

BOOK REVIEW

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Closer to the Light: Learning From Children's Near-Death Experiences, by Melvin Morse with Paul Perry. New York, NY: Villard Books, 1990, xiv + 205 pp, \$17.95.

Melvin Morse represents a new breed of young scientist for whom I have great admiration. Combining a busy private practice and teaching load with clinical research, Morse makes full use of his empathic skills without apology to scientific "objectivity." For the old-fashioned empirical scientist, such research might be considered suspect. The strength of Morse's work is that his humanity is an instrument of the research.

Closer to the Light is written in a masterfully clear and vigorous style, refreshingly free of obscure scientific language. The book teeters between trendy market-oriented pap and a serious summary of the research of a man who will be remembered as part of the history of the scientific study of the near-death state. Having ventured into popular writing myself, I view with sympathy the dilemma Morse has here between overstating his findings, which at times he does, and being able to explicate an extremely complex idea understandably. To write a book for the average person often requires misleading oversimplification of complex experiences.

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With this caution, however, I can state that *Closer to the Light* will be a strong emotional experience for the reader. Having come close to death due to drowning in my own childhood, the vividness and clear, provocative language of this book stimulated my memories of the peacefully centered, clear, and attractive qualities of the near-death experience (NDE). I certainly do remember not wanting to "come back" and being somewhat irritated at being resuscitated. That experience has spanned a lifelong interest in the areas of parapsychology and near-death and out-of-body studies.

The book begins with a highly laudatory if rather extravagant introduction by Raymond Moody. Moody claims that this book provides a glimpse of the other side after death, and proof that the right temporal lobe is "the seat of the soul." The book does not need this exaggeration.

Closer to the Light is structured according to the evolution of Morse's own thinking, beginning with a dramatic contact with a small child, Katie, when he was serving his internship in pediatrics. As he notes on page 12, he had an eye for experiences like Katie's that traditional medicine did not acknowledge, and had had some familiarity with Moody's pioneering work even then. He was able to publish these findings in a prestigious pediatric journal. I remember the interest his paper generated, especially since this relatively controversial material was published in a rather conservative publication.

In the course of the book, Morse sets about to answer a number of questions that derive from his interest in the way children experience death:

1. Do children have NDEs that are different from those of adults? Largely he answers this question, "no," except that the panoramic life review is quite unusual in children.
2. Does one need to be near death to have an NDE? He answers this "yes," a controversial finding.
3. Is there an area of the brain that produces a near-death experience? Here he finds, through a rather ingenious set of retrospective studies, an area in the Sylvian fissure in the right temporal lobe that appears to mediate the visual and affective state of the NDE.

Morse also asks several questions relating to the transformative effect of NDEs on children, finding that NDEs are as transformative for children as they are for adults.

Interspersed throughout *Closer to the Light* are numerous interesting clinical vignettes, which demonstrate Morse's thesis that a unique

near-death experience does occur in children. Although the very abbreviated form of the case studies is relieved by their dramatic emotional impact, even in the pivotal case of Katie there is a somewhat defensive cast to Morse's conclusion that no explanation other than a relatively esoteric one will suffice. This irritating trend pervades the book. However, Morse is quite honest in remarks about his personal belief and the relative importance of otherworldly explanations, especially for the light experience.

His assertion that no one in Katie's family had mentioned anything that might trigger the images of her NDE is belied by the references to her traditional Mormon upbringing with regular Sunday church visits. In spite of his reassurances to the contrary, it would be hard to imagine that in a devout Mormon household some issues concerning death and a positive and uplifting afterlife had not been discussed.

As a parapsychological aside, there are numerous references throughout the book to Morse's and others' reports of patients' perception of the objects the individuals could not have directly perceived from their vantage point. A broad-based scientific approach to human psychology that allows for parapsychological explanations much more parsimoniously describes such unusual perceptions. In fact, the only perceptual state that may be "proof" for existence of mind independent of body is bilocation, and although this has been demonstrated in a few cases, it is exceedingly rare in comparison with clairvoyance, telepathy, and psychokinesis.

In the next section, Morse describes a retrospective study of medical records and subsequent interviews with 121 children who were critically ill but not near death, and 12 children who had had cardiac arrests. The primary finding of this study was that not a single member of the control group of seriously ill children had had an NDE, while most of the children in the test group had at least one NDE trait. This study crystallized a mini-furor within near-death studies.

On the one hand, Morse and his colleagues believe that an individual needs to be near death to have such an experience. On the other hand, the research of Ian Stevenson, Emily Cook, and Nicholas McClean-Rice (1989-90), Glen Gabbard, myself, and Fowler Jones (1981), and others indicates quite the opposite. In fact, we recently concluded in a review of this exact question (Gabbard and Twemlow, in press) that "the dread of oblivion is not an issue that rears its ugly head only when one's survival is literally threatened. There is a background noise that haunts us day and night as we frantically strive to deny our own mortality through a myriad of self-deceptions."

Since *Closer to the Light* is not a scientific monograph, insufficient

data are provided to answer methodological questions about this study, although references to Morse's work in the traditional scientific literature are available. As reported in this book, however, his arguments are unconvincing. As for the assignment of patients to the near-death or control group, it is hard to imagine why 121 children who are on artificial life support machines and were very severely ill would be considered "not near death" (page 19): for example, children who had blood pressures that would suddenly plummet causing loss of consciousness, and children with swelling of the epiglottis causing sudden choking. Morse makes the extraordinary statement that victims of Guillain-Barre syndrome are never near death; this is clinically simply not true. A mortality exists with Guillain-Barre syndrome, and the slow and progressive bulbar paralysis is a medical emergency often necessitating assisted respiration.

So it seems to me that the children in the control group were in fact quite near death, and the other group of children differed only in that they appeared to have had a cardiac arrest. The differences between these two groups are interesting but unconvincing scientifically, especially in the light of other data showing that near-death experiences can occur in calm, relaxed states or even with the expectation of death.

In spite of these criticisms, the cardiac arrest survivors are a special group. The question is, in what way? In our work with near-death experiencers (NDErs), we attempted a multivariate analysis to see how NDErs would cluster (Twemlow, Gabbard, and Coyne, 1982). We found a cardiac arrest cluster of subjects in whom flying and falling dream-like images were much more common than in any other group. Eight of Morse's 12 survivors of cardiac arrest had traveling visions involving a sense of movement like the kind we found connected with the cardiac arrest type of NDE, but whose significance is not clear. The cardiac arrest group thus may be a specific type of NDE, but that is not reason to exclude the broad base of research clearly showing that one need not be near death to have an NDE.

The next part of the book is a preamble for a continuing theme indicting modern medical personnel for the unsophisticated and avoidant way they deal with death. This section also discusses predeath visions. Morse concludes with a statement of considerable wisdom (page 67): "I simply felt that the seeds of healing for the living might be found in the visions and perceptions of the dying."

Many other researchers and clinicians have reported predeath visions in their patients. We sometimes see remarkable changes in people who have visions of their own death and then reach a state of

peace and tranquility with a more whole and integrated sense of self. They are often very supportive to those whom they are leaving behind, family and friends who often appear more distraught than the dying children themselves. Such patients are often quite accurate about the time of their own deaths.

Morse implies that death might be a state in which the highest level of human development can be perceived. Cultures other than our own have thought the same. In Tibetan Buddhism much wisdom is considered to repose in the dying individual. Young monks in training are required to sit with dying people to absorb that wisdom, a far cry from our death-denying culture.

In the next section, Morse pursues the medical establishment with a dedication and relentlessness that, although sometimes admirable, might be somewhat overstated. For example, he writes on page 68: "to research near-death experiences today is to be lumped together with spiritualists, TV ministers, and UFOlogists." Morse then reviews the history of what he calls "the loving lie," his term for the collusion between physician and patient to avoid discussing death. The underlying assumption is that the physician cannot tell a patient he or she is dying because that knowledge would be too overwhelming, although there is clinical evidence to the contrary.

In spite of my support of this indictment of narrow-minded and omnipotent physicians, I am occasionally struck by Morse's own narrow-mindedness. For example, he quotes a Swiss study (page 73) that parents have premonitions of their children's death and concluding that parents have a deepseated wish for their children to die, which leads to emotional neglect that the child senses and that causes his or her death.

That is a horrifying idea, but the theory that premonitions can arise from the death instinct and that the precognizer may be unconsciously actualizing a mental image rather than foretelling the future has been suggested by others who *are* open-minded parapsychologists, such as Jule Eisenbud (1982). Even allowing for the lay audience to which this book is addressed, I do not think that an author should dismiss a theory merely because it is unpleasant and unpalatable.

Morse's solution to dehumanized modern medicine is to combine medicine with spirit for the creation of what he calls "new rituals with which to heal our inner selves in society" (page 92). These opinions have my full support and I think the full support of most modern physicians. In fact, it is hard to imagine how any physician could decry such humanistic recommendations as those made by Morse and many

others before him. This raises a question in my mind, as a student of human nature, of why such humanizing of the dying process is so difficult for us to engage in.

I believe the psychoanalytic position, although often considered to be a cynical reductionism, is pertinent here. It is simply not easy to change people's beliefs, especially about emotionally charged subjects like death. Educated physicians and scientific knowledge are ineffective, as Sigmund Freud found when he tried to treat neurotic patients by educational and didactic explanations of their dreams and symptoms. His later rediscovery of the unconscious clarified that human beings don't change simply because a lecture is delivered to them about the need to do so, even when it is done in an empathic way, but that unconscious forces play a critical role in change. Morse's book provides us with material to pursue this interesting but unanswered question further. How I wish it were as easy as he implies, that merely believing modern research findings and becoming more spiritual and humanistic in one's own life would effect major personal change.

When I saw the title of the next chapter, "The Seat of the Soul Hypotheses," I thought: what an overwhelming undertaking for a book of this size and for this audience. How could Morse possibly summarize this question, which has occupied humanity for thousands of years and is almost impossible to discuss in a way that is meaningful to anybody but a philosopher? He manages, however, to succeed, I believe, in a remarkably succinct discussion of the evolution of dualistic thinking. Unfortunately he overquotes Wilder Penfield, the favorite pre-eminent scientist of dualistic exponents. Penfield has been quoted and requoted *ad nauseam*, and I wonder if he would not turn in his grave if he could see how his terminal musings have been used.

It is no indictment of some of the great scientists of our century that they have, in the later phases of their careers, become modern experts on everything, including fields into which they normally would not dare venture. In our superstar culture there is an omnipotent transference on the cultural level to savior figures that is very hard to resist, especially when one is dying. Penfield expressed a view that needs to be considered, but his opinion is in no way proof of anything.

There is an odd paradox among proponents of the dualistic schools who consider that mind appears to be separable from brain. Such people are often holistically oriented in their health attitudes. Yet the core thesis of holism is antithetical to dualism because dualistic thinking leads to an artificial separation of mind and body.

Morse next devotes a whole section to the "light experience" and is quite perplexed by it. He feels that naturalistic/psychological explanations for this experience are lacking, although neurophysiological explanations are imaginable. It is the light experience that leads Morse to virtually exclusive otherworldly explications. He gives a passing reference on page 133 to less esoteric explanations, such as that "the superego and ego ideal . . . may come to the rescue in the form of the being of light" (Gabbard and Twemlow, 1984, p. 164).

The final section of the book deals with the transformative effect of NDEs on children. In the adult literature there have been some research studies suggesting that attitudinal changes follow an NDE, but the consistency of those changes is not clear. Morse's case reports are well-articulated vignettes, each depicting a piece of the puzzle.

In summary, *Closer to the Light* will be unsatisfying for scientists, but it wasn't written for them as such. The bibliography needs to be updated considerably in light of research in the last couple of years. At times the style of the book has a careless and exaggerated quality, and there is already a furor over Morse's interviewing and reporting of some of the cases (Roberts, 1991).

In spite of these faults, however, the field needed to be studied and written about. In regard to Morse's claim that the NDE is confined only to states near death, a serious question can be raised about his findings. His research might have uncovered a site in the brain that, when stimulated, will produce an NDE-like experience, but the "seat of the soul" idea is marketing hype.

I await with great interest Morse's future writings, especially ones addressed to a more erudite and critical audience. Reading this book expanded my own view of the NDE and I appreciate it for this fact alone. I began to reconsider the near-death experience not only as a defense against catastrophe—the nameless dread of nonbeing—but also as a self-healing experience. Morse's patients seem to be more whole or more integrated after their experiences. In many ways, it is as if they have finally "come home" or have achieved a broader perspective on "the big picture." In this sense, then, the NDE is not only a defense aimed at coping with catastrophe, but has an adaptive transformative quality.

Morse deserves credit for his energy, enthusiasm, creativity, and assertiveness. His indictment of modern medical practice with regard to the death of children contains well-taken points. *Closer to the Light* will be of considerable interest to the general public, as its current sales figures already indicate.

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