

Review of Bette Furn's "Adjustment and the Near-Death Experience"

John McDonagh, Ph.D.
Huntington, NY

At the outset of this review, I must identify myself as one who has not experienced a near-death experience (NDE), and as one who has had only limited contact with survivors of the NDE. I think it appropriate, therefore, to cite the words of the Eastern sage: "He who knows does not say, and he who says does not know." Any words I might choose, therefore, will fall short. After all, the NDE is an ineffable experience, and we probably don't have a theoretical framework that adequately comprehends it.

Bette Furn offers us a carefully thought out conceptual framework as a guide to counseling NDE survivors. Early in her article, she expresses concern that professional therapists will misinterpret the NDE according to the medical mental health model. In its place, she offers us a psychoeducational, cross-cultural alternative. While that alternative is clearly preferable to the medical one in providing some kind of "road map" to guide us to an understanding of the NDE survivor's experience, I believe it has very important limitations. However, I admire her originality and creativity in suggesting the approach, and thereby stimulating thought and discussion in this area.

One of the basic premises of Furn's article is the analogy she makes between an NDE and an experience of two very disparate cultures. That is a provocative viewpoint, and the analogy may well have some merit. However, every analogy is limited, and it is from such limitations that arise the shortcomings of dealing with the NDE as a cross-cultural experience. The limitations of the approach offered by Furn, in my view, arise from two basic problems.

Dr. McDonagh is a psychologist in private practice. Requests for reprints should be sent to Dr. McDonagh at 2 Carnegie Avenue, Huntington, NY 11743.

The first problem is that any therapeutic approach depends, to a greater or lesser degree, on a conceptual theoretical understanding of the phenomenon that is central to the focus of the counseling. It is as if Furn is in search of a paradigm in the midst of a paradigm shift. I sometimes think of those of us interested in near-death studies as scientists in search of a new paradigm, but the problem with most professional therapists is that they are either resisting the paradigm shift, or don't even acknowledge that one is going on. And that point is reflected in Furn's remarks that any therapist dealing with an NDE survivor should learn as much as he or she can about the phenomenon, and that he or she should have an open mind about the experience itself. In my view, we cannot with certainty conceptualize the NDE. We may say "It is analogous to this" or "It is analogous to that" but we don't really *know* what it is. My concern would not be limited to those professionals who might view the NDE through the lens of the medical mental health model but extends to the more numerous therapists who would explain it away by any number of conscious or unconscious beliefs about the nature of reality. Anything but complete openness would tend to invalidate the central experience of the NDE survivor, and would therefore be countertherapeutic, and would be a denial of the survivor's reality. Therapeutic formulations are supposed to help us to make sense of a phenomenon, or to help us understand the unknown in terms of the known. However, in the case of the NDE, the experience is so radically different from the known that explaining or elucidating it in terms of what is familiar or known seems destined to fall short.

However, Furn's suggestion of using the Scale to Assess World Views Across Cultures (SAWVAC) as a research instrument is another novel and creative idea. The use of the instrument may help to clarify and put in perspective the ways the NDE resembles a different cultural perspective. My guess would be that it might *resemble* a culture shock experience, but that the NDE is significantly different from culture shock in ways that are difficult to articulate. That brings me to what I see as the second significant shortcoming of Furn's proposed method of treatment: that the ineffability of the NDE renders it difficult to articulate.

If the NDE can't be articulated, how is a counselor who has not had an NDE going to understand the survivor's experience? Furn expresses concern about having other NDErs treating those NDErs who are experiencing crisis or cultural shock, because they are "too involved in a personal struggle to adjust to be of help," and further, that "this might

also reinforce . . . the tendency to associate primarily . . . with other NDErs. . . .” We are then faced with a difficult choice: either refer the NDEr to a counselor who has not had an NDE, or refer to a fellow NDEr who may not have counseling skills. But why make a forced choice if you don’t have to?

Ideally, the counselor of choice would be one who has training in counseling *and* who has experienced an NDE. However, practically speaking, I don’t know how many such people would be available. Certainly, the Yellow Pages wouldn’t be helpful, but happily, there are Friends of IANDS chapters to refer to. If there proves to be a shortage of people with that combination of training and NDE experience, then it might be helpful to form teams of co-therapists, one a trained counselor and the other an NDE survivor. Because of the uniqueness of the experience, it would also seem helpful to form networks or groups so that the NDEr in crisis could contact one of a number of people, and not become overly dependent on any one person.

In closing, I would like to make a few more comments. The guidelines developed for clinical approaches to NDE-related problems that emerged from the IANDS workshop in Pembroke Pines, Florida, in February, 1984, appear to me to be very sound (Greyson & Harris, 1987). I don’t see the need to alter them significantly. Also, it seems to me that we should not focus on helping the NDEr to adjust to the host culture, but to transcend it, much in the way that Abraham Maslow saw the self-actualized person transcending his or her culture. Furn suggested that counselors interviewing NDErs “be sympathetic to non-Western philosophies, particularly those of the Far East, and to mystical traditions.” My bias would be to begin with the Western mystical traditions if we are dealing with Western NDErs, as it would seem that such traditions would be more likely to promote an integration between the “host” and “home” cultures. In the United States and Canada, our clients presumably are mainly Christian and Jewish, but they are likely to be unfamiliar with the very rich mystical traditions of Judaism and Christianity. I would encourage both counselor and NDEr to read widely in those traditions, and even invite a mystic to lunch. All of this seems to be making true what Jacob Needleman wrote several years ago: “The shrinks are beginning to sound like gurus, and the gurus are beginning to sound like shrinks.”

I would like to thank Bette Furn for her article, which is bound to stimulate much thought and discussion in a crucial area.

References

Greyson, B., & Harris, B. (1987). Clinical approaches to the near-death experiencer. *Journal of Near-Death Studies*, 6.