

Journal
of
Near-Death Studies

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Unscheduled Journey** • *Glennys Howarth, Ph.D., and Allan Kellehear, Ph.D.*

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Journal of Near-Death Studies

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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 contains three articles, two of which are empirical and one theoretical. In our lead article, two sociologists, Glennys Howarth from England and Allan Kellehear from Australia, provide a phenomenological overview of "shared" near-death experiences (NDEs), in which persons who are not near death appear to participate in the NDEs of persons who are dying. Howarth and Kellehear analyze the recurrent themes in these shared NDEs and describe a sequence of conceptual steps through which experiencers come to a personal explanation of the event.

Our second empirical article, by medical researcher Richard Bonenfant, describes the unusual NDE of a young child who reported encounters with both the devil and God after a near-fatal automobile accident. Bonenfant compares the child's recounting of his NDE immediately after the accident and two and four years later, discusses the aftereffects, and places them in the perspective of prior reports of frightening NDEs.

In our third article, Buddhist theologian Todd Murphy presents a theoretical model of NDEs as states of consciousness approaching stepwise the "point of no return." He interprets the life review as a review of *states of consciousness* experienced throughout one's life, and as a guide to classifying behaviors into those to repeat or to avoid in future lives. Murphy's incorporation of biological and cultural evolution into the concept of reincarnation allows an understanding of how evolutionary forces might select for NDEs even though they occur on the threshold of death.

We also include in this issue two book reviews. Sociologist Harold Widdison reviews Australian sociologist Allan Kellehear's landmark *Experiences Near Death*, the first major book to evaluate the importance of NDEs from a sociological perspective, bypassing the debate over whether they are medical or religious phenomena. Swedenborgian scholar Leon Rhodes reviews Lee Lawson's *Visitations From the Afterlife*, a compendium and analysis of apparent afterdeath communications.

This issue ends with three Letters to the Editor stimulated by prior issues. Indian scholar V. Krishnan raises questions about the most recent elaboration of psychologist Kenneth Arnette's "theory of

essence," and Arnette responds to those questions. Finally, French researcher Evelyn Elsaesser-Valarino comments on psychologist Emily Kelly's review of Elsaesser-Valarino's book, *On the Other Side of Life*, published in our Winter 2000 issue.

Bruce Greyson, M.D.

Shared Near-Death and Related Illness Experiences: Steps on an Unscheduled Journey

Glennys Howarth, Ph.D.

University of Bath, Bath, England

Allan Kellehear, Ph.D.

La Trobe University, Melbourne, Australia

ABSTRACT: This paper discusses the key social features in shared journeys into near-death experiences (NDEs) and related illness experiences of other people. Of special interest in this paper is the way that those persons who are not ill or near death account for their sharing of these experiences. These are often people who are caregivers or intimates of NDErs or dying people but who claim to share part of the NDE or dying experience. We provide case examples to illustrate the essential psychological and social experiences that these people undergo during their joint experiences with NDErs and other seriously ill people. From an analysis of the recurrent themes emergent in these joint experiences we identify and discuss the major conceptual steps in the creation of their personal explanations: (1) Exit the Familiar, (2) Extraordinary Experiences, (3) Extraordinary Experiences End, (4) What Happened to Me? (5) The World Responds, and (6) The Return of the Native. In the final analysis, the processes that these people undergo in the search for explanations is similar in most respects to those at the center of near-death and other related illness experiences.

KEY WORDS: near-death experiences; empathy; illness; dying; social re-integration.

Glennys Howarth, Ph.D., is Reader in Sociology at the University of Bath, UK. Allan Kellehear, Ph.D., is Professor of Palliative Care at La Trobe University, Australia. The authors wish to acknowledge the generous assistance of Willis Poynton at the Society for Psychical Research in London; The Alister Hardy Trust at Westminster College in Oxford, UK, and especially the Director, Peggy Morgan; and the British Academy for a British Academy Visiting Professorship enabling Dr. Kellehear to collect data, to travel, and to work with Dr. Howarth on the research for this paper. Reprint requests should be addressed to Professor Kellehear, Palliative Care Unit, La Trobe University, 215 Franklin Street, Melbourne, 3000, Australia; e-mail: A.Kellehear@latrobe.edu.au.

Unusual experiences in life always demand explanation. Accidents, illnesses, and job loss are all events that disrupt the taken-for-granted cycles of everyday life. These experiences, indeed all experiences, do not in themselves suggest explanations. Often, people look to a variety of sources for information to help them make sense of these unusual occurrences in their lives. For example, in sudden and severe illness situations the physical symptoms and the emotional stress provide only minimal information for the person at the center of the experience. In the task of making sense of what is happening to them they will often look to other people and their opinions and advice to help construct personal theories about causes and consequences. How much more so for people who share in near-death experiences (NDEs)?

Although rarely reported in the near-death studies literature, there have been a number of important cases of people who have "shared near-death experiences and visions." Raymond Moody called these experiences "empathic NDEs," "conjoint NDEs," or "mutual NDEs" (1999, p. 4). In these experiences, which occur commonly to people who are caring for dying persons, the experiencers report sharing some of the actual near-death phenomenology, such as experiences of bright light, out-of-body experiences (OBEs), meeting supernatural or deceased beings, tunnel sensations, or enjoying experiences of peace or joy.

The processes by which these people arrive at their particular personal and social explanations of their remarkable experiences, particularly since they themselves are not ill or near death, are rarely discussed in the NDE literature. This paper will address this omission by examining the key characteristics of shared near-death and related experiences and developing a theoretical model of how these people come to their private and public explanations about these experiences. First, we will identify and examine key shared near-death and related illness experiences. Secondly, we will compare and contrast the processes of explanation construction in each, identifying important recurring themes that appear in these processes. Finally, we will identify and discuss the core steps in explanation construction, as well as any variants, as these emerge from the preceding analysis of the themes.

Shared Near-Death and Related Illness Experiences

There are three key shared near-death and related illness experiences: (1) shared near-death visions; (2) shared near-death experiences;

and (3) shared experiences of illness, particularly illness experiences from remote locations.

Shared Near-Death Visions

Peter Fenwick and Elizabeth Fenwick (1995) reported our first case. As a daughter sat beside her mother's deathbed, the daughter experienced what she reported as a "vision." She claimed that this was not her "imagination running riot" or a dream (pp. 252-253). During her vision she saw a beautiful garden and hillside from which she saw a dead aunt holding out her hands to her dying mother. The mother and aunt met and went away together. In this particular case the experiencer reported that her experience was a comforting vision and resisted the idea that she were dreaming or imagining the event.

Near-death visions that are experienced by the dying person's companions are not entirely new. In 1908 O. O. Burgess reported a case of a man who experienced unusual visions during the deathwatch over his dying wife. During the course of some five hours at the bedside of his wife the husband experienced extreme drowsiness and a feeling of being "heavy limbed." He witnessed visions of several "smoky" beings who came to attend upon his unconscious wife. At first he believed the "beings" were wafts of cigarette smoke, but after determining that there was no actual smoke his attention refocused on the smoky figures.

These figures lingered about his wife's bedside. Shortly before the actual death of his wife a figure of a woman materialized above his wife's head. This was surrounded by other white figures apparently leaning towards the female figure. The female figure moved about in a struggling fashion, stretching out its arms in an effort to free itself, and then came to rest for a period, only to resume its inexplicable struggle again sometime later. When finally his wife breathed her last breath the figure struggled once more and an ethereal connection between the figure and his wife became severed. At this point all the figures seemed to disappear (Burgess, 1908).

In 1926 William Barrett reported the case of another death vigil undertaken by three nieces and the housekeeper of a dying woman. In this case the near-death vision was quite clearly "shared." During the evening before the woman's actual death all three of her nieces witnessed the figure of the dying woman's deceased sister walking through the house. The dying woman confessed that she had also seen her deceased sister that evening saying that "her sister had come for her, for she had seen her" (Barrett, 1986/1926, pp. 35-36).

More recently, Karlis Osis (1961) reported the case of a nurse and a patient who both saw a vision of the patient's dead sister. In another case a nurse at the bedside of her dying husband reported seeing "people dressed like they did at Christ's time, fade through the wall" (p. 76). The husband later reported the identical scene to her nurse wife before dying.

In these above cases of shared near-death visions each participant was engaged in a death watch with the dying person. The situation is unusual but not abnormal, and undoubtedly stressful for the caregivers. The normal cycles of work and recreation are interrupted when someone assumes the role of caregiver for a dying relative. This is a crisis in the family, a time of loss and separation from one's usual attachments and relationships. This loss and separation apply both to the relationship with the dying person and also to one's usual social life and activities during the care period.

Features of near-death visions that are reported by some dying persons are here reported instead by their caregivers, or by both the caregivers and the dying person: bright lights, encounters with deceased beings, or beautiful vistas in another world. At the completion of the experience the search for explanations begins. What did the caregiver actually experience, actually see? In each of the cases above the caregiver carefully insisted on differentiating his or her experience from delusions or dreams. Indeed in the 1908 case, the caregiver was so startled by his experience that he sought reassurance from others in the house that he was not losing his mind. He feared for his sanity. In the throes of that anxiety he sought out the family doctor, who reassured him of his psychological health.

As with so many reports from NDErs themselves, the choices of explanation appear to be madness, hallucinations, or the possibility of actual perceptions of another reality. Conclusions about these options are frequently reached by discussing the possibilities with others, although, of course, they may not. Some people rehearse the possible explanations by privately reflecting on social sources of information such as radio or television programs, newspaper stories, books, or religious teachings. In all these ways, people who share near-death visions find themselves in the same social dilemma and tensions as those of NDErs themselves, particularly when confronting the task of telling others.

The task of reintegrating themselves back into their societies and usual company is therefore dependent first on the type and variety of

feedback that they obtain about their unusual experiences and secondly on the content of the story that they tell others. Overall, people who share near-death visions experience a period of social separation, a period of unusual social and psychological experience, a desperate need to explain that experience, a desire for information and feedback to help them to satisfy that need, and finally a reintegration back into their usual company and cycles of life armed with one or more versions of an explanation.

Shared Near-Death Experiences

Although far less commonly reported, there have been documented cases of shared near-death experiences. Fenwick and Fenwick (1995) described two such cases. In the first case, adult children were present at the dying bedside of their father. A speck of light appeared on the wall opposite the father's bed, darting about the wall. Everyone in the room saw this light, including the father, who was sitting in the bed propped up by pillows. After a while the wall itself changed color and became very bright, where previously it had been somewhat dark:

Then a figure appeared on the wall. It looked like a monk, someone with a long cloak which covered the head and face. At this I went and stood at the end of the bed. Within a short time my mother, sister, brother, could all see a mist forming from my head down the right side of my body, as if the figure that was behind me was not a big person and I was in the way. My sister came up to me and ran her fingers between the mist and me. She kept saying, 'Who is it, Dad, who is it?'... I went across to touch my dad's hand but he just lifted himself and pushed me away. I tried again but this time he was really mad and gave a fierce shout at me... he waved his hands as if to say, get out, go away. (Fenwick and Fenwick, 1995, p. 251)

Not long after this incident the father died.

In the second case of shared NDEs, Fenwick and Fenwick described a woman who sat with her dying sister. At some point before actually dying, the ill woman attempted to tell her sister about something that she saw. As she began her description the sisters realized that they could both see and experience the events that had captured their combined attention:

I could see this beautiful gold light at the end of a tunnel; she agreed, so I held her hand and down we went together. She was afraid but I told her it was all right, I was with her and I wasn't afraid. It seemed as though we were almost floating but the main thing was the light

at the end of the tunnel was getting bigger and brighter. We traveled on and then all of a sudden it seemed as if I went into a plate glass window but looking across at my sister she just went through into the garden. She looked back at me and called me and said our gran was there. I could see a few of my relatives around the edge of the garden, which was raised ground with a white fence around. The people were on the other side. The flowers were beautiful and the grass reflected the gold from the sunshine. My sister was standing with her arms up above her head, turning around in circles and calling me to come. I said I can't, they won't let me through. (Fenwick and Fenwick, 1995, pp. 251-252)

At that point, the well sister returned to her body and gazed at her dying sister, who was now quiet. Some hours later the ill sister died.

From the archives of the Religious Experience Research Centre at the Alister Hardy Trust, Westminster College, Oxford, England, comes one other account of a participant in another person's NDE (unpublished case record #2015). As a woman lay seriously ill in isolation in an infectious disease hospital she suddenly had an out-of-body experience. She described floating "on a comfortable cloud somewhere above my bed." As she began to consider floating further away on her journey she heard a voice pleading, "Don't go yet, I haven't finished; you can't go yet."

In response to this request she returned to her body, and after recovery was surprised to learn that the voice was not from "the other side" but from a child she had befriended in a bed close to her own. She had been reading children's stories to this little boy for some time. As the boy watched the woman, his reading companion, become more and more ill, he asked God if He would let the woman stay a little longer, "cos I hadn't finished the story of the Floppsy Bunnies." God reportedly told the boy to ask the woman himself. This he did, and the woman heard his voice inside her NDE, influencing her decision to return.

These cases of shared NDEs resemble cases of shared near-death visions. The social circumstances of separation are identical; most of the participants were involved in bedside vigils with dying relatives or friends. In the cases of shared NDEs, parts of the NDE of the dying person are entered or shared by their companions: OBEs, bright lights, encounters with supernatural beings or deceased relatives, and visions of supernatural vistas of physical beauty. The one important difference between shared near-death visions and shared NDEs is that there is not necessarily any corroborative feedback from the dying person in shared near-death visions. In cases of shared near-death visions the

dying person eventually dies, and usually quite soon after the vision, and the surviving participant is subsequently left to his or her own devices to piece together an understanding of what has happened.

In the shared NDE cases the NDE is a fellow traveler and is able to interact and confirm the joint experiences. Joint NDEs and NDEs are always able to communicate with one another and affirm one another's experiences. That shared communication reinforces a conviction of a shared reality, which privileges a survival rather than a simple psychiatric or imaginary explanation. Feedback is immediate in shared NDEs and the explanation is often more confidently embraced, particularly since rechecking and comparison of notes is possible for some time afterwards. In shared near-death visions feedback may be delayed and often uncertain, since there is not necessarily any immediate feedback, or if there is, that person may die quickly after. This forecloses on the possibility of rechecking the story at a later time when the caregiver might question the veracity of his or her earlier experiences.

Shared Illness Experiences

We must not think that shared near-death visions or shared NDEs are the only experiences with the power to include others, a power associated solely with the experience of death. Death and near-death experiences are not the only events with the power to include temporary companions on the journey. Shared illness experiences have also been reported in the parapsychological literature, which suggests that shared experiences of illness and death may be related. In Edmund Gurney, Frederic Myers, and Frank Podmore's famous 1886 work *Phantasms of the Living* at least four cases of shared illness experiences were reported.

In the first case (case #70) Gurney, Myers, and Podmore (1886) reported a woman who inexplicably fell ill while alone writing letters. She felt faint and desperately ill but could not account for why. She was helped by servants to a resting place and waited for her husband to return from work. It then occurred to her that her husband was actually late, and wondered whether anything terrible had befallen him. Eventually he did return home, but did so escorted by a companion from work. He too was severely ill, and when sufficiently recovered reported that although feeling ill most of the day his condition had taken a turn for the worst just before leaving time. The time that his physical condition worsened correlated perfectly with the onset of

his wife's symptoms, which, incidentally, cleared on the arrival of her husband (Gurney, Myers, and Podmore, 1886, p. 273).

In the second case (case #74) a woman became unaccountably ill and restless during her husband's absence in another city. She became so restless that she had to leave the house and take a carriage ride for several hours, something she disclosed to be an activity that she would never normally do. She later learned that her husband had had a stroke and lay delirious in a hotel room in Paris. She later learned that the timing of his illness and symptoms coincided with her own (Gurney, Myers, and Podmore, 1886, p. 277).

Laura Dale (1952) reported a further intriguing case of a woman who woke in the middle of the night with a sharp pain in her right hand and arm. Returning home from downtown the next afternoon, she discovered her son had returned home unexpectedly. He had been in an accident and had cut his right hand quite badly and had been sent home. The mother reported that: "On comparing notes, we found that the time element was the same" (p. 34).

Dale noted that this case was in many ways similar to one reported by Gurney, Myers, and Podmore (1886). In their case #17, which Dale reprinted, a woman awakened one morning with a distinct impression that she had received a hard blow to the mouth and was bleeding from the lips. But as she dabbed her handkerchief to her mouth, she found that she was mistaken and that there was no such laceration or bleeding. Later on she learned from her husband, who had been out sailing, that he had received a sharp blow to the mouth from the tiller of his boat, this accident having occurred at about the same time her vivid impression aroused her from sleep (Dale, 1952, p. 35, citing Gurney, Myers, and Podmore, 1886, p. 188).

In each of these shared illness experiences the symptomatology of each experiencer accorded with the other, as indeed did the timing of their injuries or symptoms. In all cases, the person who shared the symptoms or injuries did not know how to explain the sensations, for those persons were otherwise well, or the onset was so sudden and sickening that they may have believed themselves on the brink of their own developing illness. Because the person who was really ill was in a remote location at quite a distance from the person sharing the experience, it is only when they met that they could compare notes. The vital information and feedback that would allow some arbitration over competing explanations was delayed, although when it arrived, the information about timing was frequently impressive.

As with shared near-death visions or shared NDEs there are always competing explanations for shared illnesses. One of the strongest explanations competing for attention is simple coincidence. Sensations of pain and illness may be so frequent for all sorts of idiopathic reasons that it is inevitable that some of these might coincide with other people's actual illness experiences. Another possibility, not exclusive to the first, is that such events are fanciful and that both parties enjoy vivid imaginations. Finally, one might consider the role of telepathic connections between certain people, particularly family members or people with close bonds. In this explanatory scenario, emotional and motor effects of telepathic or clairvoyant relations appear to the persons involved to be the more convincing theory. Usually, the precise accordance of one person's symptoms or injuries, the timing, and their bodily locations, persuade the different parties of the strength of one explanation over another. Nevertheless, similar to shared NDEs but commonly dissimilar to shared near-death visions, the swapping and corroboration of the joint experiences is often vital to the ongoing construction of joint explanation.

Six Steps on an Unscheduled Journey

In the following discussion we approach the shared near-death vision, shared near-death experience, or shared illness experience as forms of status passage (Glaser and Strauss, 1971; Kellehear, 1990, 1996). In this context the concept of status passage identifies the change in status that results in a transitional journey from one social role to another. This journey inevitably involves a separation from a particular status, a period of instability or *liminality*, and finally a reintegration into a new status. Status passages may be scheduled and accompanied by readily understood social rituals, such as the passage from childhood to adulthood, or they may be unscheduled, leaving people to search for their own meaning or way of understanding the transition and new status identity.

Barney Glaser and Anselm Strauss (1971) argued that in contemporary western cultures, dying is an unscheduled status passage in that it is usually undesirable and involuntary and is only rarely accompanied by prescribed social rituals. Allan Kellehear (1990) took this analysis further by identifying NDEs as unscheduled status passages. They too are unexpected and involuntary and usually precipitated by

undesirable circumstances. There are no socially prescribed rituals or processes to facilitate an understanding of the transition experience and new status. Indeed, according to Kellehear, what makes NDEs strikingly similar to dying as an unscheduled status passage is the marked lack of established social rituals to guide people through this transition experience. Moreover, unlike scheduled status passages, the NDE is socially stigmatized and subject to public explanations that seek to undermine their very existence.

Here we adopt this same approach in a theoretical analysis of status passage transition for people who share near-death visions, NDEs, and illness experiences. Like dying and NDEs, these experiences remove or separate the persons from their normal social situation and status. The persons are projected into a state of transition or liminality from whence they must reintegrate into their social world and make sense of their new social status. This reintegration requires the production of a credible explanation to enable the person to reestablish order and social acceptance in his or her personal reflections and social interactions. As we describe below, those who share these types of experiences may find it necessary to subscribe to two separate explanations: a public explanation that allows them to reintegrate into their social world, and a private explanation that enables them to make sense of their personal experience.

To explore the way in which these social processes are constructed we need to consider in turn the six steps that comprise the status passage experience. These steps are: (1) Exit the Familiar, (2) Extraordinary Experiences, (3) Extraordinary Experiences End, (4) What Happened to Me? (5) The World Responds, and (6) The Return of the Native.

Exit the Familiar

As we noted above, in cases of shared near-death visions and shared near-death experiences the people who share the experience are engaged in behavior that is out of the usual run of things. A deathwatch does not occur in the normal round of social life. Caring for a dying relative or close friend is an unusual undertaking that not only suspends most routine daily activities but also places caregivers in an exceptional psychological and social condition. Similarly, the sudden and unexpected onset of severe illness wrenches affected persons from the taken-for-granted world that surrounds them and from their status as healthy people. For those who share illness experiences the suddenness and utter inexplicability of the trauma they

are experiencing exacerbates the distress and the shocking departure from the normal and unfamiliar.

Extraordinary Experiences

The experiences of those who share near-death or illness events are remarkable. Sharing near-death visions or near-death experiences involves encounters with supernatural beings, deceased friends or relatives, and bright lights; out-of-body and tunnel sensations; and extraordinary feelings of happiness. Those who share illness may experience inexplicable pain, distress, discomfort, or delirium. The event can alter both their physical and mental state, lasting for short or longer periods. It may instill a sense of horror or foreboding or require people to behave in singularly uncharacteristic and thus particularly disturbing ways, especially demanding of an explanation. In other words, these are illness events that are unrelated to the ordinary logic of daily life in which they perceive themselves as healthy people. These experiences cannot, for example, be traced back to an actual occurrence, such as a blow to the mouth, or to any earlier risk behavior, such as food poisoning.

Extraordinary Experiences End

Often, as suddenly as they begin, these extraordinary experiences end. There is frequently no warning or other mechanism to alert the person sharing a near-death vision or experience that the encounter is about to end. Indeed, the end itself may be shocking, as in the case of the woman described by Fenwick and Fenwick (1995) who shared her dying sister's NDE:

My sister was standing with her arms up above her head, turning around in circles and calling me to come. I said I can't, they won't let me through. With that it was almost like a gust of wind took me backwards and the next thing I knew with a big thud my body started to move. (p. 252)

In shared illness situations the experience may be short-lived, as in cases of acute pain, or may linger for a much longer period only to end as inexplicably as it began, returning the person to full health. Irrespective, however, of whether these experiences are shared near-death visions, shared near-death experiences, or shared illness experiences, the return to normality is not the comfortable, unquestioning

return to the familiar social world. It is a homecoming that demands an explanation.

What Happened to Me?

If the person sharing such experiences is to make sense of them, for him or herself and for others, a plausible explanation is crucial to this step. The person needs to establish the experience as real rather than unreal. Failure to do so results in an incomplete status passage. Without the public and private recognition of the status transition that this enables, he or she is socially and psychologically suspended in a stigmatized explanatory world of hallucination and madness. Credible explanations that facilitate social acceptance and reintegration will be created from a series of private reflections that are either immediately or later mediated by the opinion and information input of others.

In broad terms, answers to the question as to what has happened to them fall into four categories. There are medical explanations of illness, stress, or madness; religious explanations, perhaps involving God or the devil; parapsychological explanations of survival or telepathy; and social explanations of coincidence. People who share near-death visions, NDEs, and illness experience use evidence, for example from the timing of events, witness accounts, and corroboration, to negotiate their way towards an explanation. The nature of this process will depend on a careful and deliberate telling of the nature of the experience, the extent and timing of feedback, the available evidence, and the testimonies of witnesses. That deliberation is the social method used to arbitrate between competing explanations.

The World Responds

For the person seeking a public or a private explanation, the responses of others are crucial to the social construction of understanding, and thereby, the social affirmation of completed status passage. However, it is important to emphasize here that "responses of others" does not necessarily mean *interpersonal responses*. Possible social responses, based on a range of attitudes in society, are also a part of one's internal socialization. These attitudes from others will be rehearsed intrapsychically as social responses.

People who have experienced shared near-death visions have a largely solitary task ahead of them in making sense of their encounter.

The person with whom they shared the experience is commonly unable to provide them with any feedback or to participate in the social construction of an explanation. In contrast, shared near-death experiencers receive immediate feedback from their partner and thus are able to engage in the negotiation of an explanation. In so doing, the shared NDEr is more likely than the shared near-death visionary to settle for an explanation that privileges parapsychological or religious accounts. The near-death visionary, on the other hand, has fewer defenses against skeptical accounts that render the experience incredible.

The situation of the person returning from a shared illness experience is also quite distinct. Those sharing illness encounters are entirely reliant on witness accounts even before they can begin to ask, let alone answer, the question as to what has happened to them. Shared illness experiences occur remotely from the ill person. Although the experience is disconcerting and sometimes shocking, the only possible framework for explaining the experience is a medical one. Immediately following the experience people may consider themselves to have either been, or about to become, ill. For example, Gurney, Myers and Podmore (1886) reported the case (#391) of a man who shared an illness experience with a close friend: "He could by no means account for it. . . . He thought he must be sickening for a bad illness" (pp. 371-372).

There is no framework, other than a medical one, for making sense of the experience until it is corroborated by accounts of the illness of the other person. In other words, the experience does not become a *shared* illness experience until the world responds; that is, until the person is aware that he or she has a partner in the illness. Receipt of this delayed feedback effectively transforms the event from illness to a shared illness of a most unique kind, from a relatively mundane to an extraordinary experience, and, moreover, to an exceptional experience that demands a plausible explanation.

The Return of the Native

In making sense of these experiences people may arrive at two potentially distinct explanations: a private explanation and a public one. These explanations are designed to address different problems, both private and social. Indeed, the private explanation may sometimes be fundamentally at odds with the public one: the former is constructed for the private world of personal reflection, whereas the latter is produced specifically for the telling, the successful achievement of which will result in social acceptance.

If the person sharing a near-death vision, NDE, or illness experience is to reintegrate into the social world, he or she must choose a public explanation that is social acceptable. The primary criterion at this step, then, is to arrive at an explanation that is credible to others, which requires an assessment of the social audience. This is achieved through negotiation with those immediately involved in the experience, such as experience partners, but also in conjunction with other members of the social circle, and possibly also with medical and religious professionals.

Social explanations are essentially public stories and as such they need to be more flexible than private explanation. There are a range of potential public stories; example may include "It did not happen to me," "This was a strange coincidence," "I think there is life after death; let me tell you what happened to me," or "I have a story I cannot explain." These kinds of public stories may change according to the nature of the audience and the certainty with which the audience hold their own beliefs about the particular types of appropriate social explanations for such experiences.

Conclusion

There are four observations to make about the preceding discussion. First, these steps are similar to those required of NDErs themselves (Kellehear, 1990). However, as the case material in this paper demonstrates, we need to recognize that occasionally NDErs and near-death visionaries take temporary "passengers" or companions on part of their journey. This is important to recognize because so much of our previous empirical research, theoretical focus, and professional support responses have been toward NDErs and near-death visionaries, but we now know that other people may be involved in these experiences. Their infrequent presence and recent recognition raise interesting theoretical and research questions for the future.

Secondly, the problem of NDEs and near-death visions and shared experiences of both might be part of a larger experience of unusual illnesses and shared illness experiences. Although the problem of social rejection, stigma, and reintegration into the community is a wider problem of anyone with unusual religious, sexual, or social experiences, the company that these people keep are not always involved. We now have some early indications that people who accompany NDErs or near-death visionaries do share some of their problems. This may mean that we need to view NDErs *and* their networks as part of the problem

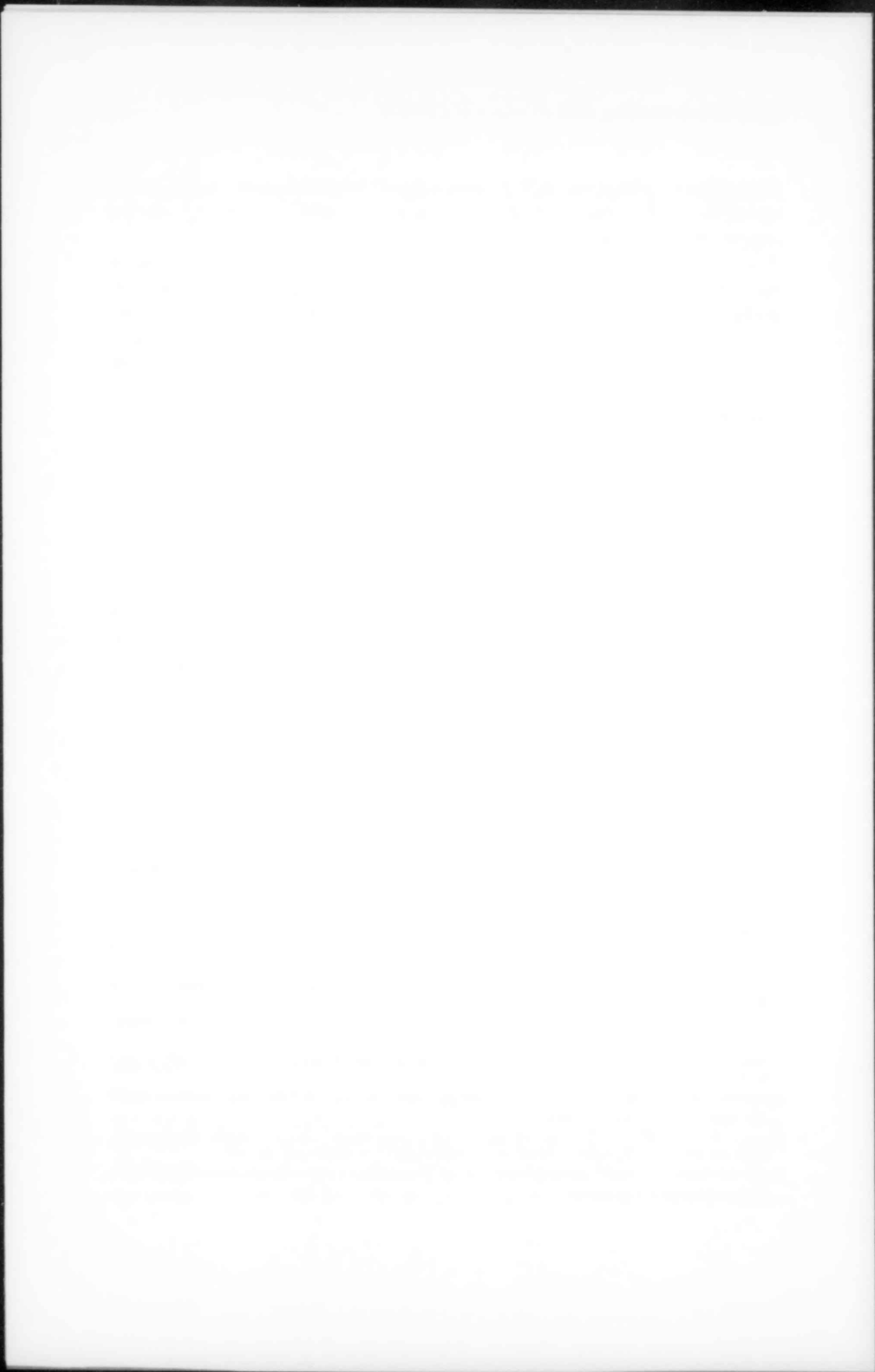
of society's tolerance and treatment of deviance and marginality, notwithstanding the more positive attitude recently observed around transcendental experiences.

Thirdly, for clinical and religious authorities, this may mean a review of their attitudes of and responses to social and cultural differences. They need to understand that trust and safety are interpersonal qualities that emerge from a "politics of knowledge": experiencers negotiate their trust and safety with strangers cautiously and conditionally. It is important to remember that there is no single attitude toward social diversity and difference in society, and that few people are comfortable psychologically or socially with unusual personal experiences. This discomfort comes from social uncertainty about other people's responses and the stereotypes that each of us holds about powerful others such as doctors or employers.

Finally, attention to the sociological dimensions of an unscheduled journey into strange places permits us to see that it is not merely or solely the destination itself that creates personal troubles for the experiencers. Where each person *begins* his or her journey, and at which social points he or she *returns* to tell the story, are also crucial determinants of the experiences of both self and social acceptance. In other words, all six steps, from first to last, shape and determine a sense of personal safety and the public response that affirms or undermines it.

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A Child's Encounter with the Devil: An Unusual Near-Death Experience with Both Blissful and Frightening Elements

Richard J. Bonenfant, Ph.D.
Gainesville, FL

ABSTRACT: I describe the near-death experience (NDE) of a 6-year-old boy who encountered both the devil and God following a near-fatal car accident, and compare recent recollections of the event with those made four years earlier. I discuss the aftereffects of this experience, and review the findings of earlier studies of frightening NDEs.

KEY WORDS: near-death experience; children; frightening near-death experience.

More than ten years ago, Harvey Irwin and Barbara Bramwell (1988) published an account of the near-death experience (NDE) of a 50-year-old woman, which began as a blissful experience but changed to a frightening one upon an unexpected encounter with the devil. Conversely, the subject of the present account is a 6-year-old boy, named Scott, whose NDE began as a frightening experience because of an initial encounter with the devil but which later progressed to a more pleasant one. Scott's experience is remarkable because of the richness of detail that has been retrieved from his account and because of the rarity of frightening childhood NDEs in the literature.

Richard J. Bonenfant, Ph.D., is a retired medical researcher with the Congenital Malformations Registry at the New York State Department of Health and an Adjunct Instructor in the Department of Computer Science at Sienna College in Loudonville, NY. Reprint requests should be addressed to Dr. Bonenfant at 6008 S.W. 86th Drive, Gainesville, FL 32608; e-mail: richard_bonenfant@email.com.

The Accident

Scott's NDE began as the result of an automobile accident that occurred in front of his house on Saturday, June 10, 1995, when he was 6 years old. On this particular day, he had joined his mother and 9-year-old brother as they went to purchase an ice cream cone from a vendor who was touring their neighborhood. Almost immediately after being handed his cone, Scott darted out from behind the ice cream truck and was struck by a passing motorist. The impact caused Scott to make several aerial somersaults before landing on the pavement some 25 feet from where he had been struck. When his mother, Karen, ran over to her son's twisted torso, she found that he had no pulse. The following narrative was written by Karen approximately ten months after the incident:

... I heard the car slam into him, heard the deceleration of the engine and the squeal of its brakes as its driver stopped dead. There was nothing but silence as I watched the upper half of Scott's body arc away from the hood of the car, 180 degrees different from the point of impact on the hood with the right side of his head, launching him into three complete somersaults in the air as he catapulted away from the car and up the street to my left about 25 feet. I was horribly fascinated by how limp he was, like a rag doll, with legs and arms all akimbo. He settled onto the pavement on his right side as if someone were laying him there: his feet first, then his torso, then his head. I was disconcerted by the fact that this all occurred in slow motion, in a macabre fashion; there was a real grace to it.

... Scott landed on his right side: his left arm was straight down, and underneath him; both legs were drawn up and were lying on top of his left arm, to the left his torso was turned sharply to the right as was his head; and his right arm was flung unnaturally across his chest. He had landed on his right side, but the force of impact with the ground had caused his hips to "bounce," and flip abruptly to the left side. I'm a hospice homecare nurse, and he looked like every dead body that I have ever seen: waxy-looking bloodless skin, unmoving, not breathing. I didn't know what to do; I am also CPR certified and was a CPR Instructor-Trainer at one time, but he looked so broken, I was afraid to touch or move him in a way that would allow me to perform rescue-breathing.

Scott's father, who had been inside their house at the time, witnessed most of the accident through the window. He immediately dialed the 911 emergency code and informed the operator of the location of the accident. Then he ran over to his son and cradled Scott in his hands whispering the phrase "I love you" in his ear over and over until the

ambulance arrived. From the scene of the accident, Scott was taken to a hospital and placed in the intensive care unit, where he remained under observation until he came out of a coma and his vital signs had stabilized. Being a nurse, Karen took careful note of her son's injuries, which included a concussion, a right-sided basilar skull fracture, total perforation of the right ear drum, a fracture of the right pelvis, swelling of the right ear and head, extended oxygen deprivation, and lacerations of the head, hands, right arm and elbow, and feet.

The Near-Death Experience

When Scott regained consciousness in the intensive care unit some eight hours later, he told his parents about what he had experienced following the accident. Scott's account began with the realization that he could not avoid being struck by the car, followed immediately by the memory of the impact, which he described as being "punched" by the car. This trauma was followed by a bilocation of consciousness and an out-of-body experience. Scott remembered being in his body as it was struck, and he also recalled witnessing the entire accident from the vantage point of a nearby tree some 30 feet away. He recalled seeing his body making three somersaults in the air and then landing on the pavement. While observing the accident and its aftermath, he felt no pain whatsoever but was dismayed that he could not make himself heard or seen by his family members. He shouted to his brother several times to come "play" with him but to no avail. However, on one occasion following the accident when his brother Graham and his mother were going to the hospital, Graham reported that he had heard Scott call out to him "in his head," but that he had ignored the call because he could see Scott's body laying unconscious on the pavement. Scott remembered hearing his father saying "I love you" to him but he could not make his own reply audible to his father, and when he tried to hug his father, Scott's arms simply passed through his father's body. Apparently Scott was able to hear and see everything that was going on around him at the scene of the accident, but no one there except Graham was able to see or hear him.

Scott next found himself facing the entrance to a vortex-like tunnel in a "bad dark place." He described the tunnel as looking "like a tornado laying flat on the ground." As he was drawn into the tunnel Scott found himself face-to-face with the devil. The devil spoke to Scott in a deep, raspy voice saying, "You're bad," and made an attempt to grab

him. At that point Scott was completely terrified. He subconsciously felt that the devil was trying to "suck" him away from God. Scott said that, in some way, he could feel a strong negative force emanating from the devil. Scott described the devil as being composed of rotting, putrid flesh, and covered with sores and slime. The devil projected the impression of a being who was both mentally and physically ill.

Scott did not recall how he was rescued from the clutches of the devil. He stated simply that he desperately tried to keep his faith in God. He believes that God rescued him but he cannot remember exactly how it occurred. Scott emphasized that he had no control over what was happening to him and compared the experience to being moved through the house of horror on a carnival ride. By whatever means, Scott next found himself being whisked through the tunnel toward a distant point of light. When asked about the characteristics of the tunnel, Scott could remember only that it seemed to contain the faces and voices of all those who had ever known and loved him.

Scott recounted that after emerging from the tunnel, he met his deceased uncle Russell, who had died only a short time before Scott's accident. Scott and his mother gave two different versions of the meeting with his uncle. Scott's mother remembered that in Scott's original account, he described his uncle Russell as being dressed in a gray suit. The uncle apparently never wore dress suits when alive, so it seemed strange that Scott would describe him this way. She later recalled that the uncle had been buried in a gray suit; that fact, however, was unknown to Scott. In a more recent description of the meeting with his uncle, Scott reported that his uncle was wearing the same bedclothes that he wore before his death, and that during their meeting, he was in bed covered with a sheet. Uncle Russell told Scott that he had been in a bad accident, but he was not to worry because everything would be okay. Scott remembered that during their conversation, his uncle had addressed him by his nickname, "Buddy."

In contrast to his initial terror, Scott next reported seeing a brilliant light that did not hurt his eyes. Scott felt a goodness and security emanating from the light, and within it, a presence that he described as God. He could not recall whatever transpired during this meeting with God. However, toward the end of the encounter, a separate light came from God. Scott felt that that lesser light was an angel. In a recent interview, Scott could not distinguish the form or gender of this light-being or angel. He recalled only that the light resembled a star on a Christmas tree. However, his mother Karen remembered that on

one occasion following his release from the hospital Scott had told her that the angel's name was Susan.

The angel escorted Scott through a dark but open place in which he could still see things. When asked about the features of this dark realm, Scott replied that it was different from what we see "here." Scott felt that the memory of these features "went away" or was taken away after his experience.

The last scene Scott recalled was of being taken by the angel to what he called a "dungeon." When questioned about why an angel would take him to a dungeon, Scott replied that "dungeon" was probably not the right word to use. He said that "it was not a room filled with chains and straw like in the movies" but rather a "safe place" where the devil could not get at him. Scott recalled that this room was strongly built but had no doors or windows. It was also a "good dark place" and he felt the presence of a protective being, the angel, there with him. This imagery of the sanctuary was the last thing Scott remembered before regaining consciousness in the hospital.

Further Details and Documentation

Scott's account of his NDE was brought to my attention through the referral of a hospice worker. A set of questionnaires relating to an ongoing NDE study were sent to Scott's parents and upon completion they were returned to me. The unusual nature of the account was immediately evident. Since the questionnaires had been designed for a different purpose, I contacted Scott's parents to ask their permission to conduct a more extensive interview with their son, then 11 years old. Scott's parents were both caring and protective of their son's experience. During the investigation, they were able to provide me with much documentation, including a narrative of the NDE written by Scott on November 11, 1997, two years following the original incident, when he was 8 years old. They also provided a figure drawn by Scott a few days after he had been discharged from the hospital representing the devil that he encountered during his NDE. He explained to me that various parts of the drawing represented the devil's feet with hook-like claws; its hands shaped like skeletal claws; a greenish ooze similar to the slime that was emitted by the ghostly ogres in the television cartoon "Ghostbusters"; the devil's body covered with infected, scab-like, rotting flesh; and the devil's head described as

being deformed and sickly looking. When Scott originally drew the devil's eyes, his parents noted that he mashed and twisted his marker which such force that he wore an opening through the paper he was drawing on. Scott added that the devil's voice sounded like a raspy version of Darth Vader's voice in the movie *Star Wars*, a sound coming from deep within the throat and being very coarse, like sounds made by someone who was deathly sick. The devil told Scott that he was "bad."

Scott's parents also provided me with a second drawing he had made a few days after he had been discharged from the hospital, representing the angel that escorted him to the safe, dark place after his encounter with God. There was little that Scott could recall about this particular drawing except that the head was the most important part, and that the yellow aura was drawn to convey both the light and goodness radiated by this entity.

In March 1999, I asked Scott if he would be willing to make new drawings of the devil and angel, with the intent of comparing his original drawing with those made from the perspective of a five-year vantage point. I gave Scott no specific instructions regarding the drawing. The newer drawing portrayed a far more conventional portrait of the devil's head, depicting only certain facial features, including red eyes, raised eyebrows, nostrils, and large, pointed teeth. Scott added words spoken to him by the devil, "Your [sic] bad!," implying that Scott's soul belonged to him. Scott's recent portrait of his angel escort included simply a sun-like object with a white core. As Scott had previously noted, this entity, "came from God, but was separate from Him." At this point in time only the impression of the angel's brightness remains.

Scott's mother also provided me with a schematic chronology of his NDE she had drawn in collaboration with her son. A brief summary of this pictorial chronology includes (1) bilocation of consciousness at scene of accident; (2) observing the accident from the location of a nearby tree; (3) his out-of-body experience, in which he was unable to hug father and to make himself seen or heard; (4) being in a "bad dark place" facing a tunnel; (5) the encounter with the "devil" after entering a vortex; (6) continued passage through the vortex; (7) meeting his Uncle Russell; (8) the encounter with the Light (God); (9) awareness of the presence of an angel; (10) being escorted by the angel to a "good dark place" (the "dungeon"); and (11) regaining consciousness in the hospital.

Discussion

The term frightening, distressing, or hellish NDE refers to an experience in which the dominant theme of the event is that of fright, fear, and concern for one's safety and well-being. As early as 1981, Jim Lindley, Sethyn Bryan, and Bob Conley observed that frightening NDEs are sometimes part of a larger experience that often begins or ends on a positive note. In the case cited above, recounted by Irwin and Bramwell (1988), the experience began on a positive note but ended on a negative one. Scott's case is just the opposite. His NDE began with an abrupt encounter with the devil but proceeded to a vision of God. While the later elements of his experience were positive in affect, the dominant emotional outcome of the overall experience was anxiety over the possibility of another encounter with the devil.

Scott's parents reported that their son suffered from restlessness, anxiety, and nightmares for months following his NDE. Shortly after returning home, Scott moved from his own bedroom into that of his older brother Graham, where both brothers felt more secure. Scott also began to show an interest in religion and he voluntarily attended church services more frequently. The following evaluation of these aftereffects was offered by Scott's father:

...I would say that Scott had difficulties resulting from the NDE. However, he also, based on the experience, developed a spirituality rather sophisticated for someone his age. Before that, he really hated church and Sunday school, etc. Eventually afterwards, he became quite interested in spiritual matters and now says that he likes church, and often asks questions that I have to really mull over to answer for him.

For a short period of time following the NDE, it seemed that both Scott and his parents were experiencing symptoms of posttraumatic stress disorder. All four family members of the family began visiting a counselor to find out whether Scott's symptoms and its effect on their lives were a normal consequence of his accident. These visits proved to be reassuring because the counselor's evaluation of their situation was consistently positive.

Some researchers have suggested that the visions and images witnessed by NDErs during their experiences are largely the product of acculturation. That is, experiencers see what they expect to see. They argue that even children are exposed to a wide range of religious and cultural images that condition them to visualize similar imagery

during their NDEs. Traditional images of devils and angels abound in the media. Angels are depicted as being human in form, often female in gender, dressed in white garments, with large, white, feathered wings on their backs, and glowing with unearthly beauty. Devils are also portrayed as being anthropomorphic but with pointed horns, large bat-like wings, and sometimes with a barbed tail. Other popular representations of the devil depict a satyr-like being who is human from the waist up and goat-like from the waist down. While such visual experiences may occur in some NDEs, they do not in Scott's case. Scott's description of the devil is quite unorthodox. He described the devil as a sick, repulsive being with rotting flesh and having the personality of a crazy person. Neither Scott's verbal descriptions nor his drawings conformed to archetypal images of devils or angels. In addition, descriptions of heaven or hell were conspicuously missing from Scott's narrative and drawings. One would expect that such scenes would accompany descriptions of devils and angels because of their historic association with these beings in literature, art, and the popular press. This statement is not intended to deny the proposition that subconscious imagery plays a role in what is perceived by the experiencer. Rather, it is a rejection of the assumption that what Scott reported was simply a product of subconscious cultural conditioning. Scott displayed no interest in such beings prior to his experience, and his conception of the devil did not conform to the being he encountered.

I attempted to investigate Scott's life experience immediately prior to his NDE to ascertain whether his mental and emotional state at the time of the accident may have had a direct effect on the nature of his experience. When asked, Scott conceded that he had a "bad year." One of his teachers had adopted an adversarial relationship with Scott and frequently rebuked him before his classmates. Scott recalled being so angered by this constant humiliation that he retaliated by picking fights with other classmates. His mother remarked that throughout his first grade school year Scott would repeatedly come home and say, "I'm bad." Upon examination, the events that led Scott to feel this way were usually found to be normal mischief such as talking or drawing pictures during class. These events could have set the stage for the frightening aspect of his NDE, as Scott probably did carry some anger, guilt, frustration, and self-doubt into his experience, but it is very difficult to gauge whether these subconscious emotional conditions were sufficient to precipitate his encounter with the devil. During his interview, Scott appeared to be genuinely shocked and surprised by his

confrontation with the devil. We cannot determine definitively whether Scott subconsciously projected his own distressing imagery or whether he witnessed some independent source of evil.

Another interesting observation in Scott's case relates to the accuracy of recall, particularly with regards to detailed imagery. While the structure, sequence, and affect of Scott's NDE have remained consistent over the five years since the initial event took place, recall of visual details appears to have been degraded by the passage of time. Two examples typify this observation. In an early account of his NDE told to his mother shortly after being discharged from the hospital, Scott reported that his escort was a female angel named Susan. By March 1999 he could not recall the form, gender, or name of this angel. His current memory was limited to a "presence" composed of warm light that radiated a sense of comfort and security. Another example is that in Scott's initial account, he mentioned that his uncle was wearing a gray suit when they met. However, recently Scott reported that his uncle was wearing bedclothes and was partially covered by a sheet. It is impossible to determine which version of these accounts is the more accurate, but it is clear that later descriptions differ from earlier accounts. This same effect can be seen by comparing original drawings of the devil and angel with those drawn more recently. Degradation of detail may be a function of the age at which the NDE is experienced, or it may represent a natural process correlated with the time elapsed since the NDE was experienced.

The elements and chronology of Scott's NDE are consistent with those reported by other experiencers. Out-of-body experiences, passage through a dark tunnel, meeting deceased relatives, and feeling secure in the presence of a being of light have been widely confirmed since Raymond Moody first reported them (1975). Details concerning the specific characteristics of core elements and the description of the devil are more unusual. Children's accounts are often informative simply because they report exactly what they see without great concern over the rational interpretation of their observations. A careful review of Scott's account reveals a number of statements that are convincing because of their naiveté. A couple of examples may illustrate this point. When attempting to describe the tunnel that he had passed through, Scott said that "it was like a tornado flat on its side instead of being straight up and down." When asked how he had moved through this tunnel, Scott replied that he was kind of "pushed and pulled" at the same time. Lastly, when I attempted to gain a description of the interior of the vortex, Scott simply shook his shoulders and said that he did not

remember, but that it seemed to contain the voices and faces of everyone who had ever loved him.

Except for a remarkable recovery from the physical trauma of the accident, Scott has experienced no unusual aftereffects, such as synesthesia, electromagnetic effects, paranormal phenomena, or changes in physical sensitivities. Changes in values appear to be restricted to religious teachings and have already been noted. Scott's parents believe that their son has become very insightful and that he is far more caring in his relationships with family and peers. They also note that, prior to his NDE, Scott had been unusually impulsive, but this trait greatly diminished following his NDE.

As with many accounts from children, Scott's narrative was fragmentary and did not neatly conform to a logical sequence of events. Transitions between scenes and events were abrupt. His recollections of events were more like a slide show than a film clip. While we may speculate about the missing gaps in Scott's recall, reported scenes were informative, detailed, and contained a sense of authenticity. This case study supports the conclusion that children, like adults, experience frightening NDEs, and that such events can produce negative as well as positive aftereffects.

Previous Reports of Frightening NDEs

Frightening childhood NDEs challenge our sense of propriety. We equate childhood with innocence, and find it difficult to accept the possibility that children could be subject to such experiences. Scott was only 6 years old at the time of his automobile accident and was obviously surprised and shocked by his encounter with the devil.

Because of the infrequency of frightening NDEs, researchers know little of their nature and aftereffects. Early publications on NDEs were primarily concerned with establishing the phenomenological validity of the more common positive NDEs. Raymond Moody (1975), who first described NDEs, did not report any frightening experiences. In a later publication, Moody wrote that "in the mass of material I have collected no one has ever described to me a state like the archetypical hell" (Moody, 1977, p. 169).

The first investigator to focus the attention of the research community on frightening NDEs was cardiologist Maurice Rawlings (1978), who claimed that at least half of all NDEs contained frightening aspects. When subsequent researchers were unable to verify that

frequency of negative cases, Rawlings theorized that many negative experiences converted themselves to positive ones, and that patients were biased in favor of recalling only the more positive aspects of their experiences.

Support for the existence of frightening NDEs come from an unexpected source. In a report of a nationwide Gallup poll on "verge of death" experiences in adult Americans, one chapter was devoted entirely to an examination of views about hell and to the occurrence of frightening NDEs, concluding that 1 percent of those surveyed reported "a sense of hell or torment" (Gallup and Proctor, 1982, p. 75). These experiences included featureless, sometimes forbidding faces; beings who are often merely present, but not at all comforting; a sense of discomfort, especially emotional or mental unrest; feelings of confusion about the experience; a sense of being tricked or duped into ultimate destruction; and fear about what the finality of death may involve.

English psychologist Margot Grey devoted a chapter of her book on NDEs to the topic of "negative" experiences, "usually characterised by a feeling of extreme fear or panic . . . emotional and mental anguish, extending to states of utmost desperation . . . an intense feeling of loneliness during this period coupled with a great sense of desolation" (1985, p. 58). Grey also distinguished a type of experience she called "hell-like," which often included

a definite sense of being dragged down by some evil force, which is sometimes identified with the powers of darkness. At this stage, visions of wrathful or demonic creatures that threaten or taunt the individual are occasionally described, while others recount being attacked by unseen beings or figures which are often faceless or hooded. The atmosphere can be intensely cold or unbearably hot. It is not uncommon during this phase of the experience to hear sounds that resemble the wailing of 'souls' in torment, or alternatively to hear a fearsome noise like that of maddened wild beasts, snarling and crashing about. Occasionally, respondents will report a situation that resembles the archetypal hell in which the proverbial fire and an encounter with the devil himself are experienced. (1985, p. 58)

Based upon the contents of these accounts, Grey discerned a common sequence of events that included fear and a feeling of panic; an out-of-body experience; entering a black void; sensing an evil force; and entering a hell-like environment.

P. M. H. Atwater (1992) suggested that frightening NDEs may be structured by the experiencer's subconscious mind, and that variations

in details among different accounts reflect the operation of psychic rather than physical laws. Atwater found frightening NDEs to include lifeless or threatening apparitions; barren or ugly expanses; threats, screams, or silence; danger and the possibility of violence or torture; a feeling of cold; diminished light; attack or neglect producing surges of fear or anxiety; feeling challenged to defend one's very existence and struggling to stay alive; and occasional spontaneous flashbacks of threatening or terrifying scenes. Atwater claimed that unpleasant NDEs were "usually experienced by those who seem to have deeply suppressed or repressed guilts, fears, and angers, and/or those who expect some kind of punishment or accountability after death" (1992, p. 156).

Bruce Greyson and Nancy Evans Bush (1992) summarized a study of 50 frightening NDEs and identified three distinct types: phenomenologically prototypical NDEs interpreted as terrifying due to the loss of ego control; an experience of nonexistence or eternal void, in which the experiencer feels condemned to a featureless void for eternity; and experiences with hellish imagery, with descriptions of hellish environments, threatening demons, or feelings of being drawn into a dark pit. Reports of "hellish" experiences were quite variable in phenomenology, suggesting that some personal interpretations are of more archetypal imagery.

While Kenneth Ring found no cases of frightening NDEs in his original study (1980), and later conceded that such cases could account for 1 percent of all reported cases (1984), he most recently concluded "that frightening NDEs are themselves illusory phantasmagories thrown up by the ego in response to the threat of its own seeming imminent annihilation" (1994, p. 22), prompting Bush (1994) to object that he was trivializing the meaning and value of such experiences and to urge researchers to consider that even terrifying encounters contain valuable lessons for both individuals and society.

Although during the past decade near-death researchers have uncovered a surprising number of frightening NDEs, Rawlings' estimate that half of all NDEs contained frightening elements still appears to be an overestimation. Recent estimates by Atwater (personal communication, 1999) based on sample of 3000 adults and 277 children suggest an incidence rate of 15 percent for adults and 3 percent for children, significantly higher than the estimate of 1 percent made by early researchers.

Conclusion

It is evident that Scott experienced a frightening NDE that had an impact on his subsequent behavior. Scott's interest in religious matters, particularly with regard to the existence of good and evil, may be the expression of a subconscious defense mechanism geared to providing information that could be used to improve his ability to respond in another frightening situation. A byproduct of this process may be the heightened awareness and insightfulness regarding moral issues that has been observed by Scott's parents. The noted reduction of impulsive behavior following the NDE may be the result of Scott's realization of vulnerability to forces beyond his control and to a realization that greater caution is required in the face of the unknown. It is also evident that the passage of time has degraded the recall of some visual details of Scott's experience. However, the structure and affect of the NDE have remained consistent.

Scott's negative experience did not seem to have been the product of cultural expectations, but there is some evidence that his prior emotional and psychological makeup may have set the stage for the adverse aspect of the experience. However, I was impressed by the apparent authenticity of Scott's experience and do not feel justified in dismissing the possibility that some component of the experience reflects interaction with an alternate reality.

This case supports the conclusion that frightening near-death experiences can, and do, occur to children. It is my opinion that Scott's unexpected confrontation with the devil led to a prolonged period of insecurity regarding his vulnerability to such encounters. Concern and vigilance over this prospect led to nightmares, restlessness, and prolonged anxiety. The passage of time does appear to have reduced Scott's concern over the prospect of future encounters, but emotional support from family members and healthcare providers also played a role in alleviating his anxiety. Frightening NDEs can produce adverse aftereffects of various intensity and duration. This observation has important implications to healthcare professionals in both pediatric and adult populations.

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The Structure and Function of Near-Death Experiences: An Algorithmic Reincarnation Hypothesis

Todd Murphy
San Francisco, CA

ABSTRACT: Hypothesizes that a near-death experience (NDE) is the subjective experience of having the state of consciousness in which a person experiences the last moment of his or her life being turned, in stages, into the state of consciousness experienced as the "point of no return." The *life review* this, as is interpreted as a review of the states of consciousness experienced during our lives. Our responses to reviewing our own behaviors while in specific states reinforces and classifies them into those to repeat in future lives and those to avoid. We examine a modification of the traditional doctrine of reincarnation that takes into account biological and cultural evolution. This allows an understanding of how the attributes of NDEs could have undergone selection even though all opportunities for mating have already passed at the time of death.

KEY WORDS: near-death experience; reincarnation; Buddhism; rebirth.

Seventy percent of near-death experiencers (NDErs) return from their experiences believing in reincarnation (Wells, 1993). Often, they tell of being counseled about the life they lived, and given help in planning their following lives. Not only NDErs, but also a large group of past life regression hypnotherapists (for example, Whitton, 1986) and several major religious traditions accept the doctrine of reincarnation. Ian Stevenson has also uncovered several types of evidence relating

Todd Murphy is an associate researcher with the Behavioral Neurosciences Program at Laurentian University under the direction of Michael A. Persinger, Ph.D. Buddhist *Imprimatur* granted for this paper by His Holiness Samdech Preah Mahaghoshananda, The Supreme Patriarch of Cambodia. Reprint requests should be addressed to Mr. Murphy at P.O. Box 170414, San Francisco, CA 94117; e-mail: brainsci@jps.net.

to reincarnation (Stevenson, 1974, 1997). The pressures favoring the exploration of reincarnation as a postulate in the explanation of NDEs are growing. Although polls have found 25 percent of Americans believe in rebirth, the figure reaches nearly 100 percent in other cultures, most importantly in the Hindu and Buddhist worlds.

It should come as no surprise that traditional paradigms for rebirth do not describe NDEs. Those theories were more likely devised to account for experiences during meditation rather than the experience of death. The database of death-related experiences was almost nonexistent, while the database of mystical and transcendent experiences was quite large. The idea was that those who went deeply into meditation were able to see "beyond death's door," and that spiritual practice was a way to defeat death by breaking the cycle of rebirth. Descriptions of meditation experiences were used, it appears, as templates from which speculations about death were traced. Indeed, there is some overlap between the phenomenologies of NDEs and meditation experiences. The theory of rebirth was never formulated to account for NDEs, but some reasonable parameters can be imposed on it, allowing an exploratory hypothesis to be formulated.

One such parameter is derived from the Darwinian theory of natural selection. According to the theory of natural selection, we must be able to explain rebirth as an adaptation that contributed to our survival at some point in the history of our species. If so, then the specific mechanisms by which it operates must be the same for everyone, because we all share a common evolutionary ancestry. The first principle of a Darwinian rebirth hypothesis can be stated thus: *Information that enables individuals to survive remains following death in discreet, coherent packets, and other individuals still undergoing prenatal development elsewhere are sensitively dependent upon information in these packets for their development.*

A reasonable postulate is: *Each person experiences the same state of consciousness prior to the cessation of subjective experience.* This implies that the "point of no return" reported by many NDErs, beyond which they felt resuscitation would have been impossible, is a manifestation of a state of consciousness that will eventually appear in each death-process unless it is interrupted, often eliciting an NDE report.

Although there appears to be a universal grammar to NDEs, the specific vocabulary of any given case is determined by a variety of factors, including age, culture, the specific circumstances of the person's death, psychological history, and possibly many other factors

still undiscovered. The specific phenomenology of any particular instance of a "point of no return"—its vocabulary—will be confabulated individually according to these and other factors; but the underlying state of consciousness will be the same.

If the final state of consciousness in each life is the same for everyone, then the NDE must access that state from whatever state of consciousness a person happens to be in at the onset of death, even if it is accompanied by pain or fear. No one knows how or when he or she will die, or what state of consciousness he or she will be in when it happens. The circumstances of death appear at random, and can vary widely from person to person. I propose that NDEs are the subjective experience of having one's randomly-appearing state of consciousness at the time of death brought, in stages, to the nonrandom life review and "point of no return."

Algorithms and NDEs

Any process that converts randomness to nonrandomness is called an algorithm. According to Daniel Dennett, "An algorithm is a certain sort of formal process that can be counted on—logically—to yield a certain sort of result whenever it is 'run' or instantiated" (1995, p. 50). Dennett wrote that there are three key features that characterize an algorithmic process:

1. *substrate neutrality*: The procedure for long division works equally well with pencil or pen, paper or parchment, neon lights or skywriting, using any logical system you like. The power of the procedure is due to its *logical* structure, not just the causal powers of the materials used in the instantiation, just so long as those causal powers permit the prescribed steps to be followed exactly.
2. *underlying mindlessness*: Although the overall design of the procedure may be brilliant, or yield brilliant results, each constituent step, as well as the transition between steps, is utterly simple. How simple? Simple enough for a dutiful idiot to perform—or for a straightforward mechanical device to perform. The standard textbook analogy notes that algorithms are *recipes* of sorts, designed to be followed by *novice* cooks. A recipe book written for great chefs might include the phrase "Poach the fish

in a suitable wine until almost done," but the algorithm for the same process might begin, "Choose a white wine that says 'dry' on the label; take a corkscrew and open the bottle; pour an inch of wine in the bottom of a pan; turn the burner under the pan on high; . . ."—a tedious breakdown of the process into dead-simple steps, requiring no wise decisions or delicate judgments or intuitions on the part of the recipe-reader.

3. *guaranteed results*: Whatever it is that an algorithm does, it always does it, if it is executed without misstep. An algorithm is a foolproof recipe." (Dennett, 1950, pp. 50–51)

NDEs can be seen as demonstrating these features. *Substrate neutrality* emerges if we assume that the state-specific character of hallucinations also applies to NDEs. Hallucinations are dependent on states of consciousness (Horowitz and Adams, 1970). The same state of consciousness can produce different phenomena in different individuals. The breathtaking variety of NDE phenomena might be manifestations of just a few states of consciousness.

Mardi Horowitz and John Adams (1970) have theorized that the hallucinatory phenomena associated with complex partial seizures arise as expressions of altered states of consciousness. The similarities between NDE phenomena and temporal lobe epileptic symptoms have been noted by several researchers (Saavedra-Aguilar and Gómez-Jeria, 1989; Persinger, 1994). Thus we can reasonably suppose that similar mechanisms might be operating in NDEs and in temporal lobe epilepsy. If so, then it follows that Horowitz and Adams' conclusion might also apply to NDEs. If we choose to make that assumption, then the series of experiences that constitute NDEs is better understood as a series of states of consciousness. The underlying "mindless" apparatus that brings dying persons to the "point of no return" operates on their states of consciousness, and the succeeding experiences are the phenomenological correlates. The bewildering variety of NDE phenomena, as I shall describe below, can be resolved into a few basic states of consciousness, each of which has a specific function.

Underlying mindlessness can be derived from the observation that NDErs find themselves undergoing succeeding stages of their experience automatically. NDErs do not report that they "willed" themselves into the tunnel, for example. That NDEs are outside the control of their experiencers, together with the observation that there

are significant similarities in many NDEs, suggests that they follow an automatic sequencing.

I have already made Dennett's third feature of algorithmic processes, *guaranteed results*, a postulate of this model: The guaranteed result is the "point of no return" and eventual rebirth.

Patterns in NDEs

There seem to be certain grammatical rules governing NDEs. Although the research elucidating them is far from complete, a pattern of rough "rules of thumb" appears to be emerging. Examples include:

1. In India, the death process often begins not with an auto-scorpis out-of-body experience (OBE) but rather with "seeing" messengers of death whose summons must be answered (Murphy, 2001; Pasricha and Stevenson, 1986). There are, however, some Indian NDEs that begin with an OBE (Blackmore, 1993). The same rule applies to Thai NDEs (Murphy, 2001).
2. Those younger than seven years old often avoid the life review and instead visit heaven or a fairyland (Serdahely, 1990).
3. In preliterate cultures, the life review is often replaced by a visit to a spirit world in which significant events of the dying person's life manifest symbolically, as features in the spirit world (Kellehear, 1993).
4. NDErs who have been able to anticipate their death and to reflect extensively on their life often do not experience a life review; whereas those whose death appears unexpectedly usually do review their life (Greyson, 1985).
5. NDErs who believe strongly in a particular religious tradition often experience the *being of light* as they have been taught it appears (Osis and Haraldsson, 1977); whereas atheists may experience it simply as a "presence."
6. NDErs who believe that "all mysteries will be revealed at death" often have a transcendent experience in which mysteries are revealed to their satisfaction (for example, Brinkley and Perry, 1994; Eadie and Taylor, 1992).
7. NDErs who need help, guidance, or an escort during their experience often encounter angels (Lundahl, 1992) or Yamatoots (Murphy, 2001) who may engage the experiencers in long discussions in which their concerns are dealt with.

8. NDErs who need reassurance that it is all right to be dead often encounter deceased relatives and beloved friends. Joyful reunions with beloved friends who have passed may facilitate positive affect in postmortem states of consciousness. Those too young to have deceased friends but have lost a pet may see the pet instead (Serdahely, 1989–1990). Those who have not lost a pet might see a comforting object such as a toy (Morse, 1994).
9. An NDEr whose life was marked by destructive behavior patterns may experience a life review affectively widened to include the effects of those behaviors on others (Atwater, 1994; Brinkley and Perry, 1994).

This list of "rules of thumb" is both speculative and incomplete. Each item on the list should be regarded as an approximation of a real "grammatical rule" that influences the algorithmic progress of NDEs. It is not possible at present to list a series of rules that will explain the functional connections between specific NDE features and their predisposing factors. Craig Lundahl (1993) delineated a series of NDE rules that addressed the likelihoods of NDE features, but not their functional roles. In any case, it must be emphasized that the rules or axioms that govern NDEs will be applicable not so much to the experiences themselves as to the states of consciousness that produce them.

The different representations of the different phases of NDEs presumably reflect differences in set, age, culture, health, and so on between individuals experiencing the same state. For example, the life review can occur in various NDEs as a serial re-experiencing of one's life, a viewing of multiple television screens (Atwater, 1994), the experience of "watching one's life pass before one's eyes," or a summary of only one's significant life events. These dramatic differences might be accounted for by theorizing that each represents the most efficient phenomenology for the *state* that produces it for that individual.

Karma and the Life Review

A feature in every tradition that preserves the doctrine of rebirth or reincarnation is the idea of karma. In order to adopt karma as a legitimate category in building a theory of NDEs, we need to reduce it to its simplest terms. The traditional teachings on karma are filled with

unfalsifiable implications. Nevertheless, one meaningful statement may be derived from these traditions: *Individual behaviors in one life can have an impact on subsequent lives.* The theory of natural selection requires that the postulated death and rebirth process should increase chances for survival in some way. That is, if behaviors in one life can influence those of another, that influence must tend to make behaviors in the later life more adaptive. Natural selection has no foresight; adaptations are permanent traits that preserve past expediencies. If we really do reincarnate, we are being reborn not *towards nirvana*, but rather *away from extinction*.

For human behavior to become more adaptive it must do so first with respect to our cultural environments, because the evaluation of behavior is both culture-bound and culture-specific. A second principle for a Darwinian rebirth hypothesis emerges and can be stated as follows: *States that facilitate adaptive behavior in a given cultural environment in one life tend to be repeated in following lives, and states that facilitate maladaptive behavior tend to be avoided.*

For the present work, I shall call this the *rule of karma*. I will call the records of specific *states* that facilitate or suppress behavior *karma*. It follows that the function of rebirth may be to pre-adapt us to our cultural environments. However, the conclusion that *karmas are reborn* in no way implies that *human beings are reincarnated*, however comforting the idea might be.

In order for karmas to be transmitted from a dying person to an infant or fetus, they must be broadcast in some way. It seems reasonable to suppose that karma of a living person differs from that of a person who has gone past the "point of no return" in the way it is stored—although not in the information it contains. A piece of computer software contains the same information whether it is stored on a disk or actually being used in the computer's microprocessor. Likewise, the recorded states of consciousness are the same whether the karmic records are in our brains or downloading to a subsequent birth. The "point of no return" might be likened to the point at which a computer program is transferred from its random-access memory (RAM) to a disk. The life review, I suggest, is the phenomenological manifestation of a state of consciousness that creates, from the effects of states of consciousness experienced in one lifetime, suggestions for *states* that enable adaptive behavior during the next life.

The life review can lead NDErs to re-examine everything they have ever done, not as they remember their experiences, but approximately

as they actually happened. When they remember having done something adaptive, and that recollection induces positive affect, the correlative *state* is marked for repetition in their next life. When they remember having done something maladaptive, and that recollection makes them feel bad, the *state* is marked for suppression in their next life. Because it is one's culture that designates what is good or bad, the possibility arises that the life reviews sorts *states* according to how likely they are to generate culturally adaptive behavior. The life review must focus on behavior because behaviors are state-specific; states of consciousness cannot be viewed directly, but the behaviors that act them out can. Re-experiencing an event will invoke the *state* one was in at the time of the event.

Culture and NDEs

The reason so many NDEs features are culture-bound may be that the death process is an evolutionary adaption favoring those who "take rebirth," specifically by enhancing their ability to gain status in the complex cultures that appeared in our recent evolution. Individuals who cannot follow the rules do not acquire much status. Karma, I suggest, is a set of positively and negatively reinforced states of consciousness that enable adaptive behaviors. Having karma might give individuals an advantage not only in surviving but also in following cultural rules, eliminating an important obstacle to achieving rank. Individuals with high status have better chances of producing offspring than those with low status. The effects of rebirth would be amplified over time if the first individuals 'taking' rebirth consistently rose to the top of the social ladder. I suggest that those who had life reviews at the end of one life were more likely to be reborn to become dominant *alpha* individuals, with better mating opportunities than *betas* and *deltas*. The culture-bound character of NDEs could be a case of form following function. Karma can change as culture changes. A state approved in one cultural context might be avoided following cultural change.

"Hellish" NDEs

One important pattern emerging is that some NDEs involve profound negative affect. These "hellish" experiences bear striking structural similarities to positive ones. P. M. H. Atwater commented: "During my

own interviews of experiencers . . . I discovered little difference between heavenly and hellish near-death episodes in consideration of how elements unfolded in sequence" (1994, p. 40).

Lysergic acid diethylamide (LSD), which usually induces a pleasant experience, can also produce a negative or hellish ordeal. Because the same chemical can lead to both types of experience, it seems unlikely that any specific affect is integral to the LSD experience. The same is true for seizures in temporal lobe epilepsy (LaPlante, 1993). If Horowitz and Adams' (1970) hypothesis applies to NDEs as it does to LSD, then the possibility that negative affect is integral to unpleasant NDEs can be reasonably ruled out. The best candidate for the cause of hellish NDEs in our model is *resistance*, as I shall describe below.

Neurology

The source of the hellish affect is another question. Temporal lobe research by Michael Persinger (1994) suggests that single states of consciousness can evoke very different affects and implies that temporal lobe affects may be implicated in both hellish and blissful NDEs.

The involvement of the brain's temporal lobes in NDEs appears to be well established. Persinger (1987) has theorized that when our species first evolved its unique cognitive abilities, two parts of our brains enlarged disproportionately: the frontal lobes, generally specialized for extrapolating into the future, and the temporal lobes, generally specialized for remembering the past. Those developments allowed people to remember death and to realize that the same thing would happen to them in the future. That upgrade included a software for death anxiety. However, the adaptive value of being able to project into the future, to imagine ways of dying and so avoid them, would have been canceled out by the dysphoria it would also have produced. A compensatory mechanism seems to have appeared at the same time. Arnold Mandell speculated on "affective specialization in the lateralization of the brain, with 'negative' emotions like fear and paranoia and dysphoric feelings like sorrow and depression lying . . . [in] . . . the left temporal lobe, and with the mute, geometrically cognitive, musical right temporal lobe specialized for joy" (1980, p. 411). Mandell's argument refers to the temporal cortex. Melvin Morse contends that portions of the right temporal lobe mediate the entire NDE experience, calling it the "circuit boards of mysticism" (Morse and Perry, 1992). The left temporal cortex's functions, on the other hand,

include profound negative affect. Wilder Penfield and Herbert Jasper, discussing the results of electrical stimulation of the temporal lobe surface, described unpleasant emotions:

These *ictal emotions* which patients described as fear, fright, scared feeling, terror, sadness, loneliness...[which]...may be said to have ganglionic representation within the fissure of Sylvius and their underlying circular sulcus...The ictal emotion is produced as a distinct experience and is the result of localized cortical discharge. (Penfield and Jasper, 1954, p. 451).

Illustrations accompanying this text showed that it referred to the *left* temporal cortex.

These findings suggest that the reason some NDEs are hellish is that the positive affect of most NDEs, originating in the right temporal cortex, is replaced by negative affect from the left temporal cortex. This hypothesis, if true, it might explain *how* an NDE can be unpleasant, but not *why* it is so.

Psychology

I propose that one reason some NDEs are unpleasant is that the person is resisting the death process. Atwater (1994) suggested that unpleasant NDEs are related to an individual history of repressed guilt, while Bruce Greyson and Nancy Bush's (1992) accounts of distressing NDEs all contain comments to the effect that the person did not want to die. The most commonly reported emotion in unpleasant NDEs is fear. Whether the crucial factor is guilt or fear, both feelings inspire resistance. This idea, together with the algorithmic interpretation of NDEs I am proposing here, implies that a specific *affective* state must be achieved. That affective state, I suggest, is *surrender*, the opposite of *resistance*. I do not propose that surrender must be achieved only to experience the "point of no return"; rather, I suggest that it also might enable the life review. In this interpretation of NDEs, each phenomenon is an expression of a state of consciousness, and each state of consciousness has the specific function of increasing the likelihood of reaching first the life review, and then the "point of no return." The life review is less anomalous as a result of natural selection, if it is seen as contributing to the success of those who undergo rebirth.

If all NDEs not interrupted by resuscitation go through some form of the life review, then I suggest that any negative affect must be changed to a positive one before life review is achieved. The life review can require that a person examine, re-experience, or witness his or

her own maladaptive behavior. When this same thing happens in psychotherapy, it often evokes resistance. Resistance in psychotherapy often occurs in conjunction with negative affect; if it were to occur during the death process, the experience might also be unpleasant. As noted above, Atwater (1994) suggested that hellish NDEs are a result of repressed guilt, while Greyson and Bush's (1992) cases of distressing NDEs all contained allusions to not wanting to die. Both of these mechanisms implicated in hellish NDEs may be grouped together as resistance. Resistance hinders meaningful self-examination in psychotherapy; perhaps it does the same during life reviews.

Hell: Special case #1. Not all negative NDEs are necessarily the product of resistance. A different type of negative affect might arise in conjunction with the life review, as in the case recounted by a former Vietnam War assassin (Brinkley and Perry, 1994). The following narrative suggests a symbolic, aversive life review:

I was unconscious to all onlookers, yet something weird was happening to me. . . . I was in a circle of light. I looked down upon the accident scene. . . . I looked into my car and saw myself trapped and unconscious. I saw several cars stop and a lady taking my children to her car to sit and rest until the ambulance would arrive. . . . A hand touched mine, and I turned to see where this peace and serenity and blissful feeling was coming from . . . and there was Jesus Christ—I mean the way he is made out to be in all the paintings—and I never wanted to leave this man and this place.

I was led around to a well, because I wanted to stay with him and hold his hand. He led me from a side of bliss to a side of misery. I did not want to look, but he made me look—and I was disgusted and horrified and scared . . . it was so ugly. The people were blackened and sweaty and moaning in pain and chained to their spots. And I had to walk through the area back to the well. One was even chained to the evil side of the well. . . . I wanted them to help him, but no one would—and I knew that I would be one of these creatures if I stayed. I hated it there. I couldn't wait to get to the well and go around it. He led me to it, but he made me go through it alone as he watched. . . .

I leaned over the well. . . . There were three children calling "Mommie, Mommie, Mommie, we need you. Please come back to us." . . . The little girl looked up at me and begged me to go back to life—and then all at once . . . I saw the accident scene again. . . . (Greyson and Bush, 1992, pp. 105–106)

The aversive episode in this NDE centers around images of children. It is possible that the woman in this case wanted to have a child, or more children, and saw her life in terms of a hell in which she

was to rescue the souls of unborn children by bringing them into the world. This unusual life review makes sense if we assume that karma functions to increase adaptive behavior from one life to the next, and that during most of our evolutionary history raising a child is one of the most adaptive things a woman could do. Even though her review was confined to only one assumed behavior—being childless—resolving only that one karma in her next life by having a child, and thus passing on her genetic material, would have increased dramatically the adaptiveness of her behavior as a result of this review.

Hell: Special case #2. One phenomenon that does not appear in typical, pleasant NDEs is the experience of a *vacuum*. Although the word void has been used to describe it, it does not seem to be the same as the *void* that occurs in the stage along with the tunnel. That void associated with the tunnel often induces highly positive affect, while the *vacuum* is, as far as I am aware, always hellish. One experiencer described the *vacuum* as follows:

It was empty...and dark. Not like night dark, somehow, it was thinner—whatever that means. It was very dark and immense all around, but somehow I could see them [tormenting beings]; the voidness seemed to thin out somewhere off by the horizon,...but it wasn't lighter, just thinner. It seemed to go on forever... That utter emptiness just went on and on... there didn't seem to be any end of it, and no way out. (Greyson and Bush, 1992, p. 102)

Other descriptions include: "suspended in a total vacuum with nothing to see or do for eternity" (Greyson and Bush, 1992, p. 103) and "hours went on with absolutely no sensation...there was no hot, no cold, no light, no taste, no smell, no sensation whatsoever, none, other than...a slight sensation of travelling...it became unbearable, it became horrific" (Greyson and Bush, 1992, p. 104).

The majority of cases of the vacuum in Greyson and Bush's study occurred during childbirth under anesthesia. Perhaps pregnancy provides a "fail-safe" mechanism that delays the onset of the "point of no return" until the last possible moment. Such an adaptation would greatly enhance the chances for survival of infants born to mothers who hemorrhaged during childbirth. Deaths due to violent trauma or old age were probably less likely to end in resuscitation than those in childbirth. Historically, a common cause of death in childbirth has been loss of blood; but blood can be replenished easily, and death thereby easily reversed. An NDE "fail-safe" mechanism for childbirth would increase the chances for survival not only for the NDEr but for her child as well.

Like most NDE phenomena, the vacuum does not occur only at death. It has also been found in sleep paralysis, a neurological disorder that affects the ability to wake up (LaPlante, 1993). In these cases, the victims find themselves suspended in a vacuum, trying to wake up but unable to. Because both sleep and death involve moving through different states of consciousness, symptoms occurring in sleep disorders might also appear in NDEs. If so, the vacuum, occurring in both, could be the phenomenon confabulated out of the inability or unwillingness to move from one state to another. That hypothesis suggests an interesting possibility: that the adaptation that created the death process was a new application of the neurological mechanisms that previously had been responsible only for sleep. Both processes involve multiple, sequenced states of consciousness. This speculation is lent credence by reports of NDEs induced by lucid dreaming (Green, 1995; Rogo, 1990).

Speculations on the Functions of Typical Phases of NDEs

Death can often be anticipated in protracted terminal illness, and that anticipation can have an impact on the death process. Several researchers have demonstrated increased incidence of spontaneous altered states in the period shortly before a person approaches death (Greyson, 1985; Morse and Perry, 1994; Osis and Haraldsson, 1977). Dying patients not yet at the brink of death frequently report seeing "the light" in their rooms, and visitations by angels and beloved dead friends and relatives. The appearance of NDE phenomenology in these premortem periods implies that the same states of consciousness that appear during the death process can begin to operate whenever a person becomes cognizant that his or her life will end. When people who have already experienced these states of consciousness begin their death process, they will be familiar with and less likely to resist many of the percepts they encounter.

The OBE at the beginning of many NDEs might function to convince the dying person that he or she is dead. Through much of our evolutionary history, deaths were often traumatic. Males often died violently, during war or on hunts. Women, as we tend to forget in our safer, modern times, often died in childbirth. Autoscopic OBEs would permit the experiencers to look back on themselves and see a very distressed corpse.

In Thailand and India, on the other hand, NDEs are more likely to commence with a visitation by a Yamatoot, a messenger of Yama, the

lord of the dead (Murphy, 2001; Pasricha and Stevenson, 1986), than with an OBE. Resistance to the summons of a Yamatoot is futile. Fear of Yamatoots occurred frequently in Karlis Osis and Erlendur Haraldsson's (1977) study of premortem states in India. It is possible that the incidence of distressing NDEs varies from one culture to the next. Within Western culture, it is also possible that in past centuries, when many more death processes were hellish than at present (Greyson and Bush, 1992), the Grim Reaper served as a Western analog of a Yamatoot, and that Europeans once ran from the Grim Reaper as Hindus sometimes run from the Yamatoots sent to take them.

The typical "core" NDE progresses to the tunnel or void after an autoscopic OBE, in which one continues to sense an environment. These experiences might indicate that sensory perception has ended, and that the defense mechanisms valid in states that accompany sensory perception are now obsolete. The symbolism of the tunnel as a transition from one "world" to another in NDEs has already been explored (Chari, 1982). Perhaps the tunnel or void reflects a state of consciousness that functions to take one from sensory perception to wholly endogenous percepts.

The appearance of dead beloved friends and relatives might evoke the feeling that it is all right to be dead. Feelings of loneliness, separation anxiety, feelings of being abandoned, guilt at leaving those who are dependent on us, or grief at the loss of beloved living people might be mollified by the creation of an inner, death-contextualized, social environment. One could feel safe there and thus be less likely to resist out of fear.

The *being of light*, which typically precedes or appears at the same time as the life review, might function to prevent resistance. The all-pervading love and feelings of acceptance the being of light evokes is incompatible with the negative affect created by resistance.

Conclusion

NDEs can be viewed as an algorithmic process that alters the many states of consciousness possible at the time of death so as to produce first, the life review, and then the "point of no return." There can be positive or negative affect in any near-death state of consciousness, although the states will tend toward the positive affect that decreases resistance to the experience. I propose that the life review has a special function: to sort out behaviors to repeat in future lives from those to avoid.

An enormous amount of work needs to be done for the present hypothesis to be developed into a theory. The list of grammatical "rules of thumb" needs to find a more rigorous expression, and it needs to be expanded to include other rules, most obviously those culture-bound effects specific to major cultural groups. Some age-specific NDE features have been noted, but there may be features characteristic of specific phases of life: Are there common elements in the NDEs of newlyweds, of adolescents, of pregnant women? A classification system for the factors that influence the succession of states of consciousness needs to be devised and tested, beyond the obvious factors of age, culture, psychological set at time of death, expectations regarding what death will feel like, and the length of time one has to anticipate one's death. When we consider how young and how poorly funded NDE research is, it seems reasonable to assume that there are determinative influences still waiting to be discovered.

Predictions and Applications

Before considering the potential applications of my hypothesis, we should note that the validity of an hypothesis is determined not by its initial applicability but rather by its falsifiability. One prediction of the present hypothesis is that NDEs of all cultures will exhibit a typical sequence. The notion that karma is a set of states of consciousness, coupled with observations that there are magnetic components and/or bases for states of consciousness (Persinger, 1994), predicts that the brain might emit magnetic signals at some point in the death process. If these signals are propagated within the earth's magnetic field, then we are left with the prediction that the intensity of these signals should be within the range of the constant (steady-state) values for the geomagnetic field (Persinger, 1995). If so, then the geomagnetic field might serve as the medium for karmic signals. Interactions between geomagnetic phenomena and NDE experiences have been noted in the literature (Persinger, 1995). Failure to find such signals emitted from a dying brain (once we have developed the technology to read them) would cast doubt on my hypothesis.

A research implication of the algorithmic NDE hypothesis is that NDE phenomena need to be catalogued in order to provide a database that can allow researchers to analyze and classify the states of consciousness involved in dying. Eventually, perhaps, therapists might devise treatments for the post-NDE personality syndrome (Atwater, 1988) directed not at the aftereffects of NDEs but rather at the

aftereffects of the specific states of consciousness experienced during specific events. The understanding that death will involve multiple states of consciousness, each one played out as a distinct experience with deeply meaningful content, may reduce death anxiety in those terminally ill people who experience premortem altered states of consciousness. For example, understanding the functions of the various kinds of hellish NDEs might lead to techniques in premortem psychology that would allow the identification of those at risk and counseling to reduce their risk. If premortem and postmortem altered states are as similar as their similar phenomenologies imply, then the affects associated with those states before death will be the ones most likely to occur after death.

One final distant possibility, so improbable as to invite dismissal by many scientists, could nevertheless produce vast benefits for humanity. Purportedly miraculous cures are sometimes reported following NDEs. Terminally ill patients sometimes report that they were visited by an angel who told them they were healed, and thereafter there was no sign of a tumor or their T-cell counts rose dramatically. Isolation of the state of consciousness associated with this phenomenon and identification of its manifestations and predisposing factors might open up avenues of research into "miraculous" cures. Recognition that such miracles are correlates of specific states of consciousness might allow common factors associated with such cures to be discerned, which might in turn suggest ways to induce those states in a clinical setting. Chinese medical tradition has recorded many such cures associated with poisonous mushrooms, some of which, in small enough doses, act as hallucinogens (Bernard Yeh, personal communication, 1988). Many NDE phenomena have been induced in a laboratory setting by the application of low-intensity complex magnetic signals to the temporal lobes (Ruttan, Persinger, and Koren, 1990). If the state of consciousness in which miraculous cures occur can be induced by stimulation of the temporal lobes with magnetic signals, the induction of such states could be added to the tools of modern medicine.

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BOOK REVIEW

Harold A. Widdison, Ph.D.
Northern Arizona University

Experiences Near Death: Beyond Medicine and Religion, by Allan Kellehear. New York, NY: Oxford University Press, 1996, 230 pp., \$25.00 hb.

Allan Kellehear is an Australian with a Ph.D. in sociology and numerous publications to his credit. In this book he attempts to examine the near-death experience (NDE) from a sociological perspective. If you are looking for a book reporting new NDEs, or a book that documents the validity and reliability of the near-death experience, this is not the book for you. But if you are looking for a new approach to studying the implications of the near-death experience for the individual and society, then you would find this book informative. Although it has some limitations, I would recommend this book because of its unique approach.

As he noted in the preface to *Experiences Near Death*, it is Kellehear's intention not to get caught up in a medical versus religious debate as to the validity or origins of the experience:

We do not see or think in totally neutral ways. Our ways of understanding are colored by an assortment of hopes and troubles, both private and public. Thus, the central question I am posing in this book is: what does the NDE, and the community and academic reactions to it, look like in various contexts? This question enables us to go beyond the popular medical and religious images of the NDE, to challenge their relevance and, at times, even their validity.

I have attempted to break away from the polarized and restricted parameters of religious or medical debate, a debate no one seems capable of winning, to address these social and cultural meanings of the NDE. (pp. vii-viii)

Harold A. Widdison, Ph.D., is Professor of Medical Sociology in the Department of Sociology at Northern Arizona University. Reprint requests should be addressed to Dr. Widdison at the Department of Sociology, Box 15300, Northern Arizona University, Flagstaff, AZ. 86001; e-mail: Harold.Widdison@nau.edu.

Kellehear assumes that people in general know what a sociologist is. As a practicing sociologist of many years, I can attest that this assumption is incorrect, at least in the United States. In chatting with people with all levels of education, and from many social classes and religious backgrounds, I have discovered that misperceptions about sociologists and what they are and do are legion. Sociologists are most likely to be confused with social workers, clinical psychologists, counselors, socialists, welfare workers, and even personnel managers.

To confuse the issue further, there are radically divergent perspectives even within the field of sociology and between sociologists. It would therefore have been very helpful to the reader had Kellehear begun this book by informing the reader how sociologists view the world in general and then gone on to describe his specific approach to the study of human behaviors, that is, his sociological orientation. It was not until Chapter 3 that he specified that his research strategy is phenomenological, although many sociologists would classify him as a symbolic interactionist, which is a sociologist who studies the meaning of experiences from the standpoint of the experiencer. And it is not until the appendix that Kellehear explains what a sociologist is and does. Placing that information at the beginning of his book would have made it easier for nonsociologist readers to put into perspective what Kellehear is doing and why it makes sense to approach the NDE in the manner he does.

Kellehear starts his examination of near-death experiences by identifying and studying the popular images of the classical western NDE. He concludes his brief analysis by noting that these images have three features in common:

1. Most observers treat the NDE as a single well-defined entity.
2. They all assume that there are only two ways to understand the NDE: religious—in terms of life after death; or medical—in terms of the dynamics and mechanics of the brain and/or the unconscious.
3. Most ignore the *social* dimensions of the NDE, its popular attraction, and its academic explanations. Rarely considered is the fact that features of the NDE, as well as its popular appeal and its explanations, are dependent on social and political contexts. (pp. 4–5)

To facilitate his analysis, Kellehear identifies the main features of the Western NDE as outlined by Raymond Moody in his classic book *Life*

After Life (1975) and by other researchers, but he limits his subsequent analysis to only two features, passing through a dark tunnel and experiencing a life review. He uses these two attributes to compare and contrast NDEs across cultures. The specific cultures he analyzes included China, India, Guam, Western New Britain, Native America, Aboriginal Australia, and the Maoris of New Zealand. The vast majority of the data he uses are published materials, which greatly limits the conclusions he can draw. Nevertheless I was looking forward to how these radically different cultures were reflected in their NDEs. But his analysis was very abbreviated and limited to a search for the two core elements. What he discovered was that while there were commonalities between some cultures, major differences did occur, particularly in reference to the lack of the tunnel experience and the life review in nonWestern societies/cultures. He does acknowledge that his analysis is tentative and that the cases were collected by different researchers using very different methods, and that the data are sensitive to different aspects of the NDE in radically different societies. In addition, Kellehear acknowledges: "Language translation is also a problem. Not all words or phrases have an English equivalent. Indeed, not all social experiences are translatable, particularly out of their contexts" (p. 39).

Kellehear suggests that using social settings to place NDEs into a social context would be very illuminating. The conceptual context he feels could be most useful would be that of crisis:

I suggest that the key to understanding the NDE is to examine this experience in its social and environmental contexts. NDEs are crises, much like the experience of bereavement or of being lost in the desert or at sea. When we see the NDE as a crisis, we start to see the psychological and social effects of strange circumstances. We begin to see and appreciate what our usual responses are to a major disruption of our taken-for-granted world and its meanings. When certainty deserts us, we do not always find ourselves alone and adrift. (p. 20)

He then suggests that looking at NDEs as crises allows us to see them "as merely one type of crisis experience that displays a wide range of individual and social features" (p. 21); to identify the "particular features of a crisis [that] allow one person to reconstruct and transform his or her life while another person is overcome and destroyed by it" (p. 21); and "to recognize that death has no monopoly on personal change, insight, wisdom, or the paranormal, however we may define each of these" (p. 21).

In Chapter 3, Kellehear attempts to demonstrate that it is the perceived social circumstances that play the crucial role in creating the experience:

I am principally concerned with the sense and meaning that the experiencer constructs from the experience rather than its possible causes. This pursuit of social meaning will necessitate locating the NDE within a context of other social experiences of a similar type. There are two reasons for doing this. First, I acknowledge the sociological axiom that the private meanings of individuals are best understood when placed in a cultural context. Second, and flowing from the first point, NDEs should be seen as a member of a group of social phenomena because they have similar consequences for the experiencers and their social networks. (p. 43)

To facilitate his analysis he uses the idea of status passages. That is, people occupy numerous positions at home, at work, and in other situations; and all of these positions are temporary. As individuals grow and gain new experiences, they leave one position for another: home for school, school for employment, and so on. Using the ideas of Barney Glaser and Anselm Strauss (1965, 1968, 1971), who wrote several books on death and dying, he argues that dying is a status passage, one that is usually unanticipated and one in which the social behaviors associated with the dying process are usually unprescribed, undesirable, and involuntary. He then goes on to show how the NDE fits these criteria.

In Chapter 4, Kellehear shows that being shipwrecked on a desert island and having an NDE both fit the criteria of a status passage:

Seen as status passage, near-death experiences become social experiences at the peripheries of society which are responsible for some kinds of identity transformation. Status passage as a sociological theory demedicalizes the near-death experience by emphasizing the importance of social context and comparative social analysis. Furthermore, this connecting of clinical NDE with other social NDEs, and the linking of context with reaction, allows us to see how the social shapes the psychological experience of the dying. These are the kinds of ways status passage contributes to our ongoing analysis of the NDE. (p. 55)

Also in Chapter 4, Kellehear looks at how those in small communities and in larger societal settings have given overwhelming acceptance of and support for the NDE.

In Chapter 5, he looks at why the NDE has become such a popular phenomena among many people in contemporary Western societies. He

suggests several trends that seem to be associated with a shift away from scientific explanations:

...the changing experience of death due to rising life expectancy; advances in resuscitation techniques; the impersonal nature of modern death; the growing interest in matters concerning death; changing attitudes toward former social taboos; dissatisfaction with traditional religions; growing skepticism toward institutional authority; and the consequently rising interest in personal testimony and experience. (pp. 98–99)

In Chapter 6, Kellehear examines the NDE in a number of social/cultural contexts to discover what they reveal about their conception of what constitutes the utopian or ideal society. While NDEs differ in some respects from experiencer to experiencer as to what they saw or experienced, those aspects of the NDE that were found to be universally attractive to a vast array of individuals from widely divergent societies were “order, cooperation, kindness, and learning” (p. 114).

Kellehear discusses the “rhetoric of neuroscience” in Chapter 7. He attempts to demonstrate that the claim of value-free neutrality in medical and scientific research is not always adhered to, especially when NDEs become the research focus. He uses quotes from various scientists to document a lack of neutrality, in which words such as “logical,” “illusion,” “rationality,” “credibility,” “dysfunction,” and “abnormal states” typify a mindset that is clearly established prior to examining any data relating to NDEs. Kellehear concludes that the NDE has become a foil in the struggle between science and religion. Science defines the NDE as religious in nature and hence at odds with science. Religious ideas are seen as trivial explanations and holding little or no credence. Nevertheless, most scientific theorists and researchers demonstrate “a strange preoccupation with [religious ideas and practices]—a preoccupation that has a long tradition” (p. 133).

Kellehear then summarizes why the NDE is increasingly accepted by members of the general public. As to death and dying, physicians and medical researchers restrict their efforts to understanding what happens to the body as it dies. But their focus is limited to the chemical and physiological processes, which do not help the dying or their families:

... if neuroscience wishes to enter the *philosophic* domain, to claim that NDEs—or smiles or dreams—are *nothing but* physical mechanisms, it will need better and more credible equipment for its purposes than mere physics, chemistry, and rhetoric. (p. 139)

In Chapter 8, Kellehear uses a sociological analysis of the children's story, *The Velveteen Rabbit* (Williams, 1922), to look at the symbolic meaning of death and the NDE. He concludes his analysis by citing a quote from the work of Carol Zaleski (1987, p. 191):

"When one judges a symbol, one cannot say whether it is true or false, but only whether it is vital or weak," and this depends on its "capacity to evoke a sense of relationship." Few of the millions of readers who have read or heard *The Velveteen Rabbit* since its appearance in 1922 accept the literal meaning of Rabbitland. But even fewer would argue against the social message of the story. Those of us who do not believe that love can triumph over loss wish nevertheless that it could. And that very desire to look again at the universal mystery of love and death continues to breathe new life into the story of *The Velveteen Rabbit* and to ensure that our relationship to tales of rebirth, of transcendence of death, remains vital and relevant. (p. 154)

Chapter 9 presents Kellehear's case for the viewing the NDE as a subcategory of crisis. He restates his objective, that it is his intention not to enter into the debate between science and religion (although it appears to me that he did so in Chapter 7, "The Rhetoric of Neuroscience"). His intent in writing this book is to put the NDE into its social context, to examine the NDE's implications for the individual and society and the meanings that have evolved from it. As meanings evolve, they have implications for individuals through actions, and explanations for critical events. Kellehear derives six postulates, although he does not name them as such:

1. "NDEs can be seen as unusual experiences in unusually stressful circumstances. NDEs are not simply medical phenomena" (p. 155).
2. "For NDEers, the experience is one of a number of personal crises that most, if not all of us, may endure during our lives" (p. 156).
3. "Each fragment of the familiar has a kernel of the unfamiliar that gives all situations a slight tension. But for nearly all of us at some stage of our lives, this fiction of the predictable sooner or later unravels because life is invariably greater and more unpredictable than our best-designed plans and responses" (p. 157).
4. "A crisis has been described as a transitional period in life, a turning point in values or attitudes when confronted by an 'unfamiliar obstacle in life's path'" (p. 157).
5. "The concept of crisis then, described in this way, must be assumed to be neither an abnormal psychological or social situation. This is because it *does* occur regularly, despite being conceived and rationalized as uncommon by our daily habits of thought and

practice. Crises are a usual part of life, however unwelcome that thought may be. In this way, NDEs are important to examine not simply because of their death imagery, but also because they are yet another crisis that disrupts our lives despite our best efforts to avoid them" (pp. 157-8).

6. "Crises are of interest both psychologically and sociologically because they represent *stressors* for the individual and society" (p. 158).

Kellehear then summarizes how people in crisis may experience their lives (phrasing and spacing his):

Unusual physical or social experiences can provide a deep, disturbing or disorienting sense of
Social separation. This can be viewed as the obstacle to overcome, a problem associated with a
Perceived danger to the self or the self-concept and hence
A sense of helplessness and uncertainty of survival. This might prompt
A tendency to review of one's life and
Unusual perceptual experiences. This can lead to
major personal reorganization or breakdown. (p. 158)

Kellehear examines the preceding features of the NDE to show their applicability and then ties in the clinical NDE with other types of crisis type experiences and how and why they transform the experiencer:

Crises show us all, at some time, the need to review our taken-for-granted meanings about the world—about work, relationships, health, money, certainty and uncertainty. They prompt us, usually with considerable force, to change those meanings so that they can provide greater, perhaps truer, understanding. (p. 164)

I found Kellehear's attempt to initialize sociological concepts and theoretical constructs both innovative and instructive. Rather than get caught up in a fruitless debate as to why NDEs occurred, his approach lets us stand back and view the NDE in its social context. For this factor alone, it is a book that needs not only to be read, but to be studied. In spite of my enthusiasm for his book, however, it has some problem areas.

Let me list seven items that I believe Kellehear either ignored or minimized in order to make his point. First, based on the hundreds of people I have interviewed, the more than 500 books relating to near-death experiences, and thousands of articles, diaries, and journals I have read, I do not find the clinical NDE he uses in his analysis to be

typical of Western or any other NDE. The majority of people who have NDEs report neither passing through a tunnel nor having a life review. I have heard of only a few children going through a tunnel or anything even resembling the equivalent of a tunnel, and only two who had a life review. So his "clinical NDE" appears to be a straw man that does not fit any cultural group.

Second, most NDEs are not the result of crisis or viewed by the experiencer as a crisis. This is especially true of children, although those NDEs that were the result of a child being brutalized in some way come the closest to being what could be considered a crisis. NDEs associated with sudden deaths, deaths sought by the elderly and terminally ill, and deaths resulting from attempts to save someone, do not seem to fit the crisis mold. One could, of course, argue that death or experiencing near-death, by definition, results in crisis; or that if a sudden and unexpected major change occurs in the individual, then the individual must have come close to death and hence a crisis must have occurred.

Third, major transformations do tend to accompany close encounters with death. But major death-related transformations can occur without the individual personally experiencing near-death.

Fourth, some transformations are so profound that serious relationship problems arise. Adjustments are difficult, self perceptions are altered, and the experience so traumatic and dramatic that the person no longer sees him- or herself or the world the same. This would seem to fit the crisis model; but unlike floods, earthquakes, and other natural disasters, which are negative, for many NDEers the experience itself is positive.

Fifth, I believe that the NDE is a much broader phenomenon than "crisis." To restrict the NDE to an analysis of the psychological, cultural, or even physical effects is to miss the entire meaning of the experience. Listening to the meaning of the experience *to the experiencer* reveals a totally different dimension than our four-dimensional universe. To them it is more real than our physical universe with different laws governing time, space, and actions, a universe characterized by love. Kellehear hinted at this in Chapter 6, "In Pursuit of the Ideal Society," but I would have liked to see him develop it more completely.

Sixth, in his attempt to document that those in the physical and medical sciences violate, often in subtle ways, the canons of objectivity in assessing NDEs, Kellehear implies that he (and by extension sociologists in general) rise above such problems. I can testify personally that sociologists are far from being value-free and totally objective in their research. There is a general truism that

there is no such thing as an unbiased conclusion. Inevitably, the cultural background, religious beliefs (including those of agnostics and atheists), experiences, education, and societal conditions impact on our perceptions and conclusions. In his efforts to make his point, Kellehear comes across as being a bit dogmatic, as when he chides those who engage in the religion-versus-science controversy with the observation, "Why, then, except for reasons of ideological bigotry, should anyone continue on in this direction?" (p. 173).

Finally, rather than limiting crosscultural comparisons to the tunnel and the life review, I wish Kellehear had created a composite of what those in divergent cultures report; shown the commonalties between the cultures and, where they exist, the differences; and then discussed how these differences reflect cultural meanings and perspectives. For example, I would have liked to have read Kellehear's perspective on how the Being of Light is identified in different cultures; who it is that meets experiencers at the moment of death; where they are taken; whether they are escorted and by whom; whether people of different cultures have both positive and negative NDEs; what the appearance of the afterlife is like; for those who did have some sort of a life review, are they the same across cultures?; why experiencers come back; whether individuals from different cultures are impacted or transformed in the same ways by their NDEs; and how NDEs are accepted across all societies.

Kellehear's examination of scientific, academic, and religious attempts to explain the NDE is interesting and informative. However, in places he seems to fall prey to the various faults he sees in the major players. Kellehear devotes three times as much space to the problems associated with the scientific and medical explanations than he did to religious explanations. Perhaps he felt that the current prestige accorded medicine and science necessitated such attention.

Kellehear concludes his book with the exhortation "Let us not forget that academic narratives (theories) are intellectual stories that attempt to bring seemingly *disparate* elements of experiences *together*" (p. 172) and the observation:

Not for nothing, then, is it more meaningful to return to the NDE as we know it and ask, as C. Wright Mills asked in a similar fashion some thirty-five years ago: how can the personal crises of ordinary people be linked to their cultural traditions and biographical circumstances, and explained in terms of their intersections within psyche and organism? For the NDE as personal experience and as scholarly study, this is the only question with a genuine future. (p. 173)

In conclusion, *Experiencing Near Death* is a unique and novel approach to the study of the near death experience. It is the only book I am aware of that attempts to look at NDEs as part of a larger cultural experience. I think that Kellehear would agree that this book is a preliminary exploration, and that subsequent efforts need considerable refinement before the use of crisis as a theoretical construct in the study of NDEs could become in any way definitive.

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BOOK REVIEW

Leon S. Rhodes
Bryn Athyn, PA

Visitations from the Afterlife: True Stories of Love and Healing, by Lee Lawson. San Francisco, CA: HarperSanFrancisco, 2000, 224 pp, \$22.00 hb.

Lee Lawson, the author of *Visitations From the Afterlife*, says of this book about communication with deceased loved ones, "These visitations are love letters from the infinite." The more than 80 experiences she has collected greatly extend the concept of the near-death experience that emerged more than a quarter of a century ago, when Raymond Moody reported that people who had "died" reported supernal visions of their own bodies and of a glorious realm of love and beauty. Each experience unique, individual, and personal, the effect around the world was enormous and resulted in the formation of the International Association for Near-Death Studies and expanded our awareness of higher levels of consciousness, such as the out-of-body experience. *Visitations From the Afterlife* proclaims that after-death communications are even more common and affecting than other extraordinary states of consciousness.

Lawson's reporting of the numerous people who have heard, seen, or experienced contact with friends or relatives is more than a mere cataloguing. She has arranged her messages into significant categories and explained the circumstances and the impact of these brief but powerful reunions. These accounts reaffirm the reality of a higher realm and of life's continuation, with life-changing consequences and a cheering assurance to everyone that death's somber mien is far less real than the joyous and loving link with those we love.

Leon S. Rhodes is an independent writer, editor, and lecturer who has focused on the near-death experience and the teachings of Emanuel Swedenborg. Reprint requests should be addressed to Mr. Rhodes at Box 23, Bryn Athyn, PA 19009.



Letters to the Editor

The Theory of Essence

To the Editor:

I carefully read Kenneth Arnette's third paper on the theory of essence (Arnette, 1999), in which he referred to some of my comments (Krishnan, 1999) on his second paper (Arnette, 1995). I am afraid that I now cannot help come to the conclusion that there is no entity that answers to his description of the essence.

Before proceeding further, let me point out that, contrary to Arnette's claim (1999, p. 76), I have not said that the essence is material. What I have said, stating reasons, is that all the constituents of the universe are composed of the same order of stuff and therefore, all phenomena should be explicable in terms of interaction of entities belonging to it. It is inconsequential whether we call it matter or something else, because we lay down the criteria for considering what matter is, and there is nothing unalterable about those criteria (Krishnan, 1996). Today I would put the issue in this way: As there is only one order of stuff, we may call it what we like—matter, spirit, God, or something else—provided we keep in mind that conventional meanings of these labels do not apply. I might add that since I have pointed out that we do not know exactly what matter is (Krishnan, 1999), it should be clear that I could not have said, or meant, that the essence is material.

According to Arnette (1992, pp. 16–17), the essence is the same as what is popularly called the soul or spirit in some cultures. There is no agreement among the believers on questions about its characteristics, origin, and so on; however, they all seem to hold that it is the factor that is ultimately responsible for animating a person and, being the source of life, it is everlasting. I assume that Arnette also accepts this view because he has said that it is the "seat of consciousness" (Arnette, 1992, p. 17) and it is indivisible (Arnette, 1995, p. 95). (Anything indivisible obviously does not break up and perish.)

This traditional view of the essence gives rise to a number of questions. For example, how does the essence come into existence? Arnette did not answer this question, but described only where it comes from, that is, "other universes" (Arnette, 1999, p. 87). But is there

more than one universe in reality? I raise the question because the word "universe" is usually used in the sense of "all that is." However, if Arnette was employing the word in any special sense, he should reveal that sense and explain the criteria he used for distinguishing one universe from another, as well as how the characteristics or laws of the place of the essence's origin shape its properties.

It is unclear what to make of Arnette's claim (1995, p. 87) that the essence comes to "this universe" to join with a body. Did he mean that the body comes into being before the arrival of the essence, that is, independently of the animating factor? If so, what is the role of the essence in the life of a person?

Equally enigmatic is the suggestion that body-essence interaction is through their respective electric fields (Arnette, 1995). If the body can produce an electric field in order to interact with the essence, does that not mean that it can function without the essence?

Yet another problem is the proposal that the essence is indivisible (Arnette, 1995, p. 95). As pointed out earlier, that suggests that the essence is eternal, unlike any other object known to us. Said another way, essences and the rest of the objects in the universe are composed of two different orders of stuff. But this cannot happen, as there is only one order of stuff. Arnette (1995, p. 96) seemed to agree that the universe is monistic, in the sense I have explained monism, for he wrote that although essence and body are "extremely different," they have something in common. Entities with some common properties cannot be said to belong to different orders of reality.

The foregoing comments are, I think, enough to show that Arnette did not provide verifiable answers to the issues of how the essence comes to be, what it is composed of, and what purpose it serves. We have therefore to conclude that it does not exist. It follows that the explanation of all phenomena that Arnette attributed to essence-body interaction is to be found in body-based processes themselves. This is consistent with the monistic nature of the universe as I have interpreted it, and also with the proposal made by several scientists in recent years (for example, Jantsch, 1980; Prigogine, 1980) that living systems are self-organizing systems.

Finally, I think that Arnette (1999, p. 78) has been rather too hasty in stating that near-death experiences have no survival advantage. I have pointed out how many of the elements of the NDE could be viewed as survival mechanisms (Krishnan, 1985), and so far as I know neither Arnette nor anyone else has shown that my arguments are without substance.

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V. Krishnan
P.O. Box 1863
Kaloor
Cochin 682017
India

Response to Krishnan

To the Editor:

I thank V. Krishnan for his continued attention to my theory of essence. I would like to address briefly a couple of questions he raises in his letter. First, on the meaning of "universe," I agree that the best definition of this word is "all that is." However, often the term "universe" is used to denote the spacetime that is observable from Earth. This usage is admittedly somewhat confusing, as it allows us to speak about several examples of "all there is," which, of course, is nonsense. I actually prefer the term "spacetime," as it allows for more than one to exist. Thus, I, along with many theoretical physicists, see our observable universe as one of many possible spacetimes.

Second, on the meaning of "dualism," I have explained my definition of this term in my third article (Arnette, 1999). I agree that the distinction between "physical" and "nonphysical" is vague and that those terms are best disposed of. I also agree, in perhaps a different sense than Krishnan intended, that there can be only one order of "stuff." My most honest and deepest view is that consciousness is the most basic stuff, and that everything else flows from that: matter,

energy, and other substances that are different from matter. So I agree with Krishnan that the differences between essence and body are differences in properties; but the basic point that makes my theory of essence dualistic is that I believe the mind survives the physical death of the body.

Finally, I agree with Krishnan's statement that there is a "surviving factor" that contains a record of information. But I believe this factor to be the very consciousness of the individual, and I believe that data from near-death experiences (NDEs) demonstrate this. Krishnan's questions and ideas about exploring the nature of this factor are directly in line with the future direction of my thought and research. I intend to combine NDE data with data from another anomalous experience: after-death communication (Guggenheim and Guggenheim, 1995). From my perspective, these communications are direct contacts between living people and departed essences. I think that we can indeed learn a lot about the postmortem state of existence through these experiences.

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J. Kenneth Arnette, Ph.D.
Department of Psychology
Eastern Washington University
Martin Hall 151, MS-94
526 5th Street
Cheney, WA 99004-2431
e-mail: jarnette@ewu.edu

Review of *On the Other Side of Life*

To the Editor:

In the Winter 2000 issue of the Journal, Emily Williams Kelly reviewed my book, *On the Other Side of Life*. Here, I would like to respond to some of her criticisms because I think they are either

unfair or unfounded and thus may fail to give the reader an accurate assessment of this volume.

Let me begin by asserting that I wrote this book because I wanted to *read* such a work, namely, a cross-disciplinary exploration in the form of dialogues that could inform me about the standpoint of science and philosophy regarding near-death experiences (NDEs). Over several months, I conversed with distinguished scholars in the fields of psychology, physics, biology, neurophysiology, theology, and philosophy; and because of the perspicacity and intellectual range of my interlocutors, I believe they did help to articulate new and useful concepts for the theoretical and philosophical understanding of NDEs.

Now, in fairness to this book, it should be noted that I began the research and writing for *On the Other Side of Life* fully ten years ago. As far as the data are concerned, NDE research has certainly provided many findings since then, which of course would have been taken into account were the book to be written today. Still, as far as the views are concerned that were proffered by the eminent personalities I interviewed, I do not think they have lost any of their value because they address many of the perennial factors that need to be taken into account in any comprehensive explanation for NDEs, such as the nature of NDEs, brain functioning, and consciousness itself, as well as the relation of quantum physics to NDEs. The meaning and the mystery of NDEs have certainly not yet been entirely unveiled and will not be for a long time, if ever.

Kelly wrote that she found herself "becoming increasingly uncertain and uneasy about the extent of Valarino's exposure to or knowledge about near-death research" (p. 124). I would like to stress that, apart from the fact that the book has been written some years ago, the *place* where I wrote it is not insignificant either. I live in Switzerland and NDEs were poorly known in my country some ten years ago. Although I had access to Anglo-American NDE literature and was in contact with some researchers at that time, as a newcomer to the field I did not then know the large circle of NDE researchers and NDEers whose collegial friendship I enjoy today. The NDE knowledge I have acquired in this past decade is, I trust, present in my latest NDE book, which I finished only a month ago.

As for the interviewees, Kelly wrote that they were "for the most part, too uninformed about the phenomenon of NDEs to keep the discussion anchored in the reality of what we currently know about NDEs" (p. 123). I do not think that the NDE expertise of Kenneth Ring, with whom I

conducted the longest of the six interviews (75 pages), can in any way be questioned, so I will not comment further on that point other than to raise a quizzical eyebrow at the use of Kelly's adverb, "apparently" (p. 124), in connection with his prominence in the field. As far as the other five interlocutors are concerned, it is true that they are not NDE specialists themselves, although they have a good understanding of the phenomenon. On the contrary, they were chosen precisely for the eminence they had achieved in *their* specific fields so that the reader could benefit from their insights about the NDE phenomenon from the perspective of their own professional specialities.

Kelly objected that "Not only Monsignor Vernetto, but Girard, Vincent, and Chauchard seem to be committed Christians to some degree" (p. 124). Except for Jean-Pierre Girard, who is Swiss, all these persons are French and more than 90 percent of the French population belongs, however nominally, to the Catholic faith. That is hardly a problem in itself inasmuch as all of them stated very clearly what their beliefs were and, because of their intellectual integrity, these beliefs definitely did *not* interfere with their scientific reasoning and reflection. Therefore, the reader is hardly being exposed to any covert influence attempt in this regard. My only regret concerning the choice of my interlocutors is the fact that none of the skeptical scholars I contacted agreed to be interviewed. This was a pity because I had been very eager to include a wide spectrum of perspectives on the NDE in my book.

Another of Kelly's criticisms concerns the two short testimonies I included at the beginning of the book in order to illustrate the theoretical description of NDEs I provided. She wrote that "the two experiencers interviewed seem odd choices . . . since neither of them had a particularly rich experience" (p. 124). I do not think there is such a thing as an *uninteresting or poor* NDE. I believe all of them are valuable and worth being looked at and they certainly have a deep importance and meaning for the NDEr. The "odd choices" were the following: a drug addict who was able to quit using drugs nine months after undergoing his NDE, after 20 years of heavy drug addiction (I was mostly interested in the aftereffects of this NDE), and a professor of medicine who, as a result of an allergy, suffered a heart attack following a bee sting and who certainly had the necessary intellectual discernment to analyze his NDE with the critical and trained mind of a scientist. Truly, I *do* think most readers would find these testimonies most worthwhile, even if Kelly failed to be impressed with them.

In Chapter 2, "Analysis of the NDE and Its Successive Stages, Illustrated by Experiencer Accounts," I broke the phenomenon down

into 31 components, and then commented on and illustrated them by reference to testimonies of people who have undergone NDEs. Those quotes are, in Kelly's words, "based almost entirely on Ring's book *Heading Toward Omega* (Ring, 1984) [Melvin Morse's *Transformed by the Light* (Morse and Perry, 1992) and Raymond Moody's *Life after Life* (Moody, 1975) are the only other works cited]" (p. 124). Indeed, I quoted exclusively from those books for a straightforward reason any author would understand: *On the Other Side of Life* has been published in 11 languages so far, including Chinese, and it simply was more convenient for copyright permission purposes to limit quotes to three books only. In any case, I can certainly reassure Kelly that I *did* read more than just those books, as the large bibliography (21 pages) will attest. And purely for reasons of space in an already long book, I chose to limit my bibliography to books and therefore did not include NDE-related articles in my very long bibliography; but that does not mean I did not read them!

Another of Kelly's somewhat captious criticisms concerned my discussion of the life review, whose general importance in the NDE scheme of things she seemed to question. In her remarks, however, she completely missed the point by *conflating frequency of occurrence with significance*. Obviously, how often a particular feature of the NDE occurs is merely a statistical parameter, and in itself says nothing about its importance either to the experiencer or to those of us who hope to learn from NDEs. (And even here, Kelly's own figures can be challenged; Bruce Greyson [1990], for example, found evidence for a life review in about a quarter of his NDE respondents.) In this connection, it may be useful to mention Ring's discussion of this phenomenon in our recent book (published after *On the Other Side of Life*), *Lessons From the Light* (Ring and Elsaesser-Valarino, 2000), where he devoted two entire chapters to the life review and clearly established its credentials as one of the deepest sources of ethical insight that stem from the NDE—which only confirms the essential argument I had striven to make in *On the Other Side of Life*.

I would like to refute another of Kelly's criticisms. She wrote that "For example, she perpetuates the popular belief that NDEs occur when a person is 'clinically dead'" (p. 125). On the contrary, on the first page of *On the Other Side of Life*, I very clearly declared: "This immediately gives rise to the question of what is meant by 'death,' which is indeed a difficult concept to define . . . Consequently, I have avoided using the term 'clinical death' and have kept to the more vague notion of 'near-death state.'"

Finally, I want to respond to Kelly's reproach that "Valarino's objectives seem much more evangelical than scientific" (p. 128). That is an easy rebuke to make, I suppose. Of course, I do hope that my way of presenting the near-death experience will be perceived by most readers as scientific in tone. Certainly, I can attest that all of my interlocutors (except Monsignor Vernetto) are university professors and undertook their analyses of the nature, meaning, and implications of the NDE from a scientific point of view. However, on a personal note, I will just conclude by saying that after having studied NDEs for so many years now in a very intensive way, my own fascination with them only grows stronger, as does my belief that it is very important to talk and write about NDEs and to allow those interested to get more deeply acquainted with this transcendental experience. It is then ultimately their responsibility to find deep down in their hearts the meaning and personal implications of NDEs for their own lives. Of course, my book was written with this end in mind, and I trust that most readers will find it useful in that regard.

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Evelyn Elsaesser-Valarino
Directrice
Bibliothèque de la Faculté de droit Uni Mail
Bd. du Pont-d'Arve 40
CH-1211 Genève 4
Switzerland
e-mail: Evelyn.Valarino@droit.unige.ch

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