

Disclosure Habits After Near-Death Experiences: Influences, Obstacles, and Listener Selection

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ABSTRACT: Based on research gathered through interviews with 50 near-death experiencers (NDErs), this essay describes habits of disclosure regarding NDEs. Major influences and obstacles to disclosure are discussed, as well as issues involved in listener selection. Finally, some comments about secrecy emphasize the importance of discerning between appropriate, nourishing choices of secrecy and choices of beneficial disclosure.

As powerful and transformative happenings, near-death experiences leave behind a trail of aftereffects. Because of their controversial and intimate nature, however, they also plunge individuals into acute communicative dilemmas as experiencers ponder whether and to whom they may talk about the NDE. These communicative dilemmas, challenges of self-disclosure, were the focus of my dissertation research in the field of communication theory (Hoffman, 1993).

This essay presents research results regarding self-disclosure habits among near-death experiencers about their extraordinary experience. As I detailed in a previous article (Hoffman, 1995), decisions to talk about or conceal significant life experiences have implications for our physical as well as psychological well-being. Recent findings in psychoneuroimmunology support the claim that

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the "act of inhibiting ongoing behavior, emotions, and thoughts requires physiological work" especially when a "person who constantly thinks about something and wants to discuss it with others often actively holds back in talking about it" (Pennebaker and Susman, 1988, p. 331). The work of inhibition appears to act as a cumulative stressor over time, thus increasing the probability of the problems associated with stress, physical as well as psychological (Pennebaker, 1989).

While researchers identify physiological mechanisms that correlate with this work of "inhibition," they also find evidence that "confronting" previously withheld experience produces immunological as well as cognitive benefits (Pennebaker and Susman, 1988). Confrontation "refers to individuals' actively thinking and/or talking about significant experiences as well as relevant emotions. Psychologically confronting traumas negates the effects of inhibition, both physiologically and cognitively" (Pennebaker, 1989, p. 231). Research findings "demonstrated that disclosure of important personal events has physical and psychological benefits" (Pennebaker and Susman, 1983, p. 332). The physiological effects of the disclosure event itself were influenced by such factors as depth of emotion and meaning invested in the recalled event as well as the degree to which individuals "let go" as they talked about it.

Recognizing the significance of these decisions to talk about major life experiences, I began a three-year investigation into the disclosure decisions and patterns that followed near-death experiences (NDEs). In an earlier article, I described the research project and summarized the reports of 50 persons, 26 women and 24 men, regarding their disclosure needs and motives about the NDE (Hoffman, 1995). In this essay I discuss major influences on disclosure habits, several specific obstacles to disclosure, and the process of listener selection, and close with a final word about secrecy.

My research combined qualitative and quantitative methodologies. Following an extensive interview, each individual completed Kenneth Ring's Weighted Core Experience Index (1980) and Bruce Greyson's Near-Death Experience Scale (1983), as well as demographic and communication questions. Statistical correlations revealed some significant findings about disclosure habits.

Previous Knowledge of NDEs

Among the questions asked on the pen-and-paper follow-up questionnaire was the following: "Indicate the degree to which you *hold back from talking* with others about this experience." The five possible answers were these: I never discuss this, rarely, occasionally, frequently, often. I wanted to test the strength of relationships between this question and other demographic, experience-content, and general questions.

The responses to that question were significantly correlated with responses to the following question: "Were you familiar with the near-death experience in general before your own experience occurred?" A point-biserial correlation found that individuals who were *not* familiar with near-death experiences before the occurrence of their own were significantly less likely to discuss it ($r = .3606$, $df = 48$; p near .01).

I noticed in my interviews that having read about near-death experiences before one has one does not offset the amazing power of this happening. If one knows some facts about these events, however, at least the sense of profound singularity may be attenuated. Without such knowledge, individuals must cope with both the power of this experience *and* a seemingly inexplicable uniqueness in having received such an extraordinary encounter while near death. The NDE itself may be strongly consoling, but the feeling of singularity can be troubling, on the one hand, or lead to attributions of lofty eminence, on the other.

Some persons I interviewed mentioned that before the publication of Raymond Moody's books (1975, 1977) little information existed that offered substantive corroboration of these happenings. Biblical references to visionary experience and parapsychological literature served as the only sources for descriptions remotely similar to theirs. Experiencers often wondered who was likely to believe that such a happening occurred to them. It appears that early years of isolation, with little access to others to whom one could speak about this, may begin a pattern of keeping these NDEs secret.

In the past ten years, publicity about NDEs has increased. Sometimes that coverage trivialized the experience, according to a number of NDErs I interviewed, which complicated their attitudes toward near-death experiences before their own first-hand encounter. This finding, which connects habits of subsequent disclosure with awareness of NDEs *before* the near-death event, underscores the powerful

role that such knowledge plays in releasing individuals from a potentially harmful experience of alienation.

Experience Content and Disclosure Desire

In addition to the question about the degree to which individuals hold back from talking about the NDE, I also asked each person I interviewed to respond to the following question: "If the circumstances were completely comfortable for you, how would you describe your desire to describe this experience?" Possible answers included the following: I have a very strong desire to talk about this, strong desire, moderate desire, slight desire, and no desire. Two scores from Greyson's NDE Scale about experience content correlated at significant levels with this question about desire to talk about the NDE.

Greyson's scale (1983) was designed to gather information about the content of the NDE through 16 questions in four areas: cognitive, affective, paranormal, and transcendental. This scale, then, yields a total score, four subscale scores, and 16 individual item scores. The scores that correlated significantly with one's reported desire to talk about the NDE came from the paranormal section. Four questions comprise this paranormal section: Were your senses more vivid than normal? Did you seem to be aware of things going on elsewhere, as if by ESP? Did scenes from the future come to you? Did you feel separated from your physical body?

Desire to talk about the NDE was positively correlated with the paranormal subscore ($p = .042$) and even more significantly correlated with the first question in that section about senses being more vivid than normal ($p = .003$).

Paranormal happenings seem to be viewed as particular kinds of hard evidence concerning the experience's reality. Experiencers may know facts that can be checked and corroborated, for example. Several medical researchers have published reports substantiating the reliability of such reports (Sabom, 1982; Morse and Perry, 1990). Persons whose NDE had no such element may accept the authority of their experience while recognizing their inability to offer corroborative sense data. But for those NDEs with strong paranormal elements, discussions about the experience's reality may move to levels of documentation and/or verification of such evidence. Talk about evidence and sequence of events witnessed from a place outside the body are controversial topics, to be sure. However, these topics are not as

likely to involve disclosures of profoundly intimate matters as may be required when talking about affective, cognitive, and transcendent elements within NDEs.

In addition, paranormal elements within near-death experiences seem to spark enduring questions about the nature of reality. Such information brings into question the foundation of our human condition as embodied beings. Having gained access to a new dimension of perception, as it were, these experiencers have stepped beyond ordinary limits and returned with the kind of data that might be deemed “persuasive” precisely because it is subject to empirical verification.

Such breakthroughs have immediate and profound implications that extend beyond the individual level. Keeping this information quiet may be profoundly dislocating as well as disingenuous. For this group, there’s a conviction that what happened to them at death’s door will happen to every human who crosses that threshold of death, and that people deserve to know the truth. One woman recalled that she would sit in the orthopedic clinic during her long recovery at age 16 “and would look at all those people and try to figure out who had done this.” She was secretly convinced that everyone who was hurt badly in an accident had been released from the body as she had been, and whenever she heard of someone in an accident “the first thing I thought of was, I wonder if they did that?”

Cascading Disclosures

Previous researchers in the field of self-disclosure have not focused on the ways certain disclosures precipitate other closely linked disclosures (Hoffman, 1993). I have termed such intricately linked disclosures “cascading disclosures” to emphasize the powerful way that discussion of one aspect necessitates a disclosure decision about other aspects.

A near-death experience is a kind of “limit-experience,” to use Lane’s (1988) phrase, because it is deeply embedded in context. Lane included near-death experiences as well as mystical experience, the experience of falling in love, and other sacred experience as examples of limit-experiences. From the perspective of near-death experiencers, NDEs and the precipitating physical events are integral parts of a whole memory.

Experiencers who met with me pointed out that their NDE is rarely a topic they suddenly bring up in conversation. As researchers in disclosure note, the issue of topic relevancy is one powerful variable in judgments about disclosure appropriateness. Because NDEs occur within physical crises and are woven like whole cloth into close-to-death episodes, this topic may become relevant through discussion of NDE-related topics or through talk about specific physical situations related to the crisis event, such as drowning, car accidents, childbirth, and so on.

Research has documented that NDEs occur within a wide range of physical crises, including acute illness, tragic accidents, surgery, suicide attempts, and violent attacks (Ring, 1980). The NDE topic is controversial in itself, but physical crises also carry connotations of innocence or stigma. When discussion of the triggering physical event is likely to elicit negative attributions, one's desire to talk about the NDE may be thwarted by other disclosure complications. For instance, violence (including a suicide attempt) played a role in six of the 50 cases in my research. Only one of those persons had talked about the NDE to more than 5 people. On the whole, this group was more concerned about my preserving their anonymity than the other experiencers who met with me.

Experiencers report that unwillingness to talk about one aspect of the near-death event increases the difficulty of disclosing the other aspects. Often the affective tone and degree of intimacy dramatically shifts between the crisis-discussion and the NDE revelation, which introduces additional situational and relationship assessment variables into the decision process. One man, for instance, insisted that I ask no questions about the physical violence that precipitated his close brush with death, though that constraint closed several lines of inquiry within the interview. During a conversation much later in time, this man initiated disclosure about that physical violence and appeared to experience relief that he had shared the "whole story" with me. He added that he had originally feared that my acceptance of his NDE's legitimacy would be tarnished if I had known about the exact nature of the violence.

At times the character of the physical crisis makes the topic arise easily in conversation, multiplying the occasions in which talk of the NDE is relevant. One woman noted that her NDE occurred during childbirth, an event that included some humorous anecdotes and arose fairly often when she and her husband gathered with close friends. She recounted the decision process as follows:

I would be real hesitant to tell this story, and I would, most of the time I would tell the funny parts about the doctors coming in . . . and I would be real hesitant, and most of the time I didn't tell the other part . . . I guess it would depend on how the spirit moved me, and what kind of friends we were with and if I thought they would be receptive to hearing this. Most of the time I didn't though.

When the crisis causes lingering physical or functional disabilities, those obvious impediments can trigger queries that suddenly thrust both the physical episode and the NDE into topic relevancy. A barber told me that she found herself speaking about the NDE frequently as she explained her residual memory loss to her regular customers following a near-fatal car accident.

As with all intensely contextual experiences, NDEs are intricately connected with a physical event. Rivers of associations flow through both aspects. Linguistic cross-references abound. Affective intensity may arise in part from dichotomous juxtapositions. While it is possible to talk about the physical crisis or the NDE in isolation, disclosure about either one necessitates a disclosure decision concerning the other. Issues of cascading disclosure help explain the effects of precipitating forces and complicating constraints within talk about the near-death episode.

Disclosure Following a Distressing NDE

NDE research depends on disclosure decisions. This dependence means, in part, that we cannot know for sure what proportion of near-death experiences are of a distressing nature. Are distressing NDEs rare, or are they rarely reported? Understanding and resolving disclosure difficulties following distressing NDEs is one small step toward removing impediments that may forestall such disclosures. Among the 50 individuals who met with me and spoke of their NDEs, one person recalled the out-of-body experience as an acutely distressing event. While one case does not justify broad conclusions, I present it as a vehicle for disclosure insights from that person's point of view.

I was contacted by a man in his 70s who had read a description of my research in a church bulletin. Our interview was comfortable and open, he was a gracious host to me in his home, and he seemed eager to make some headway about this important unresolved event in his life. His distressing NDE had occurred 40 years earlier during emergency surgery. Just prior to that surgery he was advised by his

physician to prepare for death and had called a priest. The on-duty priest did speak with him, but refused to administer the "last rites" sacrament after the man admitted that he had once encouraged a woman to have an abortion. After this refusal the man requested that the priest simply join him in prayer, a request also refused.

During the NDE this man described movement at high speeds through a dark and narrow tube, which he described as "like I was going to hell." In addition, a "deep, melancholy sound" was part of the NDE, a sound that he described as haunting to him in the years since. He had never disclosed this NDE to anyone, citing as reasons "I felt like they'd think I was nuts," "I was ashamed to say that I had a sensation I was going to Hell," and "I never felt like anybody would understand." Though his relationships with family members were described as close, he reported that he didn't want to "burden" or "upset" them. He added that this particular concern involved a degree of intimacy that he was not prepared to share even with those closest to him.

This man's spiritual distress moved me deeply. As an older man, he seemed desperate for "peace of mind, peace of soul." Recent controversy over abortion accentuated his preoccupation, including his horror upon reading a religious pamphlet describing unavoidable spiritual peril for those involved with abortion. He mentioned that this haunting near-death experience may have prompted a lifelong tempo of intense busyness as an effort to "get it out of my mind." This man obviously longed to resolve this lingering haunting from an experience that he interpreted as an indication of spiritual culpability. Yet he resisted my suggestions about professional resources with explanations that such persons wouldn't understand, did not have proper authority, or were much too busy. My follow-up calls always found an answering machine, but none of my calls were returned.

Greyson and Bush (1992) reported their findings after searching out 50 accounts of distressing NDEs. As they noted, "It is difficult to imagine that an experiencer could be indifferent to the cultural assumption that personal merit determines type of experience" (p. 96). Within my interviews, I found evidence that such a cultural assumption exists from both ends. Not only did the man with the distressing NDE memory interpret it as sign of spiritual culpability, many persons with uplifting NDEs commented that this happy event sealed their spiritual destiny after death. When one woman confided her blissful experience to a nun in the hospital, the nun replied that

she had heard both hellish and uplifting reports. "Well, I guess I won't go to hell!" was her response and conclusion. Several people expressed the belief that their blissful experience had already validated the merit of their behavior and thus no change was warranted (Hoffman, 1993).

The most noteworthy piece of misinformation I encounter when I speak to groups about near-death research involves this point. A number of audience members have mentioned their understanding that following suicide attempts, NDEs are all of distressing nature. Research findings do not support that (Ring, 1980). This belief seems to reflect the cultural assumption that merit and near-death experience milieu are linked causally. Ironically, recent NDE publicity, amplifying the dominantly uplifting motif, may be making it even more difficult for persons with distressing NDEs to self-disclose about the event.

Listener Selection

Interpersonal self-disclosure necessarily involves issues of listener selection. A decision to talk about one's NDE is a decision to disclose to a particular person or persons. When I asked about this aspect of listener selection within my 50 interviews, I found that these experiencers were amazingly specific when describing that process of assessing listener responsiveness and readiness. It appears that close observation and vigilance accompany this process. This refined level of process awareness reflects, I believe, the value of near-death experiences as well as the power of listener response. As Pennebaker and Susman (1988) and Pennebaker (1990) emphasized, when one experiences rejection during disclosures about significant events the negative effects can be personally devastating. This risk underscores the right and responsibility for near-death experiencers to exercise care in choosing persons with whom to discuss their NDE.

Disconfirming Responses

I found that experiencers are especially vulnerable to disconfirming responses during *early* disclosures. These communication events mark initial attempts to bring this experience out of the intrapersonal realm and into the interpersonal one. It is deeply ironic that when a powerful rejection stymies further disclosure initiatives, the

same happening that frees individuals from fear of physical death is itself buried within a communicative casket. One woman summarized this state of communicative isolation as distancing "you from the person you told" and creating a "loss of community with the living."

Several persons described to me these early rejections and trailing nondisclosure legacies. I will describe two of these to show their influence on subsequent listener selection processes. One woman's NDE occurred within a suicide attempt. When she told the psychiatrist what she witnessed from a point outside her body, she recalled the psychiatrist's response: "You're just hallucinating.... If I hear stuff like that from you again, then I'm going to have to put you in [the mental ward of local hospital] and lock you up." Despite her continued insistence of the experience's reality coupled with detailed descriptions of resuscitation efforts, the woman found that the psychiatrist "just wouldn't listen." Referred to a social worker shortly afterwards, she decided to try once again to describe the NDE. The social worker called the experience a hallucination and added, "You should not uh, tell people this, because, a, it's not going to help you because that just really did not happen." Soon afterwards she broke off her association with the psychologist because "nobody would listen to me." When I asked why it was so important to have that part of the ordeal discussed, this woman asserted that the NDE "changed me so much" and she wanted that wonderful part of a difficult ordeal to be acknowledged. She interpreted the negative responses to mean that there was something "to be ashamed of" but she wanted people to know that "something good came out of it." More than ten years passed before this person shared descriptions of her NDE openly with a trusted friend who was herself struggling with her child's death. Even then, she proceeded slowly and cautiously, alluding to her NDE on a number of occasions while refusing to elaborate how she knew so much about what awaits after death. Strongly motivated to comfort her friend, she described her extreme caution with these words:

I had to make sure that I wasn't going to be rejected. I had to make sure that she was going to listen to me. And I had to make sure how I was going to deal with it, from telling somebody because I hadn't told anybody in so many years.

Another person had three NDEs at ages 4, 16, and 39. When she began to describe what she observed and overheard during her original NDE her grandfather told her "you know the fever has affected your mind, and you must never talk about this; they'll lock you

away.' ” The grandfather’s words “scared me so badly.” Even after her second NDE at age 16, which involved days of out-of-body autoscopic observation, she “never got up my nerve [to talk about it]. It was just too scary.” She brought up the subject obliquely with her doctor by asking “when people get hurt real bad, and they’re unconscious but they’re not dead, where does their mind go?” But she was so terrified she’d be locked up that when the doctor said “ ‘Well, why are you asking me that?’ ” she decided not to tell him. After her third NDE she began an intensive search for written information. The librarian recognized her and asked why she was researching the topic. “I still wasn’t telling anybody. [Laughter] So it’s amazing, I’m a thinking, reasoning adult, but I still was afraid. My grandfather had so frightened me.” About 10 years after her third NDE, a very close friend was depressed and grieving. In her desire to comfort him, she decided to disclose her NDEs in part to reveal how she knew what happens at death. She prefaced her narratives with these words:

I’d like to share something with you...that is totally off the wall, and you might call the people with the white jacket and the nice little ribbons on the ends of their sleeves, but I’m gonna tell you.

The power of early rejections, in cases like these, began a pattern of nondisclosure that persisted more than a decade despite sustained interest in the experience. They seem to heighten a posture of vigilance in listener selection afterwards.

Catharsis

Some persons respond to the awesome power of this happening with an irrepressible desire to talk about it with others. Almost explosive in its urgency, this strong desire immediately upon return to consciousness may usher in a period of nearly indiscriminate disclosure. Listener selection is nearly absent as a constraining variable in such disclosure interactions. This period tends to be shortlived and seems to be related to a residual sense of invincibility or euphoria.

Some persons described this period as a time when they were relatively unaware of signals corresponding to listener readiness. Proximity played a big role in determining who they spoke with; thus persons in emergency or hospital settings who maintain close contact with patients may be selected to hear such reports. Typically, NDErs

who commented about such early cathartic periods characterized them retrospectively as a joyful antecedent to more protracted stages during which both listener selection and awareness of their own needs, expectations, and vulnerabilities were refined.

Listener Criteria for Considered Interactions

As the early days and weeks following the NDE pass, experiencers become more aware of their own disclosure hopes and expectations. Dissatisfying listener responses, which may range from outright rejections to indifference to superficial curiosity, hone the experiencer's awareness of his or her own disclosure needs and motives. An intrapersonal development parallels this interactive one as well. The surprise and awesome power associated with the NDE yields to more measured thoughts about the experience's meaning and legacy. Experiencers are moved then to make more deliberate disclosure decisions.

I noted a surprising degree of willingness among the NDErs I interviewed to talk about this experience with others. In addition, these experiencers expressed remarkable agreement when they described the qualities they looked for in listeners as signals to guide their disclosure decisions. These qualities are expressed through the four queries that follow.

(1) *Is this person willing to think seriously about death and beyond?* Perhaps this willingness is a critical element in part because reciprocity operates as a fundamental guide in human interaction. We mirror one another in a thousand creative ways as a means of maintaining social harmony. A favor begets a favor; a gift is met with expressions of gratitude. Similarly, we usually move slowly in our disclosures with others. The degree of risk is usually increased in incremental stages between the persons involved, with an eye toward maintaining a relatively equal level of risk incurred. Except in formal relationships like therapeutic encounters, we look for matched levels of disclosure risk. We know, for example, that when disclosure is imbalanced that mismatch of vulnerability strains relationships (Adler and Towne, 1993).

One's NDE is typically viewed as an intimate and treasured happening. In addition, the topic is noted for its controversy. NDErs recognize that their own confrontation with death and beyond means that they have left behind cursory interest in such matters. NDErs

look for listeners willing to enter that place of vulnerability where we stand face-to-face with the great mysteries of life and death. It is not necessary that listeners present unquestioned belief about the NDE's reality, experiencers report, but the listener's willingness to ponder these issues seriously is critically important. Such a willingness may signal reciprocal involvement and interest as well as honor the topic's significance and power.

Judging from the comments made during our interviews, such willingness to think deeply about these issues is relatively uncommon. If potential listeners manifest an attitude of superficial curiosity or voyeuristic thrill-seeking, or in any way seem to be evading requisite soul-searching, the door to disclosure may shut quickly. Experiencers noted that a listener's recent brush with serious illness or a loved one's death typically engendered genuine interest in these issues.

Listeners may unwittingly confound these disclosure interactions by misunderstanding the reciprocity impulse. This impulse, for example, may partially account for the tendency that some listeners demonstrate to summon up examples of "strange" experiences to offer in return. A number of NDErs mentioned that listeners sometimes interrupt their account and begin offering reports of "strange" or "weird" happenings. As one man reported:

[The listeners] started to ask questions before I was halfway through the story, about did I see any auras around people, asking these kind of kooky questions people ask, and I thought, well I'm not interested in going anywhere, so I kinda didn't finish the story.

This kind of response seldom meets reciprocity needs, in part because an NDEr does not view the experience as "strange" or "weird" but rather as significant, intimate, transforming, and profound. NDErs reported their dismay when listeners respond to this topic in a competitive spirit, trying to "outdo" the account with other accounts of sensational or strange happenings.

(2) *Does this person have a closed mind on these matters?* When experiencers look for someone with an "open mind" to talk with, they have two characteristics in mind. First, they look for someone who will consider new ideas in these matters. Experiencers know that they themselves may have scoffed about these matters were it not for their first-hand encounter. They are well aware that these experiences may conflict seriously with materialistic scientific perspectives as well as certain religious dogmas. If someone has closed his

or her mind about these matters, NDErs may choose not to speak about their experience. After all, death will come . . . in its own time.

Because beliefs about death and beyond form bedrock layers of our personal schema, compelling new information about these matters can be disorienting. Near-death experiences are not uniform in content, yet following uplifting experiences NDErs can tolerate uncertainty about specific issues because overwhelming assurance was given by the NDE. Experiencers intuitively know, then, that their transformation has been eased because of that first-hand certainty and they have no way to bestow that assurance upon their listeners. As one man put it:

Why I don't speak of it a lot, is that it disturbs people My perception is that people tend to define themselves within the structure of religion somewhere, so that they have some reason, some semblance of their existence.

Closely aligned to an "open mind" is this second aspect: is this person's cosmology flexible enough that they are not unduly fragile when presented with this account? Often near-death experiences contain content that challenges traditional religious dogma. In words that echoed that sentiment, an experiencer explained that if he spoke about his NDE, "all I could do would be to break their faiths" because he could not take away anxiety about death and about making mistakes. It seems that uplifting NDEs provide noetic and emotional legacies. While talking about one's NDE may effectively share new knowledge, experiencers are not as confident that such dialogues can transmit the powerful assurance they've come to know.

(3) *Will my sincerity be respected?* If a listener carefully attends to the NDE account and chooses an alternate explanation, experiencers are not necessarily disturbed by that choice. What is disturbing is a response that calls into question the experiencer's sincerity and judicious attitude toward the NDE.

There is no question that from the experiencer's point of view, the NDE description is as truthful and accurate as possible. I would describe the experiencers who met with me as generally reluctant to make claims not specifically supported by their NDE content, differentiating in their comments between empirical evidence and belief or speculation. When experiencers cannot find words, they say so. When they need a metaphor, they introduce figurative language with disclaimers like "it's as if . . ." or "this is as close as I can come." Such metacommunicative comments, discourse about the words

themselves, reflect special care and integrity. When looking for potential listeners, experiencers hope to find persons who will accept this presumption of sound judgment and complete sincerity.

(4) *Will the value of this gift be appreciated?* With some exceptions, experiencers regard this event as precious and offer their account with that attitude. They hope that at the very least the listener will appreciate the value of both the NDE and the offer to share this account. Two NDErs said to me, "Don't cast pearls before swine." Experiencers look for persons who recognize this value.

Individuals vary in their capacity to deal with jocular responses. Several pointed out the difficulty of having others refer lightly to something they cherish. For instance, a woman decided to be more selective in sharing her account after she overheard some remarks made by church friends after her NDE description. When she heard the words "she had one of those experiences," she felt that a pivotal and profound happening had been reduced to a category. Said another, "I regret sharing something with them that I cherish so much and they look at it the way they look at it, with no respect and no belief." Several NDErs reported that when their spouses speak more glibly about it to others than the experiencer does, spouses may unwittingly encroach upon that hallowed space.

Finding Listeners

Experiencers draw on a combination of observational and intuitive means to detect a listener's attitudes in these four areas. Hoping to gather this information before actually revealing their own NDE, they may creatively test the waters by bringing up similar topics and watching responses. Said one woman who occasionally discusses her NDE in her work with seriously ill patients, "I do it in steps . . . I don't suddenly drop this on someone." Said another, "I take a little time to figure out where the person's coming from philosophically and religiously, and then I gear the way I talk about it to that." Another NDEr who talks openly about his happening said that if someone brings it up at an inappropriate circumstance he responds, "I'd be glad to talk to you about it, but not here." He explained, "It seems to me if a person is truly interested in hearing about it, if it's not coming out of social nervousness or wanting somewhere to be at a party, then I'll hear back from them."

In addition to “trial balloons” and close listening, experiencers report that nonverbal clues are relied upon to assess attitudes. One man mentioned he looked closely into the eyes of the prospective listener for signs of disbelief and hesitation. I pressed another experiencer to describe behavior she classified as “resistance.” Her description was amazingly specific:

There is a physical thing that happens when a person is—I can see it happen. Their back gets a little bit straighter, [getting ready to] defend them. There’s a look that comes across their eyes. You can see them observing you and watching you and making judgments It’s an observing look. It’s not a being-with look. It’s an observing look, and a judgment. You can see their mind going a mile a minute in the background.

Another experiencer emphasized that one cannot feign genuine interest: “either you are or you’re not.” A decision to disclose, then, is more accurately a decision to begin by closely watching the listener for attitude and reaction. That checking continues after the disclosure has begun as the persons participate together in exchange of messages, both content and attitudinal. At various junctures, the account can be stopped short, sidetracked, or made more shallow if the NDEr chooses to do so. For listeners who are genuinely interested, experiencers recommend the following:

- (1) Don’t interrupt during the NDE account.
- (2) Take the experience on its own terms. Take time to imagine what this would mean if it happened to you.
- (3) Don’t judge quickly; keep your mind open.
- (4) Listen with patience. The events may not fall into a tight sequence.
- (5) Stay silent when the speaker is silent. Resist the urge to hurry the story. The silence is not emptiness, but belongs to an experience of ineffability.

Mismatch of Disclosure Desire and Disclosure Frequency

During my research project, I wanted to gauge the degree to which persons adequately fulfilled their desire to talk about the NDE. Wanting to discuss this pivotal event and not doing so constitutes a disclosure dilemma. As Pennebaker argued forcefully in his book

Opening Up: The Healing Power of Confiding in Others (1990), not talking about significant life events appears to act as a cumulative stressor affecting our psychological and physical well-being.

In the pen-and-paper follow-up questions after our interviews, experiencers indicated their desire to talk about the NDE. I used responses to these questions as one means of assessing mismatch between desire to disclose and actual disclosure frequency.

Forty-six persons provided answers to both these questions. Of those 46, 10 persons indicated a desire one degree higher than frequency (for example, strong desire but occasional frequency), while 15 persons indicated a desire more than one degree higher than frequency (for example, strong desire but rarely discuss this). Using this comparison, 54 percent of the persons I met with reported mild to severe mismatch between disclosure desire and disclosure frequency through the follow-up questionnaire. Judging from remarks made during our interviews, I believe this to be a conservative estimate.

Pennebaker (1990) reported research findings that associated disclosure with reducing one's preoccupation with traumatic events, speeding up adjustment processes, and promoting resolution (see also Pennebaker, Kiecolt-Glaser, and Glaser, 1988; Pennebaker and Susman, 1988; Pennebaker, 1989). The applicability of these findings regarding disclosure of traumatic life events to near-death experiences is unknown. Like the events noted in disclosure research, near-death experiences are significant events that disrupt some basic beliefs about reality and one's place in reality. On the other hand, most examples in the research of Pennebaker and colleagues were comprised of distressing life events.

A conservative reading of this psychoneuroimmunological research regarding disclosure and health supports the contention that disclosure dilemmas following near-death experiences are matters of significance. I recall, for instance, meeting with one man many years after his autoscopic NDE. He told me he had been preoccupied with it every day for five years before he came across a newspaper article that prompted his initial disclosure. Though he still recalls his NDE clearly, he reported that after that disclosure to his spouse the NDE was no longer a subject of daily preoccupation. Resolving disclosure dilemmas is particularly critical, I believe, for those experiencers who delay initial disclosures after a NDE and who feel isolated, troubled, or unproductively preoccupied with thoughts about it.

Conclusions

In a previous article, I discussed disclosure needs and motives as articulated by 50 near-death experiencers who met with me (Hoffman, 1995). In this article, disclosure habits were examined with particular attention to major influences and obstacles for disclosure as well as the process of listener selection.

Decisions to talk about one's near-death experience mark a symbolic shift in an individual's relationship to that valued happening. Disclosure moves the NDE from a private, inner sanctum to an interactional world where controversy abounds. These communicative decisions are matters of significance from many points of view: symbolic, psychological, and physiological.

A decision to talk about one's NDE is a decision to begin dialogic overtures. Experiencers may modify that decision at various conversational junctures through topic shifts, expanding or abbreviating specific elements, and modulating disclosure depth. Far from being a binary decision—to disclose or not disclose—talk about near-death experiences represents entry into a multifaceted and deeply contextual experiential world. As Lane remarked, these kinds of "limit-experiences cause us to gather up every thread of meaning from the context in which they occur. In our memories, therefore, we return first of all to the place 'where it happened'" (1988, p. 5).

Though near-death experiences share imprints of well-documented patterns, each is unique and uniquely bound within the historical and symbolic context of individual life. Pennachio (1986) concluded that most NDEs can be characterized as mystical experience. As encounters with vibrant mystery and numinous energy, such NDEs are beyond linguistic description. Tournier (1965/1963) wrote:

Great mystics, those who penetrate most deeply into the secrets of God, speak of them prudently, reservedly, difficultly. The greatest secrets are inexpressible. At times, in the encounter with God, we have the impression of discovering life's secret, but we also sense it is incommunicable. It is a secret between God and us which must be respected reverently. (p. 62)

Communication researchers have expounded the benefits arising from self-disclosure, but have been slower to address the potential benefits of secrecy (Hoffman, 1993). Tournier (1965/1963) noted the pivotal role that both keeping secrets *and* revealing secrets plays in healthy personal development. Researchers have begun to unravel the physiological mechanisms that comprise the "work" of keeping

important matters within the bounds of secrecy. Perhaps the energy dedicated to protecting personal secrets is one means of offering sustenance to nascent aspects of our private selves (Hoffman, 1993). NDErs have the labor and responsibility to discern between those times when talking about the NDE is a self-nourishing act and when a decision of secrecy nurtures or protects something valuable.

I found that most experiencers do not view the NDE as a past, static event. Rather, it marks the moment when a living relationship first entered their awareness. Experiencers speak of “missing” that vibrant presence, referred to by many appellations. Deeply cherishing that encounter, selective disclosure is one manifestation of its value. It seems reasonable, for example, to avoid interactions that would devalue the experience, at least until one’s relationship with it is well established in the rhythms of memory and meaning.

Based on my discussions with 50 NDErs, I am convinced that “perceived singularity in an extramundane happening of this magnitude is experienced as stressful” (Hoffman, 1993, p. 234). Researchers and medical professionals have the power and responsibility to relieve such misperceptions of singularity by making near-death research accessible through respectful and creative avenues. At the same time, I do not press experiencers to reveal the details of their NDE. I am alert for signs that experiencers are ready to disclose, and I nurture my own relationship with that still, silent place that makes wholehearted listening possible. When disclosure invitations come my way, I regard them as the sacred privileges they are.

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