

Do "Near-Death Experiences" Occur Only Near Death?—Revisited

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ABSTRACT: Ten years ago our research on out-of-body experiences suggested that the elements of the near-death experience (NDE) were not necessarily limited to situations in which survival was threatened. A decade of continued study has confirmed that the *perception* of being near death, independent of the actual reality of the situation, is the key determinant of the classical NDE. From early in life, the infant's dread of catastrophe leads to the elaboration of extensive psychological defenses against the possibility of extinction. The NDE is simultaneously a manifestation of faith and a catalyst for the development of faith.

On the occasion of the 10th anniversary of this journal, it is perhaps timely to reconsider a question we first posed in print 10 years ago (Gabbard, Twemlow, and Jones, 1981). The essence of that question is whether the classic features of the near-death experience (NDE) are associated exclusively with *actual* brushes with death. The answer then, as it is now, is clearly "no." However, the extensive collection of anecdotal reports and scientific studies in the last decade warrants a

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reconsideration of the meaning and significance of the answer to the question.

Since our report first came out, we have received numerous letters recounting experiences with the phenomenology of the NDE that occurred outside the context of an actual threat to life. One such anecdote is particularly vivid:

A marine sergeant was instructing a class of young recruits at boot camp. He stood in front of a classroom holding a hand grenade as he explained the mechanism of pulling the pin to detonate the weapon. After commenting on the considerable weight of the grenade, he thought it would be useful for each of the recruits to get a "hands-on" feeling for its actual mass. As the grenade was passed from private to private, one 18-year-old recruit nervously dropped the grenade as it was handed to him. Much to his horror, he watched the pin become dislodged as the grenade hit the ground. He knew he only had seconds to act, but he stood frozen, paralyzed with fear. The next thing he knew, he found himself traveling up through the top of his head toward the ceiling as the ground beneath him grew farther and farther away. He effortlessly passed through the ceiling and found himself entering a tunnel with the sound of wind whistling through it. As he approached the end of this lengthy tunnel, he encountered a light that shone with a special brilliance, the likes of which he had never seen before. A figure beckoned to him from the light, and he felt a profound sense of love emanating from the figure. His life flashed before his eyes in what seemed like a split-second. In the midst of this transcendent experience, he suddenly realized that the grenade had not exploded. He felt immediately "sucked" back into his body.

Much to his surprise, the sergeant had picked up the grenade and was chuckling to himself at the reactions of the panic-stricken recruits. It had not occurred to the young soldier that the grenade was only a "dummy" used for demonstration purposes.

This vignette vividly illustrates that *thinking* one is about to die is sufficient to trigger the classical NDE. Our original study grew out of a survey of 339 subjects who had reported out-of-body experiences (Twemlow, Gabbard, and Jones, 1982), in which only 10 percent of the subjects reported that they had been near death at the time of the out-of-body experience. We compared the descriptions of the persons who reported OBEs in life-threatening situations to those who reported them in other circumstances. No characteristic of the experiences was found to be exclusive to near-death situations. However, we also noted that several features of the experiences were significantly more likely to occur when the individual felt that death was close at hand. These features included noises during the early stages, the experience of traveling through a tunnel, the sighting of one's physical body from a

distance, awareness of other beings in nonphysical form, the perception of deceased loved ones, the experience of a brilliant light, and a sense of purpose connected to the experience. Following the experience, those individuals who were close to death were more likely to feel that their life had been changed by the experience, that it was a spiritual or religious experience, and that it was of lasting benefit.

Our study demonstrated that from a statistical standpoint, individuals were more likely to experience the identifying features of an NDE if they were near death. Our results, however, left one important question unanswered. How do we know that people who say they are near death are *actually* near death? Because of methodological limitations (a questionnaire survey), we had to take people at their word. As illustrated by the marine recruit, many people who believe they are near death are actually in no danger. Preoperative patients, for example, regularly assume that they will die when they undergo anesthesia for an operation, no matter how routine the procedure may be. Similarly, individuals who find themselves in an auto accident often assume the worst scenario even though they may escape with minor injuries.

To investigate this vexing question, Ian Stevenson, Emily Cook, and Nicholas McClean-Rice (1989–1990) extensively studied the medical records of 40 patients who claimed to have had near-death experiences. Less than half of these cases had medical documentation to support the view that their life was threatened. In 55 percent of the sample there was no threat to life, according to the investigation of the medical records. Among this latter group were individuals with routine surgical procedures, minor allergic reactions to penicillin, and normal events such as childbirth. An especially interesting dimension of this investigation was the finding that many of those individuals who were not near death recalled having heard a doctor or nurse state that they narrowly escaped death or should have been dead.

Stevenson and his colleagues concluded from their investigation that many people who report NDEs have in fact exaggerated the seriousness of their condition. They share the view that is illustrated by the case of the marine recruit—namely, that the *fear* of death may be sufficient in and of itself to precipitate an experience with the features of the classic NDE.

From the data considered thus far, one might conclude that the perception of proximity to death—either in reality or in fantasy—is the crucial trigger of the NDE. A compromised physiological state is clearly not necessary nor is loss of consciousness. These observations suggest that because death is such an unspeakably horrific prospect,

an elaborate psychological defense mechanism is activated by the perception of a threat to life. Like all defenses it seeks to eradicate anxiety and in so doing imparts a calming, soothing effect. The fact that defense mechanisms occur for the most part at an unconscious level could explain how this protective mechanism could be triggered even when an individual is unconscious as a result of injury or cardiac arrest. Just as defense mechanisms are active in dreams while the dreamer's consciousness is set aside, similar mental activities take place secondary to traumatic loss of consciousness.

One apparent difficulty with this line of reasoning arises from a new area of research that has appeared in the last decade. The fact that NDEs occur in small children has now been well established by several independent investigations (Bush, 1984; Gabbard and Twemlow, 1984; Morse, Castillo, Venecia, Milstein, and Tyler, 1986; Morse and Perry, 1990). Moreover, a retrospective study conducted by Melvin Morse led him to conclude that a person had to be on the brink of death to have the classical features of the near-death experience. In this retrospective study of 121 children who were seriously ill but not actually close to death, none had an NDE. By contrast, 8 of 12 children who had had a cardiac arrest reported an NDE in response to an open-ended interview. These findings, which contradict the studies cited above, are difficult to compare with studies of adults since children have such an enormous propensity for denial when it comes to the issue of death. Morse's data aside, however, the research on NDEs in children raises another difficulty—among these reports are some in children as young as two-and-a-half (Gabbard and Twemlow, 1984), an age where there is no concept of death whatsoever. How can it be that children who are years away from a cognitive understanding of the concept of death are capable of elaborating a highly sophisticated psychological defense to deal with it?

Psychoanalytic insight into the most primitive anxieties of infancy are of considerable help in resolving this dilemma. While the infant may have no concept of death, a sense of *catastrophe* is ever present. The infant's initial anxiety is that its sense of being, of continuity, will not be sustained by the necessary environmental responses from mother (Winnicott, 1965, 1971). Indeed, catastrophe is a starting point for us all (Bion, 1963, 1970). The experience of birth itself is an overwhelming trauma for the infant, and the subsequent anxieties about survival and continuity pervade the infant's existence. As Michael Eigen (1985) put it: "In normal circumstances the mother nurses the baby back into existence at the point where discontinuity can once more be tolerated and used for growth purposes. Over and over the

baby dies out and is reborn. Faith is nourished by this repeated resurrection" (p.329).

The infant who is screaming with hunger and demanding to be fed cannot name the catastrophe that he or she fears. Nevertheless, this nameless dread creates a sense of panic that one's sense of self, one's sense of meaning, one's sense of there being "something" rather than "nothing," is in danger of being destroyed if a specific kind of response is not forthcoming. Wilfred Bion (1963, 1970) was convinced that this sense of catastrophe, so compelling in infancy, remained at the core of existence throughout life. Although our defenses become increasingly sophisticated with development, the concern that a disaster from out of the blue may snuff us out at any moment never entirely disappears. Every day of our existence, we live with death—as a potential and as a certainty. Samuel Beckett's plays and novels capture this sense of death-in-life in a chilling and poetic manner. In Beckett's masterpiece, *Waiting for Godot* (1954), Vladimir made the following observation in one particular monologue: "Astride of a grave and a difficult birth. Down in the hole, lingeringly, the grave-digger puts on the forceps" (p.58).

According to Bion, the only appropriate response to this sense of catastrophe lurking within all of us is faith. The infant must have faith that he or she will ultimately be fed to get from one day to the next. The imagery of the near-death experience can be understood as one manifestation of this faith. What appears to be a catastrophe is transformed into a beautiful transcendental event in which a loving being of light rescues the individual from ultimate destruction. One of the fundamental paradoxes of the NDE is that it is simultaneously a manifestation of faith and a catalyst for the development of faith. People who have near-death experiences may never fear death again. Their faith is strengthened so that the sense of catastrophe with which they live is finally mastered.

The image of the hero who triumphs over death arises from the very core of our being. It is a fundamental component of the great religions and mythologies throughout history (Campbell, 1988; Zaleski 1987). Because the features of the NDE are remarkably consistent across cultures and across time, we have every reason to believe that this response to catastrophe may have some genetic basis. Just as capillaries are genetically programmed to constrict in response to a wound, a psychological defense might be similarly programmed. It is now well established through studies of twins who have been separated at birth that defense mechanisms are influenced by genetic factors (Neubauer and Neubauer, 1990). It is impossible to know whether the genetic

trait associated with the NDE is the result of a mutation, according to the classical view of Darwinian natural selection, or whether it can be better understood as an inheritance of an acquired trait, in keeping with the more contemporary views of the neo-Lamarckians. Nor can any of us explain why some individuals experience an NDE while others do not. As Peter Neubauer and Alexander Neubauer (1990) noted: "Knowing that a feature has genetic roots is not the same as knowing how it is expressed, why it appears differently in different people, and what makes it emerge and recede in the course of a day or a year or a lifetime. Knowing its biological underpinnings does not tell us everything about its later expression" (p.163).

As we reflect back on the question we posed 10 years ago—do near-death experiences occur only near death?—we can state more emphatically today that no, of course, they don't. The dread of oblivion is not an issue that rears its ugly head only when one's survival is literally threatened. It is background noise that haunts us day and night as we frantically strive to deny our own mortality through a myriad of self-deceptions. This conceptual framework for understanding NDEs explains how the imagery can occur at any age, under any circumstance, including calm, relaxed states such as meditation, and in any cultural or religious setting.

Our experiences have led us to conclude that the state of *mind* of the near-death subject is far more important than the state of the *body*. Although full clinical data are not available for many of the cases in the literature, it appears that there must be either a *conscious* fear of physical death, as in the cases studied by Stevenson and his colleagues and our marine recruit, or a *preconscious* or conscious apprehension of some form of catastrophe, whether a divorce, a major upheaval in one's job, a loss of a loved one, or similar disaster. One subject from our original sample of 34 was meditating when she experienced her NDE. She was pursuing a fantasy around the Jungian animus archetype at a time before the explosion of publicity around NDEs. While she was not near death, she was under emotional stress at the time and was concerned about her relationship with her husband. Several other subjects who had NDEs when they were not near death were meditating at the time and reported that a sense of impending doom disturbed their initial relaxed state.

Explanatory models such as the one we are proposing are occasionally perceived as reductionistic because they do not sufficiently mystify the NDE. In our view, man's efforts to live with the absolute certainty of his own demise, and his ability to evolve religion and mythology to transcend the human condition are sufficiently awe-

inspiring even without invoking astral planes and visitors from beyond. The model we are proposing here provides the necessary bridge between catastrophe and faith that sustains us all in the brief, harrowing journey from the cradle to the grave.

References

- Beckett, S. (1954). *Waiting for Godot*. New York, NY: Grove Press.
- Bion, W.R. (1963). *Elements of psycho-analysis*. London, England: Heinemann.
- Bion, W.R. (1970). *Attention and interpretation*. London, England: Tavistock Publications.
- Bush, N.E. (1984). The near-death experience in children: Shades of the prison-house reopening. *Anabiosis: The Journal of Near-Death Studies*, 3, 177-193.
- Campbell, J. (1988). *The power of myth*. New York, NY: Doubleday.
- Eigen, M. (1985). Toward Bion's starting point: Between catastrophe and faith. *International Journal of Psycho-Analysis*, 66, 321-330.
- Gabbard, G.O., and Twemlow, S.W. (1984). *With the eyes of the mind: An empirical analysis of out-of-body states*. New York, NY: Praeger.
- Gabbard, G.O., Twemlow, S.W., and Jones, F.C. (1981). Do "near-death experiences" occur only near death? *Journal of Nervous and Mental Disease*, 169, 374-377.
- Morse, M., Castillo, P., Venecia, D., Milstein, J., and Tyler, D.C. (1986). Childhood near-death experiences. *American Journal of Diseases of Children*, 140, 1110-1114.
- Morse, M., and Perry, P. (1990). *Closer to the light: Learning from the near-death experiences of children*. New York, NY: Villard.
- Neubauer, P., and Neubauer, A. (1990). *Nature's thumbprint: The new genetics of personality*. New York, NY: Addison-Wesley.
- Stevenson, I., Cook, E.W., and McClean-Rice, N. (1989-90). Are persons reporting "near-death experiences" really near death? A study of medical records. *Omega*, 20, 45-54.
- Twemlow, S.W., Gabbard, G.O., and Jones, F.C. (1982). The out-of-body experience: A phenomenological typology based on questionnaire responses. *American Journal of Psychiatry*, 139, 450-455.
- Winnicott, D.W. (1965). *The maturational processes and the facilitating environment*. New York, NY: International Universities Press.
- Winnicott, D.W. (1971). *Playing and reality*. New York, NY: Basic Books.
- Zaleski, C. (1987). *Otherworld journeys: Accounts of near-death experience in medieval and modern times*. New York, NY: Oxford University Press.