Combat-Related Near-Death Experiences:
A Preliminary Investigation

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ABSTRACT

This paper reports on a continuing study of the near-death experience (NDE) occurring among those who were clinically dead or close to death as a result of combat operations. Volunteers were obtained through a series of announcements in national military publications. Elements of the prototypical NDE seem to be reflected in the combat NDEs reported, but full integration of the experience may be retarded by the need to integrate other traumas arising from the individual's battlefield experiences. These cases require particularly supportive and non-judgmental interviewing, to include appropriate follow-up. Some suggestions are made for application in training and counseling. Conclusions will be presented in a later paper, upon completion of the study.

INTRODUCTION

Since the more popular awareness of near-death phenomena that began with the publication of Raymond Moody's anecdotal survey (1975), a number of additional surveys and systematic studies of the topic have been published (Gallup, 1982; Kastenbaum, 1979; Lundahl, 1982; Ring, 1980; Sabom, 1982), and others are in progress. Much of the research to date has focused on the experiences of the general population, with a significant portion of the data being gathered from interviews with those hospitalized with various illnesses and trauma.

Although investigation of the near-death experience (NDE) is still in its beginning phases, the work reported thus far has, at the very least, established that the NDE is a subject worthy of continuing inquiry, and that its incidence seems fairly widespread. Indeed, it has been estimated that as many as 8 million Americans may have had an NDE (Gallup, 1982).

In addition to a variety of current efforts to further quantify these experiences in general, some work is beginning that is par-
particularly addressed to the reports from specific types and sub-group categories of NDEs; e.g., those of young children, various religious groups, non-Western cultures, and others, as well as a planned study of NDEs perceived as “negative.” Included among these new projects is my own current work in the collection of the near-death reports of combat veterans.

Reports from soldiers who have had unusual experiences while coming close to death in battle have appeared in the literature from time to time throughout history. A fairly extensive and detailed account appeared in Plato’s *Republic* (Bloom, 1968, pp. 297-303) that recounts the tale of a warrior, thought dead on the battlefield, who returned to life on the funeral pyre and spoke of his journey to the “other world.” One Civil War case concerned the experiences of a dying Union sergeant in 1862 and his perceptions of his distant family (Knight, 1969, pp. 382-383). A British World War I aviator told of his observations of rescue efforts following a plane crash and of his feelings of peace and contentment as he viewed the events from “a point of view about 200 feet vertically above [his body]” (Broad, 1962, pp. 169-172). Another near-death encounter has been shared by writer John Bennett. He described his out-of-body experience (OBE) during a 1918 battle, and told how he woke up “outside my own body” (Bennett, 1983, pp. 3-5). Speaking of events occurring inside the field hospital, at a time when his own body was apparently “unconscious,” he even related that he observed the physicians working on him in the operating theater. Later, he commented to his nurse about the type of sutures used to close his wounds, surprising her with his detailed knowledge of a procedure that had taken place while he was unconscious. Author Ernest Hemingway also wrote of a 1918 battle experience. Following the nearby explosion of an artillery shell, he wrote, “I felt my soul or something coming right out of my body like you’d pull a silk handkerchief out of a pocket by one corner. It flew around and then came back in and I wasn’t dead anymore” (Audette, 1982, p. 32).

While a variety of other accounts of events on the “threshold of death” in war have appeared in popular literature over many years, few, if any, have been the subject of any attempt at systematic interview. Consequently, a variety of components of the NDE that we have come to accept as often present (e.g., hearing music, traveling through a tunnel, seeing a light, communicating with other beings, reviewing one’s life, etc.) are not always commented upon in these earlier accounts.

Both the shift in our Western Zeitgeist to permit more open
consideration of the dying process and the recent publication of a number of writings on the near-death experience in the popular press and in professional journals have created an appropriate setting for further detailed exploration of this aspect of the dying experience. This exploration may yield not only more medical, psychological, and sociological information about NDEs and their etiology, but may lead us to a fuller consideration of the effects of this event on the subsequent life of the experiencer. Numerous assessments of the impact of the NDE clearly indicate a sharply reduced fear of death, as well as the potential for significant restructuring of the individual's approach to personal goals, interpersonal relationships, and global perspective (Flynn, 1982; Gallup, 1982; Ring, 1980; Ruderman, 1979; Sabom, 1982). It is within this setting that my own work with military personnel was begun.

METHOD

Beginning in April, 1983, a series of advertisements were placed in approximately 20 national periodicals, circulated primarily to active and former members of the U.S. armed forces. Each advertisement solicited contact from combat veterans who had come close to death when wounded in combat. Editorial interest from some of the publications also resulted in several articles that more fully detailed the nature of the study; some periodicals that did not accept paid advertising ran a “Letter to the Editor” describing the research and soliciting response from qualified veterans. In addition to an address for written replies, the announcements also indicated that collect telephone calls would be accepted.

Interviews were conducted largely by telephone, and respondents were assured of confidentiality. After obtaining necessary demographic data, as well as the type of military training and experience obtained prior to combat, each was asked to describe his “close brush” with death in combat, and the related physical and psychological events. Additional questions were asked, as indicated, to obtain necessary details of any NDEs that were reported.

Interviews often lasted as long as two hours, even when no NDE, as such, was described. Almost universally, those responding verbalized a great need to talk of their combat experiences and their own encounters with various death issues, both on and off the battlefield. Some reported being in psychotherapy for a number of years, yet never discussing their NDEs or other death-related traumas with their therapists. (Though not the precise focus of this study, the
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significance of the death confrontation in wartime continues to emerge from these veterans’ accounts, and suggests that these concerns need to be more effectively addressed in the clinical management of combat veterans.)

RESULTS AND DISCUSSION

Through 1983, more than 100 replies were received, all from male veterans. Additional responses continue, many citing delays of many months after first learning of this investigation of combat NDEs, reflecting the common reluctance among near-death experiencers to speak readily of these episodes.

Twenty-four combat-related NDEs have been obtained thus far, covering the actions of World War II, Korea, and Vietnam. Additional experiences are still being sought, including those of personnel of non-U.S. military forces. Work with the present cases involves follow-up interviews, when necessary, and the completion of structured questionnaires to quantify and confirm information obtained by interview.

The following account came from one of the early respondents in this study. During a brief battle engagement, a 19-year-old infantryman sustained a gunshot wound of the chest, resulting in liver damage and heavy loss of blood. Evacuated for immediate treatment, he remained in critical condition. Shortly after surgery, although still apparently unconscious, he became aware that he was “floating” about three feet above the heads of a group of physicians and nurses surrounding his bed. He had the sensation of a deep inner peace and could view the most beautiful blue sky he had ever seen. He was aware of the radiation of an intensely bright, yet soft, light. It was as if he were on “another planet.” At this point, the soldier “knew” that he was dying, but felt that much in his life remained to be completed. Almost immediately, a soft, gentle voice spoke to him and asked why he wanted to return. “To complete my purpose in life,” replied the young man. The voice explained that he had a choice, but that many others were there who could not return. Waking consciousness quickly returned to his body, as he heard the attending nurse saying, “Thank God, you’re back – we almost gave you up.”

In the years following that episode, the man shared his experience with only a very few people; to this day, not all members of his immediate family have been told of it. Now nearing retirement, he remains active in his church but states that the knowledge gained
during his battlefield NDE has left him with perceptions and attitudes toward life and death that can sometimes be at variance with traditional religious teachings. He reports no fear of death, a continuing sense of the purposefulness of life, and a positive outlook that has remained since the above incident during World War II.

Though presented here only in summary, the account neatly illustrates many of the elements reported by other experiencers; e.g., the sense of being out of one's body, the observation of others from an elevated position, a sense of peace, perception of scenes of beauty, contact with a presence or voice, a decision to "return," and a sustained and positive attitude.

For some experiencers, even while the combat NDE presents qualities of peace, love, and joy, it simultaneously raises profound issues and questions. Such a situation is apparent in the story of a young Army veteran, Tom (not his real name), who served in Vietnam in 1968:

My unit had been sent by helicopter into the [combat area]. . . . I crawled up to an enemy bunker, threw several grenades, then ran back down the trail. My left foot hit the trigger release of a land mine, and the explosion lifted me off the ground. All of a sudden, everything went into slow motion, and I was moving upward, into blackness. . . . I had total awareness, but not through my senses. . . . I felt I had been compressed down to the size of a fist and was being drawn upwards, past the blackness, through a tube with a bright light at the end . . . felt complete, utter peace . . . total comprehension . . . total understanding.

On the ground below me I could see the body of my squad leader, who had been killed in the same mine explosion. . . . I could hear the gurgling from his throat wound. Then, I wasn't aware of the earth anymore — the light had my total attention. I felt no pain and no desire to return. There was a loud ringing, not painful, but melodious, like chimes or temple bells. As I was drawn nearer to the light; it became larger, brighter and warmer. I realized that I could not go beyond a certain point, and knew that I would have to return. As I approached, I could feel a force telling me that I had to go back now, even though I didn't want to. This wasn't in words, but was an absolute impression. Thoughts were being transmitted, and there was no need to speak.

As I got closer to the light, I felt the presence of other beings on the right and left of me, but my intense concentration on the light made it impossible to see them. The light was love . . . and everything that was beautiful . . . no adequate adjectives to describe it. I so strongly wanted to go forward, but I could feel myself, almost forcefully, being sent back. It was as if I was being cradled in the arms of God. . . . I was just being laid back into my body . . . in absolute slow motion. At that moment, I could feel a heavy weight on me and I began pounding the ground in anger. I just didn't want to be there.
It's impossible for me to put the depth of the total experience into words. The biggest shock to me about this experience was that I was in the middle of a war zone, and had just finished taking a life. I wasn't thinking of God, Heaven or Hell.

As a result of his wounds, Tom's right leg was amputated, he lost a finger from his left hand, and he sustained a variety of other shrapnel wounds to his body and limbs. The impact of the experience on him is immediately apparent, however, when he states: "When the medic came over, I started to tell him, 'You're not going to believe what happened to me!' but we were still under fire and he made me stay down and be quiet. Later, I told one of the doctors about it, but he said, 'Don't worry, your head will clear up.'"

Tom spent the next thirteen months in various U.S. Army hospitals, healing from his wounds and undergoing rehabilitation and the fitting of a prosthesis. Physical recovery proceeded without complication, and he was discharged from the service with a rated "140%" disability.

This NDE resulted in a variety of positive changes in Tom's attitudes and outlook on life, although these changes were not always immediately obvious. To quote from one of his letters to me:

Since "returning," I am a different person in many ways other than physical. What I encountered in that very small period of time has changed my whole way of thinking and looking at life. For the small price of a leg, I received a "guarantee" of what most people only hope to be true. If all people could peek into the keyhole I did back then, our individual, national and global priorities would be radically altered forever.

Simultaneously with these feelings, however, Tom continued to struggle with a variety of problems following his discharge. He has expressed guilt over the death of his squad leader, killed in the same explosion that injured Tom. Tom feels some responsibility, since he was the one to trip the mine. Then, too, he's been attempting to integrate the seeming inconsistency of his transcendental NDE with the fact that he had "just finished taking a life" seconds before.

Further, Tom has not been exempt from the problems manifested by many returning Vietnam veterans. He developed a drug addiction, served time in prison (he says he was a "non-model" prisoner), attempted suicide, and has had two marriages fail. Again, however, some surprises appear in the years following the war: he earned a college degree in psychology while holding down a significant job; he continued into graduate studies in counseling but dropped out,
feeling he wasn't yet ready for that work. Now, in the second decade after his discharge from the army, he is beginning to emerge from a long period of isolation and alienation, during which the potentially transformative aspects of his battlefield NDE seem to have been largely eclipsed by a variety of post-war adjustment problems. Since being in contact with other near-death experiencers, however, he reports a “new surge of energy” and a “renewed strength” and is learning to forgive himself. Despite the amputation, he manages to cycle up to forty miles per day and spends considerable time writing his thoughts and ideas.

To date, this present study of military NDEs indicates that although a wide individual diversity exists, the composite experience proceeds along the general lines already noted by other investigators and cited here earlier. It should be noted, however, that some cases include only a brief “out-of-body” episode with no further progress; still others relate contacts with the “light” or with religious figures while fully conscious; and reports of the “life review” have been limited. Many respondents to a nationally circulated request for combat veterans who have come “close to death” in battle describe no NDE but speak of their tremendous struggle to remain conscious, despite serious wounds, in order to extricate themselves and others from hostile fire. This implies an interesting question: Does the combat situation yield fewer NDEs, when compared to typical civilian life-threatening circumstances? Continued research and analysis may lead us to a conclusion.

While the overwhelming percentage of NDEs reported in the literature are generally classified as “positive” in content, this evaluation is not necessarily universal. Indeed, the contents of an NDE may be experienced as having both “positive” and “negative” features, as in the picture presented by another veteran, following a helicopter crash in Vietnam:

It was peaceful and cool... I could see others like myself, just sort of floating around only inches off the ground... dead [Viet Cong], only they are like myself... Our eyes meet, but there are no hard feelings between us, just something we have in common...

I'm seeing for the first time what I haven't noticed before, faces that scare me, faces of friends killed a long time ago in different fire fights, different missions... This really scares me something bad.

And later, during surgery:

It seems that I'm looking down over someone's shoulder, down at my
lifeless body. . . . What I see is not much of a shock. . . . There’s nothing here, it’s like I’m still alive, only we don’t talk. People walk past you and you know what they are thinking. . . . We all have the same thing in common. . . . we are all dead.

The near-death experiences of this soldier appear to affect negatively his memories of the war and his many combat actions prior to the helicopter crash. Although he encountered dead comrades and dead enemy soldiers, he experienced few of the transcendental elements common to many NDEs; no encounter with a spiritual being, no gentle and colorful pastoral scenes, and no sense of a purposeful “return.” Poignantly, he has commented:

I’m still having nightmares; at times I have flashbacks. . . . I really don’t want to remember. I’m afraid to sleep, I’m tired of crying in my sleep, I fear not waking up in the morning. . . . Oh, God, I’m tired.

Those of us regularly involved in gathering reports from survivors of these meetings with death cannot come away without being profoundly moved by the compelling nature of their reports. Even more moving, I believe, are the cases of combat survivors. There, the unique context of the experience is an environment of sustained stress, pain, death, and destruction — truly a place of horror. At times, this “hell” seems to continue into and influence the NDE itself; on other occasions, the near-death experience unfolds and progresses to what respondents often perceive as a spiritual level, despite the shock and trauma of the external environment.

This very polarity may present problems for the survivor in developing his own assessment of the experience for his life, as has been illustrated. Appraisal may be further delayed by the reluctance of most combat survivors (as well as most near-death survivors in general) to fully share and explore their experience with comrades and family, as well as with chaplains, physicians, and nurses with whom they are in contact shortly following the battlefield events. As one soldier remarked, “I haven’t really told anyone of my experience of having been out of body. They would think I was a little crazy. . . . They would laugh at me . . . .”

It is, I believe, incumbent upon all of us who hear these tales to listen carefully and respond supportively, regardless of what we may believe concerning the biochemical, psychological, or spiritual nature of the perceptions reported. Since these persons often believe that they have been dead, it may become, for them, the most significant event of their lives and should be recognized as such.
Combat-Related NDEs

The experience of dying is seldom discussed during military training. Once in combat, on the other hand, it may become the most salient feature of the soldier's daily consciousness, once it has been directly and personally confronted. As one soldier reacted:

My first combat fatality. A lifeless body where only moments before a heart beat. . . . It is one thing to hear about death; to watch it happen is quite another. I went over to the nearest tree and vomited my guts out. Combat training had never prepared me for anything like this. (Baruch, 1976, p. 92)

Only now, after decades of silence, are our veterans beginning to emerge, slowly and hesitantly, with their accounts from the threshold of death. Here, perhaps, are some of the most extraordinary and meaningful "war stories" to which any of us have ever been exposed. These portrayals have application, not only in assisting us to learn more details of the NDE and how it may manifest under different psychological and physical states, but as a supportive preparation for those facing combat and as a sustenance to those who survive them.

The unique environment of the modern battlefield has (unfortunately) provided us with a whole new range of near-death experiences, tightly interwoven with the fears and fatigue of warfare and often presented in a milieu of catharsis. Research on these reports needs to continue and observation made of the changes manifested in the subsequent lives of these veterans and the lives of those near to them.

Finally, I believe that they can be seen as yet another catalyst for the societal transformation that may soon be required. One trooper has summarized his feelings clearly and directly:

There are a number of places where our story must be heard, as well as a vast number of people who need to hear it. . . . Man doesn't really have the time left. Our priorities are out of order and the cost in human potential leaves me desperate and frustrated because I feel we were sent back as part of the solution.

NOTE

1. This was the mathematical total of his injuries rated separately, although his disability payments are limited to 100%.
REFERENCES


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