

Near-Death Experiences

Relevance to the Question of Survival After Death

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DURING the last two decades, articles and books about death and dying have proliferated, but, with rare exceptions, their authors ignore completely the question of whether man survives after death.

One of us (I.S.) recently has reviewed the evidence that suggests man's survival after death.¹ The evidence available is far from necessitating a conclusion in favor of such survival, but it is also far from deserving the neglect it has received from most scientists. One type of research that may contribute to this evidence is the investigation of near-death experiences—reports of persons who come close to death but escape. Such experiences include those of persons who are seriously injured or ill and are expected to die or are thought to be dead, but who unexpectedly recover. Also relevant are the experiences of persons who anticipate death during a potentially fatal situation, such as a fall from a great height, but who escape unharmed.

In this article we review published reports of these experiences and discuss some methodological and conceptual aspects of their investigation. In a subsequent report, we will present and analyze some data from cases we have investigated.

Published Reports of Near-Death Experiences

The Swiss geologist Heim² was the first to collect and report a series of such experiences. In a summary account of more than 30 near-death experiences, mostly of Alpine climbers who (like himself) had fallen while climbing, he noted how frequently his informants, as they thought they were facing death, were free of fear and had an unusual clarity and increased speed of thought, and also panoramic memories, or life review. Heim offered no interpretation of his reports, but Pfister,³ on the basis of Heim's experience and one other account of a near-fatal event in trench warfare, ascribed the symptoms of near-death experiences to denial of death and to profound regression under stress.

Druss and Kornfeld⁴ interviewed ten survivors of cardiac arrests, three of whom believed they had entered some unearthly realm or other state of postmortem existence during their periods of unconsciousness before

they were resuscitated.

Kalish⁵ published an analysis of 323 accounts of near-death experiences, obtained for him by students. Only 23% of the respondents reported fear or panic as they seemed to approach death, and few had unpleasant long-range aftereffects.

Dobson et al⁶ questioned 20 patients who had survived cardiac arrest, only one of whom claimed to remember events of a paranormal or transcendental nature before his resuscitation.

Noyes⁷ and co-workers⁸⁻¹² reported the accounts of more than 200 persons who came close to death and survived. These authors described sequential phases of (1) resistance to death, (2) life review, and (3) transcendence of space and time. By factor analysis, they isolated independent symptom clusters of (1) hyperalertness, (2) depersonalization, and (3) mystical consciousness, including panoramic memory. They interpreted the first two of these symptom clusters as adaptive psychological responses to the threat of death, but they concluded that no single or unified interpretation also could account for the reported experiences of mystical consciousness.

Rosen¹³ interviewed seven survivors of suicide attempted by jumps from San Francisco Bay bridges; all seven

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reported peaceful or tranquil feelings during their jumps, as well as transcendental experiences with spiritual rebirth; none reported life review. Rosen suggested that the absence of resistance to death and of panoramic memories may be attributed to the volitional and planned aspects of these close brushes with death.

Sabom and Kreutziger^{14,15} questioned "approximately 50" patients who had suffered a near-fatal crisis (mostly cardiac arrest) with unconsciousness. Eleven of their respondents reported either autoscopic or transcendental experiences, or both. The authors found no clear medical or scientific explanation that could adequately account for these experiences.

In the scientific literature, detailed case reports are scanty. We found only 15 such reports in journals of medicine, psychology, or parapsychology. Memoirs and other works outside the conventional medical literature contain other accounts, mostly autobiographical, which often include vivid details of the authors' recollections of their experiences. But these reports usually lack any independent corroboration and confirmation from medical examinations.

Factors Accounting for Differing Results

The different proportions of reported memories of near-death experiences in cardiac arrest survivors obtained in New York,⁴ in England,⁶ and in Florida¹⁵ may derive from cultural differences among the three groups of patients, from different techniques in eliciting information by the various interviewers, or from a combination of these and other factors. A high incidence of experiences reported in a group of patients, however, does not necessarily imply the investigator's superior skill in obtaining information. In one series, overenthusiastic interviewers may have unwittingly enticed patients to embellish their experiences; in another, skeptical interviewers may have subtly communicated to the patients the wisdom of keeping silent about any puzzling experiences they may remember. Furthermore, interviews or questionnaires administered to groups of patients who are more or less known to each other (as those in

intensive care units) may lead to conformities in reporting or suppressing experiences.

Medical documentation of the patient's condition is not necessary to validate the patient's personal report of his near-death experience. It is essential, however, if we are to advance in understanding the physiological conditions that accompany and may induce the more impressive subjective experiences. In a small number of our own cases, we studied reports of a patient's physical condition from hospital or other records. The patient's condition at the time of his experience sometimes was reported to be less grave than he later believed it had been. Such discrepancies may arise from paucity or inadequacy of medical records and even from their distortion, or they may arise from exaggeration on the part of the patient.

Detailed medical reports also may reveal specific conditions determining which survivors will recall events that happen while they are apparently unconscious. For example, if we assume that the principal physiological changes during cardiac arrest are broadly similar in all patients, then some additional feature, such as the duration of the arrest, may determine which patients will have memories of events occurring during the arrest. Also, since patients who have ostensibly similar physical conditions vary widely in what they claim to remember afterward, psychological factors may account for these differences. Detecting these factors, however, will require much more psychological data than those usually included in medical records.

The life review, or panoramic memory experience, occurs with varying frequency in the published studies. Heim⁷ described it as a consistent feature of near-death experiences due to serious falls with anticipation of death. Noyes and Kletti¹¹ reported life review in 44% of respondents who believed they were going to die during some life-threatening danger, but in only 12% of those who did not believe they were about to die. As noted previously, Rosen¹³ found that none of the interviewed survivors of suicidal jumps reported panoramic memory. These observations suggest that the suddenness and unexpectedness,

which are not necessarily the same, with which a person faces death may importantly influence the occurrence of the life review experience.

Relevance to Survival After Death

Comparisons of accounts of near-death experiences obtained in different cultures suggest that the beliefs a person has before he approaches death have an important influence on the kind of experience he will report if he comes close to death and escapes. If these experiences derive solely from the beliefs of the persons having them, then they have no more objective reality than most dreams. In that case, their particularly vivid nature and some of their more impressive features may result only from emotional reactions to the prospect of imminent death. This interpretation is favored by several psychiatrists who have studied these cases, such as Noyes,¹¹ Ehrenwald,¹⁶ and Lukianowicz.¹⁷ It falls short, however, in several regards.

First, although culture-bound expectations do seem to influence these experiences, reports from different cultures also show remarkable uniformities. Some of these universal features may reflect widespread human adaptive responses to stress, but others may be more suggestive of the possibility of another realm of existence into which we pass at death. For example, subjects frequently report that, while apparently dead, they seemed to view their bodies as if from a different point in space. They usually also claim that their mental processes were remarkably clear when they seemed to be separated from their physical bodies. Most of them become convinced by the experience that they will survive the deaths of their physical bodies when death finally occurs. However, as Ducasse¹⁸ noted, since persons having near-death experiences escape death, they have not existed independently of their physical bodies. Even though consciousness may seem to become detached from the body, it may actually remain dependent on the life of the body for its continued existence.

Some persons who report such out-of-the-body experiences claim that they became aware of events that

they could not have perceived normally. Some remember conversations between the physicians and nurses who were working to revive them. This kind of experience is not necessarily evidence of extrasensory perception; patients who are anesthetized or otherwise ostensibly unconscious sometimes can assimilate, and afterward remember, conversations held in their presence.¹⁹ Other patients, however, make stronger claims of remembering conversations held in adjoining rooms or other events occurring outside the range of their sense organs.

Patients who approach death and recover sometimes report that during the time they seemed to be dying, they met deceased relatives or friends. Visions of this kind, like other aspects of near-death experiences, may represent a defensive attempt to reduce fear of impending death by imagining reunion with familiar persons. There are a small number of cases, however, in which the dying person had a vision of a recently deceased person of whose death he had no normal knowledge.²⁰

Cases that include features of extrasensory perception cannot readily be subsumed under the heading of depersonalization. However, veridical extrasensory or autoscopic experiences near death do not necessarily tell us anything about postmortem conditions. Near-death experiences may be analogous to presently recognized transitional states of conscious-

ness that occur between sleeping and waking—the hypnagogic and hypnopompic states—the particular features of which may not be characteristic of those mental states that lie clearly on either side of the transition.

Conclusion

Our purpose in presenting this review is to develop a stance appropriate for the further investigation of near-death experiences. Popular writings on the subject are apt to proclaim rhapsodically that near-death experiences already provide strong evidence of man's survival after death. In contrast, the scientific reports rarely touch on the possibility of postmortem survival or acknowledge that further inquiries into near-death experiences could contribute to the evidence bearing on this question. If we fail even to conjecture about this possibility—of life after death—we shall be unlikely to make appropriate inquiries that could clarify the many questions with which near-death experiences abound.

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