Letter to the Editor

Near-Death Accounts as Therapy: Part 2

To the Editor:

Several months ago, I wrote a Letter to the Editor describing how very much reading and studying near-death accounts had helped me through the fear associated with an occurrence of breast cancer (Drumm, 1992). One of my statements was: "If cancer should be found [again], I would still be initially shaken; but I think my adjustment would be much easier. That paralyzing fear that haunted me the first six months of this year I do not believe will ever come again" (p. 68).

Recently, that statement was put to the test. I was diagnosed with recurrent breast cancer in my right lung, classified by my doctors as Stage IV, incurable, and told I might live six months or 15 years, depending on my response to treatment.

I am writing to tell you that my previous statement *does* hold true. There was an initial shock, about three weeks of depression. But after that the emotional turmoil began to subside. I have been able to sleep in the dark, watch television, laugh, and enjoy food-things that depression made difficult for six months after my first occurrence. The most important factor in my psychological recovery, once again, has been the regular reading of near-death experiences (NDEs) from the works of Kenneth Ring, Raymond Moody, Melvin Morse, and others. I keep these books by my bed. For the six weeks after news of my recurrence, not a single day went by that I did not read or reread some of the accounts. Still, when I begin to feel fear or sink into depression, reviewing these accounts is my first line of defense.

In fact, the description of God in these accounts, as a Being who totally accepts us but notices and appreciates our humble efforts to help, is one reason I continue trying to contribute in any way possible, including writing this letter. The idea that our efforts matter to "someone in the great somewhere" has inspired me to get out of bed, exercise, and begin to socialize again after my most recent surgery.

In short, believing the content of NDEs has kept me functional. It has allowed me to feel that there is purpose in everything, including my illness, and that I can somehow find and profit from the meaning in that illness. After all, if NDEs are to be believed, there is value to every experience and a loving God (or Presence) watches and guides us through every experience.

I wish that all seriously ill persons could have the chance to study NDEs. For various reasons, some might not want to continue their study very long. But I am convinced that many would be greatly comforted.

In the Appendix to *Life at Death* (1980), Ring proposed a Center for the Dying Person. He stated that this would be a place where the "principal aim would be to prepare the terminally ill to die aware of what death really is: a passage into another dimension of life" (p. 280). The Center would address alleviation of pain, working through fears about death, and preparation for the death experience by talking with those who have had NDEs and by encouraging study of near-death research. This Center would be designed to be a place of joy and camaraderie at a time when, for so many, there is fear, grief, loneliness, and isolation. It would be an oasis of help and hope in the midst of the long, worried faces of relatives and friends. It would, in fact, encourage and uplift those loved ones with evidence that death is peaceful and beautiful rather than dark and bleak, and more significantly, that the individual consciousness and personality continues after the body has expired.

As a patient who, although not yet terminal, has been forced to face the prospect of imminent death, I can tell you that this is the type of atmosphere in which I would like to spend the last few months of my life, learning and growing in hope. Of course some provisions should be made to provide regular diversion from thoughts of death, even death presented as a beautiful transition. All any human has consciously known throughout his or her lifetime are the mundane pleasantries of living: walking in the sun, playing with animals, eating, watching a movie. There are times during an illness when the only way to cope is to try to forget about the illness and the element of the unknown in transition by indulging in the normal, known things of life. Therefore, it may be advised to have an atmosphere as warm and homelike as possible with animals, plants, walking trails, and other means of diversion.

However, the basic idea of a Center for the Dying Person is excellent: humane, meaningful, and inspiring. It could not only comfort and encourage many people but, by encouraging ongoing studies of case histories and promoting moment-of-death research, could also serve as a step to raise general consciousness concerning the possibility of an other-dimensional reality. A start might be to share and read NDE accounts to persons in ordinary hospice settings, with the consent of the patients, of course. Responses could be monitored through beforeand-after interviews that would rate levels of hope and/or depression. A great deal could be learned through such a project. Perhaps a better way to die and new concepts of true humanity could be found. It is my hope that someone will take Ring's beautiful concept seriously and implement a trial Center or begin research toward it.

References

Drumm, D.L. (1992). Near-death accounts as therapy [Letter]. Journal of Near-Death Studies, 11, 67-70.

Ring, K. (1980). Life at death: A scientific exploration of the near-death experience. New York, NY: Coward, McCann, and Geoghegan.

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