

## Commentary on "The Reality of Death Experiences: A Personal Perspective" by Ernst A. Rodin

Like Dr. Moody and several of the investigators mentioned by Dr. Rodin, I am one of those researchers who have spent the last several years talking with people who have survived a near death episode. In the course of this work, my research staff and I formally interviewed over 100 individuals who had been close to death; in addition to these, I myself have spoken to or heard from scores of persons who have described to me their own near death experiences. I have carefully analyzed the results of my formal interviews and will publish my findings and conclusions in my forthcoming book, *Life at Death: A Scientific Investigation of the Near-Death Experience* (7). It is chiefly on the basis of this recent research that I should like to respond to Dr. Rodin's paper and to some of the points made by Dr. Moody in his commentary.

Again like Dr. Moody, I find that there is no justification for viewing these near death experiences (NDEs) as evidence of a life after death. Although there are some near death researchers (and Dr. Rodin alludes to a couple of them) who do not concur with this judgment, there are probably more who do. Unfortunately, it is the work of those who subscribe to the "survival" interpretation which provides most of the copy for the popular press, and even the work of investigators who, like Dr. Moody, explicitly disavow the survival view is often twisted so as to appear to conform to it. An additional problem here is that many individuals seem to associate much of the recent research on NDEs with the parapsychological tradition, which concerned itself with the so-called "survival problem," in which context these experiences were often cited as evidence of life after death. The fact is, however, that most of the recent research in this field (to which Dr. Moody refers) has been conducted by medical professionals or by psychologists or sociologists whose approach has little or nothing in common with that of parapsychology. Most of these researchers, among whom I number myself, believe that NDEs are sufficiently interesting to merit study in their own right, quite apart from whatever they may or may not imply about the possibility that consciousness may survive the death of the physical body. Indeed, there is even an organization which has been formed by some of these researchers to promote further investigations of this kind,<sup>1</sup> and, as an organization, it explic-

itly refrains from taking any party line stand on this issue.

The upshot of this discussion is simply to suggest that the life after death question is more of a popular response to NDE research than it is a contention of those who conduct the research. Whatever the private beliefs of these individuals may be, only a minority of them in my judgment would be willing to assert the claim that NDEs in themselves constitute evidence for survival. In my opinion, individual consciousness may indeed persist after physical death, but even a million amply documented NDEs will never prove it.

Saying that, however, only joins the argument; it scarcely ends it. For on other matters, I can't help taking issue with Dr. Rodin's position. What bothers me most about it—and it is a characteristic I have encountered before in other physicians who have written on NDEs or spoken to me about them—is its somewhat facile, almost reductionistic tone and loaded terminology. (What are we supposed to think when Dr. Rodin tells us that the NDE brings about a "toxic psychosis"?) Although one has to respect the foundation of Dr. Rodin's argument (at least he has had an NDE himself, which gives his comments the weight of personal experience), there is nevertheless further empirical evidence that runs counter to his own interpretation and makes it seem too simple.

For example, Dr. Rodin correctly points out that the final common pathway preceding death is cerebral anoxia, but there is now evidence (1) that NDEs occur in the absence of cerebral anoxia, just as Moody (5) originally contended. Again, Dr. Rodin alleges that there may be subtle, difficult to detect brain abnormalities associated with the onset of NDEs. Perhaps this is so, but when the "sick brain" hypothesis was recently examined (6), all of the evidence went against it. Also, once more, Dr. Rodin believes that NDEs may be importantly structured by individual expectations and prior societal conditioning. To some limited extent this may be true, but the overwhelming evidence from recent research (5-8) is that expectations and cultural beliefs *at best* play a negligible role in determining the form of NDEs. Indeed, the impressive thing, which has struck researchers and lay audiences alike, is the extraordinary *invariance* of NDEs across a variety of cultural, demographic, and personal parameters. Just why coming close to death should elicit such a strikingly consistent and subjectively compelling array of experiences is something which in my judgment is likely to require a more complex theory

<sup>1</sup> The Association for the Scientific Study of Near-Death Phenomena has about 200 members as of January 1980. Its address is: P.O. Box 2309, East Peoria, Illinois 61611.

than Dr. Rodin's before this phenomenon can be said to be explained—to say nothing of the perplexing paranormal features of NDEs which have often been mentioned anecdotally in the literature and for which we may hope soon to have more systematic documentation.<sup>2</sup>

Dr. Rodin is hardly to be faulted for failing to cite recent NDE research which has often been published in out-of-the-way journals; indeed, he is, I think, to be commended for taking these phenomena seriously enough to try to account for them theoretically. This is exactly the kind of conceptual work that should be done and which needs to be encouraged. My argument with Dr. Rodin is merely that he has prejudged these experiences rather than explained them. I contend that the data already collected and soon to be published, if not already available, are sufficient to cast serious—I am tempted to say fatal—doubt on the tenability of Dr. Rodin's position.

That I question Dr. Rodin's interpretation shouldn't necessarily be taken to imply that I think I know how NDEs might better be understood. Although I review (and reject) a number of alternative interpretations in my book and tentatively propose one of my own, I remain both baffled and intrigued by these near death phenomena. My suspicion is that, should Dr. Rodin elect to pursue research into NDEs beyond extrapolating from his own experience, he himself would begin to have reservations about some of the ideas he presents in his paper. I would certainly encourage him to undertake this kind of work, if only to provide direct evidence for his speculative assertions.

Before closing, I want to take a moment to avoid another possible misunderstanding. By observing that NDEs are complex and baffling phenomena not to be taken lightly, I do not mean to suggest that a naturalistic explanation for them cannot be found. For me that is still an open question, and both here and in my book I urge scientists with the interest and technical knowledge to explore this question to do so in an effort to provide the empirical foundation for such an explanation. My contention throughout this commentary has been that little understanding of NDEs is likely to be gained from speculative neurology or procrustean thinking.

Perhaps I can conclude with what I hope may be an

<sup>2</sup> Dr. Michael Sabom, whose forthcoming book, *Near-Death Experiences: A Medical Perspective* (8), should be read by all physicians interested in NDEs, has told me of his intention to undertake such research. Personal communication, 1979.

apt analogy. In the early days of psychedelic research, it was thought that drugs such as LSD induced a short-lived psychosis-like state. Hence LSD and other psychedelics were at that time typically referred to as "hallucinogens" or "psychotomimetic agents." When further, more systematic research was eventually conducted, it was shown that the psychosis hypothesis not only was untenable but was a conceptual barrier to understanding the real significance of psychedelic experiences. It was only with the extensive documentation provided by such researchers as Masters and Houston (4) and especially, in the latter 1970s, by Grof (2, 3) that we came to a fuller appreciation of the import of this kind of experience, which has obvious similarities to NDEs as Grof, among others, has already noted (3). Investigators may still properly be concerned with the involvement of serotonin in LSD-induced experiences, but the relevance of that kind of research to the ultimate meaning of the altered states of consciousness triggered by LSD is not yet clear. Whether psychedelic experiences and NDEs will eventually be fully explicable in neurological terms no one can say. In the meantime, it seems important to continue to explore NDEs phenomenologically as well as neurologically as carefully as we can, striving as much as we can to avoid prejudging these phenomena. In this way, we may hope to bring real clarity to what is after all, a matter of life and death.

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