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Comments Germane to the Paper Entitled "The Reality of Death Experiences" by Ernst Rodin

The author is to be commended for his effort in presenting a fresh perspective on the current popular clamor concerning "life after life" (or "life after death"). The literature on death and dying has grown by geometric proportions in the past 10 years (3).

Before we pursue a substantive discussion of the topic, there are some comments pertinent to the paper itself. The author regards himself as qualified to discuss the topic because he has done scientific work in the field of neuropsychiatry and he has had what one may call the "death experience." (He omits another very important qualification that shines through his presentation: a religious/philosophical bent.)

First, he expresses a preference for the term "death," rather than "near death." At the risk of being charged with a semantic preoccupation, I would suggest the term "death-like experience." (We shall see shortly how this latter term seems appropriate.)

Second, and more important, again as to the author's qualifications, he is no more or less qualified than any other mortal. Other than possibly and questionably Lazarus, no one has truly died and returned and offered a documentable accounting. All reports, including the author's, are anecdotal, and until technology is appropriately developed, the verbalization of experiences will continue to be anecdotal. The state of death is impossible to conceptualize. Therefore, since being dead cannot even be imagined, a void evolves that must be filled with superstitions, fantasies, and religious and poetic creations (4). So, no proponent or opponent of the issue can be wrong, and everybody is right.

The author offers a categorization of experiences to define reality: subjective, shared subjective, and objective (scientific) reality. However, one wonders if reality might be explained simply as perceived internal and perceived external reality. Harry Stack Sullivan used the term "consensual validation" in referring to the efforts of psychiatrists to find "factors that will prove to be of real moment in understanding our intuition of psychopathological situations—and living generally—and in understanding our ubiquitous errors in both of these" (8, pp. 258–259). (Lewis Hill used the term "consensual validation" to mean something akin to what the author defines as shared reality. Dr. Hill felt that schizophrenics attempt consensual validation in an effort to experience reality.)[1]

[1] Hill, L. B. Personal communication, 1951.

Sullivan's thinking could well be a succinct characterization of the prevalent literature on the topic. Anecdotally, the seeking for consensual validation appears to be at two, not necessarily divergent, poles: religious and scientific. (The author labors in the latter direction, as does this writer.)

Religionists include those who feel some emotional bond to any Eastern or Western religion, or any sect, cult, organization, or institution that operates through intuition or faith rather than reason. The prominence of the religionists in this area may reflect an abdication or default on the part of the medical community as care givers. Witness the current religious governance of the hospice movement, which goes back to medieval times. Mary Baker Eddy did away with death and thereby defined reality: "There is no life, truth, intelligence, nor substance in matter . . . Spirit is immortal Truth; matter is mortal error. Spirit is the *real* and eternal; matter is the unreal and temporal . . . " (1, p. 468; italics mine).

Another example is a Rosicrucians lecture by H. Spencer Lewis (date unknown, but sometime prior to 1950), in which "so-called death" becomes "transition." His description of transition shifts the more recent portrayals of death from something novel to what might be considered old wine in new bottles. "There is just a great lightening of the body . . . They see themselves lying on the bed . . . They say they seem to be six or seven feet away and above themselves, looking down on their own physical bodies . . . the sense of great peace . . . of music . . . freedom from all suffering . . . " (2, pp. 12–13).

Since the religionists have an uncomplicated mind set, facts and decisions are for them easily accomplished and, therefore, counter-reasoning is to no avail. The issue is not unlike that of abortion or the right to die. Both positions are based on belief rather than knowledge, and within the convincing logical framework of either system there is little ground for persuading the other of its validity (6).

Nonetheless, the scientists employ anecdotes and/or reasoning to attempt refutation of the life after life (or death) concept. An anecdotal example: the religionists (and also those motivated by personal developmental dynamics and expressed as faith) recount numerous examples of out-of-body experiences (OOBE). In each case, the individual is levitated above the bed and can relate retrospectively in minute detail all of the events transpiring during the resuscitation.

The following is a counter-anecdote (personally observed by the writer): after resuscitation and a period of confusion, the patient related a distorted account of the experience, while insisting he "saw everything." He was most grateful to the team leader who was now standing at the foot of the bed. He gave the physician rave reviews for the skill with which that doctor had orchestrated the resuscitating group. There was one problem: the physician team leader was nine hospital floors away during the experience.

A careful study of a series of death-like experiences was undertaken to ascertain to what degree and quality patients could retrospectively experience their episode of life-threatening unconsciousness (5). Many patients died; however, 68 patients were interviewed after removal of tracheostomy tubes and transfer to a rehabilitative unit: 43 were amnesic, 8 were initially amnesic but subsequently had recall, and 17 had recall without difficulty. The latter two groups used fantasies and distortions in their recall. Three themes evolved: a) being held prisoner; b) justification for their incarceration; and c) death. With all of the intravenous and intraorifice lines and catheters, the experience of being held prisoner is understandable. However, the guilty justification was primitive and child-like (examples: "wet the bed," "fought with my father," "sold into white slavery," "ran into a school bus full of children and killed them," etc.).

As to being dead, at times death was observed, *e.g.*, a man tearfully described seeing his name on a tombstone. Many had the conviction that they were dead (no one described a state of dying). Uniformly, it was labeled "unpleasant" and "nothing, just nothing." Interviewing over 100 patient postcardiac arrests soon after the experience yielded similar findings: two thirds were amnesic, and one third presented with distorted recall. The situation is analogous to our dreaming. We can be amnesic or achieve recall either directly or via an inadvertent association—but always with distortion.

There is no intent to malign those who have had or do support the "pleasant" death-like experience. As a scientist, this writer conjectures that temporal distance converts the unpleasant to the pleasant. The author (a neuropsychiatrist) relates in his paper his free and blissful experience as recalled a quarter of a century later. This writer also has talked with people who 5, 10, 20, and more years later have now colored the death-like experience pleasant. We are all familiar with widows who for many years "hated the bastard" they lived with, yet as time goes by he becomes increasingly idealized, and we are told how wonderful he and the marriage were.

We agree with the author as to the importance of psychological development as an influence on the emotionality of the experience. A particularly clear example of this is the woman in her 40s, dying of Hodgkin's disease, who had a death-like experience 3 weeks prior to her actual death. After the 48-hour episode she made much of the unpleasantness and feelings of abandonment, although she had called out repeatedly during the experience, "I'm coming Jesus Christ! I'm dead, dear Jesus." She subsequently related how she was raised by her mother's "silent treatment" and her need to be loved and to be touched.[2]

This patient was carefully and thoroughly studied by the most modern of medical technologies. The conclusion, supported by the patient, was that she was so frightened of imminently dying and of death that she "flipped"—a dissociative reaction, an altered state of consciousness.

The author's description of the psychophysiological events of dying is very useful, but attributing altered states of consciousness to OOBE is too limiting. It is this writer's conviction that all of the anecdotes about life after death/life can be explained phenomenologically as *altered states of consciousness.* There are three primary etiologies: a) physiological—hypoxia, anoxia, hepatic delirium, uremia, Meduna's CO_2 therapy, etc.; b) pharmacological—"mind benders," narcotics, steroids, pentylenetetrazol (Metrazol), insulin, barbiturates, and other psychotherapeutic medications; and c) psychological—dissociative reaction, panic, psychosis, etc. (Hypnagogic states and eidetic images can claim any of the above etiologies.)

Shneidman's study for *Psychology Today* (7) revealed some interesting responses to his questionnaires. He found that 23 per cent strongly believe in life after death, 20 per cent tend to believe, and 22 per cent tend to doubt it. As to a *wish* for life after death, 55 per cent strongly wish and 34 per cent are indifferent, and as to the *meaning* of death, 35 per cent think it is the end, final, 13 per cent a transition, a new beginning, and 17 per cent a termination of life, but a survival of the spirit. Human nature being what it is—human—many of us will continue to deny the unknown, romanticizing it as is done so frequently in opera (*Liebestod*) and in stories of "lovers' leap" and "going to his/her reward." Of course, there are the old, the tired, and the religious who look forward to "going home again" (to the arms of Jesus).

However, there are those of us who do fear the reality of death and the dying that precedes it. There is the fear of the unknown, of the possibility of judgment, and of by what process we will become biode-

[2] Schnaper, N., and Wiernik, P. H. "Dear Jesus I'm dead!!!" (A videotape.) Baltimore Cancer Research Program, National Cancer Institute, Baltimore, 1979.

gradable. Then we join the death awareness movement to deny death intellectually. We cope by shouting such glib slogans as "existence of life after death," "the transition to yet another form of existence," "growing creatively through dying," "finding the inner peace of death," "life after life," etc. Thus we maintain a facade of courage to deny that we are really afraid.

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