

Psychology and Near-Death Experiences

James E. Alcock

*... and if I die before I wake,
I pray thee, Lord, my soul to take.*

—From a children's prayer

It seems easy enough for us to accept the ephemeral existence of a bolt of lightning or a cannon's roar. At one moment it doesn't exist, a moment later it does, and in yet another moment it is dissipating into nothingness. We don't ask, "Where is it now?" It is nowhere and it has gone nowhere. It just doesn't exist anymore. Neither do we wonder about the continued existence, in some form, of those garden vegetables whose growth we so carefully guided and nourished until we ended their lives in order to lengthen our own. Mosquitoes and mice, kumquats and kangaroos, they too, at least in the view of most people brought up in the Western tradition, must meet their end without promise of a flora-fauna heaven to receive their eternal souls. It is quite a different matter, however, when we ourselves are faced with shuffling off our own mortal coils. Whether suffering the loss of a loved one, or pondering our own certain demise, it is emotionally difficult to accept that a lifetime of learning, living, and loving, of struggle and self-improvement, leads but back to dust whence we came. For many, life would seem devoid of meaning if death really marks the end of our existence.

During the social evolution of human behavior, religions gradually developed that helped to assuage these age-old existential and ontological anxieties about living and dying. No one knows, of course, how religion

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began; but one can imagine that our cave-inhabiting ancestors, as their reasoning skills slowly grew, must have puzzled over such things as death and the appearance during sleep of the forms of people whose bodies, they knew, had long since provided a snack for some wandering beast of prey. We may not be far wrong if we speculate that, at the same time they gave magical (supernatural) explanations to the mysterious workings of nature, they explained their dreams of the dead by believing that the dead were still alive in some form. Not only would that have accounted for their experiences, but presumably it would have been comforting with regard to their own existence as well.

At any rate, one way or another, religions developed that taught that the "soul" survived bodily death in some form, and this belief is still a central tenet of almost all religions. Such a belief is very functional for most people, since it is anxiety-reducing. To give it up without having anything to take its place is a very serious matter indeed. Imagine the consternation of those among nineteenth-century scientists who also happened to be devoutly religious as the rapid rise of post-Darwinian materialistic thought threatened to explain away, in mechanistic terms, all the mysteries of human existence. So it was that in 1882 a group of British scholars, anxious to find a "scientific" basis for their religious beliefs by means of finding empirical evidence of the postmortem existence of the soul, organized themselves into the first formal parapsychological group, the Society for Psychical Research. Thus, as Rogo (1975) points out, parapsychology was born and bred in a survivalist milieu.

Until very recently, interest among parapsychologists in survival research had waned considerably from the early days, and there has been a great divergence of opinion among parapsychologists about the importance of such research. Joseph Banks Rhine, the acknowledged "dean" of American parapsychologists, believes that survival is an issue that can never be resolved and, thus, that time shouldn't be wasted trying to resolve it. Gardner Murphy, too, believes that no evidence can ever prove postmortem existence (Rogo, 1975). Yet we are now in the midst of a resurgence in survival research, spurred perhaps by the deep existential uncertainty of our times, as well as by the will of James Kidd. Kidd left a fortune to be given to any person or group that could find proof that the soul continues to exist after death; and following a legal battle among 130 contestors, the American Society for Psychical Research was awarded the money (\$270,000), which it immediately began to channel into research projects dealing with the question of survival (Osis &

Haraldsson, 1977).

Today, there are a number of researchers studying survival and matters related to it. Some, like Ian Stevenson at the University of Virginia, claim to have experimental evidence for the existence of a body other than the physical one, which, even during life, can at times separate itself from the body of flesh and blood. Others, as we shall see, have concerned themselves with the reported experiences of people who have been near death, whose hearts have stopped beating for a short time but who were eventually resuscitated. Some such people believe that they were transported to another level of existence during what they consider to have been a period of death. (Incidentally, why anyone would consider temporary cardiac inactivity to indicate a period of death is difficult to understand in this day and age.) Yet other researchers claim to have evidence of reincarnation from their studies of subjects hypnotically “regressed” to memories of some allegedly prior existence.

My aim is to examine these claims of evidence of survival and to present information about relevant “normal” psychological phenomena that would seem to account for all such evidence.

The Experience of Dying

According to Raymond Moody (1975, 1977), the experiences of patients who have survived “death” provide compelling evidence of the continued postmortem existence of the soul. People from widely divergent backgrounds and belief systems experience very similar events following their deaths, he says, and this communality of experience points to the *reality* of the experience. While there is considerable variation on the theme, the “theoretically complete model experience,” according to Moody, is as follows: At the moment of greatest physical discomfort, the patient hears the physician pronounce him dead, and he hears an uncomfortably loud ringing or buzzing sound. He feels himself being drawn rapidly through a long tunnel. He notices that he has a new body with powers very different from the old one, and may even see his old body lying on the bed with the resuscitation team gathered around it; but his vantage point is outside and above his body. He catches sight of dead relatives and friends and encounters a “being” of very bright light, a “loving, warm spirit.” This spirit helps him to panoramically review the events of his past life. He is overwhelmed by feelings of love, joy, and peace. He has a vision of all-encompassing knowledge, the wisdom of the

ages. Finally, he comes to some kind of barrier, but is made to turn back and go, reluctantly, back into his body. Following his resuscitation, he is emotionally very moved and is no longer afraid of death.

Moody is a psychiatrist and is well aware that certain physiological conditions might bring on such experiences, but he takes great pains to argue that no physiologiccal or psychological factors could account for all the data. However, he appears to ignore a great deal of the scientific literature dealing with hallucinatory experiences in general, just as he quickly glosses over the very real limitations of his' research method. He argues that, since obvious possible causes of hallucinations can't account for his data (a conclusion he draws more or less by fiat), therefore it must be a matter of genuine psychic experience. This argument is of the classic Abbott and Costello form, where one of them "proves" that the other person "isn't here":

"Are you in London?"

"No."

"Are you in Paris?"

"No."

"Are you in Moscow?"

"No."

"Well, if you aren't in London, Paris, or Moscow, you must be somewhere else."

"Yah, I guess so."

"Well, if you're somewhere else, you can't be here."

If it's not due to psychological, neurological, or pharmacological factors (that can be identified), then it has no natural explanation. The explanation must lie somewhere else, beyond our "ordinary" world. This kind of reasoning is common in the survivalist literature.

We must wonder, too, about the reliability of the memories of Moody's respondents. They related their death experiences to him usually long after they occurred, and generally after having heard Moody speak on the subject. Even then, he finds a wide spectrum of experience, some people reporting only one or two of the key elements, others reporting most of them. Also, he says, many people report no experience at all. It is interesting to note (Moody, 1975, p. 26) that the respondents "uniformly characterize their experience as inexpressible," despite their ability to describe them in considerable detail. Moody admits that people have reported similar experiences in situations where no jeopardy to life

was involved. Mystical and drug experiences can be quite similar, he admits. To account for this, Moody begs the question and speculates that during such non-death experiences, the mechanism that releases the soul at death may be prematurely triggered.

Karlis Osis and Erlandur Haraldsson are both psychologists who obtained Ph.D.'s for parapsychological research. Like Moody, they have been interested in the experiences of the dying. Their research is described in their recent book *At the Hour of Death* (1977). According to them, a typical death experience involves:

1. a period of exaltation shortly before death,
2. a much higher than normal rate of hallucinatory experience just before death, and
3. a "vision," usually while the patient is fully conscious and not sedated. The vision is generally that of a dead friend or relative, who typically is described by the patient as being there to take him into death.

This, if true, would be both interesting and comforting. However, can we have any confidence in the veridicality of the patients' reports? The authors in this case didn't even interview the patients, but instead sent out large numbers of questionnaires to physicians and nurses (in the United States) or personally handed out the questionnaires to medical staff (in India). They argue that these trained observers are likely to be more accurate in their accounts of what the patients reported than would be the patients themselves. This is difficult to accept, of course, since what they were really doing was asking for anecdotal reports about the observer's impressions of what a patient was experiencing in a situation that occurred in all likelihood years before. But to compound the weakness of this work, the researchers used a questionnaire that could, even under the best of circumstances, yield nothing but confusing data. *All* death experiences observed by the practitioners were lumped together. For example,

Did the patients see hallucinations of persons not actually present? No. of cases _____

Did the patients, or anyone else, identify the hallucinatory person or persons seen as: (a) someone living, No. of cases _____; (b) someone dead, No. of cases _____; etc.

Please describe one characteristic case of such a hallucination of persons.

Except for questions asking about a “characteristic case,” it would be impossible to even sort out the respondent’s impressions of what he thought the patients saw. If twenty people saw hallucinations and ten saw living persons and ten saw dead persons and ten saw landscapes, which visions were associated with which? The other items on the questionnaires compounded the difficulty of sorting out these impressions.

An additional weakness is that only 20 percent of the people in the American sample chose to respond at all. The authors try to sidestep that problem. They argue that, if bias was introduced at this point, one could check it by comparing reports from those respondents who replied quickly with those of respondents who were more tardy, on the assumption that tardy respondents were more typical of those medical people who were less inclined to accept the afterlife hypothesis. Since no difference was found, they concluded that the 20 percent who did respond were no different in their beliefs, attitudes, and biases than the 80 percent who didn’t. They dealt with other possible sources of bias in a similar fashion. What can one say?

Thus, the data is by its very nature unreliable and uninterpretable. All one can conclude from it is that *some* medical people recall *some* patients’ having had death “experiences.” An analysis of the “characteristic cases” they describe might be useful in generating hypotheses for further research, but nothing more. They seem to have hoisted themselves on their own petard: their defense of the objections they themselves raise is so weak as to be embarrassing.

They also report some data on near-death experiences, the resuscitation type. Strangely, however, their reports differ considerably from those of Moody. Moody emphasizes the “tunnel experience”; they don’t report it. Even when discussing Moody’s findings, they don’t mention the famous tunnel. Why, one wonders? Similarly, they were unimpressed with reports of panoramic recall, another typical Moody experience. One reason for this, they tell us (p. 24), was that such panoramic recall also occurs in other situations, not just in patients who are near death—Penfield, for example, was able to elicit such experience via brain stimulation (Penfield & Jasper, 1954). Again, while Moody tells us that inexpressibility of experience was typical, Osis and Haraldsson tell us that they found only three such cases and take this as more evidence that the experiences were real, since “ineffability is said to be one of the main characteristics of mystical experiences and psychedelic trips.”

Elisabeth Kubler-Ross is another famous proponent of the “scien-

tific” basis for life after death, claiming to be 100 percent certain of it. In a recent television interview,* she even told of her own out-of-body experiences and her encounter with a spirit-form that assured her that whatever critical abuse she had suffered because of her writings on the subject was only intended as a test of her mettle and that the time has come for the great enlightenment of mankind with regard to immortality, and apparently she has been chosen to carry the message. When questioned about her conclusive scientific evidence, she said it had not yet been published.

It serves no purpose to go any further in this regard. However, since responsible people are being swayed and seduced by the life-after-life literature, in order to persuade them to give serious pause to whatever they may read in the future, it is worthwhile to review briefly some of the literature relevant to “extraordinary” experiences.

Mystical Experience

Psychologists have not given much attention to what has variously been called “mystical experience,” “ecstasy,” the “illumination,” the “great awakening,” and so on. Materialists often react only with quiet amusement to people’s reports of having felt the presence of God or having experienced Cosmic Consciousness. Since the sixties many young people have been seeking such metaphysical or “transcendent” states through drugs or meditation, with their interpretations of the “reality” of their experiences dependent greatly on their preexisting belief systems. It is important for us to realize that such states, having been reported by mystics and saints throughout recorded history, in all likelihood represent a normal, though uncommon, “state” of consciousness that can be experienced by virtually everyone, given the proper conditions. A “transcendental” experience, such as that brought on by meditation, for example, can be just as easily brought about by a simple relaxation procedure that parallels, except for the metaphysical trimmings, the meditation procedure followed by the “transcendental” meditators (Benson, 1975). However, since most people aren’t aware that such experiences form a part of the spectrum of “normal” human experiences, when they have such an experience it is usually compelling enough

*“Man Alive,” Canadian Broadcasting Corporation, October 2, 1978.

to push them toward a metaphysical explanation.

By way of analogy, imagine a young woman who is raised in a rather strange family where she is shielded from all knowledge of sexual function. One day, while reading a book of inspirational verse, for some reason she experiences spontaneous orgasm. How would she interpret such an event? How would she describe it to others? Ecstasy? Ineffable experience? Communion with God? In absence of a normal explanation, a metaphysical one might be very appealing. Lest this example seem too arbitrary, remember that sexual arousal, although apparently not recognized as such, appears to play a part in demonstrations of religious excitation in various parts of the world (Sargant, 1973).

So, as Scharfstein (1973) urges, mystical experience is important and deserves careful study, even if we reject out of hand any metaphysical claims for it. Many features of these experiences, called "peak experiences" by Maslow (1976), are like those of the "near-death" experiences described earlier. For instance, a loss of fear of death is a common consequence, and such experiences often leave the individual with the feeling of having perceived the universe as an "integrated and unified whole," whatever that means (Maslow, 1976).

Peak experiences can be so "wonderful" that they parallel what the person thinks to be an eager, happy dying, a "sweet death" (Maslow, 1976). (This brings to mind the common description of a particularly intense female orgasm as a "little death.") Accounts of peak experiences often contain statements like "I felt that I could willingly die," or "No one can ever again tell me that death is bad." The individual seems to gain a sense of immortality, and then "knows" that life continues after physical death (Greeley, 1974). Why people think of death at times of such ecstasy is an interesting question in itself.

Interesting, too, is the fact that some biofeedback researchers (e.g., Lynch, 1973) have found that subjects who erroneously believed that they were in an "alpha" state reported having highly moving and meaningful emotional experiences. One researcher (Doxey, 1976) himself attests to the near ecstasy involved in the phenomenon: when testing his equipment, using himself as subject, he was led to believe that he was in an alpha state and experienced something akin to a peak experience. Analysis of EEG recordings later revealed that he had not been in an alpha state but that, because of an error in the setting up of the equipment, the light that was meant to signal an alpha-state was malfunctioning. This underlines the important role that expectation plays in such

experiences. A dying person, because of the emotional stress and because of cultural beliefs about death, may be more likely than others to be open to such experiences. Relevant, too, are the findings of Schacter and Singer (1962): Subjects given an injection of epinephrine (a stimulant), but led to believe they had received a vitamin injection that would have no arousing effects, interpreted their arousal as being either angry or happy, depending on the cues in the situation in which they found themselves. Other subjects, *informed* of the arousing side-effects of the injection, experienced no such emotions. It was concluded that the same state of physiological arousal can lead to different "emotional states" and that people choose the label for their emotion depending on the surroundings. If one attributes the arousal to a drug, there is no need to label the emotion at all. It is simply "due to the drug." (Incidentally, this finding does *not* demonstrate that joy and anger have the same physiological basis in natural situations.)

The importance of this cannot be overstressed: our interpretation of emotional experience depends greatly on our expectations and on our "attributions" (i.e., to what do we attribute the cause of the emotional experience).

Out-of-Body Experiences

Quite apart from the issue of body and soul on the deathbed, there is considerable belief among most, but not all, parapsychologists that something like a soul (call it "astral body" or whatever) can spontaneously leave the body during sleep, or even while awake. Some believe that a kind of cord, silver in appearance, links the physical and metaphysical bodies during the out-of-body experience ("OBE"). At any rate, during the OBE, the person sees himself from a vantage point above his physical body. Some researchers have presented evidence that, they argue, gives empirical support to the existence of OBEs: people during sleep (and, so far as I can determine, *not* under visual observation) have supposedly been able, through the agency of their "astral body," to "read" a random number written on a piece of paper placed on a shelf beyond their reach (e.g., Tart, 1968). However, there is considerable debate about the validity of such experiments, even within parapsychological circles. John Palmer (1978), himself a professor of parapsychology, concludes that hypnagogic sleep (to be discussed below) accounts for the overwhelming majority of reported OBE experiences, and that

“the OBE is neither potentially nor actually a psychic phenomenon. It is an experience or mental state, like a dream or any other altered state of consciousness” (p. 21). In line with this view, proponents of the OBE interpretation admit that OBEs are almost always experienced when going to sleep or waking up. These are precisely the moments when hypnagogic (and its relative, hypnopompic) sleep are most likely to occur.

Palmer (1978) argues that in both Western and Eastern cultures death is typically assumed to involve the separation of body and soul and that, regardless of an individual’s personal view on the subject, it is likely to be on his mind as he lies dying. The stress associated with the possibility of imminent death may bring on such an “experience.”

Psychologists and psychiatrists are familiar with reports of OBEs, but they view them as a kind of psychological reaction to stress/conflict. Reed (1972) describes this process, which he calls “ego-splitting”: “As well as feeling unnaturally calm, the subject . . . feels as though he is actually *outside himself*. The sensation is one of being suspended outside one’s body, at some vantage point from whence one can calmly observe and hear oneself in the third person” (p. 125).

It is interesting to note that in even everyday memory processes there is a hint of this kind of phenomenon. Imagine yourself as you sat having dinner last evening. What do you “see”? Virtually everyone visualizes a scene they have *never* perceived: a scene that includes themselves, from a vantage point outside the body. That memory, like most memories, is a construction, a partial invention. Again, think of yourself lying on the beach, and what do you “see”? Not the world around you as viewed through your own eyes, as you originally saw it, but in all likelihood you again see yourself as part of the scene.

Now suppose you have just awakened from a deep sleep and someone asks you to recall the scene in your bedroom just *before* you dozed off. Would you not again “see yourself” lying there? So it is not surprising that resuscitated patients from time to time recall having “seen” themselves. The difference, of course, is that their memories are influenced by the (possible) state of “mystic experience” that occurred at the same time.

Hypnagogic Sleep

Hypnagogic imagery is a curious phenomenon (but *not* a metaphysical

curiosity, except to those who wish to make it that) experienced by most people at one time or another in their lives during the period between wakefulness and sleep. (A similar phenomenon, labeled “hypnopompic” sleep, occurs, sometimes, between sleep and wakefulness, as a person is waking up.) It involves dreamlike fantasy, sometimes mixed with elements of reality; but unlike a normal dream, the person experiences it as “real.” If you’ve ever been “half-awake,” heard the telephone or the doorbell, got up, and realized that you were mistaken, that is a simple form of the hypnagogic (or hypnopompic) phenomenon. It’s quite common. (A 1957 study cited by Reed [1972] found that 63 percent of a group of 182 students reported having had a hypnagogic experience, and a somewhat smaller number a hypnopompic one.)

Hypnagogic imagery is characterized by a relatively consistent pattern of sequential development (Schacter, 1976):

1. Colors, lights, geometric forms.
2. Vivid and detailed images of faces and objects. Unlike the reported death experiences, however, the faces are almost always those of strangers. (Yet, if one thinks that one is dying, and is preoccupied with death, it would not be surprising if the hypnagogic imagery reflected thoughts about those who have “gone before,” would it?)
3. Landscapes and scenes of unusual grandeur and beauty.

Some people argue that hallucination of one’s own image is very rare in hypnagogic sleep, but Foulkes and Vogel (1965) found that subjects did indeed see themselves in their imagery and that their participation increased as they moved into deeper levels of the hypnagogic state.

If hypnagogic sleep accounts for OBE experiences, as Palmer (1978) argues, and if the dying patient, possibly preoccupied by thoughts of death and of the dead, passes through a physiological state like that of hypnagogic sleep, then the reported death experiences don’t appear to be extraordinary. This possibility is at least strong enough that one is surprised by the lack of concern for (or knowledge of?) they hypnagogic state shown by most survivalist writers.

Hallucinations

While we often think of hallucinations (imagery so powerful that one is certain that it is real) as having an infinite variety of themes and contents, such is apparently not the case. As far back as 1926, Kluver (cited by

Siegal, 1977), at the University of Chicago, found that mescaline-induced imagery was constructed around four constant form-types (“form constants”): (1) grating or lattice, (2) cobwebs, (3) tunnel/funnel, (4) spirals. These forms are characterized by vivid colors and intense brightness (perhaps brought about by the failure of inhibiting mechanisms in the visual system). Kluver discovered that these same form constants were typical of imagery brought about in a wide range of hallucinogenic conditions, from hypnagogic and hypnopompic sleep to delirium to dizziness to sensory deprivation. More recent experiments (Siegal, 1977) using cannabis found drug-induced imagery to have two stages. The first is characterized by Kluver’s form constants, the second by more complex imagery that can incorporate the form constants but which can include memory images of familiar people and objects. One might again expect almost infinitely diverse images in the complex stages, but this wasn’t the case. (Using LSD, 72 percent of subjects experienced the same form constants, and 79 percent experienced quite similar complex images. Seventy-two percent saw religious images and 49 percent saw human and animal images.) The typical imagery in the cannabis study was characterized by a bright light in the center of the field of vision: the location of the point of light created a *tunnel-like perspective* (a la Moody?). Subjects reported viewing much of their imagery in relation to the tunnel, and the other imagery seemed to move relative to the tunnel. (Subjects given placebos reported only black and white “random” form imagery.) Further studies showed that, whether the cannabis, mescaline, or LSD, after ninety minutes, most of the forms viewed were *tunnel-lattice* in nature. More complex imagery appeared usually only well after the shift to the tunnel-lattice. Common reported images involved childhood memories and scenes associated with strong emotional experiences that the person had undergone (similar to *panoramic review*?). They often reported an aerial perspective of themselves, and feelings of dissociation from the body. The imagery was also influenced by environmental stimuli. During the peak period, they asserted that the images were real.

Siegal concluded that “the experiments point to underlying mechanisms in the central nervous system as the source of a universal phenomenology of hallucinations” (p.132) and points to recent electrophysiological studies that “confirm that hallucinations are directly related to states of excitation and arousal of the central nervous system, which are

coupled with a functional disorganization of the part of the brain that regulates memorizing stimuli.”

It seems, then, that there is no doubt that ordinary hallucinations can contain virtually all of the elements described by Moody, and that preoccupation with dying is likely to make more likely the notion of the separation of the soul from the body and the meeting with loved ones who have died. Again it is surprising to see virtually no references to hallucination research (apart from cursory attempts to discredit the possibility that ordinary hallucinations are involved) in the life-after-life literature. Moody (1977) agrees that sensations of being drawn down a tunnel are often reported by persons being placed under anesthesia, especially when ether is used. But he argues that since very few of his subjects were under the influence of drugs, and since few had had any neurological problems, these experiences are not equivalent to drug-induced or other hallucinations. Again, he uses the Abbott-Costello logic—they hadn’t had drugs, they had no neurological problems, therefore it was psychic. As mentioned earlier, Moody’s trump card is to argue that, even if other types of hallucinations are similar to the death experiences, it is quite possible that the other hallucinations *themselves* are a manifestation of the premature release of the soul.

Hypnotic Regression

One more tool in the survivalist’s armamentarium is hypnotic regression to lives past. Although you’d never know it on the basis of the literature in this area, there is considerable controversy in modern psychology about what ordinary hypnosis, not to mention regression, really does. Some argue that it puts the subject into a special state of consciousness; others argue that it leads only to a state of heightened suggestibility, where the subject and hypnotist tacitly (“unconsciously”?) collaborate to bring about the “experience” of hypnosis.

As for age-regression (even within the *current* lifetime!) there is mounting evidence that, while the subject may focus on long-dormant memories, no real “regression” (e.g., in cognitive function) actually occurs. While that is still the subject of some debate, the regression to memories of *past* lives is what’s relevant for us at this point, and it goes without saying that past-life regression is not accepted as veridical by the vast majority of psychologists.

One of the most famous cases was the classic Bridey Murphy, the subject of the best-selling book *In Search of Bridey Murphy*. The story began in 1952, when a Colorado housewife by the name of Virginia Tighe (called Ruth Simmons in the book) was hypnotically “regressed” and began to describe her previous life as Bridey Murphy in Cork, Ireland. The fact that she spoke at this point in an uncharacteristic Irish brogue lent credence to her “experience.” She told a very descriptive story about life and people in Ireland, even though investigators hired by the hypnotist-author, Morey Bernstein, could find no record in Ireland of a Bridey Murphy who lived in Cork (Gardner, 1957).

Dr. Ian Stevenson, a University of Virginia parapsychologist and a renowned “expert” and prolific writer on the subject, remains very impressed with the Bridey Murphy case. In fact, in an article (Stevenson, 1977) in the new *Handbook of Parapsychology*, he states that it still “has not been improved upon in the many books since written for the general public that have reported experiments with hypnotic regression” (p. 636). Yet, while Stevenson extols the merits of the Bridey Murphy case, he remains unimpressed by what others consider to be the undoing of Virginia Tighe (Gardner, 1957). In 1956, a *Chicago American* reporter visited Virginia’s hometown and discovered that her background was far from being unrelated to her stories of Bridey Murphy. The reporter interviewed a Mrs. Anthony Corkell, who had lived across the street from Virginia for many years and whose Irish background and stories of Ireland apparently fascinated the young girl. Moreover, Virginia had been active in her high school drama program and had learned several Irish monologues, which she had delivered in what her former teacher referred to as a heavy Irish brogue. She even had an Irish aunt who had also entertained her with stories of Ireland. And, oh yes, about the lady across the street, Mrs. Corkell: her maiden name was Bridey Murphy! Despite this, and despite the assessment by Irish experts of her descriptions of Ireland as artificial and contrived, survivalist parapsychologists such as Stevenson reject this evidence and continue to consider this case to be a strong one, and the Bridey Murphy book is still undergoing regular reprintings.

In all likelihood, the material generated by the hypnotized subjects is a fictional blend of information and stories that they had once learned but had “forgotten.” Stevenson and others naturally disagree with this interpretation. However, a study by Zolik (1958) lends credence to this view. Zolik hypnotized subjects and “regressed” them to “past lives,”

and then induced posthypnotic amnesia; and at a later time rehypnotized them and questioned them about characters and events from their earlier "past-life" accounts. He found that subjects had constructed the past-life stories from events of their own lives combined with events and people from books and plays. Surely those who were not impressed by this would at least have used Zolik's approach to examine the reports of their subjects. But no. None of this has had any effect on the confirmed survivalist. For example, Dr. Wambach, the author of a recent book on past-life regression (Wambach, 1978), has admitted to me that the reports she has gathered from hypnotized subjects who had been "re-gressed" to past lives do not in any way differ from those of unhypnotized subjects. She interprets this as evidence that one can have access to past-life material *without* being hypnotized.

Assessment

Each and all of the various characteristics of the "death" experience have been found to occur, alone or in a combination, in various "normal," non-death circumstances, such as those associated with emotional or physical stress, sensory deprivation, hypnagogic sleep, drug-induced hallucination, and so on. We know that the nervous system can process these experiences, even if we can't always predict when the experiences will occur. The famous "tunnel," the very bright light, the visions of others, the sense of ineffability, the out-of-body experiences, and the subsequent loss of a fear of death, etc., are, at the very least, not *unique* to any postmortem existence. Thus, unless one accepts either that post-mortem reality mimics these earthly experiences that some people have from time to time, or that, as Moody suggests, these experiences of the living are brought about by a premature and temporary release of the soul, the reports of people who have been near death pose no demand for metaphysical interpretation.

It is clear that the "scientific," "objective" evidence for life after death is very unimpressive indeed. However, survivalist researchers are undeterred by such criticisms of their work; and it is abundantly apparent that, evidence or no evidence, they are, most of them at least, thoroughly convinced of their own immortality. Moody admits this directly, as does Kubler-Ross (1977) when she describes death as the "peaceful transition into God's garden." I have no argument with people's theology or philosophy. What is bothersome, however, is the

necessity these people feel to try to provide “objective” evidence to support their beliefs, and their attempts to fool the layman with their claims of scientific rigor and exactitude. Survival research is based on belief in search of data rather than observation in search of explanation. It is an extension of individual and collective anxiety about death. Already such research has yielded a palliative vision of death as a grand, beautiful transition to a newer and better life. Gone are the worries about hellfire and damnation of old.

If one were to believe Moody and others, why not abandon this often frustrating earthly existence and dispatch oneself forthwith to the wonderful world beyond? Even Moody doesn't want to encourage that, and he tells us that those who have survived death report that they had the “feeling” that those on the “other side” take a dim view of those here on earth who try to speed their admission to paradise. (The early Christians had a similar problem; for they too promised a wonderful life hereafter, and many of their converts, not too well taken care of in their earthly lives, chose to go directly to the next life without delay. It is hard to build a social movement if the recruits keep killing themselves, and so suicide quickly became a heinous sin for Christians.) Despite Moody's discouragements about suicide, there are bound to be those who are enthused enough by his reports to go ahead with it anyway. I have already heard of one woman whose child was killed and, having read a book like Moody's, attempted suicide in order to rejoin her child.

At any rate, we should not, in our irritation at both those who disseminate survivalist pseudoscience and those who so quickly swallow it whole, overlook the fact that some dying people do have “mystical” experiences just as some living people do. Remember that Mesmer was uniquely successful at treating hysteria; but when the scientists branded him a fraud because they were able to prove that magnets weren't essential to his treatment (contrary to his belief that they were), he was put out of business; and as a result there was no one around who could overlook the phenomenon just because we reject the explanation. Even while seeing no reason to resort to metaphysics to explain it, we should nonetheless study it in its own right. A few medical researchers (e.g., Noyes, 1972; Noyes & Kletti, 1976) have gathered reports of near-death experiences that are quite similar to some of those described here but see no need to involve metaphysical explanations. We need more such research. It would be a pity to leave it all to the psychics.

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