

Near-Death Accounts as Therapy

To the Editor:

In January 1991 I was diagnosed with breast cancer. The lump was as big as a golf ball. The malignancy had spread through 12 lymph nodes. My doctor told me that I would need a modified radical mastectomy and intensive inpatient chemotherapy. He said that, even after all that, the extensive node involvement put me at high risk for recurrence. "If it does recur," he said, "the most likely places are the brain, the liver, or the lungs."

Of course, this scared me. I wondered, "Will I die? And, if I do die, what will it be like?" I lay in bed at night unable to sleep. There welled up within me a smothering fear that in my final moments I would feel my body stiffening and lose my ability to see, hear, and speak, being left in isolated pain as I realized my own annihilation. I had to leave the lights on; darkness reminded me too much of the darkness of death. I had always thought I believed in God and probably some kind of a

hereafter. Now, I asked myself what evidence I had ever truly seen and whether there might be a reason for hope.

During my chemotherapy, a friend and professor, James Pace, came to pray with me every week. A hospice chaplain, Pace shared some of the inspiring experiences of his dying patients. After I left the hospital, he showed me a number of books and articles relating near-death accounts. I began to discover the near-death experience (NDE) as a scientific phenomenon. Of course, I had heard of deathbed visions previously, almost as a kind of folklore. But I had never really taken them seriously. I had no idea that they were so prevalent, nor that they had been well-documented and researched.

Soon I began to seek out NDE literature on my own, everything I could find in my university's library, including the *Journal of Near-Death Studies* and books by Kenneth Ring, Raymond Moody, Bruce Greyson, Michael Sabom, and Ian Stevenson. A few sources pointed out differences among experiences. But to me, the core elements appeared strikingly similar, as did the after-impressions of the experiencers. These were no chaotic, disjointed images or incoherent thoughts, as might be expected with hallucinations. There was definitely *something* going on here.

Intrigued, I began to ask friends and acquaintances if they had ever experienced an NDE. Some had; others referred me to their friends who had NDE stories to tell. Everyone was willing to talk; every story was beautiful. As I listened to these accounts and read NDE literature, I felt my questions about death were being answered by the only persons who knew the truth: those who had been there. Years ago, as an English major, I had read fictionalized accounts of NDEs, such as in Leo Tolstoy's (1899/1960) short story, "The Death of Ivan Ilych." Since I had never known anyone who admitted to having had an NDE, it seemed like simply a nice way to end a story. "How wonderful it would be if such things really happened," I thought. Now, here were people telling me they do—and with regularity! Fear was replaced by excitement.

At this time, I am doing quite well. My CAT scans and left-breast mammograms are clear. My cell counts are back to normal. Of course, I am still at high risk for recurrence. Every two months, when I go for my check-ups, I know something could show up. If cancer should be found, I would still be initially shaken; but I think my adjustment would be much easier. That paralyzing fear that haunted me the first six months of this year I do not believe will ever come again. Death to me now is not what it was a year ago. Now when I imagine that last moment, I see light. I feel peace, love, and tranquility.

Of course, I realize the beautiful visions with their tunnels, lights, and departed loved ones could be, as Ernst Rodin (1984) and Tillman Rodabaugh (1985) warned, induced by anoxia or brain chemicals or simply a psychological response to trauma. I realize those lights could go out and nothing come back on again. But that knowledge does not diminish the fact that the transition to whatever lies beyond this life will probably be the reality of a sweet dream rather than a living nightmare. It does not diminish the hope that has given me strength.

And the hope offered by the NDE is infectious. When these stories are shared with others who are afraid or grieving, it seems to provide them peace also. For instance, I recently met a woman whose 23-year-old daughter had committed suicide one month before our conversation. This woman was tormented because some persons in her church had told her that her daughter would go to hell. I showed her an article by Ring and Stephen Franklin (1981-81), in which the NDEs of suicide attempters were described as being beautiful and tranquil, like any other NDE. After reading the article, she told me that she felt greatly relieved, and added, "God bless you."

I hope that the psychiatrists, physicians, nurses, and other health-care professionals who read this Journal will seriously consider exploring the use of NDE accounts with the seriously ill and grieving, as well as, certainly, dying patients and their families. I can attest to the inspiring, invigorating power of this "therapy." The ideal outcome in crisis is that one not only resolves the crisis, but emerges at a higher level of functioning. I *am* stronger and more confident than I was before my illness, because I have finally dealt with my fear of death, which, I realize now, had troubled me for many years, possibly even contributing to occasional mild depression.

Near-death accounts may not help every seriously ill patient. Those who are in denial, initially overwhelmed, or already coping well may not want or need to hear about these experiences. But for those like myself who acknowledge their diagnosis and are haunted by "worst-case" scenarios, these accounts are a true blessing. They give peace of mind and renewed purpose, and allow life to move ahead. I am no longer plagued by fear, but I still enjoy reading NDE accounts. They always make me joyous!

References

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