

Following a Bright Light to a Calmer Tomorrow

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By ANAHAD O'CONNOR
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Carlene Huesgen is not afraid of death, she says. Not since she felt herself slip from her body, float to a hospital ceiling and move toward a bright light three decades ago. "I feel assured that there is life after death," said Ms. Huesgen, 61, who lives in Tucson. "There really isn't such a thing as dying." To some people, near-death experiences reported by millions of Americans in recent years, are windows to a world beyond. To others, they are simply comforting delusions. Scientists have tended to fall into the latter group. But in several small studies, researchers are finding that the elaborate accounts of mysterious tunnels, flooded with bright golden light, may be a healthy coping mechanism that protects against traumatic stress. People who have such experiences, one study shows, are far better at handling stress than researchers had expected. And scientists have uncovered neurological and biological differences that may lie at the core of the coping mechanisms. "We found that people who have these experiences are just the opposite of what people think," said Willoughby B. Britton, a doctoral student at the University of Arizona who is the lead author of a study in the April issue of *Psychological Science*. "They aren't more likely to run away from

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stress." Almost everyone, at some point in life, experiences a moment of fear and anxiety after a catastrophe. For some people like those with post-traumatic stress disorder, the effects can linger for years, returning as flashbacks, nightmares or emotional numbness. But people who report having had out-of-body experiences like Ms. Huesgen, who suffered a near-fatal reaction to an influenza shot 34 years ago, exhibit the reverse. Their lives are changed. They switch careers and adopt new values. Many fears they had are erased. Ms. Britton and a colleague, intrigued by the lack of scientific information on the subject, compared a group of people who reported near-death experiences, including Ms. Huesgen, with a group that had not. The scientists assumed that the near-death group would show patterns of brain activity similar to those seen in temporal lobe epileptics, who often describe undergoing spiritual out-of-body events during seizures. The abnormal activity, however, did not spring up in the right temporal lobe, as is sometimes the case with epilepsy. Instead, the activity appeared almost exclusively in the left temporal lobe. Unexpectedly, the researchers also found that the participants, like many people who suffer depression, had abnormal sleep patterns. But unlike people with depression, who move unusually quickly into the rapid eye movement or REM phase of sleep, the subjects who reported near-death experiences took an unusually long time to move into REM. "This is the first study to show these kinds of neurological differences in people who have near-death experiences," Ms. Britton said. Psychological tests showed that the participants' physiological differences were associated with what the researchers called active coping, a tendency to "take the bull by the horns" in stressful situations. The findings conflict with those of earlier studies, which found that people who distanced themselves from traumatic experiences were more likely to develop post-

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traumatic stress disorder. Dr. C. Bruce Greyson, a psychiatrist at the University of Virginia, has noticed a similar trend in his research. In two studies of hundreds of people who reported near-death experiences, Dr. Greyson found that they showed surprisingly few signs of shutting out reality, a behavior known as dissociation. Though they had slightly more dissociative symptoms daydreaming, for example, or forgetting to eat lunch while reading a book than other people, their responses were still far from pathological. "They were still within the normal range," Dr. Greyson said. "In fact, people who have N.D.E.'s tend to be a little healthier than others. They seem to have positive coping skills." From 9 to 18 percent of people who have almost died, Dr. Greyson said, later report having had near-death experiences. As medical techniques to save patients become increasingly sophisticated, that number is likely to grow. In the early 1980's, a nationwide Gallup poll found that eight million Americans said they had had near-death experiences. By the late 90's, 15 million people reported having had them. Most doctors dismiss such events as hallucinations caused by medication. Other experts suggest that the illusions are caused by oxygen deprivation or the last-minute firing of neurons in the visual cortex. Dr. Greyson theorizes that the experience may be a protective mechanism that insulates some people against developing post-traumatic stress disorder. Certain personality traits, he suggests, may make some people more likely to have near-death experiences, while others are predisposed to developing severe psychiatric illnesses. The evidence of active coping and physiological differences in people who have had near-death experiences squares nicely with that theory, Dr. Greyson said. But there is still a question of cause and effect. "We don't know yet whether these were pre-existing characteristics that caused the N.D.E. or whether they are the result of the experience,"

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he said. The answer may soon be clear. In a study that began this year, Dr. Greyson is interviewing a large group of heart patients before they undergo surgery to implant automatic defibrillators in their chests. In the operation, the patients are briefly put into cardiac arrest, setting the stage for some to have near-death experiences. Several months later, Dr. Greyson will interview them again, looking for any near-death aftereffects. "There are so many things to measure anxiety, depression, adjustment, acceptance of death," he said. "We're still just scratching the surface. There's a whole lot more to be done."