

The Investigation of Near-Death Experiences

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Three types of persons who come close to death may contribute to evidence that man survives physical death: (a) persons who have "close brushes" with death but who are not seriously injured; (b) persons who actually seem to die or to be at the point of death, but recover; and (c) persons who actually die and who, shortly before death, have paranormal experiences. This paper describes a recently initiated three-part investigation of such experiences, which is unique in its study of an unselected cohort of persons who have come close to death and of a prospective sample of persons who are approaching death.

For many years it has been known that dying persons and those who nearly die but recover, often have experiences that are not readily explained by current knowledge of either psychology or the various neurosciences (e.g., Barrett, 1926; Osis, 1961; Osis & Haraldsson, 1977). For example, some persons who have been on the verge of death may declare later that their minds functioned well when their bodies had been inert and unresponsive; they may, moreover, report ineffable and apparently paranormal experiences that have convinced them that we survive physical death. The data derived from observations of such persons have been proposed as one type of evidence of survival after death, of which there are at least four other

recognized types (Stevenson, 1977). However, in spite of a recent resurgence of interest in near-death experiences (e.g., Moody, 1975), little systematic investigation of such cases has so far been undertaken. It has been suggested that the experiences described by persons who seem to die and recover may be merely defensive reactions to life-threatening dangers (Ehrenwald, 1974; Noyes & Kletti, 1976a and 1976b), and that they therefore may not have any significance for life after death, or even for the process of dying itself in most persons. On the other hand, it may be that some experiences of dying persons, and of those who seem to die but recover, will prove to derive from defensive reactions to severe stress, while others will add to the evidence that man survives physical death. Only a rigorous investigation of many such experiences can confirm such a conjecture.

Three types of persons who come close to death may contribute to the evidence of survival of physical death. These are: (a) persons who have "close

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brushes" with death, but are not injured seriously (for example, aviators who "bail out" and whose parachutes do not open readily; persons who nearly drown, but are saved and resuscitated; persons who fall when mountain climbing, but escape serious injury; and persons driving a car whose brakes fail during a downhill run, but avert a fatal crash at the last moment); (b) persons who actually seem to die, or to be at the point of death, but recover, some of whom may be declared dead officially; and (c) persons who do actually die and who, during the hours or minutes before death, have visions or other experiences that may be paranormal, such as heightened powers of extrasensory perception or apparent contact with deceased persons, about whose deaths the dying persons have been kept ignorant (Barrett, 1926).

While the first two of these groups must be studied, for the most part, retrospectively, we are developing experiments in which at least some members of the third group can participate on a prospective basis.

The University of Virginia Division of Parapsychology is currently engaged in a three-part study, focusing sequentially and with increasing degrees of experimental control on these three types of cases. The first phase involves a thorough reassessment of characteristic features of known and of more recent unpublished cases of all three types; the second phase involves the systematic sampling of a cohort of persons of the second type to yield epidemiologic and phenomenologic data on the full range of "near-death" experiences, paranormal or otherwise; the third phase involves the cooperation of a cohort of dying or critically ill persons in a prospective analysis of such experiences.

First phase

The first phase of the study incorporates a review, completion, and pattern analysis of existing cases in conjunction with new cases presently being investigated. The existing cases are being carefully examined with regard to the completeness of their investigation; cases known to the investigators only by correspondence are being studied further, when feasible, through personal interviews with the subjects, and lacunae in the information available for other cases are being filled by mailed inquiries and questionnaires.

A checklist of important features that are found already or that should be looked for in these cases is being developed. This checklist is being devised so that computer cards can be punched from it to permit easier analysis of the data. The cases will then be scanned for:

(1) the recurrence of particular features in the reported experiences, such as the frequency with which the patients report panoramic memories ("life reviews"), "meeting" deceased or holy persons, or seeing their own physical bodies as if from a different position in space; particular attention will be given to claims of extrasensory perception during the near-death experience and efforts will be made to corroborate and verify such experiences;

(2) recurrent aspects of the subjects' physical situation, such as the cause of the near-death experience (i.e., head injury, drowning, cardiac arrest, etc.), the comparative frequency of such experiences when death is completely unexpected and when it is expected, and subjects' sex, age, and health at the time of the experience; we are also developing data and hypotheses relevant to the question of why some persons who nearly die

have memorable (including paranormal) experiences while others do not, even though members of the two groups may have comparable physical disease and near-death conditions ;

(3) recurrent features of the subjects' psychological or social situations, such as educational, ethnic, and socio-economic background, or "preparation" for the experiences they later report by their religious backgrounds or by readings in the literature of parapsychology or "occultism," or by prior knowledge of such experiences previously reported by others ;

(4) recurrent features of the circumstances leading to the reporting of the experience, including characteristics of the persons who report their experiences and of the circumstances that facilitate their doing this or, on the other hand, that inhibit them from narrating their experiences, as well as evidence that the informant has told his account quite spontaneously or, on the contrary, has been more or less guided in giving it by the directions and questions of the interviewer ;

(5) alternative hypotheses to survival which may explain these experiences, with particular emphasis on testing each experience against normal and paranormal hypotheses in order to discover ways of discriminating the more valuable from the less valuable experiences with regard to the question of man's survival after death. This may involve a comparison of similar paranormal experiences between near-dying and healthy subjects.

Second phase

In the second phase of the study, we will identify a cohort of persons at the University of Virginia Hospital who have had a close brush with death, such as all those who are hospitalized for

cardiac arrest or for unconsciousness following head injury. By interviewing *all* the patients in a particular group of those who have come close to death, we will avoid the bias inherent in the selection, of subjects included in most previous studies of near-death phenomena. Interview protocols used in this part of the study will be derived from the analyses of the first phase, and will explore, in depth interviews, demographic and sociological features ; events and perceptions of the close brush with death, as well as its immediate prodrome and sequelae ; and the subjects' interpretation of, and response to, the near-death experience. Long-term follow-up interviews will gauge alteration of each subject's perceptions of the experience, his differential memories of various aspects of the experience, and persistence of effects, if any, on his beliefs or life style.

Third phase

The final phase of the study will involve the cooperation of persons who are known to be dying or who are in a critical condition and likely to die. Some such groups—for example, persons who have lost vital organs or who have irreversible cancer—will be followed for an indefinite period to establish prospectively the background, personality, and situational factors that contribute to unusual and paranormal experiences as one approaches death.

In order to enlist interest and cooperation of all the patients in such a group, we will establish a counselling service that we will provide to dying persons. Characteristically in our Western society dying persons are neglected, especially in hospitals. The staff are often embarrassed and at times frightened by death, and they tend to shun dying persons. If they come near the dying

person they usually do so mainly as technicians servicing the equipment with which the patient is almost always surrounded, rather than in a personal relationship with him or her. We believe that many persons who are dying crave much more human contact than they receive and that we can offer a service to the dying that will be appreciated and that will in turn generate cooperation with our investigations.

Our service for dying persons will include also a modest programme for training other persons in the case of the dying patient. We will conduct a series of seminars in which we will share our present knowledge about dying and the results of our investigation with selected physicians, nurses, chaplaincy students, and other interested and qualified persons. We wish eventually to offer an elective course for several months of training on the service for dying persons; students in such a course could combine work as Research Assistants in the project with the collection of data that could be included in theses and dissertations.

Once established in a position to help and observe dying patients, we shall begin the systematic recording of their experiences, watching especially for visions the dying person may have and examining these for possible paranormal features, such as evidence of extrasensory perception. If the dying person, as he approaches death, appears to die and then recovers, at least temporarily, we shall be in a unique position to inquire immediately about his experiences; if he reports having extrasensory perceptions, meeting deceased persons, or having other unusual experiences, we shall attempt to corroborate and verify his statements.

We hope also during this phase to

engage some of the dying persons deliberate attempts to learn whether such persons do in fact have more extrasensory perception than do healthy persons, as tradition recounts. Patients willing to lend themselves to such experiments may be asked to try to go "out of their bodies," visit other places and report what they observe there. These experiments can become more rigorous as more willing and more capable patients are found.

With most of the patients involved in this study, the investigators will discuss the question of life after death. Those patients who express a special interest in this subject may be told about results obtained in this and other investigations into the question of human survival after death.

Inevitably many aspects of the first phases of the project will stimulate further avenues of research; for example, concerning the common experience of panoramic memory or the "life review," study might be initiated into why some persons have such experiences while others do not, although their physical circumstances appear similar if not identical, what sorts of events are most often remembered during a panoramic memory, whether panoramic memory includes new aspects or details of the remembered experiences, rather than merely what the person could already remember of past events, whether the experience always has a transforming effect on the conduct of the person having it, or whether the persons having panoramic memory are "closer" to death judged by reasonably objective medical reports, than those who do not have this experience.

Ultimately, corresponding projects should be conducted in other centres and cultures in order to learn to what extent

the reported phenomena are “culture-bound.”

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