

classify NDEs on the basis of what the experiencers feel about them. That does not, of course, mean that we need not pay attention to NDErs' interpretations of their experiences. By all means, let us examine them and try to account for the differences. At the same time, let us also try to understand—to put the matter in very general terms—the body-based mechanisms underlying the experience, with a view to finding out, among other things, whether knowledge about them can be put to practical use.

Let me cite some examples. Persons who have spontaneous and unexpected OBEs have said that they were insensitive to painful stimuli during their experience. Does this have any implications for pain management free of side effects? There are several accounts of accurate out-of-body perception. Do they not make a case for investigating whether we are capable of “eyeless sight” in situations when normal vision is in abeyance (Krishnan, 1985, 1988, 1993)? If we are found to have this ability in a latent form and if we could discover the underlying process, would it not help in attempts to devise a means of giving sight to those handicapped in this respect? Some NDE accounts contain a hint that some of the “transcendental” elements, such as visions of peaceful surroundings and the like, may perhaps have had curative or palliative effects on the NDErs who were ill at the time of their experience (Krishnan, 1995). If future research confirms this hint, can we not find out the process involved and use it as an adjunctive treatment of at least some kinds of disease? In my view, there is a great deal of practical and theoretical value to be learned from NDEs if only we ask the proper questions.

I hope I have made a reasonable case for not restricting near-death research or this Journal to any particular aspect of the NDE.

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