

The Psychodynamics of Near-Death Experiences

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Near-death experiences (NDEs), profound transcendental events experienced on the threshold of death, may be interpreted on several levels from the neurophysiological to the eschatological. Independent of other levels of interpretation, a psychological analysis of NDEs produces meaningful and researchable psychodynamic precipitants and sequelae. A number of psychological mechanisms are discussed, which overdetermine the prototypical NDE, and objections to psychological interpretations of the phenomenon are considered. Further exploration of the psychological aspects of NDEs may yield clinically useful techniques in suicide prevention and in the treatment of terminal and bereaved patients.

Near-death experiences, profound transcendental events experienced on the threshold of death, have been reported by people who have been seriously injured or ill but unexpectedly recovered, and by people who had anticipated imminent death in potentially fatal situations but escaped uninjured. Such near-death experiences (NDEs) commonly include strong positive affect; a conviction that one did indeed die; an impression of being outside the physical body; an impression of passing through a dark, enclosed space; apparent extrasensory phenomena; apparent encounters with persons not physically present; an impression of entering some unearthly realm of existence; and a review of past events, or "panoramic memory" (11, 18, 20).

There has been little controversy in the scientific literature about the frequency or effects of NDEs. However, there has been debate as to which interpretation, from epiphenomenal toxic hallucination to glimpse of a transcendent realm of existence, can best account for the NDE. The idea that these are different levels of interpretation rather than competing interpretations seems to have been ignored by many investigators. Regardless of the physiological and eschatological significance of the NDE, the experience, its recollection, and its recounting are profound psychological events with identifiable and meaningful psychodynamic precipitants and sequelae. This paper will review the psychological meaning of the NDE and its component parts, consider objections to a psychodynamic conception of the NDE, and discuss clinical applications of this approach to the phenomenon. Many of the concepts and theories elaborated in this review are speculative in nature, and are described not in support of their validity, but in the hope of stimulating investigation into their relevance and utility.

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Psychological Approaches to the NDE

Although clinical descriptions of NDEs abound in the literature of most ancient cultures, their psychological analysis was rare until Pfister's 1930 article, recently translated into English (22). Pfister's interpretation of the NDE as a defense against the threat of death has been most elegantly elaborated by Noyes and Kletti, who conceive of the NDE as a type of depersonalization (19, 21, 23). Pfister proposed that persons faced with potentially inescapable danger attempt to exclude this unpleasant reality from perception and replace it with pleasurable fantasies, which protect the individual from being paralyzed by emotional shock. To the extent that a state of depersonalization mimics a state of death, this mechanism may also serve as a sacrifice of a part of the self in order to avoid actual death. That is, the individual, having suffered a psychological death, cannot be killed again.

The popularity of this theory that NDEs are a form of depersonalization, evoked in an attempt to deny the danger, stems from the familiarity of this psychopathological entity. However, as Noyes has indicated (19), this model can accommodate only some of the phenomena common to NDEs; the prototypical NDE in fact includes some features, which he labeled a "hyperalertness" factor, diametrically opposed to depersonalization, and yet another "mystical consciousness" factor not addressed by the depersonalization model.

A second model that has been suggested for understanding the NDE is the state-dependent reactivation of birth memories, a concept first described in detail by Grof and Halifax (12), but subsequently elaborated by a number of psychologists and other scientists in the popular literature. According to this theory, the hyperaroused state induced by the threat of death may evoke long-suppressed memories and affects associated with a similarly intense state of arousal. Hence the themes of the NDE may be related to stored memories of the birth experience, available to con-

sciousness only when triggered by an equally dramatic and emotional experience, such as a close brush with death.

This superficially appealing model of the origin of near-death imagery in memories of the birth process has recently been criticized by Becker (2), in part on the grounds that the neonatal nervous system is physiologically incapable of perceiving and encoding the birth process in sufficient detail to account for near-death imagery, and in part on the grounds that, even if this were possible, the birth process would not correspond in any meaningful way to the content of near-death imagery. Grof has explicitly disavowed any implication that mystical states are birth memories or forms of embryonic consciousness, and has asserted that this reductionistic view is a misinterpretation of his work (3). He regards the birth memory model as an analogy: somehow, having experienced the birth process facilitates one's accessibility to archetypal experiences such as those of the NDE. Although the latter form of the birth memory model avoids any etiological explanation of the NDE, it does suggest, by analogy, insights into the themes of the NDE and its potential therapeutic value.

A third psychological conceptualization of NDEs is as a type of regression in the service of the ego, along with other mystical experiences (25). The confrontation with death distances the individual from worldly attachments, facilitating a return to earlier levels of functioning. Once in the regressed state, the characteristic mystical ineffability may reflect the preverbal level of development to which one has returned; the noetic quality may correspond to the "realness" of the infantile experience before the learned distrust of one's sensations; and the feeling of cosmic unity may recapitulate the loss of ego boundaries in the symbiotic stage. This model of the NDE as regression in the service of the ego has been utilized successfully in the analysis of other mystical states. One of its major advantages over other psychological models is its prediction of profound personality change following the experience, derived from the increased lability or impressionability of childhood or infancy.

Specific Components of the NDE

Strong Positive Affect

The most common characteristic feature of NDEs is a pervasive positive affect, which often supercedes an initial state of panic in the near-death situation. The most commonly cited explanation for this sense of peace or euphoria is Pfister's suggestion that unpleasant realities are replaced for defensive reasons with pleasurable fantasies or memories (22). In most NDEs, however, the pervasive peace or pleasantness

is without cognitive content, and precedes any life review or other visions (26). Although denial might account for a portion of this affective experience, it has also been proposed that the passive acceptance of imminent death, after a period of resistance, may be intrinsically pleasurable (14).

If the NDE is conceived as a reactivated birth memory, or as an archetypal analogue to such a memory, the feeling of ultimate peace, of cosmic unity, may recall the subjective experience of intrauterine life, in which every need is satisfied by the complete biological equilibrium with the environment. In the alternative conception of the NDE as a form of regression, this ecstasy might reflect a recapitulation of a blissful nursing experience.

In contrast to these formulations, the euphoric response to imminent death may in some people reflect a realistic sense of relief that their pain and struggle are ending; that is, that the distress of dying makes death, by contrast, appear welcome. It is also conceivable that the serenity of the NDE may be a response to the recovery from the near-death event rather than to the danger itself; that is, that one experiences the sense of tranquility after the near-death event is passed, and then generalizes this feeling to the entire NDE. This latter hypothesis seems least compatible with the frequent report that the NDE was ushered in by a sense of peace or pleasantness (26).

From a biological perspective, the peacefulness of the NDE may serve an adaptive function in light of the evidence that one's mental state may influence the ability to survive in marginal circumstances. The behavioral relaxation may conserve the endangered individual's energy reserves and prolong life in a setting in which agitation or panic might rapidly deplete energy reserves and hasten death.

Conviction That One Has Died

Identification with the dead is a common factor in the psychology of the survivor. In NDEs, this identification may be expressed by the belief that the survivor had in fact died, but then returned to life. This conviction may serve to lessen the guilt felt over having survived while others in similar situations may have died. The belief that one has died and recovered also furthers the denial of the finality of death; whatever death may mean for the individual, it becomes a reversible state over which he or she has already demonstrated mastery.

The Out-of-Body Experience

The impression of being outside the physical body may also be viewed as a denial of vulnerability, specifically a denial of one's dependence on the endangered body. According to the conception of the NDE

as a state of depersonalization, this out-of-body sensation is an extension of the detachment by which depersonalization is defined. The splitting off of the threatened individual's consciousness as a calm, detached observer, separate from the hopelessly imperiled victim, protects the individual from the painful and disorganizing experience of physical trauma. In extreme circumstances, this split can be maintained only by the explicit impression of spatial separation from the physical body.

The out-of-body experience may also serve a homeostatic function during a close brush with death. With progressive dysfunction of the nervous system, the brain may cease to receive the sensory stimulation necessary for its continued functioning. Such progressive sensory deprivation may be hypothesized to induce an out-of-body experience as a mechanism to maintain input to the brain.

The impression of being outside the physical body may also be interpreted as a defensive reconstruction upon recovery from a near-death event. The lack of control over one's consciousness and behavior, which is often the situation in a near-death event, may be so unacceptable to some people that they subsequently elaborate the impression of having been out of their bodies (24). The image of oneself functioning independent of the body may be less threatening than the thought of being out of control of the body or functioning like a biological machine without awareness.

The Tunnel Experience

In the interpretation of the NDE as the reactivation of birth memories, the experience of passing through a dark, enclosed space, often surrounded by strange noises and a feeling of being pulled or squeezed, has been regarded as the memory of propulsion through the cervical canal. Becker (2) has persuasively documented the absurdity of a literal interpretation of this model; however, the passage through darkness into light may be an archetypal image of a birth (or rebirth) process. Certainly the impression of passing through a long, dark, enclosed space is not peculiar to NDEs, but is commonly reported in shifts from one state of consciousness to another (7, 8). The "tunnel" may be a frequent psychological metaphor for a passage between levels of consciousness, and the sensation of movement through the tunnel, an expression of the temporal lag accompanying the transition from normal waking state to altered state of consciousness.

Encounters With Unearthly Beings and Realms

Visions of departed acquaintances or of other non-material "guides" in the NDE have commonly been interpreted as hallucinatory wish-fulfillment and, particularly in the case of apparent reunion with deceased

acquaintances, denial of the finality of death. Wish-fulfillment alone does not account for those cases in which the dying person has a vision of a recently deceased acquaintance of whose death he or she had no normal knowledge (29).

Considering the content of the NDE to be related to literal birth memories, the emergence into a world of never-before-experienced light and freedom at the end of a tunnel has been proposed to represent the dim recollection or fantasy of actual delivery of the infant after emergence from the vagina, the commanding presence in the light being a reconstruction of an obstetrician or midwife. Again, as Becker has shown (2), the NDE has little in common with what could possibly be perceived by the infant.

A not uncommon occurrence in NDEs is an apparent encounter with a "being of light," or some mystical presence associated with a radiant brilliance. Ring has speculated that this "being of light," which often is experienced as revealing personal truths to the individual and guiding him or her through a life review, may represent unconscious parts of the self that are otherwise unavailable to consciousness (26). These hidden parts of the self are so awesome and foreign to one's conscious mind that they are perceived as a separate object, though many people report desperate attempts during the NDE to merge with this being. The intrapersonal insights gained from contact with this inner self are at times profound enough to leave the impression of having communicated with an omniscient deity, or having "seen the light."

The Life Review

A review of past events, or "panoramic memory," was viewed by Pfister and others as a retreat from terrifying present reality. The restoration of the past in inner experience serves to distance the individual from death by providing a sense of timelessness, in addition to the manifestly pleasurable or at least non-judgmental content of most life reviews. In the hyper-aroused state induced by the near-death event, past experiences originally associated with intense excitation might become available to conscious awareness for the first time, permitting recall of intensely emotional experiences not previously remembered.

The preoccupation with images from one's past may also reflect an anticipatory grieving over the impending loss of life. Just as the bereaved individual clings to a lost loved one through memories of the deceased, the person confronting a near-death crisis may cling to his or her own existence through images of the past.

The intensified life review of the NDE may also function as does reminiscence in the elderly as they approach death (6), as a reassessment and integration of one's life brought about by disengagement from the

present and inability to project into the future. The life review seen in this regard may permit the individual to resolve old conflicts, to reflect upon and reconsider the meaning of one's life, to revise one's perspective on one's past and identity, and to differentiate between real and neurotic guilt.

Objections to Psychological Approaches to the NDE

Critics of psychological interpretations of the NDE have invoked NDE reports that allegedly contradict the individual's beliefs and desires regarding postmortem survival, as evidence of their exogenous origin. This dismissal of the role of expectation neglects the substantial ambivalence most people harbor toward death. Three specific components of the NDE that have been considered inexplicable in psychodynamic terms are its consistency or universality, its apparent paranormal component, and its positive transformative effects on the individual (13).

The consistency and universality of experience across personality and cultural variables that is claimed for the NDE could certainly be attributable to a common psychological predisposition. Certainly depersonalization and regression in the service of the ego are consistently and universally available cross-culturally. The archetypal image of a birth process alluded to earlier exemplifies a universal psychological set that might serve as a template on which the NDE reporter might organize his or her understanding of the NDE.

The paranormal material sometimes reported in NDEs has been proffered as a refutation of the view that NDEs are wish-fulfilling or self-serving fantasy. However, the documentation of paranormal elements may in fact provide further evidence for the psychological need-subserving aspect of the NDE. The axiom that perception expresses the dynamics of individual personality has been applied to paranormal as well as normal cognition; most cases of paranormal perception that appear authentic can be related to satisfaction of psychological needs (16). Experimental manipulation of the strength of these needs has provided empirical support for contemporary models that regard paranormal events as occurring only in response to specific needs of the individual (28). Thus, if verifiable paranormal material does appear in NDEs, it may attest to the NDE's function in satisfying psychological needs of the individual.

The modification of outlook, affective states, values, and goals often reported following NDEs is also considered by some to be incompatible with psychological interpretations of the phenomena. However, the idea that mental dysfunction may lead to positive person-

ality transformation has a long tradition of both acceptance and utilization within psychiatry. Transcendent enrichment and fulfillment have been known to result from schizophrenic thought patterns at times (1), and heightened sensitivity and insight often follow "psychedelic" experiences occurring naturally in psychoses (4). The idea that pathological states can lead to positive growth is a working assumption of crisis intervention theory (15), of certain types of marathon groups (30), and of psychoanalytic interpretations of the therapeutic effect of shock treatments (7).

Critics of a psychological approach to NDEs have also argued that no purpose, psychological or otherwise, can be reconciled with a state of impending death, *i.e.*, that no psychological function can be served once the irreversible dying process has begun.

If the NDE does in fact occur on the threshold of death, when the dying individual has passed the point of personal rescue, then the experience could serve an adaptive function for those who witness the dying process. That is, the NDE may have evolved as an adaptive mechanism that influences the dying person's behavior so as to promote the survival and well-being of others. Other animals have evolved altruistic behavior elicited by the threat of death, such as the distinctive warning emitted by a robin about to be overtaken by a hawk, or the suicidal stinging of an intruder to the hive by a honeybee. It is conceivable that the behavioral relaxation and equanimity of the individual having a NDE fosters the psychological well-being of others within his or her reproductive group. Thus the apparent uselessness of the NDE to an individual at the point of death does not preclude its evolution as a psychological device of utility to others.

However, the fact that many NDEs are reported in the absence of physiological proximity to death (11) suggests that the NDE may not occur on the threshold of death, but during a period of quite active functioning. The correlation between close brushes with death and subsequent NDE reports does not necessarily imply that NDEs occur *during* potentially fatal states; it merely implies that such states promote the *subsequent impression* that one has had a NDE. The NDE may in fact occur before the close brush with death, to prepare the threatened individual for an impending near-death event; or alternatively, it may occur upon recovery from a close brush with death, to help the survivor adapt psychologically to the consequences of the near-death event.

Clinical Applications

This discussion of the psychological mechanisms involved in NDEs should not discourage research into

other ways of understanding this phenomenon; a psychological explanation of the NDE should not "explain it away." Significant gains may be realized from the development of theories of the NDE on complementary levels of interpretation ranging from the neurochemical to the eschatological. Certainly this psychological analysis of NDEs does not conflict with the idea that some biochemical or anatomical disorder may bring about the NDE; neither does it conflict with the notion that the NDE may be an encounter with an alternate reality.

Independent of analysis at other levels, psychological interpretations of the NDE have significance for our understanding of the individual's adaptation to the experience and its subsequent effects. Armed with this understanding, the clinician can help the patient who has had a NDE to address the underlying dynamics, rather than dismiss the experience, as is often done, as a meaningless hallucination. The reaction of a therapist to experiences such as a NDE may crucially influence whether that experience is integrated and utilized for growth of the personality, or whether it is isolated—but not forgotten—as an anomalous experience in conflict with the individual's mundane sense of self, bearing the implication of psychopathology (4).

NDEs appear to induce a number of positive personality changes (17). The mechanisms by which these occur may suggest comparable psychotherapeutic strategies in effecting personality change. Despite their "romanticization" of death and dying, NDEs reportedly promote a reverence and appreciation for life that decreases suicidal ideation; this apparent paradox has stimulated investigations of the role of one's concept of death in suicidal thought (8). From psychodynamic speculations such as those presented above, operational hypotheses should be developed linking specific conflict resolution in the NDE to these positive personality and attitude changes.

Butler (6) has developed a model for the adaptation of the life review, a naturally occurring psychological event, as a therapeutic tool. By facilitating and encouraging this experience, as well as the verbalization of insights derived from it, the therapist can help the patient faced with death to adapt to and grow from his or her confrontation with mortality. Rosen (27) has likewise abstracted from naturally occurring "egoicide" a therapeutic approach that uses this "death" of conflictual parts of the ego to help patients faced with death readapt to life. Buckman and Greyson (5), by encouraging the symbiotic gratification derived from a suicidal patient's NDE, aided the patient in reconstructing a purposeful life.

Further research needs to be done to operationalize the psychological mechanism induced by NDEs, and to relate these systematically to observed changes in

attitudes and behavior following the experience. Insights derived from studies of this type may lead to new treatment strategies not only for individuals facing death, but with grieving and suicidal individuals as well. Our experience in aiding NDE reporters to integrate these anomalous phenomena into their lives may suggest techniques for integrating other anomalous events, from life stresses to psychotic symptoms, into an individual's self-view and world view.

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