A Typology of Near-Death Experiences

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Cluster analysis of 89 near-death experiences yielded three discrete types of such experiences: transcendental, affective, and cognitive. Demographic variables did not differentiate individuals having these different types of experiences, but cognitive near-death experiences were less frequent following anticipated near-death events.

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Near-death experiences, profound subjective events often experienced on the threshold of death, have received much attention in recent years but little analytical investigation. In 1983 I developed a scale (1) that quantifies the cognitive, affective, paranormal, and transcendental components of the near-death experience. However, while such an instrument facilitates the analysis of the individual experience and its component parts, it ignores the question of whether there exist distinct types of near-death experiences.

Sabom (2) has proposed the only typology of near-death experiences to date. On the basis of his review of 71 such incidents, he suggested that the experience may be "autoscopic," involving visualization of one's body from a position of height, or "transcendental," involving apparent passage of consciousness into a foreign region or dimension. Although the definitions, validity, and significance of these categories have yet to be explored, Sabom reported that 30% of his cases were of the autoscopic type, 54% were transcendental, and 17% had features of both types.

Researchers' increasing emphasis on the mechanisms of near-death experiences and the findings of profound and lasting effects of these experiences (3) require further examination of the presumed invariance of the phenomenon (4). Discrete types of near-death experiences may result from different mechanisms and may produce different after-effects. This paper reports a cluster analysis of 89 of these experiences and the typology resulting from it.

METHOD

Subjects who claimed to have had near-death experiences were solicited from among members of the International Association for Near-Death Studies, an organization for the promotion of research in this area. The 89 near-death experiences collected from this source were analyzed with the Near-Death Experience Scale (1), a 16-item instrument that quantifies four components of the experience: a cognitive component, including time distortion, thought acceleration, life review, and sudden understanding; an affective component, comprising feelings of peace, joy, and cosmic unity and an experience of a brilliant light; a paranormal component, including enhanced vision or hearing, apparent extrasensory perception, precognitive vision, and an out-of-body experience; and a transcendental component, comprising encounters

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TABLE 1. Scores of Clusters of Near-Death Experiences on Components of the Near-Death Experience Scale

Near-Death Experience Scale	Score for Cluster: Transcendental Experiences (N=38) Mean	SD	Affective Experiences (N=37) Mean	SD	Cognitive Experiences (N=14) Mean	SD
Component						
Cognitive	1.71	1.74	2.00	2.31	5.64	2.13
Affective	4.92	3.11	6.00	1.91	5.00	3.14
Paranormal	3.47	2.61	3.14	2.00	2.86	1.79
Transcendental	5.18	2.71	2.27	2.09	4.14	2.21
Total scale	15.29	8.50	13.41	6.87	17.64	7.96

with an apparently unearthly realm, a mystical being, and visible spirits and a barrier or point of no return that, had the subjects crossed it, would have precluded their return to life.

A cluster analysis of the 89 experiences was performed using a median clustering algorithm and the product-moment correlation coefficient as the measure of distance between clusters (5, 6).

RESULTS

The analysis yielded the following three clusters of cases: 1) a cluster with highest scores on the transcendental component of the scale, comprising 38 cases (42.7% of the total); 2) a cluster with highest scores on the affective component, comprising 37 cases (41.6%); and 3) a cluster with highest scores on the cognitive component, comprising 14 cases (15.7%). Incidents comprising these three clusters were labeled, respectively, transcendental, affective, and cognitive near-death experiences.

Mean scores of these three types of experiences on the four components measured by the Near-Death Experience Scale are presented in table 1. Between-group differences were significant on the cognitive component ($F=20.25$, $df=2, 86$, $p<.0001$) and on the transcendental component ($F=14.05$, $df=2, 86$, $p<.0001$) but not on the affective and paranormal components. The intergroup differences between mean scores on the total scale were not significant (see table 1).

Individuals reporting these three types of near-death experiences did not differ significantly on demographic variables. The mean ages of individuals reporting transcendental, affective, and cognitive experiences were 47.7 years, 50.9 years, and 50.9 years, respectively; elapsed time between the experience and the reporting of it averaged 14.3 years, 18.7 years, and 19.3 years, respectively. Among individuals reporting near-death experiences, the percentage of males was 39% (N=15) for transcendental, 38% (N=14) for affective, and 50% (N=7) for cognitive experiences; the percentages with a college education were, respectively, 71% (N=27), 89% (N=33), and 79% (N=11). Occupational and religious identifications were likewise similar among the three groups.

Mean scores of individuals on the Marlowe-Crowne Social Desirability Scale (7), which estimates tendency to give socially acceptable responses to questionnaires, were 19.43 for transcendental experiences, 15.11 for affective experiences, and 20.44 for cognitive experiences. These differences were not significant.

Type of near-death experience (transcendental, affective, or cognitive) was not significantly correlated with the specific cause of the near-death event. However, near-death events that were sudden and unanticipated (e.g., accidents, cardiac arrests, or anaphylactic reactions in previously healthy individuals) were associated with transcendental, affective, and cognitive experiences with equal frequency, while those near-death events in which death might have been anticipated (e.g., suicide attempts, exacerbations of chronic illness, or complications of surgery) were associated rarely with cognitive experiences but frequently with transcendental and affective ones. Of the 30 experiences following near-death events that could be classified unequivocally as sudden and unanticipated, nine (30%) were transcendental, 11 (37%) were affective, and 10 (33%) were cognitive. Of the 51 near-death experiences following near-death events that could be classified as probably anticipated, 25 (49%) were transcendental, 23 (45%) were affective, and only three (6%) were cognitive. These frequencies of types of near-death experiences following sudden and anticipated near-death events were significantly different ($\chi^2=10.82$, $df=2$, $p<.01$).

DISCUSSION

The differentiation of near-death experiences into three distinct types and in particular the finding that the nature of the near-death event may influence the type of experience during that event call into question Ring's (4) "invariance hypothesis," i.e., that near-death experiences are essentially invariable from case to case. Experiences precipitated by anticipated near-death events contained fewer features of the cognitive component than did those precipitated by sudden and unexpected near-death events. From a teleological perspective, a distortion of time, acceleration of thought processes, and sudden understanding might be expected more frequently to follow an unanticipated accident or physiological catastrophe than to follow a near-death event that was anticipated. Stevenson and Greyson (8) suggested that the suddenness and unexpectedness of a close brush with death might influence the occurrence of the life review. Butler (9) noted that the life review frequently occurs in the aged in anticipation of the dying process, perhaps obviating the need for a panoramic memory experience at the point of death for such individuals, and Rosen (10) found no reports of life review among suicide attempters, al-

though all his subjects reported transcendental and affective features of their experiences.

The present finding that the cognitive type of experience, though common following unexpected near-death events, rarely occurs when death might have been anticipated suggests that psychological set may influence the type of experience. The differentiation of near-death experiences into the discrete types proposed herein may lead to further insights into the mechanisms and effects of these phenomena.

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