

Near-Death Experiences and Personal Values

Bruce Greyson, M.D.

Near-death experiences reportedly foster value transformations and decrease suicidal ideation. Eighty-nine survivors of near-death experiences judged values related to material and social success as less important than did 175 control subjects. Decathexis of personal failures may account for the reported suicide-inhibiting effect.

(Am J Psychiatry 140:618–620, 1983)

Individuals often report that they experienced profound transcendental events while close to death (1). These near-death experiences, regardless of their mechanism, have strong effects on the individual. The encounter with one's fate and resultant life review have been reported to foster a devaluation of conventional measures of material and social success and an increased emphasis on altruistic and spiritual concerns (1–5). Despite the alleged romanticization of death by persons who have had near-death experiences, such an experience has been reported to decrease suicidal ideation. A number of psychodynamic hypotheses, most of which are related to value transformations following the near-death experience, have been formulated to explain this paradox (6). In the present paper I examine the personal values of individuals who have had near-death experiences, contrast their values with those of a control group, and discuss their values in terms of suicidal ideation.

METHOD

The subjects were 264 members of the International Association for Near-Death Studies, an organization to promote research into near-death experiences; all subjects had volunteered for a questionnaire study of their personal values. Of the 264 subjects, 89 had had near-death experiences and 175 had not. The group

that had had near-death experiences (the study group) and the control group did not differ significantly in mean (\pm SD) age (49.5 ± 14.2 and 45.9 ± 14.4 years, respectively); however, the study group included a significantly higher proportion of women (58.4%) than did the control group (40.6%) ($\chi^2=7.56$, $df=1$, $p<.01$). The study group and the control group did not differ significantly in educational or occupational status: 79.1% and 89.4%, respectively, had attended college, and 18.6% and 26.8%, respectively, had earned doctoral degrees. Professionals (e.g., health professionals, scientists, engineers, educators) made up 50.7% of the study group and 55.5% of the control group.

Each subject was mailed a questionnaire consisting of a list of 28 objectives, goals, behaviors, and abstract concepts and was asked to rate each item on a 4-point scale (from "very important to me" to "not at all important"). Items were grouped after scoring into psychologically meaningful clusters on the basis of interitem correlations, so that each item would have a correlation of at least .50 with its cluster. The mean scores of both groups were compared by *t* tests for each cluster of values. In order to correct for the possible tendency of subjects to respond to a values questionnaire with culturally sanctioned answers, subjects also completed the Marlowe-Crowne Social Desirability Scale (7), an instrument generally assumed to measure the need to respond to questionnaires in culturally sanctioned ways.

RESULTS

Value items were grouped into four meaningful clusters of five items each; eight items could not be included in a meaningful cluster because of low correlations with other items. The four clusters, with mean cluster scores and component items, are presented in table 1.

Scores on the self-actualization, altruism, and spirituality clusters did not differ significantly between the groups. Scores on the success cluster were significantly lower among the study group ($t=2.61$, $df=187$, $p<.01$).

The mean score of the study group on the Social Desirability Scale (17.7) was significantly higher than that of the control group (13.5) ($t=3.75$, $df=148$, $p<.001$). Whether this finding suggests a greater need among those who had had a near-death experience to

Received Oct. 21, 1982; revised Dec. 14, 1982; accepted Dec. 22, 1982. From the Department of Psychiatry and the Psychiatric Emergency Service, University of Michigan Medical Center. Address reprint requests to Dr. Greyson, Box 54, University Hospital, 1405 East Ann St., Ann Arbor, MI 48109.

The author thanks Kenneth Ring, Ph.D., and Charles Flynn, Ph.D., for their advice on questionnaire design and interpretation, and the International Association for Near-Death Studies (University of Connecticut) for its assistance in the research.

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TABLE 1. Comparison of Personal Value Ratings by Subjects Who Had Near-Death Experiences (N=89) and by Control Subjects (N=175)

Cluster and Component Items	Mean Cluster Score ^a			
	Study Group		Control Group	
	Mean	SD	Mean	SD
Success: social status, professional success, material things, being famous, other people's opinion of me	6.33 ^b	2.86	7.51	2.77
Self-actualization: feeling good about myself, personal happiness, the "ordinary things in life," physical fitness, a good family life	11.89	2.33	12.05	2.02
Altruism: world peace, elimination of world hunger, social justice, helping others, compassion for others	12.61	2.12	12.58	2.73
Spirituality: prayer, organized religion, spiritual matters, living up to my ideals, purpose in life	11.02	2.90	10.38	2.73

^aScale range: 15=very important, 10=moderately important, 5=not very important, 0=not at all important.

^bScore significantly less than control group score ($t=2.61$, $df=187$, $p<.01$).

obtain approval by responding in a culturally acceptable manner or whether it reflects a higher incidence of this scale's culturally acceptable, but rare, behaviors in the study group is a question beyond the scope of this study. Regarding the effect of a response bias toward socially approved answers on the present values questionnaire, however, scores on the success cluster (the only cluster that differentiated the study group from the control group) were not significantly correlated with scores on the Social Desirability Scale. Similarly, gender, which differentiated the two groups, was not significantly associated with scores on the success cluster.

DISCUSSION

This study addressed differences in the personal importance of various values to a sample of subjects who had had a near-death experience and control subjects. It did not find that the study group valued self-actualization, altruism, or spirituality more highly than did the control group. This failure to confirm an increased emphasis on these values by the study group may reflect the similarity in background and values orientation of the two groups. Members of the International Association for Near-Death Studies, both those

with and without near-death experiences, are familiar with the literature on the phenomenon and have an interest in furthering near-death research. Thus, these data do not suggest that this sample of subjects who had had a near-death experience is comparable to the general population regarding the evaluation of these values; however, these subjects are similar to members of the International Association for Near-Death Studies who had not had a near-death experience, a sample with similar interest in this field.

The fact that the study group rated success lower than the control group may reflect the influence of the near-death experience, or it may reflect the differential motives of the control subjects in joining the International Association for Near-Death Studies. By contrast, the hypothesis that the control group might contain a higher proportion of professionals than the study group, and consequently would have acquired more material and social success, was not supported by the comparative data on educational and occupational levels.

Although these data document a difference between the two groups in their investment in success measures, they do not support the breadth of differences that has been anecdotally suggested. The cross-sectional nature of this study precludes any conclusion as to whether the near-death experience precipitated this difference; further study that would assess the subjects' values before and after a near-death experience is needed to explore this area. Without such longitudinal data, it could be argued that the study group was less invested in material and social success before their near-death experiences. Similarly, it is possible that before their near-death experiences, they were less invested than the control group was in self-actualization, altruism, and spirituality and that the absence of difference between the two groups reflects an increased investment in these values subsequent to the near-death experience. This hypothesis is supported by Ring's observation (personal communication, 1982) that many people who have had a near-death experience report that their lives were "off track" before the experience, which then gave them an opportunity to correct their lives in some way.

In regard to suicidal ideation, I (6) have speculated that regression to an oceanic state in the near-death experience may leave the individual with a primary sense of worth and meaning not contingent upon conventional measures of success. I have also noted that change to a negative attitude toward suicide after a near-death experience was significantly correlated with change to a negative attitude toward material possessions, personal power, and fame. The lower interest in the success cluster among the study group supports Ring's contention (3) that when a person attempting suicide has a near-death experience and feels a sense of cosmic unity, he or she may decathect unmet worldly goals and begin to view his or her individual losses and failures as irrelevant from a transpersonal perspective. This decathexis of worldly

failures may be the effect of near-death experiences responsible for the inhibition of suicidal ideation. If so, then such a transpersonal perspective, with the resultant decreased cathexis of material goals and increased sense of self-esteem, may be fostered in suicidal individuals—as suggested by Grof and Halifax (8)—as an effective suicide prevention strategy.

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Preliminary Data on the Dexamethasone Suppression Test in Children With Major Depressive Disorder

Barbara Geller, M.D., Alan D. Rogol, M.D., Ph.D., and Edward F. Knitter, M.S.W.

The authors administered the dexamethasone suppression test to 14 children aged 5–12 years who met the Research Diagnostic Criteria and DSM-III criteria for major depressive disorder. The dexamethasone dose used was 20 µg/kg; 2 subjects were nonsuppressors.

(*Am J Psychiatry* 140:620–622, 1983)

Biological markers of major depressive disorders in children have not been as extensively investigated as those in adults (1–3). They may be even more crucial in children because there is greater controversy over using pharmacological agents to treat children. This controversy is partly due to less work in the area of biological factors in childhood depression and partly due to public resistance to using psychotropic drugs to treat children. These circumstances have limited the

potential usefulness of external validation of diagnoses for children by double-blind, placebo-controlled drug studies and by investigation of biological correlates (3).

In this regard, although many investigators (e.g., 4–6) have studied abnormal cortisol metabolism in major depressive disorders in adults, there is, to date, a paucity of studies involving children. Puig-Antich and associates (1) conducted an uncontrolled study and reported that 2 of the 4 children, aged 6–12 years, had elevated plasma cortisol levels during depressive episodes, according to samples taken every 20 min over 10–24 hours. Cortisol secretion returned to normal after recovery. More recently, Poznanski and associates (2) reported positive dexamethasone suppression tests in 5 of 9 subjects aged 6–12 years but only in 1 of 9 controls.

We report here our preliminary data from a pilot study of nortriptyline treatment of major depressive disorder in prepubertal children. The pharmacological aspects of this study have been described elsewhere (7).

METHOD

Our subjects were 14 children who were assessed with the Kiddie-SADS-P (pediatric version of SADS-P [8]) and the Children's Depression Rating Scale (pedi-

Received July 21, 1982; revised Dec. 3, 1982; accepted Dec. 8, 1982. From the Childhood Affective Disorders Program, Lafayette Clinic and the Department of Psychiatry, Wayne State University; and the Division of Clinical Pharmacology and Department of Pediatrics, University of Virginia Medical Center, Charlottesville. Address reprint requests to Dr. Geller, Lafayette Clinic, 951 E. Lafayette, Detroit, MI 48207.

The authors thank Michael Stanley for advice and Sheila Sullivan and Desiree Thomas for technical assistance.

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