

The Phenomenology of Near-Death Experiences

BY BRUCE GREYSON, M.D., AND IAN STEVENSON, M.D.

The authors studied retrospectively 78 reports of "near-death experiences" using subjects' narratives and questionnaires, interviews, and medical records. Prior experiences suggestive of transcendence of death were more common among these subjects than among control populations, but prior experiences suggestive of extrasensory phenomena were less common. Subsequent changes in attitudes were more common than among subjects in other studies who had had psychic experiences. The influence of cultural and psychological factors, sensory deprivation, and reflex adaptive responses to stress explain some but not all of the features of near-death experiences. Their potential value to our conceptualization of dying and to suicide prevention and the care of the terminally ill justifies further investigation.

Profound subjective events experienced on the threshold of death, so-called "near-death experiences," 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 (1). The investigation of near-death experiences may contribute not only to our understanding of the dying process but to our care of terminally ill patients, our ability to help grieving families, and our approach to suicidal patients. In this paper we describe the characteristic features of a large self-selected sample of people who had had near-death experiences and discuss the implications of these data for the interpretation of such phenomena.

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From the Department of Psychiatry, University of Michigan Medical Center, Ann Arbor, Mich. (Dr. Greyson), and the Department of Behavioral Medicine and Psychiatry, University of Virginia Medical Center, Charlottesville, Va. (Dr. Stevenson).

Address reprint requests to Dr. Greyson, Department of Psychiatry, University of Michigan Medical Center, 1405 E. Ann St., Ann Arbor, Mich. 48109.

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METHOD

We retrospectively collected 78 reports of near-death experiences from three self-selected sources: letters to a national magazine from correspondents who had read an article on near-death experiences (18 cases), responses to announcements of our interest in studying such cases in professional newsletters and in magazines that specialize in popular articles about parapsychological phenomena (22 cases), and communications from informants who knew of the long-standing interest of one of us (I.S.) in the nature of death (38 cases).

For each case we obtained a firsthand written or tape-recorded narrative account from the person reporting the experience and supplemented these accounts whenever possible by a detailed questionnaire, personal interview, and examination of medical records relevant to the close brush with death.

We transferred characteristics of each respondent's reported near-death experience to a checklist, either directly from questionnaire responses (38 cases) or by extracting such data as were available from the narrative report, interview, and medical records of those respondents who did not complete the questionnaire (40 cases). Frequencies of individual items were then computed, and certain cross-tabulations, selected for their relevance to explanatory hypotheses, were evaluated by chi-square tests.

RESULTS

Predisposing and Precipitating Factors

At the time of the near-death experience 27% of our respondents were 18 years old or younger, 32% were 19 to 35 years old, and 40% were older than 35 years. All of our subjects were Caucasian; 63% were women. At the time of the near-death experience 47% were married, 40% were single, 6% were separated or divorced, and 6% were widowed.

At the time of the study 76% had completed high school, and 53% had attended college. Our respondents included executives and professionals (25%), service workers and laborers (29%), and students and housewives (31%). Fifty-eight percent of our sample were Protestant, 18% Catholic, 4% adherents to Eastern faiths, 8% agnostics; none were Jewish or Muslim.

The incidences of apparent mystical or paranormal

TABLE 1
Mystical or Paranormal Experiences in Subjects Who Later Had Near-Death Experiences, the General Population (2), and Psychiatric Inpatients (3)

Experience	Percent of Group		
	Subjects with Near-Death Experiences (N=78)	General Population (N=354)	Psychiatric Inpatients (N=92)
More frequent among people with near-death experiences			
Sense of unity with nature	50	28	—
Sense of God within oneself	37		
Apparent perception of persons not present	48	17	30
Apparent memory of a previous life	43	8	—
Auras/halos sensed around others	29	5	—
"Out-of-body experiences"	27	14	19
Apparent communication with the dead	24	8	15
Less frequent among people with near-death experiences			
Apparent clairvoyance or precognition while awake	31	38	47
Apparent clairvoyant or precognitive dreams	28	36	40
Figuring in another person's apparent psychic experience	13	18	21
Seeing objects move without apparent cause	5	8	—

experiences that occurred before the near-death experience are summarized in table 1, where they are compared with data from previous surveys of the general population (2) and of psychiatric inpatients (3). In addition, 28% of our respondents reported having had a close brush with death prior to the one being investigated, and 25% acknowledged having read something about near-death experiences before having this close brush with death.

Before the near-death experience 50% of our respondents had expected dying to be painful; only 3% had expected it to be pleasant. Seventy-seven percent had expected to pass into some unearthly realm of existence after death, 63% had expected to be reunited with deceased acquaintances, 29% had expected to be reborn on earth, and 17% had some other expectation of postmortem survival; 35% had expected to cease existing at or shortly after death. Thirty-two percent stated that they either wanted to die or were ambivalent about dying at the time of the near-death experience.

Medical personnel were present during or immediately after the near-death experience in 80% of our cases. The experience was precipitated by medical illness in 40% of our cases, by traumatic injury in 37% (of which 70% were accidental), by surgical operation in 13%, by childbirth in 7%, and by drug ingestion in 4%. Forty-seven percent of the subjects reported hav-

ing taken some type of drug or alcohol on the day of the experience.

Forty-one percent of our subjects reported that they had been considered dead during the near-death experience; an additional 41% reported some degree of physical injury, and 18% reported escaping the close brush with death without any injury. Thirty percent of our respondents reported that the duration of the experience was more than an hour; 67% reported that it seemed to last more than an hour.

Features of Near-Death Experiences

The impression of feeling or seeing oneself to be outside the physical body, an "out-of-the-body experience," was reported by 75% of our respondents. The apparent exit from the body was most commonly described as easy (by 96% of those reporting out-of-the-body experiences) and instantaneous (68%). In 66% of our cases the initial impression that one was out of the body was reported as due to seeing one's body as if from another point in space.

Ninety-five percent of those reporting out-of-the-body experiences stated that they seemed to move about while seemingly out of the body, most commonly within a limited area a few yards from the body (45%); 71% claimed that they could see and hear persons physically present. The apparent re-entry into the physical body was most commonly described as easy (79%) and instantaneous (71%).

The impression of having some sort of nonphysical body separate from the physical body was reported by 58% of our respondents (77% of those reporting out-of-the-body experiences). The nonphysical body was most commonly described as lighter in weight than the respondent's physical body (74%) but the same size (68%) and the same age (84%). The nonphysical body was described as showing some indication of "life" (e.g., pulse, breath) by 67% of those reporting a nonphysical body and as "linked" to the physical body in some way by 28%. Twenty percent of those reporting a nonphysical body claimed that sensorimotor or structural defects present in their physical body (e.g., partial deafness, missing limbs) were absent in the nonphysical body; 3% reported such defects to be present in the nonphysical body.

The impression of passing through a tunnel or similar structure was reported by 31% of our respondents, more frequently by executives and professionals than by laborers and service workers ($\chi^2=14.75$, $df=3$, $p<.01$). Seeming to enter some unearthly realm of existence was reported by 72% of our subjects, more frequently by women than by men ($\chi^2=7.58$, $df=1$, $p<.05$); such reports were not correlated with prior beliefs or expectations. Seeming to reach a border or "point of no return" was reported by 57% of our respondents.

Forty-nine percent of our subjects reported seeming to meet some person(s) not physically present; these

persons included a "being of light" (not otherwise identifiable) (27%), religious figures (25%), deceased acquaintances (16%), living acquaintances (14%), and unidentified strangers (26%). These apparent encounters with persons not physically present were more likely to be reported as part of a near-death experience occurring at home or outdoors than as part of one that occurred in a hospital or other public place ($\chi^2=14.95$, $df=4$, $p<.01$). There was no correlation between such apparent meetings and prior beliefs or expectations. Thirteen percent of our respondents reported a feeling of being judged or held accountable for their lives.

Unusual visual phenomena (e.g., lights, auras) were reported by 48% of our respondents and occurred predominantly during nighttime near-death experiences ($\chi^2=13.42$, $df=2$, $p<.01$). Unusual somatic sensations (e.g., warmth, analgesia) were reported by 71% of our respondents, unusual auditory phenomena (e.g., music, noises) by 57%, unusual olfactory phenomena by 25%, and unusual gustatory phenomena by 10%. There were no significant diurnal variations in reported sensations other than visual phenomena.

Distortions of the sense of time were reported by 79% of our respondents; 54% reported that time seemed to pass more slowly than usual during the near-death experience. This subjective slowing of time was inversely correlated with the use of drugs or alcohol on the day of the experience ($\chi^2=5.88$, $df=2$, $p<.05$) and with prior religiosity ($\chi^2=7.44$, $df=2$, $p<.05$).

Apparent extrasensory experiences during the near-death experiences were reported by 39% of our respondents; 21% claimed that during the experience he or she figured in another person's psychic experience. Reports of extrasensory events during a near-death experience were not correlated with the respondent's prior knowledge about parapsychological phenomena, nor with reports of prior experiences suggestive of parapsychological phenomena.

Fifty-two percent of our subjects reported having believed during the near-death experience that they were dying. This belief was inversely correlated with the subjective duration of the experience ($\chi^2=7.38$, $df=2$, $p<.05$); that is, the longer the experience seemed to last, the less likely the subject was to believe that he or she was indeed dying.

Review of past events, or "panoramic memory," was reported by 27% of our respondents; memories were most commonly described as appearing all at once (38%) rather than in some particular sequence.

The near-death experience was reported to have been a very positive affective experience by 15% of our respondents, mildly positive by 40%, neutral or mildly negative by 45%, and very negative by none. Positive affect was significantly correlated with distortions in one's sense of time ($\chi^2=6.89$, $df=2$, $p<.05$).

No single feature of the near-death experience was significantly correlated with the respondent's having

TABLE 2
Percent of People Who Reported Changes in Attitudes After a Near-Death or Psychic Experience (2)

Subject of Attitude Change	Near-Death Experience (N=78)	Psychic Experience (N=354)
God or religion	75	23
Self	74	27
Own death	73	—
Death in general	72	13
Life and its meaning, health	64	25
Humanity	55	17
Suicide	50	—
Family, friends	50	17
Nature	45	12
Material possessions	45	9
Sex, marriage	42	16
Personal fame or power	42	5
War, murder	37	5
Education	37	6
Science	34	5
Society	29	6
Business	29	6

had one previously or with the extent of the respondent's prior knowledge about near-death experiences.

Sequelae

The near-death experiences reported in this study occurred 1-67 years before our investigation (median=30 years). At the time of the investigation, 60% of our respondents claimed to have detailed recollections of the experience, and 83% claimed that the memory of the near-death experience was clearer than his or her memories of other events from the same time period.

Respondents' changes in attitudes after their near-death experiences are presented in table 2, where they are compared with data on attitude changes following psychic experiences among the general population (2). Subsequent changes in attitude were more frequent among those of our respondents who believed during the experience that they were indeed dying ($\chi^2=5.17$, $df=1$, $p<.05$) and among those who reported panoramic memory experiences ($\chi^2=4.02$, $df=1$, $p<.05$) but were not correlated with any factor prior to or precipitating the near-death experience.

DISCUSSION

Because our cases were not randomly selected, the preponderance of whites, women, and single persons among our respondents may reflect sampling biases. Our subjects were characteristic of white Americans in terms of education and occupation but included a disproportionate majority of Protestants.

Our respondents as a group shared a distinct pattern of reported mystical and paranormal experiences prior to the near-death experience: they acknowledged a

higher incidence than either the general population or identified psychiatric patients of experiences that might suggest transcendence of or survival after death but a lower incidence of prior apparent extrasensory phenomena than either the general population or the sample of psychiatric patients.

The correlations in our data between occupation and seeming to enter a tunnel and between sex and seeming to enter another realm of existence suggest cultural or psychological factors influencing the perception or report of a near-death experience. Despite the absence of correlation between prior beliefs and specific features of the experience, the finding that our respondents also reported prior experiences suggesting transcendence of death more often than comparison groups further supports an influence of prior experiences on reports of near-death experiences.

Comer and associates (4) and Noyes (5) suggested that sensory deprivation may produce phenomena similar to those reported in near-death experiences. In our data, the incidence of unusual visual phenomena in near-death experiences occurring at night was higher than that during daylight hours, which may suggest the influence of decreased sensory input; this diurnal variation in unusual sensory phenomena was not reported for other sensory modalities that would not be affected by darkness. Our finding that apparent meetings with persons not physically present were reported more frequently in near-death experiences occurring in isolation (outdoors, at home) than in those occurring in public buildings may be related to the relative lack of sensory stimulation in the former settings.

Noyes and Kletti (6) suggested that the apparent separation from the physical body, the impression of time moving more slowly, and the hyperalert but narrowly focused cognitive and sensory functioning seen in near-death experiences constitute a reflex adaptive response to a life-threatening danger: potentially fatal crises may induce a focusing on accelerated internal processes, producing a comparative subjective slowing of external time and a concomitant feeling of depersonalization. The correlation in our series between positive affect during the near-death experience and distortion of one's sense of time is compatible with the hypothesis that temporal slowing acts as a defense mechanism. The inverse correlation between the impression of temporal slowing and religiosity also supports Noyes and Kletti's interpretation of near-death experiences if it is assumed that death may be perceived as more threatening by the less religious. Our finding that the subjective slowing of time was reported significantly less often by those who had taken drugs or alcohol on the day of the experience suggests that certain drug effects may impede the reflex response of internal focusing; consequently a near-death experience occurring in a drug-free individual may paradox-

ically diverge more from the normal state of consciousness than would a drug-inhibited near-death experience. Osis and Haraldsson (7) reported that drug intoxication during a close brush with death diminished the likelihood of a near-death experience.

The interpretation of near-death experiences as adaptive responses does not adequately explain the mystical components of these experiences (1, 6). Melges and associates (8) suggested that temporal disorganization and depersonalization, both seen in near-death experiences, may produce the mistaken impression of paranormal connections between unrelated events. Our finding that apparent extrasensory experiences during the near-death experience were not correlated either with subjective slowing of time or with reported out-of-the-body experiences does not support this hypothesis.

The reported effects of the near-death experience on the subsequent attitudes of our respondents are consistent with those reported previously (5, 6) and are far more pervasive than reported effects of other mystical or paranormal experiences in the general population. If near-death experiences are suggestive of post-mortem survival, as those who report such experiences commonly claim (5-7), then their potential contribution to our understanding of death, and of the process of dying, alone justifies further investigation. On the other hand, even if near-death experiences are the epiphenomena of adaptive defense mechanisms or transient delirious states, their profound impact on subsequent attitudes justifies their further study. We suggest that further investigations of near-death experiences be conducted prospectively on patients who are at high risk for such experiences, such as a cohort of coronary care unit patients, in order to eliminate the sampling biases that have occurred in retrospective studies and the possible errors of interpretation attendant on such biases.

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