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The great majority of near-death experiences (NDEs) reported publicly over the past four decades have been described as pleasant, even glorious. Almost unnoticed in the euphoria about them has been the sobering fact that not all NDEs are so affirming. Some are deeply disturbing.

Few people are forthcoming about such an event; they hide; they disappear when asked for information; if inpatient, they are likely to withdraw; they are under great stress. What do their physicians need to know to deal with these experiences?



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Varieties of Distressing Near-Death Experiences

We have documented three types of distressing NDE: inverse, void, and hellish.¹ The brief descriptions below illustrate the types. All examples are from the authors' files unless otherwise indicated.

Inverse NDE

In some NDEs, features usually reported in other NDEs as pleasurable are perceived as hostile or threatening. A man thrown from his horse found himself floating at treetop height, watching emergency medical technicians working over a his body. "No! No! This isn't right!" He screamed, "Put me back!" but they did not hear him. Next he was shooting through darkness toward a bright light, flashing past shadowy people who seemed to be deceased family members waiting. He was panic-stricken by the bizarre scenario and his inability to affect what was happening.

A woman in childbirth felt her spirit separate from her body and fly into space at tremendous speed, then saw a small ball of light rushing toward her: "It became bigger

and bigger as it came toward me. I realized that we were on a collision course, and it terrified me. I saw the blinding white light come right to me and engulf me.”

A woman collapsed from hyperthermia and began re-experiencing her entire life: “I was filled with such sadness and experienced a great deal of depression.”

The Void NDE

An NDE of the “void” is an ontological encounter with a perceived vast emptiness, often a devastating scenario of aloneness, isolation, sometimes annihilation. A woman in childbirth found herself abruptly flying over the hospital and into deep, empty space. A group of circular entities informed her she never existed, that she had been allowed to imagine her life but it was a joke; she was not real. She argued with facts about her life and descriptions of Earth. “No,” they said, “none of that had ever been real; this is all there was.” She was left alone in space.^{2, pp. 1-5}

Another woman in childbirth felt herself floating on water, but at a certain point, “It was no longer a peaceful feeling; it had become pure hell. I had become a light out in the heavens, and I was screaming, but no sound was going forth. It was worse than any nightmare. I was spinning around, and I realized that this was eternity; this was what forever was going to be. . . . I felt the aloneness, the emptiness of space, the vastness of the universe, except for me, a mere ball of light, screaming.”

A woman who attempted suicide felt herself sucked into a void: “I was being drawn into this dark abyss, or tunnel, or void. . . . I was not aware of my body as I know it. . . . I was terrified. I felt terror. I had expected nothingness; I expected the big sleep; I expected oblivion; and I found now that I was going to another plane . . . and it frightened me. I wanted nothingness, but this force was pulling me somewhere I didn’t want to go, but I never got beyond the fog.”

A man who was attacked by a hitchhiker felt himself rise out of his body: “I suddenly was surrounded by total blackness, floating in nothing but black space, with no up, no down, left, or right. . . . What seemed like an eternity went by. I fully lived it in this misery. I was only allowed to think and reflect.”

Hellish NDE

Overtly hellish experiences may be the least common type of distressing NDE. A man in heart failure felt himself falling into the depths of the Earth. At the bottom was a set of high, rusty gates, which he perceived as the gates of

hell. Panic-stricken, he managed to scramble back up to daylight.

A woman was being escorted through a frighteningly desolate landscape and saw a group of wandering spirits. They looked lost and in pain, but her guide indicated she was not allowed to help them.

An atheistic university professor with an intestinal rupture experienced being maliciously pinched, then torn apart by malevolent beings.³

A woman who hemorrhaged from a ruptured Fallopian tube reported an NDE involving “horrific beings with gray gelatinous appendages grasping and clawing at me. The sounds of their guttural moaning and the indescribable stench still remain 41 years later. There was no benign Being of Light, no life video, nothing beautiful or pleasant.”

A woman who attempted suicide felt her body sliding downward in a cold, dark, watery environment: “When I reached the bottom, it resembled the entrance to a cave, with what looked like webs hanging. . . . I heard cries, wails, moans, and the gnashing of teeth. I saw these beings that resembled humans, with the shape of a head and body, but they were ugly and grotesque. . . . They were frightening and sounded like they were tormented, in agony.”

Three Types of Response

These NDEs are traumatic in their realness, their rupturing the sense of worldly reality, and the power of the questions they raise. Three common responses cut across all experience types: the turnaround, reductionism, and the long haul.²

1. The Turnaround: “I needed that”

A classic response to profound spiritual experience is conversion, not necessarily changing one’s religion but in the original sense of the Latin *convertere* meaning “to turn around.” The terrifying NDE is interpreted as a warning about unwise or wrong behaviors, and to turn one’s life around: “I was being shown that I had to shape up or ship out, one or the other. In other words, ‘get your act together,’ and I did just that.”^{4, p. 46}

Movement toward a dogmatic religious community is common in this group. Clinical social worker Kimberly Clark Sharp observed, “All the people I know who have had negative experiences have become Bible-based Christians. . . . They might express it in various sects. But they all feel that they have come back from an awful situation and have a second chance.”^{5, p. 85}

No evidence supports the conventional assumption that “good” people get pleasant NDEs and “bad” people have distressing ones. Saints have reported extremely disturbing NDEs, while felons and suicide attempters have encountered bliss.

Fear may remain a powerful influence, but a strict theology may offer a way out. The atheistic professor above who experienced being maliciously pinched, then torn apart by malevolent beings left his university and attended seminary.³ Others also reported newfound devotion, “I’ve stopped drugs, moved back to Florida, and now I’m in Bible college. I used to have a casual attitude toward death, but now I actually fear it more. So yes, it was a warning. I was permitted another chance to change my behavior on earth. . . . I’ve taken my fear of death and given it to the scriptures.”^{4, p. 43} Since then, I have dedicated my life to the most high God Jehovah, and spend 60 hours a month speaking and teaching about the Creator of Heaven and earth and all living creatures. I’m not worried now about when I die, because now I know that God has promised us something far more.”

2. Reductionism: “It was only . . .”

As a response to a distressing experience, reductionism has been described as the “defense [that] allows one to repudiate the meaning of an event which does not fit into a safe category” and to “treat the event as if it did not matter.”^{6, p. 35}

A woman whose anaphylactic reaction precipitated an NDE with both loving and frightening elements concluded, “There are actual rational explanations for what I experienced. . . . The brain, under stress, releases natural opiates that stop pain and fear. . . . Lack of oxygen disrupts the normal activity of the visual cortex. . . . Too much neural activity in the dying brain causes stripes of activity. . . . Our eyes, even closed, interpret those stripes of activity as . . . the sensation of moving forward in a tunnel. . . . There are more brain cells concentrated in the middle of the cortex than on the edges so as we get closer to death, the brain interprets all those dense cells with their crazy activity as a bright light in the middle of our visual field. It’s all very scientific.”^{7, p. 95}

Her conclusion is that, based on the scientific evidence, the experience had no ontological meaning. Any lingering anxieties will go unaddressed.

A woman who had a terrifying experience during childbirth likewise dismissed the reality of the experience: “Perhaps it was the effect of the ether and not an NDE.” A woman attacked by a lion dismissed the memory of her NDE as hallucinatory: “I often wonder if, in the shock of the attack, my mind played tricks on me, and that I may have just been unconscious and my brain deprived of oxygen.”

A man who for many years had spoken publicly about his radiant NDE had a second experience, in which he felt attacked by gigantic, sinister, threatening geometric forms, leaving him with a deep-seated pessimism and terror of dying. Learning that drug-induced hallucinations include geometric forms, he concluded that his second NDE was “only a drug reaction.” This may be an appropriate conclusion clinically, but the experience remains. Reductionism provides a temporary buffer to mask questions and anxieties, but does nothing to resolve them.

3. The Long Haul: “What did I do?”

Other experiencers have difficulty comprehending or integrating terrifying NDEs. These people, years later, still struggle with the existential implications of the NDE, “I had an experience which has remained with me for 29 years. . . . It has left a horror in my mind and I have never spoken about it until now.” And, “After all these years, the nightmare remains vivid in my mind.” “For some reason, [31 years later] all the memories are back and vivid. . . . It’s like living it all over again, and I don’t want to. I thought I had it all resolved and in its place, but I’m having a really bad time trying to put it away this time.

Also, “For the next 50 years, I would try to repress the memory of the black, threatening experience, because it felt so real it continued to be frightening, no matter how old I got.” And, “I’ve been married for 33 years and I do

not even discuss the experience with my husband. . . . Yet it is as clear to me today as it was when it happened.” Additionally, “I just buried the whole thing as deeply as possible, got very busy in civic affairs, politics. . . . It seems pretty clear to me now, though the specifics aren’t in place, that there’s some core issue that still needs dealing with.”

“I see this vision as flashbacks constantly. I cannot get this out of my head. . . . I still see it in my mind from my own eyes. It has been two years, yet I have never talked about it. My husband does not even know. . . . I want to put this behind me, but am unable.”

This group is often articulate people haunted by the existential dimension of their NDE, searching for a cognitively and emotionally grounding explanation. They find a literal reading of the event intellectually unacceptable, but reductionist explanations only assign a cause without addressing meaning. They struggle to make sense of the distressing NDE without destroying them (and their trust in the workings of the world) in the process.

More than others, these experiencers enter psychotherapy, some for many years, though without data, this may indicate nothing other than openness and financial means. Too often physicians prescribe medications to mask questioning and dismiss the NDE as fanciful or pathological; therapists will not address the matter or leave the client feeling blamed or romanticize spirituality and cannot deal with its dark side; and clergy have no idea what to say or reject the experience outright.

The religious element of their NDE is often an absence:

“I was filled with a sense of absolute terror and of being past the help of anyone, even God.”

“I looked around me. Consciously searching for . . . God or some other angelic creature, but I was alone.”

“I expected the Lord to be there, but He wasn’t. . . . I called on God and He wasn’t there. That’s what scared me.” ⁴, p. 53

Overwhelmingly, their questions include some variant of “What did I do to deserve this?” or “What are the rules, if the rules I lived by don’t work?” Not for a long time, if ever, do they lose their fear of death.” The man above attacked by a hitchhiker still struggled with the aftermath, “I’ve pondered if I was in that hell, will I go back on my death? Was I sent there for something perhaps I’ll do in the future, or something I did in the past? . . . I don’t believe in a hell, but it was such a strong experience, there is always that underlying uncertainty and trouble and fear.”

Posttraumatic Growth

The psychological literature on posttraumatic growth did not exist in the early years of our study of distressing NDEs, so that aspect of response remains underreported. As a growing number of studies make clear, even the most devastating life event, “like the grit that creates the oyster, is often what propels people to become more true to themselves, take on new challenges, and view life from a wider perspective.”⁸, p. 7 This is a promising and as yet underdeveloped approach for clinicians working with those who report struggling after a distressing NDE.⁹

Seven Things to Know about Distressing Near-Death Experiences

1. Distressing NDEs occur under the same wide range of circumstances and feature most of the same elements as pleasant NDEs. What differs is the emotional tone, which ranges from fear through terror to, in some cases, guilt or despair. The reports typically lack two elements common in pleasant NDEs: a positive emotional tone and loss of the fear of death.

2. A notorious reluctance to report a distressing NDE may lead to long-lasting trauma for individuals as well as limiting the data on occurrence. A literature review covering thirty years of research concludes that as many as one in five NDEs may be predominantly distressing.¹⁰

3. The etiology of all such events remains unknown. Despite decades of clinical studies, none so far adequately explains either the cause or function of NDEs. Further, NDEs cross so many clinical circumstances and demographic bases, there is no way to predict who will have what type of NDE. No evidence supports the conventional assumption that “good” people get pleasant NDEs and “bad” people have distressing ones. Saints have reported extremely disturbing NDEs,¹¹, pp. 63-75 while felons and suicide attempters have encountered bliss.¹², pp. 41-44

4. Pleasant NDEs tend to convey universal messages of compassion that cross religious and philosophical systems. Distressing NDEs typically have less focused messages but follow the ancient shamanic pattern of suffering/death/resurrection, which in less metaphoric terms can be read as an invitation to self-examination, disarrangement of core beliefs, and rebuilding. In practical terms, a common interpretation of a distressing NDE is that it is a message to turn one’s life around.

5. The description of any NDE is shaped by the experiencer’s pre-existing mental categories and

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vocabulary. As example, although the archetype of a benevolent guide is common in NDEs, individuals typically identify the presence according to their own cultural vocabulary. Any report identifying an archetypal individual by name is a perception that may or may not be factually true but cannot be confirmed as such. Understandably, it is facts like these which religious groups and materialists alike may find troubling. Secular Westerners often believe an NDE indicates a psychotic episode.

6. The primary effect of many NDEs is a powerful and enduring awareness that the physical world is not the full extent of reality. Because this perception runs so deeply counter to Western materialism, and conversely because its implications affect some dogmatic theological teachings, the new conviction commonly overturns experiencers' personal life and social relationships abruptly and permanently.

7. A major challenge for physicians and other scientists dealing with reports of near-death experience is to manage this intrusion of non-materialist religious and philosophical language and understandings into the hard data of clinical thinking. Curiously, it is at the extremes of religious fundamentalism and material scientism that one finds literalism an issue. For fundamentalists, the accounts are believed to be literally, physically actual; for convinced materialists, they must be dismissed as lunacy because a literal, physical actuality is impossible and no alternative concept is acceptable.

Raymond Moody, in the article introducing this series, observed, "The best practice for physicians is to stick strictly to clinical and research concerns."¹³, p. 371 The post-NDE convictions of patients and their family members with whom physicians must interact are likely to make that a difficult suggestion to follow. Non-judgmental listening may be the most workable alternative.

Summary

Like the better-publicized pleasurable NDEs, distressing near-death experiences are both fascinating and frustrating as altered states of consciousness. Because of the deeply rooted concept of hell in Western culture and its Christian association with eternal physical torment, they pose serious challenges to the individuals who must shape their lives around such a profoundly durable event, and to their families, friends, and physicians. In the absence of clear-cut clinical data and universal cultural views, physicians are advised that neutrality of opinion and careful listening are likely to constitute best professional practice for addressing these difficult near-death experiences.

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Disclosure

None reported.