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Editor’s Foreword

While the past decade has seen an explosion of research into the prototypical blissful near-death experience (NDE), until recently very little attention has been focused on the atypical NDEs that are predominantly unpleasant, distressing, or frightening. We open this issue of the Journal with a Guest Editorial by author and multiple NDEr P.M.H. Atwater, in which she discusses her own impressions of "hell-like" experiences in the light of previous work, and proposes four discrete types of NDE, each with a corresponding psychological profile.

This issue also contains two empirical articles. In the first, health educators Lori Bechtel, Barbara Walker, Alex Chen, and Richard Pierce report a survey of clergy's knowledge of and attitudes toward NDEs, using Nina Thornburg's scale first published in this Journal in 1988. In the second, health scientist William Serdahely describes a collection of NDEs in which the experiencers seemed to receive "loving help" from an apparently otherworldly entity; he relates this to the "loving help" many NDErs report feeling compelled to practice themselves upon their return to the body.

Finally, we include in this issue three letters—by author and editor John White, anthropologist Margaret Bruchez, and religious scholar Carol Zaleski—commenting on sociologist Allan Kellehear's article in our Winter 1991 issue on NDEs and the pursuit of the ideal society.

Bruce Greyson, M.D.
Guest Editorial

Is There a Hell?
Surprising Observations About the Near-Death Experience

P.M.H. Atwater
Charlottesville, Virginia

ABSTRACT: The percentage of hell-like near-death experiences (NDEs) is probably much larger than has been previously claimed. In this article, I discuss current research into what are now termed "distressing" or "unpleasant" NDEs, and my own findings from interviews of over a hundred such cases. I compare this information with earlier reports from Maurice Rawlings (1978, 1980), mythological traditions about the concept of hell, and renderings from The Tibetan Book of the Dead (Evans-Wentz, 1957). Finally, I detail four types of NDEs—initial, hell-like, heaven-like, and transcendental—and what seems to be an attitudinal profile characteristic of each type.

My plane was late. That meant I had to run lengthy corridors at Dulles International Airport near Washington, D.C., to catch my next flight. As I ran, another woman scurrying in the opposite direction yelled, "I know who you are; you're the gutsy one who talks about negative near-death experiences. Keep doing it. Don't stop."

I was so startled by her comment, I momentarily slowed my pace and yelled back, "Who are you? What do you mean by that?"

P.M.H. Atwater is a free-lance author, lecturer, and workshop facilitator, whose principal interest is near-death experiences and spiritual transformations. Reprint requests should be addressed to Ms. Atwater at P.O. Box 7691, Charlottesville, VA 22906.
Her answer surprised me. "I'm a surgical nurse at a hospital in Phoenix, Arizona. We have lots of near-death cases there, and almost all of them are the negative kind. You know what I mean—people who wind up in hell!"

Before I could respond further, she was out of sight. I wanted to go after her and ask more questions—what hospital? how many cases? how long has this been happening? why haven’t you reported it?—but my pressing need to hurry convinced me otherwise. I barely made my connection.

This incident happened in 1989, a year when I was nearly overwhelmed by reports from people who experienced a hellish environment at the brink of death, rather than a heavenly one.

Most researchers of the near-death experience (NDE) report that unpleasant cases are quite rare, numbering less than one percent of the thousands thus far investigated and of the eight million tallied by a Gallup Poll during a survey on the subject published in 1982 (Gallup and Proctor, 1982). Yet my experiences interviewing near-death survivors since 1978 have consistently shown me otherwise, suggesting an abundance of such cases: 105 out of the more than 700 I have queried.

At the 1990 Washington, D.C., conference of the International Association for Near-Death Studies (IANDS), Bruce Greyson, a psychiatrist noted for his long-term commitment to near-death research, admitted that people like himself had not been asking the right questions to identify those who might have undergone "dark" or distressing episodes. He confessed: "We didn’t try to find them because we didn’t want to know." His comment underscored the fact that, for the most part, published reports of near-death studies have side-stepped "negative" accounts.

Greyson and Nancy Evans Bush, President of IANDS, have recently completed a descriptive study of 50 terrifying cases they have collected over the past 9 years (Greyson and Bush, 1992). Others whose work has acknowledged the existence of such experiences include British researcher Margot Grey (1985) and sociologist Charles Flynn (1986). Cardiologist Maurice Rawlings and myself, however, have actively pursued near-death reports of a hellish nature since the very beginning of our involvement in the field.

*Beyond Death's Door*, Rawlings' first book (1978), focused on his observations of people in the process of being resuscitated after clinical death. In it, he recounted story after story of near-death experiencers describing unpleasant or threatening scenarios: being surrounded by grotesque human and animal forms, hearing other people moaning
and in pain, violence and demonic types of torture. He thought that because he was present when the phenomenon actually occurred, he was able to obtain pure and unrepressed reports. This led him to formulate his theory that at least half of the near-death cases begin as hell-like, then become heaven-like as the episode proceeds, with the average individual able to remember only the heavenly part once revived.

His second book, *Before Death Comes* (1980), added to these accounts and included his conviction that in order for people to die a good death and avoid the horrors of what must assuredly be hell, they should commit themselves to the doctrines of Christianity. Needless to say, Rawlings caused quite a stir among other researchers. So far no one has been able to substantiate either the extent of his anecdotal findings or his theory, even when present during ongoing resuscitation procedures conducted in clinical settings.

My first introduction to the NDE was in a hospital room listening to three somber people describe what they had seen while technically "dead." Each spoke of grayness and cold, and about naked, zombie-like beings just standing around staring at them. All three were profoundly disturbed by what they had witnessed. One man went so far as to accuse every religion on earth of lying about the existence of any supposed "heaven." The fear these people exhibited affected me deeply.

A decade passed before I, too, had a personal opportunity to discover what might exist beyond the threshold of death. Not once did this happen to me, but three times. A miscarriage and hemorrhage precipitated my first encounter in January of 1977. Two days later the second occurred when a major thrombosis in my right thigh vein dislodged, accompanied by the worst case of phlebitis the specialist had ever seen. Three months afterward I suffered a complete and total collapse. On the occasion of each of these "deaths," I experienced uplifting and enlightening, heaven-like, near-death scenarios. Although each was different, one somehow led into the next as if the three were progressive. When my experiences were over, I determined to find out as much as I could about the phenomenon from as many different people as possible. This quest began an exploration of the subject that resulted in my book, *Coming Back to Life: The After-Effects of the Near-Death Experience* (1988 and 1989).

Since the heavenly version is well-known by now and so, too, its attendant positives, I think it is time that all aspects of the phenomenon be examined, including all the contrasting reports still commonly bunched together under the singular term "hell-like." What Rawlings spoke of a decade ago needs to be reconsidered, especially in light of...
observations that challenge how near-death experiences are categorized. To accomplish this, I'd like first to offer a context for broadening our understanding of the word “hell.”

Historically “hell” is not Biblical, although many people think so. What came to be translated as “hell” was a peculiar idiom in the Aramaic language that used the name of a city dump where trash was burned to signify “mental torment” and “regret.” Centuries later, and after numerous translations of the Bible, what was originally expressed as “Gehenna of Fire” was changed to “hell.”

The word hell is actually Scandinavian and refers to Hel, the Teutonic queen of the dead and ruler of “the other world.” According to myth, “to Hel” is where people went who were good, but not quite good enough to transcend to Valhalla, that heavenly hall reserved for heroes killed in battle and other special folk. Unlike more modern imagery depicting a Satan and being burned for one’s sins, there was nothing evil or scary about the supposed hell or Hel herself, except her looks. She was said to be deformed, with half of her face human and the other half featureless. Allusions to Hel eventually connoted “an abode of the dead,” but not some place of everlasting punishment.

Hell, as most people think of it today, was a European conceptualization used during the early days of Christianity to ensure the obedience of converts. Modernized versions were made popular in such classics as Dante’s Divine Comedy (14th century/1955) and Charles Dickens’s A Christmas Carol (1843/1983). Even Our Town by Thornton Wilder (1938) served to illustrate how those who “cross over” might linger for a while in cemeteries before continuing their after-death journeys.

A reference to the hell an individual could encounter during the death process and after passing through death’s “door” is found in The Tibetan Book of the Dead (Evans-Wentz, 1957). This ancient text described three stages to the bardo (the intermediate disembodied state said to follow death), and how each stage represents an opportunity for the departed to inhabit a different level of existence. The book claimed that heavenly visions, resembling what are now defined as states of consciousness, occur during the first week after death; hellish ones the second week; and various opportunities for judging one’s life in the third. Unlike Dante’s Divine Comedy (14th century/1955), this traditional Tibetan view chronicled the various gateways possible for one to enter after death and between incarnations. Specifically detailed was a period of 28 to 49 days after a person has died.

Heaven-like scenarios outlined in the book are strikingly similar to modern near-death reports: visions of pure light, vibrant landscapes as
if in springtide, blindingly open clear sky, dazzlement. Equally so are the hell-like versions: terrifying deities, gruesome apparitions, racking and painful torture. Also described are the life-review process, judgment, and a disembodied state, then rebirth into this or other worlds for further growth and learning.

In 1980, Kenneth Ring reported the finding that those with prior knowledge of the NDE were less likely to experience it, while those with no prior knowledge were more likely to do so. A clue as to why this could be true was also mentioned in the Tibetan book, where the claim was made that all postmortem visions, regardless of type, are actually projections from the mind of the participant. This implies that the next world may be structured by the subconscious mind, that mental imagery determines what is met after death. Also implied is that both heavenly and hellish scenarios might well represent part of the natural course of consciousness as it shifts from one state of awareness to another, and through numerous levels of existence.

Oddly, the realness of near-death experiences is not diminished by this claim, or others like it. The phenomenon becomes subjected instead to psychic rather than physical laws, which I believe accounts for the variation of details and descriptions from culture to culture.

During my own interviews of experiencers, for instance, I discovered little difference between heavenly and hellish near-death episodes in consideration of how elements unfolded in sequence. By that I mean the universal elements now identified as central to an NDE can and often do appear in both types and in the same basic sequence pattern: an out-of-body experience; passing through a dark tunnel or some kind of darkness; seeing a light ahead; entering into that light, and suddenly finding one’s self in another realm of existence usually replete with people, landscapes, and occasionally animals.

Even the fact that experiencers of hellish visions often travel in a downward direction (down “the tunnel” as opposed to up) does not distinguish one type from another, simply because many experiencers of the heavenly kind also report downward passage when in the tunnel. Hellish episodes can also include dialogue with beings on the other side of death along with glimpses of the life just lived, elements once thought to occur only in heaven-like cases. Both types are, in fact, a lot alike. Yet they do differ, through the specific details given, and through the interpretation of individual responses.

To help examine these differences, here is a comparison from my original study that examines the language experiencers used to describe what they encountered. Notice consistent settings and elements, yet obvious contrasts in detail:
**Heaven-Like Cases**

- friendly beings
- beautiful, lovely environments
- conversations and dialogue
- total acceptance and an overwhelming sensation of love
- a feeling of warmth and a sense of heaven

**Hell-Like Cases**

- lifeless or threatening apparitions
- barren or ugly expanses
- threats, screams, silence
- danger and the possibility of violence, torture
- a feeling of cold (or temperature extremes) and a sense of hell

Of the hell-like cases I have found, I have yet to come across an individual who reported a fiery hot or burning sensation during the experience itself, although I have spoken with researchers who have. If a sensation of temperature was felt, the majority in the study I conducted commented on how cold it was, or clammy, or shivery, or "icy hard." Also mentioned was the dullness of the light, even grayness, as if overcast, foggy, or somehow "heavy." Many experienced a bright light beckoning to them initially, but when they entered the light it promptly dimmed or darkened.

Invariably an attack of some kind would take place in hellish scenarios, or a shunning, and pain would be felt or surges of anxiety and fear. Any indifference to the individual's presence would be severe, as would the necessity of the experiencer to defend him- or herself and/or fight for the right to continued existence. Themes of good and evil, beings like angels and devils, I found commonplace, as well as hauntings once the individual revived. Examples of this are the numerous reports of a "devil" who physically manifests in broad daylight for the purpose of chasing the experiencer, supposedly to capture his or her soul, or to win "the battle." The manifestation of other threatening beings or creatures has also been claimed, quite similar to what was depicted in the movie *Flatliners* (Schumacher, 1990). Sometimes fearful scenes and sensations reoccur afterward, as when an experiencer is unexpectedly faced with the onslaught of some perceived cyclone, whirlpool, tidal wave, or perhaps an unchecked fall into a void.

Amazing as it may seem, I noticed that the same scene that one individual considers wonderfully positive another may declare negative or horrific. For instance, the light at the end of the tunnel can be terrifying to some while inviting to others, as can any voices or flashing lights experienced during states of darkness, even if nothing threatening is perceived from either the voices or the lights. Passing through a bright light into vast new landscapes can be an incredible
shock to an individual, especially if aspects of creation and worlds within worlds are seen, even if what is experienced in no way puts the individual at risk. Meeting a being composed entirely of light can seem a trick of the devil or a punishment of some kind, especially if the experiencer tends to be more fundamentalist in his or her religious viewpoints.

One woman who described for me a light ray she rode through the vast reaches of time and space was thrilled beyond words to have been granted such a privilege. Yet another woman, in recounting what seemed to me a similar light-ray experience, expressed a sense of horror and revulsion at what had happened to her. Then there was the man overjoyed to tears by the “loving” darkness he encountered after death, in stark contrast to several reports I had previously received from people who felt cursed to have experienced a darkness that somehow seemed “alive.”

Not one of the childhood experiencers I interviewed ever mentioned anything fearful or hell-like or threatening. Only the adults in my inquiry reported such stories. This puzzled me. Why would some adults describe the existence of a hell when children never did? Why would what appeared as episodes of equal content be labeled hell-like by one experiencer and heaven-like by another? And why would perfectly normal individuals who had lived what appeared as positive, constructive lives be scared witless by their near-death experience, while others with similar personalities and lifetime achievements be deliriously awestruck?

What made this dichotomy even more puzzling for me was a particular question and answer session held after a talk I had given in Williamsburg, Virginia. A man in the audience related his near-death story, one so positive and so inspiring it brought tears to the eyes of most of those attending. Yet, to everyone’s surprise, he went on to reveal how cursed he felt to have had such an experience and how difficult his life had been ever since it had happened. Then a woman jumped up and excitedly recounted her story. Even though her scenario centered on a life-or-death struggle in semidarkness at the edge of a whirlpool, while high winds and the presence of evil threatened, she was overjoyed to have experienced anything so inspiring and so revealing about how life really worked and how salvation is guaranteed by our own willingness to correct our own mistakes. Here were two people: one traumatized by a heaven-like experience, the other uplifted and transformed by a hellish one.

After the Williamsburg affair, I started asking more questions of more people, probing questions I later cross-checked whenever possible
with family members. Sometimes I used my own increased sensitivities to determine what track of questioning to pursue, and sometimes I used plain logic; for I, too, am a near-death survivor. Since apparently, at least from my study, one cannot ascertain heaven or hell by their appearance, my goal changed from focusing on the phenomenon to an investigation of what other factors I might have previously overlooked.

Thus far, this change of focus has enabled me to make the following observations, arranged by experience types and the psychological consistencies I noticed in each grouping. It is my hope that this new way to categorize near-death experiences, and the probability of a psychological profile for each type, will inspire other researchers to redesign their methodologies and pursue different approaches to the subject.

Four Types of Near-Death Experience

*Initial Experience ("Non-Experience")*

This type of NDE involves elements such as a loving nothingness or the living dark or a friendly voice. It is usually experienced by those who seem to need the least amount of evidence for proof of survival, or who need the least amount of shakeup in their lives. Often, this becomes a "seed" experience or an introduction to other ways of perceiving and recognizing reality.

*Unpleasant and/or Hell-Like Experience (Inner Cleansing and Self-Confrontation)*

This type of NDE involves an encounter with a bardo, limbo, or hellish purgatory, or scenes of a startling and unexpected indifference, or even "hauntings" from one's own past. It is usually experienced by those who seem to have deeply suppressed or repressed guilts, fears, and angers, and/or those who expect some kind of punishment or accountability after death.

*Pleasant and/or Heaven-Like Experience (Reassurance and Self-Validation)*

This type of NDE involves heaven-like scenarios of loving family reunions with those who have died previously, reassuring religious figures or light beings, validation that life counts, affirmative and
inspiring dialogue. It is usually experienced by those who most need to know how loved they are and how important life is and how every effort counts.

Transcendent Experience (Expansive Revelations, Alternate Realities)

This type of NDE involves exposure to otherworldly dimensions and scenes beyond the individual's frame of reference, and sometimes includes revelations of greater truths. It is usually experienced by those who are ready for a "mind-stretching" challenge, and/or who are most apt to use, to whatever degree, the truths that are revealed.

It has been my observation that all four of these types can occur during the same experience, exist in combinations, or be spread throughout a series of episodes for a particular individual. Generally, however, each represents a distinctive episode occurring but once to a given person.

When you keep a person's life in context with his or her brush with death, even a clinical death, you cannot help but recognize connections between the two, threads that seem to link what is met in dying with what that individual came to accept or reject about the depths of living. It is almost as if the phenomenon is a particular kind of growth event that allows for a "course correction," enabling the individual involved to focus on whatever is weak or missing in character development. With children, it is as if they receive advance instruction and/or have an opportunity to preview their lives.

In addition, what may seem negative or positive concerning any of the four types listed I found to be misleading, as value and meaning depend entirely on each person involved and his or her response to what happened during the near-death experience and its aftereffects.

Surprisingly, unpleasant or hell-like experiences really can be quite positive if individual experiencers are inspired to make significant changes in their lives because of them. But, pleasant or heaven-like experiences can be incredibly negative if individuals use them as an excuse to dominate or threaten others while engaged in self-righteous campaigns. Even heaven-like or transcendent experiences may be painful or hellish to an individual unfamiliar with the possibility of alternate realities or unwilling to have his or her worldview interrupted or challenged.

Furthermore, my listing of experience types read from top to bottom seems to parallel The Tibetan Book of the Dead (Evans-Wentz, 1957)
and passages therein that detail the various gateways to after-death existences, gateways identified as mental projections from the mind of the participant. But, if we are willing to reconsider the Tibetan claim and those made by other ancient traditions, the listing begins to suggest something else even more extraordinary.

What emerges is a brief panorama of what could be the natural movement of consciousness as it evolves through the human condition on a journey of awakening. This journey extends from the first stirring of something greater and an initial awareness, to confrontations with the bias of perception followed by opportunities to cleanse and start anew, then progressing to the bliss and the ecstasy of self-validation and the discovery of life's worth, until the moment comes when at last the unlimited realms of truth and wisdom are unveiled.

This panorama of awakening consciousness indicates to me that the NDE may be part of an ongoing process within the human species and not some isolated or separate event, a process of growth shifting individual souls from one stage of awareness to another and/or from one state of embodiment to another, a process literally encoded within our makeup since our very beginnings. When viewed in this manner, the phenomenon takes on the characteristic of a preparatory adjustment that the transition of death affords—either literal death, where physical form alters, or symbolic death, where life phases alter. This adjustment would enable human systems to ready themselves for the new demands soon to be placed upon them when present form or consciousness capacity changes, thus insuring some form of life continuance and the steady growth of conscious awareness.

In his book, Closer to the Light, pediatrician Melvin Morse wrote:

The near-death experience is the first psychological experience to be located within the brain. . . . By locating the area for NDEs within the brain, we have anatomy to back up the psychological experience. We know where the circuit board is. (Morse and Perry, 1990, p. 170)

I have reexamined a generation of scientific research into higher brain function and have found that the soul hypothesis explains many “unexplained” events. It explains out-of-body experiences, the sensation of leaving the body and accurately describing details outside of the body's field of view. Events such as floating out of the physical body and giving accurate details of one's own cardiac arrest—things a person couldn't see even if their eyes were open—are virtually impossible to explain if we do not believe in a consciousness separate from our bodies that could be called a soul. (Morse and Perry, 1990, p. 169)

It has been my experience that whatever we need to awaken the truth of our being will manifest when we need it. The way that
happens is basically the same for all of us because, on some fundamental level of existence beyond conscious recognition, we all share space on the same upward spiral of evolutionary development. Surely the NDE illustrates this truth.

Yet maybe not. Other researchers have noted that those who have pleasant and/or heaven-like episodes experience far more permanent life changes than those who undergo unpleasant or hellish versions. Why? Do hellish experiencers repress their aftereffects, or do they have aftereffects that differ from the others? This needs to be researched; so far it hasn’t been.

Once, when I was autographing copies of my book in a shopping mall, a man in his middle thirties stopped at my table, looked me straight in the eye, and with tight lips declared, “You’ve got to tell people about hell. There is one. I know. I’ve been there. All them experiencers on television telling their pretty stories about heaven—that’s not the way it is. There’s a hell, and people go there.” I could not calm this man or the piercing power of his words, nor could I inspire him to consider other ways of interpreting his experience. He was adamant and firm. To him hell was real and to be avoided, no matter what.

That’s what I’ve noticed with individuals like this man: either there is a special kind of fierceness about them, or an empty fear, or a puzzled indifference, or an unstated panic. If they show emotion at all, it is usually tears. Many feel betrayed by religion. Many resent the endless banter on television talk shows about “the Light,” all that warmth and love and joy exuded from those who seemed to have experienced heaven. When I would ask why they weren’t on television themselves telling their own stories, most would suddenly become quiet. Eventually I came to realize that they had spoken to no one else about what had happened to them. Most often they indicated feeling too ashamed or fearful or angry to talk about it; furthermore, the possibility of another’s judgment or criticism bothered them.

The tremendous popularity of the movies *Ghost* (Zucker, 1990) and *Flatliners* (Schumacher, 1990) has inspired a host of near-death survivors to surface and be counted, especially those who experienced hellish visions. I hope this openness continues. Although researchers in the field of near-death studies have made tremendous strides, there are still relatively untapped aspects of the experience that must be addressed if we are ever going to understand the phenomenon and its aftereffects. Anything less perpetuates a myth that serves no one.

Is there a hell? To one who thinks he or she has been there, the answer is yes. To a person like myself, who has studied what evidence exists and has conducted countless interviews, the answer is this: there
is more to the near-death experience than anyone currently knows. The phenomenon is vast in scope, its implications more important and more dynamic than most people are willing to admit. Heaven and hell may seem more conceptual than fact, but right now they are all we have to go on as we search further afield into what the mind and its mental imagery might reveal about the source of our being.

One fact is clear: people who experience an unpleasant and/or hell-like near-death experience must be welcomed by researchers and relieved of any trace of stigma or judgment. They have a lot to tell us, and we need to hear what they have to say.

References


Assessment of Clergy Knowledge and Attitudes Toward Near-Death Experiences

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ABSTRACT: The results of a questionnaire distributed to 2,722 clergy from Pennsylvania and Illinois (320 usable questionnaires returned) showed the respondents had limited knowledge of the near-death experience (NDE) but had a moderately positive attitude toward the subject. Using Nina Thornburg's (1988) Near-Death Phenomena Knowledge and Attitudes Questionnaire, respondents' mean score for knowledge questions was 7.8 out of 18, and mean score for attitudes questions was 49 out of 85. Approximately 98% of the clergy had heard of NDEs; 85% of the clergy had counseled parishioners who had had NDEs; nearly 40% had had personal contact with an experiencer; and 10% reported having had NDEs themselves. Respondents were most familiar with the near-death element of "peace," and with experiencers' greater appreciation for life and belief in an afterlife.
Despite the attention near-death experiences (NDEs) have recently received, many people still cannot relate to the concept of an NDE, and often the experiencer's claims are discounted. David Royse (1985) reported that it is not rare for near-death accounts to be reported to the clergy and it is understandable that clergy often would be directly accessible to near-death experiencers immediately following near-fatal encounters. Little has been done in the way of researching this population and literature is scant regarding knowledge and attitudes of clergy concerning this topic. According to Kenneth Ring (1982), individuals merely exposed to information about NDEs develop a diminished fear of death and the change is particularly evident when direct contact is made with a near-death experient. Unfortunately, however, a number of NDErs encounter depressive aftereffects due to a lack of sensitivity and understanding on the part of those individuals who work closely with them following an NDE (Ring, 1984). Obviously, the needs of many near-death experiencers often are not being met. Since clergy are a likely population to come in contact with near-death experiencers immediately following an NDE, it would be beneficial to investigate their knowledge and attitudes regarding this topic.

The purpose of the current investigation was to determine the knowledge and attitudes of clergy toward near-death phenomena. Secondary purposes of this study were (a) to determine how many of these clergy had been confronted by parishioners who claimed to have had an NDE, (b) to determine how many clergy have themselves undergone an NDE, and (c) to compare clergy knowledge of the NDE based on geographical location, religious denomination, educational background, and previous exposure to a friend or family member's NDE.

**Methods**

**Participants**

The population sampled for this study was drawn from a four-county area in Pennsylvania and a four-county area in Illinois. Using the Roper data bank, all counties in Illinois and Pennsylvania were analyzed considering population, median income, poverty level, unemployment, and percent urban income, agriculture, manufacturing, and labor force. Subsequently, two urban counties (Lake and DuPage) and two rural counties (Woodford and Iroquois) in Illinois were matched with two urban counties (Montgomery and Delaware) and two rural
counties (Snyder and Wayne) in Pennsylvania. Clergy of all denominations ($N = 2,722$) in each county were identified through the American Church List, Inc. All clergy members in the eight counties were invited to participate in the study.

**Instrument**

To determine the knowledge and attitudes of clergy toward near-death phenomena, Nina Thornburg's (1988) Near-Death Phenomena Knowledge and Attitudes Questionnaire was used. The pilot study used in developing this instrument elicited responses from a sample of convenience consisting of 20 registered nurses employed within the Intensive Care and Coronary Care Units of a large Midwestern medical center.

Thornburg used a panel of experts selected from nursing, sociology, and psychology in establishing the content validity of the instrument, and knowledge and attitude portions of the instrument were tested for internal consistency. Data were factor-analyzed to establish construct validity for the knowledge and attitude portions of the instrument. Only questions with a factor loading greater than .51 were retained. Likewise, Cronbach alpha reliability coefficients were obtained in determining internal consistency of each subscale obtained from factor analysis.

Factors and corresponding alpha coefficients for knowledge questions included knowledge of the NDE (.84), causes/correlates of the NDE (.77), concomitant events/activities associated with NDEs (.72), and knowledge about persons' perceptions (.72). Factors and alpha coefficients for questions regarding attitude toward NDEs included reporting NDEs (.90), factors influencing/affecting care (.70), psychological implications of NDEs (.80), and patient care activities surrounding NDEs (.73). Factors and alpha coefficients for questions regarding attitudes toward care of clients included importance of nurses' attitudes to patient care (.92), patients' perceptions of their NDEs (.76), and nurses' awareness of the effect of NDEs on patients (.70).

Minor modifications in the original instrument made it easier to code and more applicable to clergy. The first of these modifications included relabeling each set of questions by section for further clarification. Questions also were added that pertain to the subjects' exposure to near-death experiences among parishioners, subjects' exposure to close friends and family who have reported an NDE, subjects' active involvement in counseling parishioners, number of hours per week spent counseling parishioners, religious affiliation, and geographic loca-
tions. The modified instrument used in this study consisted of 7 general information questions, 18 cognitive questions, 17 affective questions, 15 professional questions, and 8 demographic questions.

General knowledge and information items included open-ended questions for additional clarification and questions requiring a "yes" or "no" response. Specific knowledge items were presented in a format requiring a "true," "false," or "undecided" response. Correct responses were given a numerical value of one, and incorrect or undecided responses were scored as zero.

Attitude questions were composed of positive and negative statements related to near-death phenomena and care of near-death experiencers as parishioners. Respondents chose from a range of responses including "strongly agree," "agree," "uncertain," "disagree," and "strongly disagree." Each response was given a number value of from one to five, with positive responses, as determined by Thornburg, scored so that an answer of "strongly agree" was assigned a value of five, and negative responses scored so that an answer of "strongly disagree" was assigned a value of one. Assignment of "correct" responses to knowledge questions, and "positive" and "negative" labels to attitude questions, followed the scoring procedure used by Thornburg in her original instrument (1988).

Data Collection

Permission was obtained from the Office of Protection of Human Subjects at The Pennsylvania State University to survey the selected sample population. The instrument was mailed to 2,722 clergy in the selected eight counties of Illinois and Pennsylvania. A cover letter, instrument, and self-addressed return envelope were provided for each participant. The cover letter explained the purpose of the study, the estimated time to complete the questionnaire, a requested deadline date, and instructions on returning the self-addressed stamped envelope and postcard. The participating subjects' names were not identified in any way, so confidentiality and anonymity were assured. The respondents were asked to write to the research team if they would like to obtain the results of the study. A reminder postcard was sent to subjects two weeks after the first mailing.

Analysis

Data were analyzed using the Statistical Analysis System (SAS). Measures of central tendency and variability were used to analyze normality of distribution of variables. A Pearson product-moment cor-
relation coefficient was used to analyze correlations between knowledge and attitudes toward the NDE, personal experience with the NDE, and exposure to others' experience with the NDE. Likewise, a Pearson product-moment correlation coefficient was used to analyze the correlation between total knowledge score and total attitude score. ANOVA with Duncan and Tukey t-tests were conducted to compare the relationship of knowledge and attitude toward the NDE and geographic location. Likewise, other factors such as gender, educational background, and religious denomination were considered.

Results

Respondents

A total of 320 usable questionnaires were received, for a response rate of 12%. Of the participating sample, 90% were males and 10% were females. The majority of respondents had earned a Master of Science degree (67%), 10% had earned a Bachelor of Science degree, 8% had a Doctor of Philosophy degree, and the remainder reported "other." Fifty-eight percent were from Pennsylvania, with 48% from urban areas and 10% from rural areas. Forty-two percent of the respondents were from Illinois with 33% representing urban counties and 9% representing rural counties.

Approximately 98% of the clergy surveyed had heard of near-death experiences and nearly 48% had counseled parishioners who had an NDE. Approximately 10% of the clergy surveyed reported having had an NDE. Clergy who indicated having had an NDE were asked to describe that experience in their own words. These descriptions were then compared to Raymond Moody's (1975) 15 elements constituting a "core" near-death experience. Of the 10% reporting an NDE, only 61% reported one or more of Moody's (1975) elements. Twenty-six percent reported at least one element, 16% reported at least two elements, 10% reported at least three or four elements, and 39% reported none of the elements.

Approximately 48% of the clergy surveyed reported that they had counseled parishioners who had an NDE and nearly 41% knew a close family member or friend who had an NDE. Nearly 47% of the clergy surveyed reported that they felt they should listen attentively to any NDE report and allow the parishioner to complete his or her story. Likewise, nearly 50% reported that they would attend an NDE program.
Factor Analysis

In the current investigation, a factor analysis of the Thornburg questionnaire was conducted to establish construct validity for the knowledge and attitudes portions of the instrument. Only questions with a factor loading greater than .40 were retained. Likewise, Cronbach alpha reliability coefficients were obtained in determining internal consistency of each subscale obtained from factor analysis. Factors and corresponding alpha coefficients for knowledge questions included characteristics of the near-death experiencer (.71) and descriptions of the NDE (.57). Factors and alpha coefficients for questions regarding attitude toward NDEs included importance of NDEs (.81) and psychological implications of NDEs (.68). All of these subscales showed acceptable levels of internal consistency.

Knowledge

The mean score for the total knowledge scale was 7.8 out of a possible 18, with a range from 0 to 15. Respondents were most knowledgeable about questions dealing with the NDE element of “peace,” survivor’s greater appreciation for life, and the powerful effect on the experiencer’s belief in an afterlife. In their written descriptions of NDEs, respondents identified an out-of-body experience most often. Respondents were least knowledgeable about questions dealing with the relationships between attempted suicide and the NDE and the relationships between illness and accidents and the NDE.

While the majority (98%) of clergy reported that they were familiar with the term NDE, many mentioned only one of the 15 elements described by Moody (1975) in their written description of NDEs. Considering the limited content of respondents’ written descriptions of NDEs and their mean knowledge score (7.8), it appears that although respondents were familiar with the term NDE, they may lack a comprehensive understanding of the topic.

There was a nonsignificant (0.13) trend suggesting an association between the total knowledge score and educational background. According to the Duncan test, there may be two groups that are distinct: "Other" and "B.S., M.S. or Ph.D." The mean total knowledge scores for clergy with a B.S. degree was 8.0, for an M.S. 7.7, for a Ph.D. 7.2, and for "other" 8.5. According to the Duncan test, when the score on the knowledge scale that dealt with characteristics of the NDEr was compared with educational background, a statistically nonsignificant (.13)
trend was noted. Those with a B.S. or "other" degree had the highest mean score (4.35 and 4.35), followed by those with an M.S. (3.88). Those with a Ph.D. had the lowest mean score (3.46). (See Table 1.)

A Pearson correlation coefficient for the total knowledge score and variables related to NDE indicated that total knowledge score was significantly related with having heard of the NDE ($r = .36$, $p = 0.0001$), having an NDE ($r = .23$, $p = 0.0001$), having counseled parishioners who had an NDE ($r = .21$, $p = 0.0002$), and having a friend or family member who had had an NDE ($r = .18$, $p = 0.004$).

**Attitudes**

The mean score for the total attitude scale was 49 out of a possible 85, with a range of 32 to 62. Higher scores represented more positive attitudes toward near-death phenomena.

For the attitude subscale dealing with importance of the NDE the Tukey test indicated a significant difference (.05) between the scores of males and females such that females had a more positive attitude (mean = 17.13) toward NDES than males (mean = 14.97). The Duncan and Tukey tests indicated a nonsignificant (.09) difference between females and males on the attitude subscale dealing with psychological implications of NDES such that females had a more positive attitude.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Mean Scores on NDE Knowledge and Attitudes</th>
<th>Scale Factors and Educational Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B.S. (n=31)</td>
<td>M.S. (n=205)</td>
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<tr>
<td>Knowledge factors:</td>
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<tr>
<td>Characteristics of NDErs</td>
<td>4.35</td>
<td>3.88</td>
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<tr>
<td>Description of the NDE</td>
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<td>3.77</td>
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<tr>
<td>Attitude factors:</td>
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<td></td>
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<tr>
<td>Importance of the NDE</td>
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<td>14.94</td>
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<tr>
<td>Psychological implications of the NDE</td>
<td>12.16</td>
<td>12.18</td>
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</tbody>
</table>
Table 2
Mean Scores on NDE Knowledge and Attitudes
Scale Factors and Gender

<table>
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<th></th>
<th>Male</th>
<th>Female</th>
<th>F</th>
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</thead>
<tbody>
<tr>
<td>Knowledge factors:</td>
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<td>Characteristics of NDErs</td>
<td>3.98</td>
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<td>Description of the NDE</td>
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<td>3.81</td>
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<tr>
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<td>14.97</td>
<td>17.13</td>
<td>0.05</td>
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<tr>
<td>Psychological implications of the NDE</td>
<td>12.15</td>
<td>12.68</td>
<td>0.09</td>
</tr>
</tbody>
</table>

Religious affiliation was significantly (.03) related to the attitude subscale that deals with importance of NDEs, with Eastern faiths scoring the most positive score (mean = 21), followed by "other" (mean = 16.11), Catholic (mean = 15.6), Protestant (mean = 15.12), Jewish (mean = 9.3), and Agnostic (mean = 5.0). (See Table 3.)

A positive correlation was found between knowledge scores and attitude scores of all respondents (r = .21, p = 0.0002).

Discussion

Based on the analysis of these data and the comments of the respondents, participating clergy demonstrated limited knowledge of the near-death experience; however, in general, they had a moderately positive attitude toward the subject. Data may have been influenced by confusion about the exact definition of "near-death experience." Many clergy described "near-death experience" in terms of any situation in which death may have been imminent versus the descriptive elements used by Moody (1975).

Based upon subjective comments, there was a wide range of feelings expressed toward the NDE. These comments ranged from curiosity and fright to fascination, doubt, questioning, and disinterest. Nevertheless, many clergy indicated an interest in obtaining more information about the NDE. Many respondents (47%) felt that they had a responsibility to parishioners to listen attentively to their accounts of the NDE and...
Table 3  
Mean Scores on NDE Knowledge and Attitudes Scale Factors and Religious Affiliation

<table>
<thead>
<tr>
<th></th>
<th>Protestant</th>
<th>Catholic</th>
<th>Jewish</th>
<th>Eastern faiths</th>
<th>agnostic</th>
<th>other</th>
<th>F</th>
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</thead>
<tbody>
<tr>
<td>Knowledge factors:</td>
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<td></td>
<td></td>
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<td>Characteristics of NDErs</td>
<td>4.00</td>
<td>4.04</td>
<td>3.00</td>
<td>5.00</td>
<td>5.00</td>
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<td>0.78</td>
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<tr>
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<td>4.00</td>
<td>0.71</td>
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<tr>
<td>Attitude factors:</td>
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<td></td>
</tr>
<tr>
<td>Importance of the NDE</td>
<td>15.12</td>
<td>15.56</td>
<td>9.33</td>
<td>21.00</td>
<td>5.00</td>
<td>16.11</td>
<td>0.03</td>
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<tr>
<td>Psychological implications of the NDE</td>
<td>12.15</td>
<td>12.48</td>
<td>11.00</td>
<td>9.00</td>
<td>9.00</td>
<td>12.54</td>
<td>0.00</td>
</tr>
</tbody>
</table>
nearly 50% of the clergy surveyed indicated that they would attend a program on the NDE. Royse (1985) reported that experiencers tend to become more religious after having a near-death experience. Royse (1985) also reported that although the majority of his clergy respondents felt that NDEs were not in conflict with Biblical teachings, only a quarter of them introduced the topic when counseling parishioners. This may suggest that pastoral counselors are hesitant to introduce the topic of NDEs. Royse (1985) indicated that pastoral counselors who are not open-minded on the subject of the NDE are likely to communicate this to parishioners by body language, remarks, or questions, and thus suppress the sharing of a highly significant event in the parishioners' lives. Quite often it is difficult for the NDErs to relate to others their perceptions and emotions about the NDE, perhaps out of fear of being thought crazy. Given both the frequency and the profound effects of NDEs, clergy need to attempt to learn more about the topic in order to help meet the NDEr's needs. Considering that an estimated eight million Americans have experienced NDEs, and in light of the fact that nearly 48% of the clergy surveyed in this study reported that they have counseled parishioners who have had an NDE, the potential for clergy exposure to the phenomena is high. Thus, the topic of NDEs should warrant educational involvement within the existing educational and professional preparation programs for clergy in all areas, including but not limited to program development, classes, workshops, and professional consultation. Integrating and "normalizing" the phenomena within existing educational and professional preparation programs may facilitate meeting the near-death experiencer's emotional needs.

References

Loving Help from the Other Side: A Mosaic of Some Near-Death, and Near-Death-Like, Experiences

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ABSTRACT: Persons who have Stage 5 or Transcendental near-death experiences frequently report they were given a message that they should be more loving and helpful to others upon returning to their bodies. On the other hand, some persons who have had near-death, or near-death-like, experiences report receiving loving help from "the other side." I propose that these reports are evidence that the other side "practices what it preaches."

In Heading Toward Omega, Kenneth Ring (1984) proposed his thesis that the transformations seen in near-death experiences are harbingers of a change in the consciousness of the human species. Based on a study of his 111 most robust "near-deathers," Ring suggested the future will be characterized by a more loving, harmonious way of being, as humanity moves towards Omega, or the end point of human evolution.

Having contacted or been contacted by 154 respondents at the time of this writing (of whom 126 are primary sources), I believe another thesis, or mosaic if you will, can be constructed from near-death, and near-death-like, experience data. As I was fitting together the "tiles" of this mosaic, a picture came into focus suggesting that some near-death, and near-death-like, experiencers receive loving help from the other side.

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The messages of “love” and “helping” are not new to those familiar with the near-death experience (NDE). It is not uncommon to hear Stage 5 (Ring, 1980) or Transcendental (Greyson, 1983) NDErs say that while they were in the Light, or in contact with the “Being of Light,” to use Raymond Moody’s phrase (Moody and Perry, 1988), they were given two primary messages: (1) to be a loving person, showing more compassion, acceptance, and tolerance for others; and (2) to be a helping person, giving selflessly to others (Sutherland, 1991).

One of my respondents, who was 37 at the time of her Stage 5/Transcendental NDE, was “told” the following by the Light:

This is your life, your chance.
Do something good for the world.
Love everything and everyone.
Be a peaceful person.

Here again, we see the messages of helping (“Do something good for the world”) and of love (“Love everything and everyone”) imparted to an NDEr by the Light.

However, while a number of NDErs have been told to be more loving and helping, others have in addition been the recipients of loving help from the other side. It is this latter thesis that I develop in the remainder of this paper.

I have called this a “mosaic” for several reasons. First, it is constructed not only from near-death experiences but also from near-death-like experiences: out-of-body experiences independent of NDEs, comas, dreams, visions, apparitions, and deathbed or predeath visions. Second, not unlike mosaic fragments discovered by an archeologist, my “mosaic,” too, is incomplete; some of the “tiles” are missing, but enough are now in place to see a pattern, albeit an incomplete one. Third, this mosaic is pieced together from a nonrandom sample, which, of course, may give us a distorted view, perhaps not unlike a fresco pushed out from an ancient wall that is no longer “in square.” Fourth, while enough tiles are now in place to put forth the thesis of “loving help from the other side,” I know as a researcher that more information could have been elicited from some of my respondents who, because of the exigency of time or the element of trust, only revealed just so much. I also know I would have liked to have received “tiles” from prospective respondents who never agreed to an interview; our mosaic would then have been even more detailed. Given the realities of doing this kind of research, I am painfully aware that my mosaic is incomplete.
Even so, our trowels have scraped away enough dirt and our brushes have swept away enough dust, and we have stepped back far enough from the fresco so that we can now see a beautiful, multicolored pattern of loving help from the other side emerge, perhaps well exemplified by the following two interconnected experiences:

Wendy (a pseudonym) is now 4 years old. When she was 3, she was dying from hydrocephalus. She had to have major brain surgery, from which she made a remarkable recovery, according to her mother. Wendy later told her grandmother, "See, I told you Jesus said He would heal my head." She had had an apparition of Jesus prior to the surgery.

Wendy's experience was related to me by her mother. The night before the surgery, her mother was quite distressed and distraught. She, too, saw an apparition of Jesus, who said, "Call my name, and I'll be there for you." Wendy's mother said Jesus, surrounded in white light, stayed with her the whole night long. The next day Wendy's surgery went just fine: loving help from the other side.

Adult NDEs

A total of 80 NDEs have been related to me by 66 persons, some of whom had multiple near-death experiences. Fifty-six respondents were primary sources; 8 were secondary sources; and 2 were both. Throughout this paper, unless otherwise specified, I will describe only the experiences of primary sources, drawing on those cases where loving help was received from the other side. It should be noted, however, that these comprise a minority of the cases. From the accounts I have collected, clearly not everyone was a recipient. In describing these cases, I use pseudonyms as above to protect my respondents' privacy and honor their desire for confidentiality.

At least 10 of my NDErs who had near-death experiences as adults received loving help from the other side. I will present a brief description of each case in an effort to piece together the tiles of this mosaic.

David at 35 or 36 years of age had his second NDE. At one point during his near-death experience, he encountered his deceased grandmother, to whom he had been very close when she was alive, smiling, her hands extended, welcoming him to a beautiful meadow. David said his grandmother is "a guardian angel for me."

Susan, at 33, and Donald, who was about 37, each encountered a group of friendly, kind, and smiling spirits during their respective
NDEs. Susan and Donald independently said these spirits were there “rooting” for them and for their well-being. Susan said she was totally loved by these spirits, who were sent for her benefit. They “told” her she would be fine. Donald said his group of spirits was “happy” to see him.

Kathy, the 37-year-old NDEr whose message from the Light I cited above, noticed a “figure” at the end of the operating table during the out-of-body phase of her NDE. While out of her body, Kathy was able to identify the various medical providers working on her, but not this “figure.” Later, she came to believe this figure was her “guardian angel.”

Rose nearly died due to an overdose of anesthetic administered by her dentist. She then experienced “a white figure” who came and stood beside her while she was in the dental chair. She said, “He took my hand.”

Carol had an NDE at 38 during a difficult delivery in which her uterus ruptured. Moving into a very bright, warm light, she asked, “Am I dying?” A voice responded, “No, I will not let you die.” At this point, she knew she was going to be fine and felt very protected. Shortly thereafter, she had a second NDE in which Jesus or God lifted her up and held her. She felt blanketed with love and safety. Her doctors later said they hadn’t expected her to live and that she had looked like “a gray lump” during her second close-to-death encounter.

Joan tried to kill herself when she was 27. She recalled screaming as she went into her NDE, “God, please let me know You forgive me before I die.” From a bright light came two big hands, and then a loving, gentle voice, which took away all of Joan’s fear, said, “Lift up your hands. I forgive you. I forgive you. I’ll give you a second chance.” Joan said God was love, compassion, kindness, total acceptance, and joy, and that He had a sense of humor and made her laugh. At one point during her NDE, she said, “I was silly, Lord,” and He laughed. When she held His hands, her pain left her.

Gina told me about her “quick recovery” from peritonitis, which had set in after a therapeutic abortion when she was 28. A “beautiful, beautiful golden white light” engulfed her during her NDE. She then felt “loved, warm, loving, and forgiven for the abortion.” She went home from the hospital a few days later, having quickly recovered from the peritonitis.

During her second NDE, Ann, who was 20 at the time, was also encapsulated in a bright light. She had collapsed from acute hemorrhagic pancreatitis and wasn’t expected by her doctors to live. But she went home within a week of her NDE. She said her doctor had never
seen such rapid healing; he was astounded, given how very ill she had been.

At 30, Gary reported, he had been suffering from high blood pressure, uremic poisoning, fluid in both lungs, cardiac tamponade, and endocarditis. While on hemodialysis, he saw his “retinas explode into the vitreous.” He then collapsed, calling out, “Help me; please help me.” From there, he went into an NDE in which, he said, “Now I could see everything.” He encountered a white-yellow light that he knew was God. Three days after his NDE, he had a vision in which he begged God to take him back to “heaven” where he had felt “absolute unconditional feelings of love.” A voice said, “Gary, you have more work to do.”

He then saw two gigantic cupped hands, and he placed himself in those two hands and said, “OK, let’s go.” On the fourth day, he was assessed by his physicians, who were awed by his improved state of health. He reported, “The fluids were gone [from my lungs], the [pericardial] sac was OK, my blood pressure was down. My heart murmur was gone.” Because of his encounter with God, Gary does not consider his blindness a disability. At age 46, he believes he is now able to “see into one’s soul” as a result of his NDE.

Retrospective Childhood NDEs

I have collected 28 accounts of childhood NDEs related by 26 adults reporting retrospectively about their NDEs as minors. Twenty-five of these adults are primary sources. At least 2 of these respondents were recipients of loving help from the other side in their childhood NDEs.

When Eric was 5, he fell into the murky water between a barge and a tug boat. He said he did not know how to swim. Suddenly, a “shaft” (his word) of white light covered his body vertically, and a reassuring, calming, encouraging male voice said, “Climb up the stairs; climb up the stairs.” Eric said, “It was as though [the shaft of white light] was there for me to climb.” The light extended to the water’s surface. Eric went on to say that as a child he had never climbed a ladder, so the message to climb stairs made sense to him.

Penny (about whom I have written elsewhere) had an NDE sometime between the ages of 10 and 12 (Serdahely, 1987–88). Her NDE was precipitated by the sexual and physical abuse perpetrated by her father to the point she thought she might well die from his actions. As Penny’s NDE unfolded, she found herself being held and embraced by a “beautiful lady” with a gentle, compassionate voice. In Penny’s mind, this graceful, gentle female spirit was clearly there to provide comfort
and support for her and that this female spirit would be there for any suffering or "helpless" (Penny's word) child: loving help from the other side.

**Contemporary Pediatric NDEs**

I have collected 12 pediatric NDEs where the young person described his or her near-death experience while still a minor. Five of these cases came from primary sources, and 7 were from secondary sources. I have at least 4 examples of the "loving help" mosaic from this group. I will briefly describe 3 pediatric NDEs, all of which are from primary sources.

When Pat was 7, during his NDE he was met in a dark tunnel by his two deceased pets (Serdahely, 1989-90). No other loved ones close to him had died at the time of his close-to-death encounter. His deceased pets seemed to reassure and comfort him by being there with him, licking his hand, and being petted by him. They also sent him back to his body, after his dog licked Pat's face.

Amber, at age 10, was recovering from spinal surgery in an intensive care unit when her heart and breathing stopped. She was clinically dead for approximately 30 seconds. During her NDE, she found herself "in a dark place" where a "gentle," "loving" white lamb appeared to her. The lamb came close to her and then ran away, after which she regained consciousness. As with Pat, the previous pediatric NDEr, Amber also had no loved ones close to her who were deceased; however, she is "an animal lover" (Serdahely, 1990a). It appears that for both Pat and Amber loving help came to them in the form of animal spirits.

Mike, having fallen from a high diving board onto the concrete below when he was 4, found himself surrounded by a shaft of bright, warm, yellow light. He felt a warm hand on his shoulder, and a comforting, loving male voice gave him the choice of staying or going back (Serdahely, 1990b). Mike said he didn't turn around to see who was "speaking" to him, but he said the male was like his friend who wouldn't hurt him. Mike said the male may have been Jesus.

**Out-of-Body Experiences (OBEs)**

Twelve people, all primary sources, reported OBEs not associated with NDEs, clinical death, or dreams. Some of these respondents had multiple OBEs over a period of time, precipitated by meditation, by getting hurt or being in pain, or by trances.
When Lois was about 23, she went into a trance and found herself in "an all-light filled space" with an even brighter light in the center. Feeling "total peace, total love, and a contentment so great I felt relief," she then encountered a "light-being," her "long-lost friend" and mentor, Jane, who had died 9 years previously. Jane said, "Isn't it beautiful here?" over and over again. Later, Lois wrote to me saying that her OBE and encounter with Jane "instilled a knowledge of life everlasting and at the same time caused me to become a diligent searcher of greater knowing." Lois went on to say she was "extremely attached" to Jane. At the very time Jane died from being electrocuted, Lois was some 150 miles away; she wrote, "[I was] thrown to the ground in agony and felt as if I was being jolted out of myself."

Rhoda, at about age 3, found herself being sexually molested and physically abused by an uncle, with nowhere to go and no one to come to her aid. Her mother was in the hospital about to deliver a baby, accompanied by her father. While not having an NDE per se, as she wasn’t nearly killed in this instance, she suddenly found herself out of her body. As she moved into a darkness, a comforting but firm voice told her she must go back. She did go back but not all the way back to her body. Rhoda remained floating in the darkness. Then a bright intense white and yellow light of total comfort surrounded her, and Mary appeared. Mary told Rhoda in a motherly, loving way that she had to go back, but that Mary would be with her; she wouldn’t be alone. Mary reached out with Her hands taking Rhoda by her right hand. Mary embraced Rhoda, and she was immediately back in her body. Then a beam of that same bright light shone down, blinding Rhoda and preventing her from seeing the abuse being perpetrated on her: loving help from the other side.

Dreams

I have collected 48 dreams from 28 people, 18 of whom are primary sources, 7 secondary sources, and 3 both. These dreams have death-related content to them, and a number sound very similar to NDEs or sound as if the experiencers were having OBEs during the sleep state.

John was about 28 at the time of a diagnosis of a terminal brain cancer; his medical providers gave him about 3 months to live. He lived for 18 months after the diagnosis. I heard about his dream from his wife before he died and told her I thought John would die soon after that dream; he died about 1½ weeks later.

John dreamed he went to a place with a white hedge. On the other side of the hedge were many people with friendly faces, reminiscent of
Susan and Donald above who encountered a group of friendly spirits "rooting" for them. One of these people was John's deceased cousin, who waved and nodded her head to beckon him to come across. John's wife wrote to me saying, "When [John] woke up he was very excited about his dream and from that point on, seemed to almost look forward to dying." I suggest he was a recipient of loving help from the other side, which allowed this man, who held on for so long, to pass over peacefully.

Lauren wrote to me saying, "As a result of the emotional battering [from her parents and teachers] I often wondered if I was loved, or even wanted. At approximately [age 10], the question of 'Am I loved by anyone?' became very intense with me. One night I had a 'dream.' " (Lauren put the word "dream" in quotation marks in her letter.) In her "dream," she had gone through a very dark door into a beautiful place with "perfect" flowers and grass and "perfect" colors. There was a clear, beautiful stream and an "unexplainable perfect blue" sky. Jesus took her hand, and they walked to a bridge of "perfect" white color, which spanned the stream. This place was infused with a warm, loving light "like the sun; however there was no sun as we know it." At this point, Lauren felt a very intense love. "I knew then that someone loved and truly cared for me." At the crest of the bridge, Jesus said, "No, you must go back now. It's not your time to be here yet." As Lauren started to cross that "perfect" lawn to go back, everything went black, and she woke up from the dream. When Lauren told her parents about the "dream" and that she believed it really happened to her, her parents told her to "stop imagining such things." Readers may be struck with the remarkable similarity of Lauren's "dream" to an NDE. I believe she had an out-of-body experience during the sleep state.

A number of other people have told me about their dreams that, I suggest, provided them with loving help from the other side. I will briefly summarize some of these dreams here.

Sarah's recently deceased father came to her in a dream to tell her he loved her before he had to go "to another place." Jill's recently deceased husband came to her in a dream to say that he was fine and that she and the three children would be fine, too.

Jeremy's 7 year old son, upon awakening one morning, already knew his grandmother had died that previous night before being told by his parents. The boy had a dream of his grandmother who had smiled at him, perhaps her way of saying "goodbye" to her grandson.

Stuart, suffering from quadriplegia from birth and confined to a severely contracted body, reported having several dreams in which he floated out of his body and over the city in which he resides, to be embraced and held by Jesus (Serdahely and Walker, 1990b).
Visions

Seven visions were related to me by 7 people. Four were primary sources, and 3 were secondary sources. For the purposes of this paper, I define a vision as a scene witnessed or perceived while awake. While visions are very similar to apparitions, the 7 visions in my files had more content to them than only seeing a spirit or person, which I differentiate as an apparition. These 7 visions are further differentiated from deathbed visions, or predeath visions, in that the former were perceived by people who were not dying or terminally ill.

Doug's vision is a good example of receiving loving help from the other side. At 22, he was devastated by the suicide of his father, whom he loved very much. Doug was distraught for months following his father's death. He met with me on a weekly basis, often sharing his confusion and his anger about the suicide. Then one day he told me about a recent vision he had had. He had been making a drive he had made many times before, and became mesmerized by the repetition. Suddenly, he "felt" a tap on his shoulder and when he "turned around," he "saw" his dad, whose arms were extended to give him a hug. When Doug and I talked about his vision, I said I thought the message was that his father was still "in touch" with him even though he was dead. Doug's dreams of his father gave additional messages to the effect that Doug should get on with his life, and that his father was fine.

Apparitions

Twenty apparitions reported by 15 people are in my files. Eight of these respondents are primary sources, 6 secondary, and 1 is both a primary and a secondary source. As mentioned in the previous section, an apparition, as I define it in this paper, is similar to a vision but with an apparition the respondent perceives only a figure or figures without a scene of some sort unfolding.

Nancy, at 28 or 29, went to the funeral of an uncle. She touched his "stone cold body" and shortly thereafter she saw an apparition of him. He said, "Don't be alarmed. It's not me. I'm just fine."

At age 11, Gloria's cousin, who died quite suddenly in an auto accident, appeared at the foot of her bed. Gloria dearly loved her older cousin and felt very close to her when she was alive, the two of them having often shared many activities. Gloria told me she thought her cousin's appearance was her way of saying "goodbye" to her, as there was no time to do so due to the unexpectedness of the accident.
Paula perceived apparitions of 3 children by her bed one day. She had had 3 abortions over the years due to relationship problems and had become quite depressed about "killing" (her word) her children. She had spent the previous several days in bed feeling depressed and guilty about the abortions. The 3 children apparitions told her they "forgave" her for what she did. After perceiving these apparitions, her guilt was relieved, and she was freed to get on with her life.

When Anita was 18, and 7 months pregnant, her husband said that if the baby was a girl, he wouldn't bring Anita and the baby home from the hospital, a thought that was weighing heavily on Anita's mind. Then one morning at 2:00, she saw the figure of a man at the foot of her bed. She could see right through him. He gave off a white light, which filled the room. He had no reflection in a mirror positioned directly behind him. He telepathically told Anita the baby would be fine, she would have a boy, and she should not worry. (At this point in our interview, Anita cried.) The message from this male apparition brought great relief and peace to her, and then he was just gone. "It was real; it happened," she told me.

Deathbed Visions

I have collected 15 deathbed visions, or predeath visions, reported by 11 people, all of whom are secondary sources. As with the other paranormal events described above, deathbed visions may provide the experiencer with loving help from the other side.

Karen's great-grandmother was dying and was very concerned about her affairs not being in order. A female "angel" (her word) appeared to this woman telling her, "Don't worry. Everything will be fine." The next day, Karen's great-grandmother died.

Bhola's wife had been in an extended coma, and the local hospice organization had provided nurses and volunteers to assist this woman and her family, who happened to be Hindus from India. One evening surrounded by her husband, son, and daughter, this woman, who had not stirred for a week while comatose, suddenly sat up, looked at the ceiling, extended her arms, and died. It would appear that she had had a deathbed vision that helped her make the transition.

A hospice nurse recently told me about a dying older male patient for whom she was caring. He had had several visions of deceased people from his past prior to a very restless night. That morning he was very alert and wanted cornflakes for breakfast. Soon after that, he sat up and looked past his sons. His eyes became huge and "trance-like,"
according to the hospice nurse. He said, "Let's go. It's Jesus. Let's go." He died 45 minutes later.

**Comas**

Seven comas were reported to me by 6 people. In the coma cases referred to in this section of the paper, the coma was the central feature described, even though the coma in some instances may have been a part of an NDE. Four comas come from secondary sources, 1 from a primary source (which I will cite below), and 1 from both.

Marcia was 12 at the time her horse rolled over her. She immediately went into a coma. She was then shuttled to 7 different hospitals because "[none] of the hospitals wanted to keep me because I was in a deep coma and not expected to live." Finally, a small private hospital accepted her.

Marcia went on to write that she was in a coma for approximately 10 days. She recalled having, when she regained consciousness, a "peaceful feeling that overtook me." She developed "a profound sense of purpose" after leaving the hospital, and she no longer feared death, similar to the transformations reported by NDErs.

While Marcia never saw anyone during her coma, she did say, "I do remember feeling someone always near me and I trusted them": loving help from the other side. Marcia added that at 30, her age at the time of her writing to me, she "still feels this presence when I am feeling desperate over things I cannot control."

**Healing Experiences**

I have collected 15 healing experiences reported by 15 people, 10 of whom are primary sources and 5 secondary sources. I will cite one final primary source to make the case that in a variety of circumstances some people may be the recipients of loving help from the other side.

Peter was 27 when he was about to undergo a fourth operation to remove an abscess between his diaphragm and his liver. He wrote, "The abscess prohibited taking a full breath into my lungs." Prior to the operation, he said he was "laying on my back on a freezing table when I felt a warm hand on my shoulder and a voice said, 'Don't worry, everything will be OK.' At this point I felt relief and could take a full breath without pain." Peter went on to say that later he "learned that the abscess, which had been located with a CAT scan, had disappeared."
There was no sign of infection in my lower GI area.” Peter strongly believed that it was Jesus whom he heard and who touched him, and that Jesus healed him.

Conclusion

Clearly not every NDEr or person with an NDE-like experience received help from the other side; a minority of such cases emerged from my 154 respondents. However, enough “tiles” are in place that I begin to see a mosaic of loving help, whether the person had an NDE, an OBE, a dream, a vision, an apparition, a deathbed vision, a coma, or in Peter’s case above, a clairaudient experience.

Stage 5 NDErs, having had the most robust experience, say that what they learned during their NDEs was the importance of love and loving others, often phrased as unconditional love; and helping others, often said to be a mission or a purpose yet to be fulfilled. And, yet, as the above cases suggest, the other side, if you will, “practices what it preaches”: loving help from the other side was given to a number of the respondents in my files, whether that came in the form of a warm hand; a gentle, comforting voice; a loving light; the appearance of an apparition; or the embrace of a spirit. A mosaic has emerged to suggest some experiencers are recipients of loving help from the other side.

References


Letters to the Editor

Near-Death Experiences
and the Pursuit of the Ideal Society

To the Editor:

Allan Kellehear (1991) has contributed a most useful study of what might be called "the sociology of heaven." His description of the transcendent society, using elements of J.C. Davis's typology, was excellent. He delineated it in broad strokes, showing both the social structure and psychological motivation behind its outward form, and giving its sociocultural relevance for humanity.

Kellehear did not consider the question "Is it real?" Yet that question is fundamental to the issue of sociocultural relevance. He asked, "Do these visions and values of the Good Life bespeak a renewed desire for some lost arcadia or golden age? Or do these visions in the final moments of consciousness reveal, at death's door, a final yearning for utopia?" Both questions presume a psychological origin in the human mind of the ideal-society concept. However, I do not think the answer is simply "either/or"; I think it is "both/and." The "and" is this, stated as still another question: "Or are they clear perceptions of another realm transcendent to physical reality?"

For me, the last question is rhetorical. Yes, near-death visions of the ideal society are clear perceptions into a transcendent, metaphysical realm that is senior to our familiar three-dimensional space/time reality and that, in the great chain of being, influences and guides our development in the physical realm. Call it the shaman's imaginal world, Plato's world of Ideas, or the yogic model of reality. Call it Judeo-Christianity's heavens, Hinduism-Buddhism's Iokas, Taoism's World of the Immortals, Islam's Garden of Paradise, or the Native Americans' Happy Hunting Ground. Whatever the name, the universality of the notion of reality as multileveled, with various planes of being affecting those "below" them, is what makes sense of near-death visions of a transcendent society.
All the world’s great religions, sacred traditions, hermetic philosophies, and mystery schools agree that the senior realms—collectively, the metaphysical world—have beings who are native to those realms and who interact with humanity in some way. Some apparently are malevolent, but the benevolent ones whom near-death experiencers perceive as beings of light are the most notable for our concerns here. Although their social organization is not entirely clear in all details given by the sources I just named, it is clear that they are models for human aspirations of spiritual growth.

Call them angels and archangels, as in Judaism, Christianity, and Islam; call them devas, as in Hinduism and Buddhism; call them ascended masters in their solar bodies, as in the mystery schools; call them cloudwalkers, as in Taoism; call them those who have attained the resurrection body and the company of saints, as in Christianity—these beings present themselves to us in ways that appeal to our deepest nature and that urge us to externalize that nature in every aspect of our existence, including relationships and social organization. They are, as Kellehear wrote about the transcendent society, “an order that exists beyond, but alongside our own.”

However, it appears that the “membrane” dividing that realm of nature and its inhabitants is permeable in a two-way fashion. Near-death experiencers penetrate it spontaneously through nearly dying, but psychics, mediums, shamans, and seers such as Emanuel Swedenborg and Rudolf Steiner penetrate it in controlled fashion at will. And those who die biologically often report penetrating it in their final moments, as Karlis Osis and Erlendur Haraldsson showed in their important study, At the Hour of Death (Osis and Haraldsson, 1977).

Osis and Haraldsson presented findings from interviews with more than a thousand doctors and nurses in America and India, two widely diverse cultures, who reported strikingly similar perceptions by the dying. Those deathbed visions included, as I reported in A Practical Guide to Death and Dying (White, 1980), apparitions of human and nonhuman figures such as Jesus and Krishna and scenes or landscapes of nonearthly nature. As Osis said to me, “The experiences of the dying are basically the same, regardless of culture, education, sex or belief system, and their experiences cluster around something that makes sense in terms of survival after death, and a social structure to that afterlife” (White, 1980, p. 17).

“As above, so below” is a metaphysical axiom. Christianity preaches the Kingdom of Heaven on Earth, Tibetan Buddhism has its Sham-bhala, and other traditions have their images of human perfection. But these images are not simply “all in the mind” as conventional psychol-
ogy would have it—that is, fantasy, wish fulfillment, and projection. Rather, as esoteric/transpersonal psychology would have it, there is only one great Mind, and what we experience as most deeply personal is actually universal. So in that sense, yes, it is all in the mind, but only because the deepest layers of the human mind are coterminous with the ultimate structure of the cosmos.

Therefore, the pursuit of the ideal society is a perennial project for humanity and will be until our evolution has brought us back to godhead—the same godhead that began the cosmic drama of our evolutionary unfoldment and that, paradoxically, we are/have been all along without recognizing it. Insofar as near-death experiences awaken us to our true identity, the acronym NDE could be said to stand for "Nearly Done with Evolution."

References


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To the Editor:

Allan Kellehear (1991) has asked whether social images of a transcendent ideal society, as defined by near-death experience (NDE) accounts, might prompt or inspire changes in social values. If they do, Kellehear explained, it would be important to know why. He called NDE accounts the most current chapter in a lengthy search for social ideas about living harmoniously. Has Kellehear opened up a critical chapter in a continuing search for what makes societies operate?

I read his article not with delight in another chance to argue the probability of truth or untruth in these queer tales, but with concern
that these stories tell us more than we admit to hearing. Even though his article did not explain how or why NDErs end up on their journeys, I nevertheless found myself understanding how changing societies first inspire and then require from their participants the reevaluation and redefinition of individual and social images. I saw that NDErs explore and reevaluate social and personal identity in order to prompt new images that represent new identities. When societies change, identities change, and so do the individual and social images.

In my anthropological fieldwork I come upon "traditional knowledge" or folklore that acts upon a social group and assists them with change. My favorite example is a legendary and historical account of the origin of a group of Central Americans. This particular legend belongs in the repertoire of a native Mesoamerican people who used it to recount their creation and simultaneously teach themselves individual and social change. Both lessons were incorporated into a legend about dying.

In the story, they came from death at some undetermined date, and said they were going to their "new" death; so that the 16th-century written version of this oral narrative established where the people were going by telling where they had come. Spelling out their "roots," these native Americans explained a footing, so to speak, laid down during the execution and death of a captured child. Led by their "First Ancestor," the warriors who performed the sacrifice of the child, together with the child, had to overcome a fear of death. As the document proceeded, it became clear that the sacrifice was a ritualized enactment of the process that permitted everyone to access the "secrets," "magic," and "power."

The process is what enabled their culture to grow; the ritual was enacted each year at the time of the planting of their crops as a reminder to the people of the process of engenderment. Today most of the descendants are unaware of the chronicle that the Spanish clergy helped their ancestors to write, though they continue to inhabit the same geographical area fearlessly vulnerable to a political power out of their control. Nonetheless, they live their lives according to the age-old sense-making process reenacted in various ways, including the telling of new legends.

Kellehear's point, it seems to me, was that as much as these NDEs are like fairy tales for children, they are nonetheless deadly serious. Dying is being used to set individual and social records straight. Kellehear's point was also the point of a directional. We orient ourselves within accounts of NDEs and Creation myths. Constantly having to take readings of our horizon to know where we are, we watch for
the new rise of an old star, much the same as ancient Mesoamericans awaited the cyclical rise of Venus, which was believed to die and then be reborn. Today with new sightings come updated images of who we think we are, dealing with our problems, overcoming, as Kellehear wrote, the contradictions associated with the worlds of spirit, culture, and nature.

"Popular imagination" reorients us to knowledge about ourselves. Dreams and schemes, legends and tales, ideas, resourcefulness, creativity, and whims guised as an elder's dialogue, a midwife's healing, a shaman's antics, a root doctor's cure, a farmer's calendrics, a mother's intuition, a brother's love, a dying child's dream, or a cardiac patient's flawless memory, as I see it, are examples of "traditional knowledge." NDEs, like Creation myths with roots in death, as far as I can tell, are ingenious "set-ups," profound bits of folklore by which we make sense of our world, our societies, and ourselves. Kellehear has pointed us in a direction; it would be interesting to proceed.

References


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To the Editor:

Since the early days of near-death studies, attempts to uncover the meaning and implications of near-death experiences (NDEs) have had a markedly individualistic bias. Researchers have focused on the subjective content of the NDE, its personal transforming effects, and, in some cases, its status as evidence for individual survival of death. Underlying these studies one can often detect an atomistic and essentialist model of what it means to be a self. Because we are so pervasively influenced by this model, we are predisposed not to notice the social character of near-death reports.
Allan Kellehear’s "Near-Death Experiences and the Pursuit of the Ideal Society" (1991) offered a welcome corrective to our individualistic bias. At first it might seem strange to think of NDEs as having a social or political dimension. Compared to the utopian visions of Emanuel Swedenborg, or of the 19th- and early 20th-century spiritualists, contemporary accounts of NDEs would seem to have little to tell us about social organization. After reading Allan Kellehear’s article, however, I was persuaded that near-death reports do offer a vision of an ideal society, and that a sociologist’s perspective can deepen our appreciation of the ultimate meaning of the NDE.

Kellehear introduced us to an illuminating typology of ideal societies: the sensualist’s land of cockaygne, the romantic’s arcadia, the puritan’s moral commonwealth, the apocalypticist’s millenial kingdom, and the reformer’s utopia. Each of these models has something to teach us about our own fundamental values, values that are imbedded both in near-death visions and in near-death research.

Is the ideal society a place of work, idle pleasure, or contemplative beatitude? Is it a society based on law, or on spontaneous fulfillment of human nature? Is it an egalitarian society, or a highly stratified one? Does it center on family life, or does it transcend the structures of marriage and family? By comparing near-death reports to traditional models of the ideal society, Kellehear has put these questions into sharp relief.

I readily concede that, like other investigators, I have underestimated the social relevance of the NDE, and I thank Kellehear for bringing this to our attention in a manner that was mercifully free of the naive reductionism that often accompanies sociological interpretations of religious and visionary experience. Without seeking to deprive individual NDErs of their right to believe in their own experiences, Kellehear has provided a promising new vantage point from which to appreciate the many ways in which NDEs can be meaningful.

References


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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 1/2 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.