Editor's Foreword • Bruce Greyson, M.D.

Guest Editorial: Why Near-Death Experiences Intrigue Us • William J. Serdahely, Ph.D.

Unexpected Findings in a Study of Visual Perception During the Naturalistic Near-Death Out-of-Body Experience • Janice Miner Holden, Ph.D.

Community Attitudes Toward Near-Death Experiences: An Australian Study • Allan Kellehear, Ph.D., and Patrick Heaven, Ph.D.

The Use of Near-Death Phenomena in Therapy • Dan Punzak, B.S., P.E.

Book Reviews: Return From Death: An Exploration of the Near-Death Experience by Margot Grey • reviewed by Karlis Osis, Ph.D.

The Light Beyond by Raymond A. Moody, Jr., with Paul Perry • reviewed by Judith Miller

Volume 7, Number 3, Spring 1989
Editor's Foreword
Bruce Greyson, M.D.

Guest Editorial: Why Near-Death Experiences Intrigue Us
William J. Serdahely, Ph.D.

Unexpected Findings in a Study of Visual Perception During the Naturalistic Near-Death Out-of-Body Experience
Janice Miner Holden, Ed.D.

Community Attitudes Toward Near-Death Experiences: An Australian Study
Allan Kellehear, Ph.D., and Patrick Heaven, Ph.D.

The Use of Near-Death Phenomena in Therapy
Dan Punzak, B.S., P.E.

Book Reviews:
Return From Death: An Exploration of the Near-Death Experience by Margot Grey
reviewed by Karlis Osis, Ph.D.

The Light Beyond by Raymond A. Moody, Jr., with Paul Perry
reviewed by Judith Miller, Ph.D.
THE 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.

THE INTERNATIONAL ASSOCIATION FOR NEAR-DEATH STUDIES (IANDS) is a world-wide organization of scientists, scholars, near-death experiencers, and the general public, dedicated to the exploration of near-death experiences (NDEs) and their implications. Incorporated as a nonprofit educational and research organization in 1981, IANDS' objectives are to encourage and support research into NDEs and related phenomena; to disseminate knowledge concerning NDEs and their implications; to further the utilization of near-death research by health care and counseling professionals; to form local chapters of near-death experiences and interested others; to sponsor symposia and conferences on NDEs and related phenomena; and to maintain a library and archives of near-death-related material. Friends of IANDS chapters are affiliated support groups in many cities for NDErs and their families and for health care and counseling professionals to network locally. Information about membership in IANDS can be obtained by writing to IANDS, Department of Psychiatry, University of Connecticut Health Center, Farmington, CT 06032.

MANUSCRIPTS should be submitted in triplicate to Bruce Greyson, M.D., Department of Psychiatry, University of Connecticut Health Center, Farmington, CT 06032. See inside back cover for style requirements.

SUBSCRIPTIONS are on an academic-year basis: $76.00 per volume for institutions and $30.00 for individuals. Prices slightly higher outside the U.S. ADVERTISING and subscription inquiries should be made to the business office: Human Sciences Press, Inc., 233 Spring Street, New York, NY 10013-1578. (212) 620-8000.


PHOTOCOPYING: Authorization to photocopy items for internal or personal use of specific clients is granted by Human Sciences Press for users registered with the Copyright Clearance Center (CCC) Transactional Reporting Service, provided that the base fee of $2.50 per copy, plus $.20 per page is paid directly to CCC, 27 Congress Street, Salem, MA 01970. For those organizations that have been granted a photocopy license from CCC, a separate system of payment has been arranged. The fee code for users of the Transactional Reporting Service is 0891–4494/88/$2.50 + .20.

Editor's Foreword

This issue of the Journal begins with a Guest Editorial by health scientist William Serdahely on why near-death experiences (NDEs) intrigue us. Serdahely's focus on the hope that near-death research may hold the answers to humanity's great existential questions may prove to be controversial and unpopular among his fellow scientists, but he raises critical issues about our motivations for pursuing near-death research.

We also include in this issue two empirical studies with surprising results. Counseling educator Janice Miner Holden, in the course of her study of out-of-body vision during NDEs, uncovered some incidental findings, reported here, that contradicted expectations based on anecdotal data and have important bearing on future studies of the veridicality of out-of-body vision. Sociologist Allan Kellehear and Patrick Heaven surveyed community attitudes in Australia, and found predominantly positive responses toward NDEs, again in contrast to popular wisdom based on anecdotal evidence.

Dan Punzak describes several psychotherapists' techniques that make use of NDE-like phenomena to treat a variety of problems purportedly related to spirit possession. Without judging the validity of the concept of alleged possession, Punzak provides a fascinating review of an unorthodox but reportedly beneficial use of near-death research findings.

This issue ends with reviews of two major books on near-death phenomena. Parapsychologist Karlis Osis reviews Return From Death by Margot Grey, a humanistic psychologist and NDER. Clinical psychologist Judith Miller reviews The Light Beyond, the latest book by Raymond Moody, one of the early pioneers of near-death research.

Bruce Greyson, M.D.
Editor
Guest Editorial: Why Near-Death Experiences Intrigue Us

William J. Serdahely, Ph.D.
Montana State University

In his most recent book, The Light Beyond (1988), Raymond Moody, Jr. includes a chapter with a most provocative title: "Why Near-Death Experiences Intrigue Us." He devotes all of Chapter 4 to exploring this fascinating idea. First, he wonders whether near-death experiencers really died, noting that one intriguing aspect of the near-death experience (NDE) is that NDErs have come closer to death than non-NDErs. Further on in the chapter, he inquires whether the NDE may act as a "religious confirmation" (pp. 68-71) and observes that NDErs tend to be more spiritual, but not necessarily more religious, after their encounter with death.

In his effort to explain why NDEs intrigue us, Moody muses in Chapter 4 whether science would be altered by proof of life after death, a point that is never clearly addressed in this chapter. He ends saying that people would be changed by the proof of an afterlife, but avoids discussing whether or not science would be affected. Moody then goes on to query whether NDEs intrigue us "because they are 'hip' " (pp. 80-83), and concludes that since we have known about them since the writings of Plato, NDEs are not likely to be a passing fancy.

While the above may indeed be valid reasons why NDEs are intriguing to Moody, I am intrigued by them for other reasons, reasons only alluded to in the "Conclusion" to Chapter 4. Moody intimates what is of great fascination to me when he writes, "... death is our greatest mystery and everyone is interested in solving it. NDEs intrigue us

Dr. Serdahely is Professor of Health Science at Montana State University. Requests for reprints should be addressed to Dr. Serdahely at the Health and Human Development Department, Montana State University, Bozeman, MT 59717.
because they are the most tangible proof of spiritual existence that can be found" (p. 83). Carol Zaleski supported that point when she wrote that each of us knows we will die, and knowing this, we are driven to find ways to make some sense of death (1987, p. 12).

Moody never does explicate his concluding comment that NDEs illuminate the fundamental metaphysical questions humans have pondered since the inception of the species, questions that F. W. Ross and T. W. Hills have explored in their book, Questions That Matter Most: Asked by the World's Religions (1954). Ross and Hills' point was that the world's great religions—Buddhism, Christianity, Hinduism, Islam, Judaism, and Taoism—all seek in their own way to answer the same basic metaphysical questions: Who am I? What is real? What is my place in the universe? What shall be my life goals? What is the nature of God? What is the meaning of human life? What happens after death?

Moody hints at possible answers to some of these questions when he mentions in Chapter 4 that NDErs come to regard their bodies as houses for their spirits, that NDEs imply death is a transition to another existence, and that NDErs believe in an afterlife, but in my view he does not go far enough.

I think NDEs intrigue many of us because they help to answer a number of the fundamental spiritual questions many of us have, and to which we are not finding satisfactory answers either from organized religions or from Western science, the reservations of naturalists like Paul Kurtz notwithstanding. These are the very same questions posed by Ross and Hills.

Kurtz (1988) would have us believe that "NDEs can be . . . explained by ordinary science," with the explanations residing in physiological mechanisms such as cerebral anoxia or psychological explanations like depersonalization. Not only has he ignored the cogent counterarguments for physiological and psychological explanations put forth by Kenneth Ring (1980), Margot Grey (1985), and Zaleski (1987), but he has also ignored the fundamental metaphysical questions why NDEs intrigue many of us, and for which traditional science has been unable to provide adequate explanations.

Kurtz has also ignored one of the lessons of the history of science, which is that even though contemporary science cannot explain a phenomenon today, the science of tomorrow may well be able to explain it, a point convincingly made by Robert Peel in his book Spiritual Healing in a Scientific Age (1987). Simply recalling the history of the discovery of cells, vaccinations, DNA, and the AIDS virus should be sufficient to demonstrate that at one point science could not explain something we now take for granted.
I submit that even though the reasons cited by Moody in *The Light Beyond* may indeed intrigue some people, for others it is the yearning for something more than Western science, orthodox religions, or a materialistic culture can currently provide. The NDE appears to be one way of trying to figure out who we are and what our place in the universe is.

NDErs talk about the separation of their consciousness, spirit, or soul from their bodies, and being able to float above their bodies and look down on the scene below. They often say that who they are is not the physical self. This suggests that something continues to live during the time of clinical death, and hints that the essence of who we are may survive after our bodily processes cease. This component of the NDE helps address the "who am I?" and "what happens after death?" questions of Ross and Hills: we very well may be the energy that leaves the body near death.

NDErs report seeing a life review, during which they reflect on their actions and thoughts and how those have affected others. After the life review, the NDEr decides to return to his or her body, or may be instructed to do so by a deceased relative or spirit entity. The return to the body is often necessitated by a strong sense of a mission that is yet to be fulfilled. One returns to be of service to others, to be more loving, to be more tolerant and compassionate, and/or to seek knowledge of a spiritual nature. This part of the NDE helps to answer the question "what shall be my life goals?" A decrease in the goals of materialism, fame, and power are often new directions for the NDEr. One answer to the question "what is the meaning of human life?" then, is supplied to us by NDErs who now recognize that meaning comes from being more loving, helping others more, and being more forgiving.

NDErs may encounter a light, sometimes described as a being of light, as they travel through the tunnel and beyond. This light is said to be unconditionally and overwhelmingly loving and forgiving. Many NDErs identify the brilliant light of love as God or Jesus. The NDErs' description of God is then somewhat at variance with the depiction of a white-bearded Supreme Being seated on a throne, who is stern and judgmental. According to NDErs, if they are judged for their earthly actions, those judgments come from themselves and not from the loving light. Hence, we get an insight from the NDE into yet another one of the questions the world's great religions try to answer, "what is the nature of God?"

Some NDErs describe being reunited with deceased loved ones and friends in settings said to possess supernatural beauty: colors more vivid than those known to us on Earth, music more splendid than our
finest symphonies, idyllic pastoral settings with lakes and trees and blue skies. A few NDErs have reported seeing cities or buildings of light, with some of these structures apparently being devoted to learning. These accounts also help us to answer the question "what happens after death?" as we are given at least a partial understanding of what an afterlife may look like.

When asked if the NDE was a dream or hallucination, NDErs, almost to a person, answer negatively. They uniformly believe that what they experienced was real; it really happened to them, even though it is difficult to describe to nonexperiencers and to comprehend, given our present paradigms of reality. NDErs often say their NDE was more real than what we experience as real in this life. Once again, the NDE assists us in addressing yet another question from Ross and Hills: "what is real?"

Another common finding in near-death research is the decrease in the fear of death. NDErs commonly report that after their experience, they have little, if any, fear of death. Many of us nonNDErs have high death anxieties that are perpetuated by a death-denying society. We worry greatly about dying and what will happen after death, another question pondered by the great religions. The NDE helps us to understand that, while we may fear the dying process, death itself need not necessarily be feared.

V. Krishnan (1985) pointed out that, in his view, NDEs do not offer conclusive proof of survival after death. Ring acknowledged this point when he titled his first book Life At Death (1980), implying that all we can really say from near-death research is that something seems to continue to exist at the moment of nearly dying; what lies beyond the border the NDEr is not allowed to cross, we simply do not know for certain.

While Krishnan expressed concern over the view that NDEs hint at survival after death, I and others, on the other hand, are fascinated by that intimation. NDEs intrigue some of us because they do hint at an afterlife, as well as offer tentative speculation about the other metaphysical questions that have long been of interest to humans, questions that go beyond those of interest to Moody in Chapter 4 of The Light Beyond.

References


Unexpected Findings in a Study of Visual Perception During the Naturalistic Near-Death Out-of-Body Experience

Janice Miner Holden, Ed.D.
University of North Texas

ABSTRACT: A study (Holden, 1988) of visual perception during the naturalistic near-death out-of-body experience (nND OBE), that aspect of the NDE in which the experiencer seems to view normal physical surroundings from a vantage point outside the physical body, yielded some unexpected findings that contradicted or augmented previous research. The majority of respondents were able to estimate the duration of the nND OBE; a sizable proportion reported delay of recall of the nND OBE; and the vast majority reported receptivity to subsequent verification of nND OBE perceptions. Each of these findings is discussed relative to previous research and analyzed in light of the limitations of the current study. Implications for further research are discussed.

In order to elucidate some unresolved issues regarding near-death veridicality research in the hospital setting, I undertook a study (Holden, 1988) of visual perception during the naturalistic near-death out-of-body experience (nND OBE). The nND OBE, a frequent but not universal component of the near-death experience (NDE), occurs when the experiencer finds himself or herself outside of and usually in the vicinity of the physical body, viewing the physical surroundings. The study analyzed questionnaire responses from 63 near-death experi-
encers (NDErs) who had volunteered to join the subject pool of the International Association for Near-Death Studies (IANDS) and had indicated that their NDEs included an OBE. In addition to those findings previously reported, some unexpected findings emerged that were not relevant to the original intent of the study. These findings are the result of single-item responses; thus the reliability of the responses cannot be determined. But because the findings are of relevance to the understanding of, and future research into, the NDE, I present and discuss them in this paper.

Duration of the nND OBE

In the general OBE literature, which includes references to OBEs that occur both in and out of the context of an NDE, OBE duration is cited as typically ranging from a few seconds to 30 minutes (Blackmore, 1984, p. 231), with some spontaneous OBEs allegedly lasting up to two hours (Irwin, 1985, p. 137). Indeed, Harvey Irwin wrote that "generally there are few spontaneous OBEs that subjectively extend beyond an hour or two, and most of these cases were recorded many years ago" (p. 138).

Also according to Irwin, experiencers frequently report changes in the perception of time during the OBE, that is, time being slower or not existing. In those few cases in which a comparison was possible, experiencers' subjective estimates of OBE duration were longer than objective referents would have suggested. He stipulated that "cues to the objective duration of an OBE, however, are rare" (1985, pp. 136–137).

Most near-death researchers have emphasized the predominant sense of timelessness, or meaninglessness of time, during the NDE (Moody, 1975, p. 47; Ring, 1980, p. 95ff). Perhaps because of this, estimates of NDE or nND OBE duration are missing in the near-death literature. Nevertheless, references to the passage of time, especially during the naturalistic ND OBE, do exist, as in the case of one subject who described that during his ND OBE, "the convulsions didn't last very long" (Sabom, 1982, p. 30). And experiencers usually describe in temporal sequence the events they seemingly observed during the nND OBE. Indeed, it follows that an estimate of duration during this component of the NDE might be possible because of the experiencer's references to physical events.

Because of the possible relevance of ND OBE duration to the visual perception study, a questionnaire item regarding estimated duration
of the nND OBE was developed, taking into account the issues described above. Respondents were asked, "In 'earthly' time, about how long did your ND OBE last?" and were offered the option to write in their estimate in seconds or minutes, or to indicate, "Uncertain; I can't venture an estimate." Results for the item are shown in Figure 1.

First, 60% of these respondents were willing to estimate a duration for their nND OBEs. The fact that a majority could do so contradicts the general emphasis on timelessness or meaninglessness of time in the near-death literature. This finding is illustrated by a respondent whose nND OBE occurred in the aftermath of an auto racing accident. When asked whether he read or could have read during his experience, he indicated that reading material had been present, in the form of "my name, blood type, etc [sic] printed on my helmet." "But," he qualified, in the 2–3 seconds estimated duration of his nND OBE, "I did not have time to read [it]."

This finding may be interpreted as validation of the hypothesis that temporal estimation is more possible during this component of the NDE because of the reference to physical events. It may even be the case that NDErs who had a clearer sense of the passage of time during their NDEs are more likely to volunteer to become near-death research subjects. This is a matter for future research to resolve.

A second finding regarding estimation of the duration of one's nND OBE was that eight percent of the respondents took the initiative to write in durations of hours, days, and in one case, months. This finding extends substantially the duration of even the longest estimate cited in

---

Figure 1
Recalled duration of nND OBE
the OBE literature. It is an interesting question whether at least some of the 40% of respondents who reported uncertainty about their naturalistic ND OB duration might have estimated a duration of hours, days, or longer if such options had been provided; for at least some, the choice of "uncertain" may have resulted from being less assertive or conscientious about answering the question, rather than less certain when compared to the above-mentioned eight percent.

How objectively accurate these estimates were must currently remain a question, but this question presents another potential avenue of research. In any case, however the current findings are interpreted, future near-death researchers might, when it is deemed relevant to the research questions at hand, consider the possibility that an nND OBEr can provide an estimated duration of that component of the experience, and that the estimate may be a protracted period of time.

Delay of Recall of the nND OBE

Based on the absence in the literature of any reference to the contrary, it seems to have been assumed that recall of OBEs or NDEs is invariably immediate. Kenneth Ring (1984), however, described a rare occurrence involving knowledge of future events in the experiencer's personal life that was seemingly acquired during a long-past NDE. Some of these experiencers "will recall the knowledge only when the actual event happens. In this case . . . it seems the event itself jars the memory of it, bringing back the NDE context in which the original perception was given" (p. 184). Whether such a delay of recall is ever associated with any other phase of the NDE, or possibly the entire NDE memory itself, has apparently not been addressed in the literature. In light of a possible relationship between delay of recall of the nND OBE and recalled visual perception during the nND OBE, subjects in the current study were asked, "How soon after your NDE did you recall your ND OBE?" Results are shown in Figure 2.

In this study, although the majority of respondents reported having recalled the experience immediately or within a few days of the near-death episode, as many as 22% reported having recalled it only after weeks, months, or years had transpired. This is a substantial number to have been so completely overlooked in previous research. Interestingly, a potential example of just such a case was recently reported:

One young woman (21 years old), admitted for a gunshot wound to her chest and abdomen, remembered floating above her body in the emer-
In the emergency room watching hospital personnel cut off her garter belt. She remembered viewing the tops of people's heads with curiosity, and knew she felt calm. But she only remembered the "overhead shot" and the experience after being asked about it by the interviewer. It was so undramatic that she had not thought of it since it happened. (Olson, 1988, p. 173)

However, the reader should not be left with the impression that uninteresting nND OBE content is the only reason for delay of recall of the experience. The husband of one respondent in this study had died as a result of the same accident during which the respondent had had her NDE. In the course of explaining her delay in recalling her nND OBE, she described a classic example of suppression:

Little by little I let it come thru. There were many "after effects"—I blocked it—but not all of it—it was too much to comprehend and accept all at once due to the additional shock of his death.

Even more compelling was the additional finding in this study that memory of objects and events in the physical environment was significantly more complete and accurate for those respondents who reportedly remembered the nND OBE immediately or within a few days of its occurrence. This finding is reminiscent of an established principle of memory retrieval in which memory of material deteriorates as recall of that material is increasingly delayed by attention to intervening information (Fantino & Reynolds, 1975, pp. 26–27). Future researchers
of the NDE may be well advised to be aware that delay of recall of the nND OBE may be both a relatively frequent and a significant phenomenon.

Desire to Verify nND OBE Perceptions

A bane of interview-based research is that some individuals who are qualified to become research subjects decline to be interviewed. Ring’s attempts to gain consent to interview NDErs were met with refusal in nearly one of every three cases—26 out of 80 whose physicians had approved the interview (1980, p. 272). His greatest success in obtaining consent was with those whose near-death episodes had occurred as the result of an accident (refusal rate: 0%), followed by illness victims (24%), and suicide-attempters (56%), suggesting the role of “cause of ND episode” in willingness to be interviewed.

Of particular interest regarding hospital veridicality research was the extent to which the nND OBEr would be interested in objectively verifying what had seemingly been perceived during the experience. During a presentation of the proposed hospital veridicality research to a high school group, one student had challenged, “These people are dying, and you’re messing with their minds!” An attempt to defend the study by citing nND OBErs’ own interest in verification of perceptions proved to be poorly substantiated; although examples of such interest had appeared in the literature (Clark, 1984, p. 243; Grey, 1985, pp. 37–38; Ring, 1984, p. 43), this question had apparently not yet been systematically studied. Thus I decided to ask respondents, “Once you remembered your ND OBE, how would you have felt about someone approaching you with the opportunity to verify whether what you’d seen during your ND OBE matched what ‘actually’ happened?” The question was followed by five choices ranging from “very unreceptive” to “very receptive.” Results are shown in Figure 3.

Clearly, the majority of these respondents recalled having been interested in verification, a finding that might be expected from a self-selected sample of nND OBErs who had, subsequent to their NDEs, volunteered to be research subjects. Less clear, perhaps, is why as many as 8% of this same sample reportedly recalled having felt unreceptive to verification. Further analysis yielded some relevant findings.

First, receptivity to verification upon remembering an NDE was not related to any aspect of naturalistic ND OB vision. In other words, those recalling receptivity to verification were no more or less likely to
recall having seen clearly, seen a complete field of vision, perceived visual distortion, retained a complete and accurate memory of the physical environment, seen a complete and accurate color spectrum, been able to read, or attended to extraneous detail in the physical environment during the nND OBE, than were those who recalled having felt unreceptive to verification. This seems to negate the possibility that naturalistic ND OBErs who refuse to become research subjects might do so because of having had a relatively less clear, or more distorted naturalistic ND OBE. However, the assumption cannot be rejected, because this study did not include a representative sample of subjects who, upon remembering their naturalistic ND OBEs, were unreceptive to verification. It does, however, suggest that factors other than the vividness or clarity of the NDE are responsible for a lack of receptivity.

Reported receptivity to verification upon remembering the NDE was found to correlate with time elapsed since the NDE ($r = .266; p = .036$); those whose NDEs occurred more recently were reportedly more receptive to verification. This may be a reflection of a possible awareness on the part of respondents that NDE reports may have gained credibility in recent years. Thus if one's NDE occurred relatively long ago, one might have been reluctant to be interviewed due to a possibly greater skepticism and/or incredulity with which NDE reports were
met at that time, compared to more recent times. Whatever the reason, this finding augurs well for the present-day near-death researcher.

Reported receptivity to verification upon remembering the NDE was also found to correlate with recalled duration of the nND OBE \((r = .258; p = .042)\); those whose experiences were recalled as having been relatively shorter reported relatively less receptivity to verification upon remembering the experience. If this tendency holds true, potentially valuable research subjects may be lost; in this study, for example, reportedly shorter duration was not associated with poorer naturalistic ND OB vision, except regarding the ability to read. Although it cannot be substantiated here, those recalling shorter experiences may believe their experience to be too short to warrant verification. If this is the case, the detrimental research effect of refusal to be interviewed might be minimized if the researcher, while attempting to gain consent for interview, were to reassure potential subjects that, no matter whether their experience was long or short, full or devoid of content, their participation in the research would be of value.

Perhaps unreceptivity to verification of nND OBE perceptions is, at least in part, much more straightforward than the above discussion would suggest. It is a pervasive finding that NDErs are insistent about the subjective reality of their experiences (Grey, 1985, p. 34; Jung, 1961, p. 295; Ring, 1980, pp. 82, 94; Sabom, 1982, p. 97). Consider one respondent from this study who, when asked about receptivity to verification, declared: "I don't understand—verify for whom? Myself? If myself, there was no need. I never doubted what I had experienced. It was as real and matter-of-fact as sitting here, writing this to you." In his case, the verification is clearly for us—those of us in the general population who have not experienced, but wonder about, the NDE and OBE; and the very few of us who have studied and are studying the mechanisms and meanings underlying these phenomena.

**Summary**

The findings reported herein should be interpreted with caution because of the self-selected nature of this sample, the relatively small number comprising this sample, and the fact that these findings were based on single-item responses, of which the reliability cannot be determined. With these limitations in mind, it was found in this study that: (1) the majority of respondents ventured an estimate of the duration of their nND OBEs, some of which purportedly lasted days, weeks, or months; (2) a sizable proportion of respondents reported a delay of
recall of the nND OBE, which was found to be related to the quality of memory of the experience; and (3) the vast majority of respondents reported receptivity to verification of nND OB perceptions subsequent to the NDE. Despite the limitations of this study, these findings do contribute to our understanding of the NDE, suggest some considerations for near-death researchers, and indicate some directions for further research into the phenomenon of the near-death experience.

References

Community Attitudes Toward Near-Death Experiences:
An Australian Study

Allan Kellehear, Ph.D.
Deakin University

Patrick Heaven, Ph.D.
Riverina-Murray Institute

ABSTRACT: In an Australian survey of community attitudes toward near-death experiences (NDEs), 173 respondents were asked to read a hypothetical description of an NDE and to select from a range of explanations that might approximate their own. Fifty-seven percent of the respondents believed the NDE was evidence of life after death, while less than 2 percent believed the NDE was a sign of mental illness. Women, younger persons, and those who professed a belief in life after death were more likely to react positively to the NDE described.

Many people who report a near-death experience (NDE) express a reluctance to disclose their experiences to others for fear of ridicule, negative labelling, stigma, or rejection. Is there a widespread social basis for this fear?

Some surveys of social attitudes toward the NDE have been conducted with limited and special samples. For example, David Royse (1985) conducted a survey of 174 religious clergy, an "almost exclusively male sample." He found attitudes to be positive and generally supportive of the NDEr. On the other hand, Annalee Oakes (1984)
found a generally negative set of attitudes among her sample of 30 critical care nurses. George Gallup, Jr. (1982) conducted a broad community survey of attitudes toward the afterlife and polled people on "verge-of-death" experiences. That survey, however, did not solicit their explanations of these experiences, nor did Gallup ask respondents their attitude toward those who claimed to have had such experiences. Surveys examining these issues and using community samples do not exist in the current literature. Yet the assumption of negative community attitudes is a recurrent item in the popular and academic writing on the NDE, and is a view widely supported by anecdotal evidence.

In 1975, Raymond Moody, Jr. devoted a section in his book *Life After Life* to the topic of "telling others." The section describes rejecting social experiences directed at those who attempted to tell others about their NDE. According to Moody (1975, p. 86), "Others tried at first to tell someone else, but were rebuffed, so they resolved from then on to remain silent." One of Moody's respondents spoke of it in this way: "You learn very quickly that people don't take to this as easily as you would like them to" (Moody 1975, p. 87).

Michael Sabom (1982) began his book with a personal account of his own initial skepticism but also later documented those of others (1982, p. 36). Kimberly Clark (1984) also observed that many of her clients feared telling others, especially their doctors, for fear that they would think them "crazy." Charles Flynn (1986, pp. 16–17) reported that near-death experiencers (NDErs) frequently encountered denials or negative labelling of their experiences. People around NDErs sometimes implied or suggested that a psychiatric problem might be developing for the NDEr. Others asked the NDEr not to raise the subject again. Recently Bruce Greyson and Barbara Harris (1987, p. 42) listed some of the interpersonal problems created when NDErs recounted their experiences to others. These included rejection, ridicule, being ostracized from family and friends, or being regarded as psychotic or hysterical.

Individual accounts of social reactions have described a variety of attitudes in the community but these have not indicated the proportion of the population in these attitude categories. Furthermore such accounts tell us little about the social influences that help shape these attitudes. Therefore, the purpose of the present study was to investigate community explanations about the NDE and to describe the nature and proportional range of attitudes to a hypothetical NDE. We also decided to investigate the relationship between these attitudes and selected socio-demographic variables such as age, sex and education level.
Method

Sample

Undergraduate college students were asked to distribute the questionnaires to anyone they chose to approach, with the constraint that these were not to be other students, that the respondents should be older than eighteen, and that they should strive to sample as widely as possible in terms of socioeconomic status and age. The resulting sample is not representative of the general Australian population, but it was hoped that it would be diverse enough to make generalizations possible.

Responses were received from 173 respondents (77 males and 96 females). Forty-nine respondents were aged between 18 and 25 years, 65 respondents were between 26 and 40 years, 43 respondents were between 41 and 60 years, and 13 were older than 61 years of age. Eight respondents had completed primary school only, 32 had some secondary education, 41 had completed high school, 41 had post-secondary technical training, 27 had some college or university education, while 23 had completed a degree or diploma.

Questionnaire

Short, one-line explanations of the NDE were compiled using the literature as a guide. The main explanations were used with the exception of "depersonalization," which was considered to be a relatively esoteric explanation, aside from the obvious difficulty of translating the concept into accurate and readily understood parlance. The final list appears in Table 1.

A further list of statements, representing a range of possible attitudes to a person recalling an NDE, was also compiled. These included positive statements (e.g., I would encourage discussion of his/her feelings whatever these might be), negative statements (e.g., I would visit this person less often), and neutral statements (e.g., My reaction would depend on this person's reaction to the experience). The final list of these appears in Table 2.

The beginning of each questionnaire contained a vignette of a typical NDE that described five main elements: tunnel sensation, out-of-body experience, meeting deceased relatives, meeting a bright light, and experiencing a life review. Questionnaires were divided into two types. Either the vignette portrayed a "close friend or family member" or "an acquaintance." The wording of the instructions was based on the narrative models of intimate/nonintimate relations developed by Margaret Fieweger and Michael Smilowitz (1984–85). The questionnaire was tested on a small group (n = 20) of undergraduate students who were asked to comment on the clarity of the statements as well as their impression of whether these attitudes appeared to them as positive, negative, or neutral.
Procedure

The study was conducted in October, 1987. Each respondent was approached by a student and asked to complete a questionnaire anonymously in the privacy of his or her home. Eighty-eight respondents received a questionnaire referring to "an acquaintance," while 85 percent received a questionnaire referring to a close friend or family member.

Results

Respondents were asked to select the explanation that best explained the vignette for them. The percentage of all respondents ("acquaintance" and "close friend/relative") selecting each explanation is shown in Table 1.

It is noteworthy that 57.80% of the respondents interpreted the vignette as possible evidence of life after death. Only 1.73% saw it as the beginning of mental illness, while 17.91% did not know how to explain it.

Respondents were also asked to circle four statements that might best describe their reaction to a person recounting the experience to them. The statements are shown in Table 2. Negative statements were scored 0, neutral statements 1, and positive statements 2. The mean score of the "acquaintance" group was 6.1 (SD = 1.51), while that for the "close friend or relative" group was 6.2 (SD = 1.82) (t = 0.39, df = 171, n.s.). As there was no significant difference in attitude toward the NDE, both groups were combined for further analysis.

A 2(sex) × 4(age) × 6(education) analysis of variance for the total group was computed on each individual's total score as calculated for

Table 1

Responses to Seven Explanations for the NDE

<table>
<thead>
<tr>
<th>Explanations</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. It was a passing hallucination.</td>
<td>15</td>
<td>8.67</td>
</tr>
<tr>
<td>2. It was a dream.</td>
<td>11</td>
<td>6.34</td>
</tr>
<tr>
<td>3. It was the beginning of a mental illness.</td>
<td>3</td>
<td>1.73</td>
</tr>
<tr>
<td>4. It was the side effects of medical drugs/techniques.</td>
<td>7</td>
<td>4.04</td>
</tr>
<tr>
<td>5. It was possible evidence of life after death.</td>
<td>100</td>
<td>57.80</td>
</tr>
<tr>
<td>6. It was the product of a vivid imagination.</td>
<td>6</td>
<td>3.46</td>
</tr>
<tr>
<td>7. I don't know how to explain it.</td>
<td>31</td>
<td>17.91</td>
</tr>
</tbody>
</table>
Table 2
Possible Reactions to Vignette

1. I would try to change the subject. −
2. I would seek professional advice before deciding how to respond. 0
3. I would be openly fascinated and interested. +
4. I would humour this person until the delusion had passed. −
5. My reaction would depend on this person’s reaction to the experience. 0.
6. I would reassure them that this did not lessen my regard for them. +
7. I would be suspicious of this person’s motives. −
8. I would explore with them the variety of possible explanations for this experience. +
9. I would visit this person less often. −
10. I would take a “wait and see” attitude. 0
11. I would be puzzled by the story and tell them so. 0
12. I would encourage discussion of his/her feelings whatever these might be. +

Positive reactions are denoted by (+), negative reactions denoted by (−), neutral reactions denoted by (0).

The statements in Table 2. A significant main effect for sex was obtained ($F = 9.70$, df = 1.161, $p < .01$). A post-hoc analysis revealed women to have more tolerant attitudes than men. No other significant main effects or interactions were observed.

Finally, it was decided to investigate the linear correlations between scores obtained in Table 2 and the demographic variables. These correlations are presented in Table 3.

The correlations indicate that positive reaction to the NDE vignette significantly correlated with sex ($r = .21$, $p < .01$), age ($r = -.20$, $p < .01$) and a belief in a life after death ($r = .30$, $p < .001$). That is, females, younger individuals, and those who profess a belief in life after death were more likely to react positively towards the NDE described.

Discussion

The most surprising and interesting finding of this study is the positive nature of responses to NDEs. Over half the respondents felt
Table 3
Linear Correlations between Positive Reactions and Demographic Variable

<table>
<thead>
<tr>
<th>Variable</th>
<th>r</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>.21*</td>
</tr>
<tr>
<td>Age</td>
<td>-.20*</td>
</tr>
<tr>
<td>Marital Status</td>
<td>.13</td>
</tr>
<tr>
<td>Religion</td>
<td>-.12</td>
</tr>
<tr>
<td>Education</td>
<td>-.16</td>
</tr>
<tr>
<td>Belief in life after death</td>
<td>.30**</td>
</tr>
</tbody>
</table>

*p < .01  **p < .001

that NDEs represented some form of life after death. This is positive in the specific sense of locating the explanation within the legitimate world of possible experiences rather than attempting to explain the experiences as a defect within the individual. Most people are ill equipped to judge others with medical or psychiatric criteria. It is equally true that they are unable to judge if life after death is a distinct possibility. But a judgment leaning towards life after death rather than psychiatric defects within the individual upholds the status of normality for the NDEr. It tends, therefore, not to judge the individual negatively on the basis of an occurrence of an NDE but rather takes the judgment process to a different level, that of the meaning of the content of the experience. For the NDEr, this provides the social opportunity to explore its meaning, whatever the NDEr and his or her intimates eventually conclude, without any accompanying sense of stigma.

It is also noteworthy that only about a quarter of the sample (24.2%) chose other explanations. In this category, less than 2% felt that NDErs might be "going crazy," based on their reading of the vignette. The general positiveness of respondent views about the NDE is also reflected in the mean scores for statements described in Table 2. Overall, then, how is one to explain this positive general trend? Several explanations are possible here.

First, it must be remembered that explanations that seek to locate a problem with the NDEr are still significant, despite most of the sample choosing an explanation probably more acceptable to the NDEr. One in four respondents maintained a belief that the NDEr might be hallucinating, dreaming, imagining things, or experiencing side effects of drugs. If this proportion is any indication of a similar proportion in the community as a whole, then what the NDEr might view as negative explanations could still be commonly encountered.

Secondly, because this is a community sample, it is no indication of
how health professionals might react. This is important, for as Oakes's (1984) study indicated these reactions could be quite negative. This would be consistent with the traditionally negative reactions by medical and nursing staff to any subjects touching on issues of death and dying (Dumont & Foss, 1972; Noyes & Clancy, 1977; Devins, 1978–1979; Beilin, 1981–82). Professional reaction might be critical, as those persons are frequently among the first people to whom NDErs attempt to describe their experiences.

More generally, however, initial contacts with anyone who quickly dismisses or rationalizes away the experiences of the NDEr may be enough to deter the NDEr from telling others who might have been more positive and supportive. Early negative reactions, especially if these come from professionals or close friends or relatives, may discourage the NDEr from attempting to explore possible explanations from others in the community.

Finally, most people in this study were familiar with the NDE from newspapers, books or magazines (79%) or television, radio or movies (72%). Indeed, 10% of the sample claimed to have had a personal experience similar “to the one described by this survey.” The high number of people in this study familiar with the NDE, and possibly the various explanations and debates, may also partly explain the high level of openness to the possibility that the experience is not due to mental illness or to one’s imagination. The willingness shown by the sample to choose less stigmatizing medical explanations may be due in part to belief in “life after death” by the majority of the sample (69%). Early accounts of rejection and negative labelling may partly be a function of widespread ignorance of the experience by the general community.

Perhaps less surprising from this study is the fact that women, those who profess a belief in life after death, and younger people tend to be more positive than others. Women were more likely to explain the NDE as evidence of life after death, and this conforms to the findings of Gallup (1982) and Michael Thalbourne and Erlendur Haraldsson (1984). They observed that a belief in the afterlife is somewhat more common in women. Thalbourne (in press) argues that, in general, gender probably accounts for only about 6% of the variance in surveys of afterlife belief. Many studies fail to detect a difference at all. In any case, women may be more positive because they are more likely to share many NDEr convictions that the NDE is evidence of life after death. Indeed, this includes many of those who believe in life after death irrespective of gender. All of these people may therefore be more receptive to experiences that lend support to their general belief in the afterlife.
Perhaps the fact that the young are more tolerant of the NDE is related to general conservative beliefs. Many studies of social attitudes (see for example Wilson, 1973) have shown the elderly to be more conservative than younger individuals. Young people do seem to have more tolerant views about issues that older people may view more cynically or conservatively. For example, in Gallup's (1982) survey, greater numbers of younger people professed a belief in reincarnation, life on other planets, and the possibility of contact with the dead. It would be interesting to conduct a longitudinal study to determine the changes in such tolerant attitudes as individuals grow older.

References

The Use of Near-Death Phenomena in Therapy

Dan Punzak, B.S., P.E.

ABSTRACT: Though near-death studies have yielded few practical applications, some psychotherapists have used insights from near-death experiences (NDEs) to treat a variety of problems. Using hypnosis, relaxation methods, or electric shock to initiate a conversation with a purported spirit "possessing" the patient, the therapist persuades the spirit to join others in a land of ethereal beauty and light similar to the transcendental realm of an NDE, or simply to go directly into the light. Such techniques are treated as a culmination of the spirit's NDE; that is, the purported possessing spirits had their original death experiences terminated prior to entering the transcendental stage, but instead of returning to their own bodies, they appear to have invaded the bodies of others. Some persons may leave themselves open to invasion through substance abuse or occult practices.

Most near-death experience (NDE) research concentrates on determining exactly what has happened during NDEs, the frequency of their various aspects, verification of information obtained during NDEs, long-term effects on the experiencers, and attempted explanations. Practical application usually aims at helping medical personnel and the general public to accept the existence of such transcendent experiences, thus preventing people who report them from being discredited. I review in this article the work of four therapists who have used aspects of near-death phenomena to treat individuals purportedly "possessed" by spirits, as manifested by hearing voices or inner conversations, severe depression, suicidal thoughts, substance abuse, impulsive or compulsive behavior, phobias, or anorexia nervosa.
In discussing their methods, these therapists do not state that they are aware of employing NDE-related concepts in their treatment, but from their written descriptions of their methods, there is little room for doubt that they are dealing with NDE-like phenomena. The therapist usually suggests that the spirit survey its surroundings, and the descriptions provided purportedly by the possessing spirit closely parallel scenes of ethereal beauty, light, or deceased relatives provided by near-death experiencers (NDErs). Most of the healings reported as a result of this type of therapy are psychological, but physical healings have also been reported in many cases.

Three of the four writers I will discuss, Edith Fiore, Kenneth McAll, and Adam Crabtree, published books in recent years since the popularization of NDEs (Fiore, 1987; McAll, 1982; Crabtree, 1985). The other writer, Carl Wickland, wrote 65 years ago, but his healing methods also involve near-death phenomena (Wickland, 1924). While there exists no actual documentation of the success of these therapies, the same could be said for most techniques in the field of psychotherapy. Concepts, theories, or methods are confirmed by others trying the methods described and reporting positive or negative results. If this new NDE-related method proves successful, it should gain broader attention in the near future.

**NDE Classifications**

Particularly appropriate to the therapies being considered is Michael Sabom’s concept of the two stages of an NDE (Sabom, 1982). Sabom called the first stage autoscopic or “self-visualizing”; in this stage, the NDErs appear to see their physical bodies and nearby surroundings from a position outside the body. In the second or transcendental stage, the NDEr views scenes of ethereal beauty, brilliant lights or a Being of Light, or recognizes deceased relatives. Sabom reported three possible NDE patterns: an autoscopic experience and then a return to the physical body; a transcendental experience and then a return to the body; or an autoscopic stage, followed by a transcendental stage, followed by a return to the body.

The therapy methods considered here are based on a fourth possibility, that of discarnate spirits refusing to enter, or being held back from, the transcendental realm, and also unable to return to their physical bodies. In an extension of this fourth possibility, such discarnate spirits who do not proceed to the realm of light, that is, the transcendental stage, might then be presumed to cohabit the physical
body of another living being. Fiore and Wickland referred to "spirit bodies" in such a predicament as "earthbound." NDE-based therapies attempt to remove these presumed cohabitating spirits by helping them enter the transcendental stage that they somehow missed, thereby freeing the patient from a variety of unexplained symptoms.

Some of the healings described imply that the patient is not always an innocent victim of these alleged earthbound spirits. In many cases, the patients appear to have left themselves open to purported "invasion" by activities such as substance abuse or occult practices. These purported "invasions" are commonly called "possession," implying not ownership by the discarnate spirit but rather purported cohabitation in the same physical body, accompanied by an undesirable influence on behavior.

The Healing Methods

The most recent therapist using near-death phenomena, psychologist Edith Fiore (1987), practices a healing method primarily involving hypnosis of her patient and communication with the purported invading or possessing entity. These entities commonly appear not to have comprehended what has happened, that is, that they have died and are now discarnate, although they often realize that something is awry. While Fiore converses with the purported spirit, it may give some clue as to what happened when in its own body, such as driving on a road and seeing a truck swerve in front of it.

After convincing the purported discarnate spirit that it has entered her patient's body, Fiore's healing technique then parallels the transcendental aspects of an NDE. Fiore asks the alleged spirit to look around for someone it knows or for a light. More frequently the purported spirit reports seeing deceased relatives who appear delighted at being able to welcome another relative to their spirit world. Fiore then asks the spirit to follow the deceased relative into the realm of light. Some alleged spirits see a light only and are encouraged to enter the light; at times they are reluctant to leave, but if they do, the patients are usually relieved of some symptom. It may take several sessions of therapy to get the purported spirit to depart from the patient, and no apparent harm is done if the removal process fails. However, Fiore reported that presumed possessing spirits cannot just be commanded to leave, or they may remain earthbound and invade another person.

The following description by Fiore involves an apparent masculine spirit in a woman's body and removal through a reasoned argument:
Within seconds of addressing any spirits that may have been with her, I noticed a distinct shift from a blissful expression to one of total agitation—a "violent" reaction. There was my evidence! Her crying was so strong that I almost discontinued the recording. However, I invited in the spirit's loved ones, as I routinely do, and witnessed the entity calming down. I continued and shortly observed the tension in her body abruptly release. I ended the depossession and brought her out of trance.

Since he probably had not left, I asked her to close her eyes again, and to monitor the reactions she felt as I talked specifically to that spirit. Tears streamed down her face as I pointed out how hard it was for a man to be trapped in a female body. Then I invited him to go with his loved one, perhaps his mother, to the spirit world where he would be in his own strong, healthy, male body. (Fiore, 1987, pp. 58-59)

The following example involves a corporate vice-president, Peter, who frequented taverns atypical of a man in his position. Fiore discovered the apparent spirit of a blue-collar worker, Lou, cohabitating his body:

It finally became clear to Lou what had really happened. He said he was sorry for the harm he had done to Peter and asked how he could move on. I told him to look around to see if there were anyone he knew. He saw his wife, who he thought had died hating him for his drinking. Realizing she had forgiven him, he happily left with her. (Fiore, 1987, p. 74)

Adam Crabtree (1985) has also used a removal technique similar to Fiore's in treating his clients. When either deeply relaxing or hypnotizing a patient, he has talked to a purported invading spirit and convinced it to leave his client and join deceased relatives or go to a light. In contrast to Fiore, whose earthbound spirits are often unidentified, Crabtree has reported that the alleged possessing spirits are often deceased relatives, such as a woman who, at death, seemed to enter her granddaughter.

In some cases Crabtree claims it is important to understand why the relationship between the purported spirit and the client has occurred. In one instance, a woman named Susan, who was having difficulties in relationships with men, appeared to be possessed by the spirit of her deceased father, John, who had abused her when she was a child. The following is Crabtree's account of his success in convincing John that his own body had died and he was living within his daughter's body:

We suggested he consider that up to now he had been looking "down" at Susan and the events of this world, completely preoccupied with
earthly concerns. He would now find that he could look "up" and if he did, he would see new things.

John followed our suggestions and soon began to see a "light." Eventually he recognized human presences in that "light": his aunt and his mother, both long deceased. John realized that he would have to leave Susan, now that they had reached the point of resolution, yet he was still afraid to go on, even though he wanted to. Then one day after about six weeks of sessions, we called upon John and he was not there. He had taken the final step on his own, and Susan was free of possession. (Crabtree, 1985, p. 156)

Carl Wickland's book, *Thirty Years Among the Dead*, was written in 1924. A medical doctor, Wickland also classified himself as a spiritualist, and his healing method involved using his wife as a medium. Instead of hypnotizing his patients, he would give them an electric shock that caused the purported invading spirit to leave the patient and enter Mrs. Wickland's body, seated in a trance near the patient. Wickland would then "interview" the alleged spirit in his wife's body.

Mrs. Wickland claimed to have no knowledge of the conversations that occurred while the spirit was allegedly using her body, and she apparently experienced no long-term ill effects. Wickland claimed that when his wife was taken over by an obsessing spirit (another term he used for a purported possessing spirit), she would sometimes speak in foreign languages she did not know. Wickland would try, as does Fiore, to convince the alleged spirit that it had lost its own body and had entered another, and would suggest that it look around for people it knew when alive, usually relatives. Except for a few cases, the purported spirit would usually see relatives and leave with them.

One case involved first seeing relatives, then beautiful scenery. The description sharply parallels accounts from NDEs:

> What beautiful things I see! Are they not beautiful! This is not a dream. . . . Just look at those beautiful homes on that hillside! Look at those lovely walks, beautiful lakes and hills, lovely flowers that bloom everywhere! Isn't it beautiful! Can I go there? . . . Look at the lights! Are they not beautiful! They are singing and vibrating into different shades and tunes. The colorings are wonderful. (Wickland, 1924, pp. 88–89)

The concept of deceased relatives influencing a family member is discussed further in another book, *Healing the Family Tree*, by Kenneth McAll (1982), an English psychiatrist. McAll is a professed Christian, and his method of healing does not involve hypnosis or talking to a purported possessing entity, but rather holding an Anglican reli-
gious service for deceased ancestors identified as a possible cause of the problem. The Eucharist service includes asking Christ to cleanse the bloodlines of the living and the dead, forgiving deceased relatives as well as asking them for forgiveness, and placing the family tree on an altar and having the patient or another attendee receive the Eucharist in the deceased person's name. At the conclusion of the service, the focus is changed from the dead to the living.

The function of this service, as I conceptualize it, is to enable the deceased person's spirit to enter the transcendental realm of light, which then frees the patient from apparent control. McAll describes the process as freeing the person from ancestral control. In drawing up the family tree, factors McAll may look for in deceased relatives to be prayed for include unacceptable behavior; sudden death; a death after which no committal service was held; and an abortion, miscarriage, or stillbirth. These latter three causes were identified by McAll in over 40 percent of the 1400 healings he has observed.

The following are two examples of healings reported by McAll that particularly exemplify how his healing relates to NDEs. During a Eucharist service held in England for an American woman whose son was schizophrenic, McAll envisioned at the side of the church a dark hunchback figure. When the service ended, this figure seemed to float upward and join a number of gowned figures who greeted him, saying, "We will look after you." When McAll later explained his vision to the others, the American woman identified the hunchback as her father, who had committed suicide. She had not previously told McAll about him. Later, the woman reported that her son's schizophrenia had been healed.

In another case of hearing voices, a woman named Maggie had "conversations" with an invisible friend named Peter, who frequented a certain riverbank. She described him as unkempt, and he was even referred to as Peter the Tramp by the local people who saw him at the riverbank, from which he would often reportedly vanish. During a Eucharist service held on the riverbank, Maggie saw Peter, dressed in white, rising above them and thanking those praying for his release. He then disappeared, and Maggie never saw or heard from Peter again. This case may represent purported attachment of a spirit to a place, rather than possession.

Apparent Reasons for Remaining Earthbound

There are two important factors to consider in asking the causes for what I call invasive disorders, but which Fiore and others call possession. First, why did the purported spirit of the deceased person seem to
remain earthbound? And secondly, are there any similarities in the circumstances of the people who seem to have been invaded?

Though there are exceptions, the impression from reading the works of these four therapists is that alleged earthbound spirits frequently have died an abnormal and/or rapid death and are confused. Accidents are one possibility of an abnormal or early death, but in many of Fiore's cases, the purported earthbound spirit is that of a person with a drug or alcohol addiction, or someone who has committed suicide. It appears that the desire for excess alcohol, drugs, food or sex in the alleged discarnate spirit may continue in the body it appears to have invaded. These purported discarnate spirits seem to choose persons who already have a strong desire for alcohol or are alcoholics. Multiple invasions have also been reported; Fiore once identified the alleged spirits of 18 alcoholics in a reformed alcoholic woman who had not had a drink in four years.

Similarly, purported spirits of persons who have committed suicide may appear to carry depression into their victims. Fiore listed several other reasons for remaining earthbound: obsessive attachment to living persons such as a parent to a child, attachment to places, a sense of unfinished business, and revenge. According to Wickland (1924), persons who commit suicide, even though apparently influenced by an obsessing spirit, almost always remain earthbound themselves, usually at least for a time that would have been their natural lifespan. That notion is consistent with Kenneth Ring's finding that persons who attempt suicide do not usually proceed to the last two stages of an NDE, seeing and entering the light (Ring, 1980).

**Causes and Symptoms of Purported Possession**

What are the circumstances of persons purportedly possessed by earthbound spirits? Ordinarily, a normal healthy person would not be invaded, but Fiore (1987) has identified situations that may open a person to invasion, including illness, extreme fatigue, anesthesia, head injuries and unconsciousness, excessive alcohol consumption, substance abuse, and occult activities such as automatic writing or use of a ouija board. Alleged possession may occur in hospitals, because people die there and the patients are often in a weakened condition.

Symptoms that lead Fiore to suspect invasion include (1) persistently low energy level; (2) personality changes or rapid mood swings, especially after substance abuse; (3) inner conversations or thoughts, especially if commands are given in a berating tone; (4) substance abuse,
including "recreational drugs," and inability to give them up despite strong effort; (5) extreme impulsiveness; (6) breaks in consciousness; (7) inability to concentrate, being "in a fog"; (8) anxiety or depression for no apparent reason; (9) sudden onset of physical problems without an obvious cause; or (10) emotional or physical symptoms while reading Fiore's book, including pounding heart, sweating, difficulty breathing, trembling, or tingling.

In addition to the above symptoms, Fiore's patients, following treatment, have reported relief from memory and emotional problems, depression, suicidality, phobias, obesity, marital and other interpersonal difficulties, and homosexuality and paraphilias. The latter two are caused, in Fiore's opinion, by invasion by discarnate spirits of the opposite sex. Fiore claims that about 70% of her patients suffer from these invasions, although that figure may be high due to the nature of referrals from other psychologists familiar with her work.

Crabtree (1985) states that clients might simply tell him they feel possessed by an alien entity that would subtly communicate with them, but he claims that the client does not have to believe in the objective reality of possession for symptom relief to occur. Crabtree reports that he has treated about 50 cases of apparent possession in seven years of practice, a frequency much lower than Fiore's. He has not reported having used this treatment for substance abuse. His results range from minimal change to radical improvements.

McAll (1982) commonly reports healing schizophrenia, primarily the symptom of hearing voices inside the brain; anorexia nervosa; and phobias. His psychological healings are very frequently accompanied by physical healings, and he has reported apparent possession in children whose parents were involved in occult practices or abortion.

Wickland (1924) reported a broad scope of problems in his patients that lapsed after the departure of purported earthbound spirits, including alcohol addiction, depression, suicidality, criminal tendencies, insanity, and sometimes personality traits and symptoms of the person who has died, as in the case of a patient with unexplained neck pains whom Wickland claimed had been obsessed by the spirit of man who had died of a neck injury.

Wickland reported that stubborn spirits who cannot be convinced by reasoned argument to leave and to proceed to the transcendental stage may be taken away by apparent spirit helpers for educational purposes; Fiore reported a similar phenomenon. Such spirit helpers were more important to Wickland, whose wife purportedly had been temporarily cohabited by the discarnate spirit, than for Fiore, who could wait for a later session with the patient. Wickland claimed to have verified some details provided by the alleged spirit, but other therapists have not done so.
Some of the implications of these therapeutic techniques are supported by near-death research or by individual reports of NDEs. Raymond Moody wrote of a realm of bewildered spirits, in which several NDEers reported observing confused beings who seemed "unable to surrender their attachment to the physical world," that is, "they seemed bound to some particular object, person, or habit" (Moody, 1977, p. 18). Such beings appeared "dulled" and remained in their perplexed state until they had solved whatever problem or difficulty had kept them here.

To one NDEer, these dulled spirits appeared more humanized than the figures in the brilliant light. They seemed sad and depressed, their heads bent downward, and constantly moved aimlessly about as if caught between the physical and the spiritual world. Another NDEer reported seeing a spirit looking down on a person in his physical body, like a mother looking after her son who was unaware of her presence.

George Ritchie, now a psychiatrist, had an NDE in 1943 that differed from many others in that, following a typical autoscopic stage, he proceeded on an extended earth journey accompanied by a Being of Light. During this journey, Ritchie observed spirits of deceased persons caught up in their former habits or negative emotions, and scenes in which deceased spirits tried to interact with the living, who were unaware of their presence. In several scenes the spirits of persons who appeared to have committed suicide were apologizing to still-living family members for the grief their suicides had caused. In another scene spirits tried repeatedly to grab a cigarette that living persons were smoking, but the spirits' hands passed through the cigarette, leaving their desire unsatisfied.

A third scene reported by Ritchie suggests a moment of invasion as a result of intoxication. Earthbound spirits, unaware that they had died and could not be seen, heard, or felt, lingered in a dingy bar close to drinking sailors, whom Ritchie could distinguish from the spirits by a "cocoon of light" or "aureole" around their living bodies. Ritchie saw some of the spirits attempt to pick up a shot glass and quarrel over glasses that their spirit bodies would pass through.

I watched one young sailor rise unsteadily from a stool, take two or three steps, and sag heavily to the floor. Two of his buddies stooped down and started dragging him away from the crush.

But that was not what I was looking at. I was staring in amazement as the bright cocoon around the unconscious sailor simply opened up. It parted at the very crown of his head and began peeling away from his head, his shoulders. Instantly, quicker than I'd ever seen anyone
move, one of the insubstantial beings who had been standing near him at the bar was on top of him. He had been hovering like a thirsty shadow at the sailor's side, greedily following every swallow the young man made. Now he seemed to spring at him like a beast of prey.

In the next instant, to my utter mystification, the springing figure had vanished. It all happened even before the two men dragged their unconscious load from under the feet of those at the bar. One minute I'd distinctly seen two individuals; by the time they propped the sailor against the wall, there was only one.

Twice more, as I stared, stupefied, the identical scene was repeated. A man passed out, a crack swiftly opened in the aureole round him, one of the nonsolid people vanished as he hurled himself at that opening, almost as if he had scrambled inside the other man. (Ritchie, 1978, pp. 60-61)

Near-death research may be helpful in preventing purported invasion by discarnate spirits simply by convincing more people that there is life after death. Fiore and Wickland both emphasize that belief in life after death is likely to (1) decrease a discarnate spirit's confusion that might cause it to seek another physical body to inhabit, and (2) increase a discarnate spirit's comfort at seeing deceased relatives or a light and advancing toward them.

While there may be differing explanations for the success of these NDE-related therapies, their rationale is based on encouraging a purported discarnate spirit to proceed to the transcendental stage of an NDE rather than to remain on the earth plane and cohabit another person's body. The potential benefits of such "completing the death experience" therapy for a variety of illnesses warrant, at the least, further study.

References


BOOK REVIEW

Karlis Osis, Ph.D.
American Society for Psychical Research


*Return From Death* is a sparkling book based on the author's thesis work, which involved interviews with 38 near-death experiencers (NDErs) and many more patients she later contacted in her own practice. We are told in the frontispiece: "Margot Grey is a Humanistic Psychologist with an abiding interest in the spiritual aspects of human nature." She is also an insider who knows first-hand the unique qualities of near-death phenomena. She had a near-death experience (NDE) in a close brush with death while traveling in India. The experience had a strong spiritual impact on her: during it she had an encounter with "light," which she says was "accompanied by a feeling of being very close to the 'source' of life and love, which seemed to be one" (pp. xiii-xiv).

Such personal characterizations set the book apart from anything else I know of in the professional literature. Grey is perceptive and appreciative of the main qualities of NDEs, which she does not press into alien conceptualizations, as outsiders sometimes do. This trend is strengthened by the humanistic attitude of acceptance and trust in what her interviewees had to tell: "By being prepared to accept unconditionally the impressions of the people involved in any situation, it allows their experience to speak and so aids the process by which we

Dr. Osis is Chester F. Carlson Research Fellow Emeritus at the American Society for Psychical Research. Requests for reprints should be sent to Dr. Osis at the American Society for Psychical Research, 5 West 73rd Street, New York, NY 10023.
may be afforded the opportunity of finding answers to the perennial questions concerning the riddles of existence” (p. 8). This indeed helped her to uncover seldom-told secrets.

Margot Grey even more boldly declared “a willingness to risk deviating from the rule” (p. 8). That increases the originality of the book, but it also casts dark shadows. There are gaps in her methods and, at times, the lack of a critical grip and precision in her statements. Cross-tabulations and percentages are presented, but there is no statistical assessment, as is customary in a research work. Information about consciousness-altering medication administered prior to respondents’ experiences is mostly missing. The following is an example of a slack statement: “During this period [out-of-body episodes in the NDE] the individual can be observed to have reached the stage of brain death, with complete cessation of neurological function, deep unconsciousness without response to painful stimuli and without any EEG electrical activity” (p. 34). I certainly wish such an EEG would be properly documented anywhere in the literature! While the reference list is long, it is infrequently used in backing up the narrative. Still, in my opinion, this insider’s book offers a more adequate picture of some aspects of NDEs than some very scholarly works that have pages teaming with well-chosen references. Love and respect for the “givens” of empirical material are among the necessary ingredients of successful research in frontier areas of science.

The book is divided into two parts: “Approaching Death” and “Beyond Near-Death.” The first part describes the sample, procedures, and data of the main phenomena; the second part mainly takes up the fringes, the theories and interpretations.

Grey’s data consist of structured interviews with 32 British and 9 American respondents, of whom 38 were accepted as “core experiencers” and were used in the analyses. Actually, Table 3 through 7 include all 41 respondents; that is, the data in those tables include the 3 individuals who lacked NDEs. The British sample was chosen on the basis of availability, referrals, and responses to ads. The U.S. sample was selected from the files of the International Association for Near-Death Studies (IANDS). Her interview schedule was an adaptation of Kenneth Ring’s (1980) and the basic organization of data was also built upon Ring’s five “phases” of NDEs: “peace and sense of well being,” out-of-body experience (OBE), darkness, “seeing light,” and “entering light.” Ring’s influence is obvious. In the foreword, Ring himself says: “Suffice it to say that the evidence she adduces in support of her overall thesis replicates mine, and her conclusions likewise coincide with my own” (p. xi).
Fortunately, Grey often sticks to trends in her data, rather than to the opinions of her mentor. Regarding the backbone of Ring's conceptualizations—the five phases of NDEs unfolding from shallow to deep—Grey has this to say: "Although it will be necessary to take them in some sort of chronological order, the impression that one gains from the narratives of the respondents when they are relating this phenomenon is that in fact these features frequently happen in no definite sequence, but rather seem mostly to occur as a simultaneous matrix of impressions" (p. 73). Grey also takes an independent stand on another important issue: "I am obliged to conclude from the evidence I found that somehow it would seem that conscious awareness survives physical death" (p. 41).

Apparently Grey also had the courage to glance over the fence into parapsychology: "It would nevertheless be a considerable oversight to disregard the fact that research into the evidence for survival after death had been going on for almost a century prior to its recent publicity" (p. 13).

Innovative and important is Grey's chapter on negative experiences. She presents five of her own cases and nine negative cases from the literature. She also queried physicians, including one cardiologist, who had been keeping an eye on the NDEs of their patients. While her own negative cases happened some time before the interviews, the physicians emphasized that negative cases are only disclosed shortly after the episodes occur. Rawlings believes that negative experiences are quickly repressed. Grey found that experiencers do not want to disclose their hellish experiences: "they often felt ashamed to admit to what had apparently happened to them" (p. 56). They may also have had some past transgressions to which they attribute their having "had to go to hell," so to speak, and which they do not want to confide to another. I think she has put her finger on the right spot. We might need to rethink our methods. Maybe we have relied too much on the self-reports of the patients and have failed to ascertain observations made through the cooler eyes of doctors and of nurses who were around when the patients started to talk about the NDEs that were still fresh in their memories.

Grey also raise a very important question: Do negative experiences follow the same pattern as positive ones? She came up with intriguing similarities, which I have juxtaposed on the following page.

Grey is aware that confirmation with better cases is necessary; I would say that those cases should be better ascertained than those of George Gallup (1982) or Maurice Rawlings (1978). But if this pattern is replicated and sound, it would require nothing less than considering
Positive Experiences (pp. 24–25)  
1. Peace and a sense of well-being  
2. Separation from the body  
3. Entering the darkness [tunnel]  
4. Seeing the light  
5. Entering the light  

Negative Experiences (p. 72)  
1. Fear and a feeling of panic  
2. Out-of-body experience  
3. Entering a black void  
4. Sensing an evil force  
5. Entering a hell-like environment

the positive and negative NDEs as one integrated whole—a sweeping reorganization of our views.

Even more challenging are her findings of aftereffects in negative and hellish NDEs: "Like those respondents who had positive experiences, the people in this category [negative] returned from their encounters with an increased conviction that life continues after death. They also felt a strong urge radically to modify their former way of life" (p. 72). Maybe the angrily exclaimed phrase, "Go to hell," is not a bad wish after all! Of course, giving full weight to negative NDEs does not mean taking the hell-like images literally, as Carol Zaleski has shown (1987). Quite modest alternative explanations abound. The fear of dying is most natural, and hellfire and brimstone preaching does leave its scars.

Grey concludes, "Since altogether about an eighth of my respondents reported experiences that were hell-like, this corresponds more closely with findings of Rawlings and Gallup rather than with those of Ring and Michael Sabom (1982). The reasons for this discrepancy remain to be elucidated" (p. 72). Indeed they must, maybe in someone else's thesis project. My own guess is that a sensitive way of interviewing by an insider, whose NDE has provided a firm grasp of the unique qualities of these experiences, can acquire more truthful responses than the harder, more objective methods of a well-trained outsider.

Grey has paid more attention to apparition experiences than most others: Table 2 lists 10 cases of "meeting with deceased 'spirits,'" and only 3 of "the 'presence,'" that is "being of light" (p 74). She sees a pattern: "One of the most noticeable differences between the encounters that take place with the 'presence' and the ones that occur with deceased 'spirits' is that while the former appears to encourage people to decide for themselves, the latter, while greeting the individuals in a loving manner, almost always serve to remind them that it is not time for them to stay, and that they must 'go back'" (p. 79). She also found a rare case in
which the "spirits" told the experiencer that a relative, known to be in good health, would arrive. Indeed that person died of a sudden heart attack while the respondent was still in the intensive care unit.

Grey found a new type of apparition experience, which was reported by a young girl who "saw" her grandfather and his mother—both dead long before she was born. Later, when visiting a relative’s house with her parents, the young girl correctly recognized the apparitional figures in photos standing on a dresser (p. 81). The report lacks the details necessary for a firm interpretation: Had she seen those photos before? Was the identification spontaneous or following clues or prompting? Such phenomena could be very important for determining whether these apparition experiences are veridical and, in some sense, objective. It would be important in future research to look for such cases and investigate them with great care.

The second part of the book, "Beyond Near-Death," is of an uneven quality. A proper disclaimer is given some 60 pages into the section, but it really should have been presented sooner to prepare the reader: "As with all the other categories that are examined in the second part of this book, which did not form part of my original thesis investigation, I have not undertaken any systematic research and my observations have mostly been made in the course of my practice" (p. 152).

The first chapter of the second part is still grounded in the original sample and presented in three tables of data; it concerns changes in the personality and lifestyle of the NDErs. Grey characterizes these changes as a "shift towards experiencing life in a more positive way...a personal sense of renewal and a search for purpose and meaning (usually accompanied by personality and value changes with enhanced self-esteem)....The things that come to have value from henceforward are love and service towards others; material considerations are no longer so important" (p. 96).

A decrease in the fear of death is reported by 63% and an increase in the belief in life after death is reported by 76% of the respondents. Actually the percentages are higher than that because the calculations include the three non-NDErs among the 41 respondents. Close to half the sample reported an increase in religious feelings. Moreover, 11 of the 23 Protestants switched denomination, while 11 Catholics and 5 "Others" did not do so. These findings follow the findings by others.

Grey next reports qualitative analyses of the "Development of inherent gifts and talents that have lain dormant and neglected" (p. 99), which include exuberant claims of ESP and precognition, healing, and evolutionary aspects of NDEs. And yet with all these goodies, "There is never any sense of personal aggrandizement in these inclinations"
(p. 99). That might be so, but to me it sounds a bit like claims made about psychedelics in the 1960s; it took a couple of decades of debate to settle on a reasonable middle-ground.

The chapter on paranormal developments closely follows Ring's ideas and often repeats the cases he has published in this journal (1982). As a seasoned parapsychologist, I am at home with ESP and foresight into the future (precognition), but the chapter irked me because of substandard methods in documentation and interpretation. We have learned, over decades of research and debate, how to unscramble the illusory from the real in case research. With all this hard-won sophistication, it still is not easy to reach certainties, except through large samples and through strong cases where adequate documentation and verification are possible. Without spending time on a review of the relevant literature, one would be almost certainly lost in the jungle of occult patter, over-claims, misinterpretations, and self-aggrandizements of the informants. A necessary balance between the tendencies of over-acceptance and over-rejection does not come with the first try. However, the efforts of Grey and of Ring have a decidedly positive side, providing hints of what to look for in near-death studies. An example is given on p. 137: A leukemia patient reported healing imagery during his NDE, and said that he had had a remission without recurrences for six years (at the time of the interview). What the doctors said about this is not disclosed. Other report that they became psychics and healers after NDEs, claims that are very difficult to substantiate except when the claimant agrees to take part in a real research project.

The chapter on "Evolutionary Aspects of Near-Death Experiences" expounds ideas akin to those in Ring's book *Heading Towards Omega* (1984). Grey also likens kundalini experiences to NDEs.

At the end, Grey reviews explanations of NDEs offered in the literature. She finds faults and contradictions in these explanations, and insists, like most NDErs, that another side of reality is hinted at by mystical insights throughout the ages and should not be left out. "A mystical vision of the nature of the universe ultimately seems to offer the best basis for an understanding of NDEs" (p. 187). This will please readers with one kind of ontological conviction, but will annoy others. Let us remember that our budding new science of near-death studies is still in the beginning stage, where William James's advice seems useful, the gist of which is: Pay attention to soft-nosed and hard-nosed researchers, provided they have immersed themselves in empirical material and have new insights to offer; counting only the hard- or the soft-nosed might impede progress. Margot Grey's insider's book, *Return from Death*, is a contribution that well deserves our attention.
References


BOOK REVIEW

Judith Miller, Ph.D.
Haverford, PA

The Light Beyond, By Raymond A. Moody, Jr. with Paul Perry.

In his foreword to this book, Andrew Greeley, a prominent priest and sociologist, introduces his comments with the following statement: "Raymond Moody has achieved a rare feat in the quest for human knowledge; he has created a paradigm." He then refers to Thomas Kuhn, who pointed out in The Structure of Scientific Revolutions that scientific revolutions occur when someone creates a new perspective, a new model, a new approach to reality. Although Greeley acknowledges that Moody did not discover the near-death experience (NDE), he contends that because Moody put a name to it in his previous bestseller Life After Life (1975), he therefore deserves credit for the new paradigm that has evolved. Greeley then refers to The Light Beyond as characterized by Moody's "openness, sensitivity and modesty." This he attributes to Moody's acknowledgement that the NDE does not represent proof of life after death; rather, it indicates only the existence and widespread prevalence of the NDE.

I must question why Greeley does not comment more on the content of the book, and why Moody felt it was appropriate to be credited with creating a new paradigm. During the last fourteen years since Life After Life was published, increasing amounts of research and study related to the NDE, as well as numerous other mystical, paranormal, and metaphysical phenomena must all be incorporated into what we can identify as the slowly evolving paradigm shift. To give sole credit

Dr. Miller is a clinical psychologist in private practice. Requests for reprints should be addressed to Dr. Miller at 204 Dove Lane, Haverford, PA 19041.
for initiating a new scientific revolution to one man who named the
NDE is to negate the direct experiences of thousands of experiencers,
academicians, and practitioners who are taking professional and per-
sonal risks every day in their attempt to be part of an evolutionary
movement that is slowly changing the consciousness of our planet.

Ironically, one such person who deserves to be acknowledged as a
facilitator of this paradigm shift is Greeley himself. In 1975, he pub-
lished a study out of the National Opinion Research Center at the
University of Chicago, entitled The Sociology of the Paranormal: A
Reconnaissance. Using sampling techniques and statistical analyses,
Greeley examined the frequency with which the general American
population claims to have had three classes of experience: (1) deja vu,
extrasensory perception, and clairvoyance; (2) communication with the
dead; and (3) mystical experiences. His findings indicated that almost a
fifth of the American population reported frequent paranormal and
mystical experiences. Although his work was clearly not a bestseller,
its importance should nonetheless be acknowledged.

The Light Beyond attempts to synthesize the state of the art of near-
death research since Life After Life first examined NDEs in 1975.
Moody accomplishes this by describing the NDE in terms of descrip-
tors, characteristics, and aftereffects, and then shares with the reader
some topical concerns, such as why the NDE intrigues us and how the
NDE differs from mental illness. He concludes the book with a review
of other near-death researchers and, finally, some explanations for the
NDE.

Chapter 1 is a basic review of the commonly known NDE traits as
described in Life After Life, with some additional demographics and
descriptors that focus on the research of George Gallup, Jr., Ken Ring,
and the Evergreen research team. The traits identified as being inher-
ent in the NDE include a sense of being dead, peace and painlessness,
the out-of-body experience, the tunnel experience, people of light, the
Being of Light, the life review, rising rapidly into the heavens, reluc-
tance to return, altered time and space, and, for some, the flashfor-
ward. The characteristics are made meaningful to the reader by anec-
dotal case studies used to illustrate each of the traits.

Moody also briefly refers in this first chapter to the story of George
Ritchie, a psychiatrist whose NDE paved the way for Moody’s research
when he was a philosophy student at the University of Virginia. He
also relates a synchronistic incident that occurred in 1975 on Hal-
loween, when his children were trick-or-treating at the home of a
woman who, during her NDE in 1971, had been told to look up a man
by the name of Raymond Moody.
For those readers familiar with the NDE, this chapter is probably redundant, but for those who are not, it most certainly will hold their interest. And certainly the first sentence of the first page will motivate the uninitiated to read further:

What happens when people die? . . . There are many ordinary people who have been to the brink of death and reported miraculous glimpses of a world beyond, a world that glows with love and understanding that can be reached only by an exciting trip through a tunnel or passageway.

Chapter 2 is a discussion of the transformative powers of the NDE. As in Life After Life, Moody reviews the characteristics of these changed lives. He identifies these changes as an elimination of the fear of dying, an awareness of the importance of love, a sense of connection with all things, an appreciation of learning, a new feeling of control, a sense of urgency, and a better developed spiritual side. This review is followed by a short discussion of the difficulty people who go through NDEs have "reentering the real world." He then briefly talks about his spiritual psychiatric practice in which he works with people to help them integrate these experiences into their lives.

A sense of disappointment in this book became apparent to me in this chapter for several reasons. First, in identifying these characteristics, Moody said little more than he had fourteen years ago in Life After Life. Why are we not made privy to some of the more complex cases that he has seen in his psychiatric practice that specializes in these cases? As a practicing psychologist, I also see persons in spiritual crisis and I am aware of the deep life-shattering changes that more often than not take place, and, at least from my perspective, can be much more complex than what we read here.

In Chapter 3, we read about children and NDEs. Moody suggests that because young children who have NDEs have no cultural preconceptions regarding them, these episodes validate the core NDE. He also writes that when individuals have an NDE at a very early age, it seems to get incorporated into their personalities so that they are not afraid of death anymore, and thus they are happier and more hopeful than those around them. Another interesting perspective relates to those researchers who have concluded that NDEs are the mind's defense mechanism against the fear of dying: Moody believes that childhood NDEs refute that theory because children have very different perceptions of dying than do adults. Under age 7, death is perceived as a temporary state from which we return, while during ages 7–10, death
is seen as magical and is personified. This chapter concludes with case studies and identifies David Herzog and Melvin Morse as researchers studying children's NDEs. The anecdotal material is interesting and Moody's discussion of the particular ways in which children's NDEs further validate the experience adds some new and interesting perspectives that were not referred to in his previous book.

At the outset of Chapter 4, Moody addresses why people are intrigued by the NDE. One of Moody's strengths is that incorporated within his straightforward writing style are many profound truths. An example of this is found in the statement: "We human beings have spent our lives laying down boundaries. . . . We learn that death is something to be avoided. . . . We try to keep thoughts of death out of our consciousness and usually learn gradually the meaning of death. It is this dividing line between life and death that is challenged by the NDE." I believe that through this interpretation we can better understand both the etiology of our death-denying society and the intense reactions, both positive and negative, toward the NDE. Moody further identifies in this chapter the commonly asked questions surrounding the NDE, and in so doing provides an arena in which he can elaborate significant thoughts on the following questions and topics:

Are NDErs really dead? This question leads the way to a rather basic discussion on the philosophy of dying that touches briefly on the questions and ethics of modern resuscitation techniques. Moody concludes that, technically speaking, NDErs are never really dead, but that they are much closer than most of us have ever been.

How do NDErs regard their bodies? Moody makes several important points that reinforce what he has already told us earlier in this book about the transformative changes that follow NDEs. He notes that most NDErs regard the body as a house for the spirit. As a result they become less frightened of the world around them and of outside opinions about their appearance. Moody quotes a psychiatrist who had an NDE as saying: "In life you may think you know what you look like. But when you get out of your body and see your own physical body, it's very difficult to see which one of all the bodies in the world is yours." Also, many handicapped people who have NDEs find that their handicaps are gone in the spiritual realm, where they are whole beings. And finally, NDErs do not become risktakers; rather they become more careful of their bodies.

The NDE as religious confirmation. Moody's basic idea here is that NDEs are experienced by nonbelievers just as frequently as by be-
lievers. Both groups emerge with an appreciation of religion that concerns being able to love, not adhering to doctrine and dogma. As additional material, the reader is familiarized with descriptions of NDE-like phenomena both in the Journal of Discourse of the Mormon Church and in I Corinthians 15:35-52.

*The NDE in literature.* NDEs are described in such works as Charles Dicken's *A Christmas Carol*, Victor Hugo's *Les Miserables*, and Katherine Anne Porter's "Pale Horse, Pale Rider."

*Explaining combat NDEs.* Moody differentiates the combat NDE from the regular NDE in several ways. When soldiers find themselves in intensely dangerous situations, they often find their perceptions extremely altered. While they don't experience the ecstatic state of the NDE, the light, and the tunnel, they instead may experience brief flashbacks of their lives, or suddenly everything may appear to slow down. Some of these experiences also involve an individual going somewhere else to avoid the unpleasant situation he or she may be in. While these experiences cannot technically be described as complete NDEs, certainly they contain aspects of such experiences and should be considered on a continuum with them.

*Hope for the grief-stricken.* Hearing about NDEs can help people reconcile themselves to the death of loved ones. Although the events leading up to death can be agonizing, according to NDErs, once a person gets out of the body, there is no pain, and there will be a reunion with loved ones in the spiritual realm.

*The effects of NDEs on the suicidal.* Moody refers to Bruce Greyson's research that has shown that both the experience of an NDE and the knowledge of one helps to resolve suicidal inclinations. He believes that the hope of life after life makes people more willing to accept the "here and now."

*Would science be altered by proving NDEs?* The problem Moody sees with NDEs is that they are just anecdotal evidence. He states that "although these anecdotes have been extremely convincing to me and a host of other physicians, until they can be successfully replicated, NDEs can always be called into question." It is disappointing that Moody, who has been identified in the foreword of this book as starting a new paradigm, won't speak out more strongly against those scientists operating under the old paradigm, who won't acknowledge an experience that doesn't fit into the current paradigm of what consti-
tutes reality. I was hoping that Moody, as a leader on the cutting edge of this field, would have used this opportunity to challenge those who insist on structured replication to validate an experience.

Chapter 5 differentiates between the NDE and mental illness. Moody states that schizophrenia and some organic brain problems are the types of mental disorder most often falsely linked to NDEs. The major difference between schizophrenia and the NDE is that the schizophrenic becomes tormented, goes downhill, and becomes isolated and unable to relate to anyone else in a meaningful way. Clearly, this contrasts to the generally uplifting NDE, after which experiencers are likely to function better in the world around them.

Moody also addresses the suggestion that NDEs are nothing more than a reaction of the brain under duress, or in a state commonly known as delirium. The difference between persons suffering from organic mental disorders and NDErs is that delirious individuals seem to be watching their hallucinations impersonally and more often than not retain only vague memories of them, while NDErs, on the other hand, remember the details decades later and perceive the experience as a spiritual turning point that has brought immense meaning into their lives.

Chapter 6 is a review of interviews that Moody had with a number of prominent near-death researchers. I found this chapter to be the most meaningful, both because the written language was of a higher level than that found in the rest of the book, and also because the information shared by these individuals proved to be pertinent and interesting.

First, Melvin Morse discusses his research carried out over three years on hundreds of cases of children who survived cardiac arrest. His conclusions indicate that every child who had cardiac resuscitation had some kind of NDE, "be it out-of-body or going all the way to the being of light." He states further that he believes the only reason that all people on the brink of death don't remember an NDE is because the drugs they are given cause amnesia. He concludes this because the patients in his study who had fewer drugs had the most powerful experiences.

Michael Sabom, a major contributor to the field, examined the NDEs of 116 people, dividing their experiences into three types: autoscopic, or leaving the body; transcendental, or entering a spiritual realm; and mixed experiences, with both autoscopic and transcendental traits. He found that 23 of 25 "medically smart" resuscitated patients made major mistakes in describing what went on during their resuscitations. On the other hand, none of the NDErs made mistakes in describing what occurred during their resuscitations—strong evidence that these
people were actually outside their bodies looking down. In this section of the book, Sabom reviews briefly his own initial skepticism, his training, his current Christian belief in the afterlife, and his resistance to the NDE being sensationalized. In addition, he cites a number of case studies while at the same time sharing with the reader his personal feelings and reactions to these situations.

After reading the interview with Michael Grosso, I felt excitement and enthusiasm. Grosso, a philosopher, not only is open enough to discuss his own personal paranormal experiences and their effect on him, but also relates the NDE to numerous other paranormal states, such as UFO sightings, channeling, religion, and out-of-body experiences, and discusses the possible meaning of a divine dimension of human consciousness. He incorporates the NDE as an aspect of the spiritual evolution that this planet is currently undergoing, and looks at the implications for society, world survival, and global consciousness. Grosso’s honesty and insights regarding his own experiences and ideas, coupled with the depth of his intellectual awareness, are a very positive diversion.

Kenneth Ring, introduced by Moody as the first person to look at the NDE as a scientist, shared his story with a similar excitement and level of personal disclosure as does Grosso. His two books, *Life at Death* (1980) and *Heading Toward Omega* (1984), have provided us in the last ten years with much of the relevant information that we know about the NDE and its implications. Additionally, as most readers of this journal know, Ring was a founder of LANDS and its first president, a fact that surprisingly is not mentioned in this book. Clearly, Ring is a major figure in the field of near-death studies, and his enthusiasm for the subject is still very apparent in this interview.

Finally, Robert Sullivan discusses the research he did with almost 40 combat veterans. In addition to reviewing a few case studies of combat NDEs, he shares his thoughts, feelings, and personal reactions to the NDE. His openness and the excitement that he conveys enrich his research while providing useful information and insights.

Chapter 7 reviews a number of arguments that scientists have made identifying the NDE as a dysfunction of the brain rather than a spiritual phenomenon. First, Moody writes of Carl Sagan, who in his book *Broca’s Brain* (1979) attributes the NDE to memories of the birth experience. Moody counters this argument by citing Carl Becker’s work, originally presented in this journal, concluding that newborn babies do not have the facilities to retain the experience in the brain. Moody further negates Sagan’s view by questioning how the traumatic birth experience can turn out to be transformative for the NDEr.

While I disagree with Sagan’s analogy, I also disagree with Becker’s
conclusion that newborn babies can't recall the birth experience. Stanislav Grof (1985), along with an increasing number of researchers such as Karl Pribram (1976) and David Bohm (1980), has provided revolutionary alternatives to the mechanistic concept of the mind contained within the brain. As described in Grof's book *The Adventure of Self Discovery* (1988), individuals can recall and reexperience their own births through natural breathwork and altered states of consciousness that ultimately can lead to new insights and transformations.

Moody also discusses some researchers' feelings that the tunnel experience in NDEs is caused by the brain's reaction to increased levels of carbon dioxide in the blood. His questions that theory in light of Sabom's work, in which a patient's blood oxygen level at the very moment his NDE was occurring was found to be above normal. Moody concludes that this research questions the theory of carbon dioxide overload. He also refers readers a second time to Morse's research demonstrating that the NDE is something specifically connected to being on the brink of death, as opposed to just being sick.

Moody also refutes the concept of the NDE as hallucination brought on by mental disorder, stress, lack of oxygen, or drugs on the basis of research that has identified flat EEGs experienced by many NDErs. Even hallucinations, he states, are associated with EEG activity.

Moody again discusses the finding that religious commitment is not a prerequisite for having an NDE. He further raises the idea that unconscious predispositions toward religious beliefs are always present whenever a person faces death, and admits that this is a complex area. I can't help but wish that he had chosen to share some of that complexity with us.

On the topic of why all NDEs aren't the same, Moody compares Ring's research with another study conducted by Timothy Green and Penelope Friedman at California State University. He reviews the differences in percentages of people experiencing the different stages of an NDE, and then notes that no two experiences are ever the same. Finally, he acknowledges researchers' attributions of the NDE to endorphins, wish fulfillment, and the collective unconscious as theories that may have a grain of truth but can't explain factual information identified by people who have had out-of-body experiences as part of their NDEs.

In concluding, Moody questions whether NDEs can confirm that there is a life after life. In the absence of firm scientific proof, he still answers in the affirmative. As if to add credibility to this answer, he quotes Carl Jung, who summed up his positive feelings toward the question of life after life after he had experienced an NDE. Moody
deserves credit for this somewhat cautious "unscientific" disclosure. At the same time, I wonder what important new insights we might all have gained if Moody had openly shared more of his personal experiences, his intellectual insights, and his clinical perspectives. Maybe Moody will reconsider and, at some time in the future, we may really learn from this brilliant man who has so much to share.

References


INSTRUCTIONS TO AUTHORS

THE JOURNAL OF NEAR-DEATH STUDIES encourages submission of articles in the following categories: research reports; theoretical or conceptual statements; papers expressing a particular scientific, philosophic, religious, or historical perspective on the study of near-death experiences; cross cultural studies; individual case histories with instructive unusual features; and personal accounts of near-death experiences or related phenomena.

GENERAL REQUIREMENTS: Logical organization is essential. While headings help to structure the content, titles and headings within the manuscript should be as short as possible. Do not use the generic masculine pronoun or other sexist terminology.

MANUSCRIPTS should be submitted in triplicate, typed on one side of the page only, and double spaced throughout. A margin of at least one inch should be left on all four edges. Except under unusual circumstances, manuscripts should not exceed 20, 8 ½ x 11" white pages. Send manuscripts to: Bruce Greyson, M.D., Department of Psychiatry, University of Connecticut Health Center, Farmington, CT 06032.

TITLE PAGE should contain the names of the authors, as well as their academic degrees, affiliations, and phone number of senior author. A name and address for reprint requests should be included. A footnote may contain simple statements of affiliation, credit, and research support. Except for an introductory footnote, footnotes are discouraged.

REFERENCES should be listed on a separate page and referred to in the text by author(s) and year of publication in accordance with the style described in the Publication Manual of the American Psychological Association, 3rd Edition, 1983. Only items cited in manuscripts should be listed as references. Page numbers must be provided for direct quotations.

ILLUSTRATIONS should be self-explanatory and used sparingly. Tables and figures must be in camera-ready condition and include captions.