

Comments on "The Reality of Death Experiences: A Personal Perspective"

In recent years, as Dr. Rodin points out, numerous books and articles written for the general public have reported the experiences of persons who claim to have remained conscious during a close brush with death. (These are sometimes called near death experiences, but this expression can be misleading, since many persons who come near death later remember nothing relevant that they can report to other persons.) With rare exceptions the patients having such experiences (that they remember afterwards) have been untrained in medicine or any other science. They often believe that they have had a glimpse, or even a full view, of what death will be like, and say that the experience has abolished all fear of death for them. Skeptical medical scientists have challenged such interpretations as unfounded and even naive. They point out that anyone who does not die has not experienced death; therefore, no matter how close a person may have been to death, his experiences are still those of a living person and can tell us nothing about what may happen after we die. Yet most of these critics have not been near death themselves, and their incredulity has little influence on those who have. The two groups—recovered patients and healthy scientists—seem to talk across each other.

Under these circumstances Dr. Rodin's paper deserves the close attention that I hope it receives. He speaks to us as a medical man who has himself come close to death and survived. Moreover, he has altered his initial evaluation of his experience. Although he at first believed that he had had a preview of death (and liked it), he later became convinced that what he remembered were mere fragments of a toxic psychosis. Dr. Rodin has not explained how he came to change his first evaluation of his experience, but his use of the expression "toxic psychosis" gives us a clue to his reasons and, at the same time, shows us that these reasons may not be sound.

I cannot disagree with Dr. Rodin's delineation of the physiological changes that occur as death approaches, except, as he mentions, in the rare instances of a sudden, devastating wound to the brain. The dying process usually involves a diminution of the oxygen supply to the brain and a corresponding increase in carbon dioxide reaching it. Cerebral anoxia can certainly induce confusion that may be described as a "toxic psychosis." Mental obfuscation is the core of a psychosis. But is that what most persons who have near death experiences describe? Not at all. They

remember themselves as having enjoyed unusual mental clarity at the time of nearly dying. Seldom, if ever, they tell us, have they felt more alive, alert, and mentally clear than they did during the near death experience. And this heightened lucidity and sense of aliveness occurred at a time when, to observers watching the patient's body, he seemed either dead or about to become so. I do not object to describing these persons as "toxic," but I do protest against describing them as "psychotic" when what they remember afterwards is far from what patients with the conditions we usually call psychoses remember later about their experiences. One of the patients whose near death experience I studied had had (during his late childhood) a severe illness with a high fever and delirium. (When I interviewed him he was a physician, and so he knew what we mean by the term "delirium.") Then, as his physical condition worsened (so he was told later), his mental state suddenly changed. He saw himself looking down on his physical body from a position above it; but, more importantly, a condition of mental pellucidity abruptly replaced the mental confusion from which he had been suffering. Surely experiences of this type tell us that we still have only a crude understanding of the relationship between the condition of the brain and our conscious experiences.

As Greyson and I pointed out (4), the widespread popular interest in this subject has not resulted from the publication of carefully investigated cases. Much of this interest derives from condensations and summaries written for the general public and lacking the details one expects in a scientific report; these are consequently vulnerable to explanations other than those advanced by popular writers. Greyson and I found only 15 detailed reports of near death experiences published in the scientific literature of medicine, psychology, and parapsychology. These few cases cannot resolve the controversy between those persons who remember an ineffable experience during a close brush with death and have thereby become convinced that we live after death and those who regard such interpretations as defensive reactions to the stress of dying or of thinking that one is about to die.

There is, however, a type of case that might incline more persons to believe that near death experiences do provide a kind of rehearsal of a life we may live after death. I refer to those rare instances in which the patient demonstrates knowledge of events, objects, and people of which he could not have become aware

through the normal sensory channels while he was ostensibly unconscious. Such a patient, after recovering consciousness, narrates to bystanders events that took place beyond the range of his sight and hearing while his body was lying inert and seemingly dead or nearly so. Stratton reported one such case (5). I had an opportunity to study another. The experience occurred many years before I investigated it, and I was unable to obtain any corroboration or independent verification for what the patient reported. I offer it, therefore, only as an example of the type of case that I think we should particularly look for in future inquiries.

The patient (a woman) had undergone an operation for gall bladder disease. She seemed to be recovering satisfactorily when her condition deteriorated and she suddenly lapsed into a coma. A nurse quickly summoned the patient's surgeon, who happened to be in the hospital at the time, and he rushed to her room. He thought the patient had died, but he nevertheless tried to shock her physically by raising the upper part of her body and letting it fall down abruptly. (This incident occurred before modern methods of resuscitation had been developed.) The patient recovered, opened her eyes, and said to the surgeon, "You thought you had lost me, didn't you?" The patient then recalled that during the time she was apparently unconscious, when the nurse and doctor were working on her body, she had observed them from a position by the window of the room. She also remembered looking out the window and down to the area below. She saw there a Christmas tree, some washed sheets hanging on a line to dry, and a boy teasing a girl whose skates he was trying to take from her. After the patient recovered consciousness, she wanted to convince the nurse that she had not been so unconscious as she had seemed. She therefore told the nurse what she had seen when she looked out of the window onto the area below, and she asked her to confirm her accuracy. The boy and the girl he had teased had gone by this time, but the Christmas tree and the sheets on the clothesline were still there. The patient's bed was near an interior wall some feet from the window, and the nurse had had to lean out of the window to verify what the patient said she had seen below. The patient had been admitted to the hospital in the middle of the night for an emergency operation, and had not left her bed in the hospital room since her admission, except to be wheeled to the operating room. There seemed no way

in which she could have learned normally about the Christmas tree and the drying sheets she said she saw during the time that she seemed to be dead.

This is a rare type of case, but it is not unique. Most of the other reported instances of extrasensory perception in persons near death have occurred in patients who did not recover, but went on to die (1, 2). I do not see, however, why we should not study visions in persons who actually die along with those of persons who seem about to die and then recover. If we find that more paranormal experiences occur in persons who die than in those who recover after nearly dying, this discovery may indicate that paranormal powers manifest more easily when the physiological processes that precede death alter the connection between physical body and its mind. Readers will note that I have used the word "mind" as if a mind might survive independently after the death of the body in which it manifests during life. I believe in this possibility, because I think that a considerable body of respectable evidence warrants taking it seriously (3). But most of all, I believe that with further research we can replace present conjectures, if not with certainties, at least with a better judgment than we can now make concerning what is probable. If we are to succeed in this, we must avoid subsuming the experiences we need to investigate under familiar labels. It is not helpful to declare that all near death experiences provide evidence of our survival after death; but neither is it helpful to categorize them all as merely "toxic psychoses." I can feel dogmatic about only one conclusion in this controversy: that we still have a great deal to learn from the study of near death experiences.

References

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