



DEATH AS A THRESHOLD:
WORKING WITH THOSE WHO HAVE SEEN WITHIN

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by

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Abstract

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The phenomenon of the "near-death experience" is discussed from a broadened perspective as a predominantly, though not exclusively, visual component of an individually fundamental life-assessment. This is identified as being a relationship of materialistic and spiritual approaches to life.

The affective description of the experientially perceived "state of being dead" places this experience in a purificatory and mystical context. It explores this "inner experience" as an affectively perceived image of the aversive and attractive components of the experiencer's complete life circumstance.

A case is made that suggests that within the experiencer is a progressive and developmental function that processes these rich, varied, and engaging affects. This process can be facilitated by health-care that is holistic and at the same time ethically and legally pragmatic. A multimodal therapeutic treatment plan is presented for initiating this progressive and integrative option.

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Portland, Maine
December, 1990

Jim Skinner

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Illustrations

This paper is placed between two sections of one color copy of a continuous photograph of the Sphinx and Pyramids of Giza. The source of this photograph is Museums of the World, (La Farge, 1980, pp. 22-23).

CHAPTER I INTRODUCTION

Thanatology is the study of death and the dying process. It has become a major new area of inquiry in the past twenty or more years (Kübler-Ross, 1969). Initially, this area of investigation centered on the phenomenological aspects of those who reported that they experienced vivid, memorable, exalted, and sometimes bewildering sensations of a dimension of existence that was beyond a previous normative state. The focus has since grown to include the study of changes in those who have experienced these altered states. Currently, there is speculation that this experience suggests a shift of consciousness, possibly resulting in an evolutionary jump in individual and cultural awareness (Ring, 1986).

The title of this paper suggests that death is a process of movement that is entered through a doorway, or threshold. This paper is a critical discussion of those experiences that cluster around this threshold, a phenomenon that is also called the "near-death experience" (Ring, 1984), the "otherworld journey" (Zaleski, 1987), "altered states of consciousness" (Pahnke & Richards, 1969), "spiritual emergency" (Grof Grof, 1989), "going within" (Singh, 1979), and "inner experience" (Laing, 1989). The review of literature of the near-death experience familiarizes the

reader with the reported phenomena, the conjectured origins, and the variety of difficulties that are usually encountered by people in integrating near-death experiences into the narrative of their ongoing life and development.

A broad approach is taken to the experience itself, not limiting it to the more clinical aspects often reported. Consequently, the search goes beyond the traditional texts.

Area of Interest

Having had a number of these inner-experiences before learning that they are called "near-death experiences", I have become interested in learning what other people have written about being close to death. This serves to enrich my own viewpoint to a somewhat greater degree. The powerful nature of near-death states requires a broadened and tempered understanding of visionary states.

My first close encounter with death and its associated physical and emotional states came when I fell off a cliff at age 13. My memory of this fall was segmented, perhaps due to my concussion injury. Other than the heightened sense of reality prior to the fall, nothing out of the ordinary was noted. However, my next profound experience of death was when my mother-in-law and sister-in-law were murdered by a deranged man. This brutal reality was a contributing factor to my seeing unusually vivid otherworldly scenes.

I began my exploration of visionary experiences because of my involvement in meditation as a practical philosophical discipline. This interest had in turn grown out of a captivating involvement with the creation of sculpture and the study of its historical development. My study included practice at the personal artistic level, as well as study of cross cultural, and historical approaches to image making.

At the same time, I also recognized that I was feeling an underlying fear that I connected to a fear of death. This was accompanied by an increasing awareness that what I considered to be dreams actually presented the enigma of two types of altered reality. The first was of a more usual or common variety, as much as dreams may be said to be a common altered state. The second type was more like entering a light formation while in a near sleep and restful state. This involved witnessing scenes and beings as this was happening. This latter type of altered state is more directly connected with meditation. I have learned through my researches that it is phenomenologically related to the near-death state.

For years I had read works on Oriental philosophy. Truly, this topic is far too extensive to make other than brief references to in this paper. For the reader who would appreciate a concise and psychologically oriented discussion of this philosophy I recommend the article entitled "Asian Psychotherapies" (Walsh,1989).

An early interest in Jung, two decades ago, paralleled my interest in mysticism, and meditation. It was through recently

reacquainting myself with the writings of Jung, and particularly those that touched on alchemical imagery, that I began to appreciate the Western depth psychological tradition.

My conviction to become a therapist occurred while watching the movie about Jung, entitled A Matter of Heart. During this film, I realized that Jung had made a number of wonderful sculptures. While I knew he had painted; as a sculptor, I was struck by his carvings and assemblages. If he could make sculpture, I observed, I could be a therapist.

Somewhere in Jung's statements on his making his own images, he says they are not art (1965). I disagree emphatically. His notion that these images are not art is based on what I feel are major misunderstandings about art.

I conjecture that underlying his conversation with his anima, he did not appreciate his work as having any economic or monetary value. Whether or not that is so, it is not a true indication of artistic validity. Perhaps he was embarrassed at the more naive quality of his art work. Possibly he wished not to be seen as proclaiming himself an artist as that might seem like he was dictating a style of art from the position of authority in his own field.

I am taking this seemingly digressive direction to point out that the desire to make images is directly connected to the struggle to die to one point of view and to search out and create or embrace a new point of view. The "product" that is concretized is the result of this search and study.

Presently, I am experiencing a period of mid-life reorientation. One morning, after returning from an early work period, I lay down for a rest and began to relax into meditation. A powerfully fluid, partially transparent and colored image appeared to me. This image was like the Sphinx of Giza, and it unfolded in a three-dimensionally moving vision. It was as if a colored x-ray of the sculpture was being shown to me as it turned, or I moved about it.

In embracing this as a personal research topic, I came to learn much about the Egyptian sphinx, RWTY, guardian of the dead. It is my hypothesis that there is an archetypal counterpart to the sculptural form and its temple complex of Isis located in Egypt. In my view, the imaginal journey to the fuller vision of this archetypal and architectural complex involves a journey to the psychological complex of death.

This hypothesis is supported by Grosso (1983) and by Grof (1985). Both acknowledge the importance of Jung's work in developing the theory of complexes and archetypes which are so instructive to the understanding and appreciation of this topic of near-death. Yet, in spite of Jung's deep and long-term interest and study of spiritual philosophies of the East, Grof (1985) says,

it is astonishing that he [Jung] has almost entirely overlooked and neglected the realm of past incarnation phenomena which are of critical importance in any deep experiential psychotherapy. (p. 192)

When my thesis topic was in its initial phase of formulation, I obtained confirmation and encouragement of

this hypothesis after reading "From Alpha to Omega: Ancient Mysteries and the Near-Death Experience" (Ring, 1987).

I suggest that the perspective that enables this perception and appreciation of the complex of death to occur is one of a spiritual nature. Although there are similarities in death vision, there are also individual variables that personalize this experience. This co-mingling of the personal and the trans-personal is of vital importance to the investigation of this topic.

Guiding Purpose

I am also interested in seeing how best to direct an inner-experiencing or inner-experienced person to an appropriate level of health care. This research interest will help me, as a psychotherapist, to determine who I might be able to work with in a constructive therapeutic endeavor. As death comes to all of us, everyone may conceivably have an encounter with near-death.

I describe several ways in which I explore the issue of near-death experience with one of my own clients. These suggested exercises are derived from my own experience as an artist and meditator. The manner in which these areas impact, and are impacted by, psychological principles touches on the guiding purposes of this paper and helps to form its method.

My own contribution thus blends my experience as one trained in the use of my visual and especially tactile senses as an artist and sculptor, and as a practicing participant in

a living, though ancient mystical tradition, that is named Surat Shabd Yoga. The meeting point between these two realms is the affective ground space of counseling psychology.

This exploration is a part of the way I am making sense and gaining movement in my life. I know that in each of my first two realms of interest I did not fully embrace my community. I feel that the meeting point in counseling psychology is creating a more complex and, at the same time, more accessible means of commonality for being with myself and others. This richness can be nothing else but worthy of exploration.

Rationale

The implications of the near-death experience are important to study and consider at this time. Presently, the very strengths of a materialistic focus are in danger of overwhelming life on this planet. Cultural structures seem unable to contain the longing of mankind's aspirations for divine guidance and connection. Individual and cultural discussion of issues of death and near-death will bring material and spiritual perspectives into contemporary dialogue.

The technical or scientific perspective needs the tempering, says Zukav (1979), of the "physicists (people) who are not confined by the 'known' " (p.15). He speaks of a bringing of the mind, and its awareness, into the day to day

realm of the body in living space, not divorced from physical nature.

Overview

In the second chapter historical references to journeys into the realm of the dead are explored. Carrick (1985) states that death includes the "dying process...the precise moment of death...[and] the state of being dead" (p. 39). This chapter deals mainly with the descriptions of the entrance into the state of being dead and with the subsequent return from that memorable state. These remembered experiences of near-death include philosophical, religious, affective or psychological, and physical expressions of the death and rebirth imagery.

The third chapter discusses several formats by which an experiencer can organize their images with the help of a skilled therapist. Initially, the importance of relaxation is discussed. Collage exercises that work with the experiencer's family of origin are described. Additional exercises will expand this biographical material into an archetypal realm by focusing on other images from the near-death state as they awaken connections to historically produced art products. Lastly, a format for embodying these images is suggested.

The fourth chapter is a brief summation and focusing of my work, which suggests some additional areas of interest that might be pursued in relation to the near-death experience.

CHAPTER II REVIEW OF THE LITERATURE

All these allegories express one and the same thought, that of the terrible power and danger of new ideas which appear unexpectedly. The Sphinx with its riddle expressed the same idea. It devoured those who approached it and could not solve the riddle. (Ouspensky, 1931, p.136)

Types of Near-Death Experience

People who have been near death include those who have experienced what the medical community calls clinical death (Moody, 1976). This is an experience of being at death while on the operating table because of cardiac or pulmonary arrest (Lee, 1978).

Reports of other traumas that have involved closely approaching death are not verified by life support systems. These include events brought on by a suicide attempt (Greyson, 1981) and near poisoning (Wren-Lewis, 1985). Near-death experiences have been recorded by writers and researchers after conversations with soldiers injured in war. These reports come from centuries past in Greece (Plato, 1963) and from victims of present day conflicts such as Vietnam (Sabom, 1982).

Some people have had a profound, phenomenological near-death experience during a fall or accident that may or may not have injured them (Noyes & Kletti, 1972, 1977). These people

have described themselves as having left their body, as if they were dead. They have done so in a perceived danger situation like those mentioned above, or during an abusive occurrence of a physical, sexual, and psychological nature (Serdahely, 1987). In addition, this sort of death experience has occurred during the use of drugs, most particularly the hallucinogenic compounds (Pahnke & Richards, 1969).

Those who are going through profound life transitions have also had an experience of being near death (Stein, 1983). Others have been actively psychotic (Perry, 1976). The dark side of the visionary, near-death experience may involve satanic practitioners and their victims (Pazder & Smith, 1980).

Some who have experienced what they feel is revelatory material may not be psychotic, although they present that picture to a more traditional Western understanding of medical and psychological matters (Wapnick, 1969).

Upon their return to externally conscious awareness, these people have begun to speak of extremely unusual visions that they had beheld. Some were encouraged to continue to relate their visions in greater detail; most were not, and they received restricting, disbelieving, invalidating, even condemning and pathologizing feedback from relatives, significant others, and medical or mental health practitioners (Ring, 1984).

Another group of people who have reported strikingly similar experiences are practitioners of a variety of

religious, meditative, philosophical, or psychological disciplines (Grof & Grof, 1989). These people have chosen to communicate with those outside of their study community, some to offer insight to others, and some to gain a helping and stabilizing therapeutic context within which to process these exhilarating and, at times, threatening encounters (Zaleski, 1987).

Near-death experiences occur as if in a vestibule or threshold. This is a way station. In psychological terms, it is the point at which a stimulus is of sufficient intensity to begin to produce an effect. It is a limen. Liminality is the state of being in the place between, in this case: between life and death. Such awareness is a part of each and is not limited to either (Stein, 1983).

Importantly, the individual's subjective belief that one is near a death of some sort can at times be sufficient to precipitate a personally profound and culturally unusual experience (Cook, McClean-Rice & Stevenson, 1989). The individual who has such an experience deserves the right to be accepted, listened to, and helped to integrate this material (Grof, 1989).

In fact, a large part of the controversy surrounding the near-death state material is that the predominantly Western, mechanistic world-view of consciousness as an epiphenomenon of biological life process, views the spiritual or mystical capacity of human nature as an aberration of the mentally ill, or maladjusted individual. This controversy revolves around

the interconnection of imaginal, hallucinatory phenomenon, with veridical, spiritually authentic vision (Gibbs, 1987).

The paradigm shift to a more mystical view that Grof (1984) delineates is engaging a broad spectrum of serious and capable researchers. This includes practitioners of various psychological, (Grof, 1989, 1988, 1985), scientific (Zukav, 1979), philosophical (Braude, 1981), religious, or meditative disciplines (Brown, Engler & Wilber, 1986).

The group that may be most directly involved in the phenomenon of the near-death state, includes the aging population as it moves into the final phase of life (Kübler-Ross, 1975). Some of these people are in hospices, nursing homes, or in the care of relatives in private residences, and may be in comas (Mindell, 1989). The family members of the aged and infirm are intimately affected and may also experience unusual phenomenon during the period of familial stress and transition as death approaches (Levine, 1982).

As this paper is written for the use of those in the counseling professions who have clients or patients who report symptoms of feeling near the state of death, traditional methods of describing these states are invaluable. There are a number of diagnostic categories that may cluster around the phenomenon of near-death as either completely or only partially indicated diagnoses. They include, but are not limited to: (1) uncomplicated bereavement; (2) adjustment disorder; (3) anxiety disorder; (4) dissociative disorder;

(5) psychotic disorder; (6) post-traumatic stress disorder (American Psychiatric Association, 1987).

Melton (1989) writes about the manner in which post-traumatic stress disorder can be seen to contain the disorders listed in the Diagnostic and Statistical Manual of Mental Disorders (Third Edition-Revised). This notion places emphasis on intensity and duration of stress in causing symptoms to arise. When this window is placed over the picture presented by Everly and Rosenfeld (1981), an instructive collage is created for viewing near-death experience as a relational pattern of stress and eustress.

Furn (1987) takes the position that near-death experiencers are best realigned to the "demands of the environment" (p. 13). Her opinion that near-death experience is a form of adjustment disorder constitutes one part of this collage. The notion of positive stress (eustress) is included in the whole collage format. Eustress is an important initiator of positive growth (Everly & Rosenfeld, 1981).

Miller (1987) objects to the more restricted view of Furn (1987). Accordingly, she states it is important to leave ample room for the client to work towards positive integration of the near-death experience, even though that may result in a radically changed view of the client's culture and personal direction in life. Thus the near-death experience has developmental significance (Miller, 1987).

Learning Quickens and Deepens as Death Approaches

As one moves through life, attitudes and important identifications are stretched so as to allow a growth to a new and more encompassing viewpoint. In this way, life is a learning, a study, before an individual biological death and has developmental significance. This is a way of being open to death in one's own lifetime, so as to more fully embrace life (Singh, 1979).

When this process is not experienced as the fundamental process of being, this inherent and ever-pressing growth may be considered to be destructive. This attitude is the fear and denial of death (Garfield, 1975).

On the other side of this rigidity is a flexibility that is in search of a structure or form to life. This latter attitude is more unaware, even insolent towards death. It expands into possibilities by the excitement of the new. This attitude is death defying (Garfield, 1975).

Fearfulness and fearlessness are intimately entwined in the learning acquired as individual life grows beyond known limits (Garfield, 1975).

The nearness to the death experience is itself a powerful motivating factor in potentially restoring balance to an otherwise attenuated and stressed life or lifestyle. The unconscious or unknown is opened up quickly and deeply, by experiences that bring someone close to death (Whitfield, 1985). If the person returns to the living, to a new chance at

life, then search for change may be the result in many cases (Ring, 1984).

The nature of this stress is both positive and negative. Each individual must struggle with their own inherent life issues in order to grow to an understanding of their life specifically (Whitfield, 1985). As this process unfolds, it becomes more complex, and of deeper significance to the culture and its workings, through the rich, varied, and accumulated individual experiencing of these near-death states (Grof, 1988).

As the individual begins to blend denying and defying approaches to life, society and culture receive these experiences into its cultural matrix (Perry, 1987). These two attitudes are primarily Occidental (Garfield, 1975). The understanding and acceptance of death are inherent in cultures that are outside of this Western, Judeo-Christian viewpoint (Evans-Wentz, 1960).

Death as a Threshold

Altered states of being are traditionally seen as negative in our Western context. Those that report them are often labeled as psychotic and delusional. A broad description of these experiences is termed by Laing (1989) as inner-experience. Laing clarifies this, saying,

by 'inner' I mean all those realities that have usually no 'external' presence- the realities of imagination, dreams, fantasies, trances, the realities of contemplative and meditative states: realities that

modern man, for the most part, has not the slightest direct awareness of. (p. 58)

Assagioli (1989) writes that the "regressive character" (p. 45), of these inner experiences must be distinguished, if present, by in some way recognizing their similarities, differences, and co-mingling with experiences of a "progressive character" (p. 45). "What is appropriate for the first group is likely to be not only unsatisfactory, but even harmful for the second" (p. 46). Every person who has a psychotic-like experience is not psychopathological. The disciplined struggle to deal with this complex therapeutic issue might best lead to a more completely differentiated diagnostic structure, and a corresponding set of intervention strategies that are seen as accepted and utilized protocols (Lukoff, 1985).

Entwined in this difficulty of dealing with what is a threshold state is a sense of trampling, treading upon the unexplained. Threshing is a separating out of the seeds from the plant that has been the container of life as previously known. It is also a talking out or discussing exhaustively (Stein, 1973).

The body is a seed house, and is a place where it is stated that people can meet in the present their recorded experience. They can experience the past, and even the future. These seeds are what the oriental philosophies call karmic deposits that are burned in the process of meditation, so as to enable the soul to journey in and out of the threshold, and to come closer to freedom in life. After the seed is threshed

enough, a person may behold one's divine nature, and become able to relate with the Creator (Singh, 1973).

It is the coming and going, back and forth in preparation for death, that has motivated spiritual teachers such as Rumi in centuries past (Nicholson, 1950), and the late Charan Singh, of Dera Baba Jaimal Singh, India, to advise one to learn how to die while one is alive. This will enable one to leave at the appointed hour of death without fear, regret, or remorse, but with acceptance and understanding of the nature of this death and life (Singh, 1979).

It is the simple report from those who have died while living, that our awareness seems to leave our bodies and almost invariably to move into a light that accepts, approves, and loves us. The light is understood to be a Being that shows strengths, weaknesses, and the very intimate details of life as lived. The Being shows the near-death experiencer a past life review (Ring, 1984).

At times, the potential future is seen in a life preview. This Being communicates that death is a transition to another state of being. Celestial music is heard and celestial beings and cities are witnessed (Ring, 1984).

However, death is not painless, desirable, and inevitably glorious for all (Serdahely, 1987). It is a matter of how attached to the body that one is, and what body experiences one has had in life that cause the experience of death to be of one sort or another (Singh, 1973).

Johnston (1976) speaks about this process of developing awareness and relationship to death as the struggle to gain a religious approach to life, and to then return to the marketplace of the world.

The most natural marketplace to return to is not the competitive, but the cooperative one. This stance is a pre-religious, or grounded approach to life in the world. The shift from individually acquisitory activity to community based sharing of experience occupies the center of feminist thought (Plant, 1989).

Fear, and fear of death is at the root of the materialistic urge. The experiencer of near-death reports a profound change in a previously materialistic attitude to life and death, regardless of earlier religious, philosophical, or psychological perspective (Ring, 1984, 1986). In its transforming aspects, near-death experience is in the same category as the mystical state of consciousness (Pennachio, 1986).

Working With Those Who Have Seen Within

A large population is clustered around death, and its threshold is wide. The population to be served is getting larger. In the United States, Gallup (1982) estimates that nearly 8 million feel they have experienced a near-death state.

If a health-care practitioner is involved with people who are near or have been near death, then a care plan might

best include the awareness of the phenomenological occurrences of the near-death state, as now understood from a historical perspective. Thus, it involves acknowledging the spiritual perspective. Towards underscoring this point Laing (1989) says, "As it is, the secular psychotherapist is often in the role of the blind leading the blind" (p. 60).

Hence, the more total health care plan would include a spiritual understanding of the human dimension. In addition, it would include awareness of some known means of opening up and closing off these powerful experiences so as to begin the process of further experiential growth and integration for the near-death experiencer. It would also involve an understanding of when ethical (Grof, 1989) and therapeutic contexts would contraindicate various interventions (Brown, Engler & Wilber, 1986). The challenging and long-term journey of integration for a near-death experiencer is a multimodal, and oftentimes piecemeal affair to accomplish therapeutically (Grof, 1985).

Ethical Concerns

Some of the ethical questions that are evident revolve around the treatment modalities, and the therapist's overall viewpoint regarding the near-death phenomenon and conjectured causes. While Perry (1974) desires to be selective with the use of medications and encourages expressive forms of communication and integration with his patients, he says he carefully considers those that are most able to do this work effectively. In fact, a carefully controlled therapeutic

environment may no longer be possible given the propensity for law suits in the case that things may go in an unexpected direction.

Clearly narcissistic-borderline disorders and psychotic disorders need personality structure to be built up, not broken down. Thus, to treat near-death experiencers who possess weak or non-existent egos from a more spiritual or transpersonal perspective would raise serious ethical and legal questions (Brown, Engler & Wilber, 1986).

However, to treat all near-death experiencers from a purely psychopathological perspective would also raise ethical issues, if not legal questions. Vaughan (1986) goes so far as to say that spiritual and transpersonal work is best facilitated by therapists who know of spiritual systems from their own cognitive and experiential study.

Therefore, it is stressed that it is important to recognize that people need a strong sense of ego before they explore leaving it behind (Brown, Engler & Wilber, 1986). The point at which one can explore difficult issues is hard to determine and is forever changing. Nevertheless, Laing (1989) says "True sanity entails in one way or another the dissolution of the normal ego, that false self competently adjusted to our alienated social reality" (p. 60). This comes about as a person goes within, struggles with the death of a previous way of being, and is reborn to a broader, more inclusive reality.

The Holistic Viewpoint

Perls (1973) writes in a chapter entitled "Holistic Doctrine" that a patient can integrate experience and understanding of "thoughts, feelings, and actions" (p. 15) in therapy and everyday life by using the imagination, and creatively practicing so as to act in the world with greater confidence and effectiveness.

In similar fashion Carrick (1985) states that attitudes to death can be explored cognitively, affectively, and behavioristically. He includes "the state of being dead" (p. 39), or what is called the near-death state, as a part of what he calls death. The others are the moment of death, and the dying process. It is primarily the state of being dead that is addressed in this review.

It is most instructive to look at the near-death experience from this "holistic" perspective even though this paper is primarily addressing the affective concerns of the near-death experience and the reader is encouraged to continue and expand on these concerns by reading Carrick (1985).

Thus, in addition to the concern for therapeutic issues and modalities, there is a cognitive dialogue that is going on presently that touches on how to help others grow to their own discovery, in a way that is supportive of the community at large. This cognitive exploration is going on in many areas of study as the paradigm of mechanistic thought is wrapped into the more holistic paradigm of our time. Towards this end, Grof (1984) says, the exciting thing about the

revolutionary developments in modern Western science- astronomy, physics, biology, medicine, information systems theory, depth psychology, parapsychology, and consciousness research- is the fact that the new image of the universe and of human nature increasingly resembles that of the ancient and Eastern spiritual philosophies. (p. 21)

It is to this that the near-death researcher, experiencer and states point: "the different systems of yoga, the Tibetan vajrayana, Kashmir Shaivism, Zen Buddhism, Taoism, Kabbalah, Christian mysticism, or Gnosticism" (p. 21).

Grof (1984, 1985, 1988) writes from his perspective as a clinical and research psychiatrist. He adopts the "holonomic theory of perception" of Pribram (1974). In this theory light, sound, and energy interact, create and influence individual and collective experience. The theory is close to the tenets of modern physics. Yet, the holonomic theory is debated by writers who hold an even more spiritual perspective for the near-death experience than the "reduction of reality to the properties of a frequency domain" (Braude, 1981, p. 53).

The Discussion of What Comes at Death

The experience of approaching death has been conveyed to interested listeners and readers for millennia. This reporting has been made by philosophers, those involved in religious practices, people thrust into an intimate brush with death by mental or physical disease, traumatic incidents, and by those who have written or otherwise created expressions of such accounts.

Philosophers

The philosopher is one who is versed in or occupied with, among other things, the attitude of composure and calm in the presence of annoyances, troubles, and trying circumstances. These circumstances are not separated from life, and include issues of conduct, knowing, and being. These interests spread out to a complex range of studies (Stein, 1973).

Plato (1914) writes of spiritual forms that are reached first through the love of physical and then through the love of spiritual beauty. The work of Plato is said to be indicative of one of several perspectives on death in early Greece. This perspective is called by Carrick (1985) "divine personal immortality" (p.40). Another prominent perspective on death in early Greece is the Homeric view which Carrick (1985) calls "chthonic personal immortality" (p. 40).

These two viewpoints are most pertinent to this paper. The chthonic perspective views death as horrific and unconquerable. It partakes of underworld darkness and hopelessness. On the other hand, the divine perspective offers hope and promise through cleansing of the soul (Carrick, 1985).

In his work Phaedo, Plato (1914) has Socrates share his thoughts with his friends as they await his time to drink the fatal hemlock drink. He writes that a dream causes Socrates to perceive music in an interior state of awareness. This apprehended music is equated with philosophy by Plato. Later

in the work he has Socrates create externally heard music to express and symbolize his striving for beauty and its expression.

The musical life described above is for "those who pursue philosophy aright [and] study nothing but dying and being dead" (Plato, 1914, p. 223). Contemporary philosopher Singh (1979) also writes of a subtly perceived inner music which is the result of a successful philosophical life and practice at dying each day.

An interconnected stream of music and vision is both heard and seen by the soul as different states and stages in the continuum of concentration by the mystic (Singh, 1973). In the Vedic world such a concentration of awareness is written of as "an unbroken continuity between ordinary seeing, poetic seeing, and the sight of the Gods" (Alper, 1989, p. 336).

To be able to see in this way, the philosopher would turn away from the things of the earth, and become concerned with those of the soul. In the extreme, avoidance and renunciation of the world can lead to a form of dualism that may become increasingly more subtle and difficult to live with in a healthy state. There are

two psychological dangers or snares that confront both the psychic explorer and the mystic. The first is flight from reality, withdrawal into one's own world: the escape syndrome. The second is a too rapid or premature entry into higher states of consciousness. When either of these things happens, a person may find himself unable to control and integrate the images and the knowledge that suddenly flood his psyche. (Johnston, 1979, p. 93)

With such a warning in mind, it is seen that a rigid dualism can result in painful transformative crisis if a change in perspective is brought on abruptly. It is the gradual integration of such a powerful initiating conflict that brings on more complex ways of functioning as a human. When pursued from the stance of the philosopher-mystic, the purpose of this conflict is to lead to a level of non-dual awareness. An integrated awareness is beyond object-subject, death-life, body-soul, persona-shadow splits (Wilber, 1977), and beyond Self-God separation (Puri, 1965).

Plato (1914) suggests a mystical state, saying "he who arrives there [in the other world] initiated and purified will dwell with the Gods" (p. 241). Plato acknowledges that he has done everything in his life to be able to go past death and to make an acquaintanceship with the more original beings of creation.

Plato (1914) has his soon-to-be-dead Socrates say to his mourning and doubtful companions that death is not to be feared, nor is it horrific to a person with a true philosophic lifestyle. As fear and aversion to death diminish, the need to be intoxicated or sedated, by whatever one terms attachments or addictions, gradually dissipates. In time, a person becomes inwardly convinced of this viewpoint (Whitfield, 1985).

Phaedo is a commentary specifically made to relieve the worried and grieving friends of the departing Socrates, and to continually point the way to a mystical, philosophical way of life, after he leaves them (Plato, 1914).

Wilber (1977) calls this pointing to esoteric knowledge as the third of three ways to acquiring knowledge and wisdom. It is the one way that will do this that is not conjecture, or idle thinking. It is the injunctive way and is an invitation to find out for oneself. This way is underneath all belief systems, as an inner mystical ground. The more usual of the three modes of knowing are, first, in an analogical way, or what it is like. Second, it is by the negative way, as what it is not like, in order to penetrate beyond ordinary concepts. Thus, these three manners of endeavor direct the philosopher, the mystic, the person who is close to death.

Reality, just like all insights and experiences, is literally indescribable, but then it can nevertheless be indirectly pointed to by setting down a group of rules, an experiment which, if it be followed faithfully and wholly, will result in the experience-reality. (p. 57)

Phaedrus is a commentary to explore in words and images what is experienced by the soul, after separation from the body, at death. As a lead in to the description of his vision of the other world, Plato states at the end of Phaedo that the soul sees the earth from above as a multi-colored ball, like what the Greek youths played with (Plato, 1914). This description of seeing the earth below one, is strikingly similar to the vision described by Jung (1965) while in a sickness, and while near death.

The analogical and symbolic image that Plato (1914) offers for the body, and of the soul that animates it, is that of two winged horses and a charioteer. The good horses and

charioteers are of a more integrated awareness. Those of our world are of a more mixed awareness, which includes varieties of passion. With our world view, the driver is under the sway of passion which can lead to destruction by overpowering acts. At times, this random, difficult, and dangerous ride is directed by the attachments and other addictions that the ill individual suffers under (Whitfield, 1985).

In this way, it is seen that the broader purpose is not to split the body and soul as much as to make the whole disciplined and not unruly. By learning to live a life that is less attached to fear, and avoiding fear, the person can live more in harmony. The person who lives with death as a reality, almost as a trusted friend and reminder, can have qualities that are more soul-like. Those who do so are nourished and protected by this absolute vision (Plato, 1914).

Plato's philosopher-mystic can reach this awareness by successive periods of dedication to this type of meditative life. Those who do not so dedicate their lives, go after their first human life to a place of judgement and correction. The vision of life as a series of movements, or transmigrations of the soul, is revealed selectively to the philosopher (Plato, 1914).

Plato (1963) also writes a description of a wounded soldier who tells of his experience remembered while lying as a corpse after a battle. This soldier awakens days later on his funeral pyre and in amazement recounts in detail one of

the earliest near-death experiences. Written in Book X of Plato's Republic this report is called the myth of Er.

Er says he left his body behind and came to a place of judgement. Other souls he observes to go to the left and down from this place towards suffering and doom. Others go up and to the right to gain various benefits. Er sees souls who appear in human form continually coming and going up and down, after which time they pick new existences after seeing the results of their past experiences. Some choose wisely and some do not. Er alone does not drink from the waters of forgetfulness before he comes back as a messenger and reports his elaborate experience which includes seeing the revolving center of the universe and hearing musical tones at the edges of the shell-like central sections (Plato, 1963).

Although Er is an ordinary man before his near-death experience, it is difficult to imagine that Er will not wonder forever at his strange vision. If inspiration leads to further inquiry, philosophical study might result. Such a person Plato (1914) calls in Phaedrus, a lover. This lover suffers from the highest form of madness. It is a divine madness; one that remembers the beauty of its broadest perspective. Those that sense beauty but do not see clearly that it emanates from previous knowledge of an inspired nature, must search through their own remembered experience with a greater measure of difficulty.

As the mad lover gains wings, the journey is seen to occur with a loved one, the special friend, who confers

insight and great blessings. These gifts are different from what a non-lover may provide. The non-lover's offerings are mixed with prudence, stinginess, and a narrow, conventional viewpoint (Plato, 1914).

The relationship of the lover and the loved one is crucial to the vision of Plato's soul after its physical death. It is inherent in the disciple-master relationship. One who has seen the way past the threshold of death can show the way to those who are struggling in the vestibule. The disciple desires to learn the way toward an understanding and appreciation of death. The master has done that and has come back into life as the messenger to the disciple (Singh, 1979).

In the words of Teresa of Avila, Christian mystic of the sixteenth century, quoted in Peers (1989),

seek out someone who is very free from illusion about the things of the world, for in order to know ourselves, it helps a great deal to speak with someone who already knows the world for what it is. (p.65)

What Plato (1914) has written in Phaedrus is said in almost identical terms in the Katha Upanishad, as translated and amended.

Know this:
The self is the owner of the chariot,
The chariot is the body,
Soul (buddhi) is the [body's] charioteer,
Mind the reins [that curb it].

Senses, they say, are the [chariot's] steeds,
Their objects the tract before them:
What, then, is the subject of experience?
'self, sense and mind conjoined,' wise men reply.
(Zaechner, 1986, p.176)

Those Involved in Religious Practices

A step from philosophy to religion is made by reading the classical writing of monks or priests who collected their shared awareness of the approaching death process with those around them. The most notable, and most readable one is The Tibetan Book of the Dead. The original work is called "in its own language Bardo Thodol ('Liberation by hearing on the After-Death Plane')" (Evans-Wentz, 1960, p. 2).

Originally available to Western scholars in 1927, it is a translation of a work of great importance in the Mahayana School of Buddhism. It was passed down in oral tradition for hundreds of years, and codified by edict in early 800 A.D. This work is meant for the use of the initiate to these traditions, writes Lama Govinda, in his introduction to the Evans-Wentz (1960) translation, to

go through the experience of death before he can be spiritually reborn. Symbolically he must die to his past, and to his old ego, before he can take his place in the new spiritual life into which he has been initiated. (p. lix-lx)

It is for the living student of religion, the initiate; both in present life, and for remembering in the hereafter. It helps to bring the student through three stages of development. Listening in an intuitive way and hearing with one's heart is the first stage of learning for the religious student. In the second, an intellectual understanding is

added. In the third stage, the direct experiential knowledge is achieved, and the previously convinced intellect expands into a spiritual certainty. This integration brings greater ability to act clearly and with conviction. This is knowing in which the knower is one with the known (Evans-Wentz, 1960).

Bardo Thodol is also for those who are left behind, to help them in their grief. It may facilitate an acceptance of the lessons of death and separation. Also, it may further clarify a wider and more encompassing view of existence. This helps to sever attachments to the departed, and leads to the acknowledgement that death is a real part of life, and not to be put off until unavoidable (Evans-Wentz, 1960).

Bardo Thodol expounds a map of the experiences that await the dying and the dead person. At death, the soul can gain entrance to freedom from the process of reincarnation. That is possible, if this potentiality is recognized in the Clear Light vision phase. This vision is seen at the instant of death; or in a secondary vision of light, at a later time in the journey of the soul beyond death (Evans-Wentz, 1960).

Nirvana, reached by the leaving of the wheel of reincarnation, is an extinction and a blowing out of the flame of desires. This desirable state in Buddhism is the broadest sense of changelessness, peace, and freedom. It is beyond death, as it is beyond life (Johnston, 1979).

If not into Nirvana, then the unaware soul goes on to other visions, and continues in the sangsara, or phenomenal universe, as if in a dream of karmic apparitions. These may be

visions of the past existence, or of future goals. One may still be able to become disconnected from these attachments and aversions, if one realizes one's situation. The successive visions are captivating and enthralling as Peaceful Deities; and eventually frightening, abhorrent, and torturous; as Wrathful Deities (Evans-Wentz, 1960).

Fear and flight in the vision state then results in the entrance into what is thought to be a safe place; which is between a male and female joined in sexual embrace. This results in rebirth to realms of paradise; or into a new round of life in the world, with essentially the same attitudes and potentialities as the previously dead person had in the preceding existence (Evans-Wentz, 1960).

The teachings of the Bardo Thodol reveal that it is important to remember these lessons at the moment of death. To do so, one must prepare oneself during life. The importance of this is repeated often, as the soul is said to be in need of a finely tuned and spontaneous awareness of what is vital for its well-being. The acceptance of the principle that life is a time that best includes study and preparation for the end moment of life, can be entered into at any time in a person's life. This is the religious attitude to life. For

to be born as a human being is a privilege, according to the Buddha's teaching, because it offers the rare opportunity of liberation through one's own decisive effort, through a 'turning-about in the deepest seat of consciousness'. (Evans-Wentz, 1960, p. lxi)

The religious structure and mythological drama that specifically deals with the reincarnative, or death-rebirth motif as a royal family drama is the Egyptian myth of Osiris and Isis (Velde, 1967). It is complex and rich in form and texture. The reader is encouraged to review this myth in an available source such as Meyer (1987) since this paper only offers a brief account.

The family conflicts are seen by Velde (1967) as the manner in which Horus loses his innocence. He acquires his wound through the eye, and he sees the complex and interactive nature of life and death. It is from this tempered perspective that Horus receives his more inclusive vision of the world, beyond that of the peaceful, benevolent, and naive Osiris (Velde, 1967).

The confusing origin and history of Horus is hard to firmly fix. However, the vanquishing and subjugation of Set by Horus is expressed as a broader incorporation of life views, not simply a renewed version of the previous dualistic way of viewing life and death. This shift gives Horus a divine and immortal position as an observing being. He struggles with the intellect that is Set, the ruler of time, and moves past revenge of his father's murder, to a more encompassing and insightful way of being. This shows two ways of moving through the life-death drama; the way of

Osiris and the way of Horus. The former is the way of reincarnation, of progressive dissolutions linked only by the generative principle; and the latter is the direct path, that of the warrior spirit, out to subdue the enemy

within himself by his own efforts. (West 1987, pp. 140-141)

An account of the mystery school of Isis and later of Osiris is made by Apuleius of Madauros near the year 170 A.D. In the study and commentary on the work of Apuleius, *Metamorphoses*, Book XI, Griffiths (1975) points to the serious nature of this partial autobiography as told through the words of Lucius, the ass. It is deep in meaning and recounts the desire for Lucius to gain entrance to the Isis ship, so as to be able to mourn loss, acknowledge pain, and, at the same time, to gain a relationship with the goddess Isis as a divine navigator and healer. The very form of Lucius, the ass, represents Set, (Seth-Typhon) as a loathsome animal to Isis. This is an allusion to one who does not truly love, but wishes gain, at others' expense. It is the direction that Lucius initially traveled before seeking transformation, and reconciliation.

The lust and destructive curiosity that was in Lucius' heart drew him to magic to entice a rich wife to matrimony. After pain and sorrow results from the earlier use of a materially conceived magic, Isis is prayed to for her use of spiritual magic in healing. She rises from the sea, revealing herself in many colors, mostly in a dark, black sheened cloak. She says she is Minerva, Proserpine, Ceres, Hecate. In Africa, and Egypt, she is Queen Isis (Griffiths, 1975).

Isis advises Lucius to approach the rose wreath bearing priest at the Isis-ship ceremony. Upon eating a portion of

this wreath, the vile form of the ass is changed to the original human form.

The Goddess was accustomed to elect people who stood near the close of their life-span, on the very threshold of the end of light, but who could be safely entrusted, nevertheless, with the mighty mysteries of the faith. By her providence she caused them in some way to be born again and placed them once more on the course of a new life. (Griffiths, 1975, p. 95)

After abstaining from meat and alcohol for a proscribed period, Lucius then obtains an initiatory experience, in which he relates:

[I] approached the boundary of death and treading on Proserpine's threshold, I was carried through the elements after which I returned. At dead of night I saw the sun flashing with bright effulgence. I approached close to the Gods. (Griffiths, 1975, p. 99)

Lucius is then allowed to wear for a time a cloak from shoulders to heels, which is richly embroidered with colored animals and fanciful beasts. Griffons, dragons, and winged bird forms from other worlds festooned this cloak, called the Olympian Robe (Griffiths, 1975).

After serving Isis for the next year, Lucius is again initiated, this time into the service of Osiris. Yet again, a third initiatory beginning gives Lucius access to the Olympian Robe for his own use, even though he is not in the temple complex, having moved a great distance away to Rome. This is granted for his acceptance and for his salvation (Griffiths, 1975).

The discussion above centers around the transformation of the tormented Lucius, and represents the turning around of his previous ways of life. This distinction of autobiographical, or biographical recounting of the experience of death, and the recounting of a religious attitude to this experience is an important conceptual continuum. Zaleski (1987) approaches her study of death visions from the both the hagiographical, or more impersonal and religious expression and from the biographical, or more personal and penitential expression.

Zaleski (1987) calls the death vision experience an "otherworldly journey", which is

the work of the narrative imagination. As such it is shaped not only by the universal laws of symbolic experience, but also by the local and transitory statutes of a given culture. (p. 7)

Simply reading these reports, is cross cultural in time and in place. The overlapping and blending of personal and universally symbolic content for the experiencer of the near-death state can be radically shocking, as in a stressful cultural shift (Furne, 1987).

In comparing older hagiographical reports with the generally more modern biographical examples of near-death, Zaleski (1987) sees common elements of leaving the body suddenly, passing through or over tunnels and fields, meeting beings of light who act as guides, experience of other world rapture, and an undesired return to a world of conflict (Zaleski, 1987).

There are contrasts with the past, as in modern reports there are few hellish and purgatorial scenarios. In these modern reports, the other world is "a congenial place, a democracy, a school for continuing education, and a garden of unearthly delights" (Zaleski, 1987, p. 7).

In medieval visions there are three kinds of death and associated visions of near-death. Three types of death visions are that of the saint, the sinner, and of those who are mixtures of each. These visions are part of the imagination and they form a bridge to the other world. Modern religious thinkers are helping to correct the current conceptual disdain for more corporeal imagery. They see this imagery as an important underpinning of Christianity (Zaleski, 1987).

If the near-death experience has been particularly deep, a guide is encountered (Ring, 1986). This can be seen as daimon, saint, angel, or some other patron, in the more religious context of imagery; or in the democratic context of our often secular culture the guide may be a previously dead family relative or friend (Osis & Haraldsson, 1977), or pet (Serdahely, 1989-1990).

The guide disappears and reappears, at times leaving the experiencer to travel alone. It comes to treat the soul with mercy, not merely strict justice, and the experience is remembered for its instructive and transformative potential whether the near-death state is entered by "dying, dreaming, or trance", (Zaleski, 1987, p. 55). This guide is the higher

self, a most complete sense of the person that is the near-death experiencer (Ring, 1980).

Interestingly enough, as the vision is talked about by the experiencer upon their return to more normal existence, it is written down and discussed with the result that it is invariably made to be more in tune with any preexisting contemporary schemes. Yet

rather than degenerating as it becomes further removed from its source, an account may gain in authenticity if it falls into the hands of an author who understands, from experience or artistic intuition, what it may have to offer. (Zaleski, 1987, p. 87)

What these experiences contain and offer is a direct appreciation and touching of an experience that the soul longs for and cannot find solely in the previous viewpoint or ego position. Such experience is most like blinding flashes of light and insight which are essentially impossible to communicate (Zaleski, 1987).

Kletti and Noyes (1972) write about death and near-death from falls, or other traumatic occurrences. While classifying the threshold experiences as characteristic of a depersonalization syndrome, they have considered the reports as more than simple pathology. The simultaneous interaction of an evaluating "observing self" and an active and engaged "participating self" suggests that the whole being of the experiencer is engaged (Kletti & Noyes, 1977).

This conceptual framework is strikingly similar and consistent with the spiritual disciplines of yoga as taught

today by those who are interested in how yoga and psychotherapy interrelate (Ballentine, Rama & Ajaya, 1976).

Using the pathological nomenclature it is conjectured that depersonalization symptoms can help enhance survival skills during trauma (Kletti & Noyes, 1977). Other positive aspects can be reframed from within

the loneliness, alienation, and hypersensitivity that sometimes mark the return from the otherworld... [which] in effect [may be] signs of sanctification and as such cannot be equated simply with post-traumatic depression. (Zaleski, 1987, p. 142)

Writing from the religious perspective, Zaleski (1987) argues in support of those who wish to widen the traditional medical perspective of death as an end game or end state. There are so many ideas and theories, that the reductionist proponents would benefit from a more inclusive examination of the near-death state.

Zaleski (1987) desires that a new perspective or middle ground grow between the skeptical attitudes toward near-death testimony as aberration or mere fantasy; and the embracing it as proof of life after death. This middle viewpoint will enable a more vital life to come to those who have no hope or knowledge of what comes after death. It will also lead away from a search for immortality that is divorced from more progressive religious concerns. This middle way may allow a more favorable redirection of energy back to the community. Thus, expression of a balanced life can be created that is not

depressed, alienated and lifeless, nor is inflated and desirous for self-motivated concerns alone (Zaleski, 1987).

The understanding and appreciation that all people are travelers on the "otherworld journey" can help people to relax and go beyond a conceptually scientific attitude to the near-death question. This more narrow viewpoint may manifest in an endless need to pile up additional examples and arguments to prove or support the spiritual dimension of life (Zaleski, 1987).

Argument and example will not convince entirely in the same way that experience can convince. Experience contributes to the development of personal conviction. Thus, the near-death state is a theological phenomenon, which points to what is beyond itself. Appreciation of this view will place the near-death vision in the context of a "pastoral theology, for its proper task is not to describe the truth but to promote and assist the quest for truth" (Zaleski, 1987, p. 192).

Those Who are Seen as Ill at Ease

Much of the previous discussion revolved around the notion that individuals can experience a state of being that is termed mystical. The movement into this state has been spoken of as, in various ways, a process of purification. This process is one that has been actively sought within a mystical, philosophical, or experientially realized religious structure. What of the person who is ill at ease as the vision of death's threshold dawns; whether in a formal structure of study or not?

Johnston (1979) notes that two avenues of disease are the escape from the world and its responsibility and a too rapid entry into the essentially altered state of consciousness. What may occur under these circumstances is a loss of grounding in the world manifested in the form of a psychotic break. Wapnick (1969) elaborates in his article discussing mysticism and schizophrenia, stating that

Prince and Savage discussed the mystical experience.... [They] noted a "plausible link" between psychosis and mysticism, and suggested that psychosis was a "pressured withdrawal" with an incomplete return, while the mystic's withdrawal was more controlled and his return more complete. (pp. 49-50)

Perry (1987) is very concerned that certain people, who may seem to be psychotic, can be more effectively treated as if they are struggling for a rebirth into a new, purified way of life. This rebirth is from out of the husk or shell of the older, previous existence. The old life may have been polluted, restrained, or no longer adaptively appropriate.

This is not unlike the struggle of Lucius, as previously cited, as he yearned to get beyond the form of the ass. Perry (1987) asks, "what are we doing with our visionaries? How many of them are we labeling psychotic and putting away in confinement under medication, or relegating to poverty as eccentric artists, or curing them of their "symptom" by therapy?" (p. 16)

Having studied various cultures as they encounter stress, Perry (1987) attempts to complement his earlier medical approach with the archetypal approach of his Jungian training:

Typically, the period of distress [in culture] is marked by both cognitive and affective dissonance; the old world of meanings and values breaks down by no longer fitting the new conditions. The emotional stress of the disorientation is marked by symptoms of various kinds; psychosomatic, hysterical, or addictive (to alcohol or drugs). In this general unrest, certain individuals who are sensitive and unstable tend to experience profoundly altered states of consciousness. (p. 33)

It is Perry's (1987) understanding that these symbolic images that emerge are at times more than fantasies of hope and idealistic thinking; they are potentially transformative for the individual. It potentially can be transforming for the society at large, if it can learn from the visionary near-death experiences that are related. Changes in culture can emerge from changed individuals.

This brief discussion of the proposed continuum of psychotic symptoms and mystical awareness is a matter that is of concern to Lukoff (1985). He writes that two types of psychotic experience are recognized. Most known are the long-term psychoses. Less understood are the temporary and short-term episodes. These at times lead to a more positive and higher level of functioning.

The general understanding in mental health fields does not recognize this positive potentiality with diagnostic criteria and validation. Noting that the states of positive integration occur in a specifically outlined schema of

religious and mystical experience, and have similarity to traditionally psychotic experiences, Lukoff (1985) proposes expanding the diagnostic category and connecting it to the diagnostic continuum.

Simple mystical experience can have elements in common with psychosis. Lukoff (1985) gradates their overlap into Mystical Experience with Psychotic Features (MEPF) and Psychotic Disorders with Mystical Features. In the article entitled, "The Diagnosis of Mystical Experiences with Psychotic Features", he presents a detailed flow chart outlining routes to diagnoses and appropriate therapy modalities.

Clinicians may find that this will be a difficult task. Nevertheless, it is suggested so as to be able to provide the appropriate interventions and treatments for those who exhibit symptomatic behavior, thoughts, or sensations. While not saying all psychoses are mystically based, it is an acknowledgement that "the content of an experience alone usually does not determine whether an individual is psychotic" (Lukoff, 1985, p. 164).

There are eight themes that occur in mystical, transpersonal experiences. These are similar to those that are inherent in psychotic experience. In abbreviated form, they are: (1) Death and being dead or meeting the dead; (2) Rebirth to new identity, with an elevated spiritual sense of being; (3) Journey as if on a meaningful pilgrimage; (4) Encounters with spirits of a positive and/or negative association; (5)

Cosmic conflict between these polarized forces; (6) Magical powers of communication and actions; (7) New society with radical changes to an ethical way of living; and (8) Divine union realized as a holy marriage that becomes the beginning of existence (Lukoff, 1985).

The way in which these mythological themes are dealt with is most important. As internally valid subjective truths, they can provide change through a reorganization of the viewpoint of the experiencer. However, if these themes are projected externally as "onto outer reality, such beliefs meet the psychiatric criteria for delusions" (Lukoff, 1985, p. 168) and classification as psychotic symptoms.

The most pressing point is that a limited number of potentially healing and positive psychotic breaks, are prematurely aborted with medication and traditional disbelief in mystical contexts. An excellent insight into the nature of mystical experience, as expressed from a transpersonal framework can be acquired by reading Green and Green (1971). This article is entitled, "On the Meaning of Transpersonal: Some Metaphysical Perspectives".

Those people who do not move completely through the death and rebirth experiences cited above return to a more biographical way of viewing the world. They do not pose "any major conceptual challenges" to the psychoanalytic world of psychiatric medicine and may be said to be experiencing a negative psychotic state (Grof, 1985, p. 48).

In the developmental scheme of Grof (1985), the most easily accessed unconscious materials are sensory responses. These are geometric and architectural patterns, seen with open or shut eyes; and high frequency sounds.

The next realm of material is the traditional psychodynamic. Unintegrated traumatic or charged memories from birth to the present are remembered, and relived by sensation, emotion, and visual or auditory experiences (Grof, 1985).

At a deeper level, experience of severe physical trauma can connect the biographical level to the next level, which Grof calls the perinatal. This is concerned with death and rebirth. "As the processes of experiential self-exploration deepen, the elements of emotional and physical pain can reach such extraordinary intensity that it is usually interpreted as dying" (Grof, 1985, p. 98). These experiences are a paralleling of the fetal development. The process of moving from death to birth is one of being in "blinding white or golden light of supernatural radiance or beauty" (p. 123), and is akin to salvation and escape from death.

The transpersonal realm is encountered at a deeper level, and is an entrance into an inner experience which is beyond individual sensation and rational mind as it is usually understood (Grof, 1985).

The range of these experiences is at times into the future, or into the early ancestral periods. These are humans, animals, objects, and meetings with deceased people or other life forms, and entities of a spiritual nature (Grof, 1985).

When the inner explorers experience what Grof (1985) calls the perinatal sequence, they "connect with intrinsic spiritual sources and realize that a mechanistic and materialistic world view is rooted in fear of birth and death" (p. 49). Subsequently, after returning to outer experience, many near-death experiencers begin to enjoy life more in the present, without worry of the past or future. Life and its appreciation as process takes precedence over the acquisition of objects and discretely concrete goals.

This ego death may be approached time and time again by the person who is exploring the inner condition. This process produces a texture and understanding of consciousness and unconsciousness that is quintessentially the near-death experience (Grof & Halifax, 1977).

Bass and Davis (1988) write of an increasingly prevalent side of the near-death experience. When children are subjected to mild forms of abuse they move into the mental realm and are not really all present to themselves. When subjected to more severe abuse "at its most extreme, you literally leave your body. This feat, which some yogis work for decades to achieve, comes naturally to children during severe trauma" (pp. 209-210).

When ready to begin the healing process, at some time in the future, the survivor will surface the death-rebirth imagery spontaneously. In a quote attributed to Ely Fuller, Bass and Davis (1988) write "I am experiencing the bizarre

miracle of reincarnating, more lucidly than at birth, in the same lifetime" (p. 60).

Serdahely (1987) writes of several victims that experienced comfort and consolation during their near-death visions. While Ring (1980) refers to an unconditionally loving male, and golden colored presence as receiving the near-death visionary in the dark transition tunnel phase, Serdahely extends the experienced qualities of this presence to those of a loving and protecting female, with blue color attributes. Serdahely (1987) suggests this presence is a separate and yet intimate relation to the other more traditionally reported light form. He wonders if this is a relationship of the higher self of Ring (1980) with a caregiving self.

Michelle Smith was one who began to remember her treatment at the hands of Satanic ritual abusers. Initially knowing merely that something awful was happening, she sought out a previously trusted psychiatrist who had earlier helped her navigate more benign issues. Pazder and Smith (1980) together wrote her account of this remembering, which spanned more than one year of deepening visions of the past abuse. It was reconstructed that she had suffered this thirteen month period of abuse decades previously when she was 5 years old.

In her near-death approach, Smith was comforted at the time of her last struggle and victimization by the Satanic abusers. As she was deathly still, and seemingly breathless, Smith conversed with a positive female figure in an inner realm. Everything that took place in her near-death vision was

described during the therapy. Smith was told by her positive female guide, that she would remember all of this struggle and confrontation in the future. In addition, she would recall the subsequent help and compassionate support at a later time in life (Pazder & Smith, 1980).

Those who are very near the threshold of death, are those who dream of death short time spans before actually dying (von Franz, 1987); those who are in comas (Lilly, 1973), and who can be communicated with by a patient and observant companion (Mindell, 1989); and those who are going further than near-death, and are soon to die. Importantly, those who converse with or communicate with these people are themselves brought closer to the threshold and often share unusual phenomena (Levine, 1982).

Kübler-Ross (1969, 1975) lists the affective responses that she has seen in her study of the dying. While not delineating visionary themes, her work is extremely useful in providing a concise summation of the essential theme of the near-death state. The stages that she writes about should not be thought of as a fixed sequence of events. These interpenetrate and are accomplished to varying degrees by different people as they approach death's threshold.

Towards Gaining Additional Support

Invariably, the experiences that cluster around the near-death state cause participants and concerned bystanders to desire additional information and perspectives. The threshold

witnesses will search for ways to communicate, integrate and to make their experience useful to themselves. Networking with people who have had similar experiences provides an environment that can focus the near-death experiencer on behavioral tasks. This breaks through barriers to communication and validation (Miller, 1987).

Additional perspectives may be provided by therapeutic endeavors. These may involve working with isolation, alienation, or inflation of ego issues. They may involve helping the client to verbalize more freely and successfully. Among other concerns, the client may wish to explore the nature of altered reality, and wish more structure in which to do this. These objectives are important as they contribute to the acquiring of meaning and purpose in the context of everyday life (Greyson & Harris, 1987).

Along with the motivation for individual growth and integration near-death experiencers work for these values in societal contexts. The form of this service is often to be found in health organizations such as hospitals, hospices, crisis intervention organizations and Twelve step programs. With few exceptions, which are for the most part of a more fundamentalist and conservative approach, most service is done within a broadly conceived, spirit based concept, rather than from a more narrow, sectarian viewpoint (Zaleski, 1987).

Yet, in order to become active and positive participants in individual and group commitments for change, those who have

seen within must "move beyond feelings of modesty, reticence, ineffability, taboo, or resentment at being sent back to life" (Zaleski, 1987, p. 144). Resentments and difficulty in appreciating the new challenges of life can result in isolation and preoccupation with the past and the future (Greyson & Harris, 1987). With this in mind, therapeutic support can be seen to be necessary and invaluable for individual and societal betterment (Zaleski, 1987).

Sculptural and Architectural Approaches

Although this paper can never be complete and definitive it would need to make reference to the unusual body of architectural and sculptural works that appear in Egypt. While it is possible to see isolated examples of these in various parts of the world and in various books, what is important to this paper is the notion that the Egyptians created an extensive plain of interrelated temples, structures and sculptures that are divided into a complex that is made up of "vast funerary districts" (Janson, 1967, p. 38).

The purpose of this necropolis is an open question. One large sculpture that occupies a central place on this plain is famous the world over. It is known as the Sphinx and is called Harmakhis. Harmakhis or Hor-m-akhet is a resurrection image and is an embodiment of the rising sun (Viaud, 1959). By being an embodiment or image of the solar deity the Sphinx is intimately "associated with the Gates of the Hereafter" (LaFarge, 1980, p. 24).

It is the opinion of Ring (1987) that this complex has been a place where a series of initiatory experiences were transmitted from knowers to those who wished to learn. Ring says his own sense of the near-death experience is that it is the initial dawning of an experiential understanding of spiritual truths. These are realized in a more complete form within a growing mystical revelation. In essential simplicity these knowers had learned and were teaching that the threshold of death opens into an individually perceived view and appreciation of the "Creative Force of the universe itself" (p. 15).

Summary

In summation, during the near-death experience a complex pattern of affective and perceptive stimulus and response is present. This is witnessed and experienced by "inner senses". The experiencer is convinced that a journey is made out of one's present reality, and into an other worldly or altered place of being. In doing so, one's present body and its situational state is left behind. This movement through a dark transition place may have within it peaceful and loving and/or frightening and hateful aspects and experiences.

At some point in this journey, guides and beings may appear that connect the experiencer to dead persons or life forms from family history, or some larger historical perspective. Within this context or scenario the individual

remembers through a series of revealed visions the life that has been lived. This life viewed in retrospect may also include a glimpse of future possibilities. Then, the journey is quickly reversed or ended so fast as to be understood as awakening from a vision that "was no dream or hallucination" (Ring, 1986, p. 77).

This journey may be the result of a single or accumulated traumatic incident(s) or disease(s), cultivated by any of a variety of introspective disciplines, or experienced at a final biological death.

Although there may be elements of pathology present in these experiences, the gestalt itself has universal attributes and developmental significance. It appears that one of the integrated perspectives is that life is not merely physical, but has a more spirit-like or spiritual phase. This spiritual side of life appears to be accessible to the living as they approach death. This experience is communicated to the near-death experiencer through a predominantly visionary modality, one that is profoundly affective in nature.

Finally, it appears that those who have approached the threshold of death and have glimpsed into this other world gain a less fearful attitude towards death, and begin to appreciate life more in the present.

CHAPTER III
WORKING WITH THOSE WHO HAVE SEEN WITHIN

Those who make an entrance into the threshold of death, are themselves witnessing the essentially universal and distinctly personal ground-plane from which artistic inspiration arises. For some who see in this manner, a new urge to explore begins to emerge. This emerging desire to see, or hear, or become involved with the new or the unknown is not experienced without stress to the old structured way of being. To work with the remembered sensations of the near-death experience, in whatever sensate mode, is an artistic endeavor coming out of the spiritual level as it impacts the individual seer or visionary. The briefest hint of this is written in the issue of Parabola entitled "The Creative Response". Of particular interest to this topic is the article entitled, "The Artist as Yogi, The Yogi as Artist" (Mahoney, 1988).

This is to say that to work with the material of the near-death state is to create a relationship between the physical and the spiritual. It is also to risk saying that reality can be appreciated by an individual at both the transcendent and the immanent levels. Wilber says this in his interview with Kohn (1989), and I concur.

As this riddle is explored, an inherent struggle emerges. The stress and eustress that is inherent in this challenge help to create the possibility of new life. It is fitting and consequential that the guardian of the necropolis of the Egyptians at Giza is the Sphinx. Ouspensky (1931) says the Sphinx is an alchemical composite and is a being that expresses the ancient elemental concept of reality. Herberger (1979) alludes to the same thought in his work *The Riddle of the Sphinx*. The question concerns life and death, and where one stands in regards to this primal inquiry.

This dance of conflict and resolution occurs through a kind of reconciliation to existence in the present. This dance may be facilitated by the cognitive and affective concerns of the psychotherapeutic arts. As this story or image is expressed, the behavioral component of life facilitates an appreciation of the holistic doctrine.

The model that comes out of this brief discussion is one that is multimodal, and ongoing. This model involves the creation of artistic products that are connected to affective response. A series of therapeutic and artistic themes are suggested that can be explored by the person who has seen within the near-death state.

The exercises that are presented should not be thought of as being presented in a particular order. Nor should they be considered as a complete way of addressing the needs of the near-death experiencer.

These exercises can be entered into in any order, and suggest a continually cycling process. They may be used in group process, or with individuals in process.

It is most important that clients progress at a rate that is appropriate for them. This includes a mutual assessment by therapist and client of the potential consequences should the process be too intrusive. This is an ethical concern and should not be taken lightly. The exercises, then, are tools that the therapist and client may add to and subtract from as is dictated by the therapeutic relationship.

At the most appropriate times, affective psychotherapeutic work may be entered into. This is an important point to remember as artistic and inner experiences not processed in this manner will simply pile up new "material", and will not connect the client to feeling levels. Thus, the flow of the cognitive, affective, and artistic (behavioral) endeavor is best interrelated, witnessed, and commented upon by both therapist and client--as is determined by the need of the developing soul and its creations.

Should the reader of this paper be interested in using this format for personal development, with or without the assistance of a therapist, that is possible. However, communication within a supportive context is most helpful, and anyone who is drawn to this subject matter is encouraged to be open to companionship. Thus, this paper is most appropriately

directed to the therapists who might work with clients who have experienced a state near-death.

Therapeutic Exercises

It is difficult to formulate a series of therapeutic interventions that can serve to facilitate client integration of near-death experience. Recognizing this challenge results in an approach that utilizes five exercises. These focus on the process of breathing, the process of inner witnessing, and the process of artistically creating. The creative work uses graphic and body media.

Breath

Breathing is a most important way to relax and begin purifying the body. It is a simple variation of breath control that a Hindu named Alex taught me. I am not suggesting the rigid control normally associated with pranayama yoga. On the contrary, the breathing should be naturally done at the pace and tempo of each individual. Breathing can be modeled as a separate endeavor, and later fit into the relaxation and visualization exercise described below. As a separately practiced skill, it simply focuses on breathing in the body while in a restful position. I suggest instructing the client(s) in this manner:

“Breath in through the nose and gradually up into the area behind the nose, or the sinuses. When flowing well, this will feel as if there is a washing sensation at the bottom of the brain and into the mind. Stay with this full inhalation,

holding the breath a bit, naturally, without forcing. Then exhale out through the mouth slowly as the chest drops and the stomach is pulled in gently, forcing out the breath. Stay with the empty sensation at the bottom of the exhalation for a bit, then gently and slowly begin inhaling, pushing the stomach out, and begin raising the chest, as it fills, with the shoulders rolling back a bit. The inhalation will again fill the nose and roll up into the sinuses as before. It is as if the route you are tracing with your breath is a large oval or egg shaped form inside your body."

This is not a hyperventilation exercise. It is one method of deep natural breathing that cleans and focuses one in the body.

Inner Space

One of the therapeutic issues connected to the near-death state is the fear-relaxation polarity. Seen as stress-eustress (Everly & Rosenfeld, 1981), I see this context as vital. I prefer to verbally initiate relaxation in a multisense (neurolinguistic) manner. Various types of music are helpful, in addition. The one relaxing should be instructed to relax into the chair or onto the floor, letting all the muscle groups relax by gradually releasing them to rest (this is not to be confused with the flexing and release style of neuromuscular or progressive relaxation).

In conjunction with the instruction in body and muscle relaxation, breathing is described as breathing in new air and breathing out old air, doing this as naturally as possible.

Referring to the tension as leaving the body from the head, down through the face, neck, shoulders, and out the arms and fingers; as well as down the torso, the legs, the feet, and out the toes. Good energy is absorbed into the body from the ground or earth, and from the new air.

After having given instructions in body relaxation, in cyclical breathing and letting the tension go out of the body, connect the client(s) to the notion of inspiring, inhaling a positive energy. I suggest a continuation of the instructions, speaking directly to the client(s):

"This good energy is accepted as if coming to you, from out of the earth and ground you are touching. Perfectly comfortable warm water and air are washing you clean. Feeling safe, here, you may feel, hear, or see anything that is important to you personally. You are encouraged to notice what is here, with you, if you wish. Anything that is experienced in this safe place can be remembered, if you want to. And you may bring this back to the the room when you wish, if you wish, from this your 'inner space'. As you come back to the awareness of your body in the chair or on the floor, breathing in a relaxed, aware, and alert way; as you begin to be present to your place and time."

Is Anyone There For You?

The first two exercises are suggested to begin recollection of awareness in the body, in present time. As more physical relaxation is achieved, an engagement with "inner space" is begun. It is here that the attention may

begin to recall in greater detail, and in a more relaxed and vivid fashion: the near-death experience. The client will connect to whatever is needed for processing.

Highly specific visualizations, that closely mirror the conceptual territory of researched near-death states, may at times do a disservice to the individual in process. In addition, they may be too rapid. Study and conversation about other experiencers' realities may best be left for the actively awake state and its more cognitive study. This is the reason that I do not feel that this third exercise should be called getting in touch with the guide, or some other similar phrase.

It is key to note, that there may be a negative or "false" guide that approaches the client. Full freedom to respond to this possibility is altered, if the notion of some all-positive guide is introduced during relaxation.

The objective of this intervention is to come into connection with a figure or place, and to remember the visual and affective details as clearly as possible. Again, speaking directly to the client(s):

"As you are in this relaxed state, look around, and notice, if you see, or feel, or hear, anyone or anything. Is anyone there for you? If so, notice more and more, as you can, and know that you can remember, if it is important to you to do so. And that, if you wish, you may share what you have learned now, when you return to the present time and place in the room."

Whatever is perceived can be processed for the variety of sensate and affective responses and insights that occur. An alternate question might be: is there anything there for you?

At this point, the next intervention will use this therapeutic material as it moves into several possible directions. The basic distinction that determines the flow is how the question is answered. I list a sampling of possibilities although there will be more, of course.

If the person or visualized life form is associated with a family of origin context that is one direction. If the person or visualized life form is of a more broad cultural context (for instance, religious figure, or fantastic creature), then that is another distinct direction. If the form is a place or thing as an object, that is a third possible direction.

Collage

To introduce the visual experience of near-death to a graphic medium is a complex issue. As the purpose is not to develop artistic techniques or expertise, I suggest basic graphic materials that are used by the client. This may be as simple as paper and pencil.

Images may be ones of leaving the body, dense blackness, incredible brightness, varieties of color, animals, people, deities or demons, landscapes and architecture, just to name a few. These, or others may be in the client's conscious memory when they come to therapy. Or, they may emerge during the course of these exercises. It is desirable to have the client

work with the most personally intriguing images that they experience directly.

The figure-ground relationship is invaluable as a conceptual and perceptual tool in this work. This can be visualized in a simple way by thinking of an apple on a window sill (figure) surrounded by the view out the window (ground). Visually it is the psychological counterpart to consciousness and unconsciousness as a holistic metaphor. Perls (1973) and Arnheim (1967) discuss the vital, energetic, and at times ambiguous and reversing nature of the figure-ground relationship in greater detail than is practical in this paper.

If a person needs to express brilliant light (figure), then the darkest darks will help frame that out (ground). In similar fashion, if a guide image from the near-death experience is connected to a family member (figure) then initial explorations of the family of origin using photocopies of old photos is a start.

The ground of that figure might be found by searching out art books for works that express the underlying emotions that are uncovered. If emotions come with difficulty, then the ground might be a seemingly arbitrary environment for the figure. Once a suitable historical example is obtained, it can be photocopied or traced. For example, a photocopy of the Mona Lisa might yield a most appropriate structural support

(ground) for the family member's picture to exist within (hence the figure-ground).

The superimposition of these two images then can create a figure-ground relationship that fires the holistic imagination. To do this most successfully and with the most potential for artistic beauty, the client may choose to use permanent markers on "prepared acetate" sheets. These materials can be purchased in a variety of sizes and colors in good art supply stores. The acetate is transparent, and so a layered collage can be created.

Although the study of art history will be important for some people, it is not necessary. Using the synchronistic power of images to attract a person's soul, or creative interest, the broadest connection to a historical style will "pull" one into closer exploration so as to obtain what may be needed affectively (or cognitively and behaviorally, for that matter).

From a transpersonal perspective, the style of a period in history will "pull" one's soul, or creative fascination, to a place that will allow "unfinished" business to be engaged so as to move towards eventual resolution.

Images With The Body

The last therapeutic exercise is one that has a profound implication for integration of the previous material. As a series of images become evident, they will gain additional therapeutic effectiveness by becoming embodied.

Have the client consider an image or series of images that portray or tell the story that needs to be communicated. A review of psychodrama, especially the notion of "surplus reality" (Blatner, 1989, p. 569) and "concretization" (p. 565) reveals that I am suggesting strong connections to movement arts, theater, secular and liturgical dance in this intervention. In the context of the near-death experience, this enables its visual and affective imagery to be exteriorized onto a collectively observable stage where it can be witnessed and appreciated from affective, cognitive, and behavioral standpoints.

A direct connection to oriental sculpture is made by reviewing the cognitive study of symbolic gestures set forth in Mudra (Saunders, 1960) particularly for the way these sculptural and meditational gestures present non-verbal ways of approaching the narrative of profound experience and conviction. This approach suggests a less public expression of these revealed images than is discussed in the previous paragraph.

Whether in a large group, with a few trusted friends, or when alone with oneself this concretization or expression of soul becomes an intentional act.

The creation and revealing of personal symbolic images that have been acquired in a near-death experience in a fully three-dimensional fashion that uses one's own body as the medium of expression is the holistic gift of this process.

I have witnessed others do this and have expressed my own imagery in this fashion. It is a particularly powerful way of claiming and sharing the near-death experience.

CHAPTER IV SUMMARY AND CONCLUSIONS

A large number of people in the history of the world have tried to communicate that they felt near to death at some time in their lives. Much of this reportage has previously been contained in cultural structures such as philosophy and religion. As these structures have become democratized and absorbed into the more materialistic and scientific paradigm of recent time these reports have met increasing suspicion and ridicule. This ridicule has been institutionalized by labeling these altered states of reality as pathological and aberrant.

These reports are primarily called near-death experiences after Ring (1980) and they are presented in this paper as an inherent product of a visionary capacity of the human being. These experiences are taken from a larger context than Ring initially worked within, as he wrote mostly about victims of accidental and physically traumatic events. These experiences are closer in context to those that Grof (1989) calls "spiritual emergencies".

This vision is a function of the individual history of the experiencer and, as such, must be evaluated in the context of the person's overall health and development prior to the experience. Thus, it is not prudent or wise to treat and classify all near-death experience as psychotic.

To do so would be to strike at the very root of the accumulated history we call civilization and to potentially

relegate such an individual to inappropriate treatment methods. This would undermine the individual's chances of recovery and integration. In addition, this stance would prevent the larger cultural and societal context from gaining new perspectives into the meaning of life and death.

Descriptions of the variety and complexity of the types of near-death experience make it evident that a portion of these experiencers, who admittedly may be a small part of the total, may be worked with in a multimodal and developmental fashion that is holistic in concept.

This concept encourages integration of these experiences for those clients who have an already well-functioning ego-structure. Thus it builds upon the major concepts that there is a category of imaginal and hallucinatory reports that are witnessed by experiencers that may, or may not be within a psychopathological context; some of these reports, but not all, are spiritually authentic veridical vision; and there is an important implication and observation that there may be a blending of the first two concepts.

Such a framework does not attempt to move a client quickly beyond an ego-structure that is lacking, as in those people who are suffering severe psychopathological symptomatology. These people have special needs that are primary.

Thus, a multi-modal perspective can be selectively introduced in an ethically and legally responsible manner if the clinician is open to and familiar with this approach.

Accordingly, to facilitate the integration of the near-death experience that some people may report, several interventions are suggested that may be considered for use with an appropriately selected client or group of clients.

Recommendations for Further Study

It is obvious that skepticism towards the spiritual nature of the near-death experience will not disappear quickly. On the other side of the issue, "believers" in spiritual perspectives might be impatient in some degree towards the skeptics.

This paper takes the position that healthy questioning is essential no matter which side of the polarity one is favoring. An openly inquiring attitude helps to create a favorable atmosphere for determining the middle ground that exists where neither position is completely true or false.

Whether or not a middle ground is established, an area of consideration that has only been briefly touched upon is worthy of research. Of specific interest is the reference in numerous reports to the hearing of sounds, tones, or music. On first describing these symptoms to a health-care provider these may be connected to the symptoms that are lumped in with tinnitus.

Tinnitus is commonly a result of ear disorders and is an illness of a physical nature. In addition, it can be connected to acute anxiety and presbycusis, or hearing loss that occurs when one gets old. Greek roots of presbycusis refer to hearing

and when being an old man. These allusions bring up a curious convergence with the study of near-death as presented in this paper (Stein, 1973).

Osis and Haraldsson (1977) report that hallucinations in the terminally ill are usually visual and rarely just auditory. The people in this study were previously free of mental illness. The reverse is true with mentally ill persons. Their auditory hallucinations have a character that strongly suggests a regressive psychopathology.

In the general population the neurolinguistic process is decidedly visual and much less common as auditory processing. Is it not possible that Assagioli's (1989) progressive character of inner experience, which in this paper is connected to the visionary near-death experience, can also have a progressive auditory component? Several sources in the review of the literature indicate support for this notion.

If the notion of a progressive auditory component of the near-death experience is entertained, then it follows that all people who are experiencing tinnitus are not merely suffering a physical difficulty in ear function, or suffering anxiety caused by a variety of psychological causes. They may in some way be in the midst of a near-death experience which is veridical and spiritually authentic.

The importance in the last point revolves around the health-care providers' knowledge and attitude toward the potentially positive, integrating, and healing aspect of the near-death experience. If there is no inclination towards the

holistic approach then the tinnitus symptoms may be "blocked" with a variety of traditional means that may include: vasodilators, tranquilizers, antiseizure medications, or biofeedback. In addition, tinnitus maskers can be used that produce a counteracting band of noise, or a hearing aid can be worn which makes the outer world sounds more prevalent (Cahill, 1986).

The above research topic is an extremely topical one for several reasons. First, it is not one that is being addressed or debated. In this sense, it may presently be in the position that near-death research from a visual modality was several decades ago. Second, there is evidence in philosophical and religious writing that indicates that it is both a part of the near-death experience and may at times be an important inner sense modality which enables one to progress further in the "otherworldly journey".

Such a suggested topic for further investigation is not a surprising one to come out of a holistic approach. This paper supports the notion that the near-death experience is one that enables one to move from one level of being to another one by means of a visual modality. This is to say that one can become practiced at progressive inner visual awareness. Is it not sensible to assume that one can begin to experience and to practice at the development of progressive inner hearing?

Conclusion

This paper has not included the discussion of alchemical study, although it is connected to the study of near-death phenomenon (Edinger, 1985). To say either is contained in the other is both true and incomplete. There is much to be learned from study of the elemental expressions of the experience of life and death. So in closing, the reader is invited to reflect on a passage from the "Emerald Tablet", as quoted in Burckhardt (1986), as follows:

In truth certainly and without doubt, whatever is below is like that which is above, and whatever is above is like that which is below, to accomplish the miracles of one thing. Just as all things proceed from One alone by meditation on One alone, so also they are born from this one thing by adaptation. Its father is the sun and its mother is the moon. The wind has borne it in its body. Its nurse is the earth. (p. 196)

APPENDIX

At least two organizations exist that may be contacted for further information concerning the topic discussed in this paper.

The Spiritual Emergence Network (SEN) is a service group that can be reached by writing: Spiritual Emergence Network, Institute of Transpersonal Psychology (SEN/ITP), 250 Oak Grove Avenue, Menlo Park, California, 94025.

The International Association for Near-Death Studies (IANDS), is a group that can be reached by writing: IANDS, P.O. Box 7767, Philadelphia, Pennsylvania, 19101-7767.

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