

Near-Death Experiences in South India: A Systematic Survey in Channapatna

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Abstract

The study of unusual experiences of persons who survive death (NDE) has attracted the attention of scientists over the past two decades. However, very few reports concerning the prevalence of NDEs are available. So far, only two reports of surveys of such experiences have been published; one from the United States of America and the other from India.

In the present article, the author reports the findings of another survey of NDEs and conducted in a region of southern India. A population of 17192 persons was surveyed and 2439 respondents were interviewed for identification of NDE cases. Twenty-six persons were reported to have died and revived, 16 (62%) of these having had NDEs. Thus the prevalence rate of NDEs, was found to be approximately one in thousand persons. Except for one subject all the subjects had NDEs at home. The characteristics of the NDE cases identified during the survey are presented. Similarities and differences in features between subjects of the cases reported from India and the USA are discussed and possible interpretations offered.

Key words -

**NDEs,
Survey**

Some persons after recovering from a close encounter with death from illness or other life-threatening situations, report unusual affective, cognitive and seemingly transcendental experiences. These have been frequently referred to as "near-death experiences (NDEs)".

In the past two decades a number of reports on NDEs have been published from the West [1], [2], [3], [4], [5], [6] as well as from India [7], [8], [9], [10]. Most [1], [2], [3], [4], [5], [6], [7], [8] of these researchers are based on hospital populations consisting of specific groups of patients or volunteers. However, there is a general paucity of studies concerning the prevalence of NDEs. Except for one survey each from India [10] and the United States of America [11] there are almost no reports of epidemiological studies, as far as the literature shows, published from any part of the world. The present paper is another contribution in this direction and reports the prevalence and characteristics of NDEs in an area of the Karnataka State of South India.

Material and Methods

The Population

In order to determine the prevalence rate of NDEs and to study the features of subjects of the identified cases, a systematic survey was conducted in Taluk Channapatna, District Bangalore, of the Karnataka State. Channapatna is one of the eleven taluks (roughly corresponding to tahsils in northern India and counties in the USA and UK) or subdivisions of the Bangalore district; it is situated 60 kilometres south-west of Bangalore on the Bangalore-Mysore road. This taluk was chosen for (a) the nature of its population (it consists of both rural and urban populations) and (b) operational feasibility (it was easily accessible from NIMHANS).

Channapatna consists of 145 villages, of which 12 have been listed as uninhabited [12]. By using appropriate sampling techniques, 17 survey villages were drawn from the 1981 census lists. The outcome of the survey in 13 villages .

Due to some operational difficulties, the survey was discontinued after completion of work in four villages. It was resumed after a gap of 18 months. Hence the findings of four villages surveyed earlier have been separately reported elsewhere 10

[] will be reported in the present paper.

Two thousand, four hundred, and thirty-nine households were chosen by using voters' registration lists; one member from each household, but a younger member was interviewed when the target respondent was not available. Of the 2439 target respondents, 232 had either moved out of the village or were not available at the time of our visits (the respondents who were not available on two call-backs after the first scheduled visit, were not contacted further). Hence, a total of 2207 respondents were available for the interviews. Before conducting the individual interviews, the school teachers and village leaders were contacted to explain the purpose of our visits, to enlist their cooperation, and seek their consent for conducting the survey.

Demographic Characteristics of the Respondents

The ages of the respondents ranged between 16 and 90 years; 1321 (60%) of them were males. One thousand seven hundred and six (77%) were illiterate or functionally illiterate; 111 (5%) had attended a primary school 170 (8%) had gone to a middle school and 253 (10%) had education up to high-school or beyond (28 were college graduates).

Four hundred and nine (64%) of the respondents were cultivators, 190 (9%) were housewives; 392 (28%) were laborers and 46 (2%) were caste labourers .

For example a person belonging to the dhobi (washerman) caste did washerman's work and a kumbhar (a potter) made pots for his living.

; 63 (3%) had a shop or had their own business; 41 (2%) were in some service (government or private sector); 22 (1%) were not engaged in any occupation due to old age; and 13 (0.6%) were students.

A majority of the respondents (60%) belonged to the lower middle socioeconomic class; 211 (10%) to the middle or upper middle class, while 664 (30%) came from the lower socioeconomic class. The socio-economic status was appraised by using a standard tool developed for the rural population of India [13].

The Interviews

The interviews were conducted in two stages. First with the target respondents for the identification of the NDE cases, and subsequently with the identified subjects and/or their relatives to learn at first hand the details about the experiences.

An interview schedule was administered to each target respondent. In addition to eliciting the usual demographic data, it solicited questions about the respondents' belief, familiarity and knowledge regarding cases in which a person had apparently died and revived. Respondents, who knew of such cases, were asked to give specific information about the location of the subjects. Later, these subjects were interviewed in detail about their experiences. In addition, informants who were present when the subject revived or narrated his experiences, were interviewed in as many cases as available. Most of the interviews lasted between 15 and 50 minutes. If the respondents did not have any knowledge of or familiarity with a case, only their demographic details were noted down, which did not take more than 15 minutes; on the other hand, if they knew of some cases and details about them or when the informant happened to be a subject or a subject's relative, the interviews lasted for 50 minutes or longer.

When the subjects were interviewed, they were first allowed to narrate their experiences spontaneously and then specific questions were asked regarding their NDEs. Initially, the subjects were not asked about the possible features; subsequently a checklist was prepared (on the basis of earlier experiences and the previous studies) to elicit specific information about all possible features, not mentioned spontaneously.

Criteria for Inclusion of NDE Cases

For determining the prevalence rate of NDEs, the following criteria were applied;

- (i) the subject must have reported some unusual experiences he had while unconscious or ostensibly dead
- (ii) the subject must have been a resident of the survey village at the time when the survey was conducted; and
- (iii) the subject must have been alive at the time of the survey.

Results

Belief, Familiarity and Knowledge of Revival .

The term revival was used to describe the condition wherein the subject of a case had ostensibly died and revived; but it was not known to the informants whether or not he had had a near death experience.

and NDE Cases

Four hundred and forty-eight (20%) respondents believed that it was possible for a person to die (or almost die), recover from death (or unconscious state), and remember unusual experiences he had had during that time. Four hundred and thirty-six (20%) respondents had heard of one or more such cases but all of them had not known of specific cases; only 161 (37%) of these had heard of cases in their own villages and 70 (16%) of them in other villages. In all, they made references to 42 cases in the survey villages; 15 of the subjects had died long before the survey and one subject had moved out of the village. The remaining study, two of whom did not cooperate for interviews. Of the remaining 24

cases, eight (33%) subjects, although seriously ill or were thought to be dead .

The villagers generally decide that a person has died by the following signs: failure to respond when name called, cessation of breathing and other movement, no pulse or heartbeat, and pallor of skin.

, had no NDEs. Table I shows the distribution of cases of persons who had seemingly died (or nearly died) and revived, and the number of subjects who reported NDEs.

Table I - Prevalence of Revival and NDE Cases in the Survey Villages

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Note : Figures within parentheses show prevalence per thousand

The Prevalence of NDE Cases

In all, 16 NDE cases were reported among an estimated population of 17192 (based on annual arithmetical growth projections of the 1971 and 1981 census), showing a prevalence rate of about one case (0.93) per thousand population.

The 16 subjects were interviewed for details of their experiences. The relatives or friends of the subjects were available for interviews in six cases. In addition to the questions about the subject's physical condition, they were asked about their vision of what the subject had told them (the informants) about his experiences. The versions of the informants who were not subjects agreed, in general, with the accounts given by the subjects.

Physical Condition and Location of Subjects at the Time of NDE

Seven subjects were reported to have been healthy prior to the NDE while 9 (56%) subjects were suffering from a mild to severe physical illness. Their illness included a wide variety of complaints such as: high or low grade fever (4), dysentery (2), typhoid (1), cough and asthma (1) and fits of unconsciousness (1). I was able to confirm the physical condition of 5 subjects from the informants; informants were not available for the remaining cases. One of the subjects was treated in a nearby hospital and had an NDE on the way back from the hospital, all the other subjects had their experiences while at home. The hospital records of this subject were not available as the episode had occurred several years earlier. The subjects who revived at home, almost certainly had no formal measures of resuscitation available to them.

Demographic Characteristics of the Subjects who had NDEs

The median age of the subjects at the time of the NDE was 43.5 years (range 9-97 years) and it was 75 years (range 38-108 years) at the time of our first interview with them; the median time lapse between the NDE and the first interview was 20 years (range 2-70 years). Eleven (69%) of the subjects who reported a near-death experience, were females. Most (62.5%) of the subjects belonged to a lower middle class, four (25%) to the lower, and two (12.5%) to the middle socio-economic class. Five (31%) of the subjects were housewives, two (12.5%) were caste labourers (Dhobis), three (18.7%) were cultivators, two (12.5%) were in government service and four (25%) were not working. Thirteen (81.3%) of the subjects were illiterate, and one each had been educated up to primary, high-school and intermediate college.

Main Features of NDE Cases

As the checklist was introduced at a later stage, the subjects were not asked about all the possible

features. Therefore, the data are missing for some analyses. Table II presents the main features of the subjects of the NDE cases identified during the survey.

Table II - Main Features of NDE cases

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Note : N represents the number of cases concerning whom a particular feature was inquired about; n refers to the presence of that feature.

Experiences of "Other Realms":

Seventy-one per cent of the subjects seemed to have been to the "other realms" where they were taken by some messengers, or deceased relatives, or to have gone unaccompanied. Some of them reported having met deceased relatives or some religious figures. The subject appeared before the Yama (the god of the dead), his book (containing a report of one's deeds during terrestrial life which forms the basis of judgement for his next destination) was opened, a mistake was discovered (about his being in the other realm), and hence he was sent (or asked to go) back to the terrestrial life.

Reasons and means of reviving:

Forty-six per cent of the subjects reported that they were sent back because they were seemingly taken to the other realm by a mistake as they had not yet finished their allotted life-span, or some one else was due to die. However, unlike the north Indian cases, the subject in the present series did not mention the name of the person who was supposed to have died. Three of the subjects reported their loved one or revived of their own volition for the love and responsibility toward the living persons but not due to a mistake.

Other features:

Three of the nine subjects reported that they had been branded on their body in the other realm. (I was able to see a mark in one case and the informants corroborated the subjects' claim of a post-NDE mark in all the three cases.). The basis for getting these marks are viewed differently by the subjects of the south and the north Indian cases. In the north Indian cases the residual marks, as we refer them, are reported to have resulted when the subjects were forcefully pushed down with some instrument (such as a trident) or by hand. This generally happened to the subjects who resisted coming back from the other realm. On the other hand, in the south Indian cases, it is widely believed that a mark is put on every person when he returns back from the other realm to the terrestrial life. This belief, however, is not supported by the available data.

Of the 11 subjects who were asked whether they had seen their physical body while unconscious or ostensibly dead (out-of-the-body-experience or OBE), none of the subjects reported the presence of this feature. In an earlier series [10] of investigation of the south Indian cases, however, the OBE was reported by one subject.

Attitude toward death following NDE:

In most (70%) of the cases, the subjects reported no change in their attitude toward death as a result of an NDE. Two subjects lost fear of death, while one subject developed a fear of it following the experience.

Discussion

The prevalence rate of NDEs in the present series was about one case per thousand persons whereas it was about two cases per thousand in an earlier series [10] when a survey was conducted in four different villages in the same general area. No definite explanation can be offered at this stage for the drop in the prevalence rate although it is not uncommon for results to change when a larger sample is taken.

Of the 26 revival cases in the present series, 62 per cent of the subjects had reported an NDE. In the earlier study in India [10] the revival/NDE ratio was 72 per cent, and the one reported from America by Sabom [4], it was 43 per cent. The revival/NDE ratio among Indian cases is therefore higher than that of the American cases. Almost all the Indian cases had their experiences while at home whereas Sabom's patients were treated in a cardiac unit. It is possible that the location of the patient at the time of crisis and the mode of intervention influence the occurrence of an NDE. The question whether a relationship exists between the type of treatment received and the occurrence (and recall of) NDEs may perhaps be addressed if more data are available. These data could derive from a comparison between the experiences of persons who revived as a result of using specific techniques of resuscitation in a hospital setting and those of persons who revived at home without such formal measures. Furthermore, a comparison of features in a larger series of patients who were judged to have died with patients who were judged only to be "nearly dead" would improve our understanding of the phenomenon of NDEs.

Among the 12 features compared between the American cases (taken from the previous studies) [1], [9] and Indian cases (north Indian and both series of south Indian cases combined), six features were reported exclusively by the Indian subjects. These were: [the subject was] 'taken to other realms by messengers or some one', 'passed on to the man with a book', 'another person was due to die', [therefore he was] 'brought back by messengers from other realms'[or] 'was sent back because he was mistakenly taken there', and 'presence of residual marks' on the physical body of the experiment on return from the other world. Only one feature, namely, 'panoramic memory or review of [one's] own life' at the time of near-death was reported by the American subjects but never by Indian ones. The remaining five features ('met deceased relatives/acquaintances', 'saw beings of light or religious figures', 'revived through the thought of the loved living persons,' 'were sent back [from the other realm] by a loved one', and 'saw own physical body' while ostensibly dead) were reported by the subjects of both the Indian as well as the American cases. The last two features were, however, missing when features were, however, missing when features of the north Indian cases were compared with the American cases [9].

The content of the NDEs among the north and the south Indian subjects was generally the same although some features such as, seeing the "being of light" or religious figures were reported only by the north Indian subjects. This feature, although missing in the subjects of the south Indian cases, was reported by some of the American subjects. On the other hand a feature (seeing one's own physical body) was not reported by the subjects of the north Indian cases but was reported by an one subject among an earlier series of the south Indian cases [10]. In other words, features missing in one series of cases may be found in another (perhaps larger) series of cases in the same culture.

The differences seen within and across cultures may be due to actual variations in experiences of persons living in different geographical regions, or due to differences in the methods of investigation. It is also possible, however, that some of the variations that appear to be 'culture specific' may, in fact, be due to differences in the understanding or interpretation of an experience in a particular cultural

context. For example, the features, 'review of one's own life' (a characteristic feature of the American cases), and 'meeting a man with a book' (a specific feature of the Indian cases) are both concerned with the review of actions of the experiment's terrestrial life. The decision for the Indian subjects to return back from the other realm however, is taken by the god of the dead (Yama) whereas subjects of the American cases themselves decide to return back. The expression of features in general seems to reflect the behaviour of people in the two cultures. The people in India by and large evince an attitude of complete submission to, and accept the decision of their superiors; whereas the Americans assert themselves and exercise their will in taking decisions.

The commonality in the content of features in different cultures is perhaps indicative of a phenomenon which is shaped by, but transcends cultural beliefs.

Conclusions

The prevalence rate of NDEs in a region (of Bangalore district) of South India was about one case per thousand persons. Almost all the subjects had had their experiences at home. The ratio of revival and NDEs was appreciably higher than in American subjects many of whom had their experience while under intensive medical care. The type of condition of the patient (clinically dead versus nearly dead) and the role in the emergence of NDEs.

The differences in some features were reported among cases from within India and also between the Indian and the American cases. However, on a closer look, all the differences do not seem to be 'hard' differences. For example, the feature, "seeing one's physical body" while seemingly dead, was reported only by the American subjects when compared with an earlier series of Indian cases [9]. However, the same feature was reported by one of the subjects of a later investigated series of Indian cases [10].

The reporting of different features in different cultures might have resulted from a true difference in the experience, from the understanding of the experience in the experiment's cultural context, or from the variations in the techniques of investigation. A larger sample and if possible, the use of more uniform methods of investigation in different countries will help to clarify the origins of the differences (and similarities) between the features of cases across various cultures.

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