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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.

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Editor’s Foreword

Near-death experiences are often said to promote moral or spiritual growth in individuals. However, the evidence for such personal transformation has been largely anecdotal and subjective. In this issue’s lead article based on her doctoral dissertation, clinical psychologist Rosalie D. Newsome examines levels of ego, moral, and faith development among near-death experiencers. Newsome’s use of standardized quantitative instruments to assess these elusive variables represents a new level of sophistication in near-death research.

In a previous issue of the Journal, counselor/educator Janice Miner Holden proposed a rationale and framework for research into the accuracy of out-of-body vision during near-death experiences in a controlled hospital environment. We include in this issue her empirical study of the parameters of visual perception during near-death out-of-body experiences.

This issue also includes a review of near-death experiencer Phyllis Atwater’s controversial book describing her own studies and conclusions, Coming Back to Life, and exchanges of letters on the importance of scientific as opposed to anecdotal near-death research, and on the implications and investigation of out-of-body experiences in the blind.

Bruce Greyson, M.D.
Editor
Ego, Moral, and Faith Development in Near-Death Experiencers: Three Case Studies

Rosalie D. Newsome, Ph.D.
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ABSTRACT: Near-death experiencers (NDErs) commonly report shifts in basic values and attitudes, toward intensified compassion and a sense of unconditional love, spirituality, and a sense of mission, and away from materialism and competitiveness. Some researchers have suggested that these attitudinal shifts represent a new stage in human evolution, which will produce major social change. However, knowledge of these reputed NDE aftereffects has been based on NDErs' subjective reports, unverified by objective measures. This study examined relationships between three NDErs' levels of moral, ego, and faith development, as measured by standardized instruments, and extensive qualitative data describing their NDEs and personal attributes. The results suggest that currently available instruments, designed to measure the lower self, may not reflect the awakening to a transpersonal plane of functioning that follows an NDE.

The near-death experience is a constellation of altered-state phenomena often triggered by physiological emergency, similar in every respect to deep spiritual experiences. Although the near-death experi-
ence (NDE) can be traced back through thousands of years in human history, in the modern era the phenomenon began to draw public attention only in 1975, with the work of psychiatrists Elisabeth Kübler-Ross and Raymond A. Moody, Jr.

During this first decade of investigation into near-death experiences, researchers uniformly reported the perception of individual experiencers that their basic value structures were profoundly altered as a result of the NDE. The experiencers commonly reported a strong shift toward intensified compassion and a sense of unconditional love; a lessening of materialism; increased spirituality; and a rising sense of mission to be of service to others.

Such accounts of dramatic attitudinal shifts have given rise to the theory that near-death experiencers may represent a new stage in human evolution, one that will produce major social change. As the number of NDEs increases throughout the world, it is hoped that the values commonly reported as part of the post-NDE transformation—including agape love and service to others—will take precedence over materialism and competitiveness, signaling the beginning of a new age of peace for humanity. Post-NDE attitudes in individual experiencers are believed by many to be so extensive as to signal a shift not only to a higher level of functioning, but perhaps even to a new evolutionary level and a species that John White has named Homo noeticus, precursor of the human future (Ring, 1984).

Throughout the near-death literature, these assertions of dramatic developmental change share a common and serious weakness: they are based entirely on experiencers' subjective reports, unverified by objective measures and unexplored in critical depth. The primary and most obvious reason for this lack is the near-impossibility of obtaining such objective data; secondarily, the number and scope of research studies is limited because the field of near-death studies is still in its infancy. In the absence of quantitative tests to measure the reported changes, case studies could provide initial information about these issues. However, no reported studies have examined individual experiencers in sufficient detail to substantiate whether they do, in fact, demonstrate high levels of ego, moral, and faith development in their attitudes or in their functioning.

**Literature Review**

Virtually the entire field of near-death studies has developed within the past ten years. With the exception of Moody's seminal *Life After Life*, published in 1975, the major studies have appeared only since
1980. The intent of the research during these first years has been essentially descriptive, establishing the near-death experience as a genuine phenomenon and tracing its principal elements. The study of aftereffects is now in its earliest stages.

While the number of researchers remains small and the content of published materials is still fully accessible, the needs of such a new area of study are easily observed. As the broad outlines of the subject have been identified, it is now possible to consider more intensive, qualitative studies incorporating standardized investigative instruments and more probing interviews. Moody’s work is entirely anecdotal. He has never claimed otherwise. Life After Life and its companion volume, Reflections on Life After Life, published two years later, are a compilation of Moody’s observations on and quotations from a group of 150 NDEs collected over a period of years surrounding Moody’s graduate study at the University of Virginia. Moody identified the pattern of elements now accepted as defining the phenomenon and gave it the name “near-death experience.” His intent was directly and simply to draw the experience to public attention, not to investigate it in depth. His phenomenal success in capturing international interest provided a foundation for the later work.

Social psychologist Kenneth Ring was the first to attempt a systematic study of the near-death phenomenon. His first book, Life at Death (1980), produced an abundance of demographic data about NDE population characteristics, the relative frequency of specific elements within the overall pattern, and the circumstances under which the events occurred.

In that first work, Ring summarized his findings on personality and value changes: “The things that [the experiencer] values are love and service to others; material comforts are no longer so important. He becomes more compassionate toward others, more able to accept them unconditionally. He has achieved a sense of what is important in life and strives to live in accordance with his understanding of what matters” (p. 158). Later he noted the “heightened inner religious feeling” (p. 162) that follows an NDE, adding, “My personal interaction with many core experiencers left me with the impression that a spiritual awakening had definitely occurred in a number of them” (p. 166). Ring himself has consistently noted the need for more systematic studies (pp. 22, 40, 258–260).

For his second study, published as Heading Toward Omega (1984), Ring developed three questionnaires to expand the available data about these reported personality and value changes. Two were to be completed by the interviewee, and the third by persons who had known the individual before the NDE. The study produced additional reports
of profound and lasting change in values, attitudes, and behaviors. Further, the questionnaires did provide better data than the unstructured individual reports that had existed previously; the effort to obtain third-party observations was especially useful. Ring was able to state that "we can tentatively conclude that there is no indication whatever that the self-reports of NDErs are biased or in any way invalid" (1984, p. 141).

Based on the shifts in value structures reported to him, Ring suggested far-reaching implications for social change. The NDE, he wrote, may represent "an evolutionary thrust toward higher consciousness" (1984, p. 255). Ring also asked, "Are we seeing in such people—as they mutate from their pre-NDE personalities into more loving and compassionate individuals—the prototype of a new, more advanced strain of the human species striving to come into manifestation?" (1984, pp. 254-255).

Following Ring's Life at Death by two years, the second research work to appear was cardiologist Michael B. Sabom's careful Recollections of Death (1982). Sabom's interest was to substantiate the existence of the NDE as a genuine phenomenon and to suggest implications for change in medical practice, not to document long term aftereffects or shifts in personality or values.

Nevertheless, Sabom and his social worker associate, Sarah Kreutziger, used both the Templer Death Anxiety Scale and the Dickstein Death Concern Scale to assess post-NDE fear of death, which had been frequently reported as lessening following the experience. Their findings corroborated the reports that fear of death decreases after a near-death experience (pp. 125, 213).

With his interest in post-NDE value changes piqued by the work of Moody and Ring, sociologist Charles Flynn investigated the beliefs, values, and social commitments of a group of 21 near-death experiencers (1986). His results strongly supported the contention that the NDE produces deepened concern for others; a denial of materialism as the source of meaning; heightened spirituality and religious understanding; lessened fear of death; and an emphasis on unconditionally loving relationships with humanity as a whole, as well as with significant others (p. 166). Flynn's findings were drawn exclusively from the voluntary comments of his subjects.

A 1985 bibliography prepared by psychiatrist-researcher Bruce Greyson (personal communication, 1985) listed all articles on near-death and related subjects that had appeared in professional journals and general periodicals through that year. Although the list ran to 53 pages, the sole article dealing with NDE aftereffects and/or beliefs was
an early report by Flynn based on an aggregate of experriencer opinion that their values had, indeed, changed since the NDE.

The literature on near-death experiences clearly shows the conviction of many experiencers and researchers that the event produces significant leaps in universalized faith, sense of self and world (i.e., ego development), and moral values. Ring's work, in particular, has been widely influential in shaping the public view of near-death experiences as transformative.

Despite the near-unanimity of this belief among experiencers, researchers, and the public, the literature on near-death experiences has, in its early years, been too focused on demographics and initial description to probe deeply into these issues through case studies and the use of validated instruments.

The pursuit of these questions is essential to building a more solid base for our understanding of the near-death experience in particular and of the nature of human consciousness in general. A deeply probing exploration into these questions constitutes a needed step in the development of near-death studies as a scholarly discipline.

**Theoretical Framework**

The use of hierarchical and qualitative imagery is common in the literature of near-death and other spiritual experiences. Stage theorists also employ concepts of hierarchy and quality to describe developmental change. In both cases, "higher," which is believed to represent "more developed," becomes almost invariably equated with "better." This similarity of linguistic and conceptual usage provides the basis for examining the developmental status of near-death experiencers by the standards of three major stage theorists.

**Hierarchy and Quality in Near-Death Literature**

Illustrating a viewpoint typical of near-death experiencers, a Canadian businessman described his NDE as movement into "a state that existed of nothing more than consciousness, but what a sublime consciousness it was! It was like a rebirth into another, higher kind of life" (LANDS Archives). Similarly, Ring has cited Gopi Krishna's conviction that "one who has attained to a higher state of consciousness . . . should be characterized by four exceptional attributes, namely, genius, psychic talents, lofty traits of character, and an expanded state
of consciousness” (1984, p. 170). As Huston Smith has noted, “the Good dons metaphors of height. Mountains are sacred and the gods dwell in the heavens” (1876, p. 21).

Ring's own view of the NDE in Heading Toward Omega was that it constitutes an evolutionary mechanism that provides a kind of "onward and upward" boost to individual experiencers, pointing ultimately to social change through transformation of the human species. In the same vein, Ken Wilber has noted that "at all stages of past human history, certain highly advanced individuals managed to evolve considerably beyond their fellows and into aspects of the higher realms themselves (the superconscious realms). These were the prophets, the saints, the sages, the shamans, the souls who, as the growing tip of human consciousness, discovered the higher levels of being through an expansion and precocious evolution of their own consciousness” (1981, p. 10).

In precisely these "higher levels" Ring located near-death experiencers with their hints of social change, the persons who "may in some way prefigure our own planetary destiny, the next stage of human evolution, the dazzling ascent toward Omega and the conscious reunion with the Divine” (1984, p. 269).

Hierarchy and Quality in Developmental Stage Theory

According to hierarchical stage theory, cognitive development is characterized by qualitative changes in cognitive structures. Jean Piaget's work, the foundation of stage theory, also presents development as a phenomenon not only of process over time, but also, in its qualitative aspects, of increasing worth. In this regard, Jane Loevinger has said of Piaget that "he focuses on those action patterns ... from which the universal characteristics of things, or at least of physical things, derive—for example, extension in space, mobility and reversibility in space and time, and permanence. The explanation for the universality of Piagetian sequences lies here, and not in any genetic-maturational mechanisms” (1976, p. 42).

Both developmental stage theory and the transformative interpretation of near-death experiences, then, carry a simultaneous sense of time and an expectation of increasing quality, a shared anticipation of "onward and upward" movement. This theoretical line represents Piaget's concept of "structured wholeness.”

Lawrence Kohlberg has defined structured wholeness as "a conception of underlying thought organization that determines responses to
tasks that are not manifestly similar. . . . The general empirical implication of this conception is that individuals' thinking will be manifested at a single, dominant stage when observed across instances of varying content" (1984, p. 15).

Behind all this is the structuralists' position on development itself. Human processes—in this case, cognition, ego, and personality—are viewed as composed of parts constituting an ordered whole. The elements of thought, belief, and aware self are not random and disordered, but consist of a set of relations among the parts or elements. These relations define structure as a set of laws independent of the parts. Augusto Blasi defined this view: "Development consists of the acquisition or change of the basic rules governing the relations among the elements" (1976, p. 31).

For the average near-death experiencer, then, according to the literature, the basic rules will have shifted suddenly and explosively, calling forth a rapid developmental surge. Whatever the individual's developmental level may have been prior to the NDE, the viewpoint of both near-death and stage theory literature leads one to expect that the experiencer's present developmental status will be in the qualitatively higher and assumedly more adequate stages.

The theoretical basis for the present study thus lies in the original work of Piaget, as developed by the stage theorists Kohlberg, Loevinger, and James W. Fowler. Their work has been chosen specifically because of its alignment with the essential axis—or, to include the physical laws of motion, the trajectory—of NDE effects as described by Ring and others, including near-death experiencers themselves. To one degree or another, all of these—developmental theories and beliefs about NDE traits—may be said to represent expressions of a hope that as human individuals change and grow, transformation may be seen not only in their lives but in human society also.

Social Change

Whether viewing social change as linear progress or cyclical variance, as disequilibrium destabilizing a system or orderly process within a stabilized system (Parsons, 1951, p. 535), one can hardly dispute that we live at the brink of something new.

"A new paradigm," wrote George B. Leonard, "appears and prevails only if the old one is in a state of crisis" (1972, p. 122). The number of commentaries on the crisis in Western society is legion, with the work of Alvin Toffler (1970), John Naisbitt (1982), and Marilyn Ferguson
Perhaps among the best known. Although the fact of massive change in our time is undisputed, no single theory of social change holds primacy. Each theory may hold a significant piece of the puzzle, but none has captured the entire picture.

In 1970, Toffler published his now-classic description of the rapidity of at least one precipitant of social change:

> It has been observed . . . that if the last 50,000 years of man's existence were divided into lifetimes of approximately sixty-two years each, there have been about 800 such lifetimes. Of these 800, fully 650 were spent in caves.

> Only during the last seventy lifetimes has it been possible to communicate effectively from one lifetime to another—as writing made it possible to do. Only during the last six lifetimes did masses of men ever see a printed word. Only during the last four has it been possible to measure time with any precision. Only in the last two has anyone anywhere used an electric motor. And the overwhelming majority of all the material goods we use in daily life today have been developed within the present, the 800th lifetime. (pp. 13-14).

While pragmatists note the social change produced by the generalized impact of proliferating technologies, and theorists debate the relative contributions of cultural structure and function or differentiation and integration, still another, smaller, group—not always from the discipline of sociology—has in recent decades begun to speculate on social change from a perspective of less easily observable, quantifiable factors. They are looking at shifting human consciousness and spirituality.

Their perspective has been supported strongly by the Jesuit paleontologist Pierre Teilhard de Chardin, who said in a 1945 lecture:

> The higher the degree of complexity in a living creature, the higher its consciousness. . . . So it comes to this, that when we have reached the point where complexity can no longer be reckoned in number of atoms we can nevertheless continue to measure it . . . by noting the increase of consciousness in the living creature—in practical terms, the development of its nervous system. . . . [We may posit] that ahead of, or rather in the heart of, a universe prolonged along its axis of complexity, there exists a divine center of convergence. . . . Let us call it the Point Omega. Let us suppose that from this universal center, this Omega point, there constantly emanate radiations hitherto only perceptible to those persons whom we call "mystics." Let us further imagine that, as the sensibility or response to mysticism of the human race increases . . . the awareness of Omega becomes so widespread as to wary the earth psychically while physically it is growing cold. Is it not conceivable that Mankind, at the end of its totalisation, its folding-in upon itself, may reach a critical level of maturity where, leav-
ing Earth and stars to lapse slowly back into the dwindling mass of primordial energy, it will detach itself from this planet and join the one true, irreversible essence of things, the Omega point? (1964, pp. 116-126)

Ring's major speculations about the evolutionary significance of the near-death experience, or of NDEs collectively, derive from Teilhard de Chardin's thought and have been discussed in Ring's second book, *Heading Toward Omega* (1984).

**The Theorists: Kohlberg, Fowler, Loevinger**

The three theorists whose work provides the primary underpinning of this study share with Piaget the view that structure—the organization of principles underlying specific beliefs or functions—is the principal determinant of developmental level. In other words, attained *patterns* of thought or personality development rather than *content* have the greater relevance; the question in determining stage level is less what is expressed than why and how it is expressed. To use Kohlberg's own words, structuralists "distinguish between the content [of thinking]... and its structure or form.... [They focus] on the form of thinking rather than the content because it is the form that exhibits developmental regularity and generalizability within and across individuals" (1984, p. 38).

Similarly, Loevinger had originally expected to find, in her test groups, observable differences in content at different levels. She discovered, however, that the same things were often discussed across levels, but with shifts of interpretation and emphasis (1976, p. 232). Her exploration of ego development acknowledges content as a partial determinant, but she remains essentially a structuralist.

Of the three, Loevinger's work encompasses the widest scope—the development of ego, envisioned as more than simply cognitive—but is least well known, while Fowler's, the most specialized, has attracted a strong following. It is Kohlberg, though, always conceptually closest to Piaget, who in his work on the development of moral judgment or cognition established stage theory most firmly in this generation of researchers, and who has set the standard others will follow or rebel against.

**Kohlberg: Moral Development**

Like Piaget, Kohlberg limited his investigations to human development in an area with a strong cognitive base, specifically the mani-
festation of growth of moral judgment. Basic to his work is the belief that "the study of moral development must consider the subject's own reasons and construction of moral meaning" rather than "attributing meaning to the judgments from some outside system of interpretation not shared by the subject" (1984, p. 2). His theory examines the individual's cognitive ability to assume perspectives other than his or her own as the basis for solving moral dilemmas; increasingly inclusive role-taking becomes the measure of development. Over twenty years of investigation, Kohlberg has identified four levels in the development of moral judgment; they encompass six defined stages and a possible seventh.

From the earliest literal, egocentric stage in which authority is perceived as external and moral judgment derives from a fear of punishment, individuals mature through levels of increasing perspective-taking toward principled thought. In the model presented by Kohlberg, "higher stages displace (or rather reintegrate) the structures found at lower stages. Formal operational thought includes all the structural features of concrete operational thought, but a new level of organization. Concrete operational thought or even sensorimotor thought does not disappear when formal thought arises, but continues to be used in concrete situations where it is adequate . . ." (Conn, 1986, p. 72). However, as their limitations appear, the earlier stages are discarded as insufficient and restrictive.

Among adults, the norm is represented by the second level, which includes Stages 3 and 4, in which group and societal affiliations are paramount and in which interpersonal relationships take precedence over egocentrism. The move to this level from the radically egocentric orientation represents a major shift from a premoral to a moral stage; that is, it enables a distinction between "worth-for-me" and "worth" for its broader sake as a criterion for decision-making.

The individual moving into Stage 3, the Conventional, is moving from self-interest to social concern, from the expectation of exact exchange to "the Golden Rule ideal of imaginative reciprocity" (Kohlberg, p. 149). Community and kinship set the boundaries for Stage 3 moral judgment, and will be looked to for both guidance and support. Decision-making at this stage will be based on maintaining good relations within the group and therefore on a desire for its approval.

At the same level but the next stage, entrance to Stage 4 carries the individual into concern for the basic rights underlying group-specific values, with increasing emphasis on the system and one's responsibility to it, that is, conscience. Justice, as principle, now operates not only between individuals but stands as a matter of taking one's place
in society, of equity and balance across groups. For Stage 4, the basis for morality is the principle of law and order.

More advanced stages of moral judgment are demonstrated by a sense of social contract and the greater good of the community and, finally, by appeal to universal principles of justice. The primary shift to Stage 5 requires rooting moral reasoning not in the "givens" of conventional values (external), but in the development of one's own sense of underlying principle, rooting "the final criterion of value in one's own critical judgment, thereby [becoming] the author of one's own moral life" (Conn, 1986, p. 29). Authority now lies not "beyond," in external centers, but within; paradoxically, as the self assumes authority, one's concerns become more broadly focused, going more beyond the self's narrow interests toward ever greater and wider inclusiveness. In the moral judgment of a person at Stage 5, "laws should be made by constitutional contractual procedures in order to maximize the welfare of all, and laws should be obeyed as part of the contract of a citizen with society" (Kohlberg, 1981, p. 157). The basis for morality at Stage 5 is therefore considered to be democratic contract.

Stage 6 morality is based on individual principles of conscience. In his early work, Kohlberg postulated that at Stage 6 individuals would have moved into a universalized, prescriptive system of moral judgment organized around a "clearly formulated moral principle of justice and respect for persons" that would provide a rationale for that principle. However, in 1984 Kohlberg wrote, "Stage 6 has disappeared as a commonly identifiable form of moral reasoning as . . . none of our longitudinal subjects in the United States, Israel, or Turkey has attained it" (p. 270). For practical purposes at the present time, Stage 6 might be considered reserved for the saints and sages referred to by Wilber, those identified by Kohlberg as including only the greatest and rarest of moral exemplars—such individuals as Jesus, Martin Luther King, and Mohammed.

Without exception, individuals at Stage 6 constitute an elite not only in their commitment to moral leadership, but in their formal philosophic training (which even he admits may explain why none of his own subjects could be considered to have reached it). Each of them came to maturity from within a disciplined system of belief and moral principle, the observance of which came to take precedence over every other value. However much Stage 6 persons renounce the literal content of their belief system (i.e., Jesus' rejection of slavish adherence to the Law), they appear to move closer to its structure and spirit (Jesus' insistence on mercy and justice as divinely derived).

Stages 1 through 5 can derive from rational, human origins; with
Stage 6, however, "universal ethical principles cannot be as immediately justified by the realities of the human social order. Such a morality uniquely 'requires' an ultimate stage of religious orientation and moves people toward it" (Kohlberg, 1981, p. 344).

In the even more rarified—and perhaps metaphorical—air of Stage 7, Kohlberg postulated, the individual would have arrived at a level of absolute autonomy. At this level, the question "Why be moral?" cannot be resolved by an appeal to reason or logic, but must be resolved by identifying the self with "the cosmic or infinite perspective itself" (1981, p. 344). Kohlberg called this the stage of "Cosmic Law, Agape Orientation." Because so much of the dialogue with near-death experiencers reverberates with similar references, it has given rise to the expectation that they may now operate from the highest levels of moral judgment and principled action, beyond reason and logic and beyond the concerns of the human social order.

_Fowler: Stages of Faith_

As Fowler described it, faith is a knowing, a construing, or an interpreting of experience in light of a person's (or a community's) relatedness to those "sources of power and values which impinge on life in a manner not subject to personal control" (Conn, 1986, p. 45). By faith, Fowler meant an individual's orientation to the "ultimate environment" in terms of what is valued as being most relevant and important to his or her life.

So interpreted, faith is tacit and universal; it may appear in various forms, from thoroughgoing secularism (the ultimate environment understood as nihilistic or mechanistic) to religion in its more particular, explicit expressions of faith. Faith, wrote Fowler, "is response to action and being that precedes and transcends us and our kind; faith is the forming of images of and relation to that which exerts qualitatively different initiatives in our lives than those that occur in strictly human relations" (1981, p. 33). This "faithing," to use its process sense, is a universal human construct involving the total self—cognitive, affective, and evaluative aspects woven together inextricably. It is both evolutionary in the way it imagines and revolutionary in its centering; the former deals with development, the latter with conversion.

In his analysis of the stages of faith, Fowler, like the other structuralists, looks at the structure underlying this "faithing," focusing on "the patterned process of knowing and valuing rather than on the content of faith as knowledge and values" (Conn, 1986, p. 45). The
criterion for development, in Fowler’s theory, is self-transcendence, moving beyond one’s present stage to the more complex and inclusive “beyond.”

The stages of faith outlined by Fowler broadly parallel Piaget’s stages of cognitive development and, correspondingly, Kohlberg’s stages of moral judgment. Following the undifferentiated state of infancy comes the “Intuitive-Projective” Stage 1 of faith, typical of the three-to-seven age group. Here, at the stage when self-awareness first emerges, is “the fantasy-filled, imitative phase in which the child can be powerfully and permanently influence by examples, moods, actions and stories of the visible faith of primally related adults” (Fowler, 1981, p. 133). While the gift of this stage is the inception of imagination, the dangers rise from “the possible ‘possession’ of the child’s imagination by unrestrained images of terror and destruction, or from the . . . exploitation of her or his imagination in the reinforcement of taboos and moral or doctrinal expectations” (Fowler, 1981, p. 134). Conversion to Stage 2 is precipitated by the onset of concrete operational thinking.

Stage 2 is the Mythic-Literal, characterized by the emergence of identification with community beliefs, stories, and ritual, and their literal interpretation. The making of meaning tends to be narrative, linear, anthropomorphic. While the gift of this stage is just that narrative ability, its attendant dangers can sometimes be seen in adults who maintain its excessive perfectionism or the sense of unremitting “badness” originating in perceived community disfavor. The conversion impetus, wrote Fowler, may be “the implicit clash or contradictions in stories that leads to reflection on meanings. The transition to formal operational thought makes such reflection possible and necessary” (Fowler, 1981, p. 150).

At Stage 3, that of Synthetic-Conventional Faith, comes “the formal operational ability to construct the hypothetical” (Fowler, 1981, p. 152). This stage is typical of most adolescents, but remains the “permanent place of equilibrium” (Fowler, 1981, p. 172) for many adults as well. It is more complexly social, no longer delimited by family boundaries. The key to Stage 3 is its interpersonal mandate, with the group the source both of the content of faith and of support for it. Specific beliefs are as yet unexamined in any deep sense; authority remains external to the individual.

Like Kohlberg, Fowler recognizes that to move beyond the adolescent social-dependent stance, one must achieve a cognitive conversion to being one’s own authority. In Fowler’s work, this first emerges in the transition from Synthetic-Conventional faith to the Stage 4
Individuative-Reflexive faith, often precipitated by dramatic shifts in policy or practice on the part of formerly trusted authority or personal experiences strongly incongruent with the individual's background. Specifically or metaphorically, the transition to Stage 4 may involve "leaving home."

"For a genuine move to Stage 4 to occur," stated Fowler, "there must be an interruption of reliance on external sources of authority"—an objectifying of one's previous value system—and "a relocation of authority within the self" (Fowler, 1981, p. 179). Symbols will lose the immediacy of their relationship with the sacred, often deepening the sense of loss of certainty, of comfort, associated with Stage 3's unquestioning belief. Stage 4 is the question period, the time of the cry, "But what does it mean?" (Fowler, 1981, p. 180). The Stage 4 individual is more sensitive to the unique perspectives of other individuals, while developing—perhaps paradoxically—greater regard for social system, the shaper and regulator of law, custom, and standards.

Feelings of restlessness and disjointedness may propel a person from Stage 4 into Stage 5. Here, the neatness of the "knowns" breaks down; Fowler admits that Stage 5 baffles ease of description. At this stage, "the multiplex structure of the world is invited to disclose itself. . . . The knower seeks to accommodate her or his knowing to the structure of that which is being known before imposing her or his own categories upon it" (Fowler, 1981, p. 185). Here, one comes to accept the reality of the unconscious as well as the conscious mind. The individual's own believed tradition or perspective is radically open to other truths, other claims, but with little need to "change camps" in order to participate in the truth of the other. At this stage, symbol and meaning can be reunited in a way deeper and more comprehensive than possible before. It is integrative, postcritical in a positive sense.

As with Kohlberg's Stage 6, Fowler's Stage 6 may be reserved only for the elect. (Here Fowler mentions Mohandas Gandhi, Thomas Merton, Dietrich Bonhoeffer, Abraham Heschel, and the later years of Martin Luther King, Jr.) He has said of this stage that its qualities will "shake our usual criteria of normalcy" (Fowler, 1981, p. 200).
One can say that Stage 6 actualizes the principles understood at Stage 5. Here the ultimate environment is recognized as universal and utterly inclusive, a unification of the whole of life and the self. The individual need not try to resolve paradox, but is able to move through it to personal transformation in an untransformed world.

Loevinger: Stages of Ego Development

Loevinger sees ego development as "the search for coherent meaning in experience" (Loevinger, 1976, p. 310), and, faithful to basic stage theory concept, traces it through invariant stages from infantile egocentrism through interpersonal levels and on to more sophisticated levels of postconventional thought. A moderate structuralist, she has, in fact, stated that "the only way to understand development consists in conceptualizing it as a sequence of structural changes" (Loevinger, 1976, p. 51). In her view, however, ego development subsumes conceptual development, her most obvious variance from the hard structuralist view.

Cognitive structures, in Loevinger's theory, "represent systems of possibilities.... More adequate and developmentally more mature cognitive structures widen the range of possibilities, without moving from the domain of what is possible to the domain of what is, whereas in relation to cognition, personality is factual and determined" (Loevinger, 1976, p. 45). Cognition, it is stated, "does not offer the principle of determination, of preference, of value" (Loevinger, 1976, p. 43). This dim view of the ability of cognition alone to mediate development relates to Loevinger's conviction that rigorous structuralism is antihumanistic because it denies the possibility of human freedom and the role of consciousness.

Loevinger's aim has been to identify the pivotal meaning, the basic structure, of each stage, isolated from demographic and cultural factors. Concerned with qualitative changes in ego development, she creates a description of ego development both semantic and ontological. "The striving to master, to integrate, to make sense of experience is not one ego function among many but the essence of the ego" (Loevinger, 1976, p. 59).

Perhaps because of her association with Kohlberg, Loevinger's emphasis on moral factors produces a view of ego that is much like conscience (Conn, 1986, p. 309). Shifting away from Kohlberg, how-
ever, her work demonstrates the conviction that as a person attempts to translate moral judgment into action "the criteria that an individual resorts to . . . cannot be strictly formal but must refer to the content of his personality" (Loevinger, 1976, p. 44).

Yet she is adamant that ego development, though unqualifiedly real, is an abstraction not directly observable. "The ego is above all a process, not a thing. The ego is in a way like a gyroscope, whose upright position is maintained by its rotation. . . ." (Loevinger, 1976, p. 58). Ego development, then, will be very much an achievement of relative stability attained by a being-in-motion.

Maturation, in this view, occurs simultaneously across four areas of ego development: impulse control/character development; interpersonal style; conscious preoccupations; and cognitive style. However, Loevinger is quick to note the danger of interpreting these threads in the ego's "complexly interwoven fabric" as separate dimensions of ego development. "There is just one dimension. The four descriptive columns display four facets of a single coherent process" (Loevinger, 1976, p. 26). With this qualification, Loevinger echoes Piaget's idea of "structured wholeness" in her own more comprehensive approach to stage theory.

The most concise description of Loevinger's approach is her own:

The conception of ego development as a sequence of stages that also constitutes a set of personality types is necessarily an abstraction. The fundamental characteristics of the ego are that it is a process, a structure, social in origin, functioning as a whole, and guided by purpose and meaning. Development implies structural change, but the mechanistic philosophy of some structuralists forecloses our topic of study. . . . We acknowledge both consciousness and the possibility of freedom and the validity of the dynamic unconscious; so the ego is not the same as the whole personality. It is close to what the person thinks of as his self. (Loevinger, 1976, p. 67).

Because the sequence of stages in Loevinger's ego development theory so nearly parallels those of Kohlberg and Fowler, I will not offer them here in full narrative form. They appear in summary in Table 1, derived from Loevinger's Ego Development (1976).

The Problem of Affect

One can read the structuralists at great length and come away with the perception that all of life is thought and belief, that where cogni-
Table 1  
Loevinger's Stages

<table>
<thead>
<tr>
<th>Stage</th>
<th>Code</th>
<th>Impulse Control, Character Development</th>
<th>Interpersonal Style</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presocial</td>
<td>I-1</td>
<td>Autistic</td>
<td>Symbiotic</td>
</tr>
<tr>
<td>Symbiotic</td>
<td>I-2</td>
<td>Impulsive; fear of retaliation</td>
<td>Receiving, dependent, exploitative</td>
</tr>
<tr>
<td>Impulsive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-protective</td>
<td></td>
<td>Fear of being caught, externalizing blame, opportunistic</td>
<td>Wary, manipulative, exploitative</td>
</tr>
<tr>
<td>Conformist</td>
<td>I-3</td>
<td>Conformity to external rules, shame, guilt for breaking rules</td>
<td>Belonging, superficial niceness</td>
</tr>
<tr>
<td>Conscientious-Conformist</td>
<td>I-3-4</td>
<td>Differentiation of norms, goals</td>
<td>Aware of self in relation to group, helping</td>
</tr>
<tr>
<td>Conscientious</td>
<td>I-4</td>
<td>Self-evaluated standards, self-criticism, guilt for consequences, long-term goals and ideals</td>
<td>Intensive, responsible, mutual, concern for communication</td>
</tr>
<tr>
<td>Individualistic</td>
<td>I-4-5</td>
<td>Above, plus respect for individuality</td>
<td>Above, plus dependence as an emotional problem</td>
</tr>
<tr>
<td>Autonomous</td>
<td>I-5</td>
<td>Above, plus coping with conflicting inner needs, toleration</td>
<td>Above, plus respect for autonomy, interdependence</td>
</tr>
<tr>
<td>Integrated</td>
<td>I-6</td>
<td>Above, plus reconciling inner conflicts, renunciation of unattainable</td>
<td>Above, plus cherishing of individuality</td>
</tr>
</tbody>
</table>

tive process prevails, the untidiness of emotion can be eliminated. This is unfair, to be sure, but the perception remains.

Kohlberg has been called a "moral rationalist" (Conn, 1986, p. 25). While not excluding the importance of affect entirely—for the increasing role-taking that determines development for him is the exercise of empathy—he tends to assign it a role contingent and dependent upon moral judgment; his references are more typically to guilt and fear than to joy and tenderness. Fowler has summarized the dilemma exactly:

As one examines [the study variables] reflectively, it may seem that the dynamic which lies at the heart of faith—namely, a centering
affection, an organizing love, a central object of loyalty and trust—is missing. And this is true. To note this is to be reminded again of the formal and structural focus of this stage theory. It is this formal character which gives the theory the possibility of being applied to a variety of different religious traditions with a variety of contents as regards prescribed beliefs, values, attitudes and behaviors. (Conn, 1986, p. 134.)

**Purpose and Implications of Study**

My intent is to provide in-depth case studies in the emerging field of near-death research. I will examine relationships between three experiencers' tested levels of moral, ego, and faith development and the extensive qualitative data gathered from their NDE accounts and intensive interviews. I hope that clarifying the specific developmental levels of near-death experiencers will encourage efforts already underway in several disciplines to foster improved understanding of human consciousness and social value structures.

Among health care providers, counseling therapists, clergy, and the general public, concern for experiencers' efforts to integrate the NDE has risen sharply; the fresh insights from this study are expected to strengthen current professional understandings of and therapeutic approaches to experiencers who come for help. Of particular interest to myself and other therapists is the potential for developing training modules for counseling professionals. At present, the absence of accessible, solidly grounded data about how best to assist clients who have had deep spiritual events limits most therapists to the medical/pathological model. Inappropriate counselor responses and misguided interventions are a frequent result, leading to profound and often counter-productive frustration in therapist and client alike (Greyson & Harris, 1987). The prospect of strengthening quality of care can be addressed only with data such as those sought by this study.

In the area of social change, exploration of individual experiences of profound insight may provide a fresh means of reexamining the bases on which we establish moral sociopolitical relationships. This could, in turn, strengthen the argument that cooperation and caring are as basic human drives as territorial imperatives. Related to this, support for Ring's and others' findings about the transformative social potential of the NDE is expected to enhance the credibility of the field of near-death studies among academic researchers who have been slow to consider this a legitimate field for scholarly work.

The results of this present study could further offer a substantive
base for subsequent exploration of the correlation between the perceived values of near-death experiencers and behavioral variables i.e., the relationship between experiencers’ developmental shifts at the cognitive level and their behavioral adaptations to such sudden stage changes.

Methodology

To explore whether the attitudes and values of a group of near-death experiencers are markedly advanced from the norm, I conducted intensive case studies of three near-death experiencers. The case studies are based on information derived from five interview protocols: (1) three stage-level questionnaires and depth interview protocols originated by Loevinger, Kohlberg, and Fowler; (2) a specially developed Newsome Protocol to probe additional belief and value dimensions; and (3) videotaped life interview. Additionally, participants were asked to make a spontaneous drawing of their near-death experiences.

Sample

The near-death experiencers whose case studies form the basis of this study were identified originally from the archives of the International Association for Near-Death Studies, Inc. (IANDS), located at the University of Connecticut.

Two of the criteria for selection were considered primary: (1) that the individual’s near-death experience have occurred not less than seven years ago, to allow time for integration (Atwater, 1988); and (b) that the NDE itself have been of moderate to deep intensity according to the standards of Ring’s Weighted Core Experience Index (Ring, 1980).

Secondary criteria for sample selection were (a) residence within a two-hour driving distance from the University of Connecticut; (b) a willingness to participate as a subject in the study; and (c) the practical ability to volunteer for a minimum of four meetings requiring at least twelve hours of interview and testing time per person. Five persons identified as meeting all these requirements constituted the original sample. Two dropped out as the study progressed, citing time constraints and personal reasons.

The small sample size necessitated by the intensity of the investigation has the advantage of providing an abundance of qualitative information of a type not previously gathered in this field.
Weighted Core Experience Index

Ring's Weighted Core Experience Index (WCEI) was used as a standard scale for substantiating a near-death experience. Using ten common components of the NDE as identified by Moody and corroborated by his own study, Ring weighted the items in accordance with their apparent relevance to depth of experience. Scores can range from a theoretical low of 0 to 29, representing the deepest Moody-type experience (Ring, 1980).

Participants in the present study had WCEI scores greater than 9, indicating a deep experience. Written accounts of the participants' experiences were scored for WCEI ratings by the IANDS archivist.

Frank S. (subjects' names have been changed for purposes of confidentiality) received a WCEI score of 11: 1 point for a sense of being dead, 4 for the core affective cluster (feelings of peace, painlessness, pleasantness, etc.), 2 for being enveloped in light, and 4 for entering into the light. Alice D. received a WCEI score of 10: 4 points for the core affective cluster, 3 for taking stock of her life, and 3 for encountering visible "spirits." Paul W. also received a WCEI score of 10: 4 points for the core affective cluster, 2 for a sense of bodily separation, 3 for encountering a presence or hearing a voice, and 1 for seeing colors.

Interviews

Each participant was interviewed at least four times over a period of a year. Most meetings were in participants' homes, although one person was interviewed in his office. Each session was audiotaped with the exception of the Life Interview, which was videotaped.

Interview #1. The purpose of the first meeting's opening segment was primarily to establish a relationship, to explain the purpose of the study in general and obtain consent forms, and to answer any questions. This part of the interview averaged one hour.

The second segment introduced the first instruments. Because it is brief and easy to administer, Loevinger's Ego Development Scale was given first. This sentence-completion questionnaire of 36 items was accomplished in sittings ranging from 30 to 90 minutes, depending primarily on the complexity of the responses.

Interview #2. At the second interview, the Kohlberg "Schedule A" instrument of four dilemmas was administered, with a fifth added for additional depth of information. Kohlberg's scale is presented as a
series of structured dilemmas requiring the use of moral judgment. The interviewer is instructed to listen patiently, restating questions if the participant does not want to answer a dilemma as given, keeping the situation comfortable, yet persisting to get the actual questions answered. The dilemmas were presented verbally, taking from one to three hours of time.

Interview #3. Fowler's Faith Development Scale was the third interview instrument. Designed as a series of open-ended questions about the individual's life experiences and beliefs, it theoretically requires between one and two hours of administration time; however, in actual experience the Fowler interviews ran as long as four hours.

Interview #4. Newsome Protocol. As indicated in the "Theoretical Framework" section, the three theorists on whose work this study depends tend to focus more on cognition than on affect. I designed the Newsome Protocol to explore more deeply the participants' feelings about and attitudes toward specific issues relevant to the study content but not addressed by Loevinger, Kohlberg, or Fowler. The Newsome Protocol required an interview ranging from two to three hours, taped and later transcribed.

Interview #5. The final interview dealt with the individual's family background, upbringing, health, religious training, education, memorable incidents, and current life status. Each interview session was videotaped for inclusion as part of the data for this study.

Drawing

At the end of the life interview, each participant was offered paper and a box of colored markers, and invited to make a drawing symbolic of the near-death experience.

Data Analysis

Stage Theory Instruments

The three stage-level instruments were administered orally, audi-taped, and then transcribed. Blind copies of the transcriptions were sent to Harvard University for scoring by the senior research assistants of Loevinger and Kohlberg, and to Emory University for scoring
by Fowler. Each scorer was asked to note key words and phrases significant in identifying the stage levels and to comment on any striking characteristics in the sample group's responses. These comments provided a means of more closely marking features that may be significant to the study's findings, and gave a base of expert opinion against which to examine the responses.

**Newsome Protocol**

I reviewed the Newsome Protocol responses for whatever additional light they could shed on the experiencers' feelings and beliefs in three principal areas: a) their beliefs in and about God, including God's gender; b) their understanding of the relationship between their physical lives (i.e., their bodies) and their spiritual lives; and c) their perceptions of personal changes since the NDE. More subjective than the scoring of stage-theory instruments, this review helped to clarify participants' attitudes about their present interior life.

**Life Interview**

The Life Interview was examined by the investigator and a Board-certified psychiatrist for evidence of strikingly unusual life situations or expressions of psychopathology. It also provided an abundance of insights into the ways in which these three near-death experiencers have manifested, if at all, the traits of unconditional love, lessened materialism, and service to others postulated in the near-death literature.

**Results**

**Stage Levels**

As scored at Harvard and Emory Universities, the developmental levels of the three participants reveal individual differences rather than uniformity. Kohlberg stage scores were for Frank, Stage 3/4; for Alice, Stage 3; and for Paul, Stage 4/5. Fowler stage scores were for Frank, 2.25; for Alice, 3.25; and for Paul, 5. Loevinger stage scores were for Frank, 3/4; for Alice, 3/4; and for Paul, 4.
Frank. Frank's Kohlberg responses included characteristics of Stages 3 and 4: a member-of-society perspective, indicating acceptance of social conventions; concern about social approval; concern about loyalty to persons, groups, and authority; and concern about the welfare of others and society. Stage 3 is most efficiently represented by the Golden Rule; Stage 4, by concern for the institutions of society and for individual roles in relation to the system. Frank's responses indicate an individual functioning on Level II (Conventional), Stage 3/4, a mixture of the Mutual Interpersonal Stage and the Social System and Conscience Stage.

Frank's Fowler responses were characteristic of Stage 2.25, in which the person takes on the stories, beliefs, and observances that symbolize belonging to the community, with a world view based on reciprocal justice. The strength of this stage is the development of a narrative construction of coherence and meaning. Possible limitations of this stage include an abasing sense of badness embraced because of mistreatment, neglect, or the apparent disfavor of significant others. In Fowler's assessment, Frank's responses represent a Stage 2.5 perspective, the Mythic-Literal.

Frank's Loevinger responses included characteristics of Stage 3/4, which may indicate transition from conformist to conscientious: in mature life, a stable position, probably the modal level for adults in our society. Differentiation of norms and goals may indicate growing awareness of oneself as not always living up to the idealized portrait set by social norms, but inner life still couched in banalities and vague "feelings." Conscious preoccupations include adjustment, problems reasons, and opportunities. Frank's 3/4 scoring places him at Loevinger's Self-Aware level, indicating that although at "probably the modal level for adults in our society," he may be working toward transition to the conscientious perspective.

Alice. Alice's Kohlberg responses were characteristic of Stage 3, a member-of-society perspective: living up to what significant others expect of you; "being good," that is, having good motives, showing concern about others, keeping mutual relationships such as trust, loyalty, respect, and gratitude. Alice's responses indicate a Level II (Conventional), Stage 3 (Mutual Interpersonal) perspective.

Alice's Fowler responses showed characteristics of Stage 3.25, in which one structures the ultimate environment in interpersonal terms. Individuals at this stage are acutely tuned to expectations and judgments of others, do not have enough grasp on their own identity to construct and maintain an independent perspective. Their readiness
for transition may precipitate clash with authority and critical reflection on the relativity of values. Alice's responses represent a Stage 3.25, which may be the modal level for adults.

Alice's Loevinger responses were characteristic of Stage 3/4, as were Frank's.

Paul. Paul's Kohlberg responses included characteristics of Stages 4 and 5, a member-of-society perspective based on balance across groups. Such a view is now based on universal principles, the moral commitments or standards on which any good or just society must be based. A freely entered commitment to social obligations, Stage 5 is based on the greatest good for the greatest number. The underlying principle rooting the final criterion of value is one's own critical judgment. Paul's Level III/IV (Conventional/Principled) responses are appropriate to the Stage 4/5 transitional perspective of a person moving from Social System to Social Contract.

Paul's Fowler responses were characteristic of Stage 5, implying an awareness of a multiplex world structure and of the "wisdom" of seeing things as they are, with no need to order them according to prior categories. Individuals in this stage are self-authenticating, with an ability to go beyond ideological and identity bounds. They feel a partial sense of imperatives of absolute love and justice, and are caught between universalizing apprehensions and the need to preserve their own well-being.

Paul's Loevinger responses were characteristic of Stage 4: the major elements of the adult conscience are in place, including long term, self-evaluated goals and ideals, differentiated self-criticism, and a sense of responsibility; the internalization of rules, and a sense of oneself as the origin of one's own destiny. Such individuals measure achievement by their own standards, and view the broad social context with conceptual complexities.

Newsome Protocol

Three areas were of particular interest to the interviewer: the experiencers' beliefs in and about God, including God's gender; their understandings of the relationship between their physical, bodily lives and their spiritual lives; and their perceptions of personal changes since the NDE.

God. At least one other study (Ring, 1984) resulted in the finding that 100% of the sample of near-death experiencers stated a belief in
the existence of God. Although the present study has produced similar results, the definition of "God" remains vague.

All three participants received religious instruction as children, Paul in a devoutly Methodist family, Frank and Alice in practicing Roman Catholic households. All reported childhood feelings of fear, guilt, and apprehension toward God lasting at least until the NDE. Both men are religiously active; Alice has married a Presbyterian minister but remains nonpracticing.

From the outset it was evident that the question of God's gender was viewed, at best, as irrelevant. Noting that he had previously assumed a male aspect for God, Frank stated flatly, "There's no such thing as male or female" in the NDE. Even more bluntly, Paul scoffed at the idea of gender: "I believe in God the Father, God the Mother, and God my Great Aunt Tillie." Alice struggled to imagine being in the presence of a gendered deity, but concluded, "I cannot give it a gender. It's an It." The absence of gender for the participants' conception of the Deity has no evident importance to the issue of belief.

When, at the beginning of this session, the interviewer said to Frank, "You thought the light was God," the response was swift to the point of abrupt: "I didn't say I thought, I said I knew. It was simply the feeling of love." How would he describe God to a little child? He would not describe him at all, but would put his understanding of God into action: "To show what God is would be simply to love that child."

Similarly, Paul's stated present understanding of God, while complex, comes from his being "more assured of the love." To a child he would say, "God is love. God surrounds you completely with perfect care, and though that may not always be obvious to you, it is there."

Alice, who describes herself as having been "pretty much agnostic before" the NDE, preferred to characterize "the something that is more than we are" as "Universal Intelligence." To a child, she would explain that "God is a power, a power within all of us to do the very best we can in whatever we want to do, to be as nice to other people and as helpful to other people as we can be without making ourselves unhappy or doing anything wrong."

**Body and Spirit.** To whatever extent the general population may associate their lives and beings with their physical bodies, these three people clearly perceive their true selves otherwise. His body is "my vehicle" to Frank, "on loan," and although he "should probably take better care of it," it seems now "rather archaic, a crude way to exist." Alice agrees, commenting that her body is "mine to take care of, not to destroy." Paul put it succinctly: "Myself and my body—they may not be
the same." "Whatever is real in me," he continued, "is going to endure, and I may not always realize what the reality is, but real doesn't depend on my body. It may use my body, but it doesn't depend on it."

Personal Shifts. Although the absence of pretesting makes purported changes after an NDE a moot point, the question of experiencer perceptions of changes remains interesting. Consistency in such reported changes was a major factor leading to the present study, while the discovery of variability of responses might lead to new issues for future study.

Alice responded with greatest enthusiasm when asked whether she has noticed changes in herself since the NDE. She mentioned particularly discovering a high energy level, a willingness to take risks, such as standing up to her family and acting against their wishes, and a sense of purpose, and she said "I don't feel alone."

Twelve years after his experience, Paul was more cautious. Given the variables of maturation and events that have occurred since, he considers the NDE "part of a whole life agenda," refusing to credit it with special significance in terms of possible changes in his outward self. For Frank, the change he has observed may be more internal. He spoke only of his awareness that "the love that I brought back with me, the love that I feel, my love of life, is equaled by my frustration. . . . It's living, almost, a dichotomy, and it can be frustrating, very frustrating."

Life Interview

The wide-ranging Life Interviews revealed no indications of psychopathology in any of the three people participating in the study. All are articulate and well-spoken, married, working at careers with apparent success, and functioning well within the range of normalcy.

Two common features of their childhoods seem to have been the strong impact made by older family members, especially grandparents, and an apparent sense of differentness or aloneness before puberty. Frank reports the least familial stress of the three childhoods, with both Paul and Alice reporting severe conflict originating in health issues and family disharmonies; the extreme disruption of Paul's adolescence by the emergence of his epilepsy and depression, and the discontinuous care experienced by Alice, coupled with her perception of paternal abusiveness, remain painful issues for them both. However, there appear to be no specific grounds in their narratives to lead
one to attribute the occurrence of the later NDE to the personal history, although at least in Alice’s experience her personal background and NDE content visibly related. No particular conclusions extending beyond these three people are warranted on the basis of these observations, which may represent simply coincidence in a small sample.

Conclusions

This study offers a view of the developmental level of three persons who have reported near-death experiences. However, a unique quality in experiencer affect and expression remains to be explored.

In saying that, I suggest two further things: first, that although the instruments developed to measure stage levels appear to serve well in "everyday" situations—i.e., situations that are amenable to cognitive expression—there is some evidence that they are not sensitive to subtleties of higher-level expression. Secondly, the tantalizing questions that rise from this study have rich implications for future research.

Among the most elusive elements of this investigation has been the effort to determine exactly what it is that gives these near-death experiencers a special, though intangible, quality. All three participants appear to share a sense of "knowing something."

Such perplexity strongly suggests that Kohlberg’s scale and rating system may be incapable of capturing some information originating in spiritual premises and spiritual logic. Paul’s responses, and quite possibly other people’s, might indicate another category of "relational" rather than formal logic as the basis for decision making, as Carol Gilligan (1982) has argued is the case with women. Kohlberg himself noted the absence of Stage 6 level persons in his longitudinal studies in Israel, Turkey, and the United States. He was quoted above as having observed that at Stage 6, "universal moral principles cannot be as immediately justified by the realities of the human social order. Such a morality uniquely 'requires' an ultimate stage of religious orientation and moves people toward it."

The level of development measured by the three instruments may not offer a valid understanding of the experiencers’ true development. High scores on these three ego measures may not be a measure of maturity, since true development may encompass more than development of the ego. The content of love may be the most important variable of concern in the development of the human species, and maybe even the only one.
Spirituality and Love

The NDE seems to exemplify the totality of love. "Maybe the NDE is a message: Time to stop dissecting things and take life for what it is. Just simply learn to love and care and practice to share it," said Frank.

Human beings are meaning-making beings. Our egos demand order. In fact, all of the instruments used in this study were devised to dissect the human. We attempt to categorize the individual into compartments of development and create something that has meaning to society. The instruments, rather than helping us to accept each individual as a loving and grace-full and perfect being, seem to look only at the ego and define it as the "self." The ego is the organization of personality. Personality, in turn, is often seen as the entire being. The conscious self experiences itself as an entity with certain characteristics, views, and mechanisms of defense, all of which seem designed to maintain self-esteem. NDEs appear to cause a shift in perception, allowing experiencers to reach a realm of existence that is out of the realm of space and time, simultaneously real (i.e., solid) and spiritual, nonphysical and total. As the shift into the spiritual dimension occurs, the body becomes diminished into the lower self. In this way it becomes possible to differentiate between the lower and the higher self, with the lower self having to do with attitudes, personality traits, and desires that are organized around the needs, appetites, and desires of the physical being.

"I know," said Frank, "what it's like to be without it, and am very aware of the fact that I didn't need it. . . . I thought of my body as being rather archaic, a crude way to exist. It's really an 'on loan' kind of thing." Once Frank became aware of his higher self, the shift occurred that moved Frank's awareness away from his behavior and transferred it to his identity.

In terms of the lower self, the ego is connected with what we fear and what we desire. Separation from the ego, therefore, is separation from fear. As the NDEr separates from ego, the fear is replaced by total peace. When the ego is functioning fully, we hold onto it and are afraid to lose it. The desires of the conscious self perpetuate along with the fears.

The Kohlberg, Fowler, and Loevinger instruments are designed to measure the lower self, the conscious experience of who one is and what one thinks. From a spiritual perspective, that would not be the true self. It would instead be how the person is as influenced by the conscious mind, which is in turn influenced by society, which is in turn influenced by the interpersonal plane of functioning. NDErs seem to
have awakened and made a transitional step in contacting, or being contacted by, the higher self. When this happens, the source of an individual's values and motivations is no longer primarily the conscious self or the ego.

Frank, after his NDE, said that "It was almost like being born again. Nothing was the same, nothing has ever been the same. The importance to me of the whole experience, if I brought anything back at all, would be the importance of loving here on earth." There is a very clear value system here, and although life's "toys" are enjoyable to him, Frank lives his life more unattached to objects; he loves life rather than the objects it holds. He experienced the soul of nature, feeling God's essence in the world as a kind of vitality, or life force, a feeling of contact with a mystery, a life behind life, an awakening to realize the experience of God-equals-everything-everywhere.

Frank said, "The experience, for me, is characterized by the light. OK! The light being God, being love, being everything." He went on to discuss being one with the light, being one with everyone, being one with God and seeing God in everyone else. To see that God is everywhere is to allow ease; it creates a compatibility with the rest of the planet and with the rest of the universe. Once you experience this your life manifests itself on a different level. The impact that this knowledge/experience has on people is indescribable. The entire motivational basis of the individual is changed. This was documented in Ring's *Heading Toward Omega* (1984).

In addition to changing individuals' motivational patterns, the NDE causes all of the smaller desires and attachments to be perceived in a new way. The individual's entire orientation is changed in order to allow the discovery of what truly is.

The NDErs who had the experience of all-embracing love now experience life as meaningful in terms of love and in terms of what they can give to others. Some people experience this in Biblical terms. "The Way, the Truth, and the Light," said Paul, evidence that the transformation is produced through contact with the deepest level of truth and love; once you have touched God, anything less is not satisfactory as a life foundation. God said, "You are mine." NDErs seem to understand the idea of surrender to a higher calling. They function less from their egos, and letting go is no longer frightening. The conscious source of motivation and behavior no longer plays the primary role. This is not to suggest that conscious motivation and desire disappear. They do, however, seem to lose their overriding force. There is a sense of knowing what is real and centered. Life is perceived as more real than before and there is a new sense of appreciation of just being.
The transformational process takes courage. As one is willing to change, as one is willing to let go, the process accelerates. People are able to accept change at different rates of speed and in different ways. People are able to trust, to let go, at different rates. The near-death experience needs to be integrated; listening to one's higher self is critical to maintaining peace and good health. If people are too preoccupied with struggling on a spiritual level, it holds them to a limited idea of who they are. It seems that the spirit can enter only when we are open to it, and the personality can trust and let go of fear.

Emotional love, as opposed to spiritual love, has to do with things like tenderness, sensuality, and sympathy. This type of love is generally connected with specific people, animals, and sometimes objects. NDErs talk about another kind of love, which I call spiritual love.

Perhaps it is because they have experienced the disconnection from the physical self; perhaps it is a reminder of the Light. People who have had NDEs frequently experience a quality of love that has less to do with reacting than with being. As Frank said, "Just be."

This quality of love within the individual opens up an understanding of the connectedness among living things on the planet. This awareness of the planetary connection brings about a new attitude, a loving and accepting attitude that offers a plan for hope, and can be seen as the only direction for survival in the evolution of mankind.

The sort of spiritual unfolding described above is fairly typical of the experiences of NDErs, as well as by those who have traveled similar roads through other doorways.

As I said above, the instruments used to score the NDErs show a limited ability to capture the meaning and the affect of the NDE. They do not tap the meaning-making that NDErs understand. Each person has a way of being here that allows him or her to learn what is necessary.

Thus the ability to learn, for NDErs, is more important than what the scores are.

Implications for Future Studies

The issue of the stage levels demonstrated by the near-death experiencers suggests a need for additional research in the field of developmental stage theory. We need to look at the various stages in a new way. Addressing the American Academy of Psychotherapists in October, 1987, Scott Peck announced that he is working with the Board of Examiners of the American Psychiatric Association to develop a spiri-
tual history that will be incorporated into psychiatric interviews; it is hoped that instrument will produce additional or different data against which to assess the status of experiencers.

**Social Change**

As Teilhard de Chardin, Ring, and many others have been asking, can spiritual awakening precipitate the paradigm shift needed before social change can occur in this era?

The past thirty years have seen a remarkable increase in the number of hard scientists—Werner Heisenberg, Ilya Prigogine, David Bohm, and others—amenable to incorporating at least the concept of consciousness and spirituality into their thinking; in some cases, notably the younger physicists and biologists, there has been an acknowledgment of similarities between the principles of leading-edge science and spiritual traditions.

The participants in this study opened their hearts and lives without reservation in order to contribute to the new understandings reached in the area of NDEs and of God. Paul stated that he felt it a way to "experience the Radiance within," as a bridge to wholeness and enrichment for others, to respond to a world searching for a future without fear and for a shared understanding of love. Frank also said, "We need to believe it is possible to understand, and with this understanding we can then all lift from this level of fear and be . . . one with God."

The two major impacts of the NDE for social change may be seen as follows:

1. A fundamental change in the perception of what death is. All experiencers share the view that death of the body is not death of the self.
2. The NDErs, as cells in an organism, can radiate a higher understanding to the entire society. If one person understands what these people understand, we are all able to do so. We need to learn to believe it is possible to understand what they know.

Maybe the higher meaning of the NDE is its contribution to the planetary paradigm shift to dissolve fear, to develop trust, to offer a plan for hope. The power of love may be what is necessary to save our future and promote universal harmony.

What conclusions can we draw from this research as far as the
psychology of today is concerned? Frank's view—"All we need is love"—opens up the question. Why hasn't psychology put greater emphasis on love? Is it that psychology, as it has been practiced, has set forth separation instead of love? If so, why is this? Could it be that on a subtle level therapy is still hampered by fear? Is it fear of what could happen if we in loving confidence accept others as they are, instead of wanting to transform and control them into the models that we, from our theoretical standpoint, think are right?

We must make a commitment to love. For a person willing to help others, the commitment will involve much careful and active listening—a commitment to help another, to be whatever they need me to be, to do whatever needs to be done, and whatever will promote their growth, security, and well-being.

This may open a whole new way of helping each other. This may be the future of psychology, and the study of near-death experiences has been and is a vital contribution to this understanding. It is not just skills that cause the human heart to heal. It is the knowing from within, with certainty, that we can remember the order Frank remembers, to travel down the path of memory within the heart, our hearts lighted by love and hope, radiating outward and uniting with others in a spirit of joy and being. There is no bond like that of spiritual oneness. It is the real social solvent.

Intellect sets us apart from the things to be known, but love knows its object through fusion. Such knowledge is immediate and admits no doubt. It is the same as knowing ourselves, only more so. The knower and the known are one; unity and harmony are attained and expressed through love. The boundaries of the conscious self are melted and dissolved as love fills and flows through the human.

The near-death experience signifies the abolition of individuality, of definite separateness. It is a moment of heart seeking to transcend limitations of time, space, and personality, letting go and giving up the human ego, surrendering itself to the ultimate reality.

References

Visual Perception During Naturalistic Near-Death Out-of-Body Experiences

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ABSTRACT: This study attempted to ascertain the most appropriate content and placement of visual stimuli in a hospital-based study of the veridicality of out-of-body perception in the near-death experience (NDE), and the likelihood that a subject in such a study would notice, clearly perceive, and accurately recall a visual stimulus. Based on the questionnaire responses of 63 subjects who had near-death out-of-body experiences (ND OBEs), at least some of the respondents described sufficiently complete and accurate visual perception during the experience to warrant the pursuit of veridicality research in hospitals. Recommended stimulus content for such research includes a surface with intense color and lighting, and simple number and/or letter combinations. Stimuli should be as far below ceiling level as possible while maintaining double-blind criteria. Some characteristics of the individual NDE and NDEr may affect veridical perception during the ND OBE.

The impetus for this research emerged from my previously described rationale for designing a hospital-based study of the veridicality of near-death out-of-body experiences (ND OBEs) (Holden, 1988). The purpose of the study was to ascertain whether ND OB perceptions “correspond precisely to the real (physical) world” (Irwin, 1985, p. 104).

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Dr. Holden is currently Assistant Professor of Counselor Education at the University of North Texas. This paper was derived in part from her Ed.D. dissertation submitted to the Northern Illinois University Graduate School. Requests for reprints should be addressed to Dr. Holden at the Department of Counselor Education, College of Education, University of North Texas, P.O. Box 13857, Denton, TX 76203.
The veridicality study was intended to focus on the "naturalistic" NDE OBE (Irwin, 1985, p. 7), that stage of the near-death experience (NDE) in which the experiencer finds himself or herself outside of and in the vicinity of the physical body, viewing the physical surroundings, frequently the resuscitation scene (Ring, 1980, pp. 45-53; Sabom, 1982, p. 27).

Following similar out-of-body research designs by Charles Tart (1974) and Karlis Osis (1974, 1975), the plan was to place visual stimuli, such as large cards, in the hospital sites in which cardiac arrests most frequently occur: the Emergency Room and the Intensive and Cardiac Care Units. The cards would be produced in such a way that no one would know their exact content, and would be placed in such a way as to be visible only from a vantage point at or near the ceiling, looking down.

With such a double-blind research design, the researcher would have only to wait for patients to be resuscitated from cardiac arrest in any of the target rooms, ask those reporting a naturalistic NDE OBE to "guess" the content of the cards in their respective rooms, and then check the accuracy of their answers. If their accuracy rate significantly exceeded the probability of getting the right answer by chance, a strong case could be made that the naturalistic NDE is not imaginal, a case NDErs have been making all along. The use of the term "visual perception" in this research is intended to imply nothing about the nature of the mechanisms that underly the naturalistic ND OBE. The use of the term is based on the reports of naturalistic ND OBers who describe their subjective experience as one of visual perception.

Problems arose in determining the exact content of the cards, and exactly where the cards should be placed; also in question was whether naturalistic ND OBers could be expected to notice, clearly perceive, and accurately recall card content of a proposed nature and location. Though NDErs' reference to perceived location and visual perception during the naturalistic ND OBE can be found in the literature of all major researchers of the NDE (Grey, 1985; Moody, 1975; Ring, 1980; Sabom, 1982), no researcher systematically assessed these phenomena. For example, experiencers only sometimes referred directly or indirectly to color perception; a complete profile of color perception was not available. How many recall having seen in color? Among those who did, was all or only part of the color spectrum perceived, and did hues appear the same as or different from those seen while "in body?"

Furthermore, experiencers' spontaneous reports were sometimes contradictory. One experiencer described his naturalistic ND OBE vision as identical to vision during normal waking consciousness
(Sabom, 1982, p. 97), yet others described visual processes that could hardly be considered normal: having seen through solid material (Green & Friedman, 1983, p. 83), having had 360° or "panoramic" vision (Moody, 1975, p. 42; Noyes, 1972, p. 176), and having had perfect OB vision despite imperfect vision in the physical body (Ring, 1984, pp. 42-43).

Further indication of the value of a study on naturalistic ND OB visual perception came from the literature on another "altered state of consciousness," dreams (Kahn, Dement, Fisher, & Barmack, 1962). Whereas a spontaneous dream report contained reference to color 16-23% of the time, a request that the individual describe a certain object from the dream in more detail yielded reference to color 70-83% of the time. This is not to equate the naturalistic ND OBE with a dream. But like a person describing a dream, one describing a naturalistic ND OBE may not focus on the process of visual perception during the experience unless asked directly to do so.

The purpose of this study, then, was to describe and analyze several aspects of visual perception during the naturalistic ND OBE. Because a thorough analysis of all aspects of naturalistic ND OB visual perception was beyond the scope of this study, only those aspects that were of particular relevance to the proposed hospital veridicality research were examined.

**Method**

*Development of the Instrument*

The aspects of naturalistic ND OB vision that the questionnaire was designed to assess were clarity, distortion, color, field of vision, ability to read, completeness and accuracy of memory, attention to extraneous detail, and factors in the enhancement of attention. In order to further analyze these aspects, the questionnaire assessed various characteristics of the individual respondent (gender, current age, age at time of NDE, time elapsed since NDE, recalled OB location, delay of recall of NDE, recalled quality of physical vision at time of NDE, recalled receptivity to interview upon recalling NDE), and of the near-death episode (recalled duration of naturalistic ND OBE, recalled location of physical body during naturalistic ND OBE, recalled amount of light physically present during naturalistic ND OBE, recalled pharmacological influence on physical body during NDE).

A preliminary draft of items was submitted for feedback to a team of
professional judges, then piloted on three naturalistic ND OBErs who were known to the author. After appropriate revisions, the final instrument consisted of between three and eight Likert-type items for each aspect of visual perception (clarity, distortion, etc.), about half of which were worded in a "positive" direction ("I could see clearly") and the other half "negative" ("My ability to see physical detail clearly was somehow obscured"). These were randomly ordered and followed by 13 items regarding the characteristics of the individual or the near-death episode (gender, age, etc.).

Subjects

The sample consisted of 100 NDErs who were volunteer research subjects for the International Association for Near-Death Studies (IANDS) and who had answered in the affirmative to a question of whether their NDE had included an out-of-body experience.

Procedures

A cover letter was composed explaining the purpose of the study. Then 100 questionnaires, cover letters, and postage-paid return envelopes were assembled in unaddressed postage-paid envelopes. These materials were delivered to IANDS at the University of Connecticut, from which the mailing was completed. Subjects were known to the author only as IANDS subject numbers. A follow-up message was mailed three weeks after the date requested for the return of the questionnaires.

Results

Return Rate

Of the 100 questionnaires, 77 were returned. Of those, 11 were not completed because the respondents' ND OBEs were of the asensory and/or supernatural type, not the naturalistic type that was the focus of this research. Three additional questionnaires were not usable, yielding 63 usable questionnaires. Of these, four were missing answers to only one or two items from the first section of the questionnaire; these data were filled in by applying the mean.
Scoring

Items were reorganized into subtests based on specific aspect of visual perception (clarity, distortion, etc.). Scoring was adjusted so that, regardless of the "positive" or "negative" syntax of the question, responses in a given direction were scored the same. Thus, a response of "strongly agree" to the item "I could see clearly" was scored 5; a response of "strongly disagree" to the item "My ability to see physical detail clearly was somehow obscured" was also scored 5.

Reliability

For the purpose of the study, a Cronbach alpha of .80 or higher was considered acceptable, .60-.79 was considered marginal, and .59 or below was considered unacceptable for further statistical analysis. The reliability for each subtest was as follows: clarity (after elimination of one item), alpha = .62; distortion (after elimination of one item), alpha = .66; color alpha = .84; field of vision (after elimination of one item), alpha = .65; reading alpha = .84; attention to extraneous detail, alpha = .91; attraction of attention, alpha = .46.

Descriptive Patterns

The first task of this study was to formulate descriptive patterns of recalled visual perception. Median, mean, and standard deviation for each aspect of recalled visual perception are reviewed in Table 1.

Of the seven reliable or marginally reliable subtests, five were strongly skewed, with medians above 4.5, in the direction of recalled clarity of vision, absence of distortion, perception of a complete and accurate color spectrum, complete field of vision, and accuracy of memory. Skewing also occurred, but not so strongly, in the direction of recalled ability to read. Attention to extraneous detail was bimodally distributed, with loading at the extremes of (a) attending exclusively to details of the near-death crisis and of (b) attending equally to extraneous details and to crisis details.

Following are the percentages of responses indicating qualities of naturalistic ND OB vision: was clear (79%), was free of distortion (76%), involved accurate perception of a complete color spectrum (71%), involved a complete field of vision (77%), involved a complete and accurate memory of the physical environment (61%), included the
ability to read (57%), and involved equal attention both to (a) moving, intensely colored, and/or lighted objects and to (b) stationary and less intensely colored/lighted objects (60%). More than 48% of responses indicated equal attention to details of the near-death crisis as to extraneous details during the naturalistic ND OBE, and more than 42% of responses indicated attention to details of the near-death crisis to the exclusion of extraneous details.

### Analyses

The second task of this study was to determine whether the aspects of naturalistic ND OB visual perception varied based on characteristics of the individual or the near-death episode.
Main Effects

In order to maximize identification of possible relationships without undue risk of Type I error, a significance level of .10 was chosen for the reliable subtests. Because of the greater risk of Type I error when analyzing the marginally reliable subtests, the more stringent significance level of .05 was chosen.

Follow-up analysis was pursued for all significant results. ANOVAs were subjected to the Cochrans C, Bartlett F, and Max/Min Variance tests to insure compliance with the assumptions of ANOVA; significance at or below the .10 level on at least two of the tests was considered a violation.

Main effects are reviewed in Table 2.

Clarity. No significant difference was found in the recalled clarity of respondents' naturalistic ND OBEs when analyzed by any of the characteristics of the individual or near-death episode.

Distortion. No significant difference was found in recalled distortion of visual perception during the naturalistic ND OBE when analyzed by any of the characteristics of the individual or near-death episode.

Color. Significant differences in recalled completeness and accuracy of the color spectrum during the naturalistic ND OBE were found with only two variables. Further analysis revealed that color perception was apparently more complete and accurate among those respondents who

1. indicated an OB location at or near the ceiling, as compared with an OB location above the body but not near the ceiling \( (p < .05) \), and
2. recalled no pharmacological involvement during the near-death episodes compared with those who recalled having been under general anesthetic or other pharmacological influence at the time of the NDEs \( (p < .10) \).

Field of vision. Significant differences in recalled completeness of field of naturalistic ND OB vision were found with only two variables. Further analysis revealed that the field of vision was apparently perceived as more complete among respondents who

1. indicated an OB location at or near the ceiling, as compared with an OB location above the body but not near the ceiling \( (p < .0001) \), and
Table 2
Main Effect ANOVA's

<table>
<thead>
<tr>
<th>Characteristic of respondent or ND episode</th>
<th>Clarity†</th>
<th>Distortion†</th>
<th>Color</th>
<th>Field of vision</th>
<th>Accuracy of memory†</th>
<th>Ability to read</th>
<th>Attention to extraneous detail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
</tr>
<tr>
<td>Current age</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>F = 2.8, p ≤ .025</td>
</tr>
<tr>
<td>Age at NDE</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
</tr>
<tr>
<td>Time elapsed since NDE</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>F = 2.3, p ≤ .066</td>
</tr>
<tr>
<td>Recalled duration of ND OBE</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>F = 2.5, p ≤ .075</td>
</tr>
<tr>
<td>Location of physical body during ND OBE</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
</tr>
<tr>
<td>OB location (re: ceiling)</td>
<td>n.s.</td>
<td>n.s.</td>
<td>F = 2.4, p ≤ .077</td>
<td>F = 8.7, p ≤ .001</td>
<td>F = 3.5, p ≤ .024</td>
<td>n.s.</td>
<td>F = 2.7, p ≤ .059</td>
</tr>
<tr>
<td>OB location (re: walls)</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
</tr>
<tr>
<td>Lighting of physical environment</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
</tr>
<tr>
<td>Delay of recall of NDE</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>F = 5.6, p ≤ .006</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
</tr>
<tr>
<td>Physical vision at time of NDE</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
</tr>
<tr>
<td>Pharmacological factors</td>
<td>n.s.</td>
<td>n.s.</td>
<td>F = 2.9, p ≤ .064</td>
<td>F = 3.4, p ≤ .041</td>
<td>n.s.</td>
<td>F = 5.4, p ≤ .007</td>
<td>F = 4.2, p ≤ .020</td>
</tr>
<tr>
<td>Receptivity to interview</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
</tr>
<tr>
<td>Presence of reading material</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>n.s.</td>
<td>F = 6.1, p ≤ .004</td>
</tr>
</tbody>
</table>

* Boldface indicates violation of test of homogeneity of variance.
† marginally reliable subtest
2. recalled no pharmacological involvement during the near-death episodes, compared with those who recalled having been under general anesthetic or other pharmacological influence at the time of the NDEs \((p < .05)\).

**Accuracy of memory.** Significant differences regarding recalled completeness and accuracy of memory of the physical environment during the naturalistic ND OBE were found with only two variables. The physical environment was apparently more completely and accurately recalled among those respondents who

1. indicated an OB location at the ceiling, compared with those indicating an OB location near the ceiling and above the body but not near the ceiling \((p < .01)\), and
2. recalled having remembered the NDE immediately or within a few days of its occurrence, as opposed to recall after some weeks, months, or years had transpired \((p < .01)\).

**Attention to extraneous detail.** Significant differences in attention to extraneous detail during the naturalistic ND OBE were found with only three variables. Further analysis of OB location relative to the ceiling failed to reveal a significant difference within the groups. Further analysis did, however, reveal an apparently greater attention to extraneous detail among those respondents who

1. were currently under age 60, when compared with those 60 and older \((p < .0009)\),
2. recalled no pharmacological involvement during their NDEs, compared with those who recalled having been under general anesthetic or some other pharmacological influence \((p < .05)\), and additionally, among those who
3. indicated uncertainty about the duration of their ND OBEs, compared with those who estimated a duration \((p < .015)\).

**Ability to Read.** Significant differences in the recalled ability to read during the naturalistic ND OBE were found with only five variables. Further analysis revealed that the recalled ability to read was apparently greater among those respondents

1. who were age 34–59, compared with those younger than 34 and those older than 59 \((p < .009)\),
2. whose NDEs occurred 19-29 years ago, compared with those whose experiences occurred in the more recent or more distant past \((p < .004)\),

3. who estimated that their naturalistic ND OBEs lasted longer than 10 minutes, compared with those who estimated a duration of less than five minutes \((p < .009)\),

4. who reported the physical presence of reading material at the scene of their near-death episodes, compared with those who reported the absence of, or uncertainty as to the presence of, reading material at the scene \((p < .0008)\), and

5. who recalled no pharmacological involvement during their near-death episode, compared with those who recalled having been under general anesthetic or some other pharmacological influence \((p < .01)\).

The reading scores for those respondents uncertain about the duration of their naturalistic ND OBEs fell about midway between those of respondents estimating a duration of 5 minutes or less and those estimating 10 minutes or more; further analysis indicated no significant difference in recalled ability to read between respondents who estimated a duration and those uncertain about the duration.

**Interaction Effects**

Two-way analyses of variance were conducted to determine the interaction of recalled OB location relative to ceiling and recalled OB location relative to wall with all aspects of ND OB visual perception. A significant effect resulted only when analyzed by recalled attention to extraneous detail \((p < .01)\). As a result of further analysis, it appears that those respondents who reported being in the corner and at the ceiling apparently recalled having focused more on crisis details to the exclusion of extraneous details, and those who reported being in the corner and near the ceiling apparently recalled a greater tendency to focus as much on crisis as on extraneous details.

In a further attempt to identify cases in which two independent variables might yield interactive effects with the various aspects of ND OB visual perception, Pearson product-moment coefficients of correlation (two-tailed) were calculated for the independent variables. Some significant and possibly relevant correlations resulted: recalled interview receptivity upon remembering the NDE apparently decreased as time elapsed since NDE increased \((r = .266; p = .036)\); recalled inter-
view receptivity upon remembering the NDE apparently increased as recalled duration of NDE increased \((r = .258; p = .042)\); most immediate recall of NDE was apparently associated with body location indoors during entire ND OBE \((r = .318; p = .011)\). The latter two relationships seemed worthy of follow-up analyses of variance but yielded nonsignificant results.

**Discussion**

Because of some limitations of the questionnaire, three seemingly crucial questions were left unanswered. The first regards OB location relative to the ceiling. In those NDEs that occurred indoors, a perceived locus of consciousness at the ceiling or in an elevated corner of the room was the most frequent location in studies by Kenneth Ring (1980, p. 46) and Margot Grey (1985, p. 34). Michael Sabom’s (1982) focus on in-hospital naturalistic ND OBErs specified that “the ‘self’ which had ‘separated’ from the unconscious physical body was perceived to be situated above the level of the physical body—a point specifically identified as ‘ceiling height’ in all but three cases [out of 32]” (pp. 27–28). He clarified that in all three exceptions, the individual was higher than ceiling height.

In this study, therefore, it seemed appropriate to give indoor NDErs the choice of indicating an OB location “at the ceiling,” “near the ceiling,” “above the body but not near the ceiling,” and “other.” The “other” distractor was expected to attract a small minority of experi- ments whose OB locations may have seemed parallel to or below the body, or outside of the room. In fact, 21% of the “indoor NDErs” in this study indicated “other.” In every case in which a significant difference was found, the “other” score fell between those of “at the ceiling” and “above the body but not near the ceiling.” The meaning of this result, and specifically the makeup of the “other” group, is impossible to determine at this time; future research may elucidate this matter.

A second limitation regards factors in attention. In light of these respondents’ apparent tendency to overlook extraneous details in the physical environment, the question of how to enhance attention to a visual stimulus in a hospital veridicality study is of particular interest. Unfortunately, because of the unreliability of the subtest on factors in attention, this research provided no definitive answer to the question of possible enhancement of attention. However, 10% of responses indicated increased attention to motion, 11% to intense color, and 24% to intense lighting. Thus, the current research certainly did not show the
factors of motion and intensity to be entirely irrelevant to the attraction of visual attention during the naturalistic ND OBE. In this regard, comments offered by three respondents seem appropriate to review. Both a pilot subject and two questionnaire respondents spontaneously commented on the difficulty of answering questions about color because their near-death episodes had taken place in the relatively colorless environment of a hospital room. Thus an intensely colored and lighted stimulus contrasted against the relative “colorlessness” of the typical hospital room may have an attention-enhancing effect. Therefore, a researcher might include these characteristics in the design of a hospital veridicality stimulus.

A third limitation involves the item “I could not see some objects clearly because I was looking through those objects,” which was eliminated in order to increase the reliability of the clarity subtest. Disagreement with the item represented, by far, the greatest percentage of responses, but as many as 16% of responses indicated agreement or strong agreement with this statement. Thus the extent to which veridical perception of a hospital stimulus is threatened by the experiencer “seeing through” it is not known; the possibility of such a threat is disquietingly suggested by these data.

Conclusions

Because of the self-selected nature of the sample used in this study, it cannot be assumed that the findings of this research are representative of naturalistic ND OBE vision in general. However, the following conclusions may be drawn:

1. At least some naturalistic ND OBErs describe sufficiently complete and accurate visual perception during the experience to warrant the pursuit of hospital veridicality research.

2. The recommended stimulus content involves a surface that includes intense color and lighting. Further inclusion of reading content requires many considerations involving analysis of the probability that subjects will accurately report such content (see #5 below). Nevertheless, as suggested by Tart (personal communication, October 18, 1985), extremely simple number and/or letter combinations should be included for the relatively potent evidential value in those limited cases in which they might be accurately identified.
3. The placement of the stimulus should be as far below ceiling level as possible while, at the same time, maintaining the criteria for double-blind research.

4. Reported accuracy of recall of such a stimulus so placed may be less likely to differ on the basis of the following characteristics; consequently, the researcher may find it less important to consider these characteristics in deciding upon criteria for potential subjects or in analyzing results: subject's gender, reported OB location relative to the wall(s), or reported quality of physical vision; whether the subject reports his or her physical body to have been in the stimulus-containing room during all or only part of the near-death episode; how brightly or dimly lit the subject describes the physical environment as having been during the naturalistic ND OBE.

5. Reported accuracy of recall of a stimulus might be expected to differ on the basis of the characteristics described below. Therefore, the hospital veridicality researcher is encouraged to determine and adjust expected probability of accurate stimulus identification on the basis of each of these characteristics:
   a. Subject's recollection of pharmacological involvement during the near-death episode: Recalled pharmacological involvement may be associated with a lesser tendency for the subject to report that the stimulus fell within his or her field of vision, to report that he or she noticed the stimulus, or to report the correct color and reading content of the stimulus.
   b. Subject's reported OB location relative to the ceiling, which may be associated with a lesser tendency for the subject to report that the stimulus fell within his or her field of vision; to report an accurate memory of the stimulus, particularly regarding color content; or possibly to report that he or she noticed the stimulus.
   c. Subject's age: Those age 60 or older might be less likely to report having noticed the stimulus than those less than 60 and, along with subjects less than 33, might be less likely to accurately report the reading content of a stimulus.
   d. Subject's report of duration of his or her naturalistic ND OBE: Those reporting a duration of less than 10 minutes might be less likely to report accurately the reading content of the stimulus.
   e. How soon after the near-death episode the subject recalled the NDE: Compared to those who remember a naturalistic
ND OBE within a few days of a near-death episode, subjects who do not might be less likely to report a complete and accurate memory of the physical environment in which the near-death episode occurred, including their memory of the stimulus.

6. Considering that naturalistic ND OB visual perception may be better in this sample than among the entire population of experiencers; that, even among this sample, reported willingness to be interviewed decreased as recalled duration of the experience decreased; and that many probable and unavoidable limitations to accurate naturalistic ND OB perception of a visual stimulus were found even among those in this sample who were reportedly willing to be interviewed once they remembered their experiences, the process of accumulating sufficient data in hospital veridicality research may be protracted. Thus it is recommended that such research be conducted simultaneously at more than one hospital.

References


BOOK REVIEW

Nancy Evans Bush, M.A.
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Some years ago, those members of a Friends of IANDS support group who were not near-death experiencers (NDErs) found themselves deeply frustrated. Month after month the group had met, but although the nonexperiencers had enthusiastically discussed the NDE and its implications and meanings, the near-death experiencers themselves had said almost nothing: there was little reporting of experiences, no sharing of what they had learned—just silence.

Then one night an out-of-town NDER came to speak. She not only described her own experience, but admitted to having some difficulties in adjustment after her medical recovery, and asked the others what life was like for them now. She might as well have opened the valves of Hoover Dam; the previously silent NDErs couldn't talk fast enough. Out it all tumbled: anger at having had the light "taken back," frustration with families and friends who did not understand, and confusion about the lives to which they had been so abruptly returned. The outpouring continued for perhaps ten minutes, until another member of the group, not herself an experiencer, cried in dismay, "But you

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shouldn't feel this way! You have been to the Light; tell us what to do!"
And the experiencers were silent again.

I hope that group of experiencers and the other chapter members will
read P. M. H. Atwater's *Coming Back to Life*. It is a quite extraordi-
nary piece of work.

By now, the broad outlines of NDE after effects have become part of
common lore: NDErs typically report losing their fear of death; becom-
ing unconditionally loving, peaceful, more spiritual and less mate-
rialistic; wanting to serve others; and some researchers have included
mention of paranormal events. From these reports and other writings
both ancient and modern has emerged the popular tendency to glorify
experiencers as persons who, having "been to the Light," are suddenly
transformed, perhaps superhuman gurus who can "tell us what we are
to do."

*Coming Back* affirms the basic research findings about after effects
and goes beyond them to others previously unreported. Its greater
contribution is that in this first work about and for experiencers
*afterwards*—after the aftereffects—the author sets out to explore "con-
sequences . . . what happens when known worlds collapse and belief
systems collide." In the process, she provides a wealth of information
about the realities encountered when ordinary people, having per-
ceived "a perfect world and a greater reality," try to live what they
have learned.

*Coming Back* derives from a powerful native curiosity and thirst for
information, resident in a writer of unusual talents. A straightforward
and deeply thoughtful layperson, Phyllis Atwater undertook the study
out of her own hunger for information after having three near-death
experiences in 1977. She is widely if unconventionally informed, un-
failingly compassionate (except toward arrogance), and never, ever
dull. Kenneth Ring assisted her in developing a systematic question-
naire for this study, and comments in his introduction that Atwater's
freedom from academic constraint enables her "to probe fearlessly into
controversial areas of this experience that more conventional investi-
gators are inclined to bypass or overlook altogether." Her candor and
sharp intelligence have produced an incisive analysis of the post-NDE
experience remarkably free from stock assumptions or wishful think-
ing. Further, the book is notable for the embeddedness of the near-
death experience in every line.

After the usual summary of the general NDE pattern, Atwater
presents a vivid commentary on the nature of death and dying, suicide-
related NDEs, and—another first, and an important one—a straight-
forward exploration of the usually ignored "negative" experience. With
the certainty born of personal knowledge, she then details the experiencer's too-often-grounded sense of isolation, of ostracism, of being "a family embarrassment." Especially for NDErs who still believe themselves alone in their pain, this section by itself may justify the book's purchase.

A candid report of the author's own life, near-death, and after-near-death experiences constitutes Chapter 2. Although somewhat lengthy, it provides the ground for the substantive analysis of aftereffects that follows.

In Chapter 3, "Major After-Effects," Atwater writes, "It is easy to report (positive) findings ... for the general public is open and receptive to them. These findings seem to confirm traditional religious teachings and idealistic notions of that which constitutes 'good.' Even if scientists deem the near-death phenomenon unsettling, its purported after effects somehow make everything okay. Little else is said."

With that as preamble, she moves steadfastly toward her own truth—demonstrably shared with countless other experiencers—just as she did in the articles for the IANDS newsletter, Vital Signs, which formed the early basis of this material. There is nothing to equal it anywhere in the literature for sheer abundance of information, sensitivity, and readability.

Her truth includes the discovery that "coming back can be just as traumatic as going out." NDE after effects are all-pervasive, broader, and often more troubling than has previously been reported; even the most desirable can be quirkish and disorienting. Like a first labor pain, they signal not birth—yet—but the onset of lengthy and often agonizing work. Joy is there, and will be, but it is hard won.

Atwater's unflinching observations about seven common types of after effects challenge comfort on all sides. She recounts an incident in which a Vital Signs editor objected vehemently to her column's discussion of psychic abilities as an NDE after-effect. His objection was based largely on fear for IANDS' reputation in the academic community if the newsletter were to be associated with occultism. As then Executive Director of IANDS, I can attest that the incident did, in fact, happen as reported, and some readers who shared the editor's opinion cancelled subscriptions. Happily for reporting "the way things are" for many NDErs, journalistic freedom prevailed, and the "Coming Back" column continued its important but not-always-popular course for another three years.

Atwater's views have also stirred the ire of persons who cherish idealized views of spiritual development. Popular wisdom commonly holds unconditional love, for example, to be an unmixed blessing, one
of the goals of the ideal, enlightened life. Global development of unconditional love underlies theories of the "New Parousia," the working-out of the "hundredth monkey" concept that suggests we may have only to wait for "critical mass," for that sufficient number of individuals to have near-death or other transformative experiences, and by the power of after effects the planet will be saved.

Persons familiar with the Old Testament or the letters of Paul to 1st century "New Age" groups may reflect that even among the fervent the road to the Promised Land has not in the past proved so simple. This is Atwater's perspective, that unconditional love is paradox, a gift of "boundless, infinite, all-encompassing love" that nonetheless manifests as a bittersweet reality, an "inability to personalize emotions." Confusion is unavoidable; depression and rupture of life patterns are common; for many, the price of unconditional love is the destruction of relationships, and social and familial alienation.

The essentially paradoxical nature of spiritual discovery is a truism saturating the observations of the most deeply spiritual persons of all ages and traditions, and something which NDErs have been demonstrating all along, although this has had little press. However, pointing out what might be termed the yin with the yang of the spiritual path draws objections from those wanting simpler solutions, who would venerate unconditional love as a panacea. I recently encountered just such an impasse with a graduate-level academic advisor so entranced by idealization that she flatly refused to admit documented evidence that this type of love produces turmoil as often as bliss. Nonetheless, the experiencers quoted in this chapter provide a moving and clear-eyed depiction of both the wonder and the unsentimental realities of trying to live out the affective level of deep conversion experience.

Other after-effects that Atwater finds to constitute a pattern include: an inability to recognize boundaries or limits; a sense of timelessness; enhancement of spatial and intuitive/psychic perceptions; a shifted view of physical reality; a different sense of physical self; and difficulty with communication.

After reading the book, three NDErs have called me to endorse enthusiastically Atwater's discussion of these after effects. The discussion may tend to sound unsettling and obscure to nonexperiencers, almost like a private language—an observation made also by the startled participants in IANDS' 1984 conference on clinical practice. Nonexperiencers may be at a disadvantage simply because the inherent subjectivity of the phenomenal effects—their dependence upon an experiential base—renders them difficult for others to access lin-
guistically; ideas must be comprehended intuitively as well as logically. Persons who themselves have experienced the effects, and who therefore live from within them, tend to respond strongly and with profound identification.

However carefully presented such concepts may be—and the author achieves some considerable success—we are here confronted with the very collapse of normalcy that makes the NDE such a fascinating yet troublesome subject for the nonexperiencer (and most reporters to date fall into this category). Extraordinary sensitivity is demanded of logically-oriented persons upon reading that “what is, isn’t, and what isn’t, is. Rationale of any kind is no longer rational . . .” Also, wishful fancies and pop spirituality aside, it remains difficult for most individuals in our culture to relate at a practical level to mention of “meeting with light beings or angels” or “feeling the approach of an accident before it happens.” However, for anyone serious about understanding the experience of being an experiencer, the attempt must be made.

Certainly Atwater’s observations are congruent with the personal comments of many other NDErs. Whether they will stand up to academic research remains to be seen. The much discussed biological after effects constitute only one of the clusters amenable to quantifiable research. Whether or not one agrees that certain phenomena are possible, whether one wants them, whether they support our personal beliefs, we are called to deal with them honestly. It is high time for research in these areas, stringently designed to avoid bias in either direction.

The second half of Coming Back seems a bit overwhelming, rather like sharing the 12th century voyage of the fabled Madoc ap Owain Gwynedd, who launched a reed coracle from the shores of Wales and reputedly landed in the New World. Seventy pages of text is a frail vessel with which to explore the entire subject of spirituality and the nature of reality, as the author agrees; one tosses about in an immensity of subject matter. Atwater tackles everything from sacred traditions to the chromatic structure of the retina to Ruth Montgomery’s theory of “walk-ins.” While the success of the venture, like Madoc’s, may be inconclusive, one can but applaud the grit of the effort and the craft’s arrival anywhere near harbor.

In fact, Atwater’s accomplishment should not be underrated. For one thing, she neatly summarizes Richard Bucke’s classic Cosmic Consciousness, efficiently relating it to conversion experiences of many types. What is more, she clearly recognizes that the difference between a religious experience and a spiritual experience lies in vocabulary rather than in essence. In the face of so much contemporary glibness
that sets "spiritual" experience against "religious" as though they were phenomena of different orders and diverging directions, this is a welcome change. Although like many other writers she tends to confuse Christian with fundamentalist views, she has avoided the naivete of discounting Judeo-Christian tradition as irrelevant, and contributes a thoughtful comparison of Eastern and Western approaches to spirituality. While theologically thin—but what can one do in six pages?—this provides a perspective for readers unfamiliar with the substance of the traditions.

In her comments on psychism, reincarnation, and energy, as in the chapter on the physiology of consciousness and death, Atwater further demonstrates that her thinking is bound to no school but that of her direct study and sensibilities. Whatever the merit of these speculations—which at the very least deserve objective examination—her observations about attitudes are right on the mark. She knows the territory too well to be misled by the romanticism that would deify extraordinary experiences as ends in themselves, and declines to rhapsodize about psychic or spiritual events that bear no fruit but sensationalism. Further, she knows first hand the danger of confusing spiritual awakening with personal merit, that attitude in which the potential for wisdom collapses into ego-puffery, having mistaken higher consciousness for "my consciousness is higher than your consciousness."

"If you can't scrub floors with what you know," Atwater writes, "then it isn't worth knowing." She is not being flippant. This is grounding, an Idahoan version of "Before enlightenment, chop wood and carry water; after enlightenment, chop wood and carry water." Throughout Coming Back, her goal is to help all experiencers integrate spiritual breakthrough into the lived human reality. Every reality, she argues, is valid; and for everyone still breathing and metabolizing on Earth, this is where the work is to be done, at least for now. It is Atwater's breadth of understanding, her sensitivity to the immensity of the experience and the difficulty of its integration, and her healthy sense of survival which have won her such a following among the experts: other experiencers.

In keeping with her practical nature, the author concludes with two chapters of resources. The first suggests "How To Help Near-Death Survivors." Intended primarily for the families and friends of experiencers, it is the clearest and most useful piece I know. The other chapter is a rich, 32-page compendium of published and organizational resources on near-death experiences, holism, religion, spirituality, dying, and expanded world views. Any reader new to "all this" will undoubtedly find the chapter invaluable.
The book is full of "firsts." *Coming Back* stands alone in the field of near-death studies as a book-length investigative work written by a near-death experiencer. It is the first study to explore in depth the lived perspective of individuals after an NDE, and the first to offer caring and definable assistance toward integration. This is also the first book sympathetic to the experience to challenge some of the assumptions of near-death orthodoxy (and yes, a body of doctrine has emerged over the past decade). In short, because it is written from within the experience and its aftermath, *Coming Back* holds a unique and valuable place in the literature.

The book is, of course, imperfect. Mechanically, although easy in the hand and on the eyes, it suffers from sloppy proofreading which occasionally distorts the meaning of entire sentences. Some of the author's facts are incorrect—for example, the account of IANDS' founding—and while this may be minor, its existence weakens the whole. It would also seem preferable to have announced from the outset that the author's experience of psychic events dates from childhood and that she had worked in the field, rather than to parcel out that information as the book progresses.

Atwater's casual acknowledgment of the paranormal and of such controversial subjects as aura-reading and astrology will doubtless prove a major stumbling block to many readers. Two sentences buried in Chapter 1's brief commentary on "forbidden zone" topics therefore deserve special attention: "... (C)oming back means facing your belief system and everything you ever knew about yourself and the world around you. It also means facing everything you have ever believed or not believed about God... and all those things termed sacred and holy or wicked and unholy."

The phrase "sacred and holy" encompasses the creeds of *Skeptical Inquirer* and New Age adherent, with intellectual and theoretical stances of every other stripe, as well as faith in James Fowler's sense of the word; the "wicked and unholy" applies, of course, to opposing views. In Atwater's terms, "facing everything" means setting aside prior assumptions, public positions, and wished-for conclusions, to go where the data—not one's most cherished presuppositions—lead. As this rigor is mandated for those who "come back," it is incumbent as well upon all others—sympathizers or skeptics, researchers or general public—who profess an interest in understanding. This is what happens "when known worlds collapse and belief systems collide."

Depending, then, on one's perspective, *Coming Back* may be either irremediably flawed or a long awaited breakthrough, "telling it like it is." Perhaps it is both. Herein lie both the glory and the weakness of Phyllis Atwater's work. The reader prepared for such a venture will
find this book a treasure of insights (to say nothing of one-liners); persons holding to more orthodox conventions will undoubtedly find much to criticize.

A final quote is a cautionary word to all of us—experiencers, researchers, and interested observers alike:

Just because others are drawn to you seeking counsel and wisdom does not mean you really know what you know or that you have anything truly worthwhile to say. Anyone can mouth 'Love will solve all the world's problems,' but few are those willing to get off their posteriors to do anything about it. (p. 108)

Some of us, at least, think this deserves a standing ovation. There are 99 monkeys waiting.
Letters to the Editor

Scientific Vs. Anecdotal Near-Death Studies

To the Editor:

I read with great interest Melodie Olson’s article “The Incidence of Out-of-Body Experiences in Hospitalized Patients” in this journal (Olson, 1988). This study represents one of the first attempts to study systematically near-death experiences (NDEs) and out-of-body states in controlled populations. It represents a major advance over what previous work exists in the literature.

Prior research on NDEs in adults has been primarily anecdotal. Although that work is fascinating, and important in that all clinical research must first begin with anecdotes, data obtained by controlled clinical studies is essential to begin to analyze NDEs scientifically. My group’s Seattle study of NDEs in children (Morse, Connor, & Tyler, 1985; Morse, Castillo, Venecia, Milstein, & Tyler, 1986) is to my knowledge the first scientific analysis of NDEs in a prospectively identified population of seriously and critically ill patients.

Karlis Osis and Erlendur Haraldsson described their landmark study (1977) as a “broad survey” and readily acknowledged “bias in reporting and sampling.” Kenneth Ring, in his book Life at Death, subtitled A Scientific Investigation of the Near-Death Experience (1980), candidly admitted that he relied on word-of-mouth referrals and used newspaper advertisements in collecting data. He stated that “hospital referrals were not likely to lead to a sufficient number of cases . . . to permit meaningful statistical comparisons” (p. 27). Michael Sabom acknowledged the same problem with obtaining unbiased data in his book, Recollections of Death, subtitled A Medical Investigation (1982). These authors have given their books titles that imply a scientific method, but that implication is not backed up by their own descriptions of their research methods.

Even those authors who have published articles in mainstream peer-reviewed scientific journals have had to rely on newspaper advertisements and word-of-mouth referrals for their data. Ian Stevenson and
Bruce Greyson (Stevenson & Greyson, 1979; Greyson & Stevenson, 1980) and Russell Noyes (1979) have analyzed collections of anecdotal reports. Furthermore, there are considerable differences between the study populations of Noyes and of Greyson and Stevenson, and yet their research is frequently discussed together as if they were talking about the same phenomenon. For example, Noyes excluded patients from his study who lost consciousness (Noyes & Kletti, 1976), whereas Greyson and Stevenson analyzed patients who survived serious illnesses without such exclusions.

This lack of clinical studies in the literature severely limits the conclusions of such authors as Michael Grosso (1981) and Robert Kastenbaum (1984) who attempt to take these same studies and build shaky speculations based on tainted data. It was for this reason that in our Seattle study we prospectively identified our study populations in a blind fashion, made no assumptions of what a near-death experience should be like based on previous descriptions in the literature, and had a third party, unfamiliar with the sources of our data, review blindly all collected data. Instead of asking people who had had NDEs to tell us about their experiences, we sought out survivors of cardiac arrests and asked them to tell us what such an event was like. We carefully age-matched these patients with a seriously ill control group who were treated with identical medications and had similar degrees of hypoxia and other laboratory abnormalities. Both groups were hospitalized in an intensive care unit setting.

Research on near-death experiences remains in its infancy. I do not mean any disparagement of the excellent work the aforementioned authors have done, but review their work in an effort to highlight the importance of Olson's study. My own study, although surviving the cleansing fires of the Human Subject Review Committee, similarly has methodological flaws, as all clinical research will have. Instead, I am writing to prod the scientific community to realize that there is much work to be done.

Olson's paper actually whetted my appetite for more analysis of the excellent data she has obtained. Her study is unique in the adult literature, which she acknowledged by describing the aforementioned studies as "case-study information." However, I have the following questions for her:

1. Why weren't surgical patients separated from medical patients? Surgical procedures and anesthetic agents introduce a confounding variable that medical patients would not have.
2. Of the patients who had NDEs, could anything be gained by analyzing the types of illnesses, degree of consciousness, severity of illness, or types of medication they were on?

3. Why did she describe NDEs as a subset of out-of-body experiences? In her results, she did not give a breakdown of the types of experiences her patients had, but then in the discussion described some classic NDEs. She frequently referenced Glen Gabbard and Stuart Twemlow’s book (1984), but then did not separate out-of-body experiences from NDEs, as Gabbard and Twemlow did.

4. No data were given on the number of patients who refused entry into the study. This is of vital importance since no systematic procedure was used in collecting data.

5. No data were presented on which medications the patients were taking, and any relationship between medications and various experiences reported.

Near-death experiences have profound implications for the living, as we all will die. Unanswered questions abound in the field, including: (1) What effect do medications have on causing or suppressing NDEs? (2) Are pre-death experiences at all related to NDEs? (3) Are NDEs a unique phenomenon at the point of death, or are they a subset of out-of-body or mystical experiences? (4) Are there physiological correlates to the NDE? In order for us to do the hard work of transforming the appalling way we mistreat dying patients into a positive final experience, we must have hard data to share with our medical colleagues.

Today, near-death research is nothing more than excellent collections of folk tales and legends. I challenge Olson and other researchers in this field, my own research group included, to begin the hard work of collecting data that will withstand the peer review process. In this way, I predict that we will catalyze a profound change in the way hospitals and physicians (mis)treat dying patients.

References


Melodie Olson Responds

To the Editor:

I appreciate Melvin Morse's kind words about my study, and his interest in more data. I can supply answers for some of his questions.

1. Diagnoses on all patients were recorded from patients' charts. As few patients have only one diagnosis, the primary diagnosis as well as up to three secondary diagnoses were recorded. But diagnoses changed from the time of admission to discharge for many patients. Since data collectors were dependent on records currently in use and undergoing constant change, the accuracy of the diagnoses at any given time could not be guaranteed. Statistical correlations between group (i.e., OBEr vs. non OBEr) and type of patient (i.e., medical vs. surgical) were not significant. These correlations were only done on primary diagnoses. It should be remembered that
many persons reported OBEs that occurred prior to the present hospitalization, some of them completely independent of any hospitalization. For those, anesthetic agents and the like are not confounding variables.

2. & 5. All patients interviewed were alert and able to answer standard orientation questions. We listed medications for each interviewee. We then classified those medications that affect the central nervous system, and narcotics, separately. We noted whether any of those drugs had been taken within six hours of the interview. No relationships were found between reports of OBEs and use of these medications. In addition, the six patients who reported OBEs during this hospitalization were not taking any of the same drugs.

We did not attempt to classify severity of illness at this time.

3. This study focused on the OBE, not the NDE. People who report OBEs frequently have them within the context of an NDE. For our purposes, then, it was useful to consider the NDE as one context or set in which OBEs occur. You will notice that the way the question about OBEs is asked ("Have you ever felt your mind, consciousness, or center of awareness to be at a place different from your physical body?") will not elicit a positive response from NDErs who did not have an OBE as part of that experience. The statistics on OBEs are not reported as if they represent all NDEs that might have occurred.

In our sample of 31 reported OBEs, nine were associated with NDEs, 16 were not associated with NDEs, and in six cases that determination could not be made from the interview.

4. No data were kept related to patients who were not a part of the study, although I agree it would be helpful. Few patients actually refused participation, but many were off the care unit for tests or procedures, or had visitors and did not want to be interrupted while the data collectors were available. Because of short hospital stays, many of the patients were never asked to become a part of the study. One suggestion to avoid this problem in future studies is to work from admission lists and make appointments daily, at the time of admission and at discharge. That would require notification of all impending discharges, a luxury we did not have during this study.
I appreciate the opportunity to respond to these questions. Dialogue enriches the research process. I wish Morse good luck in his pursuit of greater empiricism in near-death research.

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OBEs in the Blind

To the Editor:

Harvey J. Irwin (1987) suggested that sensory deprivation may not be the fundamental cause of the out-of-body experience (OBE). The reason he cited is that although sensory bombardment and extreme elation do not entail sensory restriction, they facilitate the OBE. He added that these and other OBE-conducive situations promote "a state of strong absorption in the content of one's experience or mentation" (p. 58) and therefore the process of absorption should be considered central to the occurrence of the OBE.

I would like to point out that I (Krishnan, 1985) have indicated how both sensory bombardment and states of intense positive emotions can lead to a decrease in, and invariance of, sensory (that is, information) input to the brain. The important role that the reticular formation plays in reducing information input in situations of sensory deprivation and sensory overload has been emphasized by Donald B. Lindsley (1961). As far as I can see, the net effect of absorption, which involves withdrawal of attention, deliberately or otherwise, from sensory and proprioceptive stimulation (Irwin, 1980), is a reduction of input of information to the brain.

Secondly, I doubt whether we can say with certainty what is central to the occurrence of the OBE in the present state of our knowledge about the experience. It has been studied in depth only from a psychological perspective; until it is studied as well from other perspectives, such as the neurological or biochemical, I think we should suspend judgment.

I appreciate Irwin's thoughtful comments on my suggestion that study of visual OBEs in congenitally blind persons may help us understand whether or not out-of-body vision has a physical basis. I hope his
LETTERS TO THE EDITOR

comments will stimulate research in this area. For my part, I have so far not been able to find an instance of an OBE in a person born totally blind.

We could perhaps approach this question in another way. We might investigate whether or not the veridical out-of-body vision of those with visual defects is disturbed. If it is impaired, it is obvious that out-of-body vision, when it is veridical, does not operate independently of the visual system, and from the kinds of defects that affect out-of-body sight we might gain an idea of the anatomical structures involved in it.

It is not possible to resolve this issue conclusively on the basis of published cases of out-of-body sight in people with a visual disability (e.g., Davis-Cambridge, 1976; Green, 1968, pp. 32-33; Irwin, 1987, Case 3; Ring, 1981, p. 38, footnote). Those cases have not been corroborated independently, and it therefore can be argued that their visual content was hallucinatory. The experience of Juanita Davis-Cambridge (1976), who became blind owing to a hemorrhage into the vitreous humor of her eyes, is nevertheless of interest. She had her OBE unexpectedly in the early hours of the morning and, unlike the respondents of Celia Green (1968) and Kenneth Ring (1981), who claimed clear out-of-body vision despite their weak eyesight, Davis-Cambridge could see herself and her friend lying beside her only as shadowy forms. Was the lack of clarity due to her disability or her room being in darkness? Or was it simply an exceptional case?

Claims of out-of-body vision that have been systematically verified and found veridical (e.g., Sabom, 1982; Clark, 1984) also do not help, as the investigators have not provided any information about the eyesight of the subjects. I would suggest that in future investigations, data on the eyesight of experiencers should be routinely elicited.

I take this opportunity to draw attention to some other aspects of out-of-body vision about which there is also little or no information in the literature. If we fill in these gaps, we may perhaps be able to advance our understanding of this phenomenon.

1. According to many OBErs, they saw their physical bodies and/or surroundings suddenly from a position above the plane of the body. Some experiencers have, however, felt a sensation of falling slowly below the level of the body and then rising above it (Green, 1968, p. 46; Moody, 1977, pp. 33-36). Those experiencers report that, as they were moving up above the body, they could see below them, but it is unclear whether the impression of descending below the plane of the body is accompanied by any visual experience. One subject experienced tac-
tile bodily sensations as he felt that he was crawling on the floor, but had no visual sensations (Greene, personal communication, 1985). This aspect of the OBE requires investigation because if, as a rule, subjects have no visual experience while they seem to be below the body, then an elevated perspective is in some way connected with the mechanism underlying out-of-body vision.

The reason why the vantage point appears to be located above body level has yet to be elucidated, though a number of writers have offered speculations (Blackmore, 1983a, p. 150; Greene, 1983; Irwin, 1985, pp. 130–131; Jung, 1969, p. 509). We may also note that Georg von Bekesy (1967, pp. 127–129) has cited a somewhat similar experience in the auditory modality. He wrote of a person who listened to radio music wearing earphones and always heard the music in back of his head. Over a two-hour session, he showed the man how he could localize the music in front of him or behind him, as he pleased. Bekesy observed that when a person wears well-matched earphones on both ears “the acoustical situation provides a free choice of localizing the imaged sound source in front, within the head, or behind. The determining condition will probably be some early experience relative to the situation.”

2. It appears from some accounts of multiple OBEs that although the localization of the vantage point may be peculiar to each experiencer, it is invariant for him or her over several episodes. For example, one of Green’s respondents said that she had between 20 and 30 OBEs in the course of five years, and on each occasion she felt that she had seen herself from behind her right shoulder as she worked at her typewriter (Green, 1968, pp. 26–27). Another respondent felt that the viewpoint was always in the far right-hand corner of the ceiling of her room (p. 57). One of Michael Sabom’s interviewees observed that in each of his four OBEs he underwent over a ten-year period, his vantage point was from the upper left (Sabom, 1982, pp. 72 & 121).

It is difficult to judge from the literature whether an invariance of spatial relationship between physical body and vantage point is a common feature of multiple OBEs, as the subjects have not been asked specifically about it; the observations cited above were made voluntarily. If future research
reveals that that invariance is a consistent feature, we need to explore what that signifies.

3. A few OBErs have said that they saw the physical body as a mirror image. As Irwin pointed out (1985, pp. 90-93), it is unclear whether the experiencers used the term "mirror image" as a metaphor for "identical replica" or whether they meant that the body looked laterally reversed. His conclusion, based on the scant data available on this feature, was that the subjects most likely perceived the body without right-left reversal. But then, in the experimental situation, the OBE adepts Stuart Blue Harary (Rogo, 1978, p. 185, footnote) and Ingo Swann (Mitchell, 1987, p. 72) have on occasion exhibited mirror vision with respect to some of the targets they identified. The possibility of lateral reversal cannot therefore be ruled out.

Some questions arise in this connection. Why is it that lateral reversal occurs only at times? What is the reason for mirror vision? Neither Harary nor Swann seem to have seen their physical bodies in mirror image. Does that mean that only elements other than the physical body are seen in that way? Fresh data need to be collected and examined to find answers to these questions. In attempting to account for mirror vision, we may keep in mind the finding from animal experiments that lateral reversal is a characteristic of transfer of visual information from one brain hemisphere to the other (Noble, 1966).

4. There is no indication in OBE accounts of experiencers making mistakes in the perception of the physical body. The deviations from actuality that are sometimes reported pertain to the subjects' physical surroundings or their self-image, or parasomatic form. For example, some OBErs have seen in the physical environment objects that were not actually there. But there does not seem to be an instance of an experiencer having made such errors of commission in viewing the body, such as seeing it in clothing that he or she was not wearing at the time of the OBE. If the physical body observed by the OBEr is of subjective origin, as several writers have suggested (Blackmore, 1983b; Irwin, 1985; Siegel, 1980), is it not likely that departure from reality in some detail or other will sometimes occur? I would suggest investigating the accuracy of out-of-body vision of the body itself.
5. The target detection experiments conducted in the past by inducing OBEs in experimental subjects were designed to investigate whether they could identify target objects located away from their immediate vicinity. Those subjects have not been very successful at identifying distant targets (Blackmore, 1983, Chapter 18; Irwin, 1985, pp. 53–73), but did they see their physical surroundings as, for instance, many OBErs interviewed by Sabom did? There is hardly any information in this regard in the experimental reports. I think experimental subjects should be tested for their near perception as well, with target materials kept near them but out of their visual fields. If they score positively on both tests, we can compare their near and distant out-of-body vision in respect to accuracy, clarity of vision, number of details observed, etc. That may provide a basis for considering whether perception of near and remote objects is mediated by the same mechanism.

We may also study comparatively the near and far out-of-body vision of those who report moving to a distant physical location after witnessing events near their bodies, provided their remote perceptions can be corroborated. Kimberly Clark (1984) verified the distant perception of a cardiac arrest patient and found it to be veridical, but she does not appear to have checked the patient’s near out-of-body vision.

6. Out-of-body vision arising during electrical stimulation of certain areas of the brain has not been studied to determine whether subjects see anything outside of their visual field. This omission should be repaired.

References


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H. J. Irwin Responds

To the Editor:

V. Krishnan’s letter contains a number of interesting observations but I will focus here on comments pertaining directly to my own research.

It would appear that Krishnan and I basically are in agreement on the course of sensory information processing during an OBE. A minor
misunderstanding evidently has arisen from our different interpretations of the term "sensory deprivation." Like other psychologists I take sensory deprivation to entail a circumstance in which stimuli impinging on the individual's sense organs are both minimal and unchanging. It was under that definition of the term that I suggested that sensory deprivation might not be the fundamental cause of the OBE. Krishnan on the other hand wants to include sensory bombardment and extreme elation under the rubric of "sensory deprivation" because these situations also are known to be associated with decreased "input to the brain." What both Krishnan and I are saying here is that the OBE is characterized by an attenuation of sensory information processing by the brain and that this may be due either to the low level of stimuli impinging on the sensory receptors or to inhibition of the flow of sensory information at the level of the reticular system. I have depicted this process in terms of the cognitive construct of absorption (Irwin, 1985), but it is of course equally legitimate to seek to formulate it in a neurophysiological context. The current advantage of the absorption model is that there are hard data on individual differences in both the capacity and the need for absorbed mentation and on the pertinence of these individual differences to the OBE.

For reasons deduced in my original paper (Irwin, 1987) I do not believe the perceptual quality of OBEs of people with partial visual deficits will substantially illuminate the nature of the OBE. It is on that ground that visual OBEs in those totally blind from birth are of such theoretical interest. In this regard I would like to acknowledge a letter from Henry W. Pierce (personal communication, February 13, 1988) drawing my attention to an apparent OBE experienced by the totally blind and deaf woman Helen Keller (1972, p. 71). Keller very briefly describes her impression that her "soul" had visited Athens while her body had been sitting quietly in her library. Some researchers might be inclined to argue that this case supports the ecsmatic theory of the OBE, but unfortunately for this view Keller's account does not make any reference to visual sensations during her experience. The case therefore can be accommodated also by some form of imaginal theory, particularly one that takes cognizance of kinesthetic and somaesthetic imagery (Irwin, 1985).

References


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