

Near-Death Experiences and Attempted Suicide

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ABSTRACT: Attempted suicide is correlated with an increase subsequent risk of committed suicide. However, preliminary data and psychodynamic hypotheses suggest that serious suicide attempts followed by transcendental near-death experiences (NDEs) may decrease rather than increase subsequent overt suicide risk, despite the NDEs' apparent "romanticization" of death. Studies of NDEs and of their influence on suicidal ideation are proposed which may yield greater understanding of self-destructive urges and new strategies of suicide prevention.

Studies of persons who have attempted suicide have reported subsequent committed suicide rates greater than 50 to 100 times that of the general population (Pederson, Awad, and Kindler, 1973; Tuckman, Youngman, and Kreizman, 1968). Furthermore, those suicide attempters who come close to death have a higher subsequent suicide rate than those who do not come close to death (Rosen, 1976). However, recent reports of profound subjective events with transcendental or mystical elements, the near-death experiences (NDEs) which some persons experience on the threshold of death (Stevenson and Greyson, 1979; Greyson and Stevenson, 1980), suggest the possibility that some nearly-completed suicide attempts may decrease rather than increase the attempter's subsequent suicidal ideation.

Shneidman (1971) hypothesized that "romanticized" notions of death, ie, notions of death as other than an involuntary naughtment or annihilation, tend to promote suicide. According to this hypothesis, NDE reports, which tend to characterize the process of dying by positive affect, by absence of anxiety or pain, and by a sense of reunion

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clinical studies of NDEs published to date suggest a marked decrease with deceased loved ones and suggestion of survival of bodily death, should foster suicidal ideation (Kastenbaum, 1979). However, the few in subsequent suicidal intent and behavior among those experiencing NDEs. Systematic investigation of NDEs and suicide attempts may provide a more sophisticated understanding of the role of one's concept of death in self-destructive behavior.

Data on NDEs and Suicidal Ideation

Among the sample of NDE reporters described by Greyson and Stevenson (1980), 20 claimed that the NDE made them feel more negative toward suicide than they had felt previously, 18 acknowledged no change in their attitude toward suicide, and none stated that the NDE made them feel more positive toward suicide. These attitude changes were not correlated with any experiences, expectations, or beliefs prior to the NDE, with any demographic parameters, nor with the manifest content of the NDE.

Ring (1980) reported that suicide attempters were less likely to experience NDEs (eight NDE reports out of 24 patients interviewed) than either accident victims or victims of illness (40 NDE reports out of 78 patients interviewed). Suicide attempters tended to report NDEs of shorter duration, including feelings of relief or peace, bodily detachment, and drifting in a void; they tended *not* to report what Ring described as later sequential stages of an NDE: impressions of experiencing a tunnel, a light, reunion with deceased loved ones, or a realm of preternatural beauty.

In a more recent report, the same investigative team found that among 30 suicide attempters who came close to death, the incidence of NDE recall was not significantly different from that among victims of illness or accidents (Ring and Franklin, 1980). They further report that those NDEs described by suicide attempters were not qualitatively different from those reported by others, and that none was predominantly unpleasant. Nevertheless, they noted that despite the positive nature of these experiences, they appeared to promote a strongly anti-suicide orientation among those reporting them.

Rosen (1975) interviewed seven survivors of suicide attempt by jumps from bridges, and found some features of NDEs in each one. Though none reported panoramic memory or life review experiences, most experienced a distortion in their sense of time, and all reported feelings of tranquility, peacefulness, and transcendence of bodily death. On follow-up, only one had repeated a suicide attempt, which was not lethal. While this sample is necessarily small, the absence of subsequent mortality among those NDE reporters contrasts with the

25 subsequent completed suicides, with a mean survival interval of only 2.5 years, among 515 persons who had been restrained from jumping off the same bridges (Seiden, 1968), some of whom might have gone on to have a NDE if not restrained.

Buckman and Greyson (1977) described a patient with a pathological grief reaction whose third near-fatal suicide attempt culminated in a NDE in which he seemed to be reunited with deceased loved ones in a transcendental realm. The patient then underwent a sudden and sustained personality change, with cessation of his self-destructive suicidal behavior and alcoholism.

Psychodynamic Hypotheses on NDEs and Suicidal Ideation

Prince and Savage (1966) described mystical states as one form of regression in the service of the ego. The NDE may be a particular example of such regression as a response to the threat of death, the frequently reported feelings of peace and contentment being a manifestation of the denial of death. Clark (1966) and Horton (1976) have reported dissipation of suicidal behavior following regression to symbiotic or primary narcissistic states through mystical experiences. In the patient described by Buckman and Greyson (1977), mentioned above, renewal of the symbiotic attachment to his deceased mother appeared to reverse a suicidal pathological grieving process. Grof and Halifax (1978) reported therapeutic changes in suicidal patients following psychedelic-induced "death-rebirth" experiences similar to NDEs, in which feelings of isolation and alienation are replaced by a sense of cosmic unity and transcendence of the subject-object dichotomy, reminiscent of the primal union with the mother.

In addition to gratifying symbiotic longings, regression to an oceanic state may leave the patient with a primary sense of worth and meaning not contingent upon external circumstances. As the suicide attempter having a NDE experiences a sense of cosmic unity, he or she often decathects unmet worldly goals and begins to view his or her individual losses as irrelevant from a transpersonal perspective (Ring, 1980; Grof and Halifax, 1978). Greyson and Stevenson (1980) found negative changes in attitude toward suicide after a NDE to be correlated with attitude changes toward material possessions, sex or marriage, personal power or fame, family or friends, and the meaning of life.

Another commonly reported feature of NDEs which may exert a significant therapeutic effect is the panoramic memory or "life review." This re-evaluation of the patient's life may help to resolve and integrate old conflicts and to differentiate real from neurotic guilt, and

may reduce suicidal ideation by providing a more favorable perspective on one's self-worth and position in life (Lewis and Butler, 1974; Grof and Halifax, 1978). Greyson and Stevenson (1980) reported a significant correlation between the occurrence of the life review and attitude changes following an NDE.

In patients for whom attempted suicide may be a form of sacrifice or punishment, the ego-death experienced during a NDE, in which the patient seems to survive despite the apparent cessation of ego functions, may serve as a sufficient substitute for the death of the self. This "egocide" may be seen as a symbolic suicide, as a sacrifice of conflictual ego parts, or as a compromise between the wish to live and the wish to die (Rosen, 1976; Waltzer, 1968; Noyes, 1980). The suicidal behavior of certain other patients may not be attempts to die but rather attempts to transcend the ego, to escape from painful emotions and sensations (Grof and Halifax, 1978); in other patients, suicidal acts may be an attempt to confront death in order to renew or validate one's sense of being alive (Taylor, 1978; Noyes, in press). In either circumstance, the transcendental NDE may satisfy cravings for ego death and restore a sense of purpose to life.

Many patients attribute their disavowal of suicide to a strengthened belief in post-mortem existence, as a result of their NDE (Ring, 1980; Noyes, 1979; Noyes, 1980). Though this belief is a primary factor in the romanticization of death, it appears to romanticize life as well: belief that death is not cessation seems to enhance a sense of value or meaning of life. Conviction in the presence of an afterlife may also inhibit suicide by enhancing one's self-esteem and primary sense of worth.

Noyes and Kletti (1976) reported that an NDE may enhance a patient's self-image based on his or her experience of having faced death with serenity and acceptance. Grof and Halifax (1978) described the mobilization and discharge of destructive energies during the NDE. Both of these mechanisms may contribute to the reduction of suicidal ideation following a NDE.

Finally, there is the possibility that for some suicide attempters, a NDE may be such an unpleasant experience as to dispel any subsequent death wishes. This does not appear to be the case for the majority of NDE reporters, however, as a reduced fear of death has been repeatedly documented as a frequent and longlasting consequence (Kalish, 1969; Noyes and Slymen, 1971; Sabom, 1978; Noyes, 1980), and, among the sample of NDE reporters described by Greyson and Stevenson (1980), negative attitude changes toward suicide following the NDE were correlated with feelings of peacefulness or contentment during the NDE ($\chi^2 = 3.88$, $df = 1$; $p < .05$).

Discussion

The frequency and nature of NDEs following attempted suicide, as contrasted to those following other near-fatal situations, remains in question. Ring (1980) has suggested that the lower rate of NDEs found in some series among suicide attempters maybe an artifact of that population's increased incidence of intoxication during the near-death situation and of mental illness, rather than a correlate of the suicide attempt itself.

Since NDEs appear to reduce fear of death, it is striking that the literature, meager though it is, contains few reports of suicidal intent increasing or even persisting following an NDE. Beyond the probability that not all investigators have explored this area routinely in all interviews, it is possible that suicide attempters who persist in their death wishes are less likely to discuss their experiences or intent with an interviewer than are suicide attempters whose self-destructive impulses are dissipated by the NDE.

If further study confirms the suicide-inhibiting influence of NDEs, then the contrasts between NDEs and other transcendental, mystical, or depersonalized states should be explored. For example, studies documenting a high rate of depersonalization experiences prior to attempted suicide (Bowles, 1972; Waltzer, 1968) include lack of affect as an essential aspect of the depersonalized state; however, the intensified affect often accompanying depersonalization in a NDE may be a critical influence on subsequent suicidal ideation. Many NDE reporters spontaneously associate their disavowal of suicide with their conviction in an afterlife as a result of their NDEs. Investigations of the effect of depersonalized or transcendental states on suicidal ideation must take into account the patient's understanding of and affective response to such experiences.

In addition to intrapsychic elements of a NDE, the interpersonal consequence of the experience following an attempted suicide may also influence subsequent suicidal ideation. That is, suicide attempters who do and do not report NDEs may differ in the treatment they receive, in the resolution of their precipitating crises, or in the secondary gain from their suicidal behavior, all of which may substantially modify their subsequent suicide risk.

Further investigation is needed to document the influence of NDEs on suicidal ideation. Minimally, the patients who do and do not report NDEs should be identified for follow-up from an unselected cohort of suicide attempters. Ideally, controls from the group who do not report NDEs should be matched with NDE reporters in terms of physiological proximity to death, intoxication with alcohol or other drugs at the time of the suicide attempt, and documented mental illness.

Short-term follow-up should include degree of resolution of the crises precipitating the suicide attempt, and subsequent secondary gain and psychiatric treatment, as well as the persistence of suicidal ideation. In those patients who report NDEs, the cognitive understanding of and affective response to the experience should be explored, as well as contrasts between the NDE and other transcendental or depersonalized states from the patients' experience. Changes in attitudes and beliefs not only about death, but also about the value and meaning of life after the suicide attempt, may be explored among both NDE reporters and non-reporters. Finally, long-term follow-up would be useful to assess the persistence of attitudinal and behavioral changes; suicidal and other self-destructive behavior should be monitored to correct for reporting biases.

Such studies, if they confirm the suicide-inhibiting influence of NDEs, may identify the relative contributions of the various psychodynamic mechanisms involved and the particular features of the experience which exert this effect. A more sophisticated understanding of the influence of one's concept of death on suicidal ideation may lead to more effective therapeutic approaches to suicide prevention.

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