 million in the 1995 German census, the results suggest that about 3 million Germans have had such an experience. The sample exhibited a very symmetrical distribution between East (40 NDErs) and West Germany (42 NDErs); and between men (41 NDErs) and women (41 NDErs), again with a symmetric distribution in East (20 men and 20 women) and West Germany (21 men and 21 women). The average age of the experiencers was 36 years. NDEs dated back from 1 to 65 years, the average being 13 years. The percentage of NDEs with respect to the gender of the sample was slightly higher for men (4.3 percent) than for women (3.8 percent).

Whereas our data on the distribution of the NDE can be taken as statistically representative, our findings with respect to other variables can be taken to indicate only tendencies. Nevertheless, some of these tendencies do allow us to address quite clearly the assumptions mentioned above.

### *Link to Biological Death*

As to the question of whether NDEs are typically linked to biological death, our data gave a very clear indication, with survey questions concerning both subjective and objective evidence of biological death. In fact, less than 50 percent of the respondents claimed to have been in a life-threatening situation when experiencing an NDE, and only 6 percent claimed to have been clinically dead.

### *Structure and Universality of NDEs*

The fact that the questionnaire allowed for open-ended questions yielded particularly interesting results with respect to the structure of the NDE. By analyzing the descriptions of NDEs in close detail, we found some recurrent patterns, which suggested different types of NDE. Surprisingly, the most detailed and explicit description of NDEs did not correspond to those reported by Moody, Ring, and others. Instead of consisting of a sequence of different events characterized by abstract motifs, they consisted of singular scenes, the content of which varied immensely. For example, one person near death reported a scene in which a figure with a scythe tried to grasp her hand, and another scene in which he accompanied her to the door and was pushed out the door.

Some of these scenes were experienced in some detail, yet they hardly exhibited any sequence of events or motifs.

The less elaborate descriptions were devoted to single motifs. However, even in these cases there were none that corresponded, for example, to Ring's stages. One might argue that the focus on single motifs might have been overcome if one conducted in-depth interviews. Yet, as mentioned above, we did conduct a series of in-depth interviews, and their results tended to support the findings in our survey. The structure of the experiences could be delineated according to different types. Although it must be admitted that a number of cases lay between the types, the majority of the written accounts fell into one of the following categories.

One type may be labeled "*being in transcendence*." Reports of this kind were characterized by claims that experiences occurred in a transcendent reality that differed from the everyday life or world. Although this reality was compared to heaven or paradise, other beings were mentioned rarely, and the descriptions surprisingly lacked references to God or godlike entities. Another type of report focused on the *emotional quality* of the experience, ranging from "indifference" to "great feeling." Other beings or activities were rarely mentioned. In terms of the specific emotions experienced, 50 percent of the NDErs reported positive emotions, and 43 percent negative emotions.

A range of reports highlighted the *contrast between light and dark*, which was understood in visual terms. These experiences lacked emotional features and the respondents took an almost distanced observational stance. In only a few cases this type overlapped with reports of experiences that may be labeled as *out-of-body experiences*. And wherever we found descriptions of *panoramic memory* or life review experiences, they were not linked to any other feature.

One of the most frequent types could be called a "*scenic experience*." These consisted of often elaborate and detailed descriptions of single scenes, actions, or events that either appeared surreal, involved an encounter with other beings, or consisted of descriptions of landscapes comparable to the medieval descriptions of the *locus amoenus*.

Despite the different types of experiences, most of the respondents (63 percent) stressed that they felt very conscious while experiencing the NDE. Although a large majority of our respondents (80 percent) supported the ineffability hypothesis, that is, the view that NDEs can hardly be expressed in words, the assumption that NDEs are anathema in modern society did not fare as well. In fact, 73 percent of our respondents declared that they had met interested listeners when telling the

story, 73 percent expected a strong interest in the topic by others, and almost 60 percent thought that their stories were believed.

Concerning the aftereffects of the NDE, the results of our sample contradicted previous findings. Although respondents supported general statements without objective behavioral consequences (70 percent reported an increased feeling of living more consciously, and 63 percent reported increased interest in the meaning of life), religious belief and belief in God increased for only 28 percent and remained the same for 67 percent. Surprisingly, fear of death decreased for only 40 percent, remained stable for 40 percent, and even increased for 20 percent!

The assumption of a common scheme of experiences across cultures was difficult to test. Nevertheless, some variables in our data related to this hypothesis. On the one hand, there seemed to be a certain relation between experiencing the NDE and knowledge about NDEs. Whereas 52 percent of the NDErs had known of the phenomenon, only 34 percent of the nonexperiencers had ever heard previously about NDEs. There were even greater differences between experiencers and nonexperiencers in the sources of their knowledge about NDEs, as indicated in Table I.

It is quite apparent that people have a lot of knowledge about NDEs, partly derived from mass media, whether or not they have had such an experience. The knowledge related either to the term NDE or to the definition of its content. It was also interesting that experiencers had more specialized knowledge than did nonexperiencers, for example, drawing on books or going to special events. The most striking indication in this table, however, is the importance of personal contacts. Our data suggest that the chance of experiencing a NDE is related to knowing someone else who either knows about NDEs or has experienced one.

**Table I**  
**Percent of NDErs and NonNDErs Who Had Learned About NDEs from Various Sources**

<i>Source of Knowledge</i>	<i>Experiencers</i>	<i>Nonexperiencers</i>
Near-death experiencers	56	15
Other persons	56	20
Radio and television	74	82
Newspapers and magazines	77	72
Books	63	36
Seminars and other events	26	7

There were also indications of cultural differences in our survey, based on the fact that Germany society had until recently been divided into two different ideological systems. It is quite sound to assume that, before the 1990s, East Germans had very little information and cultural communication about NDEs. On that assumption, we compared the results between East and West German respondents. First, it was surprising to learn that NDEs seem to have been experienced in the East as much as in the West. Ideological differences did not seem to affect the occurrence of NDEs. However, there were differences in the content of the experiences reported.

In general, NDEs were experienced much more positively in West Germany than in the East. Among West German NDErs, 60 percent reported positive emotions, and 29 percent negative; while among East German NDErs, only 40 percent reported positive emotions, and 60 percent negative. Also certain motifs were unequally distributed, such as tunnels being more common in the East, and light in the West. Percentages of experiencers who reported various features of NDEs are presented in Table II, categorized by geographical region, gender, and church membership. Statistical tests of the differences between these

**Table II**  
**Percent of NDErs Reporting Various NDE Motifs**

<i>Motif</i>	<i>Total</i>	<i>Region</i>		<i>Gender</i>		<i>Church Members</i>	
		<i>West</i>	<i>East</i>	<i>Male</i>	<i>Female</i>	<i>Yes</i>	<i>No</i>
Full mental awareness	65	67	63	61	68	65	63
Wonderful feelings	50	60	40	44	56	46	57
Entering other realm	48	55	40	44	51	48	47
Horrible feelings	44	29	60	49	39	40	50
Life review	44	43	45	49	39	44	43
Light	40	50	30	32	49	40	40
Tunnel	38	31	45	39	37	29	53
Heavenly realm	38	45	30	29	46	37	40
Met living persons	32	31	33	32	32	31	33
Out of body	31	38	23	34	27	35	23
Feeling of being dead	26	29	23	20	32	25	27
Contact with dead	16	12	20	17	15	14	20
Horrible realm	13	17	10	17	10	12	17
Met nonhuman beings	11	12	10	19	12	12	10

categories were not performed because of the small number of people in each group.

The influence of cultural factors was supported by the variable of religiosity. On the one hand, there were no striking differences between Roman Catholics, Protestants, and those with no religious affiliation, with the single exception that church members reported decidedly more NDEs than did those without church affiliation. The only exception was that respondents who identified themselves as members of a Christian sect other than Roman Catholic or Protestant had slightly more NDEs than other respondents. While this result suggests the influence of religious beliefs and socialization, it must be treated with caution, since the absolute numbers in this analysis are very low.

### *Religious Interpretations*

There were more solid findings regarding religious interpretations of NDEs. Despite the fact that there are clear differences in religious affiliations between East Germany, where about 25 percent of the population are church members and atheism is predominant, and West Germany, where the majority of the population are still members of Roman Catholic or Protestant churches, Christian interpretations of the NDE were of little importance. Only 22 percent held a stronger belief in the Christian God, whereas 28 percent expected nothing to come after death. The most frequently endorsed interpretations were humanistic or diffuse transcendent beliefs, such as belief in a higher, supernatural power. These results differ from those in American surveys.

**Table III**  
**NDErs' Interpretations of Their Experiences**

<i>Interpretation</i>	<i>Percent Agreeing</i>
Human life is valuable	81
There are transcendent entities	59
There are supernatural forces	54
No interpretation	43
There is a hereafter	43
There is a god	35
There is nothing after death	28
There is reincarnation	27
There is a Christian God	22

Whereas in America NDEs seem to support religious belief, in Germany they rather undermine it. NDEr's interpretations of their experiences are presented in Table III.

### Conclusions

The results of the survey allow some quite clear answers to the problems posed. First, NDEs seem to be a widespread phenomenon in contemporary Germany, and a large part of the population knows about NDEs. Despite the common knowledge of NDEs, the experiences people reported differed quite substantially. One may, of course, argue that this finding depends on the subjective definition of an NDE. Yet all notions of near-death experience depend on subjective reports, so that one could argue that every reasonable definition of an NDE must be subjective.

In fact, the results indicate that a series of commonly held assumptions should be reconsidered. These include the assumption that NDEs are linked to biological death and the awareness of having been declared dead, the taboo against talking about the experience, and the consequences of the experience and its religious meaning. More critically, the results suggest that NDEs do not exhibit a common structure. Although following certain patterns, these patterns can hardly be subsumed under one structure. For this reason, the assumption that NDEs are a universal phenomenon also seems to be open to question.

As the data indicate, NDEs differ significantly not only between different experiencers according to several types; there are strong indications of cultural influences on NDEs. In this respect, the differences between East German and West German subjects suggest that sociocultural background affects not only the interpretation of NDEs but also the very content of what is experienced. That is, *the content of NDEs is culturally constructed*. Other researchers have provided further evidence for this assumption. Salteaux Indian NDEs contain different motifs, such as tipis (Hallowell, 1940); and there are clearly different interpretations among American and Marxist Chinese NDEs (Kellehear, 1996). In addition, Mormon NDEs differ in substantial ways from those described by Moody, Ring, and others (Lundahl, 1981-82).

This hypothesis seems also to hold with respect to religious affiliation. However, the most obvious cultural influence becomes salient if one compares the German data altogether with previously published studies, particularly on data from the United States, on which most of our literature review drew. Compared to American NDEs, the NDEs we found in Germany were significantly different in three aspects.

The first significant difference was in the *content* in terms of motifs, sequences, and emotional quality of the experience. Whereas American NDEs include a certain number of elements that seem to follow one another and are typically experienced as emotionally positive, the majority of German NDEs consist of one element or scene without any temporal sequence of events or motifs. They are equally likely to be experienced either positively or negatively, although as noted above, there were salient differences between the samples from the two former German states. The second significant difference was in the *consequences*, in terms of effects of the experience on subsequent life. American NDEs affect experiencers' morality and lead to more or less serious changes in life. German NDEs, on the other hand, seem to affect only one's general outlook on life, without having moral consequences. The third significant difference was in the experiencers' *interpretation with respect to worldview*. Whereas American NDEs seem to strengthen religiosity and support existing religious beliefs, German NDEs are rarely considered religious at all.

Although these results indicate the importance of cultural influences, further research must examine these factors in more detail. Yet, despite the importance of cultural influences, we do not argue that NDEs are nothing but cultural constructions. To the contrary, we were rather surprised to find a large number of these experiences in the former German Democratic Republic, a society in which people had little access to knowledge about these experiences. One could, therefore, conclude that it is not the occurrence of the NDE that is influenced by culture, but its content and its interpretation.

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Witness my hand and seal

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1875

John W. Foster

Secretary of the State

Albany, New York

1875

## An Hawaiian Near-Death Experience

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**ABSTRACT:** This paper is a case report of an Hawaiian near-death experience (NDE) from the early 1900s, which was uncovered in a turn-of-the-century monograph of Hawaiian folk tales (Thrum, 1907). The account differs from others in the same volume because it appears to be a real-life account rather than a folk tale. I describe similarities and differences from other Pacific area accounts, with particular attention to the only other Polynesian NDE account in the literature, a Maori NDE reported by Michael King in 1985.

**KEY WORDS:** culture; history; case-study; Polynesia.

There have been several single case reports of near-death experiences (NDEs) in different cultures, from Israel (Abramovitch, 1988) to the Mapuche people in South America (Gómez-Jeria, 1993). Although these previous accounts have been the result of single interviews, other cases have been collected from century-old literary or oral sources from anthropologists (Berndt and Berndt, 1989), travel writers (Schorer, 1985–86), or frontier settlers (King, 1985). The reporting of ancient accounts of NDEs, especially from nonWestern areas, constitutes an important cultural resource for modern near-death studies because most of these accounts predate current research and popular ideas. They also provide crosscultural variations to our understanding of NDEs. In this context, single nonWestern accounts, their methodological problems notwithstanding, provide valuable challenges to our understanding of NDE phenomenology in terms of psychodynamic content and cultural typology. The present paper reports the case of an Hawaiian NDE that appears in a 1907 edition of Thomas Thrum's *Hawaiian Folk Tales*.

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### The Case

Thrum's account began with the title, "A visit to the spirit land; or, the strange experience of a woman in Kona, Hawaii." Kalima was ill for many weeks and eventually "died." Her "death" was so convincing that her family and friends prepared her grave and laid her beside this for the funeral rites and acts. During the course of these ministrations Kalima was seen to sigh and then eventually to open her eyes. Naturally everyone present was quite surprised but glad to have her back. Still weak from her ordeal, Kalima took several days to recover her strength to tell a most strange story to her family. Her account is reproduced in part below:

I died, as you know. I seemed to leave my body and stand beside it, looking down on what *was* me. The me that was standing there looked like the form I was looking at, only, I was alive and the other was dead. I gazed at my body for a few minutes, then turned and walked away. I left the house and village and walked on and on to the next village, and there I found crowds of people,—Oh, so many people! The place which I knew as a small village of a few houses was a very large place, with hundreds of houses and thousands of men, women and children. Some of them I knew and they spoke to me,—although that seemed strange, for I knew they were dead,—but nearly all were strangers. They were all so happy! They seemed not to have a care; nothing to trouble them. Joy was in every face, and happy laughter and bright, loving words were on every tongue.

I left that village and walked on to the next. I was not tired, for it seemed no trouble to walk. It was the same there; thousands of people, and everyone so joyous and happy. Some of these I knew. I spoke to a few people, then went on again. I seemed to be on my way to Pele's Pit,—and I could not stop, much as I wanted to do so. (Thrum, 1907, pp. 59-60)

The account went on to describe her continuing journey much as before, meeting old friends or loving strangers in more and more villages. She described how impressed she was with the joy and happiness of all the people that she encountered. Finally she reached the volcano that she seemed uncontrollably drawn toward and there she was stopped by a small group of people.

... they said, "You must go back to your body. You are not to die yet."

I did not want to go back. I begged and prayed to be allowed to stay with them, but they said, "No, you must go back; and if you do not go willingly, we will make you go."

I cried and tried to stay, but they drove me back, even beating me when I stopped and would not go on. So I was driven over the road I had come, back through all those happy people. They were still joyous and happy, but when they saw that I was not allowed to stay, they turned on me and helped drive me, too.

Over the sixty miles I went, weeping, followed by those cruel people, til I reached my home and stood by my body again. (p. 61)

Eventually Kalima was forced back into her body and then made her recovery with some regret.

### Discussion

There are four salient anthropological observations to make about this case. First, the NDE derived from an illness account, like so many others in the literature. Although these accounts are not the only sources of NDE phenomenology (see Kellehear, 1996), their regular sourcing from such accounts unduly identifies the popular understanding of their origins with illness and death. This Polynesian case falls neatly within this tradition.

Secondly, there is no report of a tunnel sensation. Indeed, there appears to be no mention of experiences of light and darkness at all. This is consistent with NDE reports from Guam (Green, 1984) and conditionally consistent with the only other Polynesian, albeit Maori, account reported (King, 1985).

Thirdly, there is no report of a life review, and this is also consistent with the absence of this feature in other Pacific areas (Green, 1984; King, 1985) and aboriginal accounts (Berndt and Berndt, 1989; Schorer, 1985–86). Dorothy Counts (1984) did report some life review in NDEs from Melanesia, but those reports were clearly influenced by missionary influences in that area (see Kellehear, 1996).

The fourth observation relates to this problem of the life review. In the Maori account reported by Michael King (1985), no life review was present, but the NDEr did “fly” to Te Rerenga Wairua, “the leaping off place of spirits” (King, 1985, pp. 93–94). She perched, ready to make her descent into this mythical place, when she was drawn back to her body. This Polynesian account is very similar to the Hawaiian account in this respect, and we can only speculate about the consequences for the NDErs in both accounts if they had continued on their journey beyond their “leaping off” places. Would the descent into the pit, suggested in these accounts, provide journeys into darkness? At the end of the

journey into darkness, would a life review take place? In the Hawaiian and Maori accounts, the only two Polynesian accounts available to date, the cessation of these accounts before the descent into the pit leaves these questions tantalizingly unanswered.

Clearly, methodological considerations caution us not to depend too heavily on these accounts. They are reported by foreigners to the culture from which the reports come. The reports themselves are old and may have changed in the retelling over many years. Factors such as the ease and accuracy of translation must always raise considerations of reliability. Nevertheless, they are the only reports we have and they appear consistent not only with each other, but also with those from other areas of the Pacific.

This additional report from Hawaii lends continuing support to my earlier view that NDEs appear to follow social and psychological phenomenology shaped by the religious cosmology of the period and place (Kellehear, 1996). I do not argue that NDE contents are merely a function of such cultural influences; they may not be. The Israeli NDE described by Henry Abramovitch (1988) and the study of expected paretological imagery I reported with Harvey Irwin (Kellehear and Irwin, 1990) show that NDEs are not a simple function of expectations. My argument is only that cultural influences may be crucial in supplying ways of understanding the content of NDEs. To put it another way, culture supplies broad values and attitudes to individuals and these provide individual orientation during an experience. In this way, cultural influences provide a basis for interpreting NDE content, and furthermore are crucial to shaping the retelling of the experience to others from one's own culture. The Hawaiian case continues to illustrate, if only modestly by the addition of one more case, this work-in-progress hypothesis.

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# Knowledge and Attitudes of Hospital Nurses in Italy Related to Near-Death Experiences

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**ABSTRACT:** I distributed Nina Thornburg's Near-Death Phenomena Knowledge and Attitudes Questionnaire to 750 nurses in three Verona hospitals, and received 476 completed questionnaires. Questionnaire respondents had a modest knowledge of near-death experiences (NDEs). Nevertheless, respondents expressed a positive attitude towards NDEs in general, and towards patients who had had NDEs. Thirty-four percent of the nurses had personally encountered NDEs, and those nurses reported a higher level of knowledge than their colleagues who had not had that opportunity. Furthermore, in relation to the global sample, nurses who had encountered an NDEr showed attitudes that were more positive regarding both the NDE itself and the type of assistance they offered NDErs.

**KEY WORDS:** knowledge; attitude; hospital nursing; NDE.

The scientific literature on the near-death experience (NDE) asserts that during a deep coma, a cardiac arrest, a head injury, or a clinical death, typical phenomena of altered consciousness may occur in at least a third of the patients concerned. This involves, for example, the potentiation of certain mental functions, such as the perception of colors, sounds, light and images; the sensation of separating from one's body and floating in the air; the ability to recall forgotten events from one's memory; the apparent movement of one's mind in time and space; experienced encounters with strangers not physically present; and a sense of positive, unaroused emotions, such as peace, serenity, and tranquility (Moody, 1975; Ring, 1980; Tiberi, 1994, 1996).

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After a near-death experience, profound changes tend to take place in the personality, values, and attitudes. Experiencers perceive a profound sense of a personal rebirth, self-esteem, inner confidence, and appreciation of life in general; in addition, the fear of death diminishes and a belief in a future life after death increases (Greyson and Flynn, 1984; Sabom, 1982). NDErs develop a religious awareness tending towards an inner spirituality and, in an evolutionary sense, are perceived by some as precursors of a highly spiritual breed of men and women of the future, which has been called *Homo noeticus* (Ring, 1992).

Prior to the 1970s, the rare instances of reported NDEs were relegated to the field of parapsychology or mysticism, as the phenomenology of these experiences did not fit within a traditional scientific paradigm and, as such, were not considered an appropriate object of study. Medical progress in the area of cardiopulmonary resuscitation, and that of mobile emergency services with modern technical equipment, specialized personnel, helicopters, and ambulances, have made survival possible for many people who as a result of an illness, or an accident on the road or at the workplace, would otherwise die. Nowadays, doctors, nurses, and other hospital staff are increasingly in contact with NDErs and hear their personal accounts. Consequently, in order to understand the implications of the type of support and assistance that should be given to patients who have NDEs, it is important to investigate the knowledge of and attitudes toward NDEs of those people working in health services.

This article reports the findings of a study carried out in three public hospitals in Verona, Italy, in which the NDE knowledge and attitudes of nurses were surveyed in the *critical areas* (intensive care ward and emergency ward) and in the *noncritical areas* (department of internal medicine, surgical unit, geriatric ward, and others). One of the aims of this paper is to make the results of our survey readily available for practical purposes; that is, to encourage the development of permanent educational programs, and facilitate the nurse's task of assisting NDErs.

Our initial hypothesis assumed that the group of nurses working in the critical area, as opposed to the group of nurses in the noncritical area, would be more likely to encounter patients with NDEs and hear their accounts; consequently, they should have a greater awareness of the phenomenon and a more favorable attitude towards not only the problem in general, but also the NDErs themselves.

### Brief Review of the Nursing Literature

Scientific research on the knowledge and attitudes of nurses relating to NDEs is limited, even though the subject has received a great deal of attention over the last 25 years. In 1981, Annalee Oakes studied the attitudes of 30 nurses working in an intensive care ward. Her study showed that the majority of the nurses found the subject fascinating and about 50 percent of them felt it was useful for the patient to relate the experience to someone, though there were mixed opinions as to who the listener should be.

In 1986, Roberta Orne carried out a study on the attitudes and beliefs of 912 nurses related to NDEs. The results underscored a poor knowledge of the phenomenon. Though 58 percent of the participants had some familiarity with the NDE, they considered their knowledge of the subject to be "limited." Given the scarce amount of scientific literature on the subject related to nursing, the mass media turned out to be their only source of information. Yet despite this limited knowledge, the nurses displayed a positive attitude towards NDEs in that they listened to the patients' accounts and encouraged discussions about the experience (86 percent), and offered patients their support (69 percent). Only 2 percent of the participants had no idea whatsoever of how they should approach the patient, and 25 percent claimed they did not believe in these experiences. The nurses working in the emergency wards reported a higher level of knowledge than did the nurses in the maternity wards, while nurses in the psychiatric wards were more willing to listen to the NDE accounts. Interestingly, 28 percent of the nurses reported having had an NDE themselves.

In 1988, Nina Thornburg carried out a pilot study aimed at constructing a questionnaire that could measure the knowledge and attitudes concerning NDEs of 20 nurses working in an intensive care ward of a large Midwest American hospital. The study showed that 95 percent of the subjects had heard about the NDE, but none of them had personally had one. In 1991, Linda Barnett used Thornburg's questionnaire to survey a group of 60 nurses working in a number of hospices. The results showed that about 50 percent of the nurses were familiar with the NDE, and many of them had also worked with patients who had NDEs. All the participants in the study had a positive attitude towards near-death phenomena, and they were convinced that nurses should carefully listen to patients' entire accounts of their NDEs. In addition, the nurses agreed that patients with NDEs should receive the

same type of nursing care as that received by patients who had not had an NDE.

## Method

### *Subjects*

The sample of nurses we interviewed was taken from the paramedic personnel lists supplied by the administrative offices of each hospital involved in our survey. The subjects were selected from three different hospitals in Verona: Ospedale Civile Maggiore di Borgo Trento, Policlinico di Borgo Roma, and Ospedale di Legnago (Verona).

After receiving permission from the authorities of each hospital, we began by distributing 750 questionnaires. The head nurses were given exact instructions for randomly selecting subjects to be given the questionnaires, and for collecting the completed questionnaires no later than two weeks after the subjects had received the questionnaires.

### *The Research Tool*

The tool used in this study was Thornburg's (1988) Near-Death Phenomena Knowledge and Attitudes Questionnaire, translated into Italian by the Institute of Psychology, Verona University. The questionnaire is set out as follows: The first part asks about the respondent's professional qualifications, age, gender, and name of hospital in which the person works; in addition, the respondent is asked if he or she has ever encountered a patient with an NDE. The second part investigates the person's knowledge of NDEs, and is made up of 23 items with three possible answers: "true," "false," and "don't know." Knowledge scores are calculated using a value of 1 if the answer is correct, and a value of 0 if the answer is wrong or "don't know." Scores can range from 0 to 23, and those who obtain a score of 12 or higher are considered to have a good level of knowledge of the phenomenon.

The third part is made up of 23 items that measure the nurse's general attitudes towards NDEs. In this section, the respondent is asked the degree to which he or she agrees or disagrees with each item, assigning a value for each item ranging from 1 (strong negative attitude) to 5 (strong positive attitude). Scores can range from 23 to 115, and a score of 69 or higher indicates a positive attitude. The fourth part, consisting of 20 items in a 5-interval Likert scale format, measures the subject's attitudes to the types of treatments and assistance given to patients

with NDEs. Scores on this section can range from 20 to 100, and a score of 60 or higher suggests a positive attitude towards treating patients with NDEs.

### *Statistical Analysis*

Mean values and percentages were calculated, and were evaluated statistically with *t* tests, chi-squared tests, factor analyses, and linear correlation.

## **Results**

### *Sample*

From the 750 questionnaires that we distributed, a total of 476 (64 percent) were collected, of which 335 (71 percent) belonged to female participants and 136 (29 percent) to male participants. Our study group was relatively young (average age of 33.7 years), ranging from 20 to 60 years of age. The average age of the women was 31.3 years (SD = 8.0), and that of the men was 39.4 years (SD = 9.3). As regards their professional qualifications, 44 respondents (9 percent) were head nurses, 370 (78 percent) were professional nurses, and 59 (13 percent) were general nurses. Thirty-four percent of the nurses claimed to have encountered patients who had told them about their NDE. The critical area sample consisted of 158 nurses (33 percent of the total), with a mean age of 31.4 years; and the noncritical area sample consisted of 317 nurses (67 percent), with a mean age of 34.7 years.

### *Characteristics of the Questionnaire*

The scores for reliability of individual items of the questionnaire (item-total correlation) ranged from a minimum of  $r^2 = .13$  ( $p < .02$ ) to a maximum of  $r^2 = .66$  ( $p < .001$ ) for the nurses' general attitude scale, and a minimum of  $r^2 = .10$  ( $p < .02$ ) and a maximum of  $r^2 = .58$  ( $p < .001$ ) for the attitude scale of nurses directly involved in treating NDEs. On the whole, our scores can be considered acceptable given the large number of subjects who completed questionnaires; however, the scores were lower than those found by Thornburg (1988), who used a much smaller sample in her study.

The validation trial with a factor analysis highlighted three factors regarding NDE knowledge. The first factor, which accounted for

27 percent of the variance, referred to the characteristics of the NDE, its causes, its antecedents, and its aftereffects; the second factor, which accounted for 6 percent of the variance, grouped together a number of NDE elements such as ineffability and the presence of unaroused emotions such as peace, serenity, and tranquility; and the third factor, which accounted for 5 percent of the variance, highlighted the NDE as an objective and real phenomenon.

A factor analysis of the NDE general attitude scale highlighted four factors. The first factor, which accounted for 22 percent of the variance, referred to the nurses' future training; the second, which accounted for 12 percent of the variance, depicted the unfavorable attitudes of some nurses who felt that the nursing personnel should not be concerned with NDEs; the third factor, which accounted for 6 percent of the variance, described the NDE as a normal consciousness phenomenon; and the fourth, which accounted for 5 percent of the variance, concerned reporting, and grouped together a number of nursing tasks such as interviewing patients, informing doctors about patients' NDEs, and recording the event in the patient's file.

A factor analysis of the scale regarding the attitudes of those who care for patients with NDEs yielded three factors. The first factor, which accounted for 20 percent of the variance, was unfavorable towards the NDE; the second, which accounted for 11 percent of the variance, depicted a positive attitude toward NDEs; and the third, which accounted for 6 percent of the variance, suggested that nurses should adopt a responsible attitude in dealing with the psychological problems of patients with NDEs.

On the basis of these results we may say that Thornburg's questionnaire can be considered reliable and valid in our Italian translation. All of Thornburg's items were used in our questionnaire, because their loadings were quite significant.

### *The Investigation*

*Knowledge of NDEs.* The mean score for knowledge of NDEs in the global sample was 8.0 (SD = 3.9), which was rather low compared with the minimum value of 12 specified by Thornburg (1988) as reflecting "good" knowledge of NDEs. The Borgo Trento hospital nurses reported a mean score of 8.3 (SD = 3.5); the Borgo Roma hospital nurses, 8.5 (SD = 3.3); and the Legnago hospital nurses, 7.7 (SD = 4.3).

The mean knowledge score for nurses in the critical areas of the three hospitals was 7.6 (SD = 3.7), while the mean score for those in the

noncritical areas was 8.3 (SD = 4.0). Nurses in the noncritical areas in the Borgo Trento hospital had a higher score (mean = 8.9, SD = 3.5) than did those in the critical area (mean = 7.7, SD = 3.4;  $t = 2.01$ ,  $df = 164$ ,  $p < .046$ ). Nurses in the critical area in the Borgo Roma hospital had a higher mean score (8.9, SD = 2.8) than did those in the Legnago hospital (mean = 6.7, SD = 4.2;  $p < .041$ ).

As regards other variables, nurses' gender did not affect their knowledge either in the global sample or between hospitals. As regards the professional qualifications, the mean knowledge score for the head nurses (9.0, SD = 4.2) and that for the professional and general nurses (mean = 8.0, SD = 3.9) were not significantly different ( $t = -1.498$ ,  $df = 442$ ;  $p = .135$ ).

As far as age was concerned, nurses older than 45 years in the Borgo Trento and Borgo Roma hospitals showed more knowledge about NDEs than did their younger colleagues. In the Borgo Trento hospital, the mean knowledge score of older nurses was 10.2 (SD = 4.5), while that of the younger nurses was 8.0 (SD = 3.1;  $t = 2.19$ ,  $df = 68$ ;  $p < .032$ ). At the Borgo Roma hospital, the mean knowledge score of the older nurses was 9.9 (SD = 2.2), while that of the younger nurses was 6.7 (SD = 2.0;  $t = -3.35$ ,  $df = 19$ ;  $p < .003$ ). The age variable would appear to favor those nurses who have had more opportunities during their professional careers to encounter NDEs or learn about the problem from other sources.

*General Attitudes Toward the NDE.* Among the global sample, the mean score for the general attitude towards the NDE was 80.6 (SD = 10.3) out of 115. The nurses in the Borgo Trento hospital reported a score of 81.3 (SD = 10.4); those in Borgo Roma, 82.7 (SD = 9.9); and those in Legnago, 79.1 (SD = 10.3).

Among all three hospitals, nurses in the critical areas reported a mean score of 77.9 (SD = 10.8), while those in the noncritical areas reported a significantly higher mean score of 82.0 (SD = 9.8;  $t = -4.02$ ,  $df = 434$ ;  $p < .006$ ). As in the case of knowledge, the general attitude scores were higher for the nurses working in the noncritical area of the Borgo Roma hospital (84.0, SD = 9.2) than for the nurses in the same area in the Legnago hospital (79.8, SD = 9.1;  $t = 2.73$ ,  $df = 87$ ;  $p < .007$ ).

The mean general attitude scores for the male and female participants were not significantly different, except in the case of Borgo Trento, in which the female participants indicated a marginally more favorable attitude toward NDEs (mean = 82.2, SD = 9.7) than did their

male colleagues (mean = 78.9, SD = 11.8;  $t = 1.93$ ,  $df = 183$ ;  $p = .055$ ). In addition, the attitudes did not change with variations in age in any of the levels that were analyzed ( $t = 0.74$ ,  $df = 154$ ;  $p = .461$ ).

Finally, the head nurses, who are responsible for organizing the work tasks of the nurses in their wards, had a more favorable attitude towards the NDE (mean = 85.5, SD = 9.8) than did the professional and general nurses (mean = 80.2, SD = 10.2;  $t = -3.23$ ,  $df = 433$ ;  $p < .001$ ). The items that discriminated head nurses from other nurses concerned the importance of reassuring the patients that an NDE is a normal event and not a sign of mental disorder.

*Attitudes in Caring for Patients Who Have Had an NDE.* The mean score of the total sample for this aspect of the attitude study was 72.1 (SD = 7.7), which was within the range of 60 to 100 suggested by Thornburg (1988) to represent favorable attitudes. The critical area sample reported a mean score of 71.0 (SD = 7.8), while the noncritical area sample reported a mean score of 72.7 (SD = 7.5). Nurses in the Borgo Trento hospital obtained a mean score of 74.2 (SD = 8.0) in the noncritical area, significantly higher than in the critical area (mean = 70.8, SD = 6.9;  $t = -3.14$ ,  $df = 184$ ,  $p < .002$ ). The differences were brought about by those items that emphasized the importance of keeping an open mind to what was heard, showing a willingness to offer the same type of care in qualitative terms to patients with and without NDEs, and recognizing the nurse's duty to listen carefully to their patients' NDE accounts and to take them seriously.

The Borgo Trento hospital reported a score of 72.6 (SD = 7.7); the Borgo Roma hospital, 73.6 (SD = 8.2); and the Legnago hospital, 71.0 (SD = 7.3). The chi-squared analysis revealed a significant difference among the three hospitals ( $\chi^2 = 3.57$ ,  $df = 2$ ;  $p = .029$ ), with nurses in the Borgo Roma hospital, the university teaching and research center, having the most favorable attitude.

With regard to gender, there were no significant differences for the global sample, but there was a difference in the Borgo Roma hospital, where the women's mean score was 74.9 (SD = 6.4) and the men's was 70.5 (SD = 10.6;  $t = 2.19$ ,  $df = 72$ ;  $p = .032$ ). There were no significant differences in this type of attitude for the age groups that were analyzed ( $t = -0.11$ ,  $df = 156$ ;  $p = .912$ ). Once again, the head nurses reported a higher mean score of 75.6 (SD = 7.4) than did the professional and general nurses (mean = 71.7, SD = 7.6;  $t = -3.18$ ,  $df = 443$ ;  $p < .002$ ).

*Nurses Who Had Encountered NDErs.* Thirty-four percent of the nurses claimed they had encountered NDErs. Their mean knowledge score was 8.9 (SD = 3.2), which was higher than that for nurses who had not had an encounter with an NDEr (mean = 7.6, SD = 4.1;  $t = 3.13$ ,  $df = 184$ ;  $p < .002$ ). In the critical areas of the three hospitals the knowledge score for those nurses who had encountered an NDEr (mean = 8.4, SD = 2.9) was higher than that of the nurses who had never encountered an NDEr (mean = 7.0, SD = 4.0;  $t = 2.15$ ,  $df = 127$ ;  $p = .033$ ). The same can be said for the noncritical area ( $t = -2.60$ ,  $df = 289$ ;  $p < .01$ ).

If we look at the hospitals on an individual basis, we can see for example that in the critical area of Borgo Trento those who had encountered NDErs (mean = 8.7, SD = 2.3) reported scores that were significantly higher than those who had not had any such encounter (mean = 6.8, SD = 3.9;  $t = 2.545$ ,  $df = 68$ ;  $p = .013$ ). Nevertheless, the score for nurses in the noncritical area (mean = 10.3, SD = 3.2) was even higher ( $t = -2.787$ ,  $df = 88$ ;  $p = .007$ ). In the noncritical area of the Legnago hospital, the nurses who had encountered NDErs had a score (mean = 9.0, SD = 3.5) that was marginally higher than that of the nurses who had not encountered NDErs (mean = 7.5, SD = 4.6;  $t = -1.91$ ,  $df = 153$ ;  $p = .058$ ).

The results obtained from the critical area of the Borgo Roma hospital confirmed that scores tend to be higher for nurses who had encountered NDErs (mean = 9.1, SD = 3.0) than for their colleagues who had not (mean = 8.7, SD = 2.8), although that difference was not significant ( $t = -0.27$ ,  $df = 19$ ;  $p = .789$ ).

The attitude score of the nurses who had encountered NDErs was 81.1 (SD = 9.6), with a score of 73.0 (SD = 7.5) for their attitude in caring for NDErs. Nurses in the noncritical area of Borgo Trento who had encountered NDErs obtained a score for their attitude towards caring for NDErs (mean = 77.5, SD = 6.7) that was significantly higher ( $t = -2.80$ ,  $df = 95$ ;  $p = .006$ ). Similarly, in the critical area of the Legnago hospital, the nurses who had encountered NDErs obtained a mean score of 81.6 (SD = 8.6) in their attitude toward caring for NDE patients, which was a significantly higher score than that obtained by nurses who had not encountered NDErs (mean = 72.9, SD = 11.5;  $t = 2.20$ ,  $df = 30$ ;  $p = .036$ ). In contrast, an opposite tendency was observed for nurses who had encountered NDErs in the noncritical area of the same hospital: they obtained lower scores in their general attitude (mean = 76.9, SD = 8.5) than did those who had

not encountered NDErs (mean = 80.9, SD = 9.3;  $t = 2.33$ ,  $df = 127$ ;  $p = .021$ ).

## Discussion

Our initial hypothesis assumed that nurses in the critical areas would have greater knowledge of and better attitude towards NDEs and its related problems, because there was a higher probability of encountering patients with NDEs in the critical area than in the noncritical areas. That hypothesis was not confirmed by the data in our research. In contrast to the original hypothesis, the noncritical areas offers a greater opportunity of encountering NDErs than did the critical areas; 63 percent of the nurses in our survey who had encountered NDErs had done so in the noncritical areas, and only 37 percent in the critical areas. Nevertheless, the fact that the nurses who had encountered NDErs also had a better knowledge of and attitude towards the NDE and its related problems confirms the logic that underlay the initial hypothesis of this paper; that is, knowledge of the phenomenon leads to a better attitude toward patients who have NDEs.

### *Comparison with Similar Studies*

There have been at least four previously published studies carried out using Thornburg's questionnaire. Barbara Walker and Robert Russell (1989) surveyed psychologists, who reported a mean score of 7.5 for their knowledge and a score of 61.3 out of 85 for their attitude to NDE. Nineteen percent of the psychologists surveyed reported having treated patients who had had an NDE, while 28 percent had had some form of personal contact with NDErs. Linda Barnett (1991) surveyed 60 nurses working in American hospices, who reported a mean knowledge score of 10.6 and a general attitude score of 89.0, while the score for their attitude towards patients with NDEs was 79.3.

Lori Bechtel, Alex Chen, Richard Pierce, and Walker (1992) surveyed 320 clergymen, who reported a score of 7.8 for their knowledge and 49 out of 85 for their attitude. In a follow-up to her study of hospice nurses, Barnett, writing under her maiden name Linda Moore (1994), surveyed 170 physicians, who reported a knowledge score of 7.4 and an attitude score of 91.0. The doctors in that study felt they could obtain a better understanding of NDEs by attending special courses on the subject, and they were convinced that the nursing staff would also benefit from such courses.

Our survey cannot be compared with studies using a different analytical tool from Thornburg's questionnaire, some of which have been cited above, or those done by Walker and Russell (1989), Bechtel, Chen, Pierce, and Walker (1992), or Moore (1994), who significantly modified Thornburg's questionnaire in their studies. We used the same version in our survey as the one used by Barnett (1991). The Barnett (1991) study, as described above, reported higher scores for both knowledge and attitudes than did our survey done in Verona. The reason for this difference may be that near-death research in the United States began about 10 years before it did in Italy; consequently, since the subject had been popularized in the United States first, one might legitimately hypothesize that American nurses are better informed than Italian ones.

### *Interpretation of Our Data*

The purposes of our study were both to verify the validity of Thornburg's questionnaire in Italian translation and to analyze the NDE knowledge and attitudes of nurses working in hospitals in Verona. Our results prove that the tool is reliable and valid in Italian translation. Consequently, these results enable us to consider the data obtained from the Verona survey, which was carried out with the above-mentioned questionnaire, as valid.

Our finding that nurses in the Borgo Roma hospital critical areas had a higher mean knowledge score than did those in the Legnago hospital may be explained by the fact that the Borgo Roma hospital is a general hospital of the university and functions as a research and training center; therefore, the level of knowledge of its personnel is higher. Our finding that the Borgo Roma critical area nurses had higher scores for general attitude toward NDEs than did their counterparts in the Legnago hospital is probably due to the same factor.

In addition, our results show some differences in level of knowledge between nurses of critical and noncritical areas. The noncritical area nurses turned out to be those with a higher knowledge in each of the three hospitals; this may be due to the fact that the nurses in these areas are older, and age is directly correlated with knowledge. Furthermore, the probability of encountering NDEs is higher in the noncritical areas. In many instances, this is due to the fact that by the time patients are in a condition to recount their experiences, they have already been transferred out of the critical area and into a noncritical area. This explanation has been confirmed in the case of Verona hospitals in a previous study done by Elena Montresor (1992), who was unable to

recruit NDErs in the critical areas of the Borgo Roma and Borgo Trento hospitals, but instead found them in noncritical areas such as the long-term patient facilities of the Negrar hospital in Verona.

Our finding that older nurses in the Borgo Trento and Borgo Roma hospitals were better informed about NDEs than were their younger colleagues suggests that older nurses, which we defined as older than 45 years, may have had more opportunities during their longer professional careers to encounter patients with NDEs or to learn about NDEs from other sources. Our finding that head nurses had more favorable attitudes toward NDEs than did professional and general nurses may be due to the fact that the head nurses have had a higher level of training and more professional experience.

Furthermore, our results show that nurses in Verona have little knowledge regarding the NDE phenomenon, and that the reason for this lack of awareness is to be found in the fact that the NDE is not included in any of the study or training programs for nurses. In addition, scientific research on NDEs in Italy is lacking, and the subject is, in part, ignored by the scientific community. In fact, there are very few Italian researchers who study this phenomenon. Associations concerned with this problem do not exist, and there does not exist any scientific journal treating this subject. Only the mass media has given some attention to NDE phenomena, and only in recent years.

Despite this lack of knowledge, the general attitude of our nurses toward NDEs was largely positive. Nurses in the noncritical areas were significantly more favorable than were those in the critical areas. The Borgo Roma hospital, which is a general hospital and university research center, turned out to be the one in which the nurses were most favorable and most informed. The head nurses are also more favorable towards the NDE.

Everything that has been said so far leads us to conclude that information influences attitudes more than any other variable. Other authors have previously reported that information and attitude are correlated to each other (Bechtel, Chen, Pierce, and Walker, 1992; Hayes and Orne, 1990; Walker and Russell, 1989). As regards the attitudes towards caring for NDErs, the results showed they were positive for both the global sample and the individual hospitals. Once again Borgo Roma and the head nurses had the most favorable attitudes.

Encounters with NDErs played an important role in favoring knowledge about NDEs in both the global sample and the noncritical areas. Obviously, those nurses who had encountered patients with NDEs also

had a greater opportunity of knowing about the NDE; and in addition, the probability of an encounter would appear to be higher in noncritical areas, hospitals with long-term patients, and rehabilitation centers, as noted above. Naturally, an encounter with an NDEr also plays an important part in the general attitude profile of nurses, as it favors the forming of a positive attitude towards NDEs and toward caring for patients with NDEs, which would logically follow from the inherent relationship between knowledge and attitudes.

### **Nursing Implications and Conclusions**

Knowledge of near-death phenomenology on the part of the nurses operating in the pain treatment wards could become an aid or a tool to be used in caring for dying patients. In the majority of these cases, the nurse's form of communication is aimed at creating an atmosphere that releases the patient's tension, fear, and anguish, thereby improving the quality of the patient's condition.

Present-day scholars concerned with nursing models and theories of systems (Johnson, 1980; Rogers, 1970), nursing development (Hall, 1965; Orem, 1990), and nursing interaction (Peplau, 1952; Watson, 1989) agree on a holistic approach to nursing and a metaparadigm of nursing that includes the four concepts of person, environment, health, and care. Among various interaction models and theories, Hildegard Peplau's model (1952) of interpersonal relations may be the most appropriate in dealing with the problems of NDEs and nursing practices. Peplau focused on the humanistic component of nursing, on the psychological plane involving components of the nurse's personality and behavior. According to Peplau, nursing consists of helping by means of the nurse/patient relationship. Psychodynamic nursing applies the principles of human relations to problems that arise on all levels of human experience. Peplau indicated four stages in the nurse/patient relationship: orientation, identification, utilization, and resolution. During this process, the nurse assumes different roles, such as advisor, teacher, guide, expert, or substitute. In the light of the interpersonal relations model, an adequate knowledge of near-death phenomena and a positive attitude toward them enable the nurse to understand the patient reporting an NDE and thus to help the patient identify the problematic elements involved in his or her situation. The nurse must be prepared not only to listen to, inform, and reassure the patient, but also to provide valid moral and psychological support.

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## Interrupting, Talking Back, and Making Tracks Through the Middle: A Feminist Review of *The Last Laugh*

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**The Last Laugh: A New Philosophy of Near-Death Experiences, Apparitions, and the Paranormal, by Raymond A. Moody, Jr.**  
Charlottesville, VA: Hampton Roads, 1999, 196pp + xvii, \$12.95 pb.

One evening last September an acquaintance, who knew that I was preparing to write a doctoral dissertation about near-death narratives, expressed concern for the future of my project. "Susan," this honest if ill-informed skeptic cautioned with thinly disguised outrage, "don't you know that Raymond Moody just wrote a book debunking the whole *Life After Life* scenario? He admits that it was all a big joke." Suspecting that this person did not have the whole straight story, I nevertheless dashed out and bought that book, which turned out to be *The Last Laugh*, and dived into it. Reading page after page, I confirmed my suspicion that my acquaintance had completely misunderstood its message, but I also saw that the book itself was partly to blame. The "joke" is buried so deeply that this person, an intelligent and broadly educated professional, had missed it; as a reader he never got in on *The Last Laugh*, because for him the punch line was too long in coming.

My acquaintance's reception of *The Last Laugh* serves to illustrate the book's most difficult problem—the author's seeming determination to alienate whatever audiences he may have imagined as readers. From the introduction onward, Moody tosses out oblique references to relatively advanced disciplinary theories without stopping to explain,

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leaving a general reader feeling as if she or he were being made the chump in an inside joke among professionals. For example, Moody's failure to elucidate his linkages between anal fixation, obsessional neurosis, and the snidely scatological allegation that some of his critics are operating from "the Luther-position" suggests that he is targeting an audience with a prior academic background in psychoanalysis (pp. xii-xiii). On the other hand, the philosophical, linguistic, and psychoanalytic arguments are too thinly developed to satisfy the academic reader. Furthermore, Moody's fulminating rancor and condescending tone seem calculated to offend his critics and sympathizers alike. *The Last Laugh* is witty in a stingingly sardonic way, but it is not funny. It took every ounce of readerly determination I possessed to get through this book. I admit that I did throw it against the wall in disgust once or twice, and when I finally finished it I felt as if the light in this particular tunnel had turned out to be the headlight of an oncoming freight train, which had just run me over and left me lying on the tracks staring at the lantern swinging from its retreating caboose as it clattered indifferently on its way.

Having said that, I must also say that I am glad I made the effort. *The Last Laugh* is a valuable addition to the field of near-death studies. It underscores the urgent necessity for some fresh tracks of thinking about death-related visions and what they mean, thinking that plows a furrow through the middle of the tired old true-or-not-true dichotomy, which is all that Moody claims ever to have wanted since the beginning.

When *Life After Life* was first published in 1975, Moody suggested the direction he hoped that future academic research on near-death experiences would take:

What I want to do is find some middle way of interpreting them—a way which neither rejects these experiences on the basis that they do not constitute scientific or logical proof nor sensationalizes them by resorting to vague emotional claims that they "prove" that there is life after death. (p. 182)

However, Elisabeth Kübler-Ross' foreword accurately anticipated a very different shape for the debate that would emerge in the academic community. Kübler-Ross warned that Moody could expect objections from the medical and scientific professions on grounds that his findings were "unscientific" and that the religious establishment would dismiss Moody's work either as an attempt to "sell cheap grace" or an invasion of empirical science into areas that ought to be reserved for faith alone and

left uncontaminated by critical questioning, investigation, and analysis. Her warnings have proven to be prophetic. Surely enough, in the quarter-century since the publication of *Life After Life* scholarly examinations of the near-death experience have largely remained trapped in a dead air space between the competing, often hostile discourses of science and religion, both of which are bound by their own mutually exclusive language and conventions. In *The Last Laugh*, Moody's long-pent-up disappointment and exasperation with this impasse finally, and perhaps inevitably, erupt.

While hurling quirky neologisms and bitter vituperations at almost everyone who has dared to write about the near-death experience, Moody directs some of his most scathing invectives toward the rhetorics of parapsychology, scientific skepticism, and religious fundamentalism. What exasperates him the most is that while these three particular discourses remain deadlocked among themselves, unaffiliated "ordinary" people who actually have had near-death experiences or are who are fascinated by them are excluded from the academic discussion altogether and are brutalized when they try to interrupt or talk back to the so-called experts:

So many of those who call themselves experts of the paranormal, or on whom we have bestowed a certain moral or scientific authority in this regard, will not even listen to what those who claim to have had near-death experiences have to say. Too many priests, ministers, and rabbis shush people who have "come back" with such reports. Too many psychologists and psychiatrists take the reports very seriously indeed—as evidence of some deep psychosis, or, at least, the need for some calming medication. And too many skeptics set out with such verbal and emotional brutality to debunk such honestly given reports that the original tellers wish they had never opened their mouths.

This is what happens when everyone insists on taking all this so seriously. (pp. 166–167)

Having apparently abandoned all hope of locating a middle way, Moody proposes to break the three-way deadlock among these professional rhetorics by recruiting what he calls "serious students of the playful" to invent an entirely new discourse of "playful paranormalism" capable of silencing the opponents' arguments once and for all:

Playful paranormalists are of the opinion that the only viable option available to scholars who want to make headway in the study of paranormal phenomena, and break up the logjam around it, is backing away from that entire, rickety old edifice of argumentation, identifying its critical weak points, and then blowing the whole thing apart (p. 48).

In Moody's use of the term "playful," which can be pieced together from descriptive passages sprinkled throughout *The Last Laugh*, one can infer that a playful discourse would have to appreciate the "entertainment value" of the paranormal, not merely tolerate but actually celebrate ambiguity and paradox without forcing resolution, privilege poetry and figurative language over literalness, and possess slippery, flexible, and permeable boundaries. His hypothesis is that entertainment, humor, play, and the paranormal are intimately enmeshed and therefore, that "we are entranced by the paranormal because we are entertained by it" (p. 15):

[W]e, the ordinary people of the world, continue to listen to (and even encourage, for they are vastly entertaining) such reports [of near-death experiences and similar phenomena], for we are titillated, inspired, rejuvenated, encouraged, and deeply enlivened by the possibility that they *might* be true. (p. 167)

Moody proposes that scholars equipped with his new discursive tool of playful paranormalism should be able to demonstrate that the social and cultural phenomena of the paranormal in general, and the near-death experience in particular, are significant both historically and psychologically as major forms of popular entertainment (p. 46).

Despite their entertainment value, however, Moody clearly sees more than mere amusement in these experiences. "It is time for us to entertain the notion," says he, "that what we have been hearing from thousands of people anecdotally might very well be not simply entertaining, but ultimately revealing" (p. 166). Yet Moody himself comes dangerously close to trivializing near-death experiences in suggesting that bad things happen when they are taken too seriously and that they should therefore be studied primarily in terms of their "entertainment" value, a term that he fails to elaborate sufficiently. Taken at face value, his claim that near-death experiences constitute historically and psychologically significant forms of popular entertainment could be made just as forcefully for supermarket tabloids.

Likewise, his insufficient elaboration of the terms "play" and "seriousness" might mislead a reader to believe that he takes these terms to be polar opposites, when, in fact, a close reading reveals beneath Moody's idiosyncratic, nearly opaque language a belief that play can very well include seriousness. The fact that play and seriousness do interpenetrate leads to yet another difficulty with this book; in sparring with his critics Moody plays a very rough game, one that slips out of the margins where play fuses with seriousness and crosses over into *ad*

*hominem* argumentation, cavalier dismissal, mean-spirited sarcasm, and even outright cruelty.

Moody's metaphorical call to arms and explosives on page 48 suggests that he can see only one way out of the discursive "logjam" surrounding his work: silencing all points of view except his own. "*The Last Laugh* demolishes all three of the standard approaches to the paranormal and erects a better, more comprehensive, and pragmatic system of thinking in their place," he announces in his introduction (p. xvi). Engaging Moody's rhetorical gamesmanship on his terms for just a moment, and at the risk of being labeled a ranting feminist, a charge that I do not deny, I am going to snatch onto that word "erects" to tease out the phallogocentric subtext of Moody's language.

*[Author's aside: I interrupt myself here to revisit momentarily the point I was trying to make in paragraph two about what I think Moody does with language by playing a similar game with my own. I can claim that the term "phallogocentric" is meant to be understood in the strict Lacanian sense as a gender-neutral symbol for power and that the term "tease out" is a commonplace in literary analysis, and both claims would be true, but how is an intelligent reader apt to decode these terms if I do not explain them, given their connotations outside of the academic discourses of psychoanalysis and literary criticism? And what right would I, the writer, have to complain if that same intelligent reader misinterpreted my words to mean something lascivious, particularly when I invoke the term "erects" in the context that I do? This is one of the kinds of language games in which Moody entraps his readers by failing to define terms; do you see how treacherous this game can be when only one player knows the rules? Now, to return.]*

Only someone operating from a position of male privilege—I dare say a *phallogocentric* position—could really believe that one can effectively resist ideological imperialism by reproducing it in kind. Moody's plan to annihilate what he calls the "rhetorics of dysbelief" with his own alternative theory of the paranormal is quixotic, and his outrage at the treatment his work has received suggests that he is not accustomed to more powerful "others" having their way with his intellectual productions.

By contrast, women and people of color, who historically have occupied less-than-privileged positions in culture, have had extensive experience in handling such treatment. I suggest that Kübler-Ross, the interrupting, back-talking foremother of near-death studies, was able to predict the reception that awaited *Life After Life* because of all that she had endured as a woman scientist championing her own unpopular cause—bringing the needs and concerns of dying patients to the attention of the medical establishment and the general public.

Realizing the futility of trying to silence discourses more powerful and firmly entrenched than their own, women and minorities have had to learn how to interrupt and talk back to power, intervene in master discourses while simultaneously resisting their colonizing forces, and walk a precarious middle path between abject silence and rebellious alienation (Reynolds, 1998, p. 60). If Moody's original plea for a middle path of scholarship is to be answered, the answer will come from such rhetorical tactics as these, not from silencing opposing voices and *certainly* not from taking the momentary gratification that comes from what amounts to throwing a hissy fit in print.

The first lesson in interrupting and talking back to master discourses is one that Moody fails even in his bid to teach it: one should try not to take oneself too seriously. Toward the end of *The Last Laugh*, Moody introduces his concerns regarding the International Association for Near-Death Studies (IANDS), the interdisciplinary organization devoted to the study of the near-death experience that he helped to establish. He laments what he sees as the organization's tendency to solidify an ideology of the near-death experience, conventionalizing both its boundaries and language, limiting as sternly as orthodox science and religion the kinds of research that can be done and the questions that can be asked, and possessing the power to exclude those who do not conform to its norms. In Moody's words, "They are too touchy about someone going outside the bounds of what they think they already know about the subject" (p. 169). Moody claims to have felt the sting of IANDS' reproach after speaking at a 1989 conference, "the last time they asked me to speak to their convention," about his experiments with mirror-gazing as a means of establishing after-death communications. However, Moody's claim to have been "persona non grata with the group since 1989" is troubling (p. 169), given that on November 1, 1997, he delivered the keynote address at the IANDS Conference in San Antonio. His name was on the program well beforehand, so it seems reasonable to assume that he did not just invite himself despite his alleged "persona non grata" status, but rather that someone on the program committee actively solicited his presence and that the organization probably paid him a fee for his appearance.

He quibbles about IANDS' adoption and promulgation of a common language of near-death studies without his approval. He complains about their use of the "ugly-sounding" terms NDE, which in IANDS jargon stands for near-death experience, and "experiencer," which represents a person who has had one, and the exclusion of his preferred term, "experient" (p. 169). The terms to which he objects, however, seem

to have found their way into common usage for reasonable cause. The abbreviation "NDE" (which Moody himself coined in *Life After Life*) takes up far less space on the printed page than "near-death experience," a fact that editors of journals and newsletters must always bear in mind when page space is at a premium. Furthermore, the terms "experient" and "experience," while clearly distinguishable from each other on the printed page, become troublesome and confusing in speech, particularly when the singular noun or verb form "experience" is positioned near the plural form of the noun "experients." That Moody seems to have overlooked the homophonous relationship between "experience" and "experients" is almost beside the point; the more salient question for me is why he finds the terminology adopted by IANDS so grating on his nerves. Despite Moody's explicit repudiation of the role of the expert and his self-identification with "ordinary" people and their talk about their experiences, and despite my hopeful attempt to accept both of these claimed positions at face value, I find myself drawn again into his phallogocentric subtext of domination and control. Moody's dismissal of IANDS as a "special interest hobby club" has a familiar ring to my feminist sensibilities; it reverberates to the patriarchal voices of male literary critics and commercial publishers repudiating and dismissing female and ethnic voices for refusing to play what they think of as their game by their rules. It has the texture and taste of sour grapes. To paraphrase Moody's own words, this is what happens when one begins to take oneself too seriously.

A second lesson to be learned from the experiences of women and minorities who intervene in master discourses is that aligning oneself with the power structures of those discourses, that is, "sleeping with the enemy," is sometimes unavoidable, sometimes prudent, and sometimes profitable, but never innocent. Better to accept this as a fact and own up to it than to offer flimsy excuses that generally do not sit well, particularly when handsome profits are involved. As much as Moody might like to distance himself from the emergence of "NDEntertainers" and "NDEntrepreneurs" who cash in on their own experiences or those of others by publishing books, selling tapes, and traveling the lecture and talk show circuits, he is, willingly or not, complicitous in the emergence of these commodified amusements. He reveals his complicity himself in *The Last Laugh*, telling how *Life After Life* came to be published without a lengthy appendix that explained in detail why the evidence presented in the book could not be taken as scientific proof of an afterlife (Moody, 1999, pp. 170–171). Moody blames his publisher, who thought that the appendix was too obscure and difficult for popular

audiences, and offers the specious explanation that he did not fight the publisher's mutilation of his work because he did not foresee the book's overwhelming success (p. 7).

Indeed, fights with publishers have long been commonplace in the lives of authors. In a market economy a writer's truth-telling is very likely to conflict with a publisher's need to sell large quantities of books, and for that matter, the writer's own altruistic motives might conflict with her or his need for an income. The extent to which the profit motive determines what is publishable commercially cannot be ignored, but Moody's complaining about the bowdlerized appendix to *Life After Life* is belated and his demand that his first book be read only in conjunction with *The Last Laugh* is unreasonable.

The third and final lesson in the art of interrupting and talking back is that one cannot control the reception of one's discourse. Authors may fantasize that they have inalienable rights to prescribe the uses made of their words and ideas, but the truth is that with publication their once-private intellectual property becomes cultural property and takes on a life of its own, a life shaped both by cultural forces and the hopes, anxieties, and purposes of individual readers. Moody's abdication of responsibility for *Life After Life* except in the context of *The Last Laugh* comes too late; the earlier book has been cultural property for 25 years and, for good or ill, cannot be called back. He can bid to rejoin the conversation by placing this latest book (or one still to be written) on the table, but as long as the First Amendment to the Constitution stands he has no right to demand adoption of *The Last Laugh* or restrict the use of his earlier work.

As a college teacher who frequently uses *Life After Life* in my first-year composition classes, I am not about to insist that my students spend money for two books when one will serve my pedagogical purposes. Despite the hyperbolic claims on the covers of mass market paperback editions of *Life After Life*, my first-year students have always been able, with guidance and practice, to tease out of the text itself a solid position on the differences between testimony, evidence, and proof. I fear, however, that if my college graduate acquaintance could miss the point of *The Last Laugh*, and that if I could experience an encounter with it as something like a train wreck, then even the most intelligent and curious undergraduates' efforts to engage with it would be likely to end in frustration, disillusionment, and confusion. The book destined to make tracks through the middle for beginning college students and general readers in the popular market has yet to be written.

I have no more right to dictate to Moody what his next writing project ought to be than has he to dictate to me what I may or may not teach in my own classroom. I can, however, engage in a bit of wishful thinking. With all my heart I hope that *The Last Laugh* is not destined to stand as Moody's last word. My most hopeful fantasy is this: now that Moody has disgorged his pent-up frustration and gotten it out of his way, he will find again that gentle teacherly and thoroughly analytical voice that speaks in *Life After Life*, revise both that text and *The Last Laugh* into a truly integrated representation of what he perceives his work to be, and publish something that I can give to my first-year writing students or recommend to friends and fellow travelers from all walks of life. Moody himself, his readers, and the community of scholars who care deeply about near-death experiences deserve nothing less.

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## Letters to the Editor

### "Real" and "Unreal" NDEs

To the Editor:

In many discussions of near-death experiences (NDEs), accounts that seem contradictory or unbelievable sometimes lead people either to reject completely all NDEs or to try to find forced explanations for stories they would like to believe. I believe that we must distinguish real from unreal NDEs.

Melvin Morse (Morse and Perry, 1990, 1992) referred to the work of Wilder Penfield, and recent television shows have highlighted the work of Michael Persinger. Penfield and Persinger have demonstrated that special kinds of stimulation can identify specific areas of the brain where NDEs take place.

Other researchers have shown that stimulating different parts of the brain can induce, for example, feelings of hunger without actually being hungry, feelings of anger without being mad, and so on. These experiences are not "real." This is also the case if, for example, lack of oxygen stimulates the parts of the brain where NDEs take place: the induced experiences are not "real," even if the persons who have them feel that they are.

All real experiences must take place somewhere in the brain to render them understandable, and that includes real NDEs. But with real NDEs, the parts of the brain in which NDEs take place are being used for their intended purpose, just as when I am "really" hungry and the hunger center in my brain leads me to experience feelings of hunger.

True NDEs probably differ from unreal experiences in the tremendous intensity of the experience, for example, the enormous feeling of love and the strange communication with the Light. Examples of unreal NDEs might include a life review unaccompanied by any comment or deduction; a sensation of being outside the body, accompanied by visual perceptions that do not accord with reality; or seeing loved ones who are still living on earth.

Perhaps unreal NDEs sometimes intermingle with real ones. "False" stimuli such as lack of oxygen might influence the brain at the same

time as "true" stimuli as one loses consciousness near death. In such cases, some parts of the NDE account may be incorrect because of the confusion between experiences brought about by "true" and "false" stimuli. If this is true, then NDE accounts with contradictions may be easier to accept and understand.

I believe that the parts of the brain in which NDEs take place have a purpose. But I find it hardly likely that nature would develop a scenario in which, for example, a cardiac patient first experiences a serious agony of death when a heart attack occurs, then while unconscious "awakens" to an "unreal" experience of life continuing with God that is only an artifact of the brain, only to go eventually into eternal darkness. I find it more likely that the parts of the brain in which NDEs occur are there to make "real" NDEs and other spiritual experiences easier to understand.

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### Forgiveness and the Near-Death Experience

To the Editor:

Because of the near-death experience (NDE), we now have the opportunity to ground our concepts of the afterlife in a large body of empirical data. Studying NDEs and teaching about them to my students has had, and is having, a profound effect on me as well as on my students. I wish to share with readers of the Journal one such effect.

It is probably impossible to be human without accumulating over the years a number of resentments and grudges against those who we feel have hurt us or wronged us in some way. Whenever I have asked myself what it would take for me to release and let go of my resentments, so

that I could feel at least emotionally clear if not loving towards those who have harmed me, the answer always takes the following form: To reach a state of forgiveness I need first, some acknowledgment from the other that his or her actions have in fact been hurtful to me, and second, some sense from the other that he or she knows, understands, and empathizes with how I felt as a consequence of his or her behavior. And I believe this is generally the case with other people. Indeed, even in extreme cases, the lust for revenge—to do unto others what others have done unto you—is simply a desire to make the transgressors *feel* what it felt like to have been at the receiving end of their offending behavior.

But this is exactly what happens in the life review component of the NDE. NDErs report experiencing in the life review not only everything they did and felt, but also the effects their actions had on others; and, most importantly, they experience these effects in the first person, as if what they did to another was really done to themselves. Not only do the NDErs come to know *that* their actions have harmed another, they *experience* that harm directly.

So when I think of those who have harmed me or, to put it more positively, those who have helped me grow in ways that were subjectively very unpleasant at the time, I now know that eventually they *will* know and feel in detail all the pain they caused me. Thus the two conditions for forgiveness listed above will in fact be satisfied, albeit in the future. This leaves me with a choice: I can either hold on to my resentments until those who have harmed me (or I) have had a life review, or use my knowledge of what those who have hurt me will certainly experience to help me release the resentments now.

The more I read and think about NDEs, the more I experience the accumulation of resentments and grudges leaving me now. At the level of feeling and emotion, the NDE has reinforced my belief that God is taking care of these things, and hence there is no need for me to burden myself by keeping a record of life's hurts. And indeed, sometimes when I think about those who have hurt me and what lies ahead for them, I feel not only the absence of resentment but also the presence of compassion.

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### Did NDEs Play a Seminal Role in the Formulation of Einstein's Theory of Relativity?

To the Editor:

The most important scientific revolution of the 20th century was Albert Einstein's theory of relativity. There is clear evidence that near-death experiences (NDEs) not only contributed to but actually were seminal in the development of Einstein's ideas that eventually led to his discovery of the theory of relativity.

Albert von St. Gallen Heim was a distinguished Zurich professor of geology in the late 19th and early 20th century. Heim had fallen while climbing in the Alps and experienced an NDE. Following his own experience, over a 25 year period he collected numerous similar accounts from people who had fallen or had similar accidents. He presented his findings before the Uto Section of the Swiss Alpine Club in February, 1892, and published them in German that same year. In so doing, Heim became the first person in modern history to publish a collection of what would later be referred to as NDEs. (His paper was later translated into English by Russell Noyes and Roy Kletti [1972].)

Among a number of interesting aspects reported by Heim himself, as well as many people he interviewed, was that as his body fell toward the ground below, "Time became greatly expanded" (Heim, quoted in Noyes and Kletti, 1972, p. 47). Said slightly differently, what Heim discovered was that people often reported that as they fell from a great height, time seemed to slow down or stop completely.

This is supported by modern research into NDEs. Kenneth Ring (1980) found that when asked about their sense of time during an NDE, only 2 percent of respondents experienced it as normal. Six percent said time seemed "extended," and an overwhelming majority, 65 percent, said they experienced no sense of time at all during the episode.

A little known fact is that this same Heim happened to be one of Einstein's professors. Biographer Ronald Clark described Einstein's course work at the Zurich Polytechnic Institute: "To these compulsory subjects Einstein added an odd ragbag of optionals which included not only gnomonic projection and exterior ballistics, both of which might have been expected, but also anthropology and *the geology of mountains under the famous Albert Heim*" (Clark, 1971, p. 54, italics added). Another Einstein biographer, Albrecht Folsing, pointed out that Einstein chose

to take more than the compulsory number of optionals, and often at times that were not convenient:

All students had to attend at least one class each year outside of their special field. . . . Einstein in fact enrolled for considerably more of these lectures than the mandatory minimum, covering a wide spectrum of subjects, such as "Man's Prehistory" and "Geology of Mountain Ranges," both given by Albert Heim, who started at seven in the morning and always had a crowded lecture room. (Folsing, 1997, p. 66)

In 1952, two years before his death, Einstein wrote a letter to an Arnold Heim, recalling Albert Heim's lectures as "magical" (Folsing, 1997, p. 66).

Einstein had arrived in Zurich in the autumn of 1895, at the age of 16. He failed his entrance exam on the first try, but passed it the following year and was admitted to the polytechnic school. That would have made him a student of Heim's in the years immediately following Heim's presentation and the publication of his paper. Few professors fail to find some time to discuss areas of personal interest, and it takes little imagination to suggest that Heim may have described these experiences to his students. Einstein may also have taken the time to read Heim's published account of his study, and surely the application of Heim's findings to physics in general would have not been lost on him. As an object hurtles through space, time becomes relative, depending on motion. This raises a fascinating question: Could Heim's accounts of NDEs have first suggested to Einstein that time and space were not fixed and constant, as physicists assumed at the time, but were actually relative to each other?

This idea is central to Einstein's revolutionary insights, described in a series of three papers published in 1905, just ten years after his arrival in Zurich. Physicist Stephen Hawking explained the impact of Einstein's insights on the field of physics: "[Einstein's theory] required abandoning the idea that there is a universal quantity called time that all clocks measure. Instead, everyone would have his own personal time. *The clocks of two people would agree if they were at rest with respect to each other but not if they were moving*" (Hawking, 1999, p. 67, italics added).

To this point, my argument rests on a great deal of speculation. But there is another anecdote that appears to nail down the issue rather conclusively, simply because it came directly from Einstein. Asked in a *New York Times* interview how he came to start work on the theory of relativity, Einstein related the idea to a near-death event he

had witnessed: "He had been triggered off... by seeing a man falling from a Berlin rooftop. The man had survived with little injury. Einstein had run from his house. The man said that he had not felt the effects of gravity—a pronouncement that led to a new view of the universe" (Clark, 1971, p. 303).

And so we have the direct personal testimony of Einstein himself. The seminal inspiration for his ideas that would soon revolutionize physics came directly from Einstein's impromptu interview with an NDEr. I suggest that hearing this account made Einstein more aware of the significance of Heim's work, which might explain why he chose to take more than the required elective courses from Heim, some of which had little to do with his main field of interest, which was, of course, physics.

Of course, the field of near-death studies has played a major part in what I believe to be the next revolution in science: the understanding that our true nature is not physical, but spiritual. But there is substantial evidence that the experience and study of NDEs have played a seminal role in what has, to this point, been the most important revolution in the physical sciences.

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