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JOURNAL OF NEAR-DEATH STUDIES (formerly ANABIOSIS) is sponsored by the International Association for Near-Death Studies (IANDS). The Journal publishes articles on near-death experiences and on the empirical effects and theoretical implications of such events, and on such related phenomena as out-of-body experiences, deathbed visions, the experiences of dying persons, comparable experiences occurring under other circumstances, and the implications of such phenomena for our understanding of human consciousness and its relation to the life and death processes. The Journal is committed to an unbiased exploration of these issues, and specifically welcomes a variety of theoretical perspectives and interpretations that are grounded in empirical observation or research.

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Editor's Foreword

This issue is the last one for which I will serve as editor of the Journal of Near-Death Studies, and I wish to take this opportunity to reflect on my tenure in that role. In the infancy of the International Association for Near-Death Studies (IANDS), its President, psychologist Kenneth Ring, argued that the developing field of near-death studies should have its own scholarly journal in order to encourage research into near-death experiences (NDEs) and related phenomena. As IANDS's Vice President, I argued against that idea, because I believed that near-death research would have greater impact if published in mainstream academic journals rather than siphoned off into a small specialty journal read only by those already convinced of the importance of this field of inquiry. Ring's viewpoint prevailed, and IANDS founded this scholarly journal in 1981 under its original name, Anabiosis: The Journal of Near-Death Studies, with Ring himself as editor. A year later, he asked me to cover his editorial duties during his sabbatical from teaching at the University of Connecticut, and I agreed. However, when he returned from his sabbatical a year later, he did not wish to resume his role as editor, leaving me with that post. Now, after more than a quarter century as editor, I regard this role as one of the most interesting and rewarding of my scholarly career.

In the course of that quarter century, the field of near-death studies has grown exponentially in quantity and quality of research and in diversity of perspectives. The Journal expanded from a semi-annual to a quarterly publication schedule in 1985 with a name change to the Journal of Near-Death Studies. After surviving a series of changes as our publisher was repeatedly bought out by larger and larger conglomerates, we switched to the specialty journal publisher Allen Press in 2003, with whom we have enjoyed a stable and collaborative relationship. Although I had initial misgivings about a journal devoted entirely to near-death and related phenomena, I have come to enjoy and value this unique publication far more than I could have imagined. In addition to publishing some of the best and most innovative research of the leading scholars in the field, I have also been privileged to work with young authors, often with students and scholars in other countries, whose work might not have otherwise
been published. Our quarterly publication schedule and unusual flexibility in article length have allowed me to publish papers that other journals might not have considered.

For the past few years, I have contemplated stepping down as editor of the Journal as my life and career enter new phases. I have been seeking, with the help of the IANDS Board of Directors, a successor who would uphold the scholarly standards of the Journal yet be equipped to take it in new directions. A number of years ago, I had approached counseling educator Janice Miner Holden about becoming editor, but at that point in her career she was unable to take on that additional obligation. Now, however, her life and career have changed, just as mine have, and I have succeeded in persuading her to succeed me as editor. Future submissions of manuscripts for the Journal should be addressed to Dr. Holden at the Department of Counseling, College of Education, University of North Texas, P. O. Box 310829, Denton, TX 76203-0829; e-mail: holden@unt.edu. I look forward to a bright future for the Journal under her able stewardship.

Throughout my tenure as editor, the IANDS Board of Directors has been immeasurably indulgent in allowing me free rein to guide the content of the Journal as I saw fit. I have also been blessed with a very helpful editorial board whose opinions have guided my decisions, although of course I hold them blameless for any lapses in my judgment. And indeed, I do regret a few of my past decisions, for which I take full responsibility — as I expect to do again in my life review, should I be granted one. This issue, however, focusing on crosscultural near-death research, does not rank among my regrets.

Our lead article in this issue is a comprehensive overview of non-Western NDEs, compiled and analyzed by Australian sociologist Allan Kellehear, now teaching in England. He provides a definitive tally of published accounts through 2005, noting their similarities to and differences from Western NDEs and each other and summarizing the crosscultural and culture-specific features of NDEs. Next, Indian psychologist Satwant Pasricha presents a systematic survey of NDEs in a community sample from 60 villages in southern India. She describes experiential features not previously recognized and identifies features these NDEs share with the Western prototype.

In a historical case study, clinical psychologist Timothy Green expounds the first-person narrative of a Hopi Indian whose NDE occurred a century ago. He compares and contrasts this account with other Native American NDEs and contemporary Anglo-Saxon ac-
counts, noting the role of cultural expectations and beliefs in shaping narratives. Finally, Sri Lankan psychiatrists K.A.L.A. Kuruppuarch-chi, Harischandra Gambheera, Gayan Padmasekara, and Mahendra Perera describe a study of suicide attempters in Sri Lanka. They did not uncover any NDEs among a sample of 77 hospital admissions for attempted suicide, and discuss possible physiological and sociopsychological reasons for the absence of NDEs in that population.

We conclude this issue with letters from hospice chaplain and researcher Dianne Arcangel on the spatial location of apparitions, from German jurist Iris Geisler-Petersen on differences between spontaneous out-of-body experiences and illusions induced by brain stimulation, and from Dutch near-death researcher and editor Rudolf Smit on neurosurgeon Robert Spetzler’s firsthand observations of Pam Reynolds’s NDE.

As I close out my tenure as editor, I want to extend my particular thanks to Ken Ring, who cajoled me into this role; to the IANDS Boards of Directors, who have sanctioned my editorship and indulged my whims for the past quarter century; to the editorial board who have guided me with their sage advice and the many colleagues who have served over the years as peer reviewers for manuscripts submitted for publication; to my associate editors, first Steve Straight of the University of Connecticut and Manchester Community College, and then Lori Derr, of the University of Virginia; to the many authors who have shared with the Journal the fruits of their labor; and to you, the readers, who have blessed me with your loyalty, indulgence, and feedback over the past quarter century. I look forward with pleasure to joining your ranks.

Bruce Greyson, M.D.
Census of Non-Western Near-Death Experiences to 2005: Overview of the Current Data

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ABSTRACT: This paper provides a census of non-Western near-death experiences (NDEs), noting similarities and differences in features with Western NDEs and other non-Western NDEs. The two aims of this current review are to update previous transcultural reviews with current data and to describe both crosscultural and culture-specific features of NDEs.

KEY WORDS: culture; national differences; non-Western; social experiences.

This is an overview and transcultural assessment of all published non-Western cases of near-death experience (NDE) in the current literature. The current review represents the third census of this kind that I have attempted. The first survey appeared in the Journal of Nervous and Mental Disease (Kellehear, 1993) with a later version appearing in my book Experiences Near Death (Kellehear, 1996). I offer here an update of these earlier surveys integrating the published cultural data that have appeared in the literature in the last 10 years since my earlier work but also including some earlier overlooked work. A critical discussion of the theoretical and methodological limitations of these data may be found in a broader essay currently in press (Kellehear, in press).

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I review here only the NDE phenomenology associated with illness. There are two reasons for this restriction. First, these circumstances are the main ones clinicians are likely to encounter. Second, these circumstances are the main ones associated with the NDE in the popular and academic imagination. This is also a good starting point to show that culture, rather than physical processes, seem to provide the critical influence in these experiences. Attempts to characterize NDE features such as the tunnel sensation or life review as “universal” experiences near death have led to idiosyncratic and premature theorizing from medical (Woerlee, 2004) and psychological researchers (Blackmore and Troscianko, 1989).

There is an important need to link the cultural, psychological, and physiological data to appreciate the interrelationship between the three experiential domains in generating a complete and balanced portrait of human experiences near death. In any pursuit of causal theory, whatever its limitations, it is also valuable to define one’s hypotheses as accurately as possible and to know the specific limits and qualifications associated with that exercise in hypothesis generation and testing. Transcultural data are an essential moderating factor in the achievement of these scientific aims and this paper provides this specific contribution.

Non-Western NDEs

China

Contemporary accounts of Chinese NDEs in the academic literature are fragmentary and piecemeal. What we know about Chinese NDEs comes to us primarily through the historical work of Carl Becker (1981, 1984) and the more recent empirical work by Feng Zhi-ying and Liu Jian-Xun (1992). Becker reviewed three traditional biographical accounts of well-known Chinese monks who were important to the founding of Pure Land Buddhism. Each monk experienced a serious illness that resulted in either an NDE or a deathbed vision while still reasonably conscious. In each of these accounts, no tunnel experience was reported, although one person proceeded “through a void” (Becker, 1984, p. 163). Neither the out-of-body experience (OBE) nor the life review was mentioned in these accounts. Encountering other beings, usually religious figures, and observing supernatural environs, usually interpreted as the paradisiacal “pure land,” were consistent throughout the three narratives.
In a later work, Becker (1984) provided a secondary analysis of the works of Saeko Ogasawara (1963) and Whalen Lai (1996). Ogasawara documented about 20 accounts of deathbed visions, and Lai documented up to 100. Becker argued that the analysis of deathbed visions revealed features of the NDE that were strikingly parallel, an observation made earlier by Karlis Osis and Erlendur Haraldsson (1977). Once again, though, there was no report of a tunnel sensation. However, emerging from a “dark tubular ‘calyx’” was reported (Becker, 1984, p. 64). There was no report of an OBE, but a life review was suggested by one person who saw all his “sinful deeds” (Becker, 1984, p. 64). Once again, supernatural environs and beings of light were witnessed.

Zhi-ying and Jian-xun conducted a recent study of Chinese NDEs (1992). They interviewed 81 survivors of the Tangshan earthquake of 1976 and found that 32 of them reported NDEs. Their survey suggested that most of the Western NDE phenomenology was also present in their sample. OBEs, tunnel sensations, sensations of peace, life reviews, meeting deceased beings, and sightings of an unearthly realm of existence were all reported in their study. Unfortunately, they did not include descriptive cases that we can analyze for content; thus, observations about their data cannot be scrutinized further. For example, although Zhi-ying and Jian-xun assert that “a tunnel-like dark region” was reported by their respondents, this was, in fact, a response to a prior descriptive category offered to them. Thus, we are unsure whether the tunnel sensation was a volunteered descriptor for this part of their experience.

Finally, an early survey some colleagues and I conducted in China (Kellehear, Heaven, and Gao, 1990) indicated that the Chinese experience and/or understanding of the NDE may not be very different from the Anglo-European one. Similar to Zhi-ying and Jian-xun, we presented a typical Anglo-European vignette of an NDE to a sample of 197 Chinese in Beijing. Twenty-six of these respondents claimed to have had an experience similar to the one described in that survey. Overall it seems that, from the historical and survey evidence available, the Chinese NDE may be very similar to the Anglo-European NDE.

India

The first major report of NDEs from India came to us from the work of Osis and Haraldsson (1977), who interviewed 704 Indian medical
personnel about their experiences with the dying. In this sample, there were 64 reports of NDEs. The remaining reports concerned near-death visions. More recently and directly, Satwant Pasricha and Ian Stevenson (1986) reported sixteen cases of NDE from India. In the majority of cases (10) the respondents were actually interviewed by the authors, while in most of the others a "firsthand informant" was interviewed. In later studies by Pasricha (1992, 1993) another 29 cases of Indian NDE were uncovered.

In a total of 45 cases, then, Pasricha (1992, 1993) and Pasricha and Stevenson (1986) found no evidence of a tunnel sensation. There was one case report of an OBE. A life review was regularly reported, but this took the form of a reading by others of the record of the experiencer's life. The panoramic review commonly mentioned by Anglo-Europeans was not reported in this Indian sample. The reading of a person's record is a traditional Hindu belief that, according to the authors, is apparently widely held or known to the people of India. Finally, observing religious figures and deceased beings was part of these Indian NDE reports. These beings were observed in a supernatural world whose features resemble the traditional view of the "other realm."

The Indian NDE accounts collected by Pasricha and Stevenson (1986) did not seem to exhibit tunnel and OBE features. However, Osis and Haraldsson (1977), in their interviews with Indian health personnel, found several reports of OBEs in Indian patients near death. Susan Blackmore (1993) claimed to have found cases of tunnel sensations in Indian NDEs in her survey of eight respondents. However, on closer inspection, all three of those who supposedly reported tunnel sensations actually reported a sensation of darkness. One respondent agreed that her experience of darkness was "tunnel-like" only after accepting this suggestion from Blackmore. This raises two important methodological problems (Kellehear, Stevenson, Pasricha, and Cook, 1994). First, the acceptance of one descriptor does not mean that the description offered was entirely satisfactory. Another, less geometric descriptor, such as an experience of twilight or night darkness, may also have been accepted, even preferred, if this were offered as a choice. Second, because Blackmore recruited her respondents through an advertisement in an English newspaper in India (rather than a Hindi newspaper), her respondents were not typical of people from India. We are therefore unable to draw any conclusion on this subject from Blackmore's study.
A life review and observing a transcendent world in Indian NDEs have parallels with Anglo-European accounts. However, the figures observed in this world, deceased acquaintances aside for the moment, were those suggested by traditional Indian or Chinese mythology. Nevertheless, as Pasricha and Stevenson (1986) warned, social variations in another realm, if it exists, should be expected, just as they exist in our own world. The appearance of familiar cultural images may be psychological, but it may also be sociological and empirical. In other words, either projection may account for the visions, or the visions may actually be observations of another empirical world that resembles the world of its “expatriate” inhabitants.

Thailand

Ten reports of Thai NDEs have come to us from Todd Murphy (2001), who obtained these from published accounts while living in Thailand. Similar to accounts from China and India, the Thai NDEs were heavily influenced or stylized by Buddhist beliefs and ideas. There was one report of an OBE, but Murphy argued that the appearance of Yamatoots, guides sent on behalf of the Lord of the Underworld (Yama), more often acted as evidence to the NDEr that he or she had died. There were no reports of tunnels or tunnel-like sensations, although a tunnel was reported as part of an otherworld journey. In that context, Murphy observed that “Tunnels are rare, if not absent, in Thai NDEs” (2001, p. 170).

Clearly there were encounters with supernatural beings, as evidenced first in the meeting with the Yamatoots and sometimes with the great Yama himself. Although Murphy stressed that there was no meeting with a “being of light,” nevertheless Yama and or Yamatoots perform nearly all the same or similar roles that “beings of light” do for Westerners: guiding, supporting, or facilitating or accompanying a life review.

Life reviews were also present in these Thai accounts, but the culture-specific variation to note here is that the review was not panoramic, that is, not usually a review covering one’s entire life or even a major slice of that life. Rather, the review examined one particular incident in the experiencer’s life and the discussion was couched in terms of “merit” (boon) or sinful action (baap). Such terms relate to an overall view of Karma that, for many Thais, is somewhat
simplified into the principle: "Do good; receive good. Do bad; receive bad" (Murphy, 2001, p. 168).

**Tibet**

Lee Bailey (2001) reported 16 NDEs drawn from accounts of Tibetan *delogs*, people who revived spontaneously from apparent death. These were ambiguous accounts for at least two reasons. First, it is not entirely clear that these were NDE accounts as we understand them in Western clinical terms, that is, genuinely mystical experiences emerging from critical illness or near-fatal accident. Some of the experiencers, for example, regularly had "dyings" on fasting days such as the "10th, 15th and 30th of each month" (Bailey, 2001, p. 143). Secondly, local observers of these NDErs and their "NDEs" seemed to view them as epileptics. People were thought to encounter the otherworld through their epileptic seizures or an encounter with the otherworld was evidenced by such seizures. Either way, these were not the usual ways that we would ordinarily view NDEs.

Notwithstanding these reservations, not all of the accounts displayed these background features. Some of the NDE accounts did seem to conform to a major period of illness; that is, they did not occur predictably or were not associated with epilepsy. For the sake of completeness then, and to avoid the risk of overlooking a potentially important cultural source of NDEs, I included these accounts. Bailey (2001) drew from 16 NDE accounts derived from 12 written documents from the Tibetan Library of Works and Archives in Dharamsala, India, and 4 interview-based accounts from Françoise Pommaret (1989).

In all of these accounts there was no mention of a tunnel sensation, but there were accounts of OBEs, meeting supernatural beings, and experiencing a form of life review. These accounts were strikingly similar to those we have already seen from China, India, and Thailand, largely because of the influence of Buddhist beliefs and ideas on the supernatural beings and environments encountered.

**Guam**

Timothy Green (1984) reported four cases of NDEs among the Chammorro of Guam. Two of these cases involved direct interviews conducted by Green. The other two cases were collected by a local man who was interested in the subject of NDEs.
Table 1
Summary of sources and cases on non-Western NDEs

<table>
<thead>
<tr>
<th>Culture</th>
<th>Cases</th>
<th>Sources</th>
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<tr>
<td>Asia:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td>109</td>
<td>Osis and Haraldsson, 1977; Pasricha, 1992, 1993; Pasricha and Stevenson, 1987</td>
</tr>
<tr>
<td>Thailand</td>
<td>10</td>
<td>Murphy, 2001</td>
</tr>
<tr>
<td>Tibet</td>
<td>16</td>
<td>Bailey, 2001</td>
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<tr>
<td>Pacific Area:</td>
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</tr>
<tr>
<td>Western New Britain</td>
<td>3</td>
<td>Counts, 1983</td>
</tr>
<tr>
<td>Hawaii</td>
<td>1</td>
<td>Kellehear, 2001</td>
</tr>
<tr>
<td>Guam</td>
<td>4</td>
<td>Green, 1984</td>
</tr>
<tr>
<td>Maori</td>
<td>1</td>
<td>King, 1985</td>
</tr>
<tr>
<td>Hunter-Gatherer Societies:</td>
<td></td>
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</tr>
<tr>
<td>Native America</td>
<td>14</td>
<td>Schorer, 1985–86; Gómez-Jeria, 1993; Wade, 2003</td>
</tr>
<tr>
<td>Africa</td>
<td>15</td>
<td>Morse and Perry, 1993</td>
</tr>
<tr>
<td>Aborigine</td>
<td>1</td>
<td>Berndt and Berndt, 1989</td>
</tr>
</tbody>
</table>

Like the NDEs gathered in India and China, the Chamorro cases included visits to a paradisiacal place of gardenlike appearance. Here the NDEr was met by deceased beings, some of whom were relatives. Unlike the Indian and Chinese cases, however, OBEs were reported; the respondents recounted flying “through the clouds” and making invisible visits to living relatives in America. There was no mention of life review of any sort in these accounts or of any tunnel experience. Indeed, the transition from the ill and unconscious state to the OBE appearance was unexplained. Respondents suddenly found themselves flying through the sky or walking on a road. The emphasis of the narrative was on the social experiences while unconscious, that is, of meeting deceased relatives or experiencing a flying visit to living ones.

Hawaii

I reported one case (Kellehear, 2001) of an Hawaiian NDE identified from an old published source, Thomas Thrum’s (1907) Hawaiian Folk
Tales. One of these stories was a report of Kalima, a woman who “died” in Kona, Hawaii. She had been ill for weeks before appearing to die and only revived when she was placed alongside her soon-to-be grave for her funeral rites.

Kalima reported an OBE at the commencement of her remarkable account. But instead of then turning toward a light or tunnel, she reported simply that she turned and began walking out of her house and then her own village. She eventually came across another village with many people there, in fact, thousands of people. Her next surprise was that everyone she met whom she had once known were actually people who had previously died.

Kalima continued her walk, now apparently understanding that she was compelled to walk and was apparently heading unerringly toward Pele’s Pit, a traditional volcano site for the jumping off of souls of the dead. However, before she was able to reach that point, she encountered a small group of people who informed her that it was not her time yet and that she had to return to her people in life. Reluctant to do this, she was driven back to her life by the crowds in this otherworld.

Once again, no tunnel was reported in this account. A life review was also absent in this report. However, if Kalima had leaped into the volcano, would that have been described as a tunnel-like experience? Even so, the journey through darkness came at a structurally different location in the NDE from where we are accustomed to viewing it – at the beginning – and this suggests that if a tunnel had been described, it would have been, as it was in one Thai account, part of the otherworld geography and not a feature of the journey there.

Western New Britain

Dorothy Counts (1983) reported three cases of NDEs among the Kaliai as part of her 1981 anthropological fieldwork. Once again, other realms were visited and deceased relations and friends were met. The afterlife environment, as in previous accounts, had a strong physical and social resemblance to the usual world of the experiencer. So far, we see these two features of the NDE, encountering other worlds and deceased beings, as steady, recurring features of NDEs. As we shall see in other non-Western cases, this trend will continue.

There are two points to note about these particular Melanesian cases. The first is the single report of a life review; the second is the
absence of an OBE or tunnel experience. However, the picture is somewhat more complex than these first impressions may suggest. Although one person reported a life review, this respondent stated that he also witnessed a review of someone else's life, a sorcerer's. This review was narrated by the NDEr as a visit to a place where sorcerers are placed "on trial." Each person stood on a series of magnetic "manhole covers." If these held the person fast, so that others had to assist him in freeing himself, then he was called to account. If his explanation was unsatisfactory or unforthcoming, a series of punishing events occurred, ending with burning by fire. This is an unusual account, for as Counts noted, "there was no pre-contact notion of judgement of the dead for their sins" (1983, p. 129).

However, Counts noted that the Western New Britain area had been "missionized" by Catholicism since 1949. Many of the Kaliai were at least nominally Catholic, although traditional and Christian ideas often existed side by side. This may have accounted for the life review in this case. This was not the first case of mixed cultural imagery in an NDE. Pasricha and Stevenson (1986) reported an American follower of Sai Baba, an Indian holy man, who almost died in a hotel. His NDE featured the Indian life review of having his life record read by others.

Although no OBE was reported in the Kaliai NDE reports, one OBE was reported by Counts that may have been a vivid dream, hypnagogic imagery, or a nonNDE-related OBE (1983, p. 123). Its nature is difficult to discern in that account because no dead or sleeping body was observed, nor was a new body identified. An ability to see unusual sights and travel vast distances was connected with characteristics of the spirit world. The question of OBEs among the Kaliai, then, must be left open. There is a possibility that interpretations of similar experiences by Westerners may favor an OBE explanation, while those of the Kaliai may not.

Finally, in no case was a tunnel experience identified. All informants reported the early part of their NDE as walking on a road. However, in one case the NDE began in darkness, which gave way to a walk in a field of flowers. Only after this part of the experience did the walk continue onto a road (Counts 1983, p. 119).

Maori New Zealand

In an autobiographical exploration of New Zealand white culture and its encounter with the native Maori culture, Michael King (1985)
recounted a Maori NDE. Nga was a Maori woman who encountered her first white person when she was “a girl just over school age” (King, 1985, p. 92). A favorite story of Nga’s was apparently one about the occasion when she believed she had died:

I became seriously ill for the only time in my life. I became so ill that my spirit actually passed out of my body. My family believed I was dead because my breathing stopped. They took me to the marae, laid out my body and began to call people for the tangi. Meanwhile, in my spirit, I had hovered over my head then left the room and traveled northwards, towards the Tail of the Fish. I passed over the Waikato River, across the Manukau, over Ngati Whatua, Ngapuhi, Te Rarawe and Te Aupouri until at last I came to Te Rerenga Wairua, the leaping off place of spirits. (King, 1985, pp. 93–94)

At this sacred place she performed the ablutions expected of the departed. Ascending to a ledge, she gazed down at the entrance to the underworld. After performing a dance, she prepared to descend into the subterranean passage leading to the realm of the spirits. At this point, she was stopped by a voice who told her that that her time had not come and that she must return until called again. She then returned to her body and awoke to see her anxious living relatives.

In this Maori account, no mention of a tunnel was made; instead, Nga flew to the land of the dead after her OBE (for example, “I had hovered over my head then left the room”). However, the story of Nga takes us to the entrance of a subterranean underworld, and this, had she traveled to it, may have constituted a tunnel experience. This subterranean passage was a common feature of some Pacific cultures (Panoff, 1968) and may mean, for the purpose of this review, that a tunnel experience cannot be excluded. If the experience had lasted longer, perhaps Nga would have descended to that underworld place through the traditional dark passage. So the absence of a tunnel sensation must be seen as a conditional matter that may have related idiosyncratically to this single account. Nevertheless, another characteristic, the life review, was unequivocally missing in this account.

**Native America**

Calvin Schorer (1985) reported two cases of NDEs from Native North Americans and more recently Jenny Wade (2003) described 11 cases. Shorer’s accounts were identified from Henry Schoolcraft’s (1825) nineteenth-century work *Travels in the Central Portion of the*
Mississippi Valley. In these accounts, OBEs and encountering other realms and deceased beings were reported. The other realm, as in all previous cases, was similar to the former world of the experiencer. Absent from these two accounts were any references to a tunnel experience or a life review. Drawing from an assortment of early ethnographic and historical documents, Wade provided us with both a critical analysis of the earlier Schorer accounts and a nuanced and more reliable account of another 11 NDEs from six different Indian cultures in North America. She too observed the absence of descriptions of tunnel-like experience and life reviews. The emphasis in these stories appeared to be on walking journeys and the encountering of trials and tests, as well as meeting deceased friends and relatives in a supernatural environment.

Similar to the accounts from Guam and Western New Britain, experiencers emphasized their journey. The narratives were a series of tales about what happened to them after they discovered that they were dead. This pattern was repeated in the only account to appear from South America.

Juan Gómez-Jeria (1993) reported a single NDE account from the Mapuche people in Chile. Again, in that account, there was an absence of descriptions of a tunnel sensation or life review. The NDE reported here contained a visit to other worlds and the meeting of deceased beings.

Aboriginal Australia

An isolated account of an NDE among Australian aborigines has appeared in several ethnographies during this century. It was, by all accounts, an unusual story in aboriginal terms because it was not a mythical account that could be interpreted as part of the aboriginal “dream time.” (For an excellent description of the aboriginal “afterlife” that is commonly interpreted as part of the aboriginal dreamtime, see the example provided by Ramsay Smith [1930, pp. 173–182].) However, the most interesting feature of the anomalous story I provide here, of which there are several versions, was that it was an historically real account of a human being who visited the land of the dead.

Lloyd Warner (1937) retold a version of the account as “Barnumbi and the Island of the Dead” in A Black Civilization. More recently, Ronald and Catherine Berndt (Berndt and Berndt, 1989) have reported the same story told to them as “Yawalngura dies twice?”
According to the Berndts, "the story is now quite old and part of a long oral tradition" (Berndt and Berndt, 1989, p. 376).

The account was a long one, so I will summarize only the main elements. Yawalngura was out gathering turtle eggs with his two wives. He ate some of the eggs, after which he lay down and "died." Later, his wives returned from their own search and found him dead. They returned his body to the main camp and with others built a mortuary platform for him. After this, Yawalngura revived and told others that he became curious about the land of the dead. He decided to build a canoe so that he could travel there to visit. This he did and set off on a journey lasting for several days and nights. Finally, he arrived at an island where he met traditional spirits, such as the Turtle Man Spirit, and deceased beings who recognized that he was alive and had to return. These spirits then danced for Yawalngura and gave him gifts, such as a Morning Star emblem and yams for his return journey:

Yawalngura took those things which were given to him. All the spirit people danced at that special spring (well), and they told Yawalngura that he had to return: "You have to return, you're not dead properly; you've still got bones. You can come back to us when you die properly." (Berndt and Berndt, 1989, p. 381)

Yawalngura returned and told others of his fantastic epic journey. "Two or three days afterwards," however, Yawalngura died again, "only this time he did so properly" (Berndt and Berndt, 1989, p. 381).

In this account, deceased beings and a land of the dead were visited. Again, both the people and the place had traditional mythical qualities. However, no tunnel experience and no life review were mentioned. Although the OBE is regarded as common in aboriginal Australia, especially during sleep and dreaming, no OBE was mentioned in this NDE account. These were also features of the final accounts from Africa.

Africa

Fifteen accounts of NDEs were described in Melvin Morse and Paul Perry's work Transformed by the Light (1992, pp. 120–126). These accounts came from informal correspondence from a medical colleague in Zambia. Although Morse and Perry labeled these accounts as emerging from "deepest Africa" (1992, p. 120), their cases were not entirely unambiguous in a cultural sense. That is, some of these cases may have been influenced by Western and local cultures. Nevertheless, I
include them here because they appeared to be basically consistent with other NDE accounts from hunter-gatherer societies mentioned above.

Morse and Perry described accounts from a truck driver, a dentist, a clerk, and a charcoal burner, but other accounts were drawn from unknown occupations such as “a grandmother,” “a widow,” or “a child.” Each of these accounts emerged from near-death experiences from illness or accident. The NDEs included walking journeys; some experiences of darkness; meeting deceased people, some of these in white robes; and supernatural beings, in one case “Jesus.” One NDEr described being caught inside the hollow shell of a gourd from which she tried to extricate herself, eventually successfully.

Morse and Perry argued that these NDEs have all the basic features of Western NDEs, including even tunnels (1992, p. 124). However, a close scrutiny of their text and cases presented in the book revealed neither evidence nor words that described tunnels. They appeared simply to assume that the darkness experienced by two NDErs qualified as “tunnel” sensations. Furthermore, although Morse and Perry argued that the life review is a basic feature of NDEs, that feature was not presented in any of their 15 cases from Africa. There was also no report of an OBE in these cases.

**Summary and Discussion of Non-Western NDE Features**

Table 2 summarizes the preceding review of the non-Western NDE. It identifies features that seem crosscultural, those that appear to be culture-specific, and those in which the question of universality remains ambiguous.

In every case discussed, deceased or supernatural beings were encountered. These were often met in another realm, variously described as the “land of the dead,” the “island of the dead,” the “pure land,” and so on. Consistently, the other realm was a social world not dissimilar to the one the experiencer was from, or in the case of many Asian accounts, not dissimilar from the one expected in the “underworld.” The major difference was that this world was either often much more pleasant socially and physically, or much less appealing. Clearly, the consistency of these reports from highly diverse cultures suggests that at least these two features of the NDE are indeed crosscultural.

This distinction was less clear in the findings about the OBE. Some cultures, such as the New Zealand Maori, Native American, and Chammorro, clearly experienced some kind of OBE with their NDE.
Table 2
Features of non-Western NDEs

<table>
<thead>
<tr>
<th>Culture</th>
<th>Tunnel</th>
<th>OBE</th>
<th>Life Review</th>
<th>Beings</th>
<th>Other World</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>China</td>
<td>?</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
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<tr>
<td>India</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
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<tr>
<td>Thailand</td>
<td>?</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
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<tr>
<td>Tibet</td>
<td>-</td>
<td>+</td>
<td>+</td>
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<td>+</td>
</tr>
<tr>
<td>Pacific Area:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western New Britain</td>
<td>?</td>
<td>?</td>
<td>?</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Hawaii</td>
<td>?</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Guam</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Maori</td>
<td>?</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Hunter-Gatherer Societies:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native America</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>Africa</td>
<td>?</td>
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</tr>
<tr>
<td>Aborigine</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

+ = feature present
- = feature absent
? = feature questionable

However, the African NDE accounts did not report this feature. Finally, the sole Australian aboriginal account did not report an OBE, but OBEs are known in this culture. In fact, OBEs are known in the vast majority of cultures (Sheils, 1978) but these may not necessarily occur, or occur consistently, in NDEs in these cultures. The apparent randomness of the finding concerning OBEs makes conclusions about them in relation to the NDE ambiguous. On the basis of the present data, we are unable to judge whether these are crosscultural or culture-specific features.

However, clearer patterns emerge when the life reviews and tunnel experiences are examined in the different non-Western cases. NDErs from hunter-gatherer societies did not seem to report life reviews or tunnel experiences. There is no doubt that many experiencers reported an experience of darkness, which may be described as a "night" experience or as emerging from the darkness inside a vegetable, such as a gourd. This was similar to experiences described in Asian accounts where NDErs may describe emerging from a darkness inside the throat of a flower. Clearly in these cases, descriptions of experience cannot be
separated from the language employed in the service of that description. Movement through darkness seemed to be described by the most culturally appropriate way for an individual and choice of words simply reflected this. Tunnels were common descriptors in the West because tunnels are widespread symbols and images in Western cultures and frequently occur in their landscapes, sciences, children's literature, and traditional legends and fantasy. But these are culture-bound images and experiences. There is no actual "tunnel" in near-death experiences: the darkness frequently associated with NDEs may be described differently by different cultures.

Life reviews seemed also to be an absent element in NDEs from hunter-gatherer societies. Robert Bellah (1976) argued that the psychology of conscience is associated with religions that place moral emphasis on personal responsibility for moral conduct. Religions such as Judaism, Christianity, Buddhism, or Hinduism emphasize personal ethics as opposed to group or tribal responsibility. Small-scale societies such as hunter-gatherer ones tend to emphasize the group's relationship to totemic beliefs, symbols and storylines that link an individual's moral journey in life to that of his family and tribe (Roheim, 1932). In that kind of society, autobiographical reflection and individual life review are less valuable and practical than an understanding of the group's place in the cosmological order of time. If this view has any anthropological currency, we should be unsurprised by the absence of personal life reviews in old hunter-gatherer accounts of NDEs.

Overall, then, the present review has revealed that the major crosscultural features of the NDE continue to appear to include encountering other beings and other realms on the brink of death. Life reviews and tunnel experiences seem to be culture-specific features. Life reviews seemed to be a feature of Western, Chinese, and Indian NDE accounts. Cases collected from hunter-gatherer, primitive cultivator, and herdsman societies did not exhibit this feature. The tunnel experience was not described in most non-Western accounts, though an experience of darkness of sorts was often reported. The present review has revealed no major pattern in reports about the OBE in non-Western NDE accounts, and therefore this finding must be viewed as inconclusive.

References


Near-Death Experiences in India: Prevalence and New Features

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ABSTRACT: In order to learn about the prevalence rate in a larger Indian population and to explore new features of near-death experiences (NDEs), I systematically surveyed 60 villages in southern India covering a population of 36,100 persons. The prevalence rate was 4 cases per 10,000 persons. Unlike the Western studies that have been generally conducted in hospital settings, the present study was conducted in the community setting. I systematically studied new features of visibility in the other realms, the experience of bright but soothing light, sensation of a cave, extrasensory experiences, and attitude toward life and death. In spite of different locations (community versus hospital) of the experiencers at the time of NDEs in the Indian and Western cases, common features across cultures suggest the presence of some universality of features, lending support to my earlier thesis that commonality in features is indicative of a genuine phenomenon underlying NDEs.

KEY WORDS: near-death experience; India; culture; crosscultural variation.

I had previously, with Ian Stevenson, published a preliminary report of 16 cases of near-death experiences (NDEs) that we investigated in north India, comparing their features with the features of 78 American NDEs (Pasricha and Stevenson, 1986). However, we did not employ any systematic methods of sampling for selection of the cases for that study. Subsequently, I conducted systematic surveys in
the Channapatna region of Bangalore, the capital city of Karnataka in southern India, to learn about the prevalence rate of NDE cases. I published the findings in two separate reports as the surveys, although part of the same project, were conducted at two different points in time (Pasricha, 1993, 1995). The prevalence rate ranged from 1 to 2 cases per thousand people. It was not clear whether the variation in prevalence rate was a true variation or due to difference in the size of the populations sampled.

When I compared features of cases from northern and southern India, I found some of them to be common to both regions and seemed typical of Indian cases, but I also observed variations among other features. Some of the varied features of the Indian cases were similar to the ones reported in American cases. The typical features of Indian cases generally included experiencers going to other realms with Yamdoots (Yamatoots) or messengers of the god of death, being passed on to a man with a book, discovering that they were mistakenly brought there instead of another person or their time had not yet come to die and they were to be sent back, or sometimes meeting deceased relatives who asked them to go back to terrestrial life. The experiencers usually returned to terrestrial life with the same messengers or deceased relatives or came back alone.

**Method**

*Source of Data*

In 1992 and 1994, I conducted another survey in a region of the Bangalore district, the findings of which are presented in the present article. The aims of the survey were to determine the prevalence rate of NDEs in a larger Indian population, to learn about new features not reported in the earlier series of cases in India, and to learn about the influence of such NDEs on the experiencers.

For this purpose I chose Hoskote, a taluk (roughly corresponding to a county in the United States and the United Kingdom) in the Bangalore district, situated on the Bangalore-Madras (Chennai) highway about 30 kilometers northeast of Bangalore. The reasons for selecting this particular region were that it represented both rural and urban populations, and was easily accessible from the National Institute of Mental Health and Neurosciences, where I work. The Hoskote taluk consisted of 362 villages, of which 52 had been listed as
uninhabited (Director of Census Operations, 1984). Out of the remaining 310 inhabited villages, 60 villages with a total population of 36,100 persons were selected, by using computer generated random numbers.

The principal method employed for data collection was interviews, which I conducted in two stages.

First Stage Interviews

During the first stage, I interviewed the principal respondents to learn about their knowledge of cases. For the purpose of selecting the principal or target respondents, I used voter registration lists and chose one member from every household, usually the head of the family. Thus I identified a total of 6,017 persons from the 60 villages, of which 5,809 could be contacted for the purpose of interviews, the remaining respondents being unavailable on two subsequent calls. To gain the confidence and cooperation of the villagers, I enlisted the assistance of the schoolteachers and/or village leaders.

Second Stage Interviews

During the second stage I interviewed a total of 16 near-death experiencers who were identified by the principal respondents. The inclusion criteria for including cases in the prevalence count were that the experiencers had to be alive at the time of the survey and they had to be residing in the survey villages at the time.

I interviewed the identified experiencers for a detailed account of their NDEs. I also interviewed their relatives, when they were available and had reliable information, to learn about the physical condition and other circumstances concerning the experiencers' NDE and to corroborate any information regarding the NDE that the experiencer had shared with them. I first allowed the experiencers to describe their NDEs spontaneously, and later filled in any missing information by questioning them with the help of a checklist prepared for the purpose, which included all 12 features that were reported in the previous studies (Pasricha, 1993, 1995; Pasricha and Stevenson, 1986).

As we proceeded with the investigations, the experiencers spontaneously reported some new features that seemed important, and I added them to the checklist. However, I was not able to ask all
experiencers about all features from the checklist, either due to lack of time or their level of comfort with the questions concerning details of features. The interviews lasted for about 45 minutes to an hour or more.

Investigation of Additional Cases

In the previous studies, variations in the features were reported in cases selected from northern and southern India, as well as among cases selected from the same general region of southern India. In view of these variations, I decided to increase the sample size in order to cover a larger number of features, including any new ones. I therefore interviewed additional experiencers who were reported by the principal respondents as cases in the first stage interviews, but who currently lived outside the identified survey villages. Keeping in view the stipulated time for completion of the project and available resources, I identified 55 such experiencers who lived within 20 kilometers of Hoskote. Of those 55 experiencers, 18 had died, 9 had been incorrectly identified as experiencers, and 6 had moved to other villages. I investigated the remaining 22 cases from outside the survey villages and added them to the 16 cases investigated from within the survey villages. Thus the final analysis was carried out on 38 cases. As I mentioned above, the number of experiencers varied for different features because I was not able to ask details of all questions to all the experiencers, and I added some of the questions later, during the course of the study.

In addition to interviewing the experiencers themselves, I was able to interview 10 of their relatives.

Results

Prevalence of NDEs

Occurrence of cases varied across villages. Three cases each were reported from two villages, two cases from one village, one each from 13 villages, and no cases were reported from 44 villages. In all, 21 cases were reported from 60 villages with an estimated population of 36,100; one of these did not meet the inclusion criteria, hence was not included in the final count. Thus the prevalence rate came to about 0.4 case per thousand persons or 4 cases per 10,000 persons.
Of the 20 cases reported from the survey villages, the experiencers in two cases had moved out of their respective villages when we returned for investigating their cases, and a third was not available for further interviews. Thus 17 experiencers were investigated. Of those I excluded from the analysis one case for which details other than the demographic features were not available. I analyzed the remaining 16 cases from the survey villages and the additional 22 cases from outside the survey villages.

**Physical Health and Location of Experiencers at the Time of the NDE**

Data on physical condition of the experiencers at the time of the NDE were available in 34 cases. Ten of the experiencers were not suffering from any illness up till the time of NDE; two women in this group had NDEs during childbirth. The remaining 24 experiencers had various physical problems at the time of NDE, including fever (8 cases), plague (7 cases), smallpox (3 cases), wounds (3 cases), tuberculosis, general weakness, and jaundice (one case each). All but two experiencers had their NDEs at home; two experiencers reported having NDEs while in the hospital. One of them had the NDE during a surgical operation and the other one had it a few days prior to his operation.

**Case Reports**

Before providing the details of the features, I will acquaint readers with some accounts of the Indian cases. In order to do that, I shall next present three brief case reports.

*The Case of Munnichinnappa.* We interviewed the experiencer in this case, Munnichinnappa, in February 1995. He had been born in 1946. According to his wife, Parvathamma, sometime in 1958 around 10:30 A.M. he fell from a tree and “died.” All his relatives were informed about his death. About 3:00 P.M. he came back to life and told his family how he was taken to Yamaloka and sent back.

Yama, the god of death, is referred variously as Yamraj by northern Indians and Yamaraja by southern Indians; his messengers as Yamdoots; and the place where he as Yamapatna or Yamaloka. A number of references to Yamraj, Yamdoots, and Chitragupta (“the man with the book”) can be found in the Hindu scriptural literature (Hazra, 1940/1975; Walker, 1968).
Munnichinnappa narrated his experience as follows:

Two big black persons with big mustaches came and asked me to go along with them. When I resisted, they held my hand and took me forcibly. While going, I saw a big forest with big trees and it was dark there. We walked some distance and came across a big river. After crossing the river, we reached a place where the light was very bright, brighter than the sunlight, and people there looked very strange. When I went inside that place, I saw Yamaraja was sitting in a chair with many other persons. I was taken to one person who was sitting in a corner with a big book. He looked at me and said, "I did not ask for this person. Send him back; I had asked for a different person." I did not know how to get back; the two persons who had taken me there came with me and left me outside the village.

The Case of Annamma. We interviewed Annamma in June 1995 when she was 75 years old. At about the age of 40, she had a quarrel with her husband, during which he hit her on the head with a stick. As a result she fell down and lost consciousness instantly. No other family member was available to provide details about the severity of Annamma's apparent head injury or the duration of her unconscious state. She said that she was "unconscious" for about 2 hours and had the following experience during that time:

One lady came and asked me to follow her, which I did. We walked through a forest; there were big trees. After some time we reached a big place that looked like a city. There were many people and they were busy with their work. That lady took me into a big house and left me at the gate to go inside. When I went in, I saw Yamaraja; a huge black person was [also] sitting there. On that person's questioning I told him my name and he said, "You don't have a seat here; you go back." Yamaraja also told me to go back and asked a person to take me out. One black person came and took me to a place where fire was burning. He burned me with a burning wood on the right leg (below the knee) and called the same lady (who had brought me there) to take me back. While coming from there, I saw my father there (who had died six years earlier). He inquired about the people of the family and asked me to go back. We followed the same route and came back. When I reached the village, I saw my body was lying on a mat.

The Case of Srinivasa Reddy. We interviewed Srinivasa Reddy in July 1995 when he was 75 years old. He had had the experience around the age of 35. He was suffering from fever for about a week and was taking medication. His wife, Muniyamma, was away at her parents' home where she had gone for the delivery of their second child. When she was informed that her husband was not well, she
returned back home in the evening. On reaching home, she found him unconscious and talking irrelevantly for some time, and then he completely stopped talking. She and others around noticed that his breathing had stopped, so they thought he was dead and sent for his relatives. Since it happened in the evening, they laid the body outside in the open, as is customary, and waited for the relatives to arrive. Suddenly about 8:00 or 9:00 P.M., he shook his head and legs and started breathing; they all felt very happy to have him back. The next morning he narrated his experience to them.

Srinivasa Reddy gave us the following account of his experience:

Two people came and asked me to go with them. I went with them walking on a mud road. We walked for a long time and reached a big place, which was like a city. There were big houses and many people. We went inside a big house where I saw a man with a big book to the left of Yamraj. The man with the book said, "Why have you come here?" I said, "These people have brought me here." He said, "You are not required here; I had asked for Ashwath Reddy. You go back," and asked those two persons to bring Ashwath Reddy. We came out; while coming out I told them that I was suffering from fever; could they give me some medicine to cure my illness? They took me to an old lady who gave me some herbal juice which I drank and came back with them; they left me outside my village.

After I came back [from the other realm] my fever came under control quickly and since then I have not suffered from fever even once. For this reason the memory of my experience is still fresh in my mind.

Muniyamma told us that one Ashwath Reddy in their village, who was about 80 years old and was ill for sometime, died that day. Her husband apparently did not know of his death, although it is possible that he knew of his illness. However, I could not independently learn about Ashwath Reddy's death.

Features of the NDE Cases

I shall next describe demographics and present the main features of these NDE cases in tabular form, along with the features reported in the earlier series, followed by the new features detected during the present study.

Demographic features of the cases. Twenty-one (55 percent) of the experiencers were male and 16 were female. The median age of the experiencers at first interview was 72 years, with a range from 30 to 108 years; their median age at the time of the experience was 36 years,
Table 1
Main features of the cases

<table>
<thead>
<tr>
<th>Feature</th>
<th>Number (percent) of experiencers*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visited other realms</td>
<td>35 of 37 (95%)</td>
</tr>
<tr>
<td>Went with messengers or relatives</td>
<td>33 of 35 (94%)</td>
</tr>
<tr>
<td>Went alone</td>
<td>2 of 35 (6%)</td>
</tr>
<tr>
<td>Met deceased relatives or acquaintances</td>
<td>9 of 27 (33%)</td>
</tr>
<tr>
<td>Passed to a man with a book</td>
<td>26 of 35 (74%)</td>
</tr>
<tr>
<td>Met a being of light or religious person</td>
<td>14 of 27 (52%)</td>
</tr>
<tr>
<td>Sent back because of a mistake</td>
<td>33 of 37 (89%)</td>
</tr>
<tr>
<td>Sent back by others for other reason</td>
<td>2 of 37 (5%)</td>
</tr>
<tr>
<td>Came back by own free will</td>
<td>2 of 37 (5%)</td>
</tr>
<tr>
<td>Came back with messengers or relatives</td>
<td>23 of 35 (66%)</td>
</tr>
<tr>
<td>Another person died instead of experiencer</td>
<td>12 of 35 (34%)</td>
</tr>
<tr>
<td>Life review</td>
<td>0 of 13 (0%)</td>
</tr>
<tr>
<td>Out-of-body experience</td>
<td>5 of 27 (19%)</td>
</tr>
<tr>
<td>Residual marks from having been branded</td>
<td>15 of 32 (47%)</td>
</tr>
<tr>
<td>Cave</td>
<td>1 of 25 (4%)</td>
</tr>
</tbody>
</table>

* number of experiencers reporting each feature out of number of experiencers for whom information was available varied for different features.

with a range from 5 to 103 years; and the median interval between the experience and the interview was 21 years, with a range from 2 to 70 years. Information about experiencers’ occupations was available for 36 cases, of whom 18 (50 percent) were farmers, 8 (22 percent) were housewives; 2 (6 percent) each were businessmen, laborers, and astrologers; 1 (3 percent) was a social worker, and 5 (6 percent) were retired.

Main features of the cases. Table 1 shows the main features of the cases, with the number of experiencers reporting each case and the percent of experiencers for whom information was available regarding that feature reporting each feature. Most of the features are self explanatory but a few require more elaboration. A majority of the experiencers reported having gone to the other realms with the messengers of the god of death or with deceased relatives. Nearly three-fourths of them reported having been passed to the man with a book, who discovered that they had been taken there by mistake in place of another person or they were not yet scheduled to die, resulting in their being sent back to terrestrial life either by the same
messengers or alone. Fifteen (47 percent) of the experiencers reported having been branded in the other realm, and had residual marks upon regaining consciousness. All these features are typical of Indian cases and were reported by most of them.

In addition, some of the experiencers reported features that have also been reported from other cultures, mainly from the United States and the United Kingdom. These included out-of-body experiences (5 cases) and revival through one's own will (2 cases) or being sent back to terrestrial life by others (2 cases). However, as in my previous surveys of Indian cases, no experiencer reported a life review or panoramic memory, or passing through a tunnel.

New Features of NDE Cases

In this category I have included features that either were reported for the first time among Indian cases by the experiencers in this study or had not been systematically investigated in previous Indian studies. Table 2 shows new features that were added to the checklist at a later stage of investigation. In cases where the experiencers did not mention them spontaneously, I specifically asked about these features.

Visibility and intensity of light in the other realms. Twenty-seven experiencers answered the question about visibility in the other realm. A little over half of them (52 percent) reported the other realm to be normal to very bright (41 percent), so that they could see the things clearly. A small number of experiencers (7 percent) said that it was dark there and the visibility was poor.

Twenty-one experiencers answered the question about the intensity of light. A little over half of them (52 percent) reported having seen bright light in the other realm. Their descriptions included “The light was so bright there that I could not open my eyes for some time” and “There was a bright light; I had never seen such a light before.” One of them said that although the light was bright, it was cool or soothing.

Experience of a cave. I asked 25 experiencers a question about having a sensation of a tunnel. In response, one female experiencer reported having had an experience of a “cave.” She reported: “[While coming back from the other realm] I was shown a road to go back which was a narrow road; it was like a cave.”

Attitude toward life and death. In my previous surveys of Indian cases, I did not ask systematically about change in attitude toward
Table 2
New features of cases

<table>
<thead>
<tr>
<th>Feature</th>
<th>Number (percent) of experiencers*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude toward death</td>
<td></td>
</tr>
<tr>
<td>Lost fear of death</td>
<td>19 of 34 (56%)</td>
</tr>
<tr>
<td>Developed fear of death</td>
<td>0 of 34 (0%)</td>
</tr>
<tr>
<td>No change in fear of death</td>
<td>15 of 34 (44%)</td>
</tr>
<tr>
<td>Attitude toward life</td>
<td></td>
</tr>
<tr>
<td>Became more religious and generous</td>
<td>14 of 34 (41%)</td>
</tr>
<tr>
<td>Visibility on other realms</td>
<td></td>
</tr>
<tr>
<td>Normal visibility</td>
<td>14 of 27 (52%)</td>
</tr>
<tr>
<td>Brighter than normal</td>
<td>11 of 27 (41%)</td>
</tr>
<tr>
<td>Darker than normal</td>
<td>2 of 27 (7%)</td>
</tr>
<tr>
<td>Intensity of light</td>
<td></td>
</tr>
<tr>
<td>Bright</td>
<td>11 of 21 (52%)</td>
</tr>
<tr>
<td>Experience of a cave</td>
<td>1 of 25 (4%)</td>
</tr>
<tr>
<td>Extrasensory experiences</td>
<td>9 of 25 (36%)</td>
</tr>
</tbody>
</table>

* number of experiencers reporting each feature out of number of experiencers for whom information was available varied for different features.

dead following the NDE. Experiencers in a few cases spontaneously mentioned about their attitude toward death. However, I did not specifically record their attitude toward life in any of the previous surveys. In the present study, I did inquire systematically about the experiencers' attitudes toward both life and death; therefore I have included these features together under the heading of new features.

Thirty-four experiencers answered the question concerning attitude toward death. More than half of them (56 percent) reported having lost fear of death, while the remaining 44 percent reported no change, but said they were not afraid of death prior to or following the experience.

Thirty-four experiencers answered the question regarding change in attitude toward life following the NDE. More than one-third of them (41 percent) reported that their religiosity and generosity had increased following the experience.

*Extrasensory experiences.* Twenty-three experiencers answered the question about extrasensory experiences following the NDE. Four of
### Table 3
Features of cases in all surveys from India with personal interviews

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Saw own physical body</td>
<td>10%</td>
<td>14%</td>
<td>0%</td>
<td>19%</td>
</tr>
<tr>
<td>Taken to other realm by messengers</td>
<td>75%</td>
<td>85%</td>
<td>71%</td>
<td>92%</td>
</tr>
<tr>
<td>Saw deceased acquaintances</td>
<td>25%</td>
<td>58%</td>
<td>25%</td>
<td>33%</td>
</tr>
<tr>
<td>Saw beings of light or religious figures</td>
<td>75%</td>
<td>0%</td>
<td>NA*</td>
<td>52%</td>
</tr>
<tr>
<td>Passed to a man with a book</td>
<td>50%</td>
<td>83%</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>Sent back because of mistake/not yet time</td>
<td>62%</td>
<td>60%</td>
<td>46%</td>
<td>89%</td>
</tr>
<tr>
<td>Life review</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>0%</td>
</tr>
<tr>
<td>Other person to die in place of experiencer</td>
<td>44%</td>
<td>30%</td>
<td>11%</td>
<td>34%</td>
</tr>
<tr>
<td>Sent back for other reason</td>
<td>0%</td>
<td>10%</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Returned by own volition</td>
<td>6%</td>
<td>0%</td>
<td>18%</td>
<td>5%</td>
</tr>
<tr>
<td>Brought back by messenger/deceased guide</td>
<td>81%</td>
<td>88%</td>
<td>56%</td>
<td>66%</td>
</tr>
<tr>
<td>Residual marks on body</td>
<td>25%</td>
<td>33%</td>
<td>33%</td>
<td>47%</td>
</tr>
<tr>
<td>Change in attitude toward death</td>
<td>NA</td>
<td>NA</td>
<td>20%</td>
<td>44%</td>
</tr>
<tr>
<td>Lost fear</td>
<td>NA</td>
<td>NA</td>
<td>20%</td>
<td>44%</td>
</tr>
<tr>
<td>Developed fear</td>
<td>NA</td>
<td>NA</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>No change</td>
<td>NA</td>
<td>NA</td>
<td>70%</td>
<td>41%</td>
</tr>
</tbody>
</table>

*information not available.

them (17 percent) reported unexpected and quick recovery in their health following the experience, implying occurrence of apparent paranormal healing or accelerated healing processes; three (13 percent) were credited with the paranormal knowledge of another person’s impending death; and two (9 percent) reported having out-of-body experiences.

**Comparative Features of Indian Cases**

Table 3 highlights a comparative summary of features of the Indian cases investigated in different points in time. I have not included the
study by Susan Blackmore (1993) because her main focus of study was on the feature of tunnel sensations. Moreover, she identified experiencers through a newspaper advertisement and did not conduct her interviews with the experiencers personally, but rather corresponded with them through the mail. Her study also had other methodological and interpretative flaws (Kellehear, Pasricha, Stevenson, and Cook, 1994).

All of the studies included in Table 3 employed personal interviews for eliciting details of NDEs from the experiencers as well as the concerned informants. Three of these studies identified cases through systematic surveys.

Discussion

In 44 (73%) of the 60 villages surveyed, no case of NDE was reported. The estimated prevalence rate of NDE cases was 1 in 2500 or 4 cases in 10,000 persons, which is far below the rate reported in the earlier Indian studies (Pasricha, 1993, 1995). This indicates that the cases are not uniformly distributed across villages even within the same general area. It was observed in the previous two studies that with increase in the sample size, the number of NDE cases dropped; such a change in prevalence rate is known to occur but may not be the only factor. The low prevalence rate in the present study could have been due to one or all of the following: (a) larger population samples; (b) underreporting of cases; and (c) true variation in occurrence of cases. Variations in prevalence rates have also been reported in the Western studies. I am aware that the methods I used for identification of NDE cases are different from the ones used by Western researchers and hence cannot perhaps be compared. I have used a two-stage interview method for estimating the prevalence rates which none of the Western researchers seem to have used and hence the prevalence rates are likely to be different. However, we still need to look for an explanation to understand why variations in prevalence rates occur even when the studies are conducted by the same investigator using more or less same methodologies, and why similarities in the features have occurred in spite of different methodological approaches. It is reasonable therefore, to suppose, at this stage, that methodological variations alone cannot account for the differences in prevalence rates.
As I mentioned in the section on methods, all questions related to the items of the checklist were not fully answered by the experiencers, due to either lack of time or the experiencer's level of comfort with the questions. This is a methodological problem inherent in community based or field studies; a certain amount of bias cannot be eliminated. However, in the present study the experiencers generally responded to the main items of the checklist, but the details of their responses varied. For example, some experiencers gave a detailed account of the other realm or Yama, while others did not say more than that they met him or they were summoned by him, or responded to the question in the affirmative or in the negative. Hence variations in their reporting would not have influenced the data much since most of them responded to the main items.

We saw differences in features across two cultures when we compared features of Indian and American NDE cases in our first study (Pasricha and Stevenson, 1986). However, in the subsequent studies, differences in features were reported even in the cases investigated in northern and southern India, two parts of the same country (Pasricha, 1993). Furthermore, features not reported in one series of cases were reported in another series of cases in the same region. For example, out-of-body experiences, a frequent feature of Western cases, were reported in one of the two Indian series.

The samples in the Western studies have been drawn mostly from the hospital populations whereas samples for the present and earlier Indian studies were drawn from the community populations. Unlike the hospital based samples, it is generally not possible to determine the exact degree of closeness to death and the time lapse between apparent death and the experience in the community based samples on which the present and earlier studies were carried out in India. Although relatives and others around the experiencers were able to establish reasonably that a person had "died" (in some cases they even performed the pre-cremation rituals) or appeared to be dead to them, their estimates of the duration of apparent death vary considerably (Stevenson, Pasricha, and McClean-Rice, 1989). It is also difficult to get accurate estimates of time lapse between death and the experience. In spite of these difficulties, it is reasonable to assume that the person was close enough to death when he or she had the experience that resembled an NDE where death and gap between the death and experience could be established more precisely.

In spite of the larger sample size and newer features coming up in the present study, the features of a life review or panoramic memory
The experience of "beings of Light" was reported by the north Indian experiencers (Pasricha and Stevenson, 1986) but it was not reported by any of the south Indian experiencers. The feature of bright light has been often cited in the Western literature (Eadie, 1992; Moody, 1988; Morse and Perry, 1992; Schoenbeck and Hocutt, 1991), but it was reported in the Indian cases only in the present study. The feature of visibility in the other realm was investigated for the first time.

The feature of positive change in attitude toward death, that is, of reduction in fear of death, and attitude toward life of increased religiosity and generosity was reported in the present series. The features of positive changes in attitude toward life and death, values, and satisfaction with life have been reported in American cases...
(Atwater, 1988; Greyson, 1983, 1994). On the whole, the quality of life in most cases seemed to improve following NDEs.

**Conclusion**

The prevalence of NDEs varies within and across cultures. Variations in features also seem to occur across cultures but they do not seem to be true variations for all features. Certain features appear to be culture-specific while others seem common across cultures. The variations in the frequency of occurrence of cases may be due to differences in methodologies adopted by different researchers but that does not seem the only explanation, as I conducted the present study using more or less same survey techniques that I had employed in the previous studies, yet there were variations in the prevalence rate and features. On the other hand, although samples for American and Indian studies were drawn from different populations – hospitals and communities, respectively – similarities in certain features were observed in both cultures. It follows then that some features are perhaps shaped by cultural beliefs, influenced by methodological variation and location of the experiencers at the time of experience, whereas others are universal in content although their presentation may seem to differ.

**References**


The Death Journey of a Hopi Indian:
A Case Study

J. Timothy Green, Ph.D.
Laguna Hills, CA

ABSTRACT: I present the case study of the "death journey" or near-death experience (NDE) of Don Talayesva, a Hopi Indian, whose experience occurred between 1900 and 1910. I compare and contrast his experience with 11 accounts of Native American NDEs reported by Jenny Wade (2003), as well as with modern day NDEs. Talayesva's NDE took him to the Hopi land of the dead, where he witnessed the brutal fate of witches and Two-Hearts before returning to physical existence. Although his and many other NDEs from indigenous populations appear to adhere to cultural expectations and beliefs, that has not been the case with modern day NDEs collected from Anglo-Saxon cultures.

KEY WORDS: near-death experience; Hopi; Native Americans; shamanism.

Jenny Wade (2003) was the first to tackle the difficult area of an overview of Native American accounts of near-death experiences (NDEs). Although not meant to be a complete record of all Native American NDEs, her paper presented 11 interesting and representative accounts.

Wade outlined many of the problems associated with this type of research and noted that it is difficult if not impossible to bring today's standards for field studies to this area of study. Her accounts spanned four centuries, six cultures, and most of the North American continent. Some accounts were firsthand, some secondhand. Others were translated, possibly quite poorly, and some were gathered by

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colonists whose cultural biases may have further distorted the meanings of the accounts. Many accounts came from oral traditions that had been handed down from generation to generation. Native Americans language does not always convey the same linguistic constructs and nuances that other cultures do. For instance, they may talk about different states of consciousness, such as dreaming, waking consciousness, and shamanic journeys without making arbitrary distinctions between these episodes. To them, they are all simply experiences. Wade also cited a number of studies from other indigenous cultures, something that I forgo in this article so as to focus specifically on Native American accounts.

I will add one more case study to Wade's accounts of Native American NDEs, one that, while only a single account, has none of the limitations Wade discussed. I will describe in full the "death journey" of a Hopi Indian named Don Talayesva. Talayesva's account is firsthand, by a man who had a good grasp of English, the language in which he wrote. He kept a journal for many years, and it was from this that a book was eventually published by a friend of Talayesva, the anthropologist Leonard Simmons. Simmons had so much respect for both Talayesva and the Hopi Nation that he eventually became Talayesva's adopted brother and lived with him and his family for a period of time.

The following account comes from the autobiography entitled *Sun Chief: The Autobiography of a Hopi Indian*, first published in 1942. Talayesva was born in 1890 and lived most of his life in Oraibi, a settlement in Arizona approximately 10 miles east of the Grand Canyon. At age 10, he was sent to live at a boarding school run by Christian missionaries in Riverside, California. During this period, sometime between 1900 and 1910, he learned to read and write quite well. While in Riverside, Talayesva developed pneumonia, which became progressively worse over a four-week period. He reported that, while hospitalized and not expected to live, he had the following experience:

Then I saw a human being standing by my bed in Katcina costume. He was well dressed in a dancing kilt and a sash, was barefoot, and wore long black hair hanging down his back. He had a soft prayer feather (nakwakwosi) in his hair and carried a blue one in his left hand – blue being the color which signifies the west and the home of the dead. He wore beads and looked wonderful as he watched me. When the nurses brought food he said, "My son, you had better eat. Your time is up. You shall travel to the place where the dead live and
see what it is like.” I saw the door swing slowly back and forth on its hinges and stop just a little open. A cold numbness crept up my body; my eyes closed, and I knew I was dying.

The strange human being said, “Now, my boy, you are to learn a lesson. I have been guarding you all your life, but you have been careless. You shall travel to the House of the Dead and learn that life is important. The path is already made for you. You better hurry and perhaps you will get back before they bury your body. I am your Guardian Spirit (dumalaitaka). I will wait here and watch over your body, but I shall also protect you on your journey.” (Talayesva, 1942, p. 121)

Talayesva’s experience began in some ways much like that of many modern NDEs, with the experiencer knowing that he was dying and being accompanied by a spiritual being. In the passage below, he also described the lack of any pain and implied leaving his physical body and the presence of a tunnel, all commonly reported components of modern NDEs:

The pain disappeared and I felt well and strong. I arose from my bed and started to walk, when something lifted me and pushed me along through the air, causing me to move through the door, down the hall, and out upon the campus in broad daylight. I was swept along northeastward by a gust of wind, like flying, and soon reached the San Bernardino Mountains. There I climbed a corn-meal path about halfway up a mountain and came upon a hole like a tunnel, dimly lighted. I heard a voice on the right saying, “Don’t be afraid, walk right in.” Stepping in through a fog and past the little lights, I moved along swiftly, finally coming out upon a flat mesa, and discovered that I was walking near the old water holes out on the ledge at Oraibi! Very much surprised, I thought, “I will go home and get some good Hopi food.” (Talayesva, 1942, pp. 121–22)

The most obvious difference between Talayesva’s account and those of many present day NDEs was the almost complete absence of a description of a bright light of any kind. He did report a tunnel, “dimly lighted,” and also “little lights,” but these were hardly consistent with the overwhelmingly bright light that many modern NDErs report. Throughout his experience, Talayesva never mentioned anything resembling the brilliant light many NDErs have reported over the past 30 years; nor were they reported in any of Wade’s accounts.

On the other hand, the following aspect of the experience was entirely consistent with many NDEs during which the person found himself at home, or with relatives, or other loved ones:
As I entered the door, I saw my mother sitting on the floor combing my father's hair. They just stared at the door for a moment and then turned back to their interests. They didn't say a word, causing me to wonder sadly. I walked about the room for a minute and then sat down on a sheep pelt by the stove to think. I said to myself, "Well, perhaps my grandfather will come and give me food." After about an hour of silence, my grandfather did come in, stared at me for a moment, and said nothing; but he sat down opposite me and dropped his head as though worried. Then I thought to myself, "They don't care for me. I had better go and leave them alone." When I arose to leave they didn't even look up or say good-by.

I walked out by the dry basin near the Oraibi Rock. There was a little stone walk on the rim of the dam. A large lizard ran along the ground and into the wall. As I drew near I saw peeping out from the rocks an ugly, naked woman with drawn face and dry lips. She looked tired, half-starved, and very thirsty. It was my old grandmother, Bakabi, my mother's mother's sister. Since she was still living, I didn't know how her spirit could be on its way to Skeleton House; but I think my Guardian Angel placed her there to teach me a lesson and to show me that she was a Two-Heart. She said, "My grandson, will you please give me a drink?" "No, I have no water," I replied. "Well, please spit in my mouth to quench my thirst?" she pleaded. I said, "No, I have nothing for you. Are you the one I saw as a lizard?" "Yes, my father is a lizard and I have two hearts." "Then I will have nothing to do with you, for you killed our sister!" I said. "I am one of those who are killing your people," she answered, "but I am not the one who killed you. From here to the House of the Dead you will see people like me who can take only one step a year over a path of sorrow. Please let me go along with you. You have only one heart and will arrive safely." "Never mind," I said, and hurried along, for I had no time to monkey with a witch. (Talayesva, 1942, pp. 122-23)

Witches, whom the Hopi also refer to as "Two-Hearts," are believed to be people who often kill relatives in order to prolong their own lives, as well as causing many other types of mischief. Talayesva's understanding of witches or Two-Hearts was that they were a very unfortunate but powerful people, members of every race and nation, organized into a worldwide society in which they spoke a common language. Talayesva believed that Hopi Two-Hearts were leaders of this terrible society, that they held their underworld convention at Red Cliff Mesa northeast of Oraibi, and that Two-Hearts in Oraibi were probably the worst of the lot. They were thought to be mean, fussy, easily offended, and forever up to mischief (Talayesva, 1942, p. 120)

This component of seeing in the spirit world a relative or other person who is still alive is very much at odds with present day NDEs, as well as with the accounts that Wade presented. It is very unusual in
a modern day NDE for the individual to report seeing a relative or friend unless that person was, in fact, deceased.

As Talayesva's account continued, he encountered other Two-Hearts, ascended a series of steps, heard a bell, and came upon another guide who told him which of two roads he was to take:

I moved along quickly, touching the ground only in spots until I came to the west point of the mesa. Along this way I saw many faces of Two-Hearts who called out to for food and drink; but I had no time for them. When I reached the foot of Mount Beautiful, the Judgment Seat, I looked up and saw nice regular steps about twelve feet wide and twelve feet high, of a red color, and reaching like a mighty stairway to the highest point. I started to climb but seemed to float up on air, just touching my feet lightly on the top step. There a bell rang from the west side so clearly that I heard echoes out among the mesa walls.

As the ringing grew louder, I looked and saw a man climbing up the mountain from the west, dressed in a white buckskin, wearing a horn, and holding a spear and a bell. It was a Kwanitaka, a member of the Kwan or Warrior society, who watches the kivas during prayers and guards the village to keep out strangers and let in the dead during the Wowochim ceremonies. He came up to me but did not shake hands, because he was a spirit god and doing police duty directing good people over the smooth highway and bad people over the rough road to the House of the Dead. He said, "My boy, you are just in time, hurry! Look to the west and you will see two roads. You take the broad one, the narrow one is crooked and full of rocks, thorns and thistles; those who take it have a hard journey. I have prepared this broad road for you. Now hurry and you will find someone to guide you."

I looked to the left and saw a wide road sprinkled with corn meal and pollen. On the right was a narrow path about a foot wide and very rough. Strewn along the side were Hopi clothes that had been dropped by Two-Heart women who had received them from men with whom they had slept. I saw naked, suffering people struggling along the path with heavy burdens and other handicaps such as thorny cactus plants fastened to their bodies in tender places. Snakes raised their heads along the edge of the path, sticking out their tongues in a threatening manner. When they saw me looking at them they dropped their heads; but I knew they could bite anyone that they did not like.

I chose the broad road to the left and went along swiftly, almost flying, until I came to a large mesa, which I shot up like an arrow and landed on the top. There I saw on my left summer birds singing and flowers in full bloom. Moving rapidly, I passed along the edge of Cole Canyon with its steep white walls which I had seen before on my way to Moenkopi. In the distance were twelve queer-looking striped animals chasing one another. As I drew nearer I saw that they were
clowns (*tcuka*) who had painted their bodies with black and white stripes and were joking and teasing one another. The leader — who was one of the Eagle Clan which is linked to my Sun Clan — said, "My nephew, we have been expecting you. It is late and you must hurry. We think you will return, so we will wait here for you. Your Guardian Spirit is protecting you; but you must hurry. Your Guardian Spirit is protecting you; but you must hurry back to your body. You may live a long time yet if you get back." (Talayesva, 1942, pp. 123–24)

In the following passage, Talayesva passed a test by correctly deciding to have his hair washed with white suds, and came to the end of his journey, where he witnessed the brutal fate of Two-Hearts:

Somewhat frightened, I sped along to the left, reached the top of the steep mesa, and sort of floated down. Before me were the two trails passing westward through the gap of the mountains. On the right was the rough narrow path, with the cactus and the coiled snakes, and filled with miserable Two-Hearts making very slow and painful progress. On the left was the fine, smooth highway with no person in sight, since everyone had sped along so swiftly. I took it, passed many ruins and deserted houses, reached the mountain, entered a narrow valley, and crossed through a gap to the other side. Soon I came to a great canyon where my journey seemed to end; and I stood there on the rim wondering what to do. Peering deep into the canyon, I saw something shiny winding its way like a silver thread on the bottom; and I thought that it must be the Little Colorado River. On the walls across the canyon were the houses of our ancestors with smoke rising from the chimneys and people sitting out on the roofs.

Within a short time I heard a bell on the west side at the bottom of the canyon and another one somewhat behind me. The same Kwanitaka who had directed me on Mount Beautiful came rushing up the cliff carrying a blanket and dressed in a cloak and buckskin moccasins as white as snow. Another Kwanitaka came rapidly from the rear, ringing his bell. The first one said, "We have been expecting you all morning. This partner and I have raced here for you. I won and you are mine. You have been careless and don’t believe in the Skeleton House where your people go when they die. You think that people, dogs, burros, and other animals just die and that’s all there is to it. Come with us. We shall teach you a lesson on life.” I followed the first Kwanitaka to the southwest and was trailed by a second who kept off evil spirits. We came to a house where we saw a Kwanitaka in red buckskin moccasin making red yucca suds in a big earthen pot. Near by was another Kwanitaka from the west in white moccasins making vapor to rise like a cloud. Then one of them said, "Now we are ready, take your choice. From which pot will you be washed?” I chose the white suds. "All right, you are lucky,” said the Kwanitaka. "It means that you may journey back along the Hopi trail and return to life.” I knelt down so that he could wash my hair and rinse it with
fresh water. Finally, he said, “Get up and come along. We must hurry because time is going fast.”

The Kwanitakas led me southwest toward the smoke rising in the distance. As we drew near I saw a great crowd of people watching a fire which came out of the ground. On the very edge of the flaming pit stood four naked people, each of them in front of another individual who wore clothing. On the north and south sides stood a naked man in front of a clothed woman, on the east and west sides a naked woman in front of a clothed man. I could see these people as plain as day, even their private parts, but I did not know a single one of them. They had been traveling for a long, long time at a rate of one step a year, and had just reached this place. I noticed on the ground paths leading from four directions to the hole. Near by I saw another Kwanitaka tending the fire in a deeply tunneled pit like that in which sweet corn is baked.

“Look closely,” said a Kwanitaka. “Those in front are Two-Hearts. They killed the people standing behind them and now it is their turn to suffer. The crowds of people have come from the House of the Dead to see the Two-Hearts get their punishment. Look!” Then he yelled out, “Ready, push!” The woman on the north pushed her Two-Heart into the pit and I could see the flames lap him up, sending out rolls of black smoke. Then the man on the west pushed over his naked woman, and the woman on the south shoved in her man, causing great volumes of smoke to rise out of the pit. Finally, the man on the east pushed his girl and the work was done. No Two-Heart said a word; it seemed they had no feelings. The Kwanitaka said to the people, “Now go back where you belong.”

“Now, my boy,” said the Kwanitaka to me, “come and look into the pit.” I stepped up close to the rim and saw an empty hole with a network of two-inch cracks broken into the walls through which flames of fire were leaping. In the center at the bottom were four black beetles crawling about, two carrying the other two on their backs. The Kwanitaka asked me, “What do you see?” “Beetles,” I replied. “That’s the end of these Two-Hearts,” said he, and the fate of all their kind.” They will stay there as beetles forever, except to make occasional visits to Oraibi and move about the village doing mischief on hazy days.”

The Kwanitakas then took me back over the course that we had traveled until we came to the steep ledge where the road had ended. I had stood there before, looking across the canyon to the opposite wall where people sat on their housetops. Now the canyon was full of smoke, and when we peered down I saw a gruesome creature in the shape of a man climbing the cliff. He was taking long strides with his shining black legs and big feet; an old tattered rag of a blanket was flying from his shoulder as he approached swiftly with a club in his hand. It was big, bloody-headed Masau’u, the god of Death, coming to catch me. One of the Kwanitakas pushed me and cried, “Flee for your life and don’t look back, for if Masau’u catches you, he will make you a
prisoner in the House of the Dead!" I turned and ran eastward, while they pushed me along with their wands or spears so that I rose about six inches from the ground and flew faster than I had ever traveled before.

When I reached Cole Canyon the clowns were waiting for me, standing in a straight line facing west with their arms about each other, as children do in playing London Bridge. As I approached them at full speed, they cried, "Jump, Masau'u is gaining." I jumped and landed on the chest of the leader knocking him down. They all laughed and yelled, seeming not to mind for clowns are always happy. They said, "You just reached here in time, now you belong to us, turn around and look." I looked west and saw Masau'u going back, looking over his shoulder as he ran. Then the leader of the clowns said, "Now, my nephew, you have learned your lesson. Be careful, wise, and good, and treat everybody fairly. If you do, they will respect you and will help you out of trouble. Your Guardian Spirit has punished you so that you may see and understand. Lots of people love you. We are your uncles and will see that no harm comes to you. You have a long time to live yet. Go back to the hospital and to your bed. You will see an ugly person lying there; but don't be afraid. Put your arms around his neck and warm yourself, and you'll soon come to life. But hurry, before the people put your body in a coffin and nail down the lid, for then it will be too late."

I turned and ran quickly, circling the mountains through the tunnel and over the foothills to the hospital. I entered quickly and saw my Guardian Spirit and a nurse at the bedside. He greeted me kindly and said, "Well, you are lucky, and just in time. Slip quickly under the cover at the foot, move up alongside your body, put your arms around its neck, and be still." My body was cold and little more than bones, but I obeyed the command and lay there clinging to its neck. Soon I became warm, opened my eyes, and looked up to the ceiling and at the door transom. Nurses were about the bed, and the head nurse was holding my hand. I heard her say, "The pulse beats." The head nurse said, "Sonny, you passed away last night, but did not cool off quite like a dead person. Your heart kept beating slowly and your pulse moved a little, so we did not bury you." (Talayesva, 1942, pp. 123-27)

Later the same day that Talayesva returned from his death journey, his Guardian Angel made another bedside appearance to give him the following warning:

"Well, my boy, you were careless, but you learned a lesson. Now if you don't obey me I shall punish you again, but for only four trials - then I will let you die. I love you, and that is why I watch over you. Eat and regain your strength. Some day you will be an important man in ceremonies. Then make a paho for me before all others, for I am your Guardian Spirit that directs and protects you. Many people never see
their Guide, but I have shown myself to you to teach you this lesson. Now I shall leave you. Be good, be wise, think before you act, and you will live a long time. But I shall hold you lightly, as between two fingers, and if you disobey me I will drop you. Good-by and good luck.” He made one step and disappeared. (Talayesva, 1942, p. 128)

We know that Talayesva’s death journey was not unique in Hopi culture, because following his experience he told a chief about it. This chief was able to verify that others had told of similar accounts: “Chief Tewaquaptewa visited me in the hospital, and when I told him about my death journey he said it was true, for those were the same things that the old people said they saw when they visited the House of the Dead” (Talayesva, 1942, p. 129). Talayesva also mentioned that his mother experienced a death journey, although he did not describe an account of her experience.

Talayesva became involved in the Katcina dancing just as his grandfather had prophesied. He described Katcina dancing as among “the greatest pleasures of his life” (Talayesva, 1942, p. 21). Finally, Talayesva’s experience did have a significant impact on him. At the time of the experience he had been attending a Christian school and had begun to give up to old ways of the Hopi people. In looking back on the experience many years later, he wrote: “My death experience had taught me that I had a Hopi Spirit Guide whom I must follow if I wished to live. [Following the experience] I wanted to become a real Hopi again, to sing the good old Katcina songs” (Talayesva, 1942, p. 134). Elsewhere he wrote:

And, of course, I could never forget how the snakes dropped their heads when they saw me on the death journey and how my Guardian Spirit restored me to life and promised to protect me. All these things were proof to me that the ancestral spirits approved of my conduct and wanted me to stay on the Hopis Sun Trail. (Talayesva, 1942, p. 207)

Conclusions

In comparing and contrasting Wade’s accounts with that of Talayesva, as well as modern day NDEs, all of the Native American accounts shared some components in common with NDEs that have been documented in the last three decades. However, there were also many differences between the 12 Native American accounts and modern day NDEs. Especially in Talayesva’s experience, there was a
great deal of distress. This is not commonly reported in Anglo-Saxon populations, although distressing NDEs have been documented (Greyson and Bush, 1992). There were also a number of cultural themes in Talayesva’s experience, such as seeing Katcina dancers, witches, clowns, and Masau’u, all of which were aspects of Hopi cultural and belief. In contrast, most of the studies of modern NDEs in Anglo-Saxon cultures have shown no personal, social, cultural, or other demographic influences (Grey, 1985; Ring, 1980; Sabom, 1982; Sutherland, 1992).

The experience of seeing witches was unique to Talayesva’s journey, as was seeing a person who was still alive in physical reality. None of Wade’s accounts contained anything similar, nor do modern day NDEs. None of Wade’s accounts described a Being of Light, seeing a light, going into a light, or an intelligent light, and this is consistent with Talayesva’s experience. Neither Talayesva’s account nor any of Wade’s accounts contained a life review.

Six of Wade’s accounts included journeys along a spirit road, as did Talayesva’s. Three of her accounts included being led by a guide, as was Talayesva. Two of Wade’s included interacting with the living, as did Talayesva.

Four of Wade’s accounts involved meeting a challenge. Although somewhat different from the challenges Wade’s account described, Talayesva did meet a type of a challenge by having his hair cleaned with white soap suds.

Three features, each found in five of Wade’s accounts, were either questionable or absent in Talayesva’s journey: light in the spirit world, reaching paradise, and finding death beatific.

Being told to return to life occurred in four of Wade’s accounts and also occurred in Talayesva’s. Returning unintentionally occurred in two of Wade’s accounts, but not in Talayesva’s. Receiving a commission occurred in four of Wade’s accounts and also in Talayesva’s, when he was told to live a good life and participate in the Katcina dancing. Finally, creating a commission occurred in three of Wade’s accounts and also in Talayesva’s.

Very little can be extrapolated with any confidence from these 12 accounts from Native American populations. As noted above, in some ways they are similar, while in others ways they are quite different both from each other and from modern day NDEs gathered from Anglo-Saxon cultures.

Carol Zaleski, who has studied accounts of NDEs in medieval and modern times wrote:
What both critics and researchers failed to notice was the striking evidence for the cultural shaping of near-death experience. They were unaware that what we call "near-death experience" today is nothing new. ... [P]eople who return from death, bringing back eyewitness testimony about the other world, can be found in nearly every religious tradition; and although they have many similar features, such reports invariably portray this experience in ways that conform to cultural expectations. (Zaleski, 1995, p. 392)

The evidence presented here suggests that she is partially correct. On the one hand, most modern day NDEs gathered from Anglo-Saxon populations do not conform to our present day cultural expectations, while on the other hand the NDEs of many Native Americans from the past did conform to theirs.

References

Near-Death Experiences in Suicide Attempters in Sri Lanka

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ABSTRACT: Previous studies of suicide attempters have revealed near-death experiences (NDEs) in this group in varying proportions. We studied such a group in Sri Lanka in order to extend these findings. We prospectively interviewed 77 consecutive suicide attempters admitted to a tertiary teaching hospital in Sri Lanka, using the translated modified NDE Scale, and noted biopsychosocial information and medications used. The majority of the population were 18 to 25 years old and had attempted suicide by drug overdose. Seven percent had loss of consciousness. Contrary to expectation, none reported an NDE. This absence of NDE reports may have been due in part of in combination to the effects of pharmacologic agents, the relative lack of loss of consciousness, the lack of serious intend to die, and the in-hospital location of the interviews.
Near-death experiences (NDEs) have been reported to have occurred under a variety of different circumstances, including attempted suicide. However, there have been relatively few published studies among this particular group, when compared with serious medical or surgical problems. David Rosen (1975) interviewed seven people who had survived the jump from the Golden Gate and San Francisco-Oakland Bay Bridges, all of whom reported near-death experiences. Kenneth Ring and Stephen Franklin (1981) interviewed 36 suicide attempters in the community and noted that 47 percent had NDEs. Bruce Greyson (1991) studied 61 patients who had attempted suicide in a hospital setting and noted that 26 percent had NDEs. The present study was an attempt to explore the phenomenon further in a larger study population.

**Methods**

**Patients**

We included patients who had attempted suicide and required inpatient admission for more than 24 hours in Ragama Hospital in Colombo, Sri Lanka, which is a tertiary teaching hospital. We interviewed participants at least 24 hours after hospital admission in order to limit the sample to patients who attempted suicide with serious sequelae. The patients had to be in the hospital at the time of the interview and they had to speak fluent Sinhalese. We excluded patients who had any past or current history of major psychotic condition with thought disorder or related hallucinatory phenomena. We performed the study over an 8-month period. We obtained written informed consent from all patients and approval from the local ethics committee.

**Questionnaire**

We translated Bruce Greyson's (1983) NDE Scale into Sinhalese to assess the prevalence of NDEs among the patient population. We modified the scale by adding a third positive response option to the choice of answers to account for any variations in education levels in a
developing country or any cultural or language differences. This third positive response option detected if the participants had experienced an aspect of the elements of a NDE that was not accounted for by the two positive response options included in the original English version. After the initial translation, we reviewed the questionnaire multiple times and drafted the final version on a consensus basis. An independent party then translated this Sinhalese questionnaire back into English to assess its similarity to the original version. We then used the questionnaire in a pilot study where we assessed its usefulness in a clinical setting. After this pilot study with ten participants, we further modified the instrument before using it in the main study. A translated copy of the questionnaire is available from the authors. We defined an NDE as endorsement of two or more elements on the translated NDE Scale.

Procedures

We recruited as research assistants two recent medical school graduates who were awaiting their internship appointments. The first author (K.A.L.A.K.) trained these research assistants to administer the questionnaires to the study participants and randomly assessed their administration of the questionnaires to study participants.

The study involved a short, standardized questionnaire that was completed during a one-on-one interview with sufficiently recovered patients during their inpatient hospitalization. The researchers coded each element on the NDE Scale with a score of 0 to 3. The researchers also recorded data on the date of the interview; age; gender; religion; education; details of the suicide attempt, including any loss of consciousness either experienced by the patient or observed by a bystander or by a clinician; current or past psychiatric history; history of seizures in the past or during the current suicide attempt; medications used by the patient currently or within the previous 2 weeks; and a history of previous suicide attempts. A copy of the data recording sheet questionnaire is available from the authors.

Results

We studied 77 suicide attempters. Their mean age was 30.5 years (S.D. = 11.3 years). Demographic data are provided in Table 1. The majority were between 18 and 25 years of age. Seven patients (9
Table 1
Demographics of the Study Population

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number of participants (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age:</strong></td>
<td></td>
</tr>
<tr>
<td>18–25</td>
<td>33 (43%)</td>
</tr>
<tr>
<td>26–35</td>
<td>23 (30%)</td>
</tr>
<tr>
<td>36–45</td>
<td>14 (18%)</td>
</tr>
<tr>
<td>46–55</td>
<td>3 (4%)</td>
</tr>
<tr>
<td>56 and older</td>
<td>3 (4%)</td>
</tr>
<tr>
<td><strong>Gender:</strong></td>
<td></td>
</tr>
<tr>
<td>male</td>
<td>39 (51%)</td>
</tr>
<tr>
<td>female</td>
<td>38 (49%)</td>
</tr>
<tr>
<td><strong>Education:</strong></td>
<td></td>
</tr>
<tr>
<td>none</td>
<td>2 (3%)</td>
</tr>
<tr>
<td>primary school</td>
<td>38 (49%)</td>
</tr>
<tr>
<td>secondary school</td>
<td>35 (45%)</td>
</tr>
<tr>
<td>tertiary/graduate school</td>
<td>2 (3%)</td>
</tr>
<tr>
<td><strong>Religion:</strong></td>
<td></td>
</tr>
<tr>
<td>Buddhist</td>
<td>55 (71%)</td>
</tr>
<tr>
<td>Christian</td>
<td>19 (25%)</td>
</tr>
<tr>
<td>Hindu</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Muslim</td>
<td>1 (1%)</td>
</tr>
<tr>
<td><strong>Loss of consciousness:</strong></td>
<td>7 (9%)</td>
</tr>
<tr>
<td><strong>History of psychiatric illness:</strong></td>
<td>15 (19%)</td>
</tr>
<tr>
<td><strong>Suicide method:</strong></td>
<td></td>
</tr>
<tr>
<td>drug overdose</td>
<td>38 (49%)</td>
</tr>
<tr>
<td>poisoning</td>
<td>29 (38%)</td>
</tr>
<tr>
<td>drowning</td>
<td>4 (5%)</td>
</tr>
<tr>
<td>hanging</td>
<td>3 (4%)</td>
</tr>
<tr>
<td>setting fire to self</td>
<td>2 (3%)</td>
</tr>
</tbody>
</table>

percent) had loss of consciousness. Three of those (4 percent of the total sample) had loss of consciousness verified independently, and the other four only by self-report.

Seventy-three patients (95 percent) were not on any routine medication at the time of the attempt. Medications used by the others were chlorpromazine, sodium valproate, and atenolol.
The attempted methods of suicide were drug overdoses, especially with paracetamol; poisonings with a variety of commercially available chemical substances; hangings; attempted drowning; and attempts at setting fire to themselves. Drug overdoses were the most common method used, accounting for 49 percent of the attempts. An additional 38 percent had attempted poisoning; 5 percent drowning; 4 percent hanging; and 3 percent setting fire.

The participants were questioned at least 24 hours after their suicide attempt. The mean interval between the attempt and the interview was 3.2 days (SD = 4.5 days). Fifty-seven participants (74 percent) were interviewed within 72 hours after their suicide attempt. The longest period between the suicide attempt and the interview was 28 days.

None of these patients reported an NDE as we have defined it, that is, as the endorsement of two or more items. However, there were 5 respondents who said they recollected past events.

Discussion

The methods of deliberate self-harm in this study were similar to those reported in other studies from Sri Lanka (De Silva and Seneviratne, 2003; Kuruppuarachchi, Rajakaruna, Dassanayake, Ratnayake, Gunawardana, and Fernando, 1998).

One item was endorsed by five attempters who endorsed no other elements of NDEs: “Did scenes from your past come back to you?” We suspect that this item may have been interpreted as reminiscence prior to the suicide attempt itself rather than a true NDE-related life review, as it was the only element endorsed by these participants.

The negative result was surprising, given that in all of the previous reports there were NDEs among suicide attempters. There are a number of possible explanations for this discrepancy.

It possible that the subjects may not have reported NDE elements for fear of ridicule. However, some respondents when being questioned had mentioned that these items are usually reported by dying people, and beliefs of the afterlife are common in the Sri Lankan community. Greyson (1998) suggested the inhibiting influence of a hospital psychiatrist as a possible reason that he found fewer NDEs among suicide attempters than did Ring. Even though there are strong cultural beliefs in the afterlife in Sri Lanka, it is possible that the respondents may not have acknowledged these elements in a hospital
that is managed on a "nonindigenous" or Western European medical model. The interviewers themselves had been well trained, and the study participants were not aware that the interviewers were physicians.

Although routine medications were unlikely to have influenced participants' recall of their experiences, it may be that the effects of the drugs they had ingested in overdose quantities could have clouded their sensorium to the extent that they did not remember NDEs. Ring (1980) discussed the fact that drugs may indeed hamper recall of NDEs.

A large proportion of our sample group of suicide attempters were young persons. It is known that young people may have made parasuicidal gestures to signal psychosocial distress rather than a genuine attempt at self-harm (Anonymous, 2003; De Silva and Seneviratne, 2003). However, even if these patients had not intended to harm themselves seriously, the effects of their attempts had necessitated them being admitted to the hospital and detained for more than 24 hours. Only a few reported loss of consciousness, and we wondered whether that fact had any bearing on our negative result.

Finally, since negative results are less likely to be published (Rockwell, Kimler, and Moulder, 2006), we may not be aware of previous studies that failed to find NDEs among suicide attempters.

Contrary to our expectation, suicide attempters did not report near-death experiences in the present study. The facts that participants were questioned in a hospital managed on a Western European medical model, that few had loss of consciousness, and that their recollections may have been clouded by medications on which they had overdosed, acting singly or in combination, may have influenced these unexpected results. Further research into NDEs among suicide attempters should include a measure of suicidal intent.

References


Letters to the Editor

Placement of Apparitions

To the Editor:

A recent e-mail drew my attention to the issue of the placement of apparitions of the deceased. My e-mail correspondent quoted a recent report that almost 90 percent of afterlife encounters occur to the left and above the witness's head:

What is missing from ... all other researcher reports, except mine, is the importance of left... . Nurses in critical care units have noted that between 80 and 90 percent of their patients see spirit visitors manifesting to the left. Hospice volunteers and medical staff have made the same observation. (Atwater, 2007, p. 361)

That claim did not mirror my findings as a hospice chaplain and researcher, nor did it seem to represent the extensive data repositories of the longtime colleagues whom I queried. Furthermore, such an extreme proportion seemed to counter the survival hypothesis. That is, if apparitions routinely appear on one side and at the same height, with different witnesses, that might suggest that encounters were a product of the imagination. Curiosity drove me to carry out a preliminary survey.

Method

Because I wanted to compile a consensus quickly, I developed a brief Afterlife Encounters Placement Survey and e-mailed it to people who were already familiar with the phenomenon. The greater proportion were people who had recently participated in my Afterlife Encounters Survey (Arcangel, 2005), which is posted on the Internet at http://www.afterlife-encounters.com/. As a result, I did not need to define the term or describe the characteristics. The Afterlife Encounters Placement Survey included the following questions and a place for additional comments:
Have you ever had an afterlife encounter? If so, reflect over one. It does not matter in which form it occurred (visual, auditory, olfactory, touch, etc.). Now imagine that you are standing in the center of a giant clock. You are facing 12 o'clock – directly behind is 6. Where is the apparition? Is he/she straight forward at 12 o'clock? On your right side at the 3 o'clock position? Behind you at 6? On your left at 9? Some place in between those mentioned? On what level is she/he? Close to the floor, waist high, ear (or eye) level, higher than your head, directly overhead, or a level in between?

Results

I received responses from 85 persons. Of those, 50 had contacted me through my website (http://www.afterlife-encounters.com/), the greater number after having read my book (Arcangel, 2005). The remainder were people who had e-mailed me about their afterlife encounters, having been referred to me from a variety of bereavement counseling professionals and organizations.

The survey results suggested that placement of apparitions was a matter of logistics. The afterlife encounters occurred in various positions and heights, each in accordance with the modality and environment. Furthermore, approximately 25 percent of the apparitions were mobile rather than stationary. There was one consistent standard, however, and that was that the placements appeared to be natural.

Location

Modality. In general, when the encounters were visual, the images appeared within the 9 through 3 o'clock placement, essentially the normal field of vision. Whereas most auditory afterlife encounters were heard to the right or the left side of the witness, a small portion of witnesses reported hearing someone behind them. Encounters that occurred in the 6 o'clock position regularly encompassed the sense of touch or visceral sensations.

When the apparent discarnate personalities were within close proximity, within two feet of the witness, respondents generally saw them in the 12 o'clock position, but heard them at the 3 or 9 o'clock position.

Lighting. When the setting was dimly lit, the figures typically stood in or near the light. For example, in the inpatient unit of our hospice, the main light was at the foot of patients' beds, and most of the
patients’ visual encounters occurred straight ahead at the 12 o’clock position, where the visitors could be best seen. The patients’ doors, usually closed, were in the 1 o’clock location. When opened, the light shining in was brighter than at the foot of their beds, and that was the second most likely place for encounters. Survey respondents claimed that in similar circumstances their afterlife encounters occurred nearest the light as well.

*Other environmental factors.* One octogenarian respondent wrote that the church where she had been baptized some 50 years prior had been scheduled for demolition. The moment she heard that the contents were for sale, she called the pastor and purchased one of the pews. As she walked inside the front door of the church to retrieve her memento, she saw to her left the only remaining bench, and on it sat an apparition of a former slave.

A narrative containing an opposite location came from a woman who wrote: “The only chair in the room was on Dad’s right, beside his bed, and that’s where my [deceased] uncle sat as they talked for a while.”

Not all visitors remained in one place, however. Nearly one-fourth of survey participants commented that their afterlife encounters began in one spot and then moved to another. A widow described her account as follows:

I was cooking dinner, almost in tears because sitting down to eat is the loneliest time for me. I felt someone staring at me and when I turned around it was my husband standing inside the back door like he always did when he came home. He went right on over across the room and sat down at his place at the table. It was casual and normal, as if nothing had happened.

**Height**

The theme of natural placement was even stronger with regard to the question about height of the apparitions. Many survey respondents wrote in descriptors such as “reality,” “realistically,” “real-life,” “normal height,” “our natural levels,” and “the usual level.” Here are three typical annotations by these respondents describing apparitions that appeared above, below, and even with the witness:

My dad stood in the doorway exactly like he always did when he’d check to see if us kids were asleep, and I was in bed so the level was ordinary. All of it was ordinary, except that I could see through him.
It was normal... . He was sitting at his desk and I was standing.

Mother was sitting in her usual chair, and I was sitting in mine ... across the kitchen table from each other ... so we were eye-to-eye as usual.

Based on the survey commentaries, the levels duplicated real-life situations. When the witnesses were sitting and the apparitions were standing, the witnesses were looking up; and if the witnesses were standing and the figures seated, then the witnesses looked downward. When their heads were at the same height, neither was elevated. Accordingly, the levels were realistic.

**Conclusion**

Upon reviewing the 85 surveys, I found no consistent template for location or height of apparitions. The afterlife encounters did not appear on one particular side of the witnesses, nor did they occur at a routine height. The varied and natural placements may suggest that these afterlife encounters were not hallucinations but were evidence of a consciousness that survives bodily death and is able to manifest in some form.

**References**


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**Further Commentary on “Induced OBEs”**

To the Editor:

I would like to make a small contribution to the discussion about out-of-body experiences (OBEs) allegedly induced by stimulating the angular gyrus. Some weeks ago, I read the case of a tinnitus patient who, his angular gyrus being stimulated during brain surgery, experienced himself as being “50 cm behind his body and off to the
left” (de Ridder, van Laere, Dupont, Menovský, and de Heyning, 2007, p. 1830). He was unable voluntarily to control his disembodied location, and he did not see his physical body; in fact, he could see only from his physical body, not from the disembodied location (de Ridder, van Laere, Dupont, Menovský, and de Heyning, 2007, p. 1830). The authors indicated clearly that the patient had his eyes open during the entire procedure.

Considering this “eyes open” condition, I recalled an earlier article about a Swiss patient who underwent similar brain stimulation during surgery to treat epilepsy (Blanke, Ortigue, Landis, and Seeck, 2002). Although the patient reported, “I see myself lying in bed, from above, but I only see my legs and lower trunk,” because she was sitting at a 45 degree angle, if her eyes were open, the influence of physical vision might be an important factor to consider in understanding this perceptual phenomenon. As I was very curious, I emailed the senior author, Olaf Blanke, asking about the condition of the patient’s eyes. Blanke kindly responded, “You ask an important question. The patient had her eyes open during the OBEs. But we tested this systematically, with closed eyes there was no OBE but the sensation of body movement” (O. Blanke, personal communication, November 20, 2007).

My understanding is that people have reported OBEs with both their eyes open and closed, that OBErs typically have visual perception from the disembodied location, that they usually see visual content that is not perceivable from the position of the physical body, and that unexpected perceptions have sometimes been investigated and shown to be accurate (Holden, Long, and MacLurg, 2006). By contrast, taking both brain stimulation cases together, at most, such stimulation has produced only the eyes-open sense of remote perception of erroneous visual content within physical visual range. Electrical brain stimulation has yet to produce (1) accurate vision of (2) material not visible to the physical eyes (3) from a remote location (4) with eyes closed – all typical features of spontaneous OBEs. I believe this information about the eyes-open condition of both patients adds one more point to Janice Holden, Jeffrey Long, and Jason MacLurg’s (2006) critique of the report by Blanke and colleagues (2002).

References

Further Commentary on Pam Reynolds's NDE

To the Editor:

I am writing in response to the recent debate in this Journal between Keith Augustine and the near-death researchers, and in particular the treatment of the Pam Reynolds case (Augustine, 2007a, 2007b; Sabom, 2007; Tart, 2007). Please allow me the opportunity to express my astonishment that not one word was devoted to the comments that neurosurgeon Robert Spetzler made in the British Broadcasting Corporation documentary The Day I Died (Broome, 2002).

Spetzler's comments are of paramount importance. After all, it was Spetzler who operated upon Reynolds. Gerald Woerlee, on whose ideas Augustine mainly based his judgments, was not there. Nevertheless, Woerlee bluntly wrote that Reynolds had been awake ("aware" as he told me in an Internet blog) and thus could have seen and heard everything she recounted afterwards (Woerlee, 2003, 2005; http://www.mortalminds.woerlee.org/reynolds.html). But based on Spetzler's comments, I think we can safely assume that Woerlee's and Augustine's assumptions are just that: assumptions not based on fact.

Regarding whether Reynolds had "seen" several gadgets in the operating room, Spetzler said:

I don't think the observations she made were based on what she experienced when she went into the operating theatre. They were just not available to her. For example, the drill and so on were covered up and invisible. They were inside their packages.
The packages in which the drill and other equipment were stored would not have been opened before the operation, and in any event Reynolds's eyes were taped shut. Regarding Reynolds's hearing the conversation between Spetzler and the cardiac surgeon, he said:

At that stage of the operation nobody can observe or hear in that state. I find it inconceivable that your normal senses such as hearing, let alone the fact that she had clicking modules in each ear, that there was any way for her to hear those through the normal auditory pathways.

In summarizing this case, Spetzler declared:

I don't have an explanation for it. I don't know how it is possible for it to happen considering the physiological state she [was] in. At the same time I have seen so many things that I cannot explain that I won't be so arrogant to say that there is no way that it can happen.

Spetzler, who performed the operation, showed his greatness of mind by admitting that he did not know. Woerlee and Augustine, however, who were not there when the surgery was performed, were indeed so arrogant as to forward a mere speculation as truth. When I told this to Woerlee he retorted that Spetzler, as a surgeon, would not have known about the phenomenon of “awareness during anesthesia.” Now it is my turn to find that inconceivable, that a pioneering neurosurgeon such as Robert Spetzler would not have known of this phenomenon that is taught to all surgeons and surgery assistants.

References


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