

## NEAR-DEATH EXPERIENCES AND ANTISUICIDAL ATTITUDES

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### ABSTRACT

Near-death experiences (NDEs) have been reported to decrease fear of death and foster a "romanticized" view of death, yet also promote antisuicidal attitudes. This study was an empirical investigation of psychodynamic hypotheses suggested to explain that paradoxical effect, using a thirty-six-item questionnaire constructed for this purpose. One hundred-fifty near-death experiencers (NDErs) and forty-three individuals who had come close to death but not had NDEs (nonNDErs) rated as true or false twelve antisuicidal attitudes that have been hypothesized to result from NDEs. NDErs endorsed significantly more of the antisuicidal statements than nonNDErs, and among NDErs, number of statements endorsed was positively associated with depth of experience. Those antisuicidal attitudes that showed the greatest difference in endorsement rate between NDErs and nonNDErs related to transpersonal or transcendental beliefs. These data support prior naturalistic observations that NDEs foster antisuicidal attitudes by promoting a sense of purpose in life.

Clinical concern about near-death experiences (NDEs), profound subjective events with consistent elements that some people experience on the threshold of death [1], has increased over the past decade among health professionals and other caregivers [2-7]. Though the causes and meaning of the NDE have yet to be established conclusively, they appear to be common occurrences: a Gallup Poll estimated that one out of every nineteen American adults, which now amounts to over thirteen million people, have survived NDEs [8].

The etiology of near-death phenomena remains controversial, despite an abundance of psychological theories [9] and neurophysiological theories [10-12]. Regardless of their etiology, however, NDEs appear to herald a wide range of pervasive and durable personality transformations, including a decreased interest

in materialism and competition and an increased interest in altruism and spirituality [13-17].

These altered values, beliefs, attitudes, and interests sometimes strain interpersonal relationships and precipitate intrapsychic conflicts as the near-death experiencer (NDEr) tries to reconcile pre- and post-NDE mindsets and lifestyles [18, 19]. As a result of these internal changes, NDErs often alter their lifestyles, careers, and significant relationships, at great psychic expense.

In striking contrast to the sometimes difficult adjustments to life after a NDE, the experience has been said to foster a reassuring view of death, including positive affect, absence of anxiety or pain, apparent reunion with deceased loved ones, and a sense of unconditional love. This "romanticization" of death has been postulated to encourage suicidal ideation [20-22].

Though "romanticization" of death by NDEs remains a controversial speculation, NDErs do appear to have less death anxiety than nonNDErs [23] and view death as less threatening [24]. This reduced fear of death coupled with the increased difficulties of life after an NDE might be expected to foster suicidal ideation. Yet all the studies and case reports of suicide-related NDEs published so far have shown a paradoxical but pronounced decrease in suicidal intent following the experience [16, 25-29].

If NDEs precipitate psychosocial problems and intrapsychic conflict, reduce fear of death, and may instill a romanticized view of death, why do they also seem to reduce suicidal intent? Greyson identified from interviews with NDErs and from the psychodynamic literature on death attitudes a number of psychological mechanisms by which NDEs might foster antisuicidal attitudes [28]. That theoretical review yielded several plausible hypotheses on the therapeutic effect of NDEs. The current study is an empirical investigation of those hypotheses, undertaken to enhance our understanding of the role of one's concept of death in self-destructive ideation.

## METHODS

### Participants

In order to recruit a study sample of NDErs and a comparable control sample of nonNDErs, participants were solicited from among members of the International Association for Near-Death Studies (IANDS), an organization founded to promote research into NDEs. Members of that organization were asked to volunteer, if they had ever been close to death, to complete questionnaires by mail about their attitudes toward death, dying, and suicide.

To ascertain whether those volunteer participants had had NDEs, they were also asked to complete the NDE Scale, a sixteen-item multiple-choice instrument developed to identify and to quantify the "depth" of an NDE. This scale has

documented reliability and validity [30] and can differentiate NDEs from other near-death events [31]. For research purposes, a score of seven or more points (out of a possible thirty-two) on the NDE Scale has been recommended as the criterion for labeling an experience an NDE [30]. Participants who claimed to have had NDEs and whose NDE Scale scores were seven or higher constituted the study group of NDErs, while those who denied having had a NDE at the time of their close brush with death and whose NDE Scale scores fell below seven were included in the control group of nonNDErs.

## Questionnaire

The psychodynamic processes by which NDEs were presumed to deter suicidal ideation [28] were grouped into twelve discrete antisuicidal attitudes:

1. a feeling of unity with something greater than oneself, "cosmic harmony," or sense of belonging in the universe;
2. decathexis of personal problems such that individual failures and losses become less compelling;
3. enhanced appreciation of the meaningfulness, preciousness, or joy of life;
4. validation of living, or feeling more alive;
5. enhanced self-esteem due to belief in postmortem survival or to having been rescued from death;
6. attachment to others, or decrease in feelings of being alone or different from others;
7. fatalistic acceptance of life or belief that problems will not end with death;
8. positive re-evaluation of one's situation in life, often as a result of a life review;
9. secondary gain from the close brush with death, through alleviation of problems or increased help from others;
10. moral injunctions against suicide or concern about its effect on others;
11. sacrifice of unwanted parts of the ego, or satisfaction of a need for punishment, so that one can go on; and
12. fear of repeating an experience that was frightening, painful, or distressing.

Three first-person statements were constructed as differing expressions of each of these twelve antisuicidal attitudes. For example, for increased attachment to others, alternative statements included, "I don't feel as alone as I did before my close brush with death," and "The barriers between myself and others have come down since my close brush with death." These thirty-six statements were then randomly assembled into a questionnaire in which respondents were asked to indicate whether each statement was true or false for them. Copies of the questionnaire are available from the author.

## Data Analysis

The primary hypothesis was that the study sample of NDErs would agree with more of the thirty-six antisuicidal statements than would the control sample who had come close to death without having had a NDE. The difference between the numbers of antisuicidal statements endorsed by the two groups was evaluated by Student's *t*-test.

Given a significant difference between the two groups on the entire thirty-six-item questionnaire, NDErs' and nonNDErs' agreement with the three statements of each of the twelve antisuicidal attitudes were compared. Again, *t*-tests were used to evaluate the difference between the number of statements endorsed by the two groups. However, since responses to these twelve attitudes might not be statistically independent, the Bonferroni procedure [32] was used to correct for interdependence of these tests. Accordingly,  $p < .0008$  was chosen as the criterion for significance for each of these individual *t*-tests, which would yield a significance level of  $p < .01$  for the twelve tests considered together.

A secondary hypothesis was that the number of antisuicidal statements endorsed by NDErs would be positively associated with scores on the NDE Scale, i.e., that deeper NDEs would be associated with more antisuicidal attitudes. The significance of that hypothesized association was evaluated by Pearson's correlation coefficient.

## RESULTS

### Sample Characteristics

A total of 222 individuals volunteered for this study, of whom 193 qualified for inclusion. The study group consisted of 150 respondents who claimed to have had NDEs and also described experiences that scored seven or higher on the NDE Scale. The control group included forty-three respondents who claimed to have come close to death without having had a NDE and also described experiences that scored less than seven on the NDE Scale. Excluded from the study were twelve respondents who claimed to have had NDEs but nevertheless described experiences that fell below the NDE Scale criterion and seventeen respondents who denied having had NDEs but nevertheless described experiences that met or exceeded the NDE Scale criterion for a NDE.

The two samples were statistically indistinguishable in gender, age, and years elapsed since the close brush with death. Of the 150 NDErs, fifty-two (35%) were male and ninety-eight (65%) female; of the forty-three nonNDErs, twenty (47%) were male and twenty-three (53%) female ( $\chi^2 = 1.63$ ,  $df = 1$ ). The mean age at the time of the close brush with death was 33.0 years for NDErs and 32.3 for nonNDErs ( $t = 0.27$ ,  $df = 191$ ); mean age at the time of the study was 49.8

years for NDErs and 53.9 for nonNDErs ( $t = 1.77$ ,  $df = 191$ ); and time elapsed since the close brush with death was 17.2 years for NDErs and 21.5 for nonNDErs ( $t = 1.72$ ,  $df = 191$ ).

Among the NDErs, thirty-nine near-death events (27%) were attributed to illness, thirty-four (24%) to accidents, thirty (21%) to surgery, nineteen (13%) to childbirth, three (2%) to suicide attempts, and seventeen (12%) to other causes. Among the nonNDErs, eight near-death events (19%) were attributed to illness, sixteen (38%) to accidents, eleven (26%) to surgery, two (5%) to childbirth, two (5%) to suicide attempts, and three (7%) to other causes. These distributions were statistically equivalent ( $\chi^2 = 7.30$ ,  $df = 5$ , *n.s.*).

The mean NDE Scale score of the NDErs' experiences was 17.85 (S.D. 6.28), while that of the nonNDErs' experiences was 1.77 (S.D. = 2.06). This difference was highly significant ( $t = 16.51$ ,  $df = 191$ ,  $p < .0001$ ).

### Antisuioidal Attitudes

The mean number of antisuioidal statements endorsed by the NDErs was 21.0 (S.D. = 6.2) (58.2% of the thirty-six statements), while the mean number endorsed by the nonNDErs was 11.5 (S.D. = 8.6) (31.9% of the statements). Thus the NDErs endorsed significantly more antisuioidal attitudes than did the nonNDErs ( $t = 8.07$ ,  $df = 141$ ,  $p < .0001$ ).

The twelve hypothesized antisuioidal attitudes are listed in Table 1 along with the percent of statements endorsed by the NDErs and the nonNDErs. Of the twelve antisuioidal attitudes, nine were endorsed significantly more often by the NDErs than by the nonNDErs, using the strict criteria described above.

Among the sample of NDErs, the number of antisuioidal statements endorsed showed a significant positive association with their scores on the NDE Scale ( $r = .30$ ,  $p = .0005$ ). Thus the more profound the NDE the more antisuioidal statements a participant endorsed. Of the twelve antisuioidal attitudes, eight showed a significant positive correlation between number of statements endorsed and NDE Scale score, ranging from  $r = .45$  for decaathesis of personal problems to  $r = .29$  for fatalistic acceptance. The only attitudes whose endorsement rates were not significantly positively correlated with NDE Scale scores were moral injunctions against suicide, secondary gain, ego sacrifice, and fear of repeating a noxious experience.

## DISCUSSION

While any close brush with death may precipitate psychological change, the antisuioidal attitudes investigated in this study appear to be specific effects of the NDE, since they followed NDEs significantly more often than close brushes with death without NDEs, and were positively correlated with depth of NDE. This finding that NDErs agreed with more antisuioidal statements than did nonNDErs

Table 1. Antisuicidal Statements Endorsed by Subjects  
After Being Close to Death

Antisuicidal Attitude	% Statements Endorsed by NDErs (N = 150)	% Statements Endorsed by nonNDErs (N = 43)	t (df = 141)
Unity with something greater than oneself	88.7	48.0	8.34*
Enhanced meaningfulness of life	86.0	49.6	7.00*
Decathexis of personal problems	85.0	46.7	7.68*
Validation of living	75.0	38.0	6.37*
Enhanced self-esteem	68.3	31.3	7.02*
Attachment to others	60.3	31.7	4.67*
Fatalistic acceptance of life	56.7	37.3	4.33*
Positive re-evaluation of life situation	53.7	22.3	5.19*
Moral injunction against suicide	45.3	21.7	4.13*
Secondary gain	44.7	25.7	3.09
Sacrifice of unwanted ego parts	22.3	10.0	2.59
Fear of repeating experience	15.7	24.0	1.49

\* $p < .0008$  for individual *t*-test, corresponding to  $p < .01$  for all 12 tests taken together, after Bonferroni correction.

supports data from previous studies suggesting that NDEs reduce suicidal ideation.

The antisuicidal attitudes most commonly endorsed by these NDErs—such as a feeling of unity with something greater, enhanced meaning to life, decathexis of personal losses and failures, and enhanced self-esteem secondary to divine intercession or conviction in postmortem survival—may be thought of as relating to transpersonal or transcendental beliefs. By contrast, the antisuicidal attitudes least commonly endorsed by these NDErs—secondary gain from the experience, sacrifice of unwanted parts of the ego, and fear of repeating a noxious experience—may be thought of as relating to mundane or “reality-oriented” issues.

The finding that NDEs are associated with antisuicidal attitudes appears paradoxical in light of their reported “romanticization” of death. However, though these experiences may foster a reassuring view of death, they also appear to reinforce the wish to live by enhancing one’s sense of the value and meaning of

life. The suggestion that NDErs' antisuicidal attitudes are associated with a transpersonal rather than individual perspective, in which their losses and failures are viewed as having meaning in terms of something greater to which they now feel connected, supports other investigators' naturalistic observations of antisuicidal effects of NDEs and similar mystical experiences.

Rosen [26], interviewing people who survived jumps from the Golden Gate Bridge, found that they no longer viewed suicide as a solution to their problems after experiencing a sense of "cosmic unity" and viewing life in a broader spiritual framework. Clark [33] and Horton [34] reported dissipation of suicidal behavior in patients who found ways of experiencing mystical union with a greater purpose. Grof and Halifax [35] and Ring [16] reported that experiencing life from a transpersonal perspective enabled formerly suicidal patients to decathect unmet personal goals and view individual losses as irrelevant.

These findings may have implications for therapeutic suicide-prevention strategies. Because most attempted suicides seem precipitated by psychosocial crises, it has been assumed that resolving those problems could reduce suicidal behavior. However, suicide attempters who resolve their problems may have a repetition rate as high as those who don't [36] and those who repeat suicide attempts do not suffer more new problems since their first attempt than do nonrepeaters [37]. The failure of psychosocial intervention programs to prevent repeated suicides, even though they succeed in improving patients' social conditions, has been attributed to biological factors [37]. The present study supports another answer that has been suggested previously: patients turn to suicide when they see no meaning or purpose in life, when unavoidable psychosocial crises are experienced as reasons to seek death rather than as part of the life process.

In a rebuttal of Szasz's libertarian approach to suicide, which regards life as having no special worth (since we all die anyway) and the potential suicide as having no responsibility to any other person or entity, Maris [38] argued that death, far from rendering life meaningless, makes it more valuable; that many suicides result from the "narcissistic pathology" of taking one's own individual problems too seriously; and that what makes life ultimately worthwhile is being part of a loving relationship. The antisuicidal effects of NDEs may support Maris' hypothesis: they foster an enhanced sense of meaning and purpose in life, a view of problems that transcends the individual perspective, and a sense of belonging to something greater than the self, of being a meaningful part of a meaningful universe [38].

While these data are suggestive, they must be interpreted with some caution as they reflect only participants' expressed attitudes toward suicide, which may not necessarily predict suicidal behavior. Thus, while this study may lend credibility to claims of an antisuicidal effect of the NDE by providing plausible psychodynamic explanations of it, further research into the actual suicidal behavior of NDErs is required to validate the naturalistic observations of this effect.



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