

Near-Death Experiences in South India: A Systematic survey¹

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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 India [9] and the other from the United States of America [10].

In the present article, the author reports findings of another survey of NDEs conducted in a region of southern India. A population of 17,192 persons was surveyed and 2,207 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 one 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 U.S.A. are discussed and possible interpretations offered.

Introduction

Although numerous reports of the experiences of persons who come close to death and survive, often described as "near-death experiences" (NDEs), have been published, these reports derived mainly from hospital populations [4,6], self-selected volunteers [1,2,3,5], or other types of non-random sampling [7,8]. Almost nothing is known of the incidence of these experiences in the general population. A survey of the general population reported from the United States [10] may be flawed by failure of the respondents to understand the question being asked.²

The present paper reports an extension to a much larger population of a survey from which partial results were published earlier (9). It reports the preva-

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²Here is a question about unusual experience people say they have had when they had been on the verge of death or have had a 'close call' such as experiences of continued life or an awareness of after death. "Have you, yourself, ever been on the verge of death or had a 'close call' which involved any unusual experience at the time?" (Gallup, 1982, p. 183)

lence and characteristics of NDEs among a sampled population of 17,192 persons of Karnataka state in South India.

Material and Method

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 11 taluks³ or subdivisions of the Bangalore district. It is situated 60 kilometers southwest of Bangalore on the Bangalore-my sore 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 (11). By using appropriate sampling techniques, 17 survey villages were drawn from the 1981 census lists. The outcome of the survey in 13 villages⁴ will be reported in this paper.

Two thousand, four hundred, and thirty-nine households were chosen by using voters' registration lists; one member from each household was designated as the target respondent and interviewed. The person interviewed was usually the head of the 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. 1,703 (77%) were illiterate or functionally illiterate; 111 (5%) had attended a primary school; 170 (8%) had gone to a middle school; and 223 (10%) had had education up to high-school or beyond (28 were college graduates).

1,409 (64%) of the respondents were cultivators, 190 (9%) were housewives; 392 (18%) were laborers and 46 (2%) were caste laborers⁵; 94 (4%) had

³A taluk roughly corresponds to tehsils in northern India and counties in the U.S.A. and the U.K.

⁴Due to some operational difficulties, the survey was discontinued after completion of work in four villages. It was resumed after a gap of about 18 months. Hence the findings of four villages surveyed earlier have been separately reported [9].

⁵For example a person belonging to the dhobi (washerman) caste did washerman's work and a kumhar (a potter) made pots for his living.

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 socioeconomic status was appraised by using a standard tool developed for the rural population of India (12).

The Interviews

The interviews were conducted in two stages. First with the target respondents for the identification of subjects with NDEs. In the second stage, the interviews were conducted with the identified subjects and their relatives, when available, to get a first hand account about the details and circumstances of the experiences.

An interview schedule was administered to each target respondent. In addition to eliciting the usual demographic data, it asked the respondent whether i) he believed in the possibility for a person to die (or almost die), recover, and then have memories of the period during which he or she was dead (or almost dead); and ii) he had heard of such a case in his own village or elsewhere. Respondents who knew of such cases, were asked to give specific information about the location of the subjects and whatever they had heard about the experience at first hand. If a respondent knew of particular cases and details about them the interviews lasted for 40 to 50 minutes; on the other hand, if a respondent did not know of specific cases, only his demographic details and his belief in the possibility of NDEs were noted down, which did not take more than 15 minutes.

Later, the identified subjects were contacted and interviewed in detail about their experiences; they were first allowed to narrate spontaneously and then specific questions were asked regarding their experiences. Initially, the subjects were not asked about the possible features; subsequently a checklist (9) was used to elicit specific information about possible features, not mentioned spontaneously. In addition, informants, who were present when the subject allegedly died and revived or narrated his or her experiences, were interviewed in as many cases as available. The interviews generally lasted 50 minutes or longer.

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 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 Revival⁶ and NDE Cases

448 (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 they had during that time. 436 (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 village and 70 (16%) of them in other villages. In all, they made references to 42 cases in the survey villages; 15 of these had died long before the survey, one subject had moved out of the village. The remaining 26 cases were approached for further study, two of whom did not cooperate for interviews. Of the remaining 24 cases, 8 subjects, although seriously ill or were thought to be dead⁷, had had no NDEs. Table 1 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

Population/Village	1985 (estimate)*	No. of Revival Cases	No. of NDE Cases
Kudambhalli	3156 **	6 (1.8)	2 (0.6)
Aralasandra	1398	3 (2.1)	3 (2.1)
Jagadapura	858	1 (1.2)	1 (1.2)
Kondapura	1062	0 (—)	0 (—)
Garkahalli	1424	1 (0.7)	1 (0.7)
Neralur	2131	2 (0.9)	2 (0.9)
Anigere	930	2 (2.2)	2 (2.2)
Sankalagere	1528	5 (3.3)	1 (0.6)
Aralapura	496 **	0 (—)	0 (—)
Siddanahalli	845	1 (1.2)	0 (—)
Mallangere	588	0 (—)	0 (—)
Chakkere	2544	5 (2.0)	4 (1.6)
Nayidolle	232	0 (—)	0 (—)
	17192	26 (1.5)	16 (0.9)

Note: Figures within parentheses show prevalence per thousand.

* Est. annual growth, by Arithmetic Progression (13), from 1971 and 1981 census figures.

** A decrease in population was recorded from 1971 to 1981 census.

The Prevalence of NDE Cases

In all, 16 NDE cases were reported among an estimated population of 17,192 (based on annual arithmetical growth projection (13) of the 1971 and

⁶The 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.

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.

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 version 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 nine (56%) subjects were suffering from a mild to severe physical illness prior to the experience. Their illness included a wide variety of complaints such as: high or low grade fever (4 subjects), dysentery (2 subjects), typhoid, cough and asthma, and fits of unconsciousness (1 subject each). I was able to confirm the physical condition of five subjects from the informants; informants were not available for the remaining cases. One of the subjects was treated in a nearby hospital and had a 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. However, the absence of accidental cases in this sample reflects the poor medical services available in the villages; most of the accidents are fatal.

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). 11 (69%) of the subjects, who reported a near-death experience, were females. Most (62.5%) of the subjects belonged to a lower middle class, 4 (25%) to the lower, and 2 (12.5%) to the middle socioeconomic class. 5 (31%) of the subjects were housewives, 2 (12.5%) were caste laborers (dhobis), 3 (19%) were cultivators, 2 (12.5%) were in government service and 4 (25%) were not working. 13 (81%) of the subjects were illiterate, and one each had been educated up to primary, high-school, and intermediate college.

Main Features of NDE Cases

Table 2 presents the main features of the subjects of the NDE cases identified during the survey. N represents the number of cases concerning whom a particular feature was inquired about; n represents the presence of that feature. 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.

Experience of "Other Realms." 71% of the subjects seemed to have been to the "other realms" where they were taken by some messengers, deceased relatives, or to have gone unaccompanied. The subject appeared before the Yama (the god of death), his book (containing a report of one's deeds during terrestrial life which forms the basis of judgment 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. Some of them reported having met deceased relatives or some religious figures.

TABLE 2
Main Features of NDE Cases

Features	N	n	%
Seemed to be in "other realms" taken by some messengers or by deceased relative	14	10	71
Found himself there, seemed to go alone		4	29
Saw own physical body	11	0	—
Went to "a man with a book" containing list of deeds or mistakes	10	7	70
Review of life by self		0	—
Another person said to be due to die instead of S	9	1	11
Sent back because of a mistake; subject not scheduled to die yet	11	5	46
Met deceased relatives/ acquaintances	12	3	25
Brought back from other realms by messengers or by deceased relatives	9	5	56
Apparently revived through thought of loved living persons or own volition	11	2	18
Sent back by a loved one or an unknown figure, but not because of a mistake	9	1	11
Residual marks on physical body after NDE	9	3	33
Change of attitude toward death	10		
Lost fear of death		2	20
Developed fear of death		1	10
No change		7	70

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

Reasons and Means of Reviving. Forty-six percent 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 someone else was due to die. However, unlike the North Indian cases, the subjects in the present series did not mention the name of the person who was supposed to have died. Three of the subjects reported that they were either sent back by their loved ones or revived of their own volition for the love and responsibility toward the living persons but not due to a mistake.

Other Features. On recovery from a near-death experience, some subjects had marks on the body, which they claimed had resulted as a consequence of some happenings in the other world. The marks after recovery from a near-death episode have been reported in a medieval case in which the subject, a saintly person, had marks on his shoulder and jaw which he reported had resulted from the fire of the hell [14].

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.) These marks are interpreted 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. From the psychological point of view, these marks might have been generated, like those of stigmatics, due to autosuggestion or intense concentration on the event, on the part of the subjects.

Of the 11 subjects who were asked whether they had seen their physical body while unconscious or ostensibly dead (out-of-body-experience or OBE), none of the subjects reported the presence of this feature. In an earlier series [9] of investigations 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 [9] 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 percent of the subjects had reported a NDE. In the earlier study in India [9] the revival/NDE ratio was 72 percent, and the one reported from America by Sabom [4], it was 43 percent. The revival/NDE ratio among Indian cases is far 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 a 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) [1,8] 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 experient 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 or 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 of the North Indian cases were compared with the American cases.

The content of the NDEs among the North and the South Indian subjects was generally similar 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 one subject among an earlier series of the South Indian cases [9]. This, again, was a prominent feature of the American cases.

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 experient's terrestrial life. The decision for the Indian subjects to return back from the other realm is taken by the god of the dead (Yama) whereas subjects of the American cases themselves decide to return back. The difference in the expression of features seems to reflect the difference in the general patterns of behavior and attitude 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 commonalty 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 had their experience while under intensive medical care. The type of condition of the patient (clinically dead versus nearly dead) and the mode of intervention may have a significant 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 [8]. However, the same feature was reported by one of the subjects of a later investigated series of Indian cases [9].

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 experient'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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