INTRODUCTION

The human conception of death has undergone radical changes with the gradual decline and repression of archaic modes of thought. Early man lived in a world under the sway of the magical omnipotence of thought; moreover, the modern, post-renaissance man's narrow and mechanized sense of self was unknown to the first people in the childhood of the human race. Orthodox science's view of death is not the view of primitives or of people of the great religious traditions. To the typical scientist, consciousness is the by-product of brain events and perishes with the body. Nevertheless, let us bracket this dogma for a moment and ask: Is death really the extinction of human personality or does it permit some continuity of consciousness? One purpose of what follows is to insist that this deserves to remain an open question, for the evidence suggesting survival is neither so compelling nor the dogmas which deny it so commanding that one can judge on the issue with much confidence.

A complex set of phenomena associated with near-death states seems at first glance to clash with the scientifically orthodox view of death as extinction. Scientists investigating these phenomena refer to them collectively as near-death experiences (NDEs). I want, first, to call the reader's attention to certain features of these experiences which demand explanation; we will then look at some of the explanations that have already been proposed and try to evaluate them impartially. At the very least, classic NDEs suggest some rather bizarre capabilities of the human mind; on that score alone they deserve to be studied by students of human behavior. On the other hand, they may turn out to be the foothills of a new frontier of knowledge.
WHAT NEEDS TO BE EXPLAINED?

Two Types of Near-Death Experience

There are two types of NDE. The first consists of deathbed visions. Here the subject typically is ill, usually bedridden, and suddenly at the hour of death experiences a vision. He often "sees" the apparition of a deceased relative or friend. The experience may be accompanied by a remarkable elevation of mood. The dying person is frequently in a state of clear, wakeful consciousness, and the apparition seems to inhabit, or temporarily manifest in, the public space continuous with the patient. Early collections of these cases were compiled and studied by Bozzano (1906, 1923), Hyslop (1908), and Barrett (1926). More recently, Osis (1961) took up the question of deathbed visions, and Osis and Haraldsson (1977a, 1977b) pursued the problem using a cross-cultural approach.

In the second type of NDE a person, not necessarily ill, is suddenly brought into a state on the verge of physical death. This might arise from cardiac arrest, near drowning, mountain-climbing falls, suicide attempts, auto accidents, or other life-threatening incidents. Moody (1975) has constructed a model of this type of near-death experience. The main common elements in the experience are ineffability, feelings of peace and quiet, entering a dark tunnel, being out of the body, meeting with others, encountering a being of light, reaching a border or limit, and undergoing changes in outlook and attitude. The subsequent work of Ring (1980) largely supports the informal studies of Moody (1975, 1977). Ring describes five stages of a "prototypical" core experience: euphoric affect, an out-of-body state, entering darkness, seeing an unearthly world of light, and entering into that world of light. These stages seem like parts of an ordered and developing sequence in which subjects reach the final stages with decreasing frequency. At any one of these stages there might occur what Ring calls a "decisional process." The person "decides" to return to life. However, many cases involve anger or regret over being brought back to life; the process appears to be quite automatic. As Ring points out, we seem to be observing a prototypical or suprapersonal mechanism which manifests in a fragmentary way through a spectrum of personalities.

In addition to the five stages and the decisional process, Ring's cases include other features of classic near-death experiences such as meeting with others, panoramic memory, and so forth. On the whole, features of the two types of NDE, deathbed visions and close-call or resuscitation cases, are not inconsistent.

In a large number of the resuscitation cases the patient temporarily
ceases to display any vital signs. But can we say that such patients were "really" dead? The problem is that during the period of the patient's "death," the organism was still capable of being restored to vital functioning. But we cannot say this of the body of someone who has died "permanently"; so in this sense the resuscitated patient was clearly not dead. On the other hand, the patient, having temporarily lost all vital functioning, would in the great majority of cases have soon joined the ranks of the permanently and irrevocably dead had it not been for the intervention of on-the-scene medical workers. In this sense, one is tempted to say that the resuscitated patient really was dead.

The fact that resuscitated patients would, without medical intervention, have died seems rather difficult to reconcile with their having any experience whatsoever. Suppose one dies in the sense that, apart from resuscitation procedures, one would remain irreversibly dead. Once that process has begun, what biological function can we ascribe to having any experiences—no less the extraordinary near-death experiences? As long as the organism is functioning vitally, however imminent death may be, it seems less surprising that the brain might throw off some adaptive phenomena—phantasms, memories, deliria. But once the first step of the irreversible is taken and the brain is rapidly depleting its last store of oxygen and glucose, it seems like an overstated and perfunctory gesture to go on producing such elaborate and useless epiphenomena.

THREE CLASSES OF PUZZLING EFFECTS

In particular, there are three components of NDEs which have to be explained: (a) the consistency and universality which they generally display, (b) their paranormal (psi) aspects, and (c) their power to modify attitudes and behavior.

The Consistency and Universality of NDEs

For the phenomenologist or student of the natural history of the mind, the NDE appears as a distinctive finding; a coherent, spontaneous psychic mechanism. The firsthand accounts arise from the most diverse sources—religious believers and atheists, the educated and the ignorant; from old and young, saint and sinner, man and woman. In case after case the same message, though coded differently and in accents and styles that vary, seems to emanate from a universal stratum of consciousness. What appears is a cross-cultural pattern of phenomena that is filtered down and personalized by the experiencier's inherited cultural constructs. For example, as Osis and
Haraldsson (1977a, 1977b) and Ring (1980) have found, religious beliefs influence the interpretation, not the content of the experience. Lundahl (in press) has studied near-death experiences of Mormons, some of which date back a hundred years, and found the core phenomena I have described above. Crookall (1965) has collected large numbers of cases, rich in descriptive detail, which again reinforce the reality of the core phenomena. For further historical studies supporting the consistency and universality of the core phenomena, see Audette (in press) and Rogo (1979).

Moreover, there seem to be aspects of the NDE which manifest in contexts which are not directly related to pathology or life-threatening situations: for instance, in dreams (Russell, 1965), mystical experiences (Noyes, 1971), esoteric death-training techniques (Evans-Wentz, 1957), psychedelic therapy with terminal patients (Grof and Halifax, 1977), and mystery cults of antiquity (Grosso, 1979). Needless to say, more work needs to be done to substantiate the claim of universality; nevertheless, the widespread pattern of the phenomena under examination calls for an explanation.

The Paranormal Aspects of NDEs

The second component that needs explanation is the paranormal material sometimes reported in NDEs. Most of this material is anecdotal, but the cumulative effect strongly suggests that there is some substance to the psi-dimension of these experiences. Further support comes from the evidence that altered states of consciousness are psi-conducive (see, e.g., Honorton, 1977). This point is important because near-death situations generate altered states of consciousness.

The psi-components lend weight to the meaningful and consistent features of NDEs in two ways. First, they indicate that NDEs express more than just wish-fulfillment or self-serving fantasy. To the extent that such experiences contain elements of genuine psi, they are oriented toward objective reality. Secondly, psi in general suggests the existence of an alternate, nonsensory reality—a reality which could be construed in terms relevant to post-mortem states. This second point is of course controversial. But the facts about psi persist in being inexplicable in terms of physical theory (Beloff, 1980); they seem to imply the existence of an autonomous psychological order of reality. This should be kept in mind in trying to understand the wider implications of near-death phenomena.

Of course, there is nothing to prevent us from assuming that any psi components found in NDEs result from delusive expectations and irrational desires. This psi-dependent Freudian interpretation will
have to be considered later. For now let us briefly examine some of the types of ostensible ND-related psi effects, for it is these effects which sharpen the challenge of near-death phenomena.

Psi effects related to deathbed visions. In so-called “Peak in Darien” cases, the dying person sees the apparition of a person not known by the former to be deceased. If this is what it appears to be, we could describe it as a kind of transworld ESP. There are a few reports (Barrett, 1926, Bozzano, 1906) of cases in which nobody present was aware that the person whose apparition was seen was in fact dead, thus ruling out telepathy from people at the dying person’s bedside. Cases of this type are rare, but this is not surprising in view of the peculiar combination of factors necessary to produce them. Unfortunately, most of the Peak in Darien cases derive from the older literature, though Lundahl (in press) and Ring (1980, p. 208) offer some current illustrations. The impersonal nature of dying in modern hospitals may account for the dearth of recent examples.

Psi effects related to resuscitation cases. In resuscitation cases, or other types of near-death encounters, the dominant psi component comes in the form of ostensibly veridical out-of-body experiences (OBEs). Not all OBEs, of course contain psi components. Yet there seems to be an almost typical report of a classic OB situation in which a person near death finds himself located outside his body and able to observe in detail events occurring in neighboring regions of space. Cases such as this, assuming they can be corroborated, strongly suggest paranormal OB perception, though in any single instance ad hoc normal explanations could be invoked. In order to substantiate such claims of ND-related paranormal OB perception, it will be necessary in the future to obtain the cooperation of medical professionals. Obviously this will not be an easy task, given the stringent duties of physicians and nurses on the job. Yet much could be learned if psi investigation could be routinely incorporated into certain medical settings where one might suppose a gold mine of useful data awaits exploration.

As far as I know, Michael Sabom, a cardiologist working at the Emory University School of Medicine in Atlanta, is the first physician actively concerned with investigating the paranormal elements of NDEs. As an example 3 of an OBE with a possible psi component, Sabom has described the case of a patient anesthetized for open-heart surgery who, after a period of blackout (called “entering the darkness” by Ring and “the tunnel” by Moody and Crookall), suddenly became aware of his body being operated on. The patient’s face was covered by a sheet, yet he claimed to have observed the
operation from a point out of and above his body, as if he were another person, an unconcerned observer. The patient described how the “shining metal” of the knife cut through his chest, the syringes inserted on each side of his heart, and the injection into it. He watched a surgeon cut off bits of his heart, poke around some veins and arteries, and then discuss with the other doctors where the next bypass was to be made. He observed a doctor wearing blood-stained white shoes, another with a blood clot in the fingernail of his right hand.

Two observations particularly struck Sabom from his perspective as a cardiologist. The patient expressed surprise at the large size and actual location of his heart; he compared its shape to the continent of Africa. According to Sabom, this is an apt comparison. The patient also said that part of his heart had a lighter color than the normal myocardial tissue; according to Sabom, discoloration would have marked the site of the patient’s previous heart attack.

Such apparently veridical OBEs need to be explained; they lend some weight to the unverifiable visionary claims of near-death or dying percipients. For, if one aspect of the NDE is verifiable while at the same time providing testimony for an extraphysical factor, then it seems less implausible to ascribe ultimately verifiable reality to the rest of the experience.

There are also reports of OBEs in deathbed vision cases. But here the apparent separation process may be more gradual. Osis and Haraldsson (1977b, p. 129) write: “While still functioning normally, the patient’s consciousness might be gradually disengaging itself from the ailing body.” And in Barrett’s (1926) early study, witnesses are cited who have “seen” dying persons’ “doubles” splitting off and disappearing at the moment of death. These observations might explain why terminal patients often experience a lessening of pain and discomfort shortly before they die.

The dying patient may only be approaching the state that the resuscitated patient has already entered; yet there still seem to be gradations of entering more deeply into the NDE, as the work of Ring (1980) shows. Obviously, more has to be done on this “stage of entry” idea. One approach might be to obtain information on the dreams and mentations of people just prior to their sudden death or onset of fatal illness. For example, I have recorded several cases of individuals who, a day or so before a sudden fatal illness, unaccountably started to talk about their deceased relatives, had slips of the tongue suggesting subconscious preoccupation with them, spontaneously put their affairs in order, settled accounts, etc., as if in preparation for death.
Psychokinetic phenomena have also been reported in the context of death and dying. Bozzano (1948) made a study of PK events in conjunction with the time of death. Osis and Haraldsson (1977b, p. 42) referred to a few tantalizing incidents—for example, the stopping of clocks belonging to two of Thomas Alva Edison’s associates and also of his own clock within moments of his death. And L. E. Rhine (1970, pp. 330-334) cites several interesting cases of PK effects associated with the dying and the dead, taken from her collection of spontaneous cases on file at the Institute for Parapsychology.

Finally, as further evidence bearing on the psi-conducive nature of death and dying, there is the S.P.R. Census of Hallucinations (Sidgwick and Committee, 1894, p. 393), which showed that veridical apparitions “which coincide in time with the death of the person seen”—i.e., the “agent”—are more numerous than apparitions in any other category.

Changes in Outlook and Behavior

We observe in both types of NDEs a modification of outlook, affective states, values, and goals. This constitutes the third component of these experiences that calls for explanation. In the deathbed cases such effects are obviously of short duration because the patient dies shortly after the experience. Nevertheless, Osis and Haraldsson (1977a, 1977b) found cases of near-death rise of mood that could not be explained by medical factors. Sabom (1980) did follow-up studies six months after his patients’ experiences and found that the modification effects persisted. Generally, it would appear that the near-death syndrome produces beneficial effects—in some respects resembling religious conversion. Chief among these effects is the reduction or elimination of the fear of death and alterations in outlook concerning the meaning of life and the nature of reality. The true benefits of these transformative experiences may, however, be blocked because of the confusion they elicit; patients are often unable to share their experiences and even fear for their sanity. Hopefully, with a better understanding of these phenomena the medical establishment will learn to enhance their utility. In sum, such near-death enhancement effects need to be explained because their adaptive potential seems incongruous with thinking of them as illusory or pathological.

GENERAL REMARKS ON EXPLAINING NEAR-DEATH EXPERIENCES

For an explanation of the NDE to work, it must address itself to
all three components of the phenomenon: its universality and consistency; its paranormal dimension; and its transformative effects, which are usually of a positive nature. It is the unique combination of these components which makes it a challenging matter to explain the NDE. Obviously, the mere fact that a phenomenon is universal and consistent in itself need not impress us; drunkards of all cultures and personality types, for example, consistently have the same sort of experiences—say, delirium tremens. Consistency and universality here is no bar against seeing the drunkard's experience as delusory. But it is a different matter with near-death experiences, for we do not expect delusory experiences to produce momentous changes in personality or to involve extensions of normal human capabilities.

Methods of Gathering Data

Scientific research in NDEs is still in its infancy. Most of the work so far has consisted of collecting reports unsystematically from pre-selected sources. Little or no medical and psychological data were included in the early collections of cases. The first systematic approach was that of Osis (1961), who used modern sampling techniques and computer analyses to sort out the patterns in his data. The recent work of Sabom (1980; Sabom and Kreutziger, 1978) and Ring (1980) has rightly stressed the importance of prospective research. Respondents were selected on the basis of undergoing a near-death event, not necessarily a near-death experience. Both researchers found that over 40 percent of the patients who had undergone near-death events had the experience we are trying to explain. This seems to show that the NDE is a common clinical occurrence. However, this may be a hasty conclusion. Patients who have had an unusual experience when on the verge of death might be more likely to respond to a questionnaire than patients not having had such an experience, thus biasing the sample. A truly prospective investigation of NDEs would have to take place within a given hospital where all resuscitated patients were asked, as a part of the routine examination, whether or not they recalled any unusual experiences.

Special Problems in Trying to Assess NDEs

Near-death phenomena are not easy to assess impartially. One reason is the emotional reactions they arouse. On the one hand, people disposed to believe in life after death may be inclined toward credulity. On the other hand, those disposed to equate belief in survival with outmoded superstition might be prone to avoid dealing with the more challenging features of NDEs. Another reason is in-
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The prevailing scientific orthodoxy tends in one way or another to identify human beings with their physical organisms; this, in effect, logically rules out any meaningful concept of survival of death. In short, the survival hypothesis, which is one possible explanation of NDEs, appears to be peculiarly resistant to rational and scientific investigation.

Requirements for an Adequate Scientific Theory of NDEs

The first requirement for any scientific theory or hypothesis is that it be consistent with all aspects of the phenomena being studied. But consistency by itself is not enough; more than one hypothesis may be consistent with the phenomena. It is also necessary to show that competing hypotheses don't work. Further, the theory must be consistent with the total system of knowledge. If this consistency is not forthcoming, large-scale revisions in this system may be necessary. Finally, an adequate theory should enable us to predict new features and ramifications of the explicanda. Given these requirements, I don't think we know enough about near-death phenomena to provide a decisive theory or explanation. At most, we can take the first step and try to see whether some of the explanations that have already been proposed are consistent with the reported phenomena.

EXPLANATIONS OF NEAR-DEATH EXPERIENCES

The Bipolar Model of Osis and Haraldsson

Using information from a pilot study (Osis, 1961), and other sources, Osis and Haraldsson constructed a model to predict patterns in deathbed phenomena; this model is a “bipolar” one which contrasts two mutually exclusive hypotheses: survival and destruction. They then compared these two poles of explanation with relevant patterns in the findings on deathbed visions from their cross-cultural surveys of deathbed phenomena in the United States and India (Osis and Haraldsson, 1977a, 1977b). The patterns involved had to do with the source and content of the visions, the influence on them of various medical and psychological factors, and their variability of content across individuals and cultures. Consider, for example, the influence of hallucinogenic factors; on the assumption of the survival hypothesis, the authors predict that drugs known to cause hallucinations will not increase the frequency of survival-related visions, nor will other states in which contact with reality is weakened or absent. They also predict on the survival hypothesis that conditions known to be incompatible with occurrence of ESP will decrease the fre-
quency of such visions. Regarding this point, for instance, the authors found that the majority of the reported deathbed hallucinations were visual and of short duration—which is the case in most spontaneous ESP experiences. (Pathological hallucinations tend to be auditory.) And finally, they found that, unlike the case of pathological hallucinations, there was little variability in the content of deathbed visions across individuals and cultures, again a finding compatible with the survival hypothesis. The authors conclude that overall the “central tendencies” of their data are consistent with the survival hypothesis of near-death experiences as they formulated it in their bipolar model (Osis and Haraldsson, 1977a, p. 258).

Let us now look at several reductionistic explanations of near-death experiences, some of them engendered by criticisms of the Osis-Haraldsson work, and then proceed to a discussion of a non-reductionistic Jungian approach and the survival hypothesis in an effort to understand these experiences.

Medical Factors

Drugs and sensory deprivation: The parapsychologist John Palmer (1978) has criticized the work of Osis and Haraldsson (1977a), who in turn provided a lengthy rejoinder (1978). The main thrust of Palmer’s remarks is that certain baseline data are lacking in the study which invalidate the major conclusions, e.g., that medical factors such as drugs did not significantly influence the deathbed apparitions. Osis and Haraldsson contend that they did take the relevant information into account in interpreting their data, and that this information was derived from medical literature and the judgments of medically trained respondents. A major point made by Osis and Haraldsson in their response to Palmer is that the counter-survival explanation has to fit a special type of apparition—namely, the survival-related apparition. It is not enough to say, for instance, that drugs produce hallucinations to explain away deathbed visions; you must show that the kinds of hallucinations typically produced by drugs fit the pattern of hallucinations occurring in the deathbed scenario. But this is no easy matter, for typical drug-produced hallucinations are not at all like typical near-death hallucinations.

Palmer points out (p. 394) that sensory deprivation and stress are known to facilitate hallucinations. This is true. In a study of the psychological aspects of cardiovascular disease, for example, Reiser and Bakst (1975, p. 637) speak of the “simultaneous sensory overstimulation and monotony” prevailing in the hospital recovery room or intensive care unit—conditions conducive to hallucinatory experi-
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ences. Three factors, however, clearly differentiate such hospital-induced hallucinations from NDEs. First, the former usually take place hours or days after the close brush with death, while the latter are reported by the patient as having occurred during the resuscitation procedures. Second, the post-operative effects in the first group of patients consist largely of "confusion, disorientation, and misperceptions," while the hallucinations of the ND experients are often reported as vivid, detailed, and accompanied by feelings of joy. And finally, Kornfeld and Zimberg (1965) describe the behavior of patients in the first group who "go berserk" and try to flee from the medical attendants; this type of behavior contrasts sharply with the frequently reported near-death behavior of NDE patients who become angry when they are restored to normal consciousness.

Cerebral anoxia and temporal lobe seizures. In a review of Osis and Haraldsson's (1977b) At the Hour of Death, James F. McHarg (1978), a British psychiatrist, criticized the authors for failing to consider the "most important" (p. 886) explanation for their ND findings: cerebral anoxia (oxygen shortage in brain metabolism). Osis and Haraldsson (1979) reply that the main behavioral manifestations of cerebral anoxia are anxiety, disorientation, and distortions of perception. These are poor matches for the ND syndrome. Further, there are reports (in Audette, 1979) of the extensive but hitherto unpublished work of Schoonmaker, a Denver cardiologist, who found cases of typical near-death experience in which cerebral anoxia was definitely ruled out as a relevant factor.

McHarg also considers temporal lobe paroxysms (epileptic seizures) and cites three examples from his current clinical work. McHarg adds an important point: "A paranormal basis for the content of deathbed visions is not invalidated, however, by a medical reason for their mere occurrence" (p. 886). But McHarg goes on to suggest that what Osis and Haraldsson take to be survival-related features of deathbed visions—e.g., seeing apparitions of the dead with a take-away purpose and feeling religious elation—are "rather typical [emphasis mine] of temporal lobe paroxysms." This, however, seems to me an unverified exaggeration. There are actually a variety of epilepsies with varied symptomology. Temporal lobe seizures are commonly displayed in bizarre, explosive episodes (Elliot, 1966); for example, a patient urinated into a fireplace, another climbed into a window-display of pastries—unaware of what they were doing. Visual aspects of seizures, unlike those of the classic NDE, consist of "dimness of vision, hemianopia [blindness in half of the visual field], blindness, crude flashes of light" (Elliot, 1966, p. 143). Furthermore, Schoonmaker (see Audette, 1979) is said to have collected to date 55
cases in which resuscitated NDE patients displayed flat EEGs. This clashes with the idea of temporal lobe paroxysms since they consist of deviant patterns of electrical activity in the brain, not the absence of such activity.

The temporal lobe is associated with memory, and seizures in that area often evoke memories. We are reminded of Penfield’s (1975) experiments on electrostimulation of the temporal lobe which evoked vivid memories in epileptic patients. Penfield, however, underlines the mechanical nature of these electro-resuscitations of memories; this, again, contrasts with the meaningful experience of meeting others in a transformative near-death experience.

Finally, what if some NDEs were accompanied by temporal lobe paroxysms? McHarg notes that such brain dysfunctions could conceivably facilitate paranormal experience. Perhaps McHarg’s patients—those who were not near death—were catching glimpses of another world. Why must transworld ESP occur, if it does occur, only among those who are near death? There might be other conditions of eruption into the “other” world—natural, spontaneous, or even deliberately inducible.

Religious Expectations

Palmer (1978, p. 395) thinks that dying patients who believe in survival expect to be taken away by apparitions; hence their hallucinations may be generated by their expectations. But what about the “no-consent” cases, in which the patient departs under protest? This seems to indicate an external agency. And there are also cases where the patient has no religious beliefs and expects nothing in particular. On the whole, the empirical findings across the board so far indicate that religious beliefs influence the interpretation, not the content, of experiences of this nature.

Even more problematic is Palmer’s assumption that believers expect a benign reception committee to greet them at the time of death. Actually, there is plenty of evidence from religious phenomenology indicating less sanguine anticipations. Christian and Hindu iconography and mythology are replete with intimations of post-mortem horrors; in both traditions there are many paintings, illustrated manuscripts, and icons which depict the moment of death as a perilous passage, a frightful encounter with the forces of good and evil. From a psychological point of view, religion seems to encourage attitudes of collective guilt, enshrined in such doctrines as Original Sin. Certainly the ancient Greek Hades or the Babylonian Kurniga (land of no return) did not suggest any blithe expectations.
According to the *Tibetan Book of the Dead* (Evans-Wentz, 1957), there is—as Moody, Ring, and others have found—a Being of Light awaiting us at death; but the religious Being of Light is awe-inspiring, terrifying, and most of us cannot bear the thought of facing it. The Epicureans of Graeco-Roman antiquity happily embraced a form of materialism whose chief charm was a promise of extinction after death. For the Epicureans this seemed an improvement over the anticipated terrors of the after-world. One could indeed make a good case for an *irrational* basis to the rise of modern materialism as a form of flight from the tyranny of priests and their infernal visions of an after-life. The empirical picture, by and large, is more humane; happily, it clashes with the paranoid propensities of the religious imagination. I want to bring this point out because certain explanations of ND phenomena arouse resistance among the more rigidly rational types of modern man. There are historico-psychological reasons for this defensive armoring against everything “occult,” “spiritual,” or “supernatural.”

**Depersonalization**

In one of their several papers on near-death experiences, Noyes and Kletti (1976) suggest a psychologically reductionistic explanation of the phenomena: that they are expressions of the “depersonalization syndrome” (feelings of unreality, emotional detachment, slowing of time, etc.). Let me begin with a comment on the title of this paper: “Depersonalization in the Face of Life-Threatening Danger: A Description.” This seems to indicate that the authors did not set out to describe, but rather—as shown by the term “depersonalization” in the title—to place an *interpretation* on the phenomena. “Depersonalization” is hardly a *descriptive* term. The authors appear to have ruled out at the start any but a reductionistic explanation. However, this explanation is forced; depersonalization does not adequately characterize near-death phenomena. The main difficulty is that the two types of experience have opposite affects: depersonalization tends toward a flattening affect and shriveling mental capacities. It is essentially a negative phenomenon. In NDEs, on the other hand, we observe an opposite tendency toward heightened affect, expanded awareness, and a sense of profound and lasting significance.

In connection with one of their cases, Noyes and Kletti (1976) describe what they call the *feeling of unreality*. The subject reported that as she went deeper, reality vanished and visions, soft lights and an extreme
feeling of calm acceptance passed over me like waves. . . . I was stronger because of being more whole, because I was no longer me as I had once known myself. I had a feeling of becoming part of a greater whole . . . (p. 22).

The authors are too hasty in forcing this vanishing of reality into the pathological slot of the depersonalization syndrome. Their tacit assumption seems to be that any deviation from standard, everyday reality must be pathological. The possibility that what was involved was the loss of only one sense of reality, and that another sense of reality was emerging does not seem to occur to Noyes and Kletti. The experience doesn’t describe a loss in an exclusively negative sense; the loss also involved a gain, an opening into a larger reality. In fact, the enlarged sense of reality seems to have been in part a function of the loss of personal identity in the narrow sense. The subject seems not to have been depersonalized, but—more accurately—trans-personalized.

Schizoid Defense

Several psychologists have discussed the way the fear of death gives rise to defensive belief-systems involving the notion of a soul distinct and separable from the body, and able to survive death. According to this way of thinking, belief in an immortal principle of man is seen as a disguised alienation from the body—a schizoid solution to the brutal problems of being human. R. D. Laing (1965) is no reductionist, but he has provided trenchant descriptions of the “unembodied self”; there is, according to Laing, an existential process whereby a person, in the face of the oppression and terrors of existence, retreats to his inner self and creates a private citadel safe from the disasters of the external world. Could this help us to explain near-death experiences? Laing writes: “In this position the individual experiences his self as being more or less divorced or detached from his body. The body is felt more as one object among others in the world than as the core of the individual’s own being” (p. 69). This alienation from the body, which Laing sees as a strategy of desperation, tends to produce the schizoid personality. Schizophrenia, according to Laing, is only an extreme development of this basic defense strategy.

The schizoid tendency would be aggravated in a near-death crisis—and it is true that reports of NDEs are replete with accounts of alterations of the patient’s body image such as those Laing describes. But in his account of the schizoid process everything culminates in sensations of inner deadness leading to a need to re-establish contact with the external world. This is the reverse of the near-death process, where we typically observe an enlivening of affect along with a readi-
ness to let go of the external world.

Narcissism, Denial of Death, and Freudian Reductionism

Few people have written more searchingly on the denial of death than the psychoanalyst, Otto Rank. In his collection of essays, The Double, Rank (1971) examines the widespread phenomenon of the double as it appears in literature, folklore, and anthropology. The empirical cases that Rank looks at—e.g., those of de Maupassant and Goethe—are instances of autoscopy. In these, the percipient sees an apparition of himself in outer space. This, of course, is unlike the typical out-of-body experience associated with a near-death crisis in which the perceiving consciousness seems to be located outside the body. Nevertheless, Rank generalizes from the autoscopic phenomena and chooses to see all constructs “of soul, higher worlds, and immortality” as projections of the narcissistic ego in the face of the “increasing reality-experience of man, who does not want to admit that death is everlasting annihilation” (p. 84). Rank is uncompromising in his Freudian reductionist judgment: “The idea of death therefore is denied by a duplication of the self incorporated in the shadow or in the reflected image.” This makes short shrift of the highest human dreams. It is an outlook which inverts the classic Platonic formula: Plato’s image-sensory world is now the really real world and the realm of ideas and ideals are reduced to images and shadows. Thanks to his commitment to Freudian dogma, Rank can speak confidently of “increasing reality-experience” as if the only real experiences were definable in terms of a single reality principle.

But there are two lines of reasoning that do not tally with Rank’s conclusions. First, he describes the personality characteristics of those who generate “double” phenomena; they seem to be narcissists—persons with pathological fixations on themselves. If this is so, then “double” phenomena ought to be proportional to narcissistic behaviors. This is not an obviously true proposition. But we might be able to formulate such a claim in a testable way—for example, we could predict that persons who have the most gratifying NDEs also display a significant frequency of narcissistic traits. At the moment, however, there is no evidence in support of such a relationship.

The second difficulty with Freudian reductionism is the veridical psi-component sometimes found in OBEs and NDEs. The psychiatrist Jan Ehrenwald (1978) follows Rank in claiming that OBEs “exhibit an assorted set of defenses and rationalizations aimed at warding off anxiety originating from the breakdown of the body image, from the threatening split or disorganization of the ego, and, in the last analysis, from the fear of death as a universal experience” (p. 161).
Unlike Rank, however, Ehrenwald has thought and written a great deal about psi. He admits that some OBEs (and no doubt some NDEs) contain veridical information that strains the wish-fulfilling hypothesis; but this is not enough to persuade him that OBEs are not fundamentally delusional and the product of denial of death. As far as I can see, however, this is little more than the expression of a metaphysical dogma. After all, it is hard to see why, if an experience is merely a subjective wish-fulfillment, it should contain any verifiable, objective information. Moreover, many persons who have had OBEs report that their lives were significantly and permanently changed by these experiences (see, e.g., Osis and McCormick, 1978); such changes are not what we would expect to result from narcissistic illusions. And there is still another point about OBEs which is at odds with the Freudian interpretation. There are numerous cases in which the experient becomes frightened after finding himself out of the body; the fear of death results from the experience itself and causes its sudden termination. Thus the fear of death seems to inhibit the experience rather than give rise to it.

The Birth Experience

According to Stanislav Grof, a researcher into the therapeutic and theoretical implications of psychoactive chemicals, subjects under the influence of LSD often relive aspects of the birth process (Grof and Halifax, 1977). The contention—quite plausible, especially in the light of Penfield's (1975) work on the neuro-electrical activation of memories—is that under special circumstances we may re-experience the agony of expulsion from the amniotic sac of “oceanic bliss” into the world of individual existence. For Grof these traumatic birth memories have important therapeutic implications. He is not, however, a Freudian reductionist; on the contrary, he has used nonspecific chemical amplifiers of consciousness to enrich and enlarge the cartography of inner space.

Based on Grof's observations, the astronomer Carl Sagan (1979) suggests an intriguing explanation of near-death experiences in his popular tour of the wonderland of modern science, Broca's Brain. He poses the problem effectively: “How could it be that people of all ages, cultures and eschatological predispositions have the same sort of near-death experience?” (p. 302). Sagan speculates that the basis of near-death and mystical experiences is somehow “wired-in” (note the characteristic mechanical type of metaphor) to the physiology of the human organism, and that drugs or other types of mechanism might trigger and thus reactivate these experiences in the form of
vivid hallucinations. Out-of-body experiences would be affective replays of ejection from the womb at birth. The tunnel effect reported so frequently in NDEs might represent a flashback to the process of exiting through the “tunnel” of the vagina. (It might, of course, as well be seen as the psychic equivalent of the process of exiting from the present dying body.) Sagan writes:

...every human being, without exception, has already shared an experience like that of those travellers who return from the land of death: the sensation of flight, the emergence from darkness to light, an experience in which, at least sometimes, a heroic figure can be dimly perceived, bathed in radiance and glory. There is only one common experience that matches this description. It is called birth (p. 304).

Sagan calls attention in this quotation to three important ideas. One is that we seem to be dealing with a basic mechanism of psychophysiology. The second is that there is a fundamental analogy between the birth process and the death process. And third is that NDEs and mystical experiences are somehow structurally related.

However, the difficulty arises in seeing the NDE as nothing but an illusory psychophysiological reflex. At least we would require some evidence in support of the hypothesis; for instance, if Sagan is right, then people who had bad births—difficulties in the process of exiting through the birth canal, etc.—should not have benign near-death experiences. (And would those who come into the world by way of Caesarean section be immune to NDEs?) Yet even if such connections were established, nothing would follow concerning the “reality” of near-death episodes. Other factors need to be taken into consideration, such as the occurrence of veridical psi components. Further, the essential structures of birth and death experiences differ in this way: birth moves from “amniotic bliss” to expulsion into the traumatic light. The pattern in the near-death process is the reverse: we begin with the pain and shock of the dying process, and then proceed to experience a light which, however, is uniformly said to be warm, loving, and gentle. If the near-death experience is a flashback and replica of the birth experience, why this inconsistency? The forms of the two processes are not analogous, as we would expect if one were a flashback of the other. They seem in fact to be the reverse of each other: being born into this world is painful and dying out of it seems to be pleasant. It is clear that we are not yet any closer to an adequate explanation of near-death experiences.

A NONREDUCTIONISTIC JUNGIAN APPROACH TO NEAR-DEATH EXPERIENCES

Grof, from whom Sagan borrowed to formulate his hypothesis
about NDEs, is a phenomenologist with Jungian leanings. Data emerging from psychedelic research led him to validate Jung’s concept of archetypes and their relation to the stream of our personal consciousness. Grof, like Jung, was clearly not disposed to reducing them to mere physiological epiphenomena. I would like to propose a possible Jungian explanation of near-death experiences. At the same time, I believe that this approach will have to be supplemented by findings from parapsychology.

The Archetype of Death

I shall make use of two assumptions from the field of Jungian analytical psychology. The first assumption is that certain collective psychic structures—forms, ideas, archetypes, empirically substantiated by data from dreams and mythology—in some logically prior way exist free from the limits of space and time. The archetypes represent the point of intersection between personal time and timeless transpersonal being. Jung (1968) himself put it this way:

The deepest we can reach in our exploration of the unconscious mind is the layer where man is no longer a distinct individual, but where his mind widens out and merges into the mind of mankind—not the conscious mind, but the unconscious mind of mankind, where we are all the same (p. 46).

The second assumption is that the archetypes function to assist the growth and evolution of the personality. Jung calls this process “individuation.” The archetypes come into play especially during mental emergencies, as automatic responses to crises of individuation. Jung (1971, p. 38) also stresses what he calls archetypes of transformation, which involve “typical situations, places, ways and means, that symbolize the kind of transformation in question.” One other immediately relevant thing to note is the ineffable, paradoxical, and numinous nature of the archetypes.

Research on near-death experiences may be uncovering data which empirically support the hypothesis of an “Idea” or “Archetype of Death”—a collective psychic structure whose function is to assist a human personality during a major crisis of individuation. According to Jungian theory, such an archetype would represent and contain the racial memory and wisdom of mankind. The collective experience of the human race has come up with this as the best possible way to die. The archetype is a paradigm—an old Platonic term—for how to die. It is optimally functional for dying in the same way the lung through evolution has become optimally functional for breathing. Near-death phenomena point toward an archetype or paradigm for a healthy death—a somewhat paradoxical expression, I admit.
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The advantage of this explanation is that it saves the important subjective phenomena: the experience of ineffable unity, transcendental elation, and so forth. For, as Jung claims, the archetypes are merging phenomena with numinous overtones. It also accounts for the transformative effects of NDEs, which seem to involve release from the limitations of ordinary, space-time bound individual existence. Yet there remain two thorny problems for the hypothesis of a death archetype. First, what is the fate of personal consciousness in this archetypal transformation of death? Second, what are we to make of the psi components of NDEs? The genuine paranormal effects obviously occur in a specifiable space-time framework and seem to involve awareness of particular deceased individuals.

According to the theory of archetypes, superpersonal structures "survive" death partly because they never undergo birth the way individual bodies do. Before John Jones was, the archetypes are. But what happens (in this Platonic-Jungian atemporal world) to the personal consciousness of John Jones? Some of the testimony from near-death cases indicates that the unique personality survives, for what the experiencers often claim they "see" are apparitions of recognizable, unique beings. Of course, this is not all; other things are also "seen," sensed as amorphous presences, or otherwise "perceived" as mythic forms. In the world glimpsed by dying patients, personal and transpersonal elements apparently co-exist. The near-death experience, like the Jungian archetype, is full of paradox. It strains the limits of our normal conceptual apparatus, as if it would in some way both unite and dissolve opposites.

The facts seem to support a paradoxical explanation of the fate of the individual. The description from Noyes and Kletti (1976) that I quoted above bears repeating: "... I was no longer me as I had once known myself. I had a feeling of becoming part of a greater whole." This speaks of a transformation of personal identity. There are different ways of describing this fundamental experience. Some call it the highest quest of the mystic, others regression to the magical omnipotence of primary narcissism. How shall we decide which interpretation to place upon this basic phenomenon of transcendence? This brings us once again to the paranormal factor in NDEs.

The Psi Component

The reductionist has neat and coherent schemes for digesting the dreams of artists and the visions of mystics and dying persons. But it is no easy matter for them to swallow such puzzling fish as ESP and PK. It is the psi component in near-death experiences that stands
squarely in the way of reducing them to being mere illusions.

But having said this, we must also consider the explanation offered by parapsychologists who have a leaning toward reductionism. They would claim that if we combine the known paranormal powers of embodied minds with a basically Freudian metaphysics, we can account for near-death phenomena and still reject the survival hypothesis. Suppose a dying patient experiences a veridical apparition of a relative who died before the patient was born, precognizes in detail some unusual future event, or provides a verifiable report of being out of the body. Why, these parapsychologists ask, can’t we say that this is merely an example of the patient’s psi operating in the service of a regressive tendency toward wish-fulfillment? In fact, there is hardly anything, no matter how remote from “ordinary” reality, that they do not ascribe to the supposed infinite psi-potential of the living human being. This “super-ESP” hypothesis (Gauld, 1961), as it is called, has been aptly characterized by Osis (1979) as “that strange invention which shies like a mouse from being tested in the laboratory but, in rampant speculations, acts like a ferocious lion devouring the survival evidence” (p. 31).

Moreover, as other parapsychologists have argued, if such extraordinary paranormal abilities exist in human beings, then it seems plausible to take the next step and consider the possibility of survival. In short, the super-ESP hypothesis is self-canceling, for the more effectively it argues for fantastic powers of the living mind, the less implausible—in fact, the more probable—it seems that there is an element of human personality capable of surviving after death.

THE SURVIVAL HYPOTHESIS

The immediate attraction of the survival hypothesis is its consistency with the beliefs of almost all those who have had the classic near-death experience. Ring (1980), for example, found a “huge effect” here. Although those having the experience were found to be less inclined to believe in survival to start with, as compared to non-experiencers, they were much more likely to believe in it afterwards. Thus, as Ring points out, it is not merely “coming close to death that tends to convince one that there is life after death; it is . . . the experience itself that proves decisive. The testimony here is unambiguous” (p. 169). Of course, since the claims of these experiencers, particularly those about the nature of the after-death world, are not publicly verifiable, we cannot consider them as “proof” of survival. But a mass of such accounts with congruent claims must, after a critical point, begin to count as a special consensus. Is it possible that those
who come closest to experiencing death know by acquaintance more about it than the rest of us do?

Needless to say, this will not do for the skeptic. Belief in life after death is unpopular among most intellectuals today. One reason for this is that there are supposedly good a priori arguments against the conceivability of survival. An excellent discussion of this problem from a philosophical point of view is offered by H. D. Lewis (1978) in *Persons and Life After Death*. The prevailing conception of the person derives from modern physicalism, the ruling philosophy that sees everything mental as ultimately reducible to physical states. Yet the major tendency of parapsychological research is to upset the pretensions of physicalism. Indeed, some able persons have persuasively argued the case for the impossibility of reducing psi phenomena to physical principles (see, e.g., Beloff, 1980). This is a problem that requires full discussion. I will only remark here that the more unlikely it becomes that psi can be explained in terms of physical principles, the more intrinsically plausible the survival hypothesis becomes.

An evaluation of the survivalist explanation of near-death phenomena demands a full account of other types of evidence for survival, such as mediumistic communications, veridical apparitions of the deceased, and reincarnation memories. Explaining NDEs is obviously a large undertaking. The most that can be said now is that they cannot be adequately accounted for by any of the reductionist theories, but that to invoke either Jungian or outright survival hypotheses would be premature. To embrace such non-reductionistic explanations is to commit oneself to far-reaching revisions of the general nature of things. One desires more solid ground from which to make such transcendent leaps. In the light of the facts, one is entitled to abstain from final judgment and rest in the skeptical attitude—but this means with regard to the pronouncements of physicalism as well as to the claims of the survivalists. One is rendered free—in a Jamesian, pragmatic way—to accept the survival hypothesis, for such a belief is consistent with near-death phenomena. But the great question of who we are and what our fate is after death is still open. We may be on the threshold of new discoveries. Whether we advance or whether we stagnate in indifference will depend upon the courage and collaboration of many—both hard-headed scientists and students of the humanities.

NOTES

1. This paper is scheduled to appear in a book edited by Dr. Craig

2. This article is reprinted here through the kind permission of the author and Mrs. Laura A. Dale, editor of *The Journal of the American Society for Psychical Research*, where Dr. Grosso's paper was originally published.

3. This example is taken from a tape recording of a lecture given by Dr. Sabom at the Psychical Research Foundation (Sabom, 1980; see also Sabom and Kreutziger, 1978).

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