

# Distressing Near-Death Experiences

Bruce Greyson and Nancy Evans Bush

MOST REPORTED near-death experiences include profound feelings of peace, joy, and cosmic unity. Less familiar are the reports following close brushes with death of experiences that are partially or entirely unpleasant, frightening, or frankly hellish. While little is known about the antecedents or aftereffects of these distressing experiences, there appear to be three distinct types, involving (1) phenomenology similar to peaceful near-death experiences but interpreted as unpleasant, (2) a sense of nonexistence or eternal void, or (3) graphic hellish landscapes and entities. While the first type may eventually convert to a typical peaceful experience, the relationship of all three types to prototypical near-death experiences merits further study. The effect of the distressing experience in the lives of individuals deserves exploration, as the psychological impact may be profound and long-lasting.

The near-death experience is a powerful psychological experience of undetermined origin typically occurring to an individual close to death or in a situation of intense physical or emotional danger. The precipitating event may be obvious, such as a documented cardiac arrest, or it may go unnoted, such as a momentary but quickly corrected hypotensive episode; prototypical near-death experiences have occurred with no recognized antecedent event. Thus, while a life-threatening situation is a reliable trigger for a subsequent report of a near-death experience, such an experience can occur in the absence of any recognized danger.

Most reported near-death experiences have included profound feelings of peace or bliss, joy, and a sense of cosmic unity, as well as a sense of leaving the body, entering a darkness, encountering a light, meeting spiritual beings and/or deceased persons, an uncrossable boundary, a life

review, and an altered sense of time. Further, most experiencers subsequently report profound and long-lasting changes in attitudes, beliefs, and values (Greyson and Stevenson 1980; Noyes 1980; Ring 1980, 1984; Sabom 1982; Greyson 1983a; Grey 1985; Flynn 1986; Raft and Andersen 1986; Atwater 1988; Roberts and Owen 1988).

However, sporadic reports have described a smaller number of distressing events that are in some ways similar to the prototypical near-death experience but characterized by feelings of fear or despair and often described as "nightmarish" or "hellish." While the frequency of these distressing events and their relation to the more common peaceful near-death experiences have been questioned, little is known about them, and there is in fact no accepted definition of what constitutes a distressing near-death experience.

---

*Bruce Greyson, MD*, is Associate Professor, Department of Psychiatry, and Director, Inpatient Psychiatry Service, University of Connecticut Health Center, Farmington, CT 06030.  
*Nancy Evans Bush, MA*, is a pastoral counselor in private practice in Bolton, CT.

PRIOR REPORTS OF DISTRESSING  
NEAR-DEATH EXPERIENCES

The early phenomenological reports of near-death experiences (Moody 1975; Noyes and Slymen 1978-1979; Greyson and Stevenson 1980; Ring 1980, 1984; Sabom 1982) contained no distressing experiences, which may have deterred subsequent investigators from seeking or acknowledging them. Moody (1977) reported a vaguely unpleasant affect, primarily in suicide-related experiences, and noted that some people described seeing in their peaceful near-death experiences other individuals who appeared bewildered or perplexed; however, he concluded that "in the mass of material I have collected no one has ever described to me a state like the archetypical hell" (p. 169).

Sabom (1982) noted that only 18% of near-death experiencers he interviewed reported transitory feelings of fright or bewilderment, which were replaced by tranquility as the experience unfolded. Ring (1984) estimated that unpleasant experiences might account for 1% of all reported cases or less, and concluded: "In my own experience, having talked to or heard the accounts of many hundreds of NDErs [near-death experiencers], I have never personally encountered a full-blown, predominantly negative NDE, though I have certainly found some NDEs to have had moments of uncertainty, confusion, or transitory fear" (p. 44).

Furthermore, the commonly used research instruments for identifying and measuring near-death experiences, based on these early studies, may perpetuate the bias against recognizing distressing experiences. Both the Weighted Core Experience Index (Ring 1980) and NDE Scale (Greyson 1983a) include elements such as peace, joy, and a sense of cosmic unity among their diagnostic criteria for near-death experiences.

Frightening deathbed visions were well known in previous centuries. Grosso (1981) noted that Christian and Hindu

iconography were replete with examples of postmortem horrors, including dangerous encounters with evil forces; even the Being of Light is described in the *Tibetan Book of the Dead* as terrifying. Zaleski (1987) has documented an abundance of journeys to hell or purgatory and back from the medieval Christian literature, and noted that in contrast to those return-from-death accounts, recent near-death reports suggest that "the modern otherworld is a congenial place . . . a garden of unearthly delights" (p. 7).

The absence of such distressing experiences from contemporary near-death accounts may be due to their rarity, or the reluctance of individuals to report this type of experience, or to the reluctance of clinicians and researchers to hear them. It is difficult to imagine that an experiencer could be indifferent to the cultural assumption that personal merit determines type of experience; that is, that "heavenly" and "hellish" experiences come to those who have earned them. Distressing near-death experiences have frequently been referred to in the literature as "negative," in contrast to the prototypical "positive" pleasant experiences; this value-laden terminology may lead experiencers to believe they will be similarly characterized. Furthermore, people who have distressing experiences may resist talking about them to avoid reliving a personal horror, or from a sense that others must be spared a knowledge too dreadful to bear. It may seem impossible to be open about a dark and distressing experience, considering how difficult it is for many people to report radiant and peaceful encounters (e.g., Moody 1975; Ring 1984; Flynn 1986; Atwater 1988).

Clark (in Flynn 1986) emphasized both the reluctance of individuals who have had distressing experiences to share them with investigators and our resultant underestimation of their frequency. She estimated that patients who had distressing near-death experiences took twice as many sessions to open up about them as did patients with peaceful ones. Elsewhere (Clark 1984), she emphasized the

## DISTRESSING NEAR-DEATH EXPERIENCES

fear, anxiety, and sense of vulnerability that may follow a distressing experience.

Whether distressing near-death experiences are rare or simply underreported, enough contemporary reports have surfaced to confirm that they do, in fact, exist. Rawlings (1978) speculated that interviewing patients immediately after resuscitation would reveal as many distressing experiences as peaceful ones, on the assumption that terrifying experiences would be quickly repressed. He noted great variety in content among these distressing experiences, in contrast to the consistency among those of a peaceful nature, and recounted 12 examples assembled from a variety of sources; but his anecdotal accounts provided no information about how long after resuscitation these individuals were interviewed. Other researchers have found no evidence that distressing experiences are rapidly repressed, nor of a higher incidence of their report immediately upon resuscitation (Ring 1980).

Rogo, citing Rawlings's findings that distressing near-death experiences are less consistent in content than peaceful ones and are quickly forgotten, concluded that hellish experiences might be "hallucinations produced by the witnesses' minds as a reaction to the violent physical ordeals (such as chest pounding and electrical stimulation) which are part and parcel of normal resuscitation techniques" (1989, p. 136).

Garfield (1979) reported that of 36 individuals he interviewed initially from 2 hours to 3 days after the event, 8 (22%) described demonic or nightmarish visions of great lucidity, and another 4 (11%) reported dream-like images alternating blissful and terrifying features. He further reported that in repeated interviews over a 3-week period, there was no change in description of either peaceful or distressing experiences.

Lindley, Bryan, and Conley (1981), in a study of 55 near-death encounters collected through newspaper advertisements, found 11 (20%) to be "partially negative or hellish." They defined a "nega-

tive" near-death experience as "one that contains extreme fear, panic, or anger. It may also contain visions of demonic creatures that threaten or taunt the subject" (p. 113). They reported that "most negative experiences begin with a rush of fear and panic or with a vision of wrathful or fearful creatures," but that they are "usually transformed, at some point, into a positive experience in which all negativity vanishes and the first stage of death (peacefulness) is achieved" (p. 113).

However, Lindley and his colleagues also found it "common" for the distressing elements to *follow* a peaceful experience and suggested that the distress may reside in the transition between a peaceful experience and normal consciousness. From their descriptions of and direct quotes from near-death accounts, they seem to have included as "negative" those cases in which the actual experience was completely peaceful but the apparent return to the body and to mundane reality was accompanied by anger or panic.

A nationwide poll conducted in 1980-1981 by the Gallup Organization (Gallup and Proctor 1982) estimated that 1% of near-death experiencers reported having experienced a sense of hell or torment, but these researchers warned that the question of distressing experiences was more complex than their data suggested. Their respondents described such elements as featureless, forbidding faces; beings who were present but not comforting; feelings of discomfort, emotional unrest, and confusion; a sense of being tricked into ultimate destruction; and fear about the finality of death. Nevertheless, the Gallup Poll reported that belief in hell was less pervasive among near-death experiencers (47%) than it is among the general population (53%).

Grey, in her comparative study of British and American near-death experiencers (1985), noted "indications that pointed to the fact that negative encounters, while infrequent, do however definitely exist" (p. 56). Grey defined a "negative" near-death experience as characterized by feelings of extreme fear or panic, emotional

or mental anguish, desperation, intense loneliness, and desolation. She found the environment to be described as either dark and gloomy or barren and hostile; often subjects reported being on the brink of a pit or abyss. She further defined a subcategory of "hell-like" near-death experiences as intense unpleasant events that include a definite sense of some evil force, such as threatening demonic creatures. She found the hellish environment to be described as intensely hot or cold and to often include sounds of torment.

Grey reported that distressing experiences tend to follow a sequence of (1) fear and panic, (2) out-of-body experience, (3) entering a black void, (4) sensing an evil force, and (5) entering a hellish environment. This sequence mimics Ring's (1980) temporal model of the prototypical near-death experience unfolding in stages of (1) peace, (2) out-of-body experience, (3) entering the tunnel, (4) seeing the light, and (5) entering the heavenly environment.

Grey noted the belief of physicians she interviewed that distressing experiences were more likely to be reported immediately after a near-death event. On the other hand, she noted that cardiologists such as Sabom (1982), who interviewed patients immediately after cardiac resuscitation, had failed to elicit any hellish experiences, and that the 5 distressing cases she herself had come across (out of a total of 41 NDEs) were reported long after the event.

Atwater (1988) also noted patterns parallel to prototypical peaceful near-death experiences in her small sample of distressing accounts. She described elements of the latter as lifeless apparitions, barren expanses, threats or silence, danger of violence, a sense of hell, and coldness; these are in contrast to the peaceful experience's friendly beings, beautiful environment, conversations, acceptance and overwhelming love, feeling of heaven, and warmth.

Flynn (1986) reported Clark's clinical impressions indicating a general pattern to distressing experiences, in which evil is experienced as a powerful entity, separate from the positively experienced light.

Aftereffects of peaceful near-death experiences have been documented by Noyes (1980), Sabom (1982), Greyson (1983c), Ring (1984), Grey (1985), Flynn (1986), Atwater (1988), and others. These effects, which are unlike those of any phenomenologically comparable events, are profound and durable. They include long-term pervasive shifts in values and attitudes that may both enrich and disrupt an individual's functioning in relationships, career, and intrapsychic life. The impact of distressing near-death experience may be of equivalent power and permanence, but that has not been systematically examined.

Now that clinicians and investigators have discovered these distressing experiences, a number of questions arise. Initially, we need to document the incidence and phenomenology of these events. Only then can we begin to address (1) their connection to the prototypical peaceful near-death experience about which we have learned much over the past decade and (2) the more difficult but more meaningful questions about the possible causes or precipitants of distressing experiences and their effect on individuals' subsequent values, beliefs, and attitudes toward life and death.

#### STUDY SAMPLE

Over the past 10 years, some 30 individuals have spontaneously written to the authors to tell of their terrifying near-death experiences. Recently, a notice placed in the newsletter of the International Association for Near-Death Studies requested accounts of distressing experiences. These activities resulted in the collection of 50 accounts, which constituted the study group.

From this self-selected sample, we have identified three distinct types of distressing near-death experiences differing substantially in phenomenology. The first type is similar in features to the prototypical peaceful near-death experience but is nevertheless interpreted as terrifying.

## DISTRESSING NEAR-DEATH EXPERIENCES

The second involves a paradoxical experience of nothingness or of existing in an eternal featureless void. The third includes blatant "hellish" images and often begins with a sense of falling down a dark pit.

In this paper we present examples of these three types and some of their discriminating features. Further study of these rare, or rarely reported, cases may elucidate whether these three types also differ in their causes and aftereffects.

### PHENOMENOLOGICAL TYPES OF DISTRESSING NEAR-DEATH EXPERIENCES

#### *Prototypical Near-Death Experiences Interpreted as Terrifying*

The first type of distressing experience often involves the phenomenological features of prototypical peaceful near-death experiences, such as a bright light, a tunnel, a sense of being out of the body, and a life review, but is interpreted by the individual as terrifying rather than comforting. Often the individual identifies loss of ego control as the terrifying aspect of the experience. Following are verbatim accounts of this type.

The first example is the account of a professional author who reported that she had had no religious upbringing and no knowledge of near-death experiences prior to her own, though she has read about them since. She described an experience that occurred during an anaphylactic reaction to multiple black fly bites at age 35:

I was taken to emergency suffering from a severe allergic reaction to black fly bites. Both of my eyes were completely swollen shut, and I was having difficulty breathing. I was placed on a table and immediately given an injection of Benadryl and an IV of adrenalin.

After a few minutes, my body began to shake violently. I then experienced a sensation of floating above the room. I

saw a clear picture of myself lying on the table. I saw the doctor and the nurse, whom I had never seen before, and my husband standing by my body. I became frightened and I remember strongly feeling I didn't like what I saw and what was happening. I shouted, "I don't like this!" but I was not heard by those in the room.

I then started to breathe more easily, and after a while one eye opened a little. As I looked around, I saw that the room and the people were exactly as I had seen them during my floating sensation.

The second example was reported by a paramedic instructor who claimed to have heard several patients' accounts of their near-death experiences. She described an event she experienced during a bout of measles at age 6, during which, according to her mother, she almost died:

That night I was picked up, unwillingly, by a lady wearing a long, green, flowing robe, medieval-style. She carried me in her arms down a long, dark, green-moldy type dirt-walled tunnel, swiftly taking me somewhere I did not want to go. She mind-talked to me, and kept trying to explain that I had to go, and nothing could prevent it, no matter how much I didn't want to leave. I think that was why she was carrying me, for I know I would have run back down the tunnel otherwise.

Suddenly she heard bells bonging from very, very far away. She stopped and turned to listen. She told me there had been a change and I had to go back after all. She had no compassion during all of this, simply a formal, strong approach towards me. Then she carried me back to my bed and placed me on it, still drawn up in a contracted bundle from being carried so long. I called out to her, but she rapidly walked away into the tunnel.

When my mother rushed in and heard my jabbered story—which scared me more than any dream—she became terrified, due to my fragile condition.

The third example was reported by a man to have occurred during a postopera-

tive infection following surgery for an aneurysm at age 64. At the time of his experience, he had never heard of such events, and subsequently, thinking his own experience was unique, he mentioned it to no one but his wife. The day after seeing a television program about near-death experiences, he wrote to one of us (N.E.B.) describing his experience:

As I looked under me . . . a strong wind was pulling me into what seemed to be a funnel shaped like a cornucopia, only opened at both ends. I was flying, and drawn directly into the vortex or funnel. At the end the lights were blinding, and crystal flashing was unbearable. As I neared the very end, I was reaching for the sides, trying to stop myself from falling off the end into the flashing crystal. I felt that I did not want to go on. If there was some way I could explain to you what happened! I vividly remember screaming, "God, I'm not ready; please help me." As I write this letter I am reliving it. I remember when I screamed an arm shot out of the sky and grabbed my hand and at the last second I was kept from falling off the end of the funnel, the lights flashing; and the heat was really something.

Since this type of distressing experience shares many descriptive features of the peaceful type, it is reasonable to regard it as a variant of the prototypical near-death experience. Supporting that view are the following examples of phenomenologically prototypical but distressing experiences that convert to peaceful ones once the individual stops fighting the experience and accepts it.

The first example was reported by a licensed practical nurse whose family attended a Dutch Reformed Church. She described an experience she had during a documented postoperative fever of 105.6°F, secondary to a pelvic abscess following her hysterectomy at age 36:

After a week or more of continuously increasing temperatures, something happened to me. Tears come to my eyes when

I recall it. My body began to shake completely; I knew I was in trouble. A frightened young nurse came and placed a blanket over me and put a thermometer in my mouth and left. I couldn't hold the thermometer and dropped it, but broke it with my teeth. I was alone in my hospital room.

I don't know what happened next or how, but I was no longer in my hospital bed, but I—not as we know me, a solid human form, but myself, my energy, or my mind—was in a place surrounded by a misty gray cloudlike substance. I then began to see lights flashing in a circular shape, advancing towards me at a rapid speed, then retreating after coming inches from my face. This continued for a period of time, and I was terribly frightened. I felt as if I were transfixed. Then I began to talk to myself nonverbally. I said to myself, "You can handle this; you're strong; you'll be okay," and continued to repeat this and pray to God. I felt near death.

Then suddenly I was overcome by a feeling of *complete peace*. My feelings were that I was safe and it was beautiful, weightless. I loved it. I felt at one with all, a great joy and ultimate peace of mind and body. I knew no harm in any way would come to me. All was peaceful and profound love surrounded me. There is no description on earth that can compare with this place and feeling. I felt something was saying, "You're safe now; don't be afraid; this peace will help you."

After this happened, I just came back. I refer to this as leaving and coming back, as that's how I feel. My body was there, but where was I? The beauty of the feeling overwhelms me even now, and sometimes I try to recreate it in my mind. I cannot. The depth of this experience cannot be understood by a person who has not had it happen to themselves. Anyone who has felt this peace would never want to leave or have it leave them.

The second example was reported by a secretary who had been raised as a Congregationalist but had never heard of

## DISTRESSING NEAR-DEATH EXPERIENCES

near-death experiences before her own. She described the following event that occurred at age 27, when, having just delivered her third child, she was given nitrous oxide for the repair of extensive uterine lacerations:

As I breathed in from the anesthesia mask, I felt myself go limp and light-headed. I was happy to give in to the floaty feeling because the bottom half of my body was experiencing intense pain, and a numbing sensation afforded me such wonderful relief! Suddenly I became aware that something really strange was happening. It was as if I had pulled up and away from my body, and I found myself watching my doctor and his nurse working on my body from a corner of the room near the ceiling. I felt so startled at being able to hover above like that. And I wanted to feel in control of my situation but I was unable to do anything except watch helplessly. I made some attempts to get the attention of the other two in the room, but they were totally oblivious to anything I was saying to them.

Then I found myself no longer in the room but traveling through a tunnel, slowly at first, then picking up speed as I went. As I entered the tunnel I began hearing the sound of an engine, the kind that operates heavy machinery. Then, as I was moving slowly I could hear voices on each side of my head, the voices of people whom I've known before because they were vaguely familiar. About this time I became frightened, so I didn't concentrate on trying to recognize any of the voices.

I found myself growing more and more afraid as the speed picked up and I realized that I was headed toward the pinpoint of light at the end of the tunnel. The thought came that this was probably what it was like to die. I decided then and there that I wanted to go no further, and I tried to backpedal, stop, and turn around, but to no avail. I could control nothing, and the pinpoint of light grew larger and larger. Before I knew it, that light exploded around me. I should also

report that my attitude at this time was quite terrified: I did *not* want to be there, and I was determined that I was *not*, by God, going to stay.

There were beings all around me and they acknowledged my presence. The beings were quite amused at me. They totally accepted me into their midst and didn't seem to mind one bit that I was cranky and demanding to know where I was and who did they think they were anyhow, snatching me away like that! Put me back, damn it, put me back! Slowly my ruffled feathers became smoothed and I felt peaceful and calm. So I began going along with this weird experience and became accepting of them too. We began to have a question and answer time. I would ask the questions and instead of receiving a wordy reply they would *show* me the answer. We moved from place to place with no effort at all and I learned a great deal.

Finally the beings made it clear to me that I could return to the delivery room, and I found myself traveling back through either a tunnel or a hallway of some sort. This went very quickly and I became aware of my doctor and his nurse again. Within a brief instant, I was inside my head and could move my head from side to side. Then I felt the sensation throughout the rest of my body that we would have if we slipped on a glove over our hand.

### *Nonexistence or Eternal Void*

The second type of distressing experience involves a paradoxical sensation of ceasing to exist entirely, or of being condemned to a featureless void for eternity. Sometimes this type of experience includes a sense of despair that life as we know it not only no longer exists but in fact never did, that it was all a cruel joke. Unlike the first type of distressing experience, these generally contain fewer features of the prototypical peaceful near-death experience and do not appear to convert to the peaceful kind with time.

Following are verbatim accounts of this type.

The first example was reported by an academic administrator, the daughter of Unitarian ministers, who had never heard of such experiences previously and believed she was the only person ever to have had one, unable to tell even her husband about it. Her experience occurred during the delivery of her second child at age 28; the fetus had engaged and labor had begun 3 weeks early, and she was sent to the hospital where three pitocin drips were started over the next 7 hours. She described her mental state as fearful, depressed, and panicky; finally she was given nitrous oxide:

I remember trying to fight the mask, but they grabbed my wrists and strapped them. First there was only unconsciousness, but at some point farther into delivery my blood pressure suddenly dropped. I was aware, not of the flurry around me, but of moving rapidly upward into darkness. Although I don't recall turning to look, I knew the hospital and the world were receding below me, very fast; to this day my mind holds a sharp picture of them down there, though I don't know how I could so clearly have seen something I didn't look at. I was rocketing through space like an astronaut without a capsule, with immense speed and great distance.

A small group of circles appeared ahead of me, some tending toward the left. To the right was just a dark space. The circles were black and white, and made a clicking sound as they snapped black to white, white to black. They were jeering and tormenting—not evil, exactly, but more mocking and mechanistic. The message in their clicking was: Your life never existed. The world never existed. Your family never existed. You were allowed to imagine it. You were allowed to make it up. It was never there. There is nothing here. There was never anything there. That's the joke—it was all a joke.

There was much laughter on their parts, malicious. I remember brilliant ar-

gumentation on my part, trying to prove that the world—and I—existed. I recall arguing that I knew details of my mother's life before my birth, things about her childhood in another part of the country; how could I have made that up? And my first baby—I *knew* her, I knew I hadn't made her up. And childbirth—why would I ever have made up that? They just kept jeering.

"This is eternity," they kept mocking. This is all there ever was, and all there ever will be, just this despair. It was empty, except for me and them, and dark. Not like night dark, somehow, it was thinner—whatever that means. It was very dark and immense all around, but somehow I could see them: the voidness seemed to thin out somewhere off by the horizon, if there had been a horizon, but it wasn't lighter, just thinner. It seemed to go on forever. I was debating and simultaneously grieving for my first baby and this baby that was never going to get born, and for my mother. That utter emptiness just went on and on, and they kept on clicking. I was trying to summon up some strong memory of my husband and the house, something tangible to argue with, thinking I couldn't bear this for eternity. The grief was just wrenching; this world gone, and grass, and my first baby and all the other babies, and hills. I knew no one could bear that much grief, but there didn't seem to be any end of it, and no way out. Everyone I loved was gone.

Time was forever, endless rather than all at once. The remembering of events had no sense of life review, but of trying to prove existence, that existence existed. Yes, it was more than real: absolute reality. There's a cosmic terror we have never addressed. The despair was because of the absolute conviction that I had seen what the other side was—I never thought of it as Hell—and there was no way to tell anyone. I wouldn't matter how I died or when, damnation was out there, just waiting.

Six years later, I was leafing through a book—it may have been Jung's *Man and*



*His Symbols*—and turned a page to discover a picture of one of the circles. The book landed across the room in one shudder. That was terror! It was corroboration: Somebody else knew about the circles. There would be no way I could any longer pretend they were imaginary. It would be several more years before I learned that the circles were the yin/yang of Eastern tradition; their sound had been the black and white sides clicking to the opposite and back again.

The second example was reported by a registered nurse, who had been raised Presbyterian and never heard of near-death experiences. She reported two identical experiences to have occurred during childbirth under anesthesia at ages 24 and 26. With her first delivery, her obstetrician induced labor by a series of three pitocin injections; in her second delivery, she suffered an inverted uterus and began to hemorrhage:

I was given ether in the delivery room. The last thing I saw before going "under" was the monotony of the ceiling tiles in the delivery room, and two nuns, of course, dressed exactly alike. I passed through different stages of "torment." Voices were laughing at me, telling me all of life was a "dream," that there was no Heaven, Hell, or Earth, really, and that all I had experienced in life was actually an hallucination. I remember trying to tell the nuns, who were smiling in happy anticipation of the impending birth, "How can you smile, when you've given your lives for religion, and there is no religion, no Heaven or Hell?"

I passed through the stage of terrible thirst and the voices kept laughing and telling me, "You think this is bad? Wait till the *next* stage!" I found myself hurling towards the final torment: I was to be suspended in a total vacuum with nothing to see or do for eternity. I was naked and I was sad about that because I thought, "If only I had clothing I could pull the threads and knot them or reweave them for something to do!" And, "If only I were

sitting in a chair I could splinter it and try to make something of the splinters." And then the overwhelming realization that eternity was forever and ever, time without end! What to do in a vacuum forever? The thing that brought me around were the words "You have a girl," and for a while I thought the tormenting voices were again giving me another stage of torment, teasing me into *thinking* I didn't have to stay in that vacuum!

Two years later, I was again giving birth, and this time things went badly. I had a retained placenta and, in endeavoring to get the placenta I had an inverted uterus. During the delivery I was given ether and I had the same horrible "dream": the same stages of torment, the feeling of hurtling towards the vacuum. The thing that brought me around were the words, "You have a boy!" I reasoned that since they said "boy," not "girl," as they had during my first experience, it must be true and the nightmare I was experiencing was only a nightmare.

After all these years, the nightmare remains vivid in my mind. I assure you the worst form of Hell, in my mind, at least, would be myself suspended, naked, in a vacuum!

The third example was reported by an artist, with no religious upbringing, to have occurred in an automobile accident at age 18. He had lost control of his car on a snowy winter evening and slid off the road and down an embankment. The car came to an abrupt stop as it slid into a brook, and he hit his head on the windshield and lost consciousness. He described leaving his physical body and watching as the icy water filled the car:

I saw the ambulance coming, and I saw the people trying to help me, get me out of the car and into the hospital. And at that time I was no longer in my body. I had left my body. I was probably a hundred or two hundred feet up and to the south of the accident, and I felt the warmth and the kindness of the people trying to help me. I felt their compassion

and all the good feeling that was emanating from these people. And I also felt the source of all that kind of kindness or whatever, and it was very, very powerful and I was afraid of it, and so I didn't accept it. I just said, "No." I was very uncertain about it and I didn't feel comfortable, and so I rejected it.

And it was at that moment that I left the planet. I could feel myself and see myself going away, way up into the air, then beyond the solar system, beyond the galaxy, and out beyond anything physical. And at first I thought I'd just go with it, see where it went, and I stayed as calm as I could, just kind of went with the whole thing. And that part of it was all right for a while.

But then as the hours went on with absolutely no sensation, there was no pain, but there was no hot, no cold, no light, no taste, no smell, no sensation whatsoever, none, other than the fact that I felt a slight sensation of travelling at an extremely fast speed. And I knew I was leaving the earth and everything else, all of the physical world. And at that point it became unbearable, it became horrific, as time goes on when you have no feeling, no sensation, no sense of light. I started to panic and struggle and pray and everything I could think of to struggle to get back, and I communicated with a sister of mine who passed away. And at that moment, I went back into my body, and my body at that point had been moved to the hospital.

Though our sample is still small, the majority of our cases of "eternal nothingness" experiences were reported to have occurred during childbirth under anesthesia. As already noted, this kind of distressing experience includes few features prototypically reported in peaceful near-death experiences. Instead, the common themes include eternal emptiness, an experience of being mocked, and a sense of all of life being an illusion. Individuals tend to react to these threats with logical arguments against them, a tactic not seen in response to the first type of distressing experience.

This kind of experience also tends to leave the individual with a pervasive sense of emptiness and fatalistic despair after the event, a further contrast to the first kind of distressing near-death experience. An office manager raised as a Protestant, who reported she had never heard of near-death experiences at that time in her life, described this type of experience during childbirth at age 24. She had been in labor with her second child for 3 days and was extremely exhausted and in severe pain. Her account of her experience includes a continuing sense of despair after her return to normal consciousness:

I remember being in extreme pain and I remember thinking this is as far as pain can go, and then I lost consciousness. I then found myself floating in a narrow river toward a beautiful arched bridge. The bridge was made of large stones. I could see the shadow of the bridge getting closer and closer, and I was looking forward to getting in the shadow because I knew I would then be dead, and I wanted to die. I was floating with my body all down in the water, except my head was floating above it and bobbing up and down. I was very peaceful, but I wanted to get in the shadow.

After I reached the shadow I was in the heavens, but it was no longer a peaceful feeling; it had become pure hell. I had become a light out in the heavens and I was screaming, but no sound was going forth. It was worse than my nightmare. I was spinning around and around and screaming. I realized that this was eternity for all mankind. I had become all mankind and this was what forever was going to be. You cannot put into words the emotions that I felt. I felt the quietness, except for the screaming within my own body, which was no longer a body but a small ball of light. I felt the aloneness, except the awareness that I was all mankind. I felt the emptiness of space, the vastness of the universe except for me, a mere ball of light screaming.

On returning home, I found myself not

wanting to talk to anyone. I felt that no one existed except me. I continued my duties as wife and mother, but I would wonder why. I would watch TV and think that I created all that was shown on it. Then I would wonder why I didn't know the outcome of a movie, and then I would rationalize that I was creating as I watched, so naturally I had not created an ending until the end.

It was very realistic to me and an experience I will never forget for the rest of my life. I wrote this poem a few weeks later:

I have been to Hell.  
It is not as you say:  
There is no fire nor brimstone,  
People screaming for another day.  
There is only darkness—everywhere.

#### *Experiences with Hellish Imagery*

A smaller number of individuals report a distressing near-death experience that includes more graphic hellish symbolism, such as threatening demons or falling into a dark pit. As with the second type of distressing experience, this kind generally contains fewer features of the prototypical peaceful near-death experience and appears not to convert to a peaceful one with time. Following are verbatim accounts of this type of experience.

The first example was reported by a woodworker with no background or interest in religion prior to this experience, though he was married to "a religious fanatic." At age 48, shortly before a vacation for which he had been saving for years, he was arrested for driving while intoxicated and heavily fined, losing both his license and vacation savings. He then tried to hang himself from a utility shed:

From the roof of the utility shed in my back yard I jumped to the ground. Luckily for me I had forgot the broken lawn chair that lay near the shed. My feet hit the chair and broke my fall, or my neck would have been broken. I hung in the rope and strangled. I was outside my

physical body. I saw my body hanging in the rope; it looked awful. I was terrified, could see and hear, but it was different—hard to explain. Demons were all around me; I could hear them but could not see them. They chattered like blackbirds. It was as if they knew they had me, and had all eternity to drag me down into hell, to torment me. It would have been the worst kind of hell, trapped hopeless between two worlds, wandering lost and confused for all eternity.

I had to get back into my body. Oh my God, I needed help. I ran to the house, went in through the door without opening it, cried out to my wife but she could not hear me, so I went right into her body. I could see and hear with her eyes and ears. Then I made contact, heard her say, "Oh, my God!"

She grabbed a knife from the kitchen chair and ran out to where I was hanging and got up on an old chair and cut me down. She could find no pulse; she was a nurse. When the emergency squad got to me my heart had stopped; my breath too was gone.

The second example was reported by a Jewish woman to have occurred following an automobile accident while traveling with her husband and two young sons at age 27:

An oncoming vehicle slid over three lanes to hit us head on. The roof of our car collapsed and my head was stuck between windshield, dash, and roof. Supposedly—I was unconscious to all onlookers, yet something weird was happening to me. . . . I was in a circle of light. I looked down upon the accident scene. . . . I looked into my car and saw myself trapped and unconscious. I saw several cars stop and a lady taking my children to her car to sit and rest until the ambulance would arrive. . . . A hand touched mine, and I turned to see where this peace and serenity and blissful feeling was coming from. . . . and there was Jesus Christ—I mean the way he is made out to be in all the paintings—and I never wanted to leave this man and this place.

I was led around a well, because I wanted to stay with him and hold his hand. He led me from a side of bliss to a side of misery. I did not want to look, but he made me look—and I was disgusted and horrified and scared . . . it was so ugly. The people were blackened and sweaty and moaning in pain and chained to their spots. And I had to walk through the area back to the well. One was even chained to the evil side of the well. The man was so skeletal and in such pain—the one chained by the side of well—I wanted them to help him, but no one would—and I knew that I would be one of these creatures if I stayed. I hated it there. I couldn't wait to get to the well and go around it. He led me to it, but he made me go through it alone as he watched. Someone else followed me through and then stepped in front of me to help me walk over the debris on the ground (snakes or something). I never looked at this thing, but I know it was dark. I knew that if I elected to stay because of the greatest, most serene feeling, that I would only have misery because he didn't want me to stay.

I leaned over the well, and this young Jesus look-alike . . . put his hand on my back as I looked in. There were three children calling, "Mommie, Mommie, Mommie, we need you. Please come back to us." There were two boys and a girl. The two boys were much older than my two little ones, and I didn't have a little girl. The little girl looked up at me and begged me to go back to life—and then all at once I was in the circle again (his hand still on my shoulder) and I saw the accident scene again, and I cried that I did not ever want to leave him—and I knew I had to leave and get back. I moaned, awake in the car again, and I screamed for my children. I knew where they were, but I demanded that my husband tell me about the lady taking them to her car because I wanted to make sure that what I saw was real.

Well, several years later I had a baby. I knew it would be the little girl in the well.

The third example was reported by a woman to have occurred following an attempted suicide by overdose at age 26:

The doctor leaned over close to me and told me I was dying. The muscles in my body began to jerk upward, out of control. I could no longer speak, but I knew what was happening. Although my body slowed down, things around me—and things happening to me went rather fast.

I then felt my body slipping down, not straight down, but on an angle, as if on a slide. It was cold, dark, and watery. When I reached the bottom, it resembled the entrance to a cave, with what looked like webs hanging. The inside of the cave was gray and brown in color.

I heard cries, wails, moans, and the gnashing of teeth. I saw these beings, that resembled humans, with the shape of a head and body. But they were ugly and grotesque. I remember colors like red, green, and purple, but can't positively remember if these were the colors of the beings. They were frightening and sounded like they were tormented, in agony. No one spoke to me.

I never went inside the cave, but stood at the entrance only. I remember saying to myself, "I don't want to stay here." I tried to lift myself up as though trying to pull myself (my spirit) up out of this pit. That's the last thing I remember.

## DISCUSSION

Existing research findings in near-death studies tend to pose more questions than they answer. However, a brief perspective on some previous findings may help in interpreting the meaning of distressing experiences.

Because it is not yet possible to predict which individuals will have a near-death experience, we cannot yet assess either psychological or physiological status before and after the experience. The observations of researchers and the batteries of psychological instruments administered to near-death experiencers and control subjects over the past decade indicate that near-death experiencers are psychologically unremarkable (Ring 1980; Locke and Shontz 1983; Gabbard

and Twemlow 1984; Irwin 1985; Greyson, 1991). In other words, there is no reason to question the mental health or psychological state of any group of individuals simply on the basis of their having reported near-death experiences, be it pleasant or distressing.

Experiences occurring in the course of an attempted suicide raise further questions about the mental state of the individual and its contribution to his or her experience. However, suicide attempters have reported radiant as well as distressing experiences, leading us to question the reliability of prior mental status as a determinant of experience type. Similarly, neither the general religious belief system of the individual nor specific prior knowledge of similar experiences appears to have any demonstrable bearing on the content of a near-death experience (Ring 1980; Greyson and Stevenson 1980; Sabom 1982; Greyson, 1991), although beliefs are often *subsequently* influenced by the experience. Cross-cultural studies as well as Western case collections reveal a recognizable underlying pattern irrespective of background belief systems or specific content of a set of experiences.

Second, although many experiences occur in the course of medical procedures or to individuals taking medication, many others do not. Attributing the experience to anesthesia or other medications is therefore questionable. Indeed, several studies indicate that individuals who had received medication or anesthesia were *less* likely to recall a near-death experience than those who were drug-free (Osís and Haraldsson 1977; Ring 1980; Sabom 1982; Greyson 1982).

Further, although the role of neurotransmitters in near-death experiences remains of considerable interest, current notions remain quite speculative (Saavedra-Aguilar and Gómez-Jeria 1989; Morse, Venecia, and Milstein 1989; Jansen 1990). Findings relevant to other physiological explanations put forward for the experience—such as anoxia, hypercapnia, and limbic or temporal lobe dysfunction—remain ambiguous. Schoon-

maker (Audette 1979) and Sabom (1982), who reported actual levels of blood gases in their samples of experiencers, found no effect of anoxia, although Gliksman and Kellehear (1990) have questioned the relevance of blood gas measurements in estimating cerebral anoxia or hypercapnia. Likewise, empirical support for psychological explanations—such as depersonalization, regression in the service of the ego, cultural conditioning, and wishful thinking (Greyson, 1983b)—is still lacking. Although many of the existing theories might explain some aspects of the near-death experience, few do so with precision, and none adequately describes all aspects of this still idiopathic event.

The vivid recall and persistent aftermath of near-death experiences suggest comparison with posttraumatic stress disorder: Is the distressing experience in particular an extreme psychophysiological reaction to stress, and do the aftereffects reflect an atypical posttraumatic stress syndrome? While the changes in attitudes, beliefs, and behavior following pleasant near-death experiences rarely lead to psychiatric evaluation or treatment, less is known about the course of individuals who have had distressing experiences. The diagnostic validity of posttraumatic stress disorder as a discrete clinical entity is still debated (Ramsay 1990); however, the past decade has produced a variety of psychological, neuroendocrine, and electrophysiological characterizations of individuals who have suffered severe trauma such as in rape or combat. A comparison of the psychobiological responses of individuals who have had distressing near-death experiences would help clarify whether these events lead to a similar persistent stress-response syndrome.

#### *Sampling Problems*

As noted previously, there is at present no way to forecast which individuals are likely to have near-death experiences, or when they might occur. Conventional prospective sampling techniques are there-

fore not feasible for most researchers. Sabom's (1982) hospital-based study of unselected consecutive resuscitation patients offers the most rigorous methodological approach; his findings mirror those of studies of less-controlled samples.

Hindering the collection of accounts immediately after a close brush with death is the near-death experiencers' reluctance or inability to talk about their experiences for weeks, months, or even years after the event. Commonly given reasons are that the near-death experience is "too personal" or that the individual fears (often justifiably) that it is so at variance from ordinary experience that it will be dismissed or considered a sign of mental illness (Garfield 1979; Clark 1984; Atwater 1988).

Ameliorating this apparent weakness in data collection is the consistency of accounts over time. This temporal constancy may be accounted for by the frequent comment of experiencers that the experience was indescribably vivid, often "realer than real." Adults' accounts of their childhood near-death experiences are remarkably consistent with those told by children shortly after the event (Bush 1983, Gabbard and Twemlow 1984; Serdahely, 1991); they frequently include odd lapses into childlike locutions and observations that are out of character for the adult (Bush 1983), suggesting that the story is presented now as it was experienced in childhood. As reported by Garfield (1979) and Greyson (1983a), individual accounts tend not to vary even though considerable time may pass between retellings.

Unfortunately, the passage of time does affect the recollection of clinical details that might be of interest to those now studying the near-death experience. Memories of precipitating conditions and treatments are often vague—sometimes in startling contrast to the clarity of recall of the experience itself—and medical records may be sketchy when dealing with the often transitory and perhaps unnoticed events associated with these experiences. Stevenson, Cook, and

McClellan-Rice (1989), reviewing medical records of persons reporting near-death experiences, found documentation of close proximity to death in only 45% of those records. For the many near-death experiences that occur away from a medical environment, of course, no records exist.

Given the retrospective and phenomenological nature of near-death studies, any conclusions as to the circumstances that produce near-death experiences and the psychophysiological processes they may illuminate are at present largely conjectural. By contrast, the aftereffects of near-death experiences offer both more manageable research prospects and potentially greater significance.

#### CONCLUSION

Accounts of distressing near-death experiences, long withheld by experiencers and overlooked by investigators, are now being acknowledged openly by both groups. The typology described here, comprising three discrete categories of distressing experiences, may suggest further directions for research.

The first type, phenomenologically similar to peaceful near-death experiences but interpreted as terrifying, and sometimes resolving into a peaceful experience, may indeed be a variant of the prototypical type differing only in the individual's perception or response.

The second type, of eternal nothingness sometimes accompanied by a sense of cosmic trickery, has less in common with peaceful experiences phenomenologically and may be associated with different organic precipitating factors. In the midst of their distress, individuals with this kind of experience sometimes try to argue their way out through logic; although it may be an artifact of our small sample, this tactic does not seem to occur in other types of distressing experiences. Individuals in this group are often left not only with feelings of terror, as with other distressing experiences, but also with a persisting sense of emptiness and despair.

## DISTRESSING NEAR-DEATH EXPERIENCES

The third type is the "hellish" experience characterized by archetypal imagery, sounds of torment, and sometimes demonic beings. In some instances, a benevolent guide accompanies the individual through the experience. In keeping with "hellish" experiences reported by Rawlings (1978), Garfield (1979), and Grey (1985), we found these experiences quite variable in phenomenology. While this kind of distressing experience has been considered a delirious artifact of modern resuscitation (Rogo 1989), it is reminiscent of medieval back-from-the-dead narratives (Zaleski 1987). Furthermore, Irwin and Bramwell (1988) reported a near-death experience that began to unfold as a prototypical positive one but then evolved into a frightening one with demonic beings. Thus, it may be an oversimplification to conclude either that this type of distressing experience is unre-

lated to the pleasant type, or that it is a variant of the prototypical pleasant experience.

Further study of both peaceful and distressing near-death experiences is required to clarify their similarities and differences, and to elucidate the physical and psychological factors associated with these altered states at the threshold of death. The aftereffects of the distressing near-death experience have not yet been studied systematically. However, our preliminary observations indicate that ontological fear is a common result of the experience. Future investigations of the aftereffects of distressing experiences may clarify their relationship to more familiar posttraumatic stress syndromes, may yield important clinical insights for the individuals involved, and may help clarify the near-death experience's meaning and relevance to life.

## REFERENCES

- ATWATER, P. M. H. *Coming Back to Life: The After-Effects of the Near-Death Experience*. Dodd, Mead, 1988.
- AUDETTE, J. Denver cardiologist discloses findings after 18 years of near-death research. *Anabiosis (East Peoria)* (1979) 1(1):1-2.
- BUSH, N. E. The near-death experience in children: Shades of the prison-house reopening. *Anabiosis: The Journal of Near-Death Studies* (1983) 3:177-93.
- CLARK, K. Clinical interventions with near-death experiencers. In B. Greyson and C. P. Flynn, eds., *The Near-Death Experience: Problems, Prospects, Perspectives*. Charles C. Thomas, 1984.
- FLYNN, C. P. *After the Beyond: Human Transformation and the Near-Death Experience*. Prentice-Hall, 1986.
- GABBARD, G. O., and TWEMLOW, S. W. *With the Eyes of the Mind: An Empirical Analysis of Out-of-Body States*. Praeger, 1984.
- GALLUP, G., Jr., and PROCTOR, W. *Adventures in Immortality: A Look Beyond the Threshold of Death*. McGraw-Hill, 1982.
- GARFIELD, C. A. More grist for the mill: Additional near-death research findings and discussion. *Anabiosis (East Peoria)* (1979) 1(1):5-7.
- GLIKSMAN, M. D., and KELLEHEAR, A. Near-death experiences and the measurement of blood gases. *Journal of Near-Death Studies* (1990) 9:41-43.
- GREY, M. *Return from Death: An Exploration of the Near-Death Experience*. Arkana, 1985.
- GREYSON, B. Organic brain dysfunction and near-death experiences. Presented to Annual Meeting, American Psychiatric Association, Toronto, Ontario, May 1982.
- GREYSON, B. The Near-Death Experience Scale: Construction, reliability, and validity. *Journal of Nervous and Mental Disease* (1983a) 171:369-75.
- GREYSON, B. The psychodynamics of near-death experiences. *Journal of Nervous and Mental Disease* (1983b) 171:376-81.
- GREYSON, B. Near-death experiences and personal values. *American Journal of Psychiatry* (1983c) 140:618-20.
- GREYSON, B. Near-death experiences precipitated by suicide attempt: Lack of influence of psychopathology, religion, and expectations. *Journal of Near-Death Studies* (1991) 9:183-188.
- GREYSON, B., and STEVENSON, I. The phenomenology of near-death experiences. *American Journal of Psychiatry* (1980) 137:1193-96.
- GROSSO, M. Toward an explanation of near-death phenomena. *Journal of the American Society for Psychical Research* (1981) 75:37-60.
- IRWIN, H. J. *Flight of Mind: A Psychological Study of the Out-of-Body Experience*. Scarecrow Press, 1985.
- IRWIN, H. J., and BRAMWELL, B. A. The devil in heaven: A near-death experience with both positive and negative facets. *Journal of Near-Death Studies* (1988) 7:38-43.
- JANSEN, K. L. R. Neuroscience and the near-death

- experience: Role for the NMDA-PCP receptor, the sigma receptor and the endopsychosins. *Medical Hypotheses* (1990) 31:25-29.
- LINDLEY, J. H., BRYAN, S., and CONLEY, B. Near-death experiences in a Pacific Northwest American population: The Evergreen study. *Anabiosis: The Journal of Near-Death Studies* (1981) 1:104-24.
- LOCKE, T. P., and SHONTZ, F. C. Personality correlates of the near-death experience: A preliminary study. *Journal of the American Society for Psychical Research* (1983) 77:311-18.
- MOODY, R. A., Jr. *Life After Life*. Mockingbird, 1975.
- MOODY, R. A., Jr. *Reflections on Life After Life*. Mockingbird, 1977.
- MORSE, M. L., VENECIA, D., and MILSTEIN, J. Near-death experiences: A neurophysiological explanatory model. *Journal of Near-Death Studies* (1989) 8:45-53.
- NOYES, R., Jr. Attitude change following near-death experiences. *Psychiatry* (1980) 43:234-42.
- NOYES, R., Jr., and SLYMEN, D. J. The subjective response to life-threatening danger. *Omega* (1978-1979) 9:313-21.
- OSIS, K., and HARALDSSON, E. *At the Hour of Death*. Avon, 1977.
- RAFT, D., and ANDRESEN, J. J. Transformations in self-understanding after near-death experiences. *Contemporary Psychoanalysis* (1986) 22: 319-56.
- RAMSAY, R. Invited review: Post-traumatic stress disorder; a new clinical entity? *Journal of Psychosomatic Research* (1990) 34:355-65.
- RAWLINGS, M. *Beyond Death's Door*. Thomas Nelson, 1978.
- RING, K. *Life at Death: A Scientific Investigation of the Near-Death Experience*. Coward, McCann and Geoghegan, 1980.
- RING, K. *Heading Toward Omega: In Search of the Meaning of the Near-Death Experience*. William Morrow, 1984.
- ROBERTS, G., and OWEN, J. The near-death experience. *British Journal of Psychiatry* (1988) 153: 607-17.
- ROGO, D. S. *The Return from Silence: A Study of Near-Death Experiences*. Aquarian Press, 1989.
- SAAVEDRA-AGUILAR, J. C., and GÓMEZ-JERIA, J. S. A neurobiological model for near-death experiences. *Journal of Near-Death Studies* (1989) 7: 205-22.
- SABOM, M. *Recollections of Death: A Medical Investigation*. Harper and Row, 1982.
- SERDAHELY, W. J. Childhood near-death experiences: A comparison of adult retrospective accounts with children's contemporaneous accounts. *Journal of Near-Death Studies* (1991) 9:219-224.
- STEVENSON, I., COOK, E. W., and McCLEAN-RICE, N. Are persons reporting "near-death experiences" really near death? A report of medical records. *Omega* (1989) 20:45-54.
- ZALESKI, C. *Otherworld Journeys: Accounts of Near-Death Experience in Medieval and Modern Times*. Oxford University Press, 1987.