Guest Editorial: Paradise is Paradise: Reflections on Psychedelic Drugs, Mystical Experience and the Near-Death Experience • Kenneth Ring, Ph.D.

Helping at the Edges of Life: Perspectives of a Psychedelic Therapist • Richard Yensen, Ph.D.

Near-Death Experiences and Self-Transformation • John Pennachio, Ph.D.

The Incidence of Out-Of-Body Experiences in Hospitalized Patients • Melodie Olson, R.N., Ph.D.

An Israeli Account of a Near-Death Experience: A Case Study of Cultural Dissonance • Henry Abramovitch, Ph.D.

Volume 6, Number 3, Spring 1988
Journal of Near-Death Studies

Volume 6, Number 3, Spring 1988

Editor's Foreword 137
Bruce Greyson, M.D.

Guest Editorial: Paradise is Paradise: Reflections on Psychedelic Drugs, Mystical Experience and the Near-Death Experience
Kenneth Ring, Ph.D.

Helping at the Edges of Life: Perspectives of a Psychedelic Therapist
Richard Yensen, Ph.D.

Near-Death Experiences and Self-Transformation
John Pennachio, Ph.D.

The Incidence of Out-of-Body Experiences in Hospitalized Patients
Melodie Olson, R.N., Ph.D.

An Israeli Account of a Near-Death Experience: A Case Study of Cultural Dissonance
Henry Abramovitch, Ph.D.

Book Review:
With the Eyes of the Mind: An Empirical Analysis of Out-Of-Body States by Glen O. Gabbard and Stuart W. Twemlow

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

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

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

SUBSCRIPTIONS are on an academic year basis: $76.00 per volume for institutions and $30.00 for individuals. Prices slightly higher outside the U.S. ADVERTISING and subscription inquiries should be made to the business office: Human Sciences Press, Inc., 72 Fifth Avenue, New York, NY 10011-8004. (212) 243-6000.


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


POSTMASTER: Send changes of address and return journals if undeliverable to: The Journal of Near-Death Studies, Human Sciences Press, Inc., 72 Fifth Avenue, New York, NY 10011-8004. Please return entire journal—do not remove cover.
Editor's Foreword

Apparent similarities between near-death experiences and drug-induced altered states of consciousness continue to be a source of controversy. While reductionists argue that those similarities negate the meaning and value of NDEs, other clinicians and researchers see in those similarities hope for the therapeutic and transformative potential of certain drugs.

This issue of the Journal begins with two views of psychedelically-induced transformation. Social psychologist and consciousness researcher Kenneth Ring's Guest Editorial reviews the evidence that drugs can induce a genuine, positive, life-enhancing mystical experience; while clinical psychologist Richard Yensen presents a detailed report of psychotherapy with a dying patient, in which a psychedelic drug was used to facilitate a life review.

Further clinical aspects of near-death and out-of-body experiences are explored in psychologist John Pennacchio's account of a client's progressive transformation through three NDEs; in nursing professor Melodie Olson's study of out-of-body experiences in hospitalized patients; and in a review of *With the Eyes of the Mind*, the provocative clinical and theoretical book by psychiatrists Glen Gabbard and Stuart Twemlow.

This issue also contains two cross-cultural studies: an analysis by Israeli psychologist Henry Abramovitch of the cultural dissonance following an NDE, and a survey by researcher Keith Basterfield of Australian NDEs.

On a complementary note, this issue includes a Letter to the Editor announcing the establishment of the University of Connecticut Foundation's Near-Death Studies Fund, a resource that may prove to be a critical milestone in the institutional recognition and support of near-death research.

*Bruce Greyson, M.D.*

*Editor*
Guest Editorial: Paradise is Paradise: Reflections on Psychedelic Drugs, Mystical Experience, and The Near-Death Experience

Kenneth Ring, Ph.D.
Department of Psychology, University of Connecticut

Not long ago, I invited students in one of my undergraduate courses to participate in a simple experiment. "I'm going to mention a word," I said, "and I want you to write down a number from -5 to +5 in response to that word. The number you choose should reflect your gut feeling about this word. If you feel favorable toward it, choose some positive integer; if you feel unfavorable, choose a negative integer; if you feel neutral, use zero." I paused, then said, "The word is 'drugs.'"

Not surprisingly, the ratings my students provided me with were preponderantly negative, many quite so. This was the case despite the fact that the course I was teaching dealt with such topics as altered states of consciousness, near-death experiences (NDEs), and Eastern philosophies, and, as such, might be expected to attract students who would be more open to drug experimentation than most. Nevertheless, these students, as a whole, had strong negative associations to drugs.

I undertook this little exercise to sensitize the students to their existing attitudes that might serve as an emotional filter to screen out information about the apparent therapeutic value of using psychedelic drugs with the dying. The point of my relating this story here, however, is a more general one: when we read the word "drugs" most of us hear an alarm go off inside us that translates somewhere in the range between "caution" and "danger."

Dr. Ring is Professor of Psychology at the University of Connecticut. Requests for reprints should be sent to Dr. Ring at the Department of Psychology, University of Connecticut, Storrs, CT 06268.
For those of us who are said to be in "our middle years," our alarm bell may be triggered by associations to the psychedelic counter-culture of the '60s with its sensationalism, hysteria and ultimate self-destructiveness. But no matter what age we are, we hardly lack contemporary reminders to set off our warning bells. A few years ago, for example, the specter of junkies stalking the streets of our major cities in search of victims to assault and rob was frequently suggested in our media and political oratory. These days, it is more likely to be the latest sports scandal involving the use of cocaine by professional athletes or perhaps a news item reporting Nancy Reagan's efforts to prevent drug abuse. In any event, the message comes to us in a thousand ways and can be expressed through the simple declaration (with minor variants): drugs are bad (evil, immoral, etc.).

I am not denying that many drugs are justifiably so condemned. Heroin is unquestionably a menace to its users and society; cocaine, in my view, is likewise a vicious and dangerous substance and its apparent increasing abuse in America is certifiably a cause for grave concern today. There is little controversy about these points among informed people.

My point, however, is quite different. It is merely to remind us that because most of us have internalized this well-conditioned prejudice against drugs, it may cause us to react with knee-jerk sympathy to any thesis demanding that we dismiss the proposition that drugs can provide us with experiences of the deepest value. And in this respect, nothing raises our hackles more stiffly than the suggestion that psychedelic drugs can induce a genuine mystical or religious experience.

The stimulus for these reflections is a commentary on "the artificial paradise" of drugs that appeared in the Winter 1985 issue of Vital Signs (Maroder, 1985). In that piece, Maria Maroder quoted a lengthy excerpt from one of Gopi Krishna's books in support of her contention that truly enlightened people take strong exception to the claim that psychedelic drugs can engender an ecstatic vision comparable in phenomenology and effects to the mystical experience or the NDE.

Now, of course, the late Gopi Krishna was a highly respected sage and mystic whose many books leave no doubt about the authenticity of his own experiences of higher consciousness. Therefore, his opinions on this matter can hardly be brushed aside; rather, they merit the most serious consideration. Indeed, in my own work, especially Heading Toward Omega (1984), I have drawn quite extensively on Gopi Krishna's writings and have cited him repeatedly in connection with my hypothesis that the NDE is an evolutionary catalyst in humanity's ascent toward higher consciousness. I mention this only to make it
clear that I, too, like many others, esteem the work and views of “the sage of Srinagar.”

Nevertheless, it is well known that the subject that Gopi Krishna addresses and has such decided opinions about has a considerable and turbulent history. This is only a relatively recent pronouncement, then, on a matter that scholars and mystics have been quarreling about for better than thirty years. Ever since Aldous Huxley brought this question into prominence with his ground-breaking book *The Doors of Perception* (1954), which really heralded the dawning of the modern psychedelic movement, the battle has been on over whether psychedelic drugs can be said to induce full-blown mystical experiences. Robert Zaehner (1957), for example, in a famous rebuttal to Huxley, protested vigorously against the latter's claim that mescaline could effect a genuine mystical experience and felt that he had refuted Huxley's argument, apparently largely on the basis of Zaehner's own reaction to the drug. All that proved, however, is what everyone would surely concede: that psychedelic drugs do not invariably induce mystical experiences. Thus, the issue was soon joined and, ever since, a distinguished collection of experts has continued to provide authoritative pronouncements from both sides of the aisle. At the present time, it seems that one can only say that reasonable and informed persons, scholars and mystics alike, and some who can claim status in both worlds, remain at antipodes in this debate. There is no consensus on it, and it is misleading to imply that there is.

That said, it might be useful to sample briefly just a few opinions in order to consider some of the evidence and arguments that lead to conclusions opposed to those of Gopi Krishna.

An instructive case in point here is that of Alan Watts, the late comparative philosopher (he died in 1973) and author of about two dozen books on religion and Eastern thought. Like Zaehner, Watts was initially disinclined to equate psychedelic experiences with mystical states of consciousness. Like Zaehner again, Watts's approach to the issue was personal (in his case, however, he ingested LSD). The chief difference between these two “inner” empiricists was that Watts did not limit his personal investigations to a single trial; he persevered—with unexpected consequences. In his own words:

All in all my first experience was aesthetic rather than mystical, and then and there—which is, alas, rather characteristic of me—I made a tape for broadcast saying that I had looked into the phenomenon and found it most interesting, but hardly what I would call mystical. This tape was heard by two psychiatrists . . . who thought I should reconsider my views. After all, I had made only one experiment and there
was something of an art to getting it really working. It was thus that [one of the psychiatrists] set me off on a series of experiments which I have recorded in The Joyous Cosmology, and in the course of which I was reluctantly compelled to admit that—at least in my own case—LSD had brought me into an undeniably mystical state of consciousness. (Watts, 1973, pp. 398–399)

Another authority whose writings on religion and personal aura of luminous sagacity leave little doubt about his own realization is Huston Smith, another comparative philosopher of religion. Smith considered the question of the religious/mystical import of psychedelics from a variety of perspectives, including the research evidence available at that time (1964). For example, he reviewed and was impressed by the findings of the classic Good Friday study conducted by Walter Pahnke at Harvard in 1963 (Pahnke, 1970). Pahnke administered psilocybin to ten theology students and professors who then listened over loudspeakers to a Good Friday service being conducted elsewhere in the same building; control subjects received a placebo, nicotinic acid. Afterward, the written reports of all subjects were blindly coded according to the degree to which they reflected each of nine traits of mystical experience, according to a typology of mysticism proposed by the philosopher W. T. Stace. Smith quoted Pahnke’s conclusion that, after tests of statistical significance were performed, “those subjects who received psilocybin experienced phenomena which were indistinguishable from, if not identical with . . . the categories defined by our typology of mysticism” (Smith, 1964, p. 521). Although he admitted that psychedelic drugs do not always necessarily trigger such experiences, Smith’s own assessment of the evidence from several such studies led him to the conviction that “given the right set and setting, the drugs can induce religious experiences indistinguishable from experiences that occur spontaneously” (Smith, 1964, p. 520).

Finally, the same conclusions was reached by a researcher and therapist who is internationally renowned for his meticulous and thorough investigations of the effects of psychedelics, particularly LSD, on human consciousness. Stanislav Grof is a Czech-born psychoanalyst, now living in the United States, who helped to pioneer the use of psychedelics in therapy in the mid-fifties. Now the author of several highly regarded books in this field, Grof is widely considered the leading authority in the world today on the transcendental effects of psychedelic agents. In this regard, in reviewing the findings of his own extensive program of research—at the time, having spanned nearly two decades—Grof summed up his views this way:
From the phenomenological point of view, it does not seem to be possible to distinguish the experiences in psychedelic sessions from similar experiences occurring under different circumstances, such as instances of so-called spontaneous mysticism, experiences induced by various spiritual practices, and phenomena induced by new laboratory techniques. (Grof, 1972, p. 50)

More authorities could easily be cited here to reinforce these conclusions, but my aim is not to refute Gopi Krishna's position. It is only to demonstrate that competent experts, personally familiar with the terrain of mystical experience, have found what they consider to be persuasive evidence to support opposing claims.

Another of Gopi Krishna's arguments against the use of drugs is that the experiences they do elicit have no transformative value. Although this may well be so in some cases, it is quite premature to draw this conclusion. The fact is that there is almost no rigorous and systematic research on this question, although there is an abundance of clinical and impressionistic data (to be mentioned shortly) that suggest that psychedelic experiences may indeed contain the seeds of transformation and spiritual growth in many specific instances. Clearly, to undertake to gather the data necessary to address the issue in a definitive way would be extraordinarily difficult owing to a multiplicity of methodological snarls—to say nothing of the conditions that seriously restrict any meaningful psychedelic research these days. For these reasons, a reliable assessment of this matter in the near future is unlikely. Nevertheless, it is my own opinion—and one that I think would be shared by many professionals (and some mystics) familiar with psychedelics—that drugs like LSD have been helpful in promoting the spiritual development of quite a few individuals, including some persons of very high attainment. Along these lines, it would make a worthwhile project for someone to collect and evaluate personal testimony from such individuals about the role of psychedelic experiences in their lives. Although this would be no substitute for the research we really need, it might at least provide some suggestive findings that would bear on Gopi Krishna's contention. In the meantime—aside from what data we have from clinical studies—the question about the transformative power of psychedelics remains unanswered.

A related point here is that our own modern generalized prejudices against drugs should not obscure the fact that the ancient, enduring, and widespread use of indigenous psychoactive plants in sacred contexts implies that for the people of many cultures psychedelic agents were (and are) regarded with deep reverence. Their use in healing,
religious and initiatory ceremonies throughout the world is so well known that I need only to remind the reader of it here to suggest that our own views about the values of psychedelic drugs may be shamefully myopic (see, for example, Masters & Houston, 1966; and Grinspoon & Bakalar, 1979). The contemporary individualistic and recreational usage of semisynthetic drugs such as LSD in secularized Western society is a radical deviation from the time-honored communal and ritualized ingestion of organic substances among traditional peoples. It is no wonder, then, that stripped of its social context, this kind of usage may offend and cause us to dismiss out of hand the potential of psychedelic drugs for conferring psychological insight and promoting spiritual growth.

In our own society, nowhere is the inherent value of psychedelics better demonstrated than in its professional use in therapeutic settings. Quite apart from their capacity to foster mystical states of consciousness, psychedelics must be recognized for the important role they play as catalysts in psychotherapy. In this respect, it is well known that such drugs have been found extremely useful in the treatment of various psychiatric disorders, including otherwise refractory cases of psychosis, drug addiction, alcoholism and even some instances of childhood autism—and that is by no means an exhaustive list. The work of Stanislav Grof (e.g., 1975, 1985) alone is a model for what therapeutic effects can be achieved with LSD when patients are in the hands of a master therapist. Of course, there have been many talented therapists who have reported very positive outcomes associated with the use of psychedelics and accounts of their work are, for the most part, easily accessible (e.g., Grinspoon and Bakalar, 1979; Masters and Houston, 1966; Naranjo, 1973; Yensen, 1985, 1988; Adamson, 1985; Anonymous, 1985). Perusal of such references may prove to be quite a mind-changing shock for those whose familiarity with psychedelics comes primarily from popular or second-hand sources.

Finally, we come to the question of the similarity between psychedelic episodes and NDEs. In Maria Maroder's commentary, she stated that both mystical visions and NDEs are quite unlike psychedelic experiences. However, since I have already claimed that in some cases, psychedelic experiences are indistinguishable from mystical states of consciousness, it should not come as any surprise that, occasionally, psychedelics can indeed induce experiences that are fully the equivalent of NDEs.

For example, though it is not the only such case of which I have heard, I have in my archives a detailed written account of an experience, induced by a combination of LSD and hashish, that reproduces
all the essential features of an NDE. In addition, I have interviewed the man who furnished me this account and am convinced his experience was genuine. Because of space limitations, I cannot provide excerpts here (and they would have to be lengthy to make my case through this example), but I can assure the reader that if you did not know the context of this man’s experience, you would be absolutely convinced that you were reading an account of a classic, deep NDE.

Of course, this thesis about the similarity, if not the equivalence, between drug induced states and NDEs is not original with me. Ronald Siegel (1980) proposed this view long ago for LSD and more recently he and a colleague made a similar argument for hashish (Siegel and Hirschman, 1984). Scott Rogo (1984) has done likewise for ketamine. Perhaps the best known and most edifying instance of this proposition, however, is to be found in the work of Stanislav Grof and Joan Halifax (1977) with terminally ill cancer patients.

In that study, dying cancer patients who volunteered to participate were offered the opportunity to have one or more sessions—preceded by extensive preparation and counseling—in which they would receive an administration of LSD or DPT. The primary therapeutic objective of this research was to provide dying patients with, in effect, a functional equivalent of an NDE before they died. It was hoped that by doing so, patients would be able more easily to come to terms with their own impending death, to resolve unfinished business with family members, and to live more fully until they died. In general, these results were found for the majority of the patients.

Our interest in this work, however, lies chiefly in assessing the extent to which LSD and DPT did actually facilitate NDE-like states of consciousness. Grof and Halifax’s data on this point show clearly that while psychedelic experiences are of course variable, in many instances the typical features of NDEs were evoked. Their case history material is replete with examples of out-of-body experiences, life reviews, experiences of profound peace, perceptions of golden light, encounters with deceased loved ones, telepathic communications, feeling oneself to be in the presence of God, etc.—in short, many of the features we have come to associate with the NDE.

And there is even more evidence that these experiences were the functional equivalent of NDEs. As I have argued in Heading Toward Omega (1984)—and as Maria Maroder also emphasized in her article—the authenticity of a transcendental experience is revealed by its transformative effects. Therefore, if these psychedelically activated experiences are genuine, they should lead to changes similar to those reported by NDErs. In this connection, one quotation from Grof and Halifax will have to suffice to suggest that precisely this was the case:
The striking changes in the subject's hierarchy of life values observed after psychedelic sessions . . . [included the following] . . . Psychological acceptance of impermanence and death results in a realization of the absurdity and futility of exaggerated ambitions, attachment to money, status, fame, and power, or pursuit of other temporal values. . . . Time orientation is typically transformed; the past and future become less important as compared with the present moment. Psychological emphasis tends to shift from trajectories of large time periods to living "one day at a time." This is associated with an increased ability to enjoy life and to derive pleasure from simple things. There is usually a distinct increase of interest in religious matters, involving spirituality of a universal nature rather than beliefs related to any specific church affiliation. On the other hand, there were many instances where a dying individual's traditional beliefs were deepened and illumined with new dimensions of meaning. (Grof & Halifax, 1977, pp. 127-128)

Such statements sound unmistakably like what we hear from NDErs. The similarities between this kind of psychedelic experience and the NDE—as well as the former's value in providing a rehearsal for death—is even further attested to by the statements furnished by those persons who have undergone both kinds of experience and who therefore can speak directly of their parallels. On this point, it is again worthwhile to quote Grof and Halifax:

On several occasions patients who had psychedelic sessions later experienced brief episodes of deep agony and coma, or even clinical death, and were resuscitated. They not only described definite parallels between the experience of actual dying and their LSD sessions, but reported that the lesson in letting go and leaving their bodies, which they had learned under the influence of LSD, proved invaluable in this situation and made the experience much more tolerable. . . . [For example, one of their patients, Ted] found the experience of actual dying extremely similar to his psychedelic experiences and considered the latter excellent training and preparation. "Without the sessions I would have been scared by what was happening, but knowing these states, I was not afraid at all" [he said]. (Grof & Halifax, 1977, pp. 59, 181-182)

Now, if we try to bring together the various strands of thought and evidence we have so far considered concerning mystical, psychedelic and near-death experiences, they would seem to coalesce around one conclusion: Paradise is paradise, however it is gained. There is inside each of us a radiant spiritual core that may remain dormant until some powerful catalyst occurs to arouse it. My reading of the evidence suggests that whether the trigger be a spontaneous mystical experience, a psychedelic episode, or an NDE, once this core is activated, it
begins to unfold and bring about transformation in much the same way, as if an archetype of transformation were engaged (see especially Grosso, 1983, on this point).

Recently, I was delighted to read that Stanislav Grof, on the basis of his own 30 years of working with psychedelic and other radical forms of psychotherapy, has come to exactly the same conclusion, so I will use his words here to sum up my own views:

According to the new data, spirituality is an intrinsic part of the psyche that emerges quite spontaneously when the process of self-exploration reaches sufficient depth. Direct experiential confrontation with the [deep] levels of the unconscious is always associated with a spontaneous awakening of a spirituality that is quite independent of the individual's childhood experiences, religious programming, church affiliation, and even cultural and racial background. The individual who connects with these levels of his or her psyche automatically develops a new world view within which spirituality represents a natural, essential and absolutely vital element of existence.

(Grof, 1985, p. 368)

Having taken issue with several of the statements regarding psychedelic drugs in the Maroder article, let me end this one by joining with her in her final statement. At the conclusion of her piece, Maroder exhorts us to remember that the requirements of higher consciousness include self-discipline and that experience alone, however exalted, is not sufficient. Certainly I agree with her stricture and I think many who are familiar with the effects of psychedelic drugs, including some who are its strong proponents, would likewise concur. In this respect, individuals who may find themselves differing profoundly on the value of psychedelic drugs per se, and in their role in affording genuine mystical or religious experience, tend to agree that psychedelics do not in themselves constitute a spiritual path.

This point of view is explicitly endorsed by the well-known author Peter Matthiessen, whose interest gradually turned from psychedelic explorations to Zen Buddhism:

I never saw drugs as a path, but for the next ten years, I used them regularly—mostly LSD but also mescaline and psilocybin. The journeys were all scaring, often beautiful, often grotesque, and here and there a blissful passage was attained that in my ignorance I took for religious experience. . . . I had bad trips, too, but they were rare; most were magic shows, mysterious, enthralling. After each—even the bad ones—I seemed to go more lightly on my way, leaving behind old residues of rage and pain. Whether joyful or dark, the drug vision can be astonishing, but eventually this vision will repeat itself, until even
the magic show grows boring; for me, this occurred in the late 1960s,
by which time D. [his wife] had already turned to Zen.

Now those psychedelic years seem far away; I neither miss them or
regret them. Drugs can clear away the past, enhance the present;
toward the inner garden, they can only point the way. Lacking the
temper of ascetic discipline, the drug vision remains a sort of dream
that cannot be brought over into daily life. Old mists may be ban-
ished, that is true, but the alien chemical agent forms another mist,
maintaining the separation of the "I" from true experience of the One.
(Matthiessen, 1978, pp. 44, 47-48)

Alan Watts's final appraisal of the value of LSD is almost identical:

My retrospective attitude to LSD is that when one has received the
message, one hangs up the phone. I think I have learned from it as
much as I can, and, for my own sake, would not be sorry if I could
never use it again. But it is not, I believe, generally known that very
many of those who had constructive experiences with LSD, or other
psychedelics, have turned from drugs to spiritual disciplines—aban-
doning their water wings and learning to swim. Without the catalytic
experience of the drug they might never have come to this point, and
thus my feeling about psychedelic chemicals, as about most other
drugs (despite the vague sense of the word), is that they should serve
as medicine rather than diet. (Watts, 1973, p. 402)

And in the context of living a religious life, Huston Smith advocated
the same position:

No religion that fixes its faith primarily in substances that induce
religious experiences can be expected to come to a good end. What
promised to be a short cut will prove to be a short circuit; what began
as a religion will end as a religion surrogate. Whether chemical
substances can be helpful *adjuncts* to faith is another question. . . .
The conclusion to which evidence currently points would seem to be
that chemicals *can* aid the religious life, but only where set within a
context of faith (meaning by this the conviction that what they dis-
close is true) and discipline (meaning diligent exercise of the will in an
attempt to work out the implications of the disclosures for the living of
life in the everyday, common-sense world). (Smith, 1964, pp. 529–530)

We are left, then, with the sense that although psychedelics in
themselves cannot be used *in lieu of* a spiritual path, they can precipi-
tate a spiritual awakening, akin to a mystical experience or NDE,
which may lead an individual to pursue such a path. As such, psyche-
delic drugs may have a significant role to play in one's spiritual life.
Because of this, we should not be too quick to disdain or dismiss them
as providing only a counterfeit spiritual experience or as having no value in accelerating the course of one's spiritual transformation.

References


Helping At The Edges Of Life: Perspectives Of A Psychedelic Therapist

Richard Yensen, Ph.D.

Institute for Human Development

ABSTRACT: A case history is presented of a 70 year old man treated with psychedelic psychotherapy for depression, anxiety, and pain associated with terminal cancer. Interpersonal and intrapersonal aspects of treatment following a single 90 mg dose of dipropyltryptamine (DPT) are described. Comparisons are made between transpersonal, mystical, and religious elements in psychedelic drug experiences and near-death experiences.

I have been involved, over the last 15 years, as a researcher and psychotherapist in the difficult and controversial field of legitimate, government-regulated, psychedelic drug research. One of the most interesting aspects of this work has been our research group's investigation of psychedelic psychotherapy as a way to assist cancer patients in overcoming depression, anxiety, and pain (Richards, Rhead, Di Leo, Yensen, & Kurland, 1977; Kurland, 1985). In our work with psychedelics and terminal cancer patients the goal is to provide the individual facing death with an opportunity to have a powerful confrontation...
with the existential issues of dying in a supportive, psychotherapeutic setting. When psychedelic drugs are administered in this way, they produce an experience of altered consciousness that frequently includes a life review, confrontation with death, rebirth, and awareness of the ultimate ground of being, or God.

Over the years I have come to see that the experiences of my patients in psychedelic sessions have striking parallels to the subjective accounts of people who have had near-death experiences (NDEs) (Ring, 1984). When I had the opportunity to interview people with NDEs, I was immediately aware of a similarity in the emotional tone and experiential quality they conveyed as they talked about what had happened to them. These experiences, including their profound impact on the individual, appeared identical to those of many of my psychedelic psychotherapy patients. The highly charged, subjective value of these experiences was confirmed by their fostering deep positive changes in the person's attitude toward the experience of being alive.

In order to convey the human dimensions of the treatment of terminal cancer patients with psychedelic drugs, and in order to illustrate the parallels to NDEs, I would like to share with you a poignant clinical experience. I hope this will foster appreciation and understanding for the humanitarian value I see in the use of psychedelics to aid psychological healing and assist people facing death. This account is a reconstruction and recollection of my own experiences and those of others involved in the process. I hope to convey to you the transcendent realities of psychedelic consciousness. I have shared the unity implied by the mystical dimensions of this psychedelic experience, and therefore fully report my own experiences as a participant-observer in the process.

I look back 15 years so that we can explore together the interwoven meaning these events had for my patient, my co-therapist, and myself as a fledgling researcher and psychotherapist. During this event we confronted death together, and each found a deeper meaning in our lives. Experiences such as this one are the essence of how psychedelic psychotherapy heals.

I came to know my patient, through the process of therapy, as a remarkable person, one who struggled with great courage to experience consciously the final facets in the jewel of his lifetime. This experience had special meaning for both of us because, for each of us in our own way, it was both a first as well as a last experience. For Joe, it was his first and last experience with our research team and with the drug DPT, a psychedelic with a dose-dependent short duration of action. For me, it was my first experience with a terminal cancer patient,
a joyous surrender of significant aspects of my innocence as a psychedelic psychotherapist and a human being. It is my impression that the entire treatment team, myself, the co-therapist, and Joe, emerged from this event with significant personal growth. This experience has stayed with me over the years as a special memory, one that has become polished by repeated fond recollection.

He was 70 years old. His cancer began in the eye, then spread to his prostate, and ultimately insinuated its way into his other abdominal organs. As the disease progressed, his surgeon noted signs of depression, and a markedly increased need for pain medication. This led the doctor to recommend our experimental treatment with psychedelic drugs. He had seen the treatment help other patients dramatically, so perhaps Joe would improve too. The staff person at the Maryland Psychiatric Research Center, who was in charge of the project, laughed as he told me that I would have fun treating this man because he had lived with his mother for his whole life. My colleague was taking this as an opportunity to chide me. He knew that I had been raised by my mother and only recently married and moved away from home. Although Joe was 70 years old, he still had not married or moved out.

As I walked up to the Cancer Unit, I prepared myself for what I anticipated would be a significant experience in my career as a therapist. I remembered that for me a very important part of my role as a healer was to assist people in experiencing the fears and joys that are the hallmarks of confrontation with the boundaries of human existence. I was resolved to learn everything I could from this experience. At the same time I was quite critical of a modern medicine that emotionally abandons patients near death.

Joe was in a ward with several other patients. I asked the nurse who showed me in where we might go for some privacy. She acted surprised. After walking us out to the hall, she quickly darted in and out of several doors, and then apologetically offered us the janitor’s room. There were brooms and pails strewn around the closet-sized office. The nurse left us with the parting wish that we not be disturbed by janitors looking for their tools. My shiny pride in the supposed prestige of my new role was a bit tarnished by the idea of meeting in a broom closet, but there seemed no alternative.

When I asked him about his stay in the hospital, Joe was quite jovial. He chatted offhandedly about the excellent treatment, and told me, perhaps a bit too loudly, of his implicit trust in the doctors. He said that the doctors might have to remove his eye because of the cancer. This was said with such a matter-of-fact and emotionless tone that he could have been describing the cosmetic removal of a wart rather than
one of the organs vital to sight. When I asked him how he felt about possibly losing his eye, Joe replied without a moment's hesitation that whatever the doctors decided he would accept. He quickly went on to say that there were many more important things for us to discuss. I was expecting him to say something about his impending demise, but to my astonishment he said that I needed to understand labor unions. I decided that although that wasn’t my agenda for our meetings, I would have to follow my training and allow Joe to express whatever was on his mind. What began by sounding like a lecture on how to organize a labor union slowly changed into a recollection of the important events in Joe’s life. As I started to feel the power and beauty of the life Joe had led, I began to appreciate the privilege of hearing his story.

I learned that Joe was an electrician, and had worked with his hands all of his life. He had retired five years earlier. Joe spoke at length about his life as a working man. When Joe was six, his father was blackballed in the United States. He was prevented from working as a riveter because he was involved in attempts to organize a labor union. So Joe’s father, together with a group of friends, had to gather together enough money to get over the border into Canada to find work. To prevent the immigration of vagrants, the Canadian government, at that time, required a $50 bond to cross the border. The group could only gather enough funds for one man to cross the border at a time. Once that person found work, the first paycheck was sent back to fund the transfer of another friend into Canada. Joe was outraged that this had been the plight of early union organizers. They were only trying to improve working conditions.

Joe, his brothers, and one sister were raised in a northern state. They struggled to survive on the meager income from his father’s Canadian job. When Joe was 11, his father got permission for him to work as a water boy on the riveting gang. This took Joe out of school, but he was glad for the opportunity to help support the family. Joe described his father as a hard working, hard drinking man, who was very kind to his children. He remembered playing ball with him on weekends, and being fascinated by his stories about working and organizing.

Joe described for me the working conditions riveters faced in that era. The men worked in cruelly confining spaces on hot days made hotter by the blazing coal fires used to heat the rivets. When the supervisors were away, Joe’s father had allowed him to work as a “holder on.” This job meant Joe spent his days using all of his youthful strength to hold a red hot rivet in place, while another worker peened the end of it. He was especially proud of the way he cleaned up the crew’s water bucket, which had been rusty and dirty when he arrived.
At first, he had asked that the company purchase a new water bucket. When they refused, he cleaned up the old one so that the men could drink clean water regardless of company policy.

Joe's mother was the backbone of the family. She was still living, though his father had passed away many years before. Joe said her faculties were undiminished even though she was 90 years old. He lived with her and his only sister, Jean. Joe said his mother was a warm, comforting, and emotionally available person throughout his childhood. Joe never married. He had a girlfriend when he was in his twenties and, though he proposed marriage to her, she didn't accept because of her family's counsel against marrying a man who drank as much as Joe did. I asked if he really drank that much, and Joe said, "I must admit I could really put it away," quickly adding that all his fellow workers did the same. As a way of explaining this, Joe told me that throughout his childhood the men all worked in gangs, and the foreman of each gang received the weekly pay in gold. So on payday the entire gang of men would adjourn to a tavern immediately after work. At the bar, in the process of dividing up the money, they inevitably drank a fair measure of their income. Joe spoke of alcohol fondly, almost as though he were talking about a person, a working man's friend and entertainer, who gave a few moment's respite from the grueling daily labor that made up the lives of the men. He said he had to give up drinking in 1955 because he had suffered heart damage from an accidental electrical shock at work. Though he was sad to lose the companionship, he apparently had no great difficulties in giving it up.

Joe moved to an eastern seaboard city, where he began his efforts to create a union. He said it all started with a few men meeting in bars after work, dreaming of how things could be. He told me of the fantastic battle with management, of the dirty tactics the company used in trying to scare the men out of a strike, and of his persistence and dedication to the men in the yard. As our meetings became more intimate, he recalled some of his disappointments. He discovered some of the men were stealing from the union's funds. He was especially hurt when one of them turned out to be a trusted friend. Joe said he always tried to handle these incidents with care and secrecy, encouraging the man to pay back his debt and resign.

Joe's attitude during the early interviews was heavily pedantic. Our meetings had the tone of a class on labor relations. He strongly denied any fears of losing his sight, and spoke optimistically about the future. In his talks with me, Joe acted as if his health were fine except for the pain. Joe's surgeon assured me that he had discussed the diagnosis and prognosis with him in detail. Joe was discharged from the hospital. He
was complaining of constant abdominal pain, and was receiving substantial doses of narcotic medication without great effect.

Our meetings were continued at the Maryland Psychiatric Research Center. We were able to continue our meetings in one of the comfortable drug treatment suites, which was furnished like a living room. Our meetings began to have a more relaxed and less cramped atmosphere. During our second interview at the center, I suggested to Joe that he try listening to some music over stereo headphones while wearing eyeshades so that he could see perhaps a small glimpse of what the psychedelic drug treatment session would be like. I talked to him about how important this experience might be. I advised him to use the drug effects as an opportunity to go within himself. Perhaps he could see if the feelings about his illness and pain were somehow related. Joe, exuding confidence and bravado, allowed me to place the earphones and eyeshades on him. As soon as music was played, his tone became complaining and angry. At first the music was too loud; then he found it reminiscent of riveting. When I asked Joe what riveting reminded him of, he became panic stricken and removed the eyeshades and earphones. He paled visibly and in a frightened voice told me that he was unable to continue and asked if I would please turn off the music. I complied. Joe told me that he had suddenly experienced overwhelming fear at the thought of losing his sight. He said that up to this point he had not realized how frightening this might be. At this juncture, Joe's attitude toward me changed drastically. When he became frightened his authoritarian manner dissolved. He revealed himself as a man genuinely scared of what the future might bring. Over the next few interviews, Joe and I discussed his claim to ignorance of the most likely outcome of this illness. When I suggested to him that he discuss the prognosis with his physician, Joe took refuge in the belief that the doctor would tell him everything he needed to know, "Just as soon as the test results are in."

One day, Joe complained of pain during the beginning of an interview. I asked him if he wished to know what the medical findings were in his case. He said yes, and I informed him of how the cancer had spread throughout his body and that doctors found, in cases where this happened, that the most likely thing—though no one could predict the future with certainty—was death. Joe didn't act surprised or shaken; instead he said he'd secretly suspected for some time that he was dying. He had taken special precautions to shield his mother from any knowledge that he was ill. He said that it was clear to him now this attitude of protection was also his attempt at shielding himself. "If I pretend my cancer doesn't exist for my mother's benefit then I don't have to look at it myself," he said.
As part of the preparation for Joe's session I interviewed his sister Jean. She lived in Joe's mother's house with him. Jean was quite upset about Joe's illness and ultimate demise, which she considered *fait accompli*. During a short interview I attempted to communicate to her that it was possible for Joe's last days to be a beautiful time of enhanced closeness and interpersonal warmth for the whole family. Jean seemed somewhat reassured by our talk, but she still seemed more focused on her own anticipatory grief and feelings of abandonment than on relating to her brother as the alive human being that I was coming to appreciate in my interviews. I offered Jean the opportunity for additional therapy sessions; however, it became clear that she did not wish to consider herself as needing help. I made it clear to her that often in times of severe stress such as this, talking with someone about the difficulties could help, and that I would be available to her throughout Joe's illness. In watching Joe and Jean together, it seemed that the attitude of fear and denial on both of their parts was responsible for diminished human contact at a time when warmth and love are the best treatment available. I asked myself what I could possibly do to change this state of affairs. There was no ready answer to my question.

Joe and I discussed his upcoming drug session as a special opportunity for him to review and express the feelings he had inside of himself. Joe was confused as to what I meant by his "insides." He had never imagined that there was a possibility of inner experience until our meetings and hadn't felt that he could change anything about the way he felt about himself or his life situation.

With some trepidation, I scheduled Joe's drug session. It was my feeling that we had established a good rapport over about ten hours of therapy; however, it was still extremely difficult for Joe to introspect and share his emotions. Joe continued to use denial as a way of fending off his fear of death. Although we had been able to break through this barrier sometimes, in his daily life Joe still spoke constantly of the future as though his complete recovery were certain. I experienced great hesitation in telling him that death was almost inevitable. It was my fear that he might take this news as a death sentence. I tried to convey clearly the fact that medical understanding of cancer is incomplete and that recovery could take place though it wasn't likely. We were able to talk about death in the abstract, as something all people must eventually face. I told Joe that coming to terms with our fear of death can lead to enhanced enjoyment of what life remains.

I introduced Joe to my co-therapist for the drug session, Mrs. Nancy Jewell. Nancy was in her early sixties, a psychiatric aide who had been working with the director of the Research Center for years. I liked
Nancy very much and sometimes would think of her privately as my "West Virginia Mama" when I heard the words of a then-popular song by John Denver. When I brought Nancy and Joe together there was such an immediate rapport that I was amazed, and a bit jealous, that they took to each other so suddenly and completely. After all, I had been building my relationship of trust with Joe gradually and tentatively for several weeks now.

On the day of the drug session Joe arrived in considerable pain. According to my instructions, he had discontinued his pain medication on the day before the session. Nancy and I made him as comfortable as we could on the couch in the treatment suite. At 9 a.m. Nancy administered 90 mg of dipropyltryptamine (DPT) intramuscularly, a dosage capable of producing profound experiences in a willing individual. I placed the eyeshades and earphones on Joe and suggested that he allow the music to carry him through the experience. I also advised Joe to confront whatever experience should present itself. Joe began to complain of pain and I advised him to enter the pain as fully as possible. Joe began to scream, "God damn it! . . . This is terrible, I can't stand this any longer!" He asked me repeatedly if he could remove the eyeshades and earphones. I asked him to trust Nancy, myself, and himself by facing the feelings, no matter how terrible they might seem. I encouraged him to yell, scream, and express the powerful emotions in any way he could. Nancy reassured him when he expressed concern that his cussing might offend her.

Over the next 45 minutes Joe thrashed, struggled and experienced difficulty in breathing. We monitored his respiration rate as slightly elevated. The struggle culminated when Joe said, "I guess in the end you just have to give in." This statement was followed by a deep sigh and a profound relaxation of his musculature. He listened to the music peacefully with a contented smile on his face for about 30 minutes.

Joe then called Nancy and me over to the couch. He held our hands. He spoke of being a child, of the difficulties he experienced being poor, of the joys of his profound identification with his father and the struggle that was his father's. Joe said he was experiencing that his father's struggle was also his own and at the same time it was the struggle of all men. The struggle to overcome life's difficulties; the pain, the disillusionment, and the horror of being alive. Joe said, "I feel like I am becoming the blood that flows through my veins. It's Irish blood! There is strength here, I feel the strength of the Irish people. The noble strength of working men. I can feel the meaning of the struggle, of my Irish ancestors. They are stubborn and strong." Joe said he experienced the ideals and dreams that brought his people and others to this
country as immigrants. "They wanted to overcome pain, injustice and suffering with their strength, not just for themselves but for all of us. I share this struggle. It has been my struggle to carry forward these ideals through my work with the union."

Joe's face softened and looked young. He spoke about his early jobs. He had dropped out of school and worked as a child so that his brothers and sister could have shoes and could attend school. He remembered working, in his teenage years, for the railroad as an apprentice mechanic in the roundhouse. He smiled with foolish pride and overblown confidence, as he boasted of his abilities as a boxer. He showed us the fate of this kind of attitude in his life by narrating his vivid recollection of an encounter he had with a fireman. He told this fireman where to go because the guy had left a locomotive in a mess for Joe to clean up. As they fought, Joe realized that he'd met his match in boxing, but Joe's pride would not allow him to admit defeat even though he was clearly losing the fight. The fireman finally knocked him unconscious. Joe said this was a valuable lesson for him. He learned to have humility about his strength and other virtues. "No matter how big you are, there is always someone bigger and stronger than you willing to knock you in line if you act too big or too proud."

Then Joe looked very sad, and he told us about the girl he had wanted to marry. He looked like he wanted to cry. I encouraged him to use the session as his chance to express all his feelings. I asked him not to hold anything back, to share all of himself with us. Joe said that in his family he had learned a man can do many things, but one thing he should never do is let another man see him cry. I told Joe that crying is part of being human and a person's strength can grow through letting tears express what words cannot. Joe described his feelings of longing for his fiancee. He told us how much he loved his girl and wanted to marry her. I watched as his psychological conflict over crying expressed itself in a physical struggle. Joe was holding his breath and tensing his muscles as though trying to hold back the heavy burden of his feelings. Finally, he surrendered, and deep sobs racked his now frail body.

After crying, Joe went on to describe his role in organizing the labor union in the shipyard, the long hard struggle with management, the difficult working conditions, and how he was moved to action when he saw men suffer. The fullness with which Joe emotionally relived all of this intense life experience, as he shared it with us, was deeply moving. He was able to cry now with less of a struggle, and he expressed, in beautiful, openly flowing tears his compassion for fellow workers' suffering. He fumed and spit his hatred for those managers and fore-
men more interested in production quotas than in human welfare. The drama and grand sweep of this man's life and his efforts seemed all the more poignant as he shared the depth of his humanity so openly.

There was a broad satisfied smile on Joe's face as he shared his exultation over the inauguration of a new four-million-dollar union hall. He had helped inaugurate the new building a few years before his retirement. As he beheld the costly new building, he contrasted this victory with the experience he had, close to 40 years before, when a local merchant was not willing to accept a check written on the union's first checking account. Joe's expression changed suddenly and he was able to admit for the first time the pain that his mandatory retirement had caused him. He told us how much it meant to be called "Mr. Union" by his friends, and even by his enemies, at work. Joe described the sinking feeling he felt when he was told that because he was now retired, he could no longer prepare union cases for arbitration. He shared with us the hurt he felt at being excluded from participation purely on the basis of age. He said that if he knew he were going to live long enough, he would take on a struggle for the rights of older people.

Joe's sister and niece arrived to pick him up. Joe was able to sit up comfortably in a chair. I asked him if he was still in pain. In a cheerful manner, and with a smile, he admitted that he "hurt something fierce." Joe was relaxed and joyous, reminiscing with his family about happy events in their childhood. His positive mood was infectious, and soon all present were enjoying the pronounced psychedelic afterglow. I allowed Joe to leave the center at about 3:30 p.m. after making an appointment for the following day.

The next morning, Joe arrived for his appointment promptly, and announced that he was uncertain as to exactly what had taken place the day before. He claimed that his mind was completely blank. I asked whether he felt any relief from his pain. He said that he hadn't. When Joe failed to remember his session, even after I mentioned some of the highlights to him, I became openly disappointed with him. I told him that I could not believe that he had no recall for the moving and profound experience that he had narrated so eloquently the day before. Nancy was also present during this interview, and I experienced her presence as very important; it allowed me to confront Joe more powerfully than I would have dared were I alone with him. I openly challenged his denial, repeating for him his own description of the content of his experience. I bluntly told him that if this was an example of how he expected to deal with death, that I was sure he would find death hard. If he could make use of his drug experience, where he looked death right in the eyes, and could continue to be as courageous as he
had been, then he would be able to see that his life could still be precious and that death, when it came, could be kind and gentle.

Joe looked somewhat sheepish. He asked that I go a little easy on him. He acknowledged that he could remember what happened the day before. The drug experience was so new and different to him that he found it difficult to understand and accept. Nancy and I reassured him that the experience was genuine, and worked with him by discussing the different aspects of the session. When Joe returned for his next interview, he told me that he had been having a great time being with his family, and that he had started going through his rather large collection of tools. He said that the experience with DPT reminded him that one of the deepest pleasures of being alive is the ability to give pleasure to others. He had gathered together all of his tools and made up three tool boxes. One of these went to his brother, one to his nephew, and the third to the workshop for the blind. Joe said that it was plain to him, through his physical deterioration, that death was near. He told me that death was no longer so frightening. He planned to spend as much time as he could with his family before his time here ended.

This was the last meeting I had with Joe. I tried unsuccessfully to reach him by telephone several times, but was informed that the telephone would not reach his bed. Joe’s niece relayed his regards, and said that Joe spoke so warmly of me, she wished she could arrange another meeting for us. I told her that I would be glad to come out to the house and visit Joe. She said Joe’s sister was still trying to keep his mother from knowing the grave situation he faced. His mother had recently broken a hip and was bedridden in another part of the house. Therefore, they preferred that I not visit the household.

I was told by the family that Joe died peacefully, without sedation, about two months after his drug session. One of the secretaries at the Research Center saved the obituary for me, and I felt my body tingle and could feel tears welling up in my eyes as I read the headline: “MR. UNION DIES.” I knew that Joe would have been really pleased.

Conclusion

Our own death is a central and frightening mystery of personal existence. The inevitable, nonnegotiable quality of this end is hard to contend with and, therefore, easy to deny in daily life. This is surely part of the reason why the experience with Joe was an especially meaningful one in my training. I gained insight into my own feelings,
and how they affect my conduct as a therapist. I had my own reasons and goals for helping Joe to confront his fears and emotions concerning death. Yet how could a 22 year-old young man feel that he could have anything to offer his elder facing such an emotional enigma? In order for this experience to be valuable, it needed to be preceded, as it was, by a series of carefully supervised training sessions. I had personally confronted many aspects of my own fears and feelings about death in these sessions. These professional training experiences with psychedelics had provided me the utterly convincing personal experience of confronting death. This gave me the conviction that, although I hadn't physically died, I knew firsthand of some of the emotions that surround such an event. My own experiences, skillfully supported and interpreted by my training therapist, taught me how fear of death feels and manifests itself under the effects of a psychedelic. I also learned in this way, and through less dramatic didactic means, how people respond to the effects of a psychedelic drug in a therapy relationship, and how I might manage the responses helpfully.

The training sessions and my training psychotherapy experiences also involved confronting the fact that I grew up without a father. These factors amplified the emotional impact of this first experience with a dying person. As I accompanied Joe through his treatment process, he offered me something of great value, a deep sharing of his wisdom as an older man reflecting on the meaning of his life. I felt that as the nurturing between father and son that I had missed. This process, then, was mutually rewarding and beneficial. Somehow, my need to listen, understand, and help joined with his need to tell the story of his life to produce an experience of deep meaning and healing for us both.

The basic unity of the shared experiences around the psychedelic session is an outstanding attribute of psychedelic therapy. My own personal history and training, combined with my developing relationship with Joe, his personal history, his relationship with Nancy and her relationship to each of us all blended together to create the set and setting for Joe's experience. It is not really only Joe's experience, or my experience, or Nancy's experience, but rather the beautiful confluence of meaning in this session that was so moving and significant for each of us. Joe's experience was not only psychedelic for Joe, but also for me, and for Nancy too, even though we were not under the pharmacologic influence of any drug. In the process of this kind of clinical research one is forced to reduce many experiences, like these, to a set of before and after measurements to be reported to the scientific community. I feel that much meaningful, and perhaps even the most relevant and
important, information is lost in that way of communicating about this work. We do not yet know, or fully understand, all the elements that influence the process and therapeutic outcome of experiences with psychedelics. There is no valid way to separate subject from object or therapist from patient in these studies, even though our scientific methods force us in this direction. We are, in these situations, treating the human condition with which we are all cursed and blessed. I present this work here with the hope that sharing such experiences might help to overcome the fear and misunderstanding so prevalent in our society's repressive reaction to this work. When properly used, psychedelic drugs, and the vast frontier they open, can help us in our struggle to understand, to accept, and on occasion to transcend, the limitations of our own humanity.

References

Near-Death Experiences and Self-Transformation

John Pennachio, Ph.D.
Adirondack Community College

ABSTRACT: The near-death experience (NDE) may be one of many mechanisms that may activate renewal and transformation, fundamental tendencies of the psyche. An examination of three successive NDEs in one individual suggests that such alterations of consciousness weaken ego control and foster transcendence of the ego, promoting transformation and regeneration.

Transformation and Renewal

Altered states of consciousness have the potential to release the ego and allow the psyche to move beyond the boundaries of the skin, beyond the confines of the material world, beyond the limitations of time and space. These attributes designate ego transcendence and may also characterize psychotic, psychedelic and mystical experiences. As I have argued elsewhere (Pennachio, 1986), near-death experiences have many of the qualities of mystical experiences. Further, like psychotic and psychedelic experiences, near-death experiences (NDEs) may also be a vehicle for regeneration and transformation.

Western psychiatry avoids and for the most part seems to fear exploration of internal mental states. Almost anything that advances a change in consciousness is systematically discouraged. The see-touch "objective" world of the senses is defined as the only reality and any movement away from its perception is regarded as disordered, disabling and hallucinatory. Traditional science has exemplified these
beliefs in dividing an elaborate methodology to validate the external world and negate and invalidate any internal data.

However, there is an alternative to the traditional and orthodox conceptions of psychosis and psychedelic experience. Rather than identifying such experiences as degenerative, some have sought to depict psychotic and psychedelic experiences as potentially constructive and regenerative. A primary aspect of this position is that such experiences promote new psychological unity and greater awareness. Symptoms, rather than being alien aspects of a disease, are essential steps on the road toward renewal and self-transformation.

These alternative views are evident in the work of Ronald Laing (1967) and John Weir Perry (1976), among others. The psyche, during psychotic experience, can regenerate itself, and the resulting reorganization can lead to greater internal harmony and increased self-awareness. This self-awareness often leads to feelings of unification with nature or an awareness of the "all" or cosmic awareness (Pennachio, 1983). Symptoms, such as weak ego boundaries, for example, point the way for regeneration and are to be encouraged rather than suppressed or prohibited. As Laing (1967) contended, symptoms are to be viewed as part of an orderly and natural sequence of events.

Both Laing and Perry regard psychosis as a journey through inner space and facilitate identification with symptoms, since symptoms promote this journey and are not part of a disease process. According to Kenneth Pelletier and Charles Garfield (1976), the transpersonal nature of the experience must be recognized in order to reap the benefits of this journey. "Whether such an experience degenerates into chronic psychosis or is integrated following a regenerative psychosis is dependent on the recognition of the transpersonal themes that lend a degree of coherence to the chaotic behavior of a diagnosed psychotic" (Pelletier & Garfield, 1976, pp. 91-92).

The same view has been taken by Stanislav Grof (1980) in his work with psychedelics and transformation. Grof maintains that the psychedelic experience can be an essential and necessary part of self-transformation. LSD may act as a catalyst for a mystical experience, offering great promise for renewal and regeneration. Grof's research equates the psychedelic experience with the mystical experience. Mystical experience is regarded as an inherent tendency of the psyche, not a function of psychedelic drugs. The psychedelic mystical experience can allow the psyche to transcend many socially imposed limitations and internal conflicts.

An altered state of consciousness carries the potential for transformation because it erodes culturally induced ego control, thereby elim-
inating the restrictions imposed on ego and the psyche. If transforma-
tion is an inherent aspect of the psyche, it is most likely to occur when
social consciousness is suspended. Any experience that weakens the
social hold on the ego increases the possibility that this transpersonal
and transformative tendency will appear. These assumptions underlie
the work of Laing, Perry and Grof.

Ego transcendence frequently accompanies catharsis and regenera-
tion. Catharsis and regeneration are powerful instruments for trans-
formation and are often referred to as a death/rebirth experience. An
overview of this process is taken from the work of Grof:

After the subject has experienced the limits of total annihilation and
"hit the cosmic bottom," he or she is struck by visions of blinding
white or golden light... The general atmosphere is one of liberation,
salvation, redemption, love and forgiveness. The subject feels unbur-
dened, cleansed, and purged, and talks about having disposed of an
incredible amount of personal "garbage," guilt, aggression and anxi-
ety. This is typically associated with brotherly feelings for all fellow
men and appreciation of warm human relationships, friendship and
love. Irrational and exaggerated ambitions, as well as cravings for
money, status, fame, prestige, and power, appear in this state as
childish, irrelevant and absurd. There is often a strong tendency to
share and engage in service and charitable activities. The universe is
perceived as indescribably beautiful and radiant. All sensory path-
ways seem to be wide open and the sensitivity to and appreciation of
external stimuli is greatly enhanced. The individual tuned into this
experiential area usually discovers within himself or herself genu-
inely positive values, such as a sense of justice, appreciation of beauty,
feelings of love, and self-respect as well as respect for others. These
values, as well as the motivations to pursue them and live in accor-
dance with them, appear on this level to be intrinsic to human nature.
They cannot be satisfactorily explained in terms of compensation,
reaction-formation, or sublimation of primitive instinctual drives.
The individual experiences them as genuine and integral parts of the
universal order. (Grof, 1980, p. 85)

Following are three successive near-death experiences that indicate
renewal and transformation. The experiences demonstrate that some
of the transformative properties that may accompany psychotic and
psychedelic experiences may also be associated with near-death experi-
ences.

**NDEs and Transformation**

This is an account of one person's separate and progressive near-
death experiences. A woman, whom I will call Heidi, identified herself
to me following a presentation I made on the mystical aspects of near-death experiences. These experiences, through their sequence, reveal catharsis and transformation. They provide some very interesting insights into what may be one of the most essential aspects of altered states of consciousness and NDEs—renewal and regeneration, or death, rebirth and transformation.

While Heidi was pregnant in late 1969 a deliberate drug overdose produced three consecutive near-death experiences within four weeks. This suicide attempt, confirmed by family and hospital records, resulted in a Caesarean section and brought on subsequent unconsciousness and cardiac arrest. The three accounts depicted here illustrate many attributes of NDEs identified in the literature. What is informative about this case is the manner in which these experiences occurred and what can be learned from them.

While there have been many positive life changes since these encounters, Heidi has been reluctant to share these experiences with others. This is the first time, in fact, that anyone has been told about these NDEs in their entirety. A verbatim account of these experiences follows, with each encounter being described as a trip.

First Trip

There is no fear in dying. It is very relaxing and it's like being born. Everything is easy and gentle. [Upon going into a coma, Heidi said, she felt as though she had gone to hell.] Someone told me that I didn't belong there, to turn around. When I did, I turned into darkness. I half ran and half walked; it seemed like hours, but it must have been only seconds. I don't know how long. Then there was Christ and he told me it was not my time. There was confusion and I didn't know where to go. I had the feeling that I was not wanted in the afterlife and was not wanted on earth. I wondered where I was going. Then there was nothing, absolutely nothing!

My entire life appeared before me. I went through my whole life and relived everything. Every stage of my life was there, with everything that I had done. Then there was a feeling of falling that I did not fight and just allowed to happen. I then found myself alone, completely alone—totally lost with no fear of anything. There was a calm. It felt like my life was being turned around, I don't know, just seemed like I was being turned around.

Then there was a feeling of not wanting to return. I was lost but it seemed like maybe there was another road to take—but lost. Everything was calm, no fear at all.
Second Trip

Shortly after the first episode another cardiac arrest produced a second NDE. This encounter was unpleasant and unlike the first.

It was frightening, devastating. The faces of people were distorted. Some were laughing and others were screaming at me. It was as if I were sorting out reality; sorting out what true people are. One face looked like my closest friend, but ugly and hateful. I wanted to run but could not. I felt that I should stay and sort things out. I kept saying to myself: "Why is this happening?" "What is this?"

There was a feeling of great loss and much loneliness. It was more devastating than you can ever imagine. I was at the point where I just could not tell the difference between heaven and hell and didn't think there was a heaven.

[When she gained some of her strength and was still "half in and half out," a clergyman appeared at the foot of her bed. Not strong enough to engage him in dialogue, she did, however, want to talk with him.] I wanted to tell him of my disappointment with religion for all the lies. I was convinced there was no eternal peace.

I was able to evaluate all of my friends. They appeared to me as they actually were. I knew who was and was not my friend.

Third Trip

While Heidi was in the hospital she experienced yet another NDE. This third experience was different than the two that preceded it. Heidi said it was difficult to convey an overall impression of this encounter and described it as a kind of energy or power that brought about a change in her whole body.

I was out of my body and being filled with knowledge. This knowledge led to great love and understanding of humanity. There was a sense of cramming, as if I was being crammed with knowledge and power. It was like taking a flat tire and pumping it full of air.

This was like a training period for some special thing. Only you are aware of what the training is for. No one else is aware. You are training for the transformation which follows. I was being turned completely around; I was being made over. I was made different; I'm not the person I was.

Changes Following The NDES

Following the third experience there were a number of changes in Heidi's life. She viewed herself as more capable and better able to cope
with life. She said she felt greater control over her mind and body and increased self-confidence.

Her compassion for others was, and remains, greater than it has ever been. There was a feeling of tremendous love for humanity. During the third experience she made a promise to care for children. This has been realized as her home has been opened to nearly 100 homeless and unwanted children during the past 17 years.

Artificial and imposed social distinctions, like prejudices and biases, fell away, she said. There was an ability to see more clearly, with the realization that social reality is a constructed fiction. Further, there was disrespect for institutional religion, even though Heidi was reared in a religious family.

The experience gave Heidi a greater sense of others and an awareness of people in a new way. Insights gained from intuitions offer both guidance and fascination, she said. Life has provided many confirmations of these intuitions and impressions. Additionally, she now experiences out-of-body states as a matter of choice and can decide where to travel. Her out-of-body episodes are characterized as enjoyable and restorative.

Conclusion

The description of these near-death experiences creates the impression of psychological movement and growth. They permitted an examination of past and present life in ways that deviated from ordinary modes of perception and consciousness. All three encounters gave the experiencer the feeling of "being turned around," an interesting way of characterizing survival from a suicide attempt.

These accounts point to the transformation that may accompany near-death experiences. In this case, it is as though the physical traumas were necessary and catalytic for the alterations in consciousness and the psychological death and rebirth that followed. The first encounter began a process that gained completion after two additional near-death episodes. Blissful feelings and the life review were aspects of the first experience. The second symbolized purging and psychological death. Rebirth was indicated in the third encounter.

These near-death experiences lend support to those conceptions that argue there is a restorative function inherent in the psyche that facilitates catharsis and self-healing. The NDE may be one way of stimulating this activity, an activity more likely to manifest when ordinary consciousness is transcended. An altered state of consciousness is fre-
quently equated with the loss of ego control, one primary precursor for renewal and transformation. Near-death experiences, therefore, can elicit the most crucial transformative and transpersonal experience of a person's life.

References

The Incidence Of Out-Of-Body Experiences In Hospitalized Patients

Melodie Olson, R.N., Ph.D.
College of Nursing, Medical University of South Carolina

ABSTRACT: The author studied out-of-body experiences (OBEs), cultural differences in reporting those OBEs, and associations between OBEs and frequency of dream recall in 100 white and 100 black adults hospitalized in a university medical center. Of the 200 subjects interviewed, 31 reported having had an OBE, six during the current hospitalization. White patients reported OBEs significantly more often than did black patients, possibly because of methodological problems in the interview techniques. Chi-squared tests showed significant positive associations between frequency of dream recall and incidence of OBEs, and between vivid dreams and incidence of OBEs.

When a person feels his or her mind, consciousness, or center of awareness to be at a place different from the physical body, it is termed an out-of-body experience (OBE). It is different from a hallucination or schizophrenic loss of body boundaries in that the person seems well based on other mental health parameters. It is different from depersonalization in that it is not accompanied by extreme anxiety, but is calming and satisfying (Gabbard & Twemlow 1984). And OBErs state the OBE is not a dream, but is much more realistic than even vivid dreams, and frequently occurs while awake (Green, 1968; Gabbard & Twemlow 1984).

Current literature provides a great deal of case-study information about the out-of-body experience in relation to the near-death experience (NDE). The out-of-body experience occurs not only within the near-death experience but at other times as well. Persons who medi-
tate frequently, others who are in the hypnogogic state, some who use drugs, and many who are anesthetized report the experience (Muldoon & Carrington, 1974). Susan Blackmore (1982) listed at least ten surveys identifying the incidence of OBE in students, townspeople (Charlottesville, VA), members of special groups and national groups. Incidence rates vary from eight percent to as much as 44% (marijuana users) and 50% (members of the Association for Research and Enlightenment). Laboratory studies and surveys have shown that during (and sometimes after) out-of-body experiences, a person may have physiologic as well as affective change (Tart, 1968; 1967). The near-death studies have documented that the out-of-body experience does occur in the hospital setting and health care personnel frequently care for patients who have had them (Sabom, 1982). For these reasons, the study of out-of-body experiences is of legitimate concern to those who care for patients in hospitals.

This study was designed primarily to begin to establish the incidence of the OBE in hospitalized patients. The definition of OBE used here was used in several other studies (e.g., Palmer, 1979), and reflects the OBE as the "feeling of being outside of the body." This definition is somewhat analogous to the popular definition of pain: "Pain is what the patient says it is" (Mettler, 1964). Both definitions rely on self-report. Yet in the case of the OBE, investigators suggest that there are no empirical or conceptual grounds to restrict the definition.

A second purpose of this study was to determine cultural difference in reporting OBEs between black and white patients in a university hospital. This purpose was identified because the sample included a unique group of people, described in the discussion section of this paper. OBE literature documents that the OBE occurs in most cultural groups studied.

Because the identification of persons who have had OBEs was inherent in this study, the opportunity to investigate at least one characteristic OBErs have in common was irresistible. So a third purpose was to determine whether persons who have OBEs also remember dreams frequently, or have vivid dreams. Gabbard & Twenlow (1984) cited studies by a number of researchers that suggest a correlation between OBE and frequency of remembering dreams. Questions related to vividness of dreaming and frequency of remembering dreams were included in the interview to support previous studies in this area.

**Method**

**Sample:**

Alert, adult, medical or surgical patients were interviewed after informed consent was obtained. One hundred subjects were white, 100
were black. Females accounted for 54.5% of the sample (109 subjects), males for 45.5% (91 subjects). No attempt at systematic randomization was made, and the use of a convenience sample was considered a limitation of the study.

**Procedure:**

The investigator approached adult patients on medical surgical units who were in their rooms or pointed out by staff as potential interviewees. The nature of the study was explained, including the fact that it concerned the OBE. Then patients were asked to sign a consent form indicating their willingness to participate. The short interview followed, asking if the person ever had an OBE. If he or she reported having had an OBE, information about the frequency of remembering dreams and the vividness of dreams was requested. The subject was also asked to describe the OBE.

**Demographic data:**

Demographic information was collected from patients' charts relating to sex, age, race, diagnosis, and medications taken within 24 hours of the interview. Medications were recorded because certain medications taken before the interview could influence the ability of the patient to understand the questions.

**Results**

Thirty-one subjects (15.5% of the sample) reported having had OBEs at some time in their lives. Another nine subjects (4.5%) were unsure whether or not they had had OBEs. The remaining 160 subjects (80%) denied ever having had an OBE.

Of the 31 subjects reporting having had an OBE, ten were black and 21 were white. When those who were unsure were classified as non-OBErs, a significantly greater number of white subjects than black reported having had OBEs ($p = .0507$), as assessed by chi-square.

The anecdotal reports of the OBEs described by respondents in the study were analyzed. Of the 31 persons who admitted having had an OBE, six reported OBEs during the present hospitalization (three percent of the total sample of patients), 11 reported OBEs during a previous hospitalization, 12 reported OBEs out of the hospital, and two could not specify whether their OBEs occurred in or out of the hospital.

Of those 31 OBEs subjects who described OBEs, 22 reported OBEs related to stress, six reported OBEs related to relaxation, and the
remaining three could not specify whether their OBEs were related to stress or relaxation. Nine of the 31 OBErs (4.5% of the total sample) reported OBEs occurring in a near-death situation, 16 reported OBEs not occurring in a near-death situation, and the remaining six could not specify whether or not their OBEs occurred while they were near death.

Persons who reported OBEs also stated that they remembered dreams more frequently than did non-OBErs ($p = .0084$), and reported more vivid dreams than did non-OBErs ($p = .0044$), as assessed by chi-square.

**Discussion**

The figure of 15.5% of the sample of 200 subjects reporting an OBE is within the reported percentages of OBEs in general population groups gathered by various surveys (14–32%). The percentage of OBEs reported by the 100 white subjects (21%) is also consistent with published survey data. However, the percentage of OBEs reported by the original sample of 100 black subjects (ten percent) is below the reported range.

The sample originally was divided into 100 blacks and 100 whites because the black population served by the clinical facility used for the study includes Gullah people. The Gullah are a group of black citizens who have retained cultural uniqueness, including dialect and health belief system from pre-Civil War days. It was thought that certain of their cultural beliefs might be confused with the OBE. It should be noted that not all the black population admitted to this hospital are Gullah, and no statistics were included here to determine the size of the Gullah influence on the black population. But their presence in the population cannot be disregarded. Cross-cultural studies of the OBE indicate the experience is common in all cultures studied, so it was felt that more blacks would answer the OBE question affirmatively than whites because of the additive effects of the normal incidence of OBEs in the black population and the special beliefs among cultural groups in this area. Initial results showed a difference between the races ($p = 0.05$) in the opposite direction.

Literature suggests that the race of an interviewer does not matter if the questions asked are of a factual nature. That is, interviewees are likely to give their correct age or address to an interviewer of a race similar to or different from their own. But if the question is emotional in nature, interviewees are more likely to respond accurately to an interviewer of their own race (Cotter, Cohen & Coulter, 1982). They
will tell the interviewer of another race what they think that person
wants to hear. It is logical to assume that there is some emotional
content to the OBE, and to reporting it, as evidenced by case study
data. This emotional content may influence the response of the inter-
viewee to interviewers of a different race. For that reason, it is possible
that the incidence of OBEs reported in the sample of 200 patients of
15.5% is low. In future studies of this kind, consideration should be
given to the race of data collectors and the race of their interviewees.

Anecdotal information about the six persons who had an OBE during
the current hospitalization show a continuum of experiences from
completely undramatic to intensely emotional. One young woman (21
years old), admitted for a gunshot wound to her chest and abdomen,
remembered floating above her body in the emergency room watching
hospital personnel cut off her garter belt. She remembered viewing the
tops of peoples’ heads with curiosity, and knew she felt calm. But she
only remembered the “overhead shot” and the experience after being
asked about it by the interviewer. It was so undramatic that she had
not thought of it since it happened.

At the other end of the continuum was a young man (30 years old)
admitted to the hospital after a traumatic accident, who had had a
classic near-death experience. He reported that he was “floating above
his body,” went to a “bright place,” saw visions of people he knew,
especially his dead mother, and was told he could not stay. He awoke
on the operating room table. He cried during much of the interview,
and related that his whole life was changed. He had not told any
hospital or medical staff of his experience. Because he was obviously so
intensely emotional at the time of the interview, the interviewer re-
quested and received his permission to tell the staff he had had an
intense emotional experience so that they would be available for con-
tinued support. It should be noted that the interview took place about
three weeks after his “experience,” and his medical condition was such
that he was expected to recover fully.

Of the other four patients relating OBEs during this hospitalization,
two were related to emotional states occurring while lying in bed (e.g.,
one felt she “got lost, wandered away from my body, could not help
myself and became very uncomfortable”). Of the six OBErs, four found
the experience growth producing or at least curious and calming. Two
became frightened during the experience.

Other results of this study that show similarities between dreamers
and OBErs are not new (Blackmore, 1982). They support data from
existing studies, however, and suggest that studying OBEs in relation
to phenomena like dreams, or studying characteristics of dreamers and
OBErs, might give useful data concerning the nature of the OBE, or the characteristics of people who have them.

Conclusions

The lifetime incidence of OBEs in this group of hospitalized patients was 15.5%; the incidence of OBEs occurring while these patients were in the hospital was 8.5%; and the incidence of OBEs occurring during this single, identified hospital stay was three percent.

Race seemed to be a significant factor in the reporting of OBEs in this study; consequently, I recommend that when an interview method is employed in studying OBEs, data collectors and subjects should be of the same race.

Finally, the significant correlations between OBEs and frequency of dream recall, and between OBEs and dream vividness, suggest further study of those relationships.

References


An Israeli Account Of A Near-Death Experience: A Case Study Of Cultural Dissonance

Henry Abramovitch, Ph.D.
Sackler School of Medicine, Tel Aviv University

ABSTRACT: The text of an Israeli near-death experience (NDE) is presented in translation from the Hebrew. This account is contrasted with the traditional Hebrew sources on NDEs or their equivalents, which formed part of the NDEr's native subculture. In the present case, the lack of congruence between the reported NDE and the expected cultural form led to intense confusion described by the NDEr. Further study is needed of folk traditions of NDEs.

In a recent study of near-death and out-of-body experiences in native Melanesians, Dorothy Counts (1983) emphasized the importance of cultural expectations in the interpretation of near-death experiences (NDEs) or of functional NDE equivalents, that is, accounts of the fate of a dying person that are based on cultural tradition rather than on specific experiences of individuals who have come close to death. For many individuals undergoing NDEs, the lack of a cultural model to help understand and process the experience adds greatly to the individual's sense of confusion and isolation. The ability to assimilate such experiences to available cultural models may assist the entry into such experiences and aid in communicating their significance subsequently.

But the presence of cultural models of NDEs, although generally helpful, need not necessarily be so: in particular, confusion may arise when the actual experience of a person near death clashes with cultural expectations. The following is a case study in which the lack of
congruence between the reported NDE and the expected cultural model did lead to intense confusion.

This case study is a translation of an unsolicited personal account of an NDE written originally in Hebrew by Chaim Ralbag of Rehovot, Israel. It was written after Ralbag had a serious heart attack, and he composed it in an effort to make sense of what had happened to him when he lay hovering between life and death. At the time of this writing, Ralbag was unaware of the available literature by Raymond Moody (1975), Kenneth Ring (1980), and others. Indeed, he was surprised to discover that other individuals had had experiences not entirely unlike his own.

**Translation Of Testimony**

As I am about to recount some sensations that I experienced during my heart attack, I thought it best that I preface my account with a brief outline of my lifestyle before that event.

I was a man of home and family, with a stable life. My daily schedule was well organized. I used to go to work at 7 a.m. and return at 1:30 p.m. for lunch. As was my custom, I used to rest and nap for an hour after the meal. At 4 p.m. I would return to my activities, to my work or hobbies. My health was excellent. I had no need of doctors. Except for an ordinary case of a stuffed nose or cold, which never interfered with my set daily routine, I had no need to visit the clinic. My teaching and educational work was, for me, the major source of satisfaction and inspiration. I was close to my pupils; involved with the teaching and other staff.

I remember, in the last week before the incident, I was preoccupied preparing the inauguration of a sports field in the school, built to commemorate one of the students who fell in the Yom Kippur War. I decided to make the inauguration as modest as possible, in the presence of family, friends, and a number of public officials, representatives of the Ministry of Education and the Municipality. I recall that I was hesitant concerning the subject of my talk, which was supposed to be the central speech of the ceremony. It was hard for me to say words of comfort to the family and the bereaved parents and at the same time express the “satisfaction of achievement.” I wrote, corrected, and rewrote, but my heart was heavy, for I felt that the bereavement had led to the construction of the sports field.

On Friday, March 18, I went to school with a sense of weariness. I put aside my routine work. I examined and made sure that all the details
would be ready and in order for Sunday, March 20, the day of the
ceremony. I was tired. At noon, I left school and walked to a meeting of
principals. I sat and listened but I was very very tired.

At 2 p.m. I arrived home. I ate a light meal and lay down to rest.
After some time, between sleep and waking, I awoke with a feeling of
nausea and oppression. I got up to go to the bathroom and immediately
had an attack of dizziness—circles of sparks and light danced before my
eyes. My vision dulled. I held onto the door frame, shut my eyes, and
said, "I will hold on until the danger is past"—but my senses became
more and more clouded, the darkness deepened, and I fell down.

After a while I began to understand what I was seeing. It seemed to
me that I saw those around me as if from behind a screen, and their
voices reached me as if from a great distance. I understood all that they
were saying, but I was apathetic to their words and I mistrusted what
they told me. They said that I had had a heart attack; they said that I
was in an Intensive Care Unit; that I had been unconscious for an
extended period. I did not remember anything of the days I had been in
that ward. I did not believe that I had been unconscious.

On the contrary, I knew that I had been fully conscious, deep in
thought, and intensely active. As my condition improved, and I became
stronger, I was all the more convinced that whenever I spoke to any-
body about the attack, we seemed to be speaking two languages, on
different levels about entirely different experiences.

I remember that as I sank down, I felt that I was sinking and rolling,
sinking and falling. As I continued to sink, the darkness around me
thickened. Fear took hold of me! I was aware that the speed of my fall
was accelerating in relation to time. I stretched out my hand in the
darkness, searching for something to grip in order to brake the force of
acceleration. But all around me was only the void. I continued to fall at
increasing speed. I surrendered to my fate. I knew in another moment
the impact would come. With a broken heart, I cried out, "From the
depths I call to you o Lord . . ." (Psalm 130).

The echo of my cry had hardly died away when I felt the force of my
fall becoming slower. The fall turned into a soft gentle landing, until I
was left hanging in the dark void. I took a breath. I strained my eyes
and tried to find a focus; in every direction, I saw nothing. I shouted for
help, but heard nothing, not even the sound of my own cry. I stretched
out my hand to the sides to feel but there was nothing. I felt panic and
fear of the absolute "nothing." I realized that I was hovering over the
sea of unknown "nothingness."

Suddenly I sensed that every movement of mine, even the slightest
motion, changed my position and propelled me upwards. I wanted to
get out of there, to escape the oppressive darkness; I wanted to return and began to move my limbs madly. I rose quickly, and began to glide. The darkness became less dense, its colors lighter and lighter until light returned. There I was again. Everything was familiar. There was the door, the doorframe that I had grasped, and I again tried to hold onto them, lest I slip off for a second time. In the same moment, I noticed that someone was lying there on the floor in a contorted position. I stopped to look at him. I was astonished and bewildered, for I knew him. I recognized the person who lay there. He was none other than myself. Thus I was confronted with an enigma. I had to find out who was who. I looked again and again at myself and at the person resting there. I was bewildered and astonished, for I knew the person lying there better than I knew myself. I seemed strange in my own eyes. I was surprised to discover that I had no limbs, no body nor bodily form. I was nothing but an isolated monad which I hadn't known before.

What a difference there was between us! Which of us was the real "me"? He lay there inanimate, but I could move. I had will and feeling and the capacity for thought. It must be that I was detached from myself and I was the real "me." Full of compassion, I left him and that place, and with a great leap, I soared upwards. Then I felt that I was growing larger. I was expanding, spreading wings, covering great distances. I slowed down and glided, hovering happily. How delightful it was to soar and hover! How wonderful it was and how wondrous the tranquility!

Suddenly I realized that I was not alone. Many like me began to appear, becoming more numerous minute by minute until there was no counting them. They were all in motion, ever taking on new forms, expanding, revolving, and contracting, in their movement, merging and penetrating, passing and affecting one another. I was already among them, pulled along in the great current of movement, streaming upwards.

I was surprised by the brilliance of a light that had no source. The light was itself myriads of flames and auras, tints and hues. I touched aura after aura, flame after flame, each twisting and growing larger, quivering and separating. They changed their shape and their very being. They became part of the endless stream. The sound, no less than the light, amazed me. An infinity of tones mixing together in their varied and independent movement, streaming in a powerful current through vast expanse, upwards. I was light. I felt good. I was happy to be there with them, among them. I was seized by a powerful yearning to rise. I longed to transcend, to merge with that exalted center that
drew me upwards. It seemed so close that I could have reached it in no
time. But despite all my efforts, I could not reach it. I decided to ask the
one nearest me the way there. But I was speechless. Still to my
amazement he understood me without speaking and without words.
Through thinking alone, we understood one another. He explained to
me that there is no "up" and no "down." There is no space and no time—
no dimension and no measuring. The way to the desired goal I longed
for was the way of will and feeling and awareness. I understood!

Then I realized that I was a different being in a new reality; a
window had been opened for me to see the meaning of continuous,
changing creation. I realized that I existed in a reality in which the
laws of nature did not exist. All this wondrous activity was motion of
different elements changing their being and creating in harmony a
wondrous majestic symphony of kinetic movement.

Then I knew that I must distinguish between what was and what is. I
remembered that self of mine, that had been.

I felt sorry, for I knew that he could not stand such mystic experi-
ences without being hurt. I felt a need to return to him, to apologize,
to explain to him that there are no compromises, that we must sepa-
rate ...

I turned to my body. On the way, I saw a most unusual sight in this
new present reality: a steep hill glistening conspicuously above an
area of mist. I stopped to look at it. I felt as if I were standing on solid
ground. I noticed again my hands and feet, and became like my former
"self." I tried to fly upwards but I couldn't. I had to walk. As I ap-
proached the hill, I noticed somebody was standing on the peak. I
looked at him and recognized him. It was my father. A few paces
behind him stood my brother, silent, smiling and looking at the two of
us.

Father looked at me with his penetrating eyes and serious expression
and in a voice of silence asked of me, "What are you doing here?"

I ignored his question and asked of him, "Please, Father, help me,
stretch out your hand and pull me up." He asked again, "What are you
doing here?" I answered, "I brought tools with me. Black paints and
brushes. I want to paint and to engrave on the rock of this hill the verse
'Remember, you shall love the stranger, the orphan and the widow'"
"What nonsense," he said. "These words have been written in the Book
for thousands of years."

"It is true," I replied, "but parchment and ink are material things.
How can material objects convey a spiritual idea? However, if I en-
grave a pure black color on this radiant white hill, it will glow like
black fire on white fire and with such tremendous force that it will
radiate out and cause the idea to enter in every heart, and every soul."
Father's face grew furious and he reproached me, "You and your foolishness! Now? At this time? The hour is very late. Go back, my son, lest it be too late."

I straightened up and stretched. I stood on the tips of my toes. I raised my two hands and shouted, "Father, give me your hand—help me."

He did not respond. I lost my balance. I slipped and fell. A burning pain paralyzed my feet. I turned my head. I looked at Father. A gentle smile passed over his lips and his image began to dissolve and disappear, as well as my brother's image. I could no longer fly, nor even walk, and I began to crawl.

Crawling caused me tremendous pain, but I made progress. Suddenly I saw my body. I held it by both arms—its hands in mine, its eyes in mine. I held fast, tenaciously. I didn't say a word. In my ear, my father's words echoed, "Go back, lest it become too late." My senses clouded and I was lost in the darkness...

Days passed. Already I could make out the people around me. I could speak, answer, respond. I lay in the hospital but my heart was there, far away. I yearned to return to that glorious tranquility, to that purity and splendor.

One day, a man dressed in a white cloak entered my room. He introduced himself as the treating physician in the intensive care ward. He asked me how I was and asked, by the way, if before the attack, I had done any physical work, or whether I had made any special physical effort, if I had climbed up a ladder, if I had painted my house in preparation for the holiday. I answered in the negative and I asked him to explain his questions. He said that when I was unconscious I mumbled about colors, about climbing, and many other words that he didn't understand. He was not the only one. Other doctors came and asked. My answers to them were all negative. They said I was unconscious. Was that really so? I knew and understood what I had seen and experienced. I felt I had achieved the revelation of a new truth. A different reality had been revealed to me. But I did not reveal these secrets of my heart to anyone. I was afraid that I would seem misleading.

Since then much time has passed. At first I was fearful. I needed emotional support. I sought solid ground to lean upon, something to hold onto. I consulted a psychiatrist. I turned to a rabbi, because my soul was stirred up in torment. In time, my spiritual turmoil subsided. I learned to live, and preserve my sanity. I must admit that in the end, I was altered, or I changed.

Commentary

There are a number of points worthy of commentary. In the original Hebrew, the account is written in evocative, lyrical style, full of allu-
sions to many Biblical, Kabbalistic and other classical Hebrew sources. These allusions convey to the Hebrew reader a range of associations and doctrines beyond the scope of this translation. For example, the allusion to "white fire on black fire" refers to a well-known Jewish legend that states that Moses on Mount Sinai received the Ten Commandments originally in such a fiery form. Similarly, the phrase "absolute 'nothing'" is derived from Kabbalistic discussions about the nature of creation, specifically the doctrine of *ex nihilo*, creation of the world out of absolute nothing. In a similar vein, the description "no body, nor bodily form" is a quote from a well-known hymn, based on Maimonides's thirteen articles of faith, which describe the Almighty as having "no body, nor bodily form." To the Hebrew reader, this is an explicit hint at the depth of the mystical quality of the experience.

These numerous untranslatable allusions, however, seem particularly appropriate to the task of describing a mystical or near-death experience. They point the way to "what is ineffable," bridging the gap between the experience and the written (or spoken) word. In this manner, the text points beyond itself, to where "there is no 'up' and no 'down'... no space and no time... in a reality in which the laws of nature did not exist."

Chaim Ralbag grew up in one of the ultra-orthodox communities of Jerusalem (Simon, 1978). He is a descendant of 18th-century Lithuanian Jewish immigrants, who have continued to preserve a pious lifestyle based on twin poles of study and prayer. Although Ralbag abandoned this lifestyle while a young man, he was nevertheless immersed in the study of religious texts. Unlike various Hasidic groups, which are overtly mystical in their religious orientation, the group to which Ralbag belonged prided itself on being of a more rational outlook. Nevertheless, he was exposed in his youth to various written and oral traditions of near-death experience equivalents.

The best known of these traditions are recorded in the *Book of Splendour*, in Hebrew *Zohar*. This volume remains the most important and influential text in Jewish mysticism. Gershom Scholem (1977), the great student of Jewish mysticism, has established that the book in its present form derives from medieval Spain, but also that certain notions may derive from Rabbi Shimon bar Yochai, a second-century teacher, to whom the volume is traditionally attributed.

The mystery of death plays an important role in the *Book of Splendour*. In the text, various traditions concerning the fate of the dying person and his soul are discussed.

The best known account of a near-death experience equivalent (known to Ralbag) occurs, it is said, at the moment a man is dying.
Adam, the First Man, appears. Upon seeing this apparition, the dying man cries out, "It is because of you that I must die." To which Adam replies, "Yes, I did sin once, a sin for which I was severely punished. But, you, my son, have sinned not once, but many times." Adam proceeds to show the man a list of misdeeds and concludes, "There is no death without sin."

Another tradition does mention seeing relatives now deceased as a sign of impending death. A certain Rabbi Isaac, afraid that he was about to die, came to Rabbi Shimeon, who asked him:

Have you this day seen the face of your father? For we know that when the hour comes for a man to leave this world, he finds himself surrounded by his father and his relatives, and he looks at them and recognizes them, and sees all who were his companions in this world, and they escort his soul to the new abode it is to have . . . (Scholem, 1977, p. 53)

Presumably because Rabbi Isaac had not yet seen his father, he was not yet thought to be near death. Shortly after, Rabbi Isaac did see his father in a dream, and he was informed that but for Rabbi Shimeon’s request, Rabbi Isaac’s time to die would have come.

Further, Rabbi Isaac was informed that "when a man’s soul leaves him, it is met by all his relatives and companions from the other world, who guide it to the realm of delight and the place of torture" (Scholem, 1977, p. 57). The worthy man and the sinner are thus taken to see their respective abodes. Indeed, it is said that the soul of dying person makes nightly voyages, for 30 days prior to his death, to inspect his place in the "world to come." During the seven days after death, the soul goes back and forth from grave to house, mourning for its body. Other accounts describe the process as the soul departing from the body limb by limb. The common theme in all these accounts concerns reward and punishment in the afterlife.

That escatological concern with divine recompense is strikingly absent in Ralbag’s account. The one scene in Ralbag’s account that is relevant to the traditional near-death material concerns the meeting with his father. Chaim, the son, appears as a well-intentioned quixotic individual, while his father is presented as a stern patriarch. The meeting between son and father could be a sign of impending death. The father’s angry question, "What are you doing here?" might be understood in one of two ways. As in the Book of Splendour, the visage of his father might be taken as an indication of his fate in the world to come, a fate his father might very well question, since Ralbag, the son, did deviate from the ways of his father. On the other hand, the meeting
with father might be akin, as it seems to be in Ralbag's mind, to the meeting reported above between Rabbi Isaac and his father. In this case, the meeting of father and son is an indication that "the decree of death" has narrowly been averted. In either case, this meeting can be seen against the cultural genre presented by the *Book of Splendour*.

One feature typical of near-death experiences is missing from the Ralbag account. It is the "panoramic review of one's life." In this case as well, the tradition may illuminate the absence, for according to the *Zohar*, it is not the dying person but God Himself who makes the review:

> When God has decided to receive back a man's spirit, he passes in review all the days of the man's life in this world. And happy the man whose days draw near to pass before the King without blame, with not a single one rejected on account of any sin therein. (Scholem, 1977, p. 60)

Otherwise, the account is a remarkably rich one, including almost all of the features described by Moody (1975). It includes out-of-body experiences, floating and moving through the darkness, feeling of intense peace, even exhilaration, awareness of an extraordinary light and sound, and meeting with other presences, including "spirits" of loved ones, in this case, father and older brother, who instruct him to return to life. Indeed, if there is a practical function to this near-death experience, it seems to provide for a reunion of body and spirit, after the two have been temporarily cut adrift.

Unknown to Ralbag, he had a fairly typical near-death experience, as described in the scientific literature. It is conceivable that the torment he described subsequent to his experience derived from his inability to integrate and/or relate this strange encounter with some pre-existing cultural form. Rather, I am suggesting his confusion was in part due to the lack of overall congruence between these near-death traditions of his native culture and what he actually experienced. That his implicit cultural expectations were imperfectly met led him to be fearful "to reveal these secrets of my heart to anyone . . . because my soul was stirred up in torment."

I hope I have suggested how the study of individual near-death experiences can profit by viewing them against the available cultural genres or frames. The study of pre-existing religious and folk traditions concerning near-death experiences, or equivalents, is an endeavor worthy in its own right. Such traditions often serve to guide the initiate through an otherwise baffling, even disturbing, encounter.
When a person's experience significantly deviates from these cultural norms, then the individual is likened to the man with a map for a country different from the one in which he finds himself. One may persist in using the incorrect guide despite the terrain; or one may eventually throw away the map and begin to explore the country on one's own. But between those two positions, there is a moment of panic in which one comes to realize that the inherited tradition is not a useful guide at all. Ralbag, having abandoned the ways of his Fathers, yet having no other model of his near-death experience, I suggest underwent just such a moment of panic.

References

BOOK REVIEW

Bruce Greyson, M.D.

University of Connecticut Medical School


In his foreword to this book, Stephen Appelbaum notes that the romantic, naturalistic, rebellious bent that began in the 1960s counterculture and continues today in the "New Age" movement allowed anomalous events such as out-of-body experiences (OBEs) to be accepted and appreciated, yet also denigrated their scientific analysis and examination. Glen Gabbard and Stuart Twemlow, two widely published psychiatrists with broad backgrounds both in psychoanalytic psychotherapy and in altered states, attempt to balance that acceptance with objective analysis. To the extent that they succeed, this well-documented and well-reasoned book will outrage some readers and inspire others.

Of the several outstanding recent books on OBEs, few have considered the phenomenon within the context of an already established theoretical framework. Gabbard and Twemlow, by putting the OBE into the context of psychoanalytic theory, take advantage of an enormous body of knowledge that can now be brought to bear upon the OBE. The psychoanalytic framework in which they view OBEs is certainly only one of many lenses that may permit a clearer view of the

Dr. Greyson is Associate Professor of Psychiatry at the University of Connecticut Medical School, and Director of the Inpatient Psychiatry Service at the John Dempsey Hospital. Requests for reprints should be addressed to Dr. Greyson at the Department of Psychiatry, University of Connecticut Health Center, Farmington, CT 06032.
phenomenon. While examining OBEs through the psychoanalytic lens does not contradict the view through any other model, it does provide a distinctly different view, and provides vital new information about these experiences.

Gabbard and Twemlow have organized their book into four parts, progressing from a phenomenological description of OBEs, to a rigorous differentiation of OBEs from other altered mind/body perceptions, to a consideration of NDEs as a special case of OBE, to an interdisciplinary integration of the data. In the course of that progression, the authors’ data base shifts from limited secondhand sources (literature reviews and mass questionnaires), to firsthand clinical cases, in which their expertise as clinical investigators becomes manifest.

They begin with a definition of altered mind/body perception as an altered state of consciousness in which there is some subjectively perceived distortion of the normal spatial relationship between the mind and the body. By that definition, altered mind/body perceptions include OBEs, NDEs, depersonalization, and schizophrenic body boundary disturbances, a gamut that clearly runs from integrating and noetic experiences to pathological states. Their definition of altered mind/body perception excludes autoscopy and dissociation, the latter because they believe it involves a distortion in temporal rather than spatial sense. One may argue at this point, on the same ground, whether the NDE properly fits the authors’ definition of an altered mind/body perception. Some investigators, such as Russell Noyes and Roy Kletti (1976) and Peter Hartocollis (1983), maintain that the loss of a sense of time is at least as critical to the NDE as is the altered spatial relationship; in my own research (1983), timelessness was described in 64% of NDEs, and OBEs in only fifty-three percent.

In Chapter one, a descriptive typology of OBEs, Gabbard and Twemlow provide an excellent summary of OBE reviews from psychology, parapsychology, sociology, anthropology, literature, and neurophysiology, an impressive literature review of unusual breadth. Their conclusions, based on their own study, as well as the extensive literature review, are that consciousness, when it is perceived to be outside the body, is rarely clouded, that the OBE is experienced as far more real than a dream, and that the typical OBE occurs in a state of relaxation and involves consciousness remaining near but separate from the body.

Chapter two, a psychological and demographic profile of OBErs, reports in detail the results of Gabbard and Twemlow’s questionnaire mail survey. This chapter not only summarizes the authors’ data
simply and clearly, but also compares their findings with the meager published literature on psychological correlates of OBEs. While there are methodological concerns about their recruitment of OBErs and control groups through appeals in a popular tabloid newspaper and the forced-choice format of the retrospective survey instruments, they nonetheless marshall documentation that OBErs are typical healthy Americans, without any indication of psychosis, hysteria, substance abuse, or thrill-seeking.

As a researcher myself who utilizes mail surveys similar to Gabbard and Twemlow's, I must comment on the limitations of that method of investigation. Leaving aside the concerns about the particular source of Gabbard and Twemlow's sample, we must recognize that subjects identified in mass surveys may differ substantially from those studied through personal investigation.

Ian Stevenson (1987) has reminded us recently that, relying solely on survey-based data, it is virtually impossible for the researcher to appraise the subjects' memory and reporting biases, to bring up details not mentioned in the written material, and to clarify meanings of ambiguous terms. The most carefully selected survey sample, therefore, can at best provide cases of questionable authenticity, validity, and completeness. Gabbard and Twemlow are aware of these problems, and restrict consideration of their survey data to one of the shortest chapters in the book.

Having provided a descriptive summary of OBEs and OBErs, the authors then turn to a differentiation of the OBE from other states, including depersonalization, autoscopy, and schizophrenic body boundary disturbances. That task, which occupies a full third of the book, is no mere academic exercise, but has critical implications for the clinical treatment of OBErs.

They commence in Chapter three with a comparison of OBEs with depersonalization. In this, the clinical section of their book, Gabbard and Twemlow frequently resort to psychiatric terms with specific technical meanings, such as "borderline," or to psychoanalytic constructs, such as an "early pregenital fixation" or the "rapprochement crisis of separation-individuation." Far from being psychobabble, these are, as the authors use them, well-thought-out conceptualizations of a topic that is very difficult to conceptualize. They do, however, require a specific background to appreciate fully, and their impact may be obscure to the general reader. That obscurity is unfortunate, as Gabbard and Twemlow's success in explicating the psychodynamics of OBEs is a critically important milestone in the normalization of those experiences. The authors provide a thorough review of psychoanalytic theo-
ries of depersonalization, including Gabbard's original contributions, but largely ignore cognitive and learning theories and other psychological models. That bias is found throughout the book, but appears most prominently in this chapter.

In the first of a series of admirably clear and concise tables, the authors itemize the differences between depersonalization and the OBE. Some theoreticians have argued that the OBE, since it does differ from depersonalization in many essentials, must be an atypical variety of depersonalization. One could likewise argue that a horse, since it lacks horns, udders, and four-part stomach, must be an atypical variety of cow. From a practical perspective, Gabbard and Twemlow have provided clinicians with clear diagnostic criteria for differentiating OBEs from depersonalization, and that achievement alone is a major advance for OBE research.

The next chapter, comparing OBEs to autoscopy, is far more digestible for the general reader. The authors here provide a brief overview of the voluminous literature on the double or doppelganger in folklore and fiction, bring order to the confused clinical literature on autoscopic phenomena, and discuss both psychological theories and organic causes of autoscopy. Again, they list in clear tabular form the ways in which autoscopy can be differentiated from the OBE.

The fifth chapter compares OBEs to schizophrenic body boundary disturbances. Although most psychiatrists regard the schizophrenias as beyond the explanatory reach of psychoanalytic theory, Gabbard and Twemlow present an impressive case for the psychoanalytic understanding at least of the body boundary disturbances in these disorders. The authors' theoretical summary is effectively supplemented by their own case histories, and once more, a concise table summarizes how schizophrenic loss of body boundaries differs from OBEs. This chapter includes a brief reference to hallucinogenic alterations of mind/body perception, which are arguably the most common pathological category of altered mind/body perception today. While few critics have seriously likened OBEs to schizophrenic symptoms, legitimate researchers such as Ronald Siegel (1980) have compared them to psychedelic experiences. It would have been useful for Gabbard and Twemlow to have included a chapter on hallucinogenic misperceptions, with a table summarizing ways in which those experiences differ from OBEs.

The next chapter, comparing OBEs with dream-related states, is less focused than the previous one, since it covers a wide range of phenomena that may or not be related, such as lucid dreams, Isakower phenomena, and flying and falling dreams. Gabbard and Twemlow report that 94% of their sample described their OBEs as "more real than a
BOOK REVIEW

"Dream." But how did they conclude that the OBE was not a dream? According to the authors, "the experienced subject clearly considers the question a silly one and considers its answer self-evident" (p. 95).

That is hardly a satisfactory answer for the nonexperiencing researcher or clinician. That impasse of researchers asking questions that their subjects regard as self-evident is a major problem in near-death research. The "experienced subject" may learn a great deal by forcing himself or herself to verbalize how he or she "knows" the distinction, and in doing so may well escape some subtle self-deceptions. Researchers, on the other hand, may find their pursuits more productive if they use NDErs' insights to help focus their areas of study and to develop specific questions.

This chapter contains a wealth of data in several tables that are, again, less focused than those in previous chapters. One table compares subjects who were or were not dreaming at the time of the OBE on a variety of dichotomous dependent variables, such as feeling sadness during the OBE. Rather than using chi-squared, the customary statistic to test the significance of relationships between discrete categorical data, the authors used t without explanation. This peculiarity is repeated in the next table, comparing those whose dreams did or did not involve falling or flying on a series of dichotomous variables. To add to the confusion in this chapter, these two tables are bracketed in the text (on pages 96 and 100) by an incomplete and incomprehensible sentence fragment, a rare lapse in this otherwise well-proofread book.

Gabbard and Twemlow report that dream OBEs, and particularly flying-dream OBEs, are more similar to NDEs than they are to waking OBEs, again providing a clear table comparing these phenomena. This finding corroborates the time-honored association between sleep and death; the authors suggest that these similarities may reflect anoxic or toxic metabolic stimulation that is common to the near-death state and sleep. Nevertheless, in another of their concise tabular comparisons, they provide clear criteria for differentiating OBEs from dreams.

The secondary process mentation of lucid dreams invites comparison of such phenomena with OBEs. The authors review the literature, primarily from the annals of psychical research, associating lucid dreaming with OBEs, and then tabulate the ways OBEs differ from lucid dreams. Gabbard and Twemlow next address the view that OBEs are products of fantasy, with a table differentiating OBEs from daydreams. Since the perceived reality of hypnagogic imagery, in contrast to dreams, invites comparison with OBEs, the authors conclude this chapter with another table summarizing features that distinguish OBEs from hypnagogic and hypnopompic imagery.
This section of the book differentiating OBEs from other altered states provides much needed clarity that both clinicians and researchers should find extremely valuable. However, while many of these chapters include a discussion of treatments for those other altered states, nowhere is treatment for OBEs discussed. Although I agree with Gabbard and Twemlow that the OBE is not a pathological symptom, it nevertheless can cause considerable distress and become the legitimate focus of treatment (Greyson & Harris, 1987). While little is known about which intervention strategies are most effective with OBE-related problems, I wish that the authors had shared their thoughts on treatment from their psychoanalytic perspective. One of the major appeals of psychoanalytic theory is that it is ultimately rooted in clinical experience rather than in an abstract model of the mind, and therefore has direct implications for clinical practice. With the Eyes of the Mind develops a clear conceptual understanding of the OBE, but then stops short of drawing clinical implications from that understanding.

Having clearly differentiated OBEs from other altered mind/body perceptions, Gabbard and Twemlow devote the next three chapters to NDEs as a special case of OBE. In their brief overview of empirical near-death studies, they note that Ring (1980) described the OBE as the second of five NDE stages, and therefore not necessarily a cardinal feature of the NDE, while other investigators estimated the incidence of OBEs within NDEs to range from 26% (Gallup & Proctor, 1982) to 70% (Greyson & Stevenson, 1980).

In this overview chapter on NDEs, the authors assess various hypotheses advanced to explain the experience. They dismiss cultural or religious programming as a significant contributing factor on the empirical evidence, and endorse Carl Becker's refutation in this journal (1982) of the popular birth model of the NDE. They find neurophysiologic explanations, including anoxia and limbic stimulation by endorphins, simplistic, logically fallacious, and unable to explain the complexities of NDEs.

In their discussion of psychological explanatory hypotheses, Gabbard and Twemlow address the hazards of reducing the NDE to psychodynamics, that is, "explaining it away," citing the theoretical work of Michael Grosso (1981) and myself (Greyson, 1981) in this journal. They regard Grosso's invocation of a Jungian archetype of death as tautological and of no explanatory value, an accusation that Grosso has already countered in this journal (1983).

Gabbard and Twemlow view paranormal explanations as the only ones that agree with the common interpretation of NDErs themselves,
that the soul actually separates from the body. They cite Sabom’s (1982) empirical studies of veridical out-of-body vision during NDEs as supporting such explanations, and conclude by adopting a multicausal view of near-death phenomena. While some critics regard such a view as an inability to take a stand, I agree with the authors that our current knowledge of NDEs simply cannot be accommodated by any unicausal explanation.

Addressing next the comparison between NDEs and OBEs occurring in other contexts, Gabbard and Twemlow report that, while no single feature of OBEs is unique to the near-death state, NDErs are significantly more likely than are non-NDE OBErs to hear noises, travel through a tunnel, sense nonphysical beings, encounter a being of light, and regard the experience as purposeful, beneficial, spiritual, and transformative. Again, in their comparison of dichotomous answers from NDErs and other OBErs, they utilize t-tests rather than the more appropriate chi-squared. In summarizing the special qualities of NDEs, they conclude (p. 138): “The results of our study suggest that the NDE cannot be written off as simply a typical OBE, bearing no relationship to survival threat.”

Chapter eight, which addresses the context of NDEs, questions what Ring has called the invariance hypothesis: that all NDEs are essentially equivalent. Three tables comparing various preexisting near-death conditions (e.g., presence of fever) with NDE phenomenology (e.g., hearing noises) again utilize t to test associations between discrete data, rather than the expected chi-squared. Furthermore, only significant correlations were selected for presentation in the tables; the reader needs to know how many nonsignificant comparisons were excluded in order to assess the true meaning of the p values, since the Bonferroni inequality (Grove & Andreasen, 1982) was apparently not used.

The bulk of this chapter reprints material from Twemlow, Gabbard, and Lolafaye Coyne’s article in this journal (1982), classifying preexisting near-death conditions on the basis of an innovative statistical method that the authors applied to their sample of 34 NDErs. The result of that multivariate analysis was a categorization of preexisting near-death conditions into five clusters: low stress; emotional stress; intoxicant (with emotional stress); cardiac arrest; and anesthetic. The intoxicant cluster NDEs tended to be bizarre and confused, more like depersonalization with hallucinations than prototypical NDEs.

In their overview of these data, the authors found no indication that preexisting psychopathology influences NDEs, although a cognitive style high on absorption appeared to foster either the NDE or, perhaps,
its recall. The physical cause of the near-death episode appeared to be irrelevant to the NDE, with the exception of the bizarreness of those in the intoxicant cluster. The data suggested that "before-death" experiences, precipitated by accidents or medical illnesses, may be clinically more like depersonalization, while "after-death" experiences, precipitated by cardiac arrest, may be more similar to OBEs.

The classification of preexisting conditions proposed in this chapter could be a valuable tool in the exploration of the invariance hypothesis; I would encourage other investigators studying NDE phenomenology and aftereffects to examine correlations of their data with the five clusters Gabbard and Twemlow identified.

In the final chapter on NDEs, the authors focus on experiences during childhood. After describing the NDEs of a 20-month-old boy who bit through an electric cord, a four-year-old boy who drowned, and a seven-year-old girl with the mumps, they find childhood experiences largely identical to adult NDEs, though they tend to lack a life review. The authors consider the consistency of childhood reports incompatible with the cultural conditioning theory of the NDE.

It is here, through an examination of the being of light in childhood NDEs, that Gabbard and Twemlow first show the power of a psychoanalytic understanding of the experience. They begin with the psychoanalytic premise that all significant persons in one's life are "transference objects" to one degree or another; that is, certain attributes of important people from our past are transferred in our perception to important people in the present. They then examine the being of light as part transference object, reflecting qualities of significant figures from one's past. William Serdahely (1987) has noted that in NDEs precipitated by child or sexual abuse, the being of light may have different attributes and roles than in other NDEs; interpreting the transference aspects of the being of light allows us to understand those differences.

Gabbard and Twemlow are not saying here that the being of light is nothing but a projection. They are saying that, just as cultural background will lead one person to identify the being of light as Christ, while another sees it as a yogi or yamdoot, so too personal background will lead us to see the being of light in terms of our own "internalized objects." The threat of death evokes internal parental images, in order to protect and comfort the individual; the being of light is viewed through the lens of these internalized parental images.

The authors describe what Sydney Smith (1977) called the Golden Fantasy, a nearly universal belief that someone will ultimately rescue us from death, which is derived from the infant's perception of an
omnipotent mother and activated by a life-threatening crisis to color our perception and interpretation of the being of light. They then trace, in the descriptions of beings of light by children of different ages, the development of internalized objects and the superego. By drawing parallels to what is known of the development of internalized objects in childhood, they make sense out of the differing descriptions of beings of light at different ages: from all-good loving figures who neither judge nor command; to good and bad figures not yet integrated into one being; to a being of light who loves and accepts but also judges and commands, a well-rounded God who evokes both love and fear, as does a parent.

Through the use of psychoanalytic interpretation, then, one can understand how the being of light reflects the developmental level of the NDEr's internalized object relations and superego formation. Conversely, descriptions of beings of light from children at different ages may give us new insights into the development of internalized objects in childhood and of moral behavior.

Gabbard and Twemlow, in their application of psychoanalytic theory, have given us a major new tool with which to understand otherwise perplexing inconsistencies in NDE reports. They do not attempt to "explain away" these phenomena, but simply to make sense of our perceptions of, and reactions to, NDEs. The authors risk being accused of calling the being of light "just" a projected internalized image. But they are not doing that. They are proposing instead that, unless we know what lens we are looking through to view the beings of light, we cannot know what really lies beyond that lens.

It is in the final section of this book that the full force of Gabbard and Twemlow's approach becomes evident. Chapter ten, on the meta-psychology of altered mind/body perception, outlines an innovative explanation of OBEs, based on Paul Federn's (1952) ego psychology. Federn regarded the ego as composed of a bodily ego and a mental ego, the latter almost always experienced as being inside the former. Gabbard and Twemlow propose that in altered mind/body perceptions, those two subdivisions of the ego feeling separate. This chapter is critical to a full appreciation of the authors' thesis; it is therefore unfortunate that it is thick with psychoanalytic terminology, and may be difficult for those without a fair working knowledge of psychoanalytic constructs.

Developmentally, Federn postulated first a prereflective noncorporeal self-awareness; followed by noncorporeal but reflective mental ego cathectis; followed in turn by bodily ego cathectis with ego body boundaries. Gabbard and Twemlow describe in these terms a contin-
uum of altered mind/body perceptions, ranging from the OBE, a non-symptomatic altered state of consciousness that can occur in normal or abnormal persons; through depersonalization, a symptom that can occur within a pathological syndrome or as an isolated event in a normal person; to schizophrenia, an abnormal syndrome.

In the OBE, according to the authors, cathexis is withdrawn from the bodily ego but maintained in the mental ego; the ego boundary remains intact; there is no fusion with others, though the mental cathexis is experienced as separate from the body. Cathexis withdrawn from the body is then reinvested in what Paul Schilder (1935) called the body scheme, a constant mental configuration of one's body elaborated by the mental ego. This body scheme is analogous to the parapsychologists' astral body; it is a mental engram that has no physical properties.

In depersonalization, by contrast, the ego boundary is lost, and the experience consequently feels dreamlike and unpleasant. Cathexis withdrawn from the bodily ego is not reinvested in the body scheme, and thus there is no sensation of an astral body.

Finally, in schizophrenia, cathexis is withdrawn from both the mental and bodily ego boundaries. The self becomes fused with others, and since the lack of ego boundaries precludes reality testing, mental constructs are experienced not as being strange, as they are in depersonalization, but as being real.

Things are generally experienced as real when they impinge upon a well-cathected ego boundary. In OBEs, since the ego boundary is preserved, perceptions are experienced as real. In depersonalization, the ego boundary is decathected, and consequently perceptions seem unreal. In schizophrenia, body boundaries are lost completely, and reality and hallucination cannot be distinguished.

While this is an unusually helpful way of conceptualizing OBEs, Gabbard and Twemlow acknowledge that it does not explain NDEs, which include, in addition to an OBE element, loss of consciousness, compromised physiology, and apparent defensive functions.

Chapter eleven, an examination of causation and meaning in OBEs, begins with an assertion that OBEs do not have one single cause, and that, in fact, the search for a single cause is the fundamental fallacy in much of OBE research. Gabbard and Twemlow here invoke the Freudian concepts of overdetermination and multiple causation. OBEs, they claim, are brought about by multiple causation; that is, different causes may bring about OBEs at different times, or in different individuals. Furthermore, they state that many OBEs are overdetermined, that is, brought about by several elements that act together to precipitate the OBE.
The authors do not hope to explain all elements of the OBE, for example, its paranormal features; they are interested in the psychology of the phenomenon, in the unconscious factors at work in the experience. They provide a painfully brief overview of other psychological theories of the OBE, and discuss those theories’ similarities to and differences from the psychoanalytic approach.

To illustrate unconscious elements and the roles they play in OBEs, Gabbard and Twemlow present in depth five cases. They then use these five cases to show how different unconscious factors are significant in producing OBEs in different individuals, or at different times, and to underscore "the futility and absurdity of searching for one single cause and one single meaning of the experience" (p. 194). Though the authors are careful to draw distinctions in this chapter between causes and meanings, they say very little about the latter.

Chapter twelve, physiological correlates of OBEs, was included for the sake of completeness, a sop to "those oriented toward neurophysiology [who] treat data derived by laboratory experimentation as more real and more reliable than the more naturalistic 'subjective' data" (p. 203), a bias Gabbard and Twemlow obviously do not share.

Summarizing the few published studies, they conclude that, while neurophysiological changes may accompany OBEs, the two bear no stable, direct correlation. OBEs seem to occur during shifts between mental states, rather than during any one particular state.

Though this book is primarily concerned with the psychology of OBEs, Gabbard and Twemlow devote the last chapter to the provocative question of whether mind can "really" separate from the body. They begin by reviewing various inconclusive attempts at proof, and then grapple with two fundamental mind/body issues: the nature of objective versus subjective reality, and whether spirit and matter are discrete substances. To the question of whether there is an objective reality that can be experimentally verified, Gabbard and Twemlow present the case for our own subjective participation in creating our own realities. Though the world of consensually validated appearances may be real, the authors argue that that is not the only reality.

While they note that quantum physics is making the notion of objective reality increasingly untenable, they prefer metaphors derived from psychoanalysis rather than those from physics. In that vein, they propose that what we experience as reality is essentially a transference reality, a personal construct determined by our belief system, our state of consciousness, the usefulness of what we're perceiving, and our narcissistic investment in a particular paradigm. In fact, Gabbard and Twemlow maintain, objective reality totally free of personalized distortion is not real at all, but a nonexistent, idealized construct.
The authors assert that, because experiments to prove whether mind and body separate assume that there is an objective reality to OBEs, they consequently yield inconclusive results. OBEs are not real in any objectively demonstrable sense, but they are real in a powerful subjective sense.

Next Gabbard and Twemlow address whether mind, or spirit, is a substance distinct from brain, or matter, or whether it is rather a figure of speech or a creation of our ability for self-reflection. They conclude that we tend to believe in dualism in order to cope with the terror of annihilation: we know that the body dies, and we cannot bear the idea that everything dies with it. They reject dualism, however, in favor of a structural monism, in which structure can appear as mental or physical depending on the viewer’s perspective.

The authors distinguish, in their version of a structural monism, between representational events, which can be identified with the concrete contents of conscious thoughts, and nonrepresentational events, which can be identified with the consciousness of those thoughts. Altered states of consciousness are alterations in the nonrepresentational neural contexts, not in the representational thought contents.

In Gabbard and Twemlow’s view, the OBE is a shift in attention from the bounded thought content to the boundariless observer of that content, from the thought to the thinker. The authors try, with questionable success, to operationalize that concept by suggesting a testable hypothesis: that all mystical-integrative experiences, such as the transformation that can follow OBEs, result from such a shift in attention. That is a reasonable hypothesis, but I'm not convinced that it is in fact testable.

Gabbard and Twemlow end with a recapitulation of their ego uncoupling model of the OBE, which I found helpful after their layer upon layer of thought-provoking analysis. In sum, they state, an altered state of consciousness is necessary for an OBE, in which external sensory input and internal proprioceptive input diminish and receive less attention, either because of relaxation, or forced sensory deprivation, as in the near-death state. Though OBEs can have many causes, uncoupling of the bodily and mental ego is the final common pathway.

The authors attempt to put to rest the assumption of mind as a substance or thing that can be disconnected from the brain; yet their data do not support the view of the OBE as an hallucination. They ultimately raise more questions than they answer, but leave us with a valuable tool with which to pursue those questions.

The style of the writing in this book is clear, though not simple, and it has been carefully proofread, with relatively few typographical er-
rors. The practical value of the long section differentiating OBEs from other altered states of consciousness should justify the purchase of this book by clinicians and researchers alike.

Despite the question of whether the NDE is in its essence an altered mind/body perception, and despite the limitations of their survey methodology, Gabbard and Twemlow have written an extremely important book, both for its clarification of the differentiation of OBEs from pathological states, and more critically for opening up the OBE to the insights of psychoanalytic understanding.

Clinicians will find much practical value in this book, and researchers may gain from it a clearer understanding of what these phenomena mean in the lives of individuals. Psychoanalysts, in addition to appreciating the authors' explication of the meaning of altered mind/body perceptions, may also begin to appreciate those experiences as avenues to the unconscious perhaps as rich as dreams; and nonclinicians may gain a respect for the elegance and utility of a psychoanalytic approach to the complexities of mental life.

References


Letters To The Editor

University Near-Death Studies Fund Established

To the Editor:

We are pleased to announce the establishment of the University of Connecticut Foundation Near-Death Studies Fund, a nonprofit fund set up specifically to support near-death research. We believe this to be the first such fund dedicated to near-death studies, and as such marks a turning point in institutional recognition and support of this growing field of research.

Individuals or organizations interested in contributing to the Near-Death Studies Fund may obtain further information by writing to me at the address below.

Barbara Harris Doherty
Dept. of Psychiatry
U. Conn. Health Center
Farmington, CT 06032

Australian Questionnaire Survey of NDEs

To the Editor:

Despite the interest in near-death experiences (NDEs) in countries such as the United States, no one yet appears to have undertaken similar research in Australia. Three years ago, a Melbourne colleague, Gary Little, and I began collecting accounts from within this country in order to partially remedy the situation. Not being in the medical profession, collection was made by public appeal.

We sent letters to the editors of a variety of newspapers asking readers to advise us of NDEs; we also used word of mouth and combed magazines. To date, 33 accounts have been collected: eight recorded on tape, 18 by letter, and the rest coming from scanty magazine articles.
We selected for analysis 26 of these, for whom a name and address were known and a fairly detailed report of the NDE was available. We forwarded to those 26 a letter and questionnaire consisting of 14 multiple-choice questions and a small personal section.

Twelve questionnaires, all usable, were returned. There were ten female and two male respondents. Their average age was 31 years at the time of the NDE, with a range from seven to 51 years of age. Nine out of the 12 stated that they had no knowledge of NDEs before the event.

Nine out of the 12 reported that their NDEs were not difficult to put into words; all agreed that the visual vividness of the event was either "quite vivid" or "as clear as real life." Sensations experienced were mainly visual, although some auditory and tactile sensations were also noted; none were olfactory. A feeling of time distortion was noticed by four respondents: two reported the slowing of time, one time stopping, and one acceleration of time.

The majority of NDEs were reported to have occurred in a hospital during an illness or surgery. In describing their recollections, ten reported perceiving being separated from their own physical bodies, six reported being "above their physical bodies," and one stated that there was a "white cord" connecting the two bodies. Nine out of the 12 described a sensation of traveling during the experience, and six related approaching a limit or boundary of some kind.

Five respondents said that they had encountered someone else during the NDE, describing "a presence," "an apparition," "God," or in one case, a great-grandmother. Only two reported a review of life experiences.

In response to a set of questions derived from Kenneth Ring's Life Changes Questionnaire (Ring, 1984), most of our respondents reported a strongly decreased fear of death, increased love of life, increased religiousness, and increased self-esteem.

These NDEs in general closely follow those already documented from overseas in almost every respect. Although many were years ago (an average of 23.1 years), the vividness of the NDE was said in accompanying written or taped material to have been the reason the event remained clear in the mind.

Although a larger sample is clearly needed to confirm or deny, one interesting difference between these Australian cases and those reported elsewhere is that most of our sample reported "no real difficulty" in expressing what happened. Much has been made elsewhere of the ineffability of the NDE (Moody, 1975; Ring, 1980; Sabom, 1982). It is also noted that all of those who claimed to have separated from and
visualized their physical bodies related being "above" the physical form; the same observation has been made by many reporting out-of-body experiences (Green, 1973).

Michael Sabom (1982) found 33% of his sample of NDEs to be autoscopic, involving viewing one's own body; 48% transcendental, involving another realm or dimension; and 19% having both autoscopic and transcendental elements. In our Australian sample, only one was autoscopic and eight transcendental, with two having features of both types and one not fitting either label.

Bruce Greyson (1985) categorized his sample of NDEs as being 43% transcendental, 42% affective, and 16% cognitive. Although it was difficult to assign our cases to these three categories, since we did not use the same questions as Greyson, of the six that could be categorized, three were transcendental, three affective, and none cognitive.

We hope that professionals may now be stimulated to collect a larger sample of Australian NDEs and undertake a thorough analysis along the lines of existing work overseas.

References


Keith Basterfield
3 Park Lane Drive
Wynn Vale
South Australia 5127
Jewish Values in Bioethics

Edited by Rabbi Levi Meier Ph.D.

In this insightful volume, the dilemmas posed by medical ethics are thoroughly explored by the leading physicians, clinicians, ethicists, and clergy of our time. Edited by a noted rabbi/psychotherapist, these essays integrate the advances of modern medicine with the wisdom of traditional Jewish ethics and scholarship. Through case vignettes, philosophical and psychological theories, and personal experiences—human suffering, the special cohort generation of the Holocaust patient, prolonging 'life or the dying process', risks vs. benefits in treating the gravely ill patient, acute and chronic senility, and the indignity of death with dignity—are examined.

CONTENTS

“will interest readers on many levels, from the physician who faces difficult decisions each day, to the men's Sunday morning group seeking a good book for discussion.”

—Ada Kahn
Author of Diabetes Control and the Kosher Diet

“The authors of these papers are amongst the authorities in the field of medical ethics—the subject of increasing importance and sometimes astonishing consequence. The Jewish tradition with its reverence for life and commitment to justice has a great deal to contribute.”

—Morris B. Abram, M.D., J.D., LL.D.
Chairman
President’s Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research

“These principles so well presented on the important issues considered in this monograph can provide the physician guidance in the moral, ethical and legal dilemmas which face him in the future.”

from the forward by
—Harold Jeremy C. Swan, M.D., Ph.D.

“Jewish Values in Bioethics is a valuable addition to works that are available for the guidance of professionals and enlightened laymen alike.”

—Sir Immanuel Jakobovits
Chief Rabbi of England

1986
0-89885-299-4 ......................................... $29.95
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.

SCRIPTS should be submitted in triplicate, typed on one side 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 scripts to: Bruce Greyson, M.D., Department of Psychiatry, University of Connecticut Health Center, Farmington, CT 06032.

PAGE should contain the names of the authors, as well as their degrees, affiliations, and phone number of senior author. An address for reprint requests should be included. A footnote containing simple statements of affiliation, credit, and research support 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 given 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.
Psychotherapy in a Religious Framework
Spirituality in the Emotional Healing Process
L. Rebecca Propst, Ph.D.

Using both the latest psychotherapy research and theological reflection, this book is a counseling guide for clergy, pastoral counselors and psychotherapists. It provides lucid descriptions of currently accepted and proven counseling procedures.

Contents
Beyond Counseling; The Healing Partnership; Self Knowledge; Transformation of Our Point of View; Maintaining the Healthy Middle Ground; Image Transformations; Spirituality of Action; Steps in the Counseling Process; References; Index.

1987
0-89885-350-8 ...................................................

Pastor and Parish
The Psychological Core of Ecclesiastical Conflict
Robert L. Randall, Ph.D.

Written by a pastoral psychologist, this work utilizes the insights of Heinz Kohut’s self psychology to empathically interpret the core struggles of pastors and parishes. Through case examples and clinical explanations, the author demonstrates how the loss of personal and spiritual cohesion in clergy and congregations is psychologically rooted in the injuries to and weaknesses in their “selves.”

CONTENTS
Introduction: The “Self” of Pastor and Parish; A Working Overview of the Self Psychology; Mirroring, Idealizing, and A Needs of Pastors; Narcissistic Structures of Pastors; Struggles of Parishes; Patterns of Nymphed Selves; Notes; Selected Bibliography; Index.

1987
0-89885-348-6 ...................................................

New from Human Sciences Press

Psychotherapy in a Religious Framework
Spirituality in the Emotional Healing Process
L. Rebecca Propst, Ph.D.

Using both the latest psychotherapy research and theological reflection, this book is a counseling guide for clergy, pastoral counselors and psychotherapists. It provides lucid descriptions of currently accepted and proven counseling procedures.

Contents
Beyond Counseling; The Healing Partnership; Self Knowledge; Transformation of Our Point of View; Maintaining the Healthy Middle Ground; Image Transformations; Spirituality of Action; Steps in the Counseling Process; References; Index.

1987
0-89885-350-8 ...................................................

Pastor and Parish
The Psychological Core of Ecclesiastical Conflict
Robert L. Randall, Ph.D.

Written by a pastoral psychologist, this work utilizes the insights of Heinz Kohut’s self psychology to empathically interpret the core struggles of pastors and parishes. Through case examples and clinical explanations, the author demonstrates how the loss of personal and spiritual cohesion in clergy and congregations is psychologically rooted in the injuries to and weaknesses in their “selves.”

CONTENTS
Introduction: The “Self” of Pastor and Parish; A Working Overview of the Self Psychology; Mirroring, Idealizing, and A Needs of Pastors; Narcissistic Structures of Pastors; Struggles of Parishes; Patterns of Nymphed Selves; Notes; Selected Bibliography; Index.

1987
0-89885-348-6 ...................................................