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

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Editor’s Foreword

This issue of the Journal begins with two guest editorials exploring the possibility that human consciousness may survive bodily death. First, Indian scholar V. Krishnan suggests that postmortem survival of consciousness is untenable on both logical and empirical grounds, and interprets the purported evidence for survival as indicating the persistence merely of some inanimate record of a person’s life. Next, child psychiatrist Jim Tucker presents empirical data that challenge Krishnan’s assumptions, and argues that survival of consciousness remains the most plausible interpretation of the evidence.

The first article in this issue is an empirical study by physician Jeffrey Long and Jody Long of the Near-Death Experience Research Foundation (NDERF). Using data from the NDERF Internet-based survey, they compared near-death experiences that occurred before psychiatrist Raymond Moody coined the term in his 1975 book *Life After Life*, with those that occurred since then. They found the experiences from before and after 1975 to be indistinguishable, except for expected differences due to the experiencers’ age, and interpreted that finding as evidence for the reliability of retrospective NDE accounts.

Next, transpersonal psychotherapists Janet Colli and Thomas Beck present a paradigmatic case history of a client whose recovery from a chronic and severe eating disorder followed her near-death experience. They discuss possible roles the NDE may have played in her healing process, and the difficulties in studying such recoveries retrospectively.

In our final article, psychologist Ken Vincent explores NDEs in the context of Christian Universalism. He reviews New Testament support for various theological propositions, and argues that Christian Restorative Universalism is the theological position most harmonious with NDEs.

We end this issue with a letter from counselor educator Janice Miner Holden describing the Near-Death Experience Research Bibliography, a valuable research tool now available on CD from the International Association for Near-Death Studies (IANDS).
As I noted in our last issue's Foreword, this issue of the *Journal of Near-Death Studies* is the first to be published for IANDS by the Allen Press. We look forward to a long and felicitous collaboration with the Allen Press, and anticipate continued growth and sophistication in our new publication arrangements.

Bruce Greyson, M.D.
Guest Editorial

A New Perspective on the Afterlife Issue

V. Krishnan
Kaloor, India

ABSTRACT: The claim that human beings survive death as conscious entities is untenable on logical and empirical grounds. However, I suggest that a recording may persist of some aspects of one's life, of which some people may become aware under certain circumstances. I examine whether this interpretation of phenomena believed to be afterlife-related is plausible in terms of current scientific knowledge.

KEY WORDS: reincarnation; survival.

The belief that life continues after death in some form or other is ancient and widespread. But the question of whether there is any substance to that belief remains unsettled, despite years of debate and inquiry. The purpose of this paper is to point out that certain facts that have emerged from recent research can help answer that question. The belief in survival rests mainly on the assumption that there is, in each human being, a discrete entity that is the source of life and, as such, can remain intact forever, unlike the body. This discrete entity is called the soul or spirit in many cultures.

There are serious problems with this view. For example, its adherents have no verifiable answer to the question of how the soul comes into existence, a fact that is admitted by thinking theologians themselves (for example, Moore, 1966). Another unresolved puzzle is why the soul is postulated as necessary to induce life, as what develops into a child is not inert at any stage of its existence.

V. Krishnan has earned degrees in the humanities and civil engineering and writes about various scholarly subjects, most recently on new interpretations of Hindu metaphysical concepts. Reprint requests should be addressed to Mr. Krishnan at Ramakrishna Sevasram (Room No. 11), Azad Road, Kaloor, Kochi 682017, India.
Yet another problem is the claim that the soul, unlike any other object known to us, does not ever break up into its constituents and change into other entities, a process commonly described as death, perishability, disintegration, and so on. This postulated difference between the soul and other known objects implies that there are two different orders of stuff: one perishable and one imperishable. This implication contradicts the verifiable fact that the universe, in the sense of all that is, is monistic. As I have pointed out previously in this Journal (Krishnan, 1996), the reason why there cannot be more than one order of stuff is this: No object can be destroyed totally, no matter what processes we subject it to; it will only undergo change in various respects, such as shape, size, color, molecular structure, and so on. One of the several implications of this fact is that there has never been a time without something (one or more objects) in existence, and everything that existed at any time in the past or exists now must have arisen from pre-existing things. This means that all the entities there are, animate or inanimate, are all interrelated and have something in common. That is, there is only one order of stuff and that differences that we perceive between objects are to be understood as differences in respect of properties.

It is apparent from the foregoing discussion that there are no verifiable answers to questions concerning the genesis, purpose, and composition of the postulated soul. We may therefore conclude that there is no such entity and, consequently, no life after death. What are we then to make of the claim that there are many phenomena suggestive of an afterlife? Are they all some kind of mental fabrication, such as hallucination, or plain lies? The fact is that some cases fall into these categories and some do not, as we can see from any standard work on survival research (for example, Jacobson, 1974). We can get hints about how to interpret the latter kind—those that are not fabrications—from the systematic and painstaking studies conducted by Ian Stevenson and his associates of reports of small children in various countries remembering that they had lived as another person before their birth. In some countries, particularly Eastern, such children are regarded as reincarnations of persons whose lives they recall. Stevenson, however, cautiously terms these instances cases of the reincarnation type, leaving those studying his findings to decide for themselves whether or not reincarnation is the best explanation for them (Stevenson, 1987). (I have cited only one of Stevenson’s many works, as it contains a comprehensive account of his major findings about the reincarnation issue.)
A brief explanation of the concept of reincarnation will be useful to those who are not familiar with it. Reincarnation refers to the belief that there is in every human being an entity that separates from the body at death, carrying his or her memories, skills, aptitudes, and so on, which distinguishes one person from another and can therefore be said to constitute his or her personality and, after a variable interval, unites with a child, before or after its birth. In a typical case investigated by Stevenson, the child begins to refer, usually between the ages of 2 and 5 years, by word or gesture, to persons, places, and events connected with its previous life. Full recollection is rare. The behavior of the child (the subject of a case of the reincarnation type) nearly always conforms to that of the person whose life he or she remembers (the previous personality). In some cases the subject is found to have a congenital deformity or a birthmark that corresponds in appearance and location to a wound from which its previous personality died. A few subjects are found to suffer from an internal disease, such as tuberculosis, that the pervious personality suffered from, but from which members of their new family have been free. Finally, and most importantly, the child exhibits a feeling of identity with the previous personality and an emotionally-laden connection with that person's family. This feeling of identity with the previous personality is a feature common to all the cases that have been verified satisfactorily. The other features are not equally prominent in all cases. Before proceeding further, I would like to make it clear that the conclusions I have drawn from Stevenson's studies and others are entirely my own and I alone am responsible for any shortcomings in them.

One of Stevenson's findings is that the subjects of cases of the reincarnation type are not born just anywhere. In a number of cases it was noticed that they were born near the previous personalities' place of death (Stevenson, 1987). Instances of the subject's birth far from this area are not, however, uncommon. A significant fact about many of these cases involving geographical distance is that they occurred under one or the other of the following circumstances: One of the parents of the subject, who lived far from the place where the previous personality had died, passed through it just before or soon after the conception of the subject; or the body of the previous personality had been moved from where he or she was believed to have died to another place (Stevenson, 1987). It is clear from these findings that when a person dies, a factor carrying some elements of his or her personality persists in the death-related area and becomes associated with a child
at some stage of its development in such a way that these elements become part of its memories.

Another finding that should be noted in this connection is that a few subjects spoke of events that they felt to have taken place between their birth and the death of their previous personalities. I shall cite two examples. One child said that she was in a realm where the clothes were rich and elegant, and they needed no washing. There was no need to eat; however, food appeared before you whenever you wished for it. The girl met a kindly "ruler" who suggested to her to get reborn, but did not tell her where (Stevenson, 1987). Another child, a boy aged about 3 years, recalled a car accident in which the previous personality was involved. The impact of the crash threw the pervious personality from the car and he died "almost instantly" from a broken neck. The ambulance taking his body went over a bridge near the accident site (Stevenson, 1987).

The resemblance of these accounts to near-death experiences (NDEs) is unmistakable (although Stevenson did not describe them as NDEs). The first example is reminiscent of otherworldly NDEs and the second of an out-of-body experience (OBE). Now these children could not have known about their previous personalities' NDEs from any living person or through any other normal means, because their previous personalities died and did not live to speak of them. Some commentators on reincarnation have invoked extrasensory perception (ESP) to account for these and other kinds of rebirth memories (for example, Chari, 1962); but ESP, even if it does occur, does not help explain the kind of experience cited here because the children had not been born at the time the NDEs occurred. It seems to me that the simplest and best explanation is that an entity separated from the body at death bearing what constitutes personality, in the sense mentioned above, and remained attached to some object in the death-related location until it became associated with a human host.

I think that these two findings provide the strongest evidence yet in support of the belief in a surviving factor. The next question to consider is whether the surviving element is a living entity. If it is, we can be certain that there is an afterlife. Unfortunately, it is not possible to answer the question conclusively because there is no precise definition of what life is, or what the signs of life are. For example, a biochemist might say that only an object that is able to feed, reproduce, and mutate can be considered to be alive (for example, Oparin, 1957); while a philosopher might insist that consciousness is the chief sign of life (Ducasse, 1961). There is even a view that
no clear dividing line exists between life and nonlife (for example, Beck, 1961).

Another problem is that we cannot be sure whether our notions about signs of life, which are based on embodied beings, apply to a surviving entity that is without a body like ours. We can therefore decide whether an entity is animate or not only in terms of what we know about ourselves. If a person is able to sense what is happening around him or her in a measurable way, he or she is said to be alive. I can judge the surviving factor only on this basis.

As noted above, there is a variable interval between death and rebirth. Stevenson found that this period was a "complete blank" in the memories of most of his subjects (1987, p. 109). That is, they had no recollection of matters such as where they remained in the discarnate state during the interval, any physical changes that may have occurred in the vicinity where their death occurred, what the surviving factor looked like, how it left the dead person's body and united with another person, and so on—matters that one would expect a sentient entity to register and recall fully or partially. I would therefore suggest that, on present evidence, what survives is not a living, conscious being. Some subjects have expressed their dissatisfaction with their birth in families inferior in social and/or economic status compared to their status in a previous life; further, instances of rebirth of members of hostile tribes in enemy territory have been reported (Stevenson, 1987). Such cases also seem to suggest that the surviving entity is not a conscious being capable of choosing its future parents.

If the surviving factor is not a living entity and yet carries some of the thoughts and such subjective activity of a deceased person, what is it? The answer is obvious to me: it can only be a recording of mental activity. There are also findings that suggest what is likely to be recorded. For example, most children recalled only events "of the last year, month, and days of the life remembered" (Stevenson, 1987, p. 107). Stevenson further noted: "Recency of association with the person or object (on the part of the previous personality before death) appears more important than length of association in influencing the subject's memories" (1987, p. 108). Further, there is some indication that the subject may remember only very little of the previous personality's life if the latter was suffering from poor memory at the time of his or her death (Stevenson, 1987). It is worth noting here that, apart from OBEs and otherworldly NDEs, some subjects have reported experiencing what in the NDE literature is called a life review or
panoramic memory—a sudden, quick, and brief imaged recollection of events of life—just before dying in the previous life (Stevenson, 1987). I think it is reasonable to infer from these findings that the subject remembers only what actually went through the previous personality’s mind at the time of his or her death. In short, what survives is a recording of what a dying person happens to think of. Since this provides some information about him or her, we might also describe the surviving factor as a record of information about a deceased person.

I shall now consider whether there are experimentally proven facts that support my interpretation of the surviving element. Such findings should confirm that (1) some factor having information capacity leaves the body at death, (2) that factor can persist in the physical environment for some time carrying the information it holds, and (3) a person can interact with it in such a way that he or she becomes aware, consciously or subliminally, of the information it carries.

There is evidence that all living organisms emit low-intensity light (bioluminescence) and at the time of death this electromagnetic radiation is ten to 10,000 times stronger (necrotic radiation). It is already known that this electromagnetic radiation holds simple kinds of information such as the rate of dying. Recent research, however, suggests that it may have a much larger information capacity (Slawinski, 1987a, 1987b). In other words, when a person dies, an electromagnetic radiation may occur that can carry some information about him or her. It is yet to be confirmed whether this radiation holds the kind of information that subjects of cases of the reincarnation type recall; but it is conceivable that it may, on the basis of recent studies of the mind/body relationship, which indicate that our thoughts, emotions, and mental phenomena are accompanied by characteristic brainwave patterns (Hutchinson, 1991; Ornstein, 1972). That is, a thought, for instance, is the manner in which we experience, or is the experiential aspect of, a certain brainwave pattern, just as a color is the way we experience electromagnetic radiation of a certain wavelength (Krishnan, 1994). It is then possible that the necrotic radiation may be modulated by the brainwave patterns of a dying person.

As for the other points, there are positive hints from studies concerning allergic reactions. For example, it has been found that water has a “memory” for frequencies of electromagnetic fields to which it has been exposed, and some people may react to the memory of those frequencies if they come to the neighborhood of the container in which such treated water is kept (Smith and Best, 1989). This renders theoretically sound my proposal that (1) the surviving factor is a record
of information, such as an energetic radiation; (2) it may remain apart from the body of a dead person, attached to an animate or inanimate entity; and (3) a living person may become aware of it under certain circumstances. Other writers have already suggested that sighting of ghosts could be explained along these lines (Lethbridge, 1961; Smith and Best, 1989).

In light of the above discussion, we may conclude that surviving records of information about a dead person may explain not only cases of the reincarnation type but also other phenomena that are said to be afterlife-related and found not to be mental fabrications or fraudulent. However, it should not be assumed that the mechanism underlying them—the manner in which the record of information comes about—is identical for all afterlife-related phenomena, as there are considerable differences among them. For example, the apparition of a dead person is said to be visible, apparently projected out into space, whereas a rebirth subject appears to experience events as imaged memories, that is, as visual images in the mind (Stevenson, 1987). Subjects in a reincarnation-type case feel a sense of identity with the previous personality, while subjects of apparitional experiences do not feel the same way about the dead person.

Such differences suggest that different mechanisms are at work. This is one of the matters to be studied in the future. Some of the others are added below, from which it can be seen that a multidisciplinary effort may be necessary to find adequate answers. There are no verifiable reports of multiple rebirths, that is, more than one child recalling events from the life of the same deceased person. Even in the case of identical (one-egg) twins, either both children recalled different previous lives, or only one of them remembered a previous life. This characteristic indicates that the surviving element in cases of the reincarnation type does not split up between more than one child or inanimate environmental host. In other words, it joins its host in its entirety. There is another finding worth noting in this connection: I mentioned above that the surviving entity may remain localized in a particular area. That finding suggests that if the surviving factor is a form of energy, it does not propagate in all directions like the carrier waves from a radio broadcasting station, but rather than it radiates unidirectionally like a single photon or a highly coherent laser beam. What are the implications of these features?

Why is it that the surviving element influences the memory only of a child but not of its parents or other adults? What is the factor in an animate or inanimate entity that attracts the surviving element? How
does the surviving element remain associated with an inanimate or nonhuman host for long periods?

Because there is no verified instance of a rebirth subject bearing physical resemblance to the previous personality who is not a relative, the surviving entity seems to have no role in shaping the appearance of the subject. However, it does seem to have some influence on the body in other, presently unknown, ways. For example, some subjects are found to have a birthmark or physical deformity corresponding to the location of a wound from which the previous personality died; the scar from a long-healed wound or a birthmark may be carried from one life to another; and some subjects are noticed to have been prone to certain internal diseases like tuberculosis when the previous personality had suffered from them (Stevenson, 1987). What is the explanation for this influence?

I hope I have been able to show that a new approach to the afterlife issue is both necessary and possible. My interpretation of afterlife-related phenomena is based on the verifiable fact that the universe is monistic and the corollary that all phenomena should therefore be explicable in terms of interaction of entities belonging to a single order of reality, or stuff. I have also pointed out some of the gaps in my interpretation that need to be filled in. That effort could contribute to other fields of inquiry, just as Stevenson's rebirth studies have contributed to our understanding of certain unsolved problems in psychology, biology, and medicine (Stevenson, 1987). Finally, I believe that the realization that we live only once, that there is nothing to look forward to beyond death, will prompt us to live in harmony with one another and our environment, and make the best of our life here on this beautiful planet Earth.

References


Response to Guest Editorial

Response to “A New Perspective on the Afterlife Issue”

Jim B. Tucker, M.D.
University of Virginia

ABSTRACT: V. Krishnan argues that the phenomenon of children who claim to remember previous lives indicates that an inanimate recording of a person’s mental activity at the time of death persists in the local area after he or she dies. Several areas of empirical evidence conflict with this hypothesis, including long-distance cases in which the family had not been near the area where the previous personality died, cases in which the children have intermission memories of events between the death of the previous personality and the birth of the subject, and cases in which the children have memories of events that occurred long before the previous personality died.

KEY WORDS: reincarnation; survival.

V. Krishnan, in his “New Perspective on the Afterlife Issue,” suggests that the phenomenon of children who claim to remember previous lives, as studied by Ian Stevenson and others, can be best understood as evidence, not of survival, but of an inanimate recording of a person’s mental activity that may persist after death. While I welcome the serious thought that he gives to the issue, I do not think that his conclusions are consistent with the facts.

To begin with, he argues that since there are unanswered questions about the genesis, purpose, and composition of a soul, we should conclude that there is no such thing. While he certainly may be right that there is no such thing as a soul, unanswered questions hardly constitute proof or even evidence that there isn’t.

Jim B. Tucker, M.D., is Assistant Professor of Psychiatric Medicine at the University of Virginia. Reprint requests should be addressed to Dr. Tucker at the Division of Personality Studies, University of Virginia Health System, P.O. Box 800152, Charlottesville, VA 22908-0152; e-mail: jbt8n@virginia.edu.
With that as a starting point, he then tries to make sense of the evidence of previous life memories. Since he has concluded that there is not an enduring soul, he attempts to determine what else could have produced the memories that the children have demonstrated and decides that there must have been an energetic recording that persisted in the death-related area for some time after the previous personality's death. In support of this concept, he offers the fact that in some of the cases where the subject was born far from the site of death of the previous personality, there has nonetheless been some geographical connection between the two, such as a parent passing through the place of death around the time of conception. There are many strong cases, however, that are exceptions to this. Imad Elawar (Stevenson, 1974), Bishen Chand Kapoor (Stevenson, 1975), Sunita Khandelwal (Stevenson, 1997), Purnima Ekanayake (Haraldsson, 2000), and Ajendra Singh Chauhan (Mills and Lynn, 2000), to name just a few, are examples in which the child's parents had apparently never visited the area where the previous personality died. These strong cases run completely counter to Krishnan's argument, and he does not address them and the many others like them.

Krishnan is right that there is a geographical component to the cases in that, in almost all of them, the subject and previous personality are of the same nationality. Even in cases involving different nationalities, the previous personality has generally died in the subject's country, such as the Burmese children described by Stevenson (2001) who reported memories of lives as Japanese soldiers killed in Burma in World War II. Clearly, the subjects are not distributed randomly throughout the globe to begin their next lives, but the factors that would lead a child to be born in a particular location are unknown at this point. There is no reason to conclude from this, however, that a record stays at the site of the death that can subsequently influence a child's memory and identification.

Krishnan also acknowledges that some of the children have intermission memories of events between the death of the previous personality and the birth of the subject. These would seem to argue against his idea of a mental record separating from the body at death, but he views these memories as near-death experiences (NDEs) that the previous personalities had at the time of death. Later, he ignores these cases altogether in arguing that the element that survives after death, this mental record, cannot be a living, conscious being because the children were not able to sense what was happening around them during the interval between death and rebirth. With rare exception,
however, unconscious patients are not able to sense what is happening around them, but we do not generally think of them as dead. More importantly, numerous cases are exceptions to this, such as the two Krishnan himself cites with intermission memories. Some of the children, such as Bongkuch Promsin (Stevenson, 1983), told of coming to their new family. In that case, the boy said that after he stayed for seven years over the bamboo tree near the spot where the previous personality's body had been left after he was murdered, he tried to go to the previous personality's mother on a rainy day. He said that he got lost in the market instead, saw his future father, and stayed with him during a bus ride to his new family's home. His father had attended a meeting in that area on a rainy day in the month when Bongkuch's mother became pregnant, so along with 29 verified statements about the previous life, there was at least partial verification of the boy's memories of events between lives, which surely cannot be thought of as occurring during an NDE eight years before Bongkuch was born. We do not know why some children have such memories while most do not, but the lack of memories for the discarnate state is certainly not a universal feature of the cases.

Bongkuch's case also points out another fallacy in Krishnan's argument. He uses the unhappiness that some of the children express about their surroundings in their current lives to argue that they must not have survived as conscious beings capable of choosing their future parents. Bongkuch, however, said he chose to follow his future father, and there are a number of other cases that include similar reports. There are also cases with "announcing dreams," where a member of the subject's family, most often the mother, has dreamed before or during the pregnancy that the previous personality either petitioned to be reborn to the subject's parents or announced that he or she was coming to be reborn. Even if these features were not present in a number of cases, it is hard to see how the children's dissatisfaction can constitute evidence that they were not alive between lives, any more than military draftees' complaints about their circumstances would mean that they were not alive when they were inducted.

Krishnan argues that the surviving record includes the mental activity of the previous personality only at the time of death. To support this, he cites Stevenson as saying that "most children recalled only events of the last year, month, and days of the life remembered." Stevenson, however, did not write, and it is not true, that the children only recall events at the end of previous life; he said that the "memories tend to cluster around events of the last year, month, and days of
the life remembered" (Stevenson, 2001, p. 110). As an example, Bishen Chand Kapoor, in recalling the life of a man who died at age 32 in a town 50 kilometers away, gave a number of details about events at the end of that life among his 35 statements verified as correct for the previous personality, but he also accurately reported that the school that the previous personality had attended was near a river and that his 6th grade English teacher had been fat and worn a beard (Stevenson, 1975).

Since there are numerous items of recall that the children give that cannot reasonably be considered to have been thoughts at the moment of death, Krishnan resorts to the idea of a life review at the moment of death. In that case, any memory from any point in the previous personality's life can be credited as being from the moment of death, hardly a convincing argument. A more reasonable assessment is that, while the memories tend to focus on people and places from near the end of the previous personality's life, they can certainly include earlier memories as well.

There is also the issue of birthmarks, which Krishnan touches on. It is hard to imagine how a simple inanimate recording of mental activity could produce birthmarks and birth defects in children that matched wounds suffered by the previous personality, as occurred in 200 cases described by Stevenson (1997). A more reasonable conclusion is that the wound continued to affect a living entity as it moved from one life to the next.

Nonetheless, Krishnan is correct that many cases have a geographical component, most do not have memories from the period between lives, and the memories from the previous life tend to be about people and places from the end of that life. These are only tendencies, however, with numerous exceptions, and, despite Krishnan's reasoning to the contrary, these generalizations should not be taken as absolutes. There is no reason to discount the long-distance cases or ones that include statements about events either early in the previous life or during the time between lives. Krishnan's idea that the previous personality's final thoughts are an inanimate record that exists for a time at the location of that individual's death is simply not consistent with all the evidence and does not provide an adequate explanation for the cases as a whole.

The strongest cases that we have—long-distance cases in which the child made a number of statements about the previous life that were subsequently verified—are ones that Krishnan's hypothesis cannot explain. So where does that leave us? Stevenson has concluded that
"reincarnation is the best—even though not the only—explanation for the stronger cases we have investigated." (Stevenson, 2001, p. 254). Krishnan's ideas, though creative, offer nothing that would challenge that assessment.

References


A Comparison of Near-Death Experiences Occurring Before and After 1975: Results From an Internet Survey

Jeffrey P. Long, M.D.
Tacoma General Hospital, Tacoma, WA
Jody A. Long, J.D.
Near-Death Experience Research Foundation, Tacoma, WA

ABSTRACT: The 1975 publication of Life After Life (Moody, 1975) led to wide public recognition of near death experiences (NDEs). Much of the early NDE research, in the late 1970s and early 1980s, studied NDEs occurring predominantly before 1975. If the content and aftereffects of NDEs remained constant before and after 1975, this early NDE research may be considered applicable to NDEs occurring more recently. This study used the methodology of an Internet-based questionnaire survey that has not been previously reported. A total of 218 NDErs were surveyed. The only statistical differences between the group with NDEs before 1975 (n = 48) compared with the group with NDEs during or after 1975 (n = 170) were due to expected differences in NDEr age at the time of the NDE, and age currently. No other significant difference was found between these two groups with regard to NDE demographics, experience elements, or aftereffects studied.

KEY WORDS: near-death experience; near-death experience changes over time.

The term near-death experience (NDE) was first used by Raymond Moody in his landmark book Life After Life (Moody, 1975). Following

Jeffrey P. Long, M.D., is a radiation oncologist at Tacoma General Hospital. Jody A. Long, J.D., is with the Near-Death Experience Research Foundation in Tacoma, WA. The investigators extend a heartfelt thanks to the large number of experiencers who have shared with us over the years, and whose willingness to share has made this study possible. Reprint requests may be addressed to Dr. Long at the Department of Radiation Oncology, Tacoma General Hospital, Tacoma, WA 98405; E-mail: nderf@nderf.org.
publication of this bestselling book in 1975, there was tremendous public and media interest resulting in wide recognition of NDEs. It would be of considerable interest to know if NDEs occurring before 1975 differed in any way from those occurring during or after the 1975 publication of *Life After Life*. Identifying significant differences in NDEs occurring before and after 1975 would have implications for near-death research. The early near-death research, from the late 1970s and early 1980s, investigated NDEs that occurred predominantly before 1975. Today's near-death research investigates an ever-growing number of NDEs that occurred after 1975.

If NDE elements remained reasonably constant among NDEs occurring over many decades, extrapolation of older near-death research findings to those experiencing NDEs more recently would be reasonable. Such consistency in NDE reports over time would also support the independence of NDEs from cultural influences. On the other hand, significant changes in the NDE features reported before and after 1975 might suggest that more recent NDE descriptions had been influenced by the wide cultural recognition and media interest in this phenomenon.

Any retrospective study of the details of NDEs occurring many years ago must rely on the experiencers' accurate recollection of their experience. Pim van Lommel, Ruud van Wees, Vincent Meyers, and Ingrid Elfferich (2001) recently presented strong evidence that details of individual NDE accounts remain consistent over years. Their investigation prospectively studied 344 cardiac arrest survivors that included a group of 62 who had NDEs. Interviews of experiencers were conducted within several weeks of the NDE, and again two and eight years later. Although the experience was repeatedly recorded over a span of eight years, the investigators found virtually no change in the details of the experience over time (van Lommel, van Wees, Meyers, and Elfferich, 2001). This conclusion is consistent with the almost uniform confidence of experiencers in their recollection of their NDEs, even those that occurred long ago. Given the preceding, we have reasonable confidence in the validity of recent surveys of experiencers to allow comparison of NDEs occurring before and after 1975.

**Methods**

This study was a retrospective review of data received from an Internet-based survey. Such a methodology for studying NDEs has not
been reported previously. To compare NDEs occurring before and after 1975, we utilized data from the Near-Death Experience Research Foundation (NDERF) web site (www.nderf.org). This web site was first published in August, 1998. The web site has always contained a detailed questionnaire on which NDErs can share their experiences. The original questionnaire was modified in February, 1999, and remained unchanged from that time. Contributors give informed consent after the questionnaire introduction and instructions disclose the purpose of the survey, use of material submitted, assurance of confidentiality to the extent requested by the contributors, and lack of compensation for participation in the survey.

This questionnaire form contains a section for NDErs to share a narrative of their experience, and asks more than 50 questions regarding demographics, elements of the near-death experience, and aftereffects. Many questions allow a response of "Yes," "No," "Uncertain," and the default response of "No response" (Y/N/U/NR questions). A narrative response may be entered following each Y/N/U/NR question. One question asks for the date of the experience and allows a narrative response.

All submissions to the Internet questionnaire were entered into a database. A mail-merge document was created, allowing review of questionnaire responses merged next to the specific questions asked in the survey form. A single document was created from the combination of all mail-merged survey responses to allow a search of all accounts by key words. For those Internet survey contributors allowing e-mail contact, NDERF has a policy of e-mailing the contributors a copy of their submission, with a request to review it for accuracy. Both of this study’s investigators reviewed all Internet questionnaire submissions.

Approximately 50 percent of all experiences submitted to the www.nderf.org web site met our research definition of an NDE as a lucid experience associated with perceived consciousness apart from the body occurring at the time of actual or threatened imminent death. If either investigator found that the submitted experience did not meet this definition, the NDE was excluded from analysis. Consensus of both investigators regarding classification of submitted experiences was achieved for the overwhelming majority of experiences. The NDERF definition of NDEs is consistent with the definition utilized by van Lommel, van Wees, Meyers, and Elfferich (2001, p. 2040): "We defined NDE as the reported memory of all impressions during a special state of consciousness, including specific elements such as
out-of-body experience, pleasant feelings, and seeing a tunnel, a light, deceased relatives, or a life review.”

This definitional component of a “special state of consciousness” is certainly achieved, and perhaps more narrowly defined, by our definition of NDEs. Moreover, the definitional component of “specific elements such as out-of-body experience, pleasant feelings, and seeing a tunnel, a light, deceased relatives, or a life review” is consistent with the experience elements typically encountered in the accounts reviewed for this study.

We compared NDEs occurring before 1975 to NDEs occurring during or after 1975, with regard to demographics, experience elements, and aftereffects. A total of 227 NDEs were submitted on the Internet questionnaire from February, 1999, to the time of analysis in April, 2002. Of these, nine NDEs were excluded from analysis, either because they did not provide the year the NDE occurred or because they shared multiple NDEs on the questionnaire form, preventing clear analysis of a single NDE. We analyzed the remaining 218 NDE accounts that provided the year the experience occurred. Occasionally, the respondent answered the Internet survey question about date of experience with a range of years, indicating the respondent had some uncertainty regarding the exact year of the experience. In such cases, we used the midpoint of the range of years provided for analysis. We analyzed only one NDE per person, and excluded from this study NDEs contributed by someone other than the experiencer.

We used several methods to assess the validity of the NDERF questionnaire. At the end of the Internet survey, respondents were asked, “Did the questions asked and information you provided accurately and comprehensively describe your experience?” Of the 204 experiencers responding to this question (90 percent of the 227 experiencers responding to the survey), 160 (80 percent) responded “Yes,” 20 (10 percent) responded “No,” and 21 (10 percent) responded “Uncertain.” The 80 percent positive response to this question is encouraging regarding the accuracy and comprehensiveness of the information received from this survey. This is especially impressive, given that NDEs are often considered to be ineffable.

We further assessed the validity of the Internet survey by reviewing responses to two similar questions asked in different sections of the questionnaire form. For example, in response to the check-box question “Did your experience include light?”, 156 experiencers (69 percent of the 226 respondents) answered affirmatively; and in response to
a later question, “Did you see a light?” 144 experiencers (67 percent of the 215 respondents to that question) answered “Yes.” Likewise, in response to the check-box question “Did your experience include life review?”, 58 experiencers (26 percent of the 227 respondents) answered affirmatively; and in response to a later question, “Did you experience a review of past events in your life?”, 63 experiencers (30 percent of the 211 respondents to that question) answered “Yes.” The consistency of these responses further supports the reliability of responses to the Internet survey.

We separated the 218 NDEs initially analyzed for this study into two groups: one group with the NDE occurring before 1975, and the other group with the NDE occurring during or after 1975. We performed chi-square analyses of the responses of both groups to 21 Y/N/U/NR questions. These 21 questions included three demographic questions, 12 questions regarding NDE elements, and five questions regarding experience aftereffects. Many questions had very few “Uncertain” responses, which could reduce the reliability of the chi-square analyses. Thus, we performed the chi-square analyses twice: first, using a 2 × 3 table with the responses “Yes,” “Uncertain,” and “No” considered, and second, using a 2 × 2 table considering only the responses of “Yes” and “No.” We also performed chi-square analyses on an additional 11 questions that included five demographic questions, one question regarding NDE elements, and four questions regarding experience aftereffects.

Results

Of 218 NDEs reviewed, 48 (22 percent) occurred before 1975, and 170 (78 percent) occurred during or after 1975. For NDEs occurring before 1975, the year the NDE occurred ranged from 1943 to 1974, with the mean year of NDE occurrence being 1963. For NDEs occurring during or after 1975, the year the NDE occurred ranged from 1975 to 2002, with the mean year of NDE occurrence being 1990.

Questions asked for this study are abbreviated in the “variable” column in Table 1. The full text of the questions asked is on the www.nderf.org web site. We performed 53 chi-square analyses, with results shown in Table 1. Due to the large number of analyses performed, we selected the p value indicating significance to be 0.01. Of the 53 chi-square tests performed, significance indicated by p < 0.01 was found in only three.
Table I
Comparison Between Near-death Experiences Occurring Before 1975 and From 1975 to the Present

<table>
<thead>
<tr>
<th>Variable</th>
<th>( \chi^2 ) (df)</th>
<th>( p )</th>
<th>Excluding &quot;Uncertain&quot; Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at time of NDE (&lt;18/≥18)</td>
<td>20.67 (1)</td>
<td>&lt;0.001</td>
<td></td>
</tr>
<tr>
<td>Age now (&lt;40/≥40)</td>
<td>20.45 (1)</td>
<td>&lt;0.001</td>
<td></td>
</tr>
<tr>
<td>Gender (male/female)</td>
<td>1.37 (1)</td>
<td>0.243</td>
<td></td>
</tr>
<tr>
<td>Health after NDE (excellent/good/fair/poor)</td>
<td>2.33 (3)</td>
<td>0.127</td>
<td></td>
</tr>
<tr>
<td>Health now (excellent/good/fair/poor)</td>
<td>1.09 (3)</td>
<td>0.298</td>
<td></td>
</tr>
<tr>
<td>Quality of aftereffects (positive/mixed/disturbing)</td>
<td>0.97 (2)</td>
<td>0.325</td>
<td></td>
</tr>
<tr>
<td>Stability of aftereffects (increase/no change/decrease)</td>
<td>0.04 (2)</td>
<td>0.835</td>
<td></td>
</tr>
<tr>
<td>Religion before NDE (liberal/moderate/conservative)</td>
<td>0.00 (2)</td>
<td>0.958</td>
<td></td>
</tr>
<tr>
<td>Religion now (liberal/moderate/conservative)</td>
<td>1.45 (2)</td>
<td>0.229</td>
<td></td>
</tr>
<tr>
<td>Quality of NDE (wonderful/mixed/frightening)</td>
<td>1.19 (2)</td>
<td>0.275</td>
<td></td>
</tr>
<tr>
<td>Years of education (&lt;15/≥15)</td>
<td>0.46 (1)</td>
<td>0.498</td>
<td></td>
</tr>
<tr>
<td>Substances at time of NDE (yes/no/uncertain)</td>
<td>0.00 (2)</td>
<td>0.973</td>
<td>0.01 (1)</td>
</tr>
<tr>
<td>Ineffability (yes/no/uncertain)</td>
<td>1.22 (2)</td>
<td>0.270</td>
<td>1.66 (1)</td>
</tr>
<tr>
<td>Life-threatening event (yes/no/uncertain)</td>
<td>0.33 (2)</td>
<td>0.563</td>
<td>0.66 (1)</td>
</tr>
<tr>
<td>Separation of consciousness (yes/no/uncertain)</td>
<td>2.44 (2)</td>
<td>0.118</td>
<td>1.71 (1)</td>
</tr>
<tr>
<td>Tunnel (yes/no/uncertain)</td>
<td>2.64 (2)</td>
<td>0.104</td>
<td>1.64 (1)</td>
</tr>
<tr>
<td>Light (yes/no/uncertain)</td>
<td>0.11 (2)</td>
<td>0.745</td>
<td>0.04 (1)</td>
</tr>
<tr>
<td>Other beings (yes/no/uncertain)</td>
<td>1.60 (2)</td>
<td>0.206</td>
<td>0.46 (1)</td>
</tr>
<tr>
<td>Life review (yes/no/uncertain)</td>
<td>0.84 (2)</td>
<td>0.358</td>
<td>1.89 (1)</td>
</tr>
<tr>
<td>Verifiable observations (yes/no/uncertain)</td>
<td>0.03 (2)</td>
<td>0.872</td>
<td>0.22 (1)</td>
</tr>
</tbody>
</table>

(Continued)
<table>
<thead>
<tr>
<th>Variable</th>
<th>$\chi^2$ (df)</th>
<th>$p$</th>
<th>$\chi^2$ (df)</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beautiful locations/levels (yes/no/uncertain)</td>
<td>0.27 (2)</td>
<td>0.604</td>
<td>0.99 (1)</td>
<td>0.320</td>
</tr>
<tr>
<td>Altered space/time (yes/no/uncertain)</td>
<td>0.25 (2)</td>
<td>0.615</td>
<td>0.78 (1)</td>
<td>0.376</td>
</tr>
<tr>
<td>Order/purpose in universe (yes/no/uncertain)</td>
<td>0.26 (2)</td>
<td>0.608</td>
<td>0.54 (1)</td>
<td>0.463</td>
</tr>
<tr>
<td>Limiting structure reached (yes/no/uncertain)</td>
<td>0.30 (2)</td>
<td>0.584</td>
<td>0.35 (1)</td>
<td>0.553</td>
</tr>
<tr>
<td>Future visions (yes/no/uncertain)</td>
<td>0.46 (2)</td>
<td>0.496</td>
<td>0.06 (1)</td>
<td>0.800</td>
</tr>
<tr>
<td>Decision to return (yes/no/uncertain)</td>
<td>1.58 (2)</td>
<td>0.208</td>
<td>0.00 (1)</td>
<td>0.976</td>
</tr>
<tr>
<td>Paranormal gifts (yes/no/uncertain)</td>
<td>0.07 (2)</td>
<td>0.787</td>
<td>0.43 (1)</td>
<td>0.510</td>
</tr>
<tr>
<td>Changed beliefs (yes/no/uncertain)</td>
<td>2.89 (2)</td>
<td>0.089</td>
<td>4.68 (1)</td>
<td>0.031</td>
</tr>
<tr>
<td>Shared NDE with others (yes/no/uncertain)</td>
<td>0.20 (2)</td>
<td>0.656</td>
<td>0.57 (1)</td>
<td>0.449</td>
</tr>
<tr>
<td>Life change (yes/no/uncertain)</td>
<td>0.45 (2)</td>
<td>0.501</td>
<td>1.32 (1)</td>
<td>0.250</td>
</tr>
<tr>
<td>NDE reproduced later (yes/no/uncertain)</td>
<td>11.71 (2)</td>
<td>&lt;0.001</td>
<td>14.61 (1)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Questionnaire describes NDE (yes/no/uncertain)</td>
<td>0.86 (2)</td>
<td>0.353</td>
<td>0.18 (1)</td>
<td>0.671</td>
</tr>
</tbody>
</table>

Table I
(Continued)
First, there was a statistically significant difference between NDEs occurring before and after 1975 in the respondents' age at the time of the experience ("less than age 18," versus "greater than or equal to 18 years old"), with $p = 0.00000525$. The difference was in the direction of NDEs occurring before 1975 more likely to be less than 18 years old at the time of the experience. Second, there was a statistically significant difference between NDEs occurring before and after 1975 in respondents' age at the time of sharing the account on the Internet survey ("less than age 40," versus "greater than or equal to 40 years old"), with $p = 0.00000593$. Finally, a statistically significant difference was observed between the two groups on the question: "Following the experience, have you had any other events in your life, medications, or substances which reproduced any part of the experience?" with $p = 0.000623$ for the chi-square analysis that included all responses, and $p = 0.000132$ for the chi-square analysis that included only "Yes" and "No" responses.

The most striking finding from the chi-square analyses was the lack of statistical significance in the remaining 50 of 53 analyses performed. This strongly suggests minimal differences between NDEs occurring before 1975 and NDEs occurring during or after 1975 in our Internet survey respondents. None of the questions pertaining to experience elements yielded a significant difference between the two groups.

**Discussion**

**Implications of the Study Findings**

The finding that NDEs occurring before 1975 more likely to have occurred to experiencers less than 18 years old at the time of the experience was expected: those having NDEs at a younger age before 1975 would have a higher probability of living the additional approximately 25 years after their NDE necessary for them to share their experience recently on the Internet survey.

Likewise, the finding of a significant difference between NDEs occurring before and after 1975 in respondents' age at the time of sharing the account on the Internet survey was also expected: NDErs with their experience occurring prior to 1975 would be likely to be older than NDErs with their experience occurring during or after 1975.
Finally, the finding of a significant difference between the two groups on the question about subsequent events, medications, or substances reproducing part of the experience may also be related to age: NDErs with their experience before 1975 have lived longer following their NDE, allowing a higher probability of encountering an event in their life that might reproduce some part of the experience.

The major finding of this study is that there were virtually no differences between NDEs that occurred before 1975 and NDEs that occurred during or after 1975. The only exceptions to this generalization are attributable to NDEr age at the time of the experience and age now. No other significant difference was found between these two groups with regard to NDE demographics, experience elements, or aftereffects studied between the 48 NDEs occurring before 1975, and the 170 NDEs occurring during or after 1975. We are not aware of any prior study of the similarities and differences of NDEs occurring before and after 1975.

This study suggests that NDE reports do not change significantly over time, and that older NDE research findings may therefore be reasonably considered to be applicable to NDEs occurring more recently. Given that this study found no significant difference between NDEs occurring before and after 1975, it is appropriate to address the possible concern that what NDErs share about their experience may be influenced by their prior understandings about NDEs. Such influence on the details of the experience shared by NDErs could potentially occur from exposure to information regarding NDEs prior to their experience, after their experience, or both. If the details of NDEs shared after 1975 were influenced by the experiencers' prior knowledge of NDEs from other published or shared accounts, this could theoretically explain the consistency of the NDE elements and aftereffects reported by NDErs after 1975.

This concern has been previously raised by some critics of near-death research who have referred to recent NDEs as “copycat” experiences. Prior to 1975 it would have been extremely unlikely for an experiencer to be aware of, and potentially influenced by, the NDEs of others. After 1975, there was increasing recognition of NDEs over time by the public, with NDE accounts widely shared in media presentations, books, and organizations interested in near-death phenomena. Such increased recognition of NDEs and the often intense public interest in them could potentially have influenced what experiencers shared.

The available evidence suggests the similarity of NDE elements and aftereffects described in experiences occurring before and after
1975 were due to actual similarity of the NDEs, and not due to older experiences influencing the details of NDEs shared more recently. The strongest evidence for this is from the study by van Lommel, van Wees, Meyers, and Elfferich (2001). As previously noted, this study found essentially no change in accounts NDErs shared when NDErs were asked to tell their account several weeks, two years, and eight years after its occurrence. In reviewing the accounts used in this study, we are quite impressed with both the similarity and diversity of the NDEs shared on the Internet survey. Subjectively, we saw no pattern in the narrative accounts of NDEs occurring after 1975 suggesting any influence on them from the narrative accounts of NDEs occurring before 1975.

To further investigate whether or not awareness of widely known NDE accounts or near-death researchers influenced the content of experiences shared with the www.nderf.org web site, we electronically searched the text in approximately 500 experiences, representing all experiences ever shared with the NDERF web site. Based on our research definition of NDEs, these experiences included both NDEs and non-NDE accounts. The rationale for evaluating all experiences shared with the NDERF web site was to allow these results to be more generally applicable, and to avoid excluding experiences solely based on our research definition of NDEs. Key words we searched for were the names of seven widely known NDErs and near-death researchers.

In these approximately 500 accounts, only Raymond Moody, Dannion Brinkley, and Elisabeth Kübler-Ross were mentioned. Moody was the most frequently mentioned, with his name appearing in only seven accounts. These accounts mostly involve experiences occurring before 1975, and indicated how his book Life after Life positively affected their understanding of their experience. Brinkley was mentioned in three accounts, all of whom had their experience after 1975. Only one comment referred to Brinkley's NDE itself; the other two comments discussed his Compassion In Action movement. Kübler-Ross was mentioned in two accounts. Both reported the great impact that her work had on them. If well-known NDErs or researchers were highly influential among the experiencers sharing their accounts, we would expect them to be mentioned more frequently than they were. The very small number of accounts mentioning well known NDErs or near-death researchers suggests they had little or no influence on the NDErs' reporting of the details of their experiences.
Comments on the Study Methodology

This study presents a methodology to study NDEs that has not been reported previously. Respondents are self-selected, must have access to Internet connection, must be literate in English, and must be willing to complete an Internet survey. Thus, our survey respondents may not have been representative of all NDErs as a whole. The issue of studying self-selected NDErs is an unavoidable issue in any Internet survey, and a concern with most other near-death research. The methodology of this study comparing two groups responding to the same survey helped mitigate this concern regarding the results of this study. An advantage of the Internet survey methodology was the ability to survey NDErs throughout the United States and around the world. The Internet survey included respondents predominantly from the United States, but also included many respondents from several other countries.

Assessment of the validity of the survey results was accomplished in a several ways. Of the two similar questions asked in the survey in a redundant fashion, the percentages of affirmative responses were almost identical. The majority of respondents were e-mailed a narrative of their survey response, including the survey questions and their responses to the questions. All were encouraged to review their survey response for accuracy. There were few who subsequently contacted us regarding corrections, and such corrections were almost uniformly minor.

We consider it highly unlikely there is a significant number of plagiarized or fraudulent accounts submitted to the Internet survey and analyzed in this study. There was no compensation for completing the survey, which would significantly reduce the incentive to share plagiarized or falsified accounts. Neither investigator reviewing the accounts submitted from the Internet survey recognized any accounts as having been commercially published, in whole or in part, elsewhere. Scores of experiences have been posted on the www.nderf.org web site for the past five years, with more than 100 posted at the current time, which has been a major focus of this web site. In the history of the web site, there have been more than 100,000 visitors, with vast numbers of people reading the posted experiences. The investigators may be contacted easily from e-mail links throughout the web site. We have been contacted only once regarding a fraudulent posted account in the history of the web site. This account was collected by a prior NDERF associate, and that account was not shared on the Internet survey. No
other significant concerns about the validity of any other posted accounts have ever been communicated to us.

When respondents were asked in the web survey "Did the questions asked and information you provided accurately and comprehensively describe your experience?" 163 (80 percent) of 204 NDErs responding to the question answered "Yes." Only 20 (10 percent) responded "No." Given the complex and often ineffable nature of NDE, these results strongly support the ability of the Internet survey to allow the NDE to be accurately conveyed. Many NDE contributions consist of experiences occurring decades ago. As previously noted, the study by vanLommel, van Wees, Meyers, and Elfferich (2001) found virtually no change in NDE accounts when NDErs were asked to retell their account two and eight years after the experience. Most NDErs are highly confident of their recollection of the details of NDEs occurring many years ago.

This study suggests that the Internet survey methodology is valid to study NDEs retrospectively. Advances in Internet access and its growing availability suggest this research methodology may be increasingly important in the future. A more rigorous statistical methodology to determine if there are any changes in NDEs over time would be to consider the year the NDE occurred as a continuous variable for all 218 NDErs, and compare the year of NDE occurrence with other NDE elements using the appropriate statistical method. Such an analysis is beyond the scope of this study.

We analyzed the data from the Internet survey in a spreadsheet designed to recalculate all chi-square results automatically as data from new NDEs are added. This will allow relatively easy reanalysis of results as additional NDEs are contributed over time. As additional NDEs are shared with the www.nderf.org web site in the future, it would be interesting to reproduce this study with more data which would result in even greater confidence in the study findings.

References


Recovery From Bulimia Nervosa Through Near-Death Experience: A Case Study

Janet E. Colli, Ph.D., and Thomas E. Beck, Ph.D.
Seattle, Washington

ABSTRACT: We present one woman's story as a paradigmatic healing process that illustrates an attempted suicide, her near-death experience (NDE), and subsequent recovery from bulimia nervosa. Complex posttraumatic stress disorder resulting from childhood sexual abuse provides the most cogent framework for understanding her initial shattering loss of "self," and her subsequent attempts to re-invent herself and to regulate feeling states through bulimia. Her recall of her NDE through regressive hypnosis adds another dimension to her recovery process, and highlights the single most important factor that helped her heal. We see her NDE's teaching about the freedom and responsibility of choice as crucial to her recovery, and we make a case for increased awareness and study of NDEs occurring in the context of eating disorders. Finally, we give consideration to problems inherent in retrospective recollections and recovered memories through hypnotic regression.

KEY WORDS: near-death experience; bulimia; eating disorders; posttraumatic stress; suicide; recovery; out-of-body experience; false memory.

Single case studies have lost considerable prestige since Freud's historical precedence. Yet they can provide a solid framework upon which to portray a previously unknown process. A single case study can disclose the process by which a compulsively disordered psyche successfully negotiates healing. The life-threatening medical complications and suicide attempts that are sometimes concomitant with eating disorders may lead to near-death experiences (NDEs). We will

Janet E. Colli, Ph.D., is a transpersonal psychotherapist and consciousness researcher. Thomas E. Beck, Ph.D., is a transpersonal psychotherapist and trained clinical hypnotherapist. Reprint requests should be addressed to Dr. Colli at the Good Shepherd Center, 4649 Sunnyside Avenue North, Suite 341, Seattle, WA 98103; e-mail: becolli@mindspring.com.
cite various studies as evidence for that claim, and then explore its significance under the rubric of a single case study. We will present one woman's story that illustrates an attempted suicide, her near-death experience, and subsequent recovery from bulimia nervosa, in order to highlight what may well be a paradigmatic healing process.

**Bulimia Nervosa**

Bulimia nervosa and related syndromes have a prevalence between 0.5 percent and 1 percent, though only a minority of those with these disorders present for treatment (Hay, Gilchrist, Ben-Tovim, Kalucy, and Walker, 1998). Binge eating and behaviors to prevent weight gain, such as self-induced vomiting, fasting, or excessive exercise, are typically kept well hidden. Shame, secrecy, and the fear of discovery of vomiting behavior are the low points of an emotional roller coaster, otherwise distinguished by compulsive planning of binge-vomit episodes, whose aftermath leaves the bulimic feeling disgusted and out of control. Though initially used to compensate for unpleasant affective experiences, for all its eventual misery, binge eating is a futile method of avoiding dealing with painful emotional issues.

Most women with eating disorders who seek treatment tend to get better (Herzog, Sacks, Keller, Lavori, von Ranson, and Gray, 1993). One long-term, follow-up study of bulimic women found that approximately two-thirds achieved recovery after an average of 9 years (Reas, Williamson, Martin, and Zucker, 2000). However, critical reviews of outcome studies have highlighted the variety of definitions and measures of recovery within the eating disorders literature, as well as lack of consistent diagnostic criteria, outcome criteria, and length of follow-up (Jarman and Walsh, 1999). When remission was differentiated from recovery on the basis of the probability of relapse, the probability of relapse was found to be substantial for approximately one year after a woman ceased to binge and purge (Field, Herzog, Keller, West, Nussbaum, and Colditz, 1997). The study concluded that bulimia nervosa is a relapsing condition, and that periods of being asymptomatic that last less than one year should be labeled as remissions, not recoveries.

**Bulimia Nervosa in the Context of Childhood Abuse**

A history of childhood trauma or sexual abuse is a general risk factor for bulimia nervosa (Hay, Gilchrist, Ben-Tovim, Kalucy, and Walker,
Complex posttraumatic stress disorder provides a cogent framework for understanding eating disorders as desperate attempts to regulate overwhelming affective states, and to construct a coherent sense of self and system of meaning (Rorty and Yager, 1996). Trauma leads to the dysregulation of the arousal system, avoidance, and the constriction of affect ("numbing"), as one's self and world are shattered. Organizing one's life around regulating internal state changes can thus become the bulimic's entire mode of being. Lacking the development of a coherent sense of self and system of meaning stemming from within, the patient with an eating disorder turns to the culture for direction on "who to be." She finds meaning and purpose by being in control, a state of equanimity manifested by a thin body. Abusive childhood experiences teach that needs and human relationships expose one to potential danger and betrayal. Longer-term, individual psychotherapy and intensive relational work can restore trust in the human connection and provide the safety to examine the trauma. However, rather than just extinguishing certain behaviors, patients must learn to understand underlying state issues, that is, what is causing them to feel this way, what they are trying to accomplish, and how to regulate internal state changes through other means (van der Kolk, 1995). Ultimately, the patient with an eating disorder must leave the world of obsession with food and weight, and learn to negotiate human relationships in order to heal and grow.

**Phenomenological Research: What Is It Like Within?**

Despite the focus on behavioral symptoms of bulimics, research indicates that individuals considered "recovered" from the physical and behavioral features of eating disorders often continue to show distorted attitudes to food, eating, and weight. Increasing attempts are thus being made to evaluate psychological and emotional dimensions, including affective instability and low self-esteem, as well as fears about fat, preoccupation with food and appearance, and disturbances in body image. Components of change should also include the social environment, such as social contacts and educational and vocational adjustment.

Yet the phenomenology of the client's experience of change is largely absent from long-term outcome evaluations (Jarman and Walsh, 1999). Research thus does not capture the interpersonal and organizational meanings of recovery that are negotiated during the treatment process (Jarman and Walsh, 1999). Qualitative changes in
psychological functioning have, though, been highlighted in literature examining recovery from the client's perspective. Factors perceived to have influenced recovery include a feeling of control over the process and pace of treatment, changes in relationships with peers and family, and positive changes in self-esteem (Morgan, 1988).

Forty women who considered themselves recovered from bulimia nervosa participated in semistructured interviews regarding factors they believed related to their recovery process (Rorty, Yager, and Rossotto, 1993). The subjects had averaged 22.8 vomiting episodes per week; 40 percent binged more than 14 times per week during the worst month of illness. The majority of women (80 percent) were motivated to recover by the desire for a better life or being weary of having bulimia dominate their lives; finally acknowledging that their eating disorder was a problem or "hitting rock bottom" initiated the recovery process for over half (63 percent), as well as experiencing a significant life transition, such as entering college (60 percent). Most viewed less obvious cognitive features, rather than behavioral components of binging and purging, as the most difficult to change, such as body image and fear of becoming fat.

_A Potential Life Threat That Includes Suicidal Behavior_

Healthcare professionals treating bulimics are confronted with physically damaging, self-harming behaviors with potential life-threatening consequences (Jarman and Walsh, 1999). Inpatients with anorexia and bulimia have been shown to be at risk for medical complications, including severe cardiovascular complications and life-threatening illness. Five percent of bulimics in one study were found to be severely medically ill, while 34 percent suffered from a significant medical disorder (Hall, Hoffman, Beresford, and Wooley, 1989). Intensive care unit placement was required for 10 percent of subjects with restrictive anorexia, or anorexia alternating with binge/purge behavior.

The high comorbidity of eating disorders with depression means that the risk of attempted suicide is a potential concern, with as many as 60 percent of bulimics reporting suicidal thoughts, and 20 percent attempting suicide (Viesselman and Roig, 1985). John Viesselman and Madelaine Roig, in a study of 95 patients admitted to an inpatient eating disorders program, found major depression in 80 percent of patients; 20 percent had made suicide attempts, and 40 percent of those attempting suicide had made potentially lethal attempts. Patients with bulimarexia, or bulimia with self-induced vomiting, had more
preoccupation with suicide than anorexics or bulimics. Precipitating factors tended to be the desire to obtain relief from dysphoric or hopeless affective states.

Near-Death Experiences in the Context of Eating Disorders

Seiji Saito, Kei-ichiro Kita, Cintia Yoko Morioka, and Akiharu Watanabe (1999) reported the cases of three patients with anorexia nervosa, who recovered rapidly after experiencing a life-threatening episode with severe thrombocytopenia. One adolescent experienced cardiac failure, renal failure, and pulmonary edema, which necessitated intensive life support for about 60 days, with hemodialysis and respiratory support with intratracheal intubation. Eating behavior dramatically changed for each of the three patients after the life-threatening episodes, although they did not seem to have any insights about their disease at the discharge interview. No weight phobia or binge eating appeared during their recovering periods. Body weights returned to normal within 6 months after discharge, and were maintained for 2 years. Saito, Kita, Morioka, and Watanabe concluded:

All of the present 3 patients seemed to experience near-death experiences followed by rapid recovery not only physically but also mentally . . . . [which] might reflect a natural healing process of their psyches, including both body and mind, through the metaphorical death and rebirth experience provided by their life-threatening physical episodes. (1999, p. 118)

Although these authors used the term “near-death experience” in a nonspecific way, we contend that in such cases a closer look is warranted and might indeed reveal classic NDEs. NDEs have been defined as a

distinctive type of dissociative experience in the face of life-threatening danger, . . . in which persons close to death may believe they have left their physical bodies and transcended the boundaries of the ego and the confines of time and space. (Greyson, 2001, p. 368).

However, given the partial loss of memory that occurred when one adolescent was in critical condition, mere questioning might not be the optimal method of inquiry. Janice Holden and Frank MacHovec (1993) thus investigated the benefit that might be gained by hypnotic recall of NDEs, and described procedures to minimize risk that included a hypnosis protocol. Our case study involved just such an experience:
that is, hypnosis facilitated the recall of an NDE that occurred during an apparent loss of consciousness. This client, too, at the time of her discharge from the hospital, lacked insight about her bulimia.

One study of hospital admissions for attempted suicide reported an incidence of resulting NDEs as high as 26.2 percent (Greyson, 1986). In light of the frequency of NDEs following attempted suicide, further studies are indicated with regard to the effect of such experiences on subsequent suicidal behavior, especially as NDEs have been reported to reduce suicidal ideation. Gary Groth-Marnat and Roger Summers (1998) compared the altered beliefs, attitudes, behaviors and values of subjects who reported having had a NDE to persons who reported similar life-threatening incidents but without NDEs. Results indicated that the NDErs went through a significantly greater number of changes than did the comparison group, including increased transcendental experience and self-worth. Highlighting the compensatory nature of near-death experiences, Kenneth Ring (1991) presented four case histories of experiencers whose lives, prior to their NDEs, were marked by deep despair, including the case of a woman who was sexually abused.

Harvey Irwin (1993) hypothesized that NDErs are characterized by a dissociative response style due to severely traumatic childhood experiences. While his survey study did not identify a dissociative response style, these subjects did evidence a distinctive history of traumatic events in childhood. Ring (1992) also demonstrated a link between trauma in childhood and NDEs. Many survivors of childhood abuse attempt suicide (van der Kolk, Perry, and Herman, 1991). So highly correlated are suicide attempts with childhood trauma, that trauma researcher Bessell van der Kolk (1995) viewed childhood abuse as the greatest predictor of chronic suicide attempts. A nexus thus exists between NDEs, suicide attempts, eating disorders, and childhood trauma. Because childhood trauma is a general risk factor for bulimia nervosa, and because both childhood trauma and bulimia increase the likelihood of suicide attempts, a strong case can be made for increased awareness and study of NDEs occurring in the context of eating disorders.

A Case Study: In Her Own Words

To elicit what recovery is like from the client's perspective, one of us (J. E. C.) conducted an open-ended interview of her psychotherapy
client, Amy, who had formerly recovered from bulimia nervosa. The following is Amy's own version of her healing process. As Marcia Rorty and Joel Yager (1996) suggested, complex posttraumatic stress disorder resulting from childhood sexual abuse is the most cogent framework for understanding both her initial shattering and loss of self, as well as her subsequent attempts to reinvent herself and to regulate feeling states through bulimia. Moreover, the factors Amy perceived to have influenced recovery were very similar to Maria Jarman and Susan Walsh's findings (1999): that is, being weary of having bulimia control her life, and finally "hitting rock bottom" in the context of a major life transition to college. However, an NDE, though initially unconscious, arguably became a critical factor that propelled Amy into recovery. Here is Amy's account of the development of her bulimia:

I was sexually abused when I was in the first grade by [a man who, along with] his wife were my parents' best friends for 15 years. I never talked about it, and I think that is when I began pretending for everyone. I didn't want to upset anyone and let them know how hurt, angry, and ashamed I was. After I was sexually abused [7 years old], I stopped being more of an outgoing kind of person, and started being introverted. Before, I had lots of friends, felt really comfortable in school. After the sexual abuse, I didn't want to talk to anybody. It was 90-100° outside, but I was wearing a big, pink sweater over everything to cover myself. Spandex leggings were "in," which I refused to wear—cause I thought it was too sexual, too revealing. I always tried to cover my body really well .... I was average weight, but I thought I was really overweight. Everyone else seemed so much skinnier. I thought I had a chunky middle, "that just had to go."

I tried to start dieting in the 7th grade. I put myself on a strict diet. The only thing I'd eat for lunch was a piece of bread, a little butter—for one month. That didn't seem to work well enough. One day, I told Mom I was sick, and I stayed home from school. And when I stayed home, I got hungry and was eating. We had talked about eating disorders in school. It just occurred to me to start doing it myself. It worked for them, it could work for me. That day, I put my finger down my throat and threw up my lunch. That worked pretty well.

I started eating whatever I wanted and throwing up. I saved up my allowance money. I'd buy doughnuts and candy bars; I'd fantasize about it. I'd go to Burger King or McDonald's, and blow my allowance, get home before anyone else, and "chuck it all." I was eating way more than normal. My brother was 15 years old; I was out-eating him by 3 or 4 times. My Mom started noticing that I was eating much more than my brother, but she didn't say anything. What happened was my friends at school noticed how much weight I was losing. In a month or two, I lost close to 20 pounds. I'd weigh myself constantly. I was about 98-99 pounds; I'd been maybe 130—at 5 feet. It wasn't like I looked sick, but it was enough that [friends] noticed that something was
really different. They went to my teacher, who called my parents. We had this whole intervention thing with my teacher and parents. We all had a chat about it; it was really embarrassing.

My parents brought me to a psychologist .... I'm a really good actress. I threw on all my charm and smiles. I saw her about two times. We were ready to move. She told my parents I was just going through a phase, and that it was over now. My parents thought, "Great! Amy's fixed."

We moved back to [my home town]. I had just started high school. By now, my parents would be watching me if I went to bathroom after I ate. So I would go to my room, and throw up in garbage bags. I'd triple-, quadruple-layer them, so you couldn't smell anything. I'd [use] bathroom spray, and hide them in drawers. I'd get so much vomit, I'd get big, black, heavy bags, and keep them in a huge, Hefty bag in my closet. I'd put them on my bicycle and take them to the dumpster. I came home one day; my dad was in my room and he was crying. He got down on his knees, crying, "Why are you doing this to us?" He had found one of the huge garbage bags of vomit. That was a bad day! Then they were really upset.

[J. E. C.: How often were you vomiting?]

Anytime I would eat something. If I didn't have the opportunity, as soon as I could vomit, I would. I tried to convince my brain nothing was digesting; it was going to wait until I could get it out .... 6–10 times a day on average, 'cause I was busy in school with play rehearsal.

They immediately got me a new therapist, who tried some meditation, but I didn't really get what she was doing .... When the therapist started to tell my Mom things I'd said, I decided I was not going to work with her. So for 2 years, I just "faked her out" the whole time. She thought I was doing great! I'd say, "I only threw up 3 times this week, or once this week." I was totally lying. I was really convincing.

What was frustrating was that my parents expected I would stop just because I got caught. That was never going to happen. I'd vomit in the neighbor's yard behind the bush if I couldn't do it in my bathroom. I was normal weight. No one would be able to know. I think what happens is, after a while, your body adjusts to what you're doing. I was maintaining my weight. When I felt really stressed out, I wouldn't eat at all. [Eating] was comforting, so I'd always want to go back to eating. I'd throw up at school, or in the yard, or wherever I could. 'Cause I was going to see a therapist, my parents would not be as watchful ....

I was the kind of person [who, if I had] 5 minutes to get to the next class, I'd be running to the bathroom, fixing my makeup, totally conscious about what I looked like. At home, I had rollers in my hair all the time.

Catapulted by sexual abuse into a hypersensitivity about her image, Amy's strategy to achieve safety and self-worth involved controlling
that image, as seen from without. As her judgments about her appearance, fantasies, and obsessive behaviors with food became paramount, the divide between her inner reality and outer image deepened. Another intervention followed, this time initiated by Amy. Given her ability to be “fake,” this was a tentative step towards facing her problem. She wrote in her journal:

My logic tells me I will never be happy with what I look like, no matter how much weight I lose, so I know that means I need to learn to like myself somehow, but when you haven't for so long, how do you ever begin?

Another therapist was suggested. Yet the significant life transition to college and her poor adjustment to it led to her collapse:

I saw “Claire” [her therapist], the end of my junior year, off and on for about a year. I still didn't want to work [in therapy]. I was still lying and [vomiting]. Then I went away to college. That's when it got worse. I was away from my parents. I missed home and my boyfriend, and he ended up dumping me. Now that I was living on my own, and didn't have anyone watching me, I was just like a kid in a candy store. I'd spend all my money on food. I had a job and I went to my classes, but I could count on one hand the number of times I hung out with friends. I'd get up in the morning, work out in the gym for 2 hours, and then I'd eat and vomit, go to class, then I'd go back to the gym and work out, and then I'd go to my job. Maybe 10 at night, I'd go jogging.

Christmas came; I went home and felt better, and confronted the boyfriend who dumped me. But I went back to school and felt worse. That's when I stopped wearing my makeup and [fixing] my hair. Before, 10 times a day, I was checking myself out. But now, I didn't care. I'm sad and depressed, I'm calling home and crying. My mother had to tell me what to do each day. “Amy, you need to go talk to a counselor at school.”

I went to the school counseling office [and was prescribed] Paxil. “Okay, if it will help, sure.” I don't really talk to them about what's going on. They give me Paxil and it just makes me “hyper” all the time. I could not relax. I didn't like the way I felt on it, so I stopped [after] a month and a half. I'm throwing up 25–30 times a day. Anything that goes in, it's going out. The more I keep doing that, the more I want to keep doing it. I'm just feeling lousy all the time. I've always been an “A” student. This quarter, I can't even concentrate. I have my Walkman on, listening to African music 15 hours a day, throughout lectures, walking around, not looking at people, not even there. I'm constantly with my habit; that's all I'm doing.

I go home for Spring break. [School] really felt like I was in hell. I just needed to get home. I see all my friends. We have fun. And it's getting close to going back. I'm getting upset about it. I'm getting depressed. One morning, I wake up; I'm always listing things in my
head of what I've got to do, I'm always planning, organizing. That day I decide that the last thing on my list to do is kill myself. That's just how I decided. It's really weird. I'm probably "checked out" at this point. I'm totally not myself.

Amy wrote the following in her journal while in the hospital, just days after her suicide attempt. Her retrospective analysis ended on a jarring dissociative note. She had indeed "checked out":

Am I just trying to block this experience out like the sexual abuse? .... I am trying to picture myself on Monday ... and get back that feeling I woke up with. I can just remember feeling an overwhelming sadness and loneliness. I didn't start thinking about all of my problems and then say to myself, the only way out is killing myself. I just remember feeling isolated from people, love, my own feelings, and I just said to myself, "No more, I am doing it today." Then I put it at the end of my check-off list in my head for the day and went on about my business .... I am not so sure if it was desperation that made me do it but an overwhelming determination to accomplish a task and execute it correctly and effectively.

Amy continued her account of her suicide attempt:

I go through my Mom's medicine cabinet. And I get the codeine, Percodan, a huge bottle of Tylenol with codeine. I'm thinking, that's not enough. I had gotten liquor the night before—four wine coolers. So I go to Fred Meyer's and buy a razor, two more bottles of Tylenol. I'm ready to go. But I can't be where anyone will find me. I start driving. I don't know where I am; I'm just out of my mind. It's this two-lane highway .... It's really dark and deserted. A big warehouse, there's trees and branches. I take branches and put them on top of the car. I put blankets down on the seat. I had a tape player with a tape of Bob Marley. Then I just start drinking and swallowing pills. Once I'm pretty drunk, I start cutting my wrists. It's not as easy as you might think it is! Yeah, it hurts! I was starting not to feel much then, because of all the liquor and drugs. I was bleeding quite a bit. I wrap myself in the blanket and I just go to sleep.

Amy described her NDE, recall of which was facilitated by hypnotherapy 7 years later:

There is an ambulance on the freeway. It's red. I am above it looking down on it. I can see [the] airport. I follow the ambulance. I hear the siren. I am watching myself. I have on a bright turquoise sweatsuit. I can see them taking off my clothes in the ER. It's disturbing to watch. I feel like I am going into my body.

[When I originally leave my body] I feel like light or energy. My [physical] body is getting smaller. Very tiny. My body—so sad I had to get away from it. My body disappeared.
She then described being in a different place:

It's very pink .... I'm floating. I don't see myself. I feel happy. There is nothing there, just pink. I feel happy. A voice says, "Can you hear me?" Someone is calling. I hear the voice.

"Do you know who I am?" it asks. "How many times are we going to have this conversation?"

I don't know what to say.

The voice is saying a lot of things to me, like "Why do you choose to create misery?" It talks of my life and choices. I must understand everything is my choice.

Now I am spinning in yellow—a blue place. I see the ambulance. I am a baby again. A voice says, "Bowel movements are okay. Don't think about it."

I'm not dying, after all.

Amy later interpreted her NDE:

When I was talking to the voice, everything was pink and bright—and elevated. We were up high somewhere. I can remember leaving my body, and going to talk to this guy, or this voice—whatever. And him asking about why I create my own misery ... meaning that I create. I don't think I grasped that. When you're in this cycle of this habit, you don't see that you're creating it. You just think: this is all there is. And hearing that, I got to understand that I do get to create.

Amy's NDE emphasized the element of freedom of choice and its self-created constriction. Eating disorders, while demanding perfect self-control, perversely come to control the person herself, who may perceive herself to be helpless. The following entry from Amy's journal, written while in the hospital, is indicative of this:

I feel overweight and unattractive. But it is controlling my life and has been very time consuming. I cannot remember what my life was like without throwing up.

Conversely, a total loss of control may initiate recovery. This was the case for an adolescent anorexic whose medical collapse and admission to the neurological intensive care unit with hypophosphatemia-induced Guillain-Barré syndrome was precipitated by an aggressive refeeding schedule through a nasogastric tube. As she expressed it: "I don't ever want to lose control like that again" (Miller, 1993, p. 493). According to her treating psychiatrist, "This experience, however, enabled her to realize that she really would die if she did not fight her anorexia" (Miller, 1993, p. 496). The power of life or death was thus placed in her own hands.

Such a dynamic highlights the single most significant insight gained during Amy's NDE: "I can create." Factors perceived as crucial to
recovery, such as learning to regulate internal state changes through other means and exercising control over the process and pace of treatment, can be seen as variants of that insight. "Everything is my choice," not just "eating and throwing up." Would Amy continue to create misery by clinging to the cycle of her habit and a negative self-image, or would she exercise her newfound freedom of choice?

Yet Amy's was a complex case. She did not initially recall her NDE. Can an NDE, though not in conscious awareness due to its altered state nature, nonetheless exert an effect on the life of the individual? We contend that the expressed meaning of Amy's NDE resounded throughout her recovery process. Amy thus began to enact her NDE's teaching by her decisions to stop seeing visitors and to check out of the hospital, and to restrict her food intake instead of "eating and throwing up." The power that she slowly but surely gained to exercise healthy choices continued to grow as she assumed responsibility for her life:

When I wake up, the next thing I know, there's charcoal coming out of every orifice. I'm in the emergency room, and there's people everywhere, they're cutting my clothes off. When I went through the hypnosis [7 years later], I could feel my bowels giving out. So I thought, "Oh, I'm dying now." The [doctor] is up there, "Keep breathing, keep breathing," but I'm trying not to breathe. "Come on, breathe!" I'm not going to do it.

[A few days later] the doctor, he comes in, and I had a lot of talks with him. He was a really cool doctor. He told me when they found me, "Your heart had already stopped." The way I was found was, some guy, who'd never been walking that way before, decided to go for a walk that morning. And he happened to see the car and called the police, and stayed with me until they came .... [The doctor] started screaming, "Do you understand, you're so lucky to be alive!" But I don't want to be alive. He tried to explain how, if that guy hadn't been there, I wouldn't be here right now.

My room was full of gifts; church ladies would come [and ask], "Why did you do this?" I told them I didn't want any more visitors. They don't know me; I'm not the person they think I am. 'Cause I portrayed this really smart, perfect person who had all these interests, and was in all these activities, president of all these clubs, and that's not who I really was; I was really miserable. So I told them, "No more visitors."

The following entry from Amy's journal was written in the hospital:

I feel guilty and bad when people give me things because I tried to kill myself. I needed to die to escape the misery, and people are showering me with cards/gifts that I do not feel worthy of. It makes it difficult to live with myself.
Amy continued her narrative:

I stayed in a psych ward for a couple of months. Even though it was voluntary, I didn’t think I had much choice. I sure didn’t want to go home to my parents. Every morning, I got up two hours before everyone, so I could look perfect. I had the nurse at the station wrap my arms in plastic bags to take a shower, ’cause they couldn’t get wet. I’d cut tendons. You got to order what you wanted, so I’d order the lightest possible meal on the menu, and go throw it up.

Then one day, the nurse tells me I need to stop throwing up. I was like, “Okay, sure. You’re so right!” But of course, I didn’t really mean that. I was really irritated. They would follow me; they’d be knocking on my bathroom door: “Amy, what do you think you’re doing?” So I left [after two months] because they weren’t going to let me throw up anymore.

Amy clearly felt pressured to commit herself to stay on the psychiatric ward. Though voluntary, she “didn’t think [she] had much choice.” And being closely monitored was also evidently not her choice. Given an NDE that stressed choice and personal responsibility, this course of action was limited in its effectiveness. But opting to leave the hospital was soon within her power.

The dissonance between inner and outer reality is another central theme in the eating disorders complex. However, in light of a suicide attempt and an NDE that reflected her misery, this dissonance was becoming painfully obvious to Amy. Though still concerned with her physical appearance, she allowed herself, perhaps for the first time, to feel “miserable,” and not portray “a really smart, perfect person.” Though not yet ready to change her eating-disordered behavior, she soon would be:

I starting seeing the last therapist, Claire. This time, I had to start working [in therapy] ’cause I wasn’t dead, and I had to fix things. I’m living at home with my parents, got a job, started doing theater again. I was still throwing up, but it wasn’t 30 times a day; it was more like four or five. A pretty big difference. I would go see my therapist every week .... We really didn’t work a whole lot on [bulimia].

Then I decided to move in with this guy for seven months. That went sour. He went to New York, and my parents moved. I was completely alone, [had] nobody. When I’m not at community college, or [at work], I’m at home smoking cigarettes, and watching videos over and over again, 20 times. That’s when I went through a period of not eating. I just ate cream of wheat for three months .... I didn’t throw up that much, maybe three or four times a week. ’Cause I’m depressed. The change then was, when I was depressed, instead of turning to food, I decided no food—which was very different from
before when I was depressed, I'd eat and throw up. Actually, I felt a little power from that.

As the phenomenological research bears out, choice—a feeling of control over the process and pace of treatment—appeared to be a crucial element in Amy's healing process. Even the minimal element of choice involved in her decision to fast, instead of "turning to food," proved to have healing potential. The little bit of power or self-motivation Amy felt from that choice proved to be a step in the right direction. Clinicians working with this tenacious and deadly illness may well be struck by the ease with which Amy claimed her purging decreased, from 30 times a day to 10 times a month.

Then I coasted along. I really started working with the therapist 'cause I had no distractions. She saw that I can be completely fake with people and act like a clown, really outgoing .... I didn't know who I was.

An entry from Amy's journal echoed this theme:

Being myself—I feel like I am acting most of the time. I am often afraid to express my true feelings because I don't want to hurt anyone and I am afraid that others will disapprove of an unhappy person to be around.

Her narrative continued:

I had to teach myself how to make friends. We would do these things like, the first week I was at school, I'd make eye contact. That was the best I could do. The next time, [I'd] smile. Every week, something really small. That took about a year, and by the end of the year I had friends .... I'm eating—salads mostly at this point, light food. I'm throwing up at least three to five times a week, but not every day. Sometimes, all on one day. But it's still there. So I'm there for another year by myself. I would go to Step Aerobics everyday ....

I'm 22. I'm probably throwing up, maybe 10 times a month. It's not every day, every meal. I'm working three jobs and going to school, and that's when I start smoking marijuana. When I start smoking marijuana and cigarettes, the throwing up really started going away .... I think it's obvious that before the suicide attempt .... I did not see a way out, except to kill myself, literally. And after the suicide attempt, it was so different. To me, it seems a natural progression. It just kind of tapered off, without me doing a lot of work. I really wasn't focusing on trying to stop at all. I wasn't. It was more, me talking about other things with the therapist, and that just kind of fell away.

But I wasn't thinking, I'm not going to throw up today .... I think what was helpful was that, when I went to see Claire, I could tell her I was doing it [purging]. I didn't have someone watching me to stop doing it. And so when everyone wasn't focused on Amy's problem,
Amy's problem wasn't the focus of my life anymore. It was more like, all the things that were really upsetting me became the focus. And that started to fall away. But when someone is saying, you can't do this, then you're like, I have to hide this. And when I didn't have to hide it anymore, it wasn't like I had to. Maybe that's what I have to do with my smoking! I guess I just have to work through this naturally. I also think I took on some other addictions to replace it, too, like the smoking and the drugs. Those replaced [bulimia] too, gradually.

However, although Amy's struggle with "some other addictions," from tobacco and marijuana to work, continued, she was functioning on a higher level. No longer burdened with a potential life threat, such behaviors were becoming increasingly less harmful as she learned to deal with the underlying issues:

You feel so happy all the time when you're high. My brain went, "New ideas, new ways of thinking. Why am I going to school?" I called my parents and told them I'm quitting school. I'm going to work for [a software company]. Then I was working maybe 60 or 70 hours a week in product support .... I wasn't throwing up hardly at all, maybe a couple of times a month. I had a new boyfriend, "Andy." When I had my car accident [age 25] is when things started to really pick up the pace in my whole spiritual thing.

As Amy's educational and vocational issues resolved, the articulation of the spiritual realm came into focus and her recovery process diverged. It is not that spirituality plays no role in the recovery process of bulimics: many of the 38 percent of recovered bulimics in one sample who utilized Overeaters Anonymous appreciated its spiritual aspects (Rorty, Yager, and Rossotto, 1993). Twenty-five percent received other forms of nonprofessional care, such as spiritual guidance. But it is likely that recovered bulimics who report NDEs will experience a significantly greater number of changes than those without NDEs, including transcendental experience and an enhanced awareness of paranormal phenomena. At this point, presumably, the spiritual effects from Amy's as yet unconscious NDE, began to make themselves known:

The car accident [age 25] made everything stop at work, and I wasn't go, go, go. I had to stop all that. And I've never been that busy since. Since the car accident, work is not my first priority. Everything else is. [The car accident was] a catalyst.

Right after the car accident, this voice in my head started saying, "You need to start meditating." And I see this meditation class flyer, and I'm like, "We should go do this, Andy," and I call and register us. And we never go. That's when we did the "E" [ecstasy]. When I took that, that's when I saw the visions. It was the first time that I
understood what it meant to feel truth instead of reason it. It was a really big realization.... Before, I wasn’t feeling my body with the bulimia and just trying to avoid it. Somehow, after the car accident, I started to feel things again. When I did the “E,” it just kind of culminated.

Amy’s inability to feel her bodily or emotional feelings was a self-identified problem that led to her attempted suicide. She wrote in her journal:

Sometimes I have difficulty understanding what I am feeling. Even though I was sad, I think I felt that way for so long that I did not comprehend how sad I truly was—for example, I never thought I was suicidal.... I don’t cry hardly ever. I am so use [sic] to pretending, that it is no longer a conscious decision sometimes. It is just an automatic response, and I don’t realize I am hiding my true inner feelings with a happy mask.

Finally, inner and outer reality became one, in an altered state experience that allowed Amy to “feel truth.” Its realization, though drug-induced, cannot be overemphasized. Yet it was the culmination of years of change. And the ensuing transcendental experience, complete with a being identified as her “higher self,” consolidated Amy’s focus onto unearthly, spiritual realms:

I was in my room, in my bed, and I look up and I see a vision... of my higher self, that guy. He’s on my ceiling and he’s got a rectangle of little blue dots around him, and he’s got this white robe and white hair, just beautiful. And then disappears. So I looked at Andy and I saw all the spirits and creatures that made up—attached to his body—like all the things that were holding onto him. They were, like, part of his body. And they were part of the blanket on him. It was energy.

Conceivably, “that guy” hearkens back to the entity or voice of otherworldly origin perceived during Amy’s NDE. Indeed, an NDE just beneath the threshold of consciousness due to its altered state nature may require a similar altered state, induced by hypnosis or drugs, to initiate its recall: “Information acquired in an aroused or otherwise altered state of mind is retrieved more readily when people are brought back to that particular state of mind” (van der Kolk, 1996, p. 292). Such encoding is termed state-dependent memory. Accordingly, Willis Harman, the late president of the Institute of Noetic Sciences, wrote of the delayed recall of his out-of-body experience, one of the most significant events of his life:

Not only had I “forgotten” one of the most profound experiences of my life, but during that period [4 years] I never had the slightest hint of
a missing memory, was never bothered by the nagging feeling of something forgotten. There was no clue or sign of a mislaid memory until the triggering incident suddenly brought it to light. (Harman and Rheingold, 1984, p. xv, emphasis added)

Could Amy's ecstasy-induced experience have derived its significance from its being an altered state similar to her NDE? What was triggered in her case was not the memory of the NDE itself, but rather the effects of a certain level of awareness: that is, the ability to perceive entities that seem to be of otherworldly origin. Perhaps when one is initiated into a transcendental level of consciousness, other altered states reflect back to the initial experience, whose impact seemingly reverberates throughout the psyche. In any case, her altered state breakthrough initiated an accelerated spiritual phase of her life:

I saw all that and I made a decision. I can't do "E" every day of my life, or I'll die. It's only that I believe this pill will make me feel that way that it's happening. There must be another way to do that without drugs. Then I said, "I've really got to meditate." My therapist, Claire, had done Transcendental Meditation. Maybe I should .... Right after I came out of my first class [24 years old], I walked into Target and found the Gary Zukav book that totally changed my thinking, and propelled me to read everything on New Age and self-help and spirituality.


In Amy, her psychotherapist (J. E. C.) recognized what Stanislav and Christina Grof termed a process of spiritual emergence (Grof and Grof, 1989). Amy was experiencing both a spiritual crisis and an opportunity to rise to a new level of awareness as she faced her addictive behaviors. An accelerated period of psychospiritual growth followed. As for her bulimia, as the following will attest, her recovery had stabilized:

Now I [purge] maybe once every other month. Only when I feel like I totally splurged. I was smoking pot pretty heavily ... and then when I met you [J. E. C.] I started getting off that. So this last year, I've maybe thrown up eight times in the whole year. And now I exercise in a healthy way. I really don't worry about eating as much. There was one period of time, I would only eat if it was something I really like .... Now I do pretty good. I try to eat really healthy ....

[J. E. C.: So you don't have to fight the impulse at all to binge and purge?]

No. The most interesting thing that's different is that, when I was throwing up so much, I did not understand what it meant to feel. And now, if I'm eating something, I have to stop when I feel full. But
before, I would never feel full, so I would keep eating. And then I'd feel guilty about it and have to throw up. But when you feel full, you know when to stop. So that was the big change.

[J. E. C.: Would you say, "I am recovered, but I still struggle with food, weight and/or body image," or, "I am recovered; I no longer struggle with food, weight and/or body image"]

The first one. I feel there is still an impulse to be thin. There is still an impulse to be afraid to be fat. But what I find myself saying some days—like, when I first started swimming, I went for an hour, every day. But now I notice a change where I'll say, I don't have to go swimming. Why do I have to go swimming when I feel like being at home? Where before, it was like, we failed the day because we didn't exercise. And I start to recognize a difference when I need to go swimming or exercise, because I'm afraid, or because it's fun. There's a difference.

Victims of chronic abuse who have been traumatized prior to their NDEs, as Amy was, may well follow a gradual course of recovery (Colli, 2003). Indeed, victims of chronic abuse may even continue to suffer from the intrusive memories or "flashbacks" that indicate posttraumatic stress disorder. NDEs do not constitute a "miracle cure" for the effects of chronic abuse. Their psychospiritual growth, albeit accelerated relative to those without NDEs, may well appear less dramatic or spiritual than those reflected in the professional literature on NDEs. However, that literature has not yet tended to focus on those whose NDEs happen in the context of chronic traumatization, such as childhood sexual abuse, eating disorders, and domestic violence. How does their healing process unfold? Case studies such as Amy's can elucidate the fundamental changes of perspective that, step by step, lead to hope and change.

**A Near-Death Experience in the Context of an Eating Disorder**

Amy's recovery from bulimia nervosa may well be a paradigmatic healing process. Her detailed narrative account accords with preliminary research findings on what recovered bulimics believe facilitated their recovery (Morgan, 1988; Rorty, Yager, and Rossetto, 1993). Moreover, the course of her eating disorder was striking in its context of childhood sexual abuse, its severity and life-threatening consequence, and its ultimate successful conclusion. Amy's recovery progressed from vomiting 25 to 30 times a day at the time of her suicide attempt at age 19, to about 10 times a month at age 22, to
throwing-up “hardly at all, maybe a couple of times a month” at age 23, to “maybe once every other month” at age 27.

While studies differ in diagnostic criteria and the definition of recovery from bulimia, relapse has been defined as at least four consecutive weeks of binging or purging two or more times a week (Field, Herzog, Keller, West, Nussbaum, and Colditz, 1997). By age 23, given this definition of relapse, Amy could have been considered to be in remission, or above the clinical threshold of what constitutes relapse. She could even, by some standards, be said to have achieved full recovery, as defined by at least eight consecutive weeks at a Psychiatric Status Rating level of 1 or 2, with 2 indicating that the patient does not meet diagnostic criteria for bulimia nervosa even though she still feels she has to fight the impulse to binge (Herzog, Sacks, Keller, Lavori, von Ranson, and Gray, 1993). Furthermore, Amy’s recovery process of approximately four to five years was arguably significantly faster than a nine-year time span in which approximately two-thirds of bulimic women achieve recovery (Reas, Williamson, Martin, and Zucker, 2000), especially as psychiatric symptoms found to be predictive of negative outcome in bulimia include suicide attempts (Herzog, Sacks, Keller, Lavori, von Ranson, and Gray, 1993).

Yet with the advent of Amy’s recall of her NDE, another dimension can be added to her recovery process, which serves to highlight the single most important factor that helped her heal. Amy did not initially recall her NDE. The following relates how she came to utilize hypnosis to access the traumatic memories surrounding her suicide attempt:

[J. E. C.: How did you get the idea to do hypnosis?]

I don’t know. I think when I went to get hypnotized to stop smoking, it made me start thinking about that. And how I just started to get into all this spirituality stuff this past year and a half. I think also talking to you about, how you said it takes 7 years sometimes after a NDE [to integrate it].

Not knowing that Amy had had an NDE, I [J. E. C.] had used NDEs during a previous psychotherapy session as an example to explain that life-threatening episodes often take years to integrate. Amy’s narrative continued:

I was like, well, it’s really interesting I happened to ask her exactly 7 years after it happened. Oh, that’s kind of interesting! That kind of got me thinking about it. I think in a way, I had been just trying to get past it. Then I wanted to be able to use it. Now that I’m thinking differently, I want to use that to move forward, and not just try to run
away from it. And I went, “Oh, I need to find out what happened to me!”

[J. E. C.: I know I didn’t think you’d had [an NDE] at all. It never occurred to me. What do you remember from it?]

I remember—I guess the most significant part I remember is being able to see them take me to the hospital. And being able to see them take care of me when I got to the hospital.

[J. E. C.: Where were you in relation to your body?]

I was out of it. I could see it. I also remember when I got back into my body, I was looking at the [doctor] with blue eyes asking me to breathe. I remember going back in.

Two important considerations arose about the use of hypnosis. First, the hypnotherapist must be careful not to use leading language. Second, Holden and MacHovec (1993) emphasized the importance of instructing subjects not to experience the physical effects of an NDE during regressive hypnosis, lest they re-experience physical complications. The following technique used with Amy worked equally well in achieving the requisite distance in perspective.

In the hypnotherapy session conducted by one of us (T. E. B.), Amy was asked to consider her entire life as a continuous movie on videotape. The use of an imaginary videocassette recorder remote control was employed to facilitate regressive and progressive movement through time. Amy was then asked to go back to the last moment she recalled before losing consciousness in the car. She was to slow down the videotape and pay close attention to what, if anything, happened next. Typically at this point, forgotten details—unsolicited by the practitioner—may re-emerge, as was the case with Amy. However, what was atypical with Amy was that she recalled the event as if viewed from an out-of-body perspective; most subjects recall events from a participant’s perspective.

Amy described having been influenced by her NDE, even before she recalled the experience through hypnosis:

It’s interesting, ‘cause I didn’t remember talking to [“the guy”—] didn’t know any of it happened until recently, when hypnotized. But for some reason it was still kind of working. It still really changed me quite a bit.

[J. E. C.: But you think somehow it was affecting you?]

Oh, yeah! It had to have been, because if it hadn’t affected me, once my boyfriend left me, I probably would have gone back into the same thing. And even when that choir director dumped me, I didn’t go get worse. Because before, when I had a boyfriend in high school, if I felt he was rejecting me—all that stuff I’d say to myself, like I didn’t look good enough—I didn’t think that anymore. I just thought, “What
a jerk he is!" instead of, "What is it that I did? What's bad about me?"
I wasn't thinking that as much as I had been before.

When preliminary observations are made about the psychological changes and healing process of victims of chronic abuse who have had an NDE, their healing process appears to be both similar to and different from trauma victims who had not had an NDE (Colli, 2003). In the face of unconditional love and assurance that "I am okay, it was not my fault," near-death experiencers gain the courage to move the external locus of control to an internal locus of control, whenever possible. Exercising whatever freedom of choice is available becomes paramount. That aspect of the healing process is similar to healing in other abuse victims (van der Kolk, 1999).

However, the healing process appears to be accelerated in NDErs. For these individuals, the NDE's revelation that "I am okay, it is not my fault" is a dramatic enough change, and brings about significant transformation. Though it cannot be stated with certainty, it is likely that years of self-abuse had been circumvented for Amy; we thus stress the shortened time span of Amy's remission/recovery. "What a jerk he is," in the context of a life of self-abuse, conveys compassion for herself, a necessary step in Amy's psychospiritual growth.

Finally, two considerations deserve mention. Retrospective recollections may be subject to recall bias, whether intentional or not. Overcompliance with the perceived views of one's psychotherapist may also give rise to misrepresentation. However, bulimia was no longer an active issue in Amy's therapy, and her very recovery placed her in a category less likely to distort. Given that recovered patients exhibit decreased defensiveness about this disorder, researchers tend to credit their subjective accounts of recovery (Rorty, Yager, and Rossotto, 1993).

Secondly, there is no question that what Amy recalled constituted an NDE. Her score was 12 points on the NDE Scale, on which 7 or higher establishes the presence of an NDE (Greyson, 1983). However, an NDE whose memory was recovered during hypnosis raises the concern that a false memory could have been created. Special care was thus taken to avoid leading language during hypnosis. Nor had Amy read any accounts of NDEs prior to hypnosis. Though one of us (J. E. C.) had imparted the finding that NDEs, the paradigmatic example of life-threatening episodes, may take years to integrate, the content of NDEs was not explored in therapy. Yet not only did Amy's NDE contain classic elements, such as leaving the body and existing outside of it, and a definite being or voice of otherworldly origin, but
significant content specific to her eating disorder was revealed. Of equal importance are the significant life effects that seemingly resulted, which are consistent with changes typically induced by an NDE, specifically the spiritual aftereffects. In this case, it is our opinion that undue importance need not be given to the concern that a false memory may have been created.

Conclusion

Amy's case exemplifies a paradigmatic healing process in its context, severity, life-threatening consequence, and ultimate successful resolution. Her detailed narrative account accords well with preliminary research findings on what other recovered bulimics believe facilitated their recovery. Yet with the advent of Amy's recall of her NDE, another dimension was added to her recovery process, which highlights the single most important factor that helped her heal. Her NDE's teaching about the responsibility of choice was crucial to her recovery. Moreover, insights accessed during nonordinary, altered states potentially reverberate throughout the individual psyche, and beyond. Thus Amy's NDE still had an effect without her conscious awareness, and her insights may further strike a chord with other bulimics not yet in recovery. As first-hand sources regarding the nature of eating disorders, the stories of Amy and other recovered bulimics may prove to have clinical efficacy in helping teach bulimics that they ultimately have the freedom of choice and the power to regulate internal state changes through other means.

References


The Near-Death Experience and Christian Universalism

Ken R. Vincent, Ed.D.
Houston, TX

ABSTRACT: I explore the near-death experience (NDE) in the context of the theology of Christian Universalism. I provide data on various models of Christian theology, and present the model of Restorative Universalism as the one most compatible with reports of afterlife in the NDE. I interface quotations from actual NDE accounts with New Testament verses to illustrate these similarities. Restorative Universalism includes a judgment ("life review" in NDE terminology), followed by punishment for some but eventual universal salvation for all. I present an analysis of New Testament verses supporting the theologies of "Jesus Saves," Predestination, Good Works, and Universal Salvation, which reveals Salvation by Good Works to be supported by the greatest number of verses, followed by verses advocating Universal Salvation for All. Christian Restorative Universalism is based upon these two predominant New Testament teachings and affords the greatest harmony with the NDE.

KEY WORDS: near-death experience; Universalist; Restorative Universalism; Christianity.

Of all the theological explanations for the near-death experience (NDE), the Doctrine of Universal Salvation, also known as Universalism, is the most compatible with contemporary NDE accounts. Universalism embraces the idea that God is too good to condemn humankind to Eternal Hell and that, sooner or later, all humanity will be saved. Interestingly, a belief in Universal Salvation can be found in virtually all the world's major religions (Vincent, 2000, pp. 6–8). It is

Ken R. Vincent, Ed.D., is retired from teaching Psychology, including the Psychology of Religious Experience, at Houston Community College. Reprint requests should be addressed to Dr. Vincent at 7300 Brompton #5233, Houston, TX 77025; e-mail: professorvincent@yahoo.com.
particularly essential to Zoroastrianism, the religion of the Magi (Vincent, 1999, pp. 9–10 and 46–47).

The Universalist theology that acknowledges a temporary Hellish state for those who need some “shaping up” before proceeding to their ultimate reward is termed more specifically “Restorative Universalism.” In my book *Visions of God from the Near-Death Experience*, I included a chapter on frightening NDEs, coupled with Hell as portrayed in sacred scriptures. My intention then was to present the topic of Universal Salvation in the world's religions from a spiritual perspective (Vincent, 1994). In this article, I want to show that Christian Universalism, a doctrine with solid support in the New Testament, blends seamlessly with the experience of NDErs.

By exploring the connections between the NDE and Universalist theology, I have no interest in reviving the so-called “Religious Wars” in the NDE movement (Ellwood, 2000; Ring, 2000; Sabom, 2000a, 2000b). I do hope to offer a source of comfort to NDErs, both Christian and nonChristian, who may have had their experience marginalized by assaults from Fundamentalist or Conservative Christians. They can be assured that a more loving alternative to Christian “exclusivity” (that is, “only Christians go to Heaven”) exists within the same New Testament they have known since childhood.

In a recent national poll for *Religion & Ethics Newsweekly* and *U. S. News & World Report* (Mitofsky International and Edison Media Research, 2002), only 19 percent of Christians and 7 percent of nonChristians stated a belief that their religion was the only true religion. This contrasted with a 1965 poll in which 65 percent of Protestants and 51 percent of Catholics reported that “belief in Jesus Christ as Savior was absolutely necessary for Salvation” (Glock and Stark, 1965).

Americans appear to be becoming more Universalist in their orientation. The 2002 study also found that “an individual’s spiritual experience (as opposed to doctrines and beliefs) is the most important part of religion” was answered in the affirmative by 69 percent of Christians and 73 percent of nonChristians (Mitofsky International and Edison Media Research, 2002). Americans also appear to be more spiritually aware, or at least more willing to admit it. In 2002, 86 percent of Americans stated that they had “experienced God’s presence or a spiritual force that felt very close to you one or more times” (Mitofsky International and Edison Media Research, 2002).

Spirituality has always been part of religious experience. In this article, I will explore how Universalist ideas are expressed in the
Bible, and, more importantly, how Universalism helps place the near-death experience within the context of Christian theology.

Validity of the Bible

To examine these questions, we must first consider the status of the Bible and theological interpretations of it. In polls regarding the validity of the Bible, about one-third of Americans reported a belief that the Bible is "the actual Word of God" (about as many as report being Fundamentalist). One-sixth (about the number of nonChristians in America) described it as a "book of fables, legends, history, and moral precepts." One-half believed it to be the "inspired Word of God but that not everything should be taken literally" (Mitofsky International and Edison Media Research, 2002, p.2; Wood, 1989, pp. 130 and 361). These views of the general population reflect modern scholarship regarding the Bible. Today, Biblical inerrancy is a view adhered to by only the most Fundamentalist scholars (Borg, 2001).

The Bible contains a treasure trove of ancient accounts of mystical religious experiences. Conservative Christian scholar Luke Timothy Johnson (1998) correctly noted that modern studies of Christian origins ignore the mystical religious experiences so clearly described in the New Testament. Moderate Christian scholar James D. G. Dunn noted, in referring to Jesus, that "there is no incidence of a healing miracle that falls clearly outside the general character of psycho-somatic illness" (1975/1997, p. 71). Nevertheless, his book is a study on what may be called "communicative theism," the direct contact between God and humanity in the New Testament. Even the liberal Jesus Seminar voiced no doubt that Jesus appeared to some of his followers after his death (Funk and The Jesus Seminar, 1998).

From the time the Bible was written to the present, individuals have reported mystical experiences (Argyle, 2000; Hick, 1999; James, 1901/1958). The NDE is unique among the categories of mystical union with God (Borg, 1997) because of its identifiable "trigger." The big question is: How much credibility should one give to reports of mystical experiences in the Bible, as most are not first-person accounts but rather written down as "much-told tales" following many years of oral tradition?

As stated above, most scholars do not consider the Bible to be inerrant. In light of this, it becomes untenable in theological
interpretation to base one's theological program on one or two Bible verses. For example, the basis of papal authority is inferred from two verses in the Gospel of Matthew (Matthew 16:18–19). Even more difficult is justification for the Trinity, which is not in the Bible and can at best only be inferred by the fact that God, God's Spirit, and Jesus are mentioned together in two verses (Matthew 28:19; 2 Corinthians 13:14). I will discuss further below how theology can be based on a preponderance of verses in the New Testament.

**Christian Universalism**

At this time, let me state that I am a Unitarian Universalist Christian and, like most Liberal Christians, I believe that God was in Jesus, but not that Jesus was God. Universalism as a theological system traces its history back to Origen (185–254 CE) (Origen, 1885/1994). The Universalist Church in North America was, for a time during the 19th Century, the fifth or sixth largest denomination in the United States (Howe, 1993). The Universalist Church merged with the Unitarians in 1961, and Unitarian Universalist Christians still make up a majority of our members worldwide. In the United States, ours has developed into an interfaith church in which Unitarian Universalist Christians comprise only a minority.

As stated above, there are several variants of Christian Universalism. Some Universalists believe that God will save you "no matter what." This is a variant of "Jesus Saves" theology, except that "Jesus Saves Everybody" by his atoning sacrifice (Howe, 1993, pp. 34–35). Another variant is the belief that Christians will be saved immediately, and all others will be saved after becoming believers (Howe, 1993). Restorative Universalism assumes a judgment ("life review" in NDE terminology) and punishment for some, followed by Universal Salvation for all.

Today, most Christians who profess a belief in Universal Salvation belong to variety of other denominations. Despite their questions about doctrine, most Liberal Christians choose to remain within more mainline denominations, most often for reasons of tradition. Examples of prominent contemporary Universalist Christian theologians in other denominations are Jan Bonda of the Dutch Reformed Church (1993/1998); Tom Harpur, an Anglican (1986); John Hick of the United Reformed Church (Hick, Pinnock, Mcgarth, Geivett, and Phillips, 1995), and Thomas Talbott, an Independent Christian (Talbott, 1999).
It is noteworthy that, in addition to being a Christian scholar, Tom Harpur is a near-death researcher, and he included a strong Universalist Christian statement at the end of his book, Life after Death (1991).

Christian theologies are systems created to explain the diverse and conflicting accounts given by the various authors of the New Testament. Often theologians will arrive at differing interpretations of what the words in a particular Bible verse mean. For example, "I am the way, and the truth, and the life. No one comes to the Father except through me" (John 14:6) is a primary verse used by "Jesus Saves" theologians; however, this verse has been interpreted by Liberal Christians as meaning that salvation comes from following the teachings of Jesus, rather than through his death on the cross (Borg, 2001; Harpur, 1986; Hick, 1993a).

In an article in Christianity Today entitled, "The Gift of Salvation," Timothy George (1997) made the case for "Jesus Saves" theology by citing just 23 verses from the New Testament. By my own calculations, there were 139 verses in the New Testament supporting "Jesus Saves" theology; 551 verses supporting Salvation by Good Works, with 389 of those verses being the words of Jesus himself; and 178 verses supporting Universal Salvation, including 31 verses that speak to Hell not being permanent. It is worth noting that a fourth theological position, the Doctrine of Predestination, has 77 verses to support it (Hastings, Grant, and Rowley, 1953). One can see from the sheer magnitude of data that Salvation by Good Works has the most support, followed by Universal Salvation for All. The two taken together form the case for Christian Restorative Universalism.

Universalism and the NDE

When it comes to the near-death experience, Universalism appears to be the most compatible theological position. Why is that so? Let us explore some basics of Christian Restorative Universalism and the NDE.

Out-of-Body Experiences

NDEs often begin with an "out-of-body" experience (OBE). The Bible records this 2000-year-old OBE by St. Paul:

I know a person in Christ who fourteen years ago was caught up to the third Heaven—whether in the body or out of the body I do not know; God knows. And I know that such a person—whether in the
body or out of the body I do not know; God knows—was caught up into Paradise and heard things that were not to be told, that no mortal is permitted to repeat. (2 Corinthians 12:2–5)¹

**Light**

One of the most commonly reported characteristics of a deep NDE is the experience of Light or Being of Light (Vincent, 1994). Some NDErs feel that this Light represents God or God's emissary, as in the following:

I was in the Universe and I was Light. It takes all the fear of dying out of you. It was Heavenly. I was in the Presence of God. (Vincent, 1994, p. 27)

I went directly into the Light, and my pain ceased. There was a feeling of extreme peace. (Vincent, 1994, p. 27)

God is light, and in him there is no darkness at all. (1 John 1:5)

Every generous act of giving, with every perfect gift, is from above, coming down from the Father of lights. (James 1:17)

He who is the blessed and only Sovereign, the King of kings and Lord of lords. It is he alone who has immortality and dwells in unapproachable light. (1 Timothy 6:15–16)

NDErs routinely report an immense amount of unconditional love radiating from the Being of Light:

An absolute white Light that is God—all loving. The unification of us with our Creator. (Vincent, 1994, p. 27)

I left my body, and I was surrounded by God. It didn't feel male or female, young or old, just me. I was surrounded by Love .... I looked down at the little girl in bed .... Later when I realized it was me, I was back in my body. (Vincent, 1994, p. 21)

Beloved, let us love one another, because love is from God; everyone who loves is born of God and knows God. Whoever does not love does not know God, for God is love. (1 John 4:7–8)

The steadfast love of the Lord never ceases, his mercies never come to an end. (Lamentations 3:22)

NDErs report a feeling of "Oneness with God" and a sensation of being "In God":

And deep within me came an instant and wondrous recognition: I, even I, was facing God. (Vincent, 1994, p. 23)

It is something which becomes you and you become it. I could say, "I was peace; I was love." It was the brightness.... It was part of me. (Vincent, 1994, p. 29)

For in him we live and move and have our being. (Acts 17:28)

For from him and through him and to him are all things. (Romans 11:36)

One God and Father of all, who is above all and through all and in all. (Ephesians 4:6)
Sometimes NDErs encounter Jesus in the Light:

The light was in me and between the molecules, the cells in my body. He was in me—I was in him . . . . I knew all things. I saw all things. I was all things. But not me; Jesus had this. As long as I was "in Him," and he was "in me," I had this power, this glory (for lack of a better word). (Vincent, 1994, p. 57)

I left but stood there wanting to help this poor soul (which was in effect me). Then I was on the third level and a voice said, "choose." I saw Jesus, the Blessed Mother, and the archangel Michael. My message was unconditional love; learn to love your family; you love others, but learn to love your family. (Vincent, 1994, p. 59)

These accounts recall the Apostle Paul's experience of Jesus. Many scholars consider his account in 1 Corinthians 15:5–8 as the only first-hand account of the resurrection of Jesus (Funk and the Jesus Seminar, 1998; Harpur, 1986; Hick, 1993b). Paul also provided verified secondhand accounts of Jesus' appearance to Peter and James. In Acts, we have a description of Paul's experience of Jesus:

Now as he was going along and approaching Damascus, suddenly a light from Heaven flashed around him. He fell to the ground and heard a voice saying, "Saul, Saul, why do you persecute me?" (Acts 9:3–4; also 22:6–7; 26:12–14)

Researcher Philip Wiebe (1997) maintained that there is no difference between modern-day visions of Jesus and similar visions of Jesus described in the Bible. Although Wiebe excluded NDEs from his research, numerous NDE accounts over the past quarter century attest to face-to-face meetings with Jesus. Curiously, even people of religions other than Christianity have described encounters with Jesus (Rommer, 2000).

Before turning our attention from the Light, it is worth noting that Fundamentalists often counter this common NDE phenomenon with a verse from St. Paul: "Even Satan disguises himself as a being of Light" (2 Corinthians 11:14). This is of dubious relevance for NDEs for two reasons: first, it places too much weight on a single Bible verse; and second, the overwhelming amount of data leaves no doubt that the Light experienced by the NDEr radiates love. Jesus told us how to distinguish false prophets: "You will know them by their fruits" (Matthew 7:16). When Jesus himself was accused of being Satanic, he explained:

And the scribes who came down from Jerusalem said, "He has Beelzebub and by the ruler of the demons he casts out demons." And he called to them and spoke to them in parables, "How can Satan cast
out Satan? If a kingdom is divided against itself, that kingdom cannot stand. And if a house is divided against itself, that house will not be able to stand. And if Satan has risen up against himself and is divided, he cannot stand, but his end is come.” (Mark 3:22–26)

Fundamentalist Christians cannot have it both ways. The Light cannot represent goodness for a Christian and deception for nonChristians. Satan may be a neon sign, but God is the Light of the Universe.

Jesus told us that God is our Father too:

> I am ascending to my Father and your Father, to my God and your God. (John 20:17)
> You have one Father—the one in heaven. (Matthew 23:9)
> “I will be your Father and you shall be my Sons and Daughters” says the Lord Almighty. (2 Corinthians 6:18)
> Is there anyone among you who, if your child asks for bread, would give him a stone? Or if the child asks for a fish, would give a snake? If you then who are evil, know how to give good gifts to your children, how much more will your Father in Heaven give good things to those who ask Him? (Matthew 7:9–10)

What kind of parent abandons his or her child? Surely not the loving God Jesus talked about.

*Judgment or Life Review*

Judgment, in NDE terminology, is called “life review.” This is usually a positive experience:

> I found myself in a corridor. The corridor did not end. I was not afraid. There was a white light. Very clear white colors of light. Off to the side, I could see shades of gray. Off to the side, I could see my childhood passing, going left to right. I thought to myself, “I am getting younger.” I did not see my adult life. I felt like I was not alone, but I did not see anybody. (Vincent, 1994, p. 95)

During the Judgment [it was] like on a Rolodex. I could feel the person by me. I was waiting for the bad to come up, but nothing bad was coming up. (Vincent, 1994, p. 93)

For others, there is a perception of one’s effect on other people:

> I saw this life “pass in front of my eyes,” like watching a movie. I felt others’ pain, joy, sorrows. (Vincent, 1994, p. 93)

For some, life review is a negative experience:

> It was not peaceful, much baggage, much unfinished business. All things are connected. You are not your body, you are a soul; mine was in limbo. I knew I would be in limbo for a long time. I had a life review and was sent to the void. (Vincent, 1994, p. 119)
In Christianity, sometimes God is seen as Judge of the World, but more often, Jesus is seen as the Judge (Ma'súmián 1996). In Jesus' parable of the Rich Man and Lazarus (Luke 16:19–31), he stated that judgment began prior to him, was ongoing, and occurred immediately after death. In the Judgment of the Nations (Matthew 25:31–46), Jesus is Judge of all the world, both Christian and nonChristian. Judgment is based on good works done to the "least of these" (Matthew 25:40).

Jesus taught that we must be judged, but that God is Light and goodness: "God is light, and in Him there is no darkness at all" (1 John 1:5). NDErs often note that the Being of Light in the life review offers total acceptance:

My near-death experience was before Moody's book came out. When it did, I said, "Oh my God! Mine is pretty classic—just like the book. It was incredibly clear—my life—going through what happened. There were figures around I did not know. The white Light was wonderful! It was just love. I knew my life would be reviewed. It was like flipping pages. I knew I had done things I was not proud of, but there was total acceptance. I wanted to stay, but I was told to go back and be loving. (Vincent 1994, p. 91)

I have already noted above that this is also true when the Being of Light is specifically identified as Jesus. This is the picture that the New Testament presents of Jesus. In the mystic Gospel of John we read:

You judge my human standards. I judge no one. (John 8:15)
And I, when I am lifted up from the Earth, will draw all people to myself. (John 12:32)

Jesus said: "My yoke is easy, and my burden is light" (Matthew 11:30). The following makes it clear that Jesus is an advocate for both Christians and nonChristians:

My children, I am writing these things to you so that you may not sin. But if anyone does sin, we have an advocate with the Father; Jesus Christ the Righteous. He is the atoning sacrifice for our sins, and not for ours only, but also for the sins of the whole world. (1 John 2:1–2)

With Jesus as Judge, no one is ever abandoned—Christian or nonChristian. Jesus told us that the Kingdom of God is not only for the pure (Matthew 5:8) but also for the impure (Matthew 15:2, Luke 18:10–14), the pagan (Matthew 15:21–28), and the heretic (Luke 10:25–37; John 4:16–30). NDErs often feel that they judge themselves, as these quotes from three NDErs indicate:

You are judging yourself. You have been forgiven all your sins, but are you able to forgive yourself for not doing the things you should
have done and some little cheaty things that maybe you've done in your life? This is the judgment. (Ring and Valarino, 1998, p. 167)

I didn't see anyone as actually judging me. It was more like I was judging myself on what I did and how that affected everyone. (Ring and Valarino, 1998, p. 167)

I told the Light that . . . I expected him to judge me rather sternly. He said, “Oh, no, that doesn't happen at all.” However, at my request, they then played back over the events that had occurred in my life . . . and I was the judge. (Ring and Valarino, 1998, p. 167)

Jesus clearly told us:

Do not judge, so that you may not be judged. For with the judgment you make you will be judged, and the measure you give will be the measure you get. (Matthew 7:1–2)

The judgment of Jesus is not based on belief in Doctrine. The test is not about correct belief, but good deeds:

Not everyone who says to me, “Lord, Lord,” will enter the Kingdom of Heaven, but only the one who does the will of my Father in Heaven. (Matthew 7:21)

Good deeds will be rewarded:

For the Son of Man is to come with his angels in the glory of his Father, and then he will repay everyone for what has been done. (Matthew 16:27)

St. Peter reiterated:

I truly understand that God shows no partiality, but in every nation, anyone who fears him and does what is right is acceptable to Him. (Acts 10:34–35)

St. Paul said:

For he will repay according to each one's deeds. (Romans 2:6)

For God shows no partiality. (Romans 2:11)

St. John of Patmos wrote:

And the dead were judged according to their works as recorded in the books. (Revelation 20:12)

**Hell Is Not Permanent**

The experience of Hell has been recorded in NDEs since the beginning of modern research (Richie and Sherrill, 1978). In current near-death research terminology, these are called “frightening” NDEs.
In religious terms, the place of punishment is called variously “Hell,” “Hades,” “Limbo,” “Purgatory,” “Gehenna,” and “Eternal Punishment.” Modern day near-death researchers have about as many types of frightening NDEs (Atwater, 1992; Greyson and Bush, 1992; Rommer, 2000) as the ancient and medieval authors had categories of Hell (Zaleski, 1987). Often in the NDE, accounts of Hell are not permanent:

I was in Hell.... I cried up to God, and it was by the power of God and the mercy of God that I was permitted to come back. (Rommer 2000, p 42)

God, I am not ready, please help me.... I remember when I screamed (this) an arm shot out of the sky and grabbed my hand and at the last second I was kept from falling off the end of the funnel, the lights flashing; and the heat was really something. (Greyson and Bush, 1992, p.100)

If Hell is not permanent, one might wonder why Jesus said the “goats” will endure “eternal punishment” (Matthew 25:46). Universalist scholar Thomas Talbott noted that the Greek word for “forever” is better understood as “that which pertains to an age” (1997, pp. 86–92). For example, when Jonah was swallowed by the great fish, he “went down to the land whose bars closed on me forever” (Jonah 2:6). However, the story ended when Jonah was released by God from his bondage after just three days. In other instances—his parable of the unforgiving servant (Matthew 18:34–35) and his descriptions of a prisoner’s fate (Matthew 5:25–26, Luke 12:59)—Jesus indicated that punishment is not eternal but lasts only until one’s entire debt is paid (Matthew 18:34). The following are classic passages supporting Christian Universalism (Howe, 1993, pp 34–35):

For Christ also suffered for sins once and for all, the righteous for the unrighteous, in order to bring you to God. He was put to death in the flesh, but made alive in the Spirit in which also he went and made a proclamation to the spirits in prison, who in former times did not obey. (1 Peter 3:18–20)

For this reason the Gospel was proclaimed even to the dead, so that though they had been judged in the flesh as everyone is, they might live in the Spirit as God does. (1 Peter 4:6)

Universal Salvation

According to Christian Universalism, in the end, we will all be united with God. Two of Jesus’ most poignant parables proclaim Universal Salvation. In Matthew, God (the Good Shepherd) sought and saved the
lost sheep; the sheep did not return to the flock of its own accord. The parable ends, “So it is not the will of your Father in Heaven that one of these little ones should be lost” (Matthew 18:14). In the story of the Prodigal Son (Luke 15:11–32), the returning son did not ask to be a member of the family, but for a job as his father’s servant. It was God (the father) who took him back into the family. The father was the character with the active role. People often have difficulty with this story because they wrongly identify with the good son and not with the father. Considering how much human parents love their own children, the story puts some perspective on how much God, who is all good, loves each of us. This theme is echoed in the mystic Gospel of John:

I have other sheep that do not belong to this fold, and I must bring them also, and they will listen to my voice. So there will be one flock, one shepherd. (John 10:16)
And I, when I am lifted up from the earth, will draw all people to myself. (John 12:32)

Universal salvation is reiterated in numerous writings of the other Apostles:

When all things are subjected to him then the Son himself will also be subjected to the one who put all things in subjection under him, so that God may be all in all. (1 Corinthians 15:28)
For to this end we toil and struggle, because we have our hope set on the living God, who is the Savior of all people, especially of those who believe. (1 Timothy 4:10)
And the Holy Spirit also testifies to us, for after saying, “This is the covenant I will make with them after those days, says the Lord: I will put my laws in their hearts and I will write them on their minds,” he also adds: “I will remember their sins and their lawless deeds no more.” Where there is forgiveness of these, there is no longer any offering for sin. (Hebrews 10:15–18)
He has made known to us the mystery of his will, according to his good pleasure that he set forth in Christ, as a plan for the fullness of time, to gather up all things in him, things in heaven and things on earth. (Ephesians 1:9–10)
For the grace of God has appeared, bringing salvation to all. (Titus 2:11)

**Aftereffects**

One of the most profound aspects of the NDE is its aftereffects (Greyson, 2000). Experiences of God change and affirm lives, and sometimes this represents a “soft” change:
It took some time for me to realize I was consumed with an insatiable thirst for knowledge. Dr. Pat Fenske wrote in the June, 1991, *Vital Signs* newsletter that individuals shift to a higher level of consciousness. This I can relate to 100 percent and this has enabled me to understand why I look at things from an entirely different perspective than most people. (Vincent, 1994, p. 109)

Why did this experience change me so greatly? Why am I convinced that this was the most real thing that ever happened to me when logic and common sense dictate it wasn’t? Why so many unexplained events since then? ….. The experience left me a changed person but not knowing why, full of questions and still seeking answers. (Vincent, 1994, p. 113)

In some cases, the changes following an NDE are dramatic—as life-changing as St. Paul’s mystical religious vision of Jesus that transformed him from a persecutor of Christians to an Evangelist for Jesus (1 Corinthians 15:3–8; Galatians 1:13–16). That kind of powerful effect occurred in the life of art professor Howard Storm, who, after his encounter with Jesus during his NDE, abandoned his atheism and became a Christian minister. Storm related that when he began to pray, his NDE changed from a Hellish experience to a positive, loving one: “Simply stated, I knew God loved me” (Ring and Valarino, 1998, p. 292).

**Summary**

Like NDEs, deathbed visions (Osis and Haraldsson, 1977) and post-death visions (Kircher, 1995) point to an afterlife. But NDEs, like mystical religious experiences throughout the ages (Argyle, 2000; James, 1901/1958), are especially rich in insights as to the nature of God. NDEs, like other mystical religious experiences, both complement and continue the testimony of that great repository of Western mystical experience, the Bible.

God’s love is greater than we imagine or than we can imagine—this is the testimony of the prophets, sages, saints, mystics, and ordinary people throughout the ages who have shared with us their incomparable sense of Oneness with God and God’s unconditional love for us all. Truly God is with us always and, in time, “All flesh shall see the salvation of God” (Luke 3:6).

**Notes**

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References

Letter to the Editor

To the Editor:

The Board of Directors of the International Association for Near-Death Studies (IANDS) is pleased to announce an innovative research tool that may be of interest to the readers of this Journal. The electronically formatted Near-Death Experience Research Bibliography, Part I, is now available for purchase. With this state-of-the-art tool, someone researching one or more specific topics related to near-death experiences (NDEs) can find every article published in Anabiosis: The Journal for Near-Death Studies and/or Journal of Near-Death Studies (JNDS) through 2001 that addressed those topics. In addition, the Bibliography enables the researcher to generate a custom list of citations of desired articles. Furthermore, the researcher who does not have access to cost-free reprints can purchase one copy of each desired article from the NDE Literature Clearinghouse.

The Bibliography comes on a CD. Accessible on both PC and Mac, the information on the CD is delivered via Adobe Acrobat, a software package that can be downloaded for free from the Internet.

The CD opens with a 15-minute orientation, after which the user knows everything necessary to navigate easily through the resource. The Bibliography includes an outline with more than 150 topics; by becoming familiar with this outline, researchers can determine how the topics they have in mind correspond to those in the Bibliography. Examples of topics include Accounts of NDEs-Autobiographical; Animals and NDEs (including pets); and Media Treatment of NDEs.

Each article appears as a citation, which shows the author(s), date of publication, article title, JNDS volume and number, and page numbers. Citations appear in the Bibliography two different ways. In the “Topics with Citations” list, each topic is presented with all relevant citations listed in alphabetical order by last name of the article’s first author. Interestingly, one of the longest lists, with 69 citations, is under the topic “Characteristics of NDEs-Autoscopy, Out-of-Body,” and one of the shortest, with one citation, is “Humor and NDEs.”

The second way citations are listed is in the “Citations with Abstracts and Topics.” The citations are listed alphabetically by first author. Thanks to Kluwer Academic, the company that formerly published
JNDS, IANDS has copyright approval to include with the citation each article's abstract. With both the abstract and the listing of all topics addressed in the article, a researcher has a very good idea of whether the article will address the researcher's specific needs.

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Article reprints cost $0.20 per journal page with a shipping/handling fee of $4.00 for the first article and $0.50 for each additional article. The order form on the CD automatically calculates the total number and cost of pages, the shipping/handling fee, and the total cost for the order.

The Bibliography is the result of almost two years of work by a team at the University of North Texas (UNT). It has been financially supported by the IANDS Research Fund, including generous donations to that fund earmarked specifically for this project by Patrick Wells, and by the UNT Department of Counseling, Development, and Higher Education. The IANDS Board hopes to move forward with Part II of the Bibliography that will be identical to Part I but will cover all non-JNDS professional journal articles that address near-death-related topics. Whether the Board's hope will be realized depends on replenishment of the IANDS Research Fund—through Bibliography and reprint sales, foundation grants, and, most importantly, the generosity of donors who perceive the invaluable contribution the Bibliography makes to the facilitation of research on near-death experiences.

The price of the Bibliography CD is $59.95 for everyone except IANDS Research Members, who may acquire it for $49.95. Readers may purchase the CD through the IANDS website (www.iands.org/bibcd.html) or the IANDS office (860-882-1211).

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