Tunnel Vision and Tunnel Experiences

To the Editor:

I am very glad that James Whinnery (1997) has published his interesting findings on acceleration-induced loss of consciousness (GLOC) in the Journal. I have previously found his work very helpful in understanding the effects of anoxia (Blackmore, 1993; Whinnery, 1990).

His discussion of visual symptoms prompted me to consider the difference between “tunnel vision” as he described and the “tunnel experience” described by near-death experiencers (NDErs). Tunnel vision refers to a narrowing of the visual field down to a small area in the center. There is simply no visual experience in the periphery, rather than a specific visual impression of darkness. Tunnel vision occurs both temporarily and permanently in various diseases of the eye and, as Whinnery noted, in GLOC.

In a tunnel experience, by contrast, there is usually a bright light at the end of a dark, but often complex, tunnel. People describe spirals,
colored webs, tunnels made from multiple images, spaces full of stars, or solid tunnels like subways or sewers, and many other complex images in tunnel form. Tunnel experiences are common with hallucinogenic drugs such as mescaline, d-lysergic acid (LSD), and psilocybin, and in spontaneously occurring out-of-body and mystical experiences. They are thought to be caused by disinhibition in the visual cortex (Cowan, 1982; Kluver, 1967; Siegel, 1977).

I do not know whether tunnel vision is always associated with disturbances in the eye, and tunnel experiences with disturbances higher up in the visual system, but this is a reasonable hypothesis given what we do know. Perhaps other readers may be able to help. I suspect that both experiences may happen in NDEs. If so, then we should be careful to discriminate between tunnel vision and tunnel experiences during NDEs. We might find that the type of tunnel reported can provide clues as to whether the eye or the brain is implicated (or both), and so help us better understand the causes of the NDE.

References


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