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in Religious Settings

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## Abstract

The study of near-death experience (NDE) has been fraught with conceptual and measurement issues. However, a consensus is emerging that NDE is far from a unitary phenomenon and that it is best illuminated by use of various methodologies, including qualitative approaches, in specific cultural contexts. This study employed phenomenological interviews and a hermeneutical method to derive the thematic structure of meaning of NDE for thirteen serpent handlers who experienced what they thought was a fatal serpent bite while handling in a religious setting in which the ritual is sanctioned. Results suggest that at the anticipation of imminent death, beliefs that are deeply embedded in the culture of serpent handling provide comfort, transformation of feelings, and transcendence of fear in the face of death for those who survive near-death bites.

Research on what has become known as near-death experience (NDE) has a history of moving from first-person field reports to efforts to establish, under quasi-experimental conditions, empirical support for discretely identified aspects of NDE. We will briefly address this history in light of conceptual issues in the identification, measurement, and ontological assumptions by researchers in NDE. The historical tracing of the conceptual issues raised by NDE will serve to lay the foundation for our empirical study of Christian believers who handle serpents in a religious ritual that provides a likelihood of maiming or death.

### *CONCEPTUAL ISSUES IN NDE RESEARCH*

The history of NDE research illuminates serious conceptual issues that determine how to evaluate various research strategies and findings. Three of these issues are particularly relevant to evaluating the empirical literature on NDE: the definition of “death,” the problem of definition and measurement of “near death,” and the ontological assumptions concerning the phenomenology of NDEs. We will briefly address each of these.

It is obvious, as Badham (1997) has noted, that if one declines to consider specifically religious claims (such as the resurrection of Christ), reported experiences of having returned from death are false. As Badham points out (1997: 2), no one who has “totally died” has even returned to give evidence of life after death. The conceptual limit of “death” is that once it occurs, life is over. However life is defined, a person is dead only when it is technologically impossible to revive that person. By definition, no person experiences death and returns to tell the story. Although we are not claiming that philosophical assumptions require that immortality be denied, we are claiming that the process of dying is a complex one. However, when death is finally acknowledged, the pronouncement of death is a judgment that no additional activities can resuscitate the person. Therefore, by definition, those who “return” were, at best, close to death. The irony is that, as Blose (1981: 59) has noted, the hypothesis of survival of bodily death is empirically testable, but only “asymmetrically. Allowing its truth, should it be true, but not its falsity, should it be false, to be learnt.” Historically, NDE became the paradigm for claiming the truth of Blose’s asymmetrical hypothesis.

### *DEFINING AND MEASURING “NEAR DEATH”*

If death is a final declaration that nothing more can be done to resuscitate a person, then being near death is partly defined by approaching that limit. Several investigators have noted the immense value of having medical (physiological) indicators of organ states effectively monitored to determine when death is near

(Noyes and Kletti 1976; Rodin 1980, 1981; Sabom 1981). Others have relied on human anticipation of death, noting that NDEs can occur in the face of intense fear (Noyes and Kletti 1976). The classic example is Heim's (1892) study of people who, like himself, experienced life-threatening falls while hiking in the Alps. Heim argued that in his own experience and the experiences of most of the people he later interviewed, the anticipation of sudden death surprisingly elicited not fear but rather intense feelings of peace and acceptance (see Noyes and Kletti 1972). With the Internet, many people follow in Heim's footsteps, seeking confirmation of their own experience by sharing it with others and in print journals such as *Anabiosis*.<sup>1</sup> Thus Heim's research ought to be credited with establishing the foundation for the empirical study of NDE, later popularized by Ring (1980) and Moody (1975), who coined the term *near-death experience*. We will consider their research shortly, but first we must note that the field of NDE research is clouded by conceptual and empirical confusion about precisely who was "near death." For instance, often included in NDE research are subjects who have attempted suicide, even if their attempts led to widely different physiological consequences (Greyson 1981) and even if the intent of the suicide attempt was not death (Hood 1970, 1971). Anticipating that one is near death and actually being clinically near death are largely independent phenomena. Without some clear guidelines for what constitutes being "near death," judging "anticipated death," as we shall see with serpent handlers, raises the same issues that cloud attempts to judge the severity or sincerity of suicide attempts (Hood 1970, 1971). It is not necessarily the case that suicide attempts are made with the intention of dying, nor do close encounters with death necessarily produce NDEs (Greyson 1990).

If what it means to be "near death" has yet to receive a definitional consensus among researchers, it is not surprising that its assessment and measurement also remain problematic. Two approaches have been especially pronounced in the empirical literature on NDE.

In his widely popular work *Life After Life* (1975), Moody identified fifteen criteria that are common among NDEs. Unfortunately, these criteria mix phenomena that occur during the NDE (such as a panoramic life review) with consequences or effects of the NDE (such as a reduced fear of death). In a sequel, Moody (1977) added four additional criteria of NDE (see Greyson 2002). It is important to note that no experience reported by any of Moody's subjects fulfilled all nineteen criteria.

Moody's criteria have been used as checklists to measure the extent to which a reported NDE fits the phenomenological template identified by Moody. Besides the mixing of phenomena mentioned above, there are problems in linking NDEs and out-of-body experiences in that not all NDEs incorporate out-of-body

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<sup>1</sup> *Anabiosis*, which was established in 1981, was renamed *Journal of Near-Death Studies* in 1987.

experiences, nor are out-of-body experiences necessarily more frequent in NDEs (Alvarado 2002). Furthermore, as we shall see, corroboration of events that the person is said to have witnessed during out-of-body experiences raises concerns that are relevant to our discussion of ontological issues below.

Although the consequential criteria that Moody identified are aftereffects of NDEs, the criteria that best identify the experience are derived from Moody's own assessment of the phenomenology of NDEs. The most frequently cited criteria or phenomenological features of NDEs have been woven into a thematic narrative of an idealized NDE. It includes going through a dark tunnel, typically toward a luminous white light; a panoramic review of one's life; the return to one's body if the NDE included an out-of-body experience; and images of spiritual beings who are part of the nearly deceased person's faith tradition. Other criteria are common to a wide range of situations, such as experiencing peace and quiet or believing that one has supreme knowledge. Some are obviously possible only in a medical setting (where Moody collected most of his data), such as remembering being officially pronounced dead (Greyson 2002; Moody 1975, 1977).

Although Moody's criteria can be used to determine whether reports of NDEs correspond to the criteria that he identified from his interviews, the checklist is simply one way of defining NDEs by a form of construct validity; for example, the researcher's subjects rate their own NDE according to the criteria that Moody has identified as common to NDEs. Greyson (1983) has proposed a more rigorous approach, which has resulted in a scale to measure NDEs. Greyson solicited responses from members of an association that promotes NDE research. They responded to an initial list of eighty criteria of NDEs culled from the phenomenology literature. These items were reduced to the forty most commonly cited criteria and then further reduced to thirty-three items by eliminating redundant and confusing items. This resulted in an initial thirty-three-item scale. This scale was administered to sixty-seven individuals, all describing NDEs (some more than one) that occurred from 9 months to 72 years before they completed this scale, which yielded a mean elapsed time of 17.9 years between the NDE and completion of the scale (Greyson 1983). Most NDEs occurred as a result of complications in surgery or childbirth, but also included were suicide attempts and sudden natural events such as anaphylactic reactions. Using unspecified means, Greyson produced a final NDE scale consisting of sixteen items measuring cognitive, affective, paranormal, and transcendental dimensions, each with four items. Greyson's scale is not necessarily related to the now classic paradigm of NDE that has become identified with Moody's typology: the movement through a tunnel to a bright light where spiritual beings aid in a life review (uncommon in NDEs of children, according to Bush [1983]). The consequential experience of being sent back from a place where a luminous light and knowledge bathe one is the assurance that this out-of-body experience will be recalled as a

mandated return from death to complete some significant work left undone. Greyson's scale includes items that are familiar to NDE researchers and partisans but in ways that are less doctrinaire. For instance his cognitive dimension includes the question "Did scenes from your past come back to you?" His affective dimension notes such items as "Did you have a feeling of peace or pleasantness?" His paranormal dimension asks, "Did you seem to be aware of things going on elsewhere, as if by ESP?" Finally, his transcendental dimension asks such things as "Did you seem to enter some other, unearthly world?" (1983: 372–373). Thus Greyson's NDE scale takes the phenomenology of NDEs seriously while constructing a reasonable measurement instrument that at least is conceptually open to empirical refinement (e.g., via factor analysis). At this point in the research, it is best to view both Moody's criteria and Greyson's scale as providing useful phenomenological criteria that suggest the multi-dimensional nature of NDEs and the likely independent physiological correlates to be found for aspects of what is clearly not a unitary phenomenon.

Further support for deconstructing the only apparently unitary nature of NDEs comes from historical studies. Zaleski (1987) has explored NDEs in the context of a religious imagination that has developed out of Western culture. Her comparative study of medieval and contemporary NDEs expands the concept of NDE to include "other-worldly journeys" that reveal variations in social construction over time. To cite but one example, experiences of journeys to an underworld or hell (common in medieval traditions) are all but absent in reports of NDEs from contemporary Western individuals. The rare citing of a negative phenomenology of NDEs or of negative aftereffects of NDEs (Greyson 1990) is largely lost in the common narrative of both a positive experience and the positive transformative effects of this experience. Segal's (2004) massive study of experiences of "life after death" noted the function of a religious imagination in the socially constructed image of an afterlife (often religiously described) that came to shape, if not create, individual experiences. Comparative and cross-cultural studies further support the claim that NDEs are not a unitary class of phenomena (Fox 2003; Shushan 2009). What makes all such experiences NDEs is less their unitary nature than their self-authenticating nature for the people who experience them. Thus the ontological issues become paramount, both for people who have NDEs and for those who wish to explain their real power to transform individuals as being due to the working of the human imagination within a specifically and ever-varied socially and culturally constructed context.

### *ONTOLOGICAL CONSIDERATIONS*

Two distinct ontological assumptions among NDE researchers guide two separate research trajectories. One assumption holds that a dying brain succumbs to toxic

psychoses that are produced by researchable and identifiable physiological processes. Ontological claims about having a life beyond death are ignored; the focus is on the conditions that generate such illusions. To the extent to which NDEs are solely intrapsychic phenomena, the claim to have transcended death is held to be a delusion. Thus the partisan claims of having empirical verification for life after death, for particular religious worldviews, and for other dimensions of reality are simply ignored; evolutionary and physiological psychology becomes the explanatory bedrock on which social and cultural psychologists can analyze the appeal of a religiously informed imagination that must work within the confines of what can be revealed and confirmed by a scientifically understood neurophysiology. Even the commonality of NDEs (Gallup and Procter 1982) is no evidence in favor of the reality claims of those who have them.

At the other extreme is the assumption that NDEs are much akin to travelogues (Segal 2004; Zaleski 1987). People have died and seen another dimension or world in which the ontological convictions of a scientific worldview are found to be nothing but limits to be transcended. Rather than discrediting the ontological claims of an out-of-body experience, NDE researchers have placed phrases in surgical rooms where patients who are near death are likely to be, hoping to find out whether the recovered patient “looking down” can report not only the standard visions of medical care personnel but also the secret and unexpected word or phrase (see Fenwick and Fenwick 1995). While some accept the methodological soundness of such research designs, others see this as curious pandering to a suspect ontology that places near-death research in the domain of pseudo-science (Alcock 1981). As William James long ago noted, the authoritative value of experience from the first-person perspective at best is suggestive of hypotheses for empirical testing from a third-person perspective.

If there is an irony to NDEs, it is that scientific explanations have returned to the body. It is in physiological processes that many people locate the true cause of NDEs. Every aspect of NDE has likely explanations in the normal physiology of a dying body. Rather than providing evidential force for an afterlife or human immortality (Hick 1980), NDEs are said to be but ways in which the body adapts to its impending extinction. Rodin (1980, 1981), himself a physician and one who had a profound positive NDE, argues that it was but a toxic psychosis brought about by oxygen deprivation. Persinger (1994) supplements this explanation by attributing much of NDE to right-hemispheric invasion of left-hemispheric functions facilitated by oxygen deprivation. Carr (1982) argues that most phenomena that are reported in NDEs can be accounted for by sensory isolation and limbic lobe dysfunctions brought about by extreme stress and correlated elevated endorphin levels. Visual phenomena are largely dismissed as hallucinations or as imagery that is commonly experienced under conditions of sensory isolation (Hood and Morris 1981; Hood, Morris, and Watson 1990; Persinger 1994).

For every claim to a body-based explanation of imagery phenomena that are experienced near death, counterclaims have been made. It appears that no single physiological factor is a necessary requirement for the many phenomena associated with NDEs. For instance, Sabom (1982) documented elevated oxygen levels in patients undergoing NDEs. This was verified with blood samples and documented by medical charts. This elevation is inconsistent with claims about toxic psychoses produced by oxygen deprivation. Others have noted that NDEs do not correlate well with independent clinical criteria of being physically near death (Noyes and Kletti 1976). Many critics have noted that by Moody's own admission, his phenomenological rendering of a single, ideal-type NDE is largely a function of overorganization of the data (Moody 1975).

It seems futile at this stage of knowledge to seek a unitary physiological explanation for what is not a unitary phenomenon. At this juncture, Segal's conclusion is a good caution: "it seems almost sure that the Near Death Experience is but another jump to an optimistic conclusion based upon physiological processes we do not understand" (2004: 723–724).

Likewise, the effort to construct a master narrative for NDEs must yield to the need for further exploration of what people experience in anticipation of death (Segal 2004; Zaleski 1987). In this spirit, we suggest that for at least two reasons, the study of serpent handlers is useful for near-death research. First, as both Sheils (1978) and Osis and Haraldsson (1986) have noted, culture shapes even the alleged constants that have been identified in NDEs. One obvious example is that the religious figures that are experienced are culturally identified; Shiva appears in NDEs in India, and Jesus appears among Christians in the West. Likewise, as McLaughlin and Malony (1984) have noted, rated importance of religion correlates positively with depth of NDEs. Serpent handlers are ideal subjects to study in that they have a coherent belief system that for them epitomizes strong religious belief and practice involving a ritual that outsiders identify with such terms as "bizarre" and "fanatical" (Hood 1998). Thus studying a subcultural group with well-articulated religious views should help to illuminate the social and cultural structuring of their NDEs. Second, the fact that serpent handling occurs within a subculture in which maiming and death regularly occur ensures that serpent handlers practice the ritual with a clear foreknowledge that they might be maimed or killed. Thus not only do handlers practice a ritual in which fear of serpents must await the experience of anointing to be overcome (discussed below), but even in the overcoming of that fear, the reality of a serious bite elicits the anticipation of death among those who are knowledgeable of what serpents can do. They have seen loved one maimed and killed. That few seek medical treatment for bites allows us to access a sample of individuals whose NDEs are much more akin to early research in NDE such as Heim's with accidents from

falls in the Alps. Like Heim, we seek to explore the descriptions of individuals who in high-risk settings have experienced the likelihood of death but survived.

### *THE CHRISTIAN SERPENT HANDLERS OF APPALACHIA*

Elsewhere, we have documented the nature and history of the Christian serpent handlers of Appalachia (Hood 1998, 2005; Hood, Hill, and Williamson 2005; Williamson 2000). For our present purposes, we need only emphasize three points. First, the ritual of handling serpents emerged with the rise of the Pentecostal movement in the United States at the turn of the 20th century. Seeking emotional criteria for evidence of the baptism of the Holy Ghost, believers responded to appeals to a literal reading of the Bible, including the Gospel of Mark 16:17–18. Under a doctrine known as “signs following believers,” early Pentecostal churches such as the Church of God endorsed all of the five signs stated in this gospel, including healing by the laying on of hands, speaking in tongues (glossolalia), casting out demons, and handling poisonous serpents. Another of the signs, the drinking of poison, was considered optional because of its conditional specification (i.e., “if they drink any deadly thing, it shall not hurt them”).

Second, scientific evidence of serpent striking behavior, especially under conditions of voluntary handling, is sparse (Williamson 2000). However, contrary to many expectations, more than ten years of continued field research with handlers reveals that the probability of being bitten is low and, over time, is simply a function of the frequency of handling. Thus the initial appeal of the wonders of handling serpents without being bitten (seen as evidence of the power of God to protect the handler) gradually gave way to the reality of more frequent bites, maiming, and deaths. Therefore the churches that once endorsed the practice came to oppose it while maintaining the other, less problematic signs (glossolalia, laying on hands, and casting out demons). However, all over Appalachia, the fiercely independent renegade churches continued the practice on into the present time (Williamson and Hood 2004). The frequency of handling as an established ritual has produced a continuous series of bites, maiming, and death among the church members who persist in the tradition.

Third, the inability to predict serpent striking behavior ensures a wide range of explanations as to why someone is bitten. Furthermore, given the complexities of this behavior, variations in serpent venom (e.g., copperheads versus rattlesnakes), and variations in the amount of venom injected in any given strike, handlers have developed complex theologies to explain outcomes (Hood 1998; Williamson 2000; Williamson and Polio 1999). Of interest here is the simple fact that all handlers are aware of, and most have been witness to, severe bites that have maimed some fellow believers and killed others. Therefore when handlers are

bitten, they can both reasonably anticipate the severity of their wounds and realistically anticipate the likelihood that they will die. Our study took advantage of these facts in conducting interviews with thirteen handlers, all of whom had been severely bitten, who anticipated maiming and death yet survived, most without any medical treatment, to describe their experiences. Because most did not have medical treatment for their bites, we cannot document how clinically near death they were. However, all clearly described an anticipation of imminent death and survived to bear witness of their faith, many with bodies maimed, because of a willingness to obey what they perceived to be Christ's mandate in Mark 16:17–18.

### *PARTICIPANTS AND METHOD*

We identified thirteen handlers who had anticipated death from severe bites that they suffered while handling serpents during church services. The handlers were all from the Jesus' Name tradition (Hood 2005) and were scattered throughout Appalachia. They came from churches in Alabama, Georgia, Kentucky, Tennessee, and West Virginia. The participants' ages ranged from the early twenties to early seventies. All were male, and nine were preachers in the tradition. The elapsed time from the actual near-fatal bite to the interview varied from four years to approximately thirty years.

The method that we used for collecting data on serpent bites was the phenomenological interview (Williamson 2000; Williamson, Pollio, and Hood 2000). In the first part of the interview, participants were asked various questions about their knowledge of the serpent-handling tradition and their personal history within the tradition; in the second part, the focus shifted toward the experience of bites. In this part, the interviews were unstructured, nondirective, and concerned only with obtaining a detailed description of what the participant was aware of when experiencing what he thought was a fatal serpent bite (a near-death bite [NDB]) in the context of practicing his faith. The initial question in the second part of the interview was the same for each participant: "Can you think about the time you experienced what you thought was a fatal serpent bite and describe it for me in as much detail as possible?" For approximately thirty to sixty minutes (depending on the number of such bites an individual experienced), participants described their experiences from the moment of being struck through the hours that followed. The only other questions that the interviewer asked were concerned with obtaining clarification of participants' descriptions that seemed to be ambiguous or unclear at the time. All thirteen phenomenological interviews were videotaped

with permission of the participants and are archived in Lupton Library at the University of Tennessee at Chattanooga.<sup>2</sup>

After collection, each of the thirteen interviews was transcribed verbatim to a protocol text for a thematic analysis of the NDBs (Williamson 2000; Williamson, Pollio, and Hood 2000). Protocols were analyzed by an interpretive group who, using the hermeneutic technique, examined them in terms of participant awareness and units of meaning with respect to the event of receiving what was thought to be a fatal serpent bite and the consequences leading to an anticipated death. Next, the units of meaning were grouped together to form a series of themes that described the meaning of the experience of the NDB for the participant. After each protocol was analyzed for such themes, a comparison was made across all thirteen protocols to derive a general pattern of themes that emerged as consistent in describing the core meaning of experience for participants. From this analysis, a global description was derived that described the meaning in the experience of receiving a potentially fatal serpent bite while practicing one's faith and anticipating death as a consequence. Because validity is always a concern for qualitative research, the global description was presented to one of the research participants, who indicated that it did in fact capture his basic experience of NDB.

#### *THEMATIC STRUCTURE OF NDB FROM HANDLING SERPENTS*

Our methodology focused on the phenomenology of being bitten and deriving a consensually agreed-upon (by researchers and participants) thematic structure that describes the meaning of NDE from a serpent bite in the participants' life world (see Williamson 2000; Williamson and Polio, 1999; Williamson, Pollio, and Hood, 2000). Four themes emerged from the analysis, which we identify, using the participants' own words, as "It *Hit Me*," "Fear"/"Victory," "Suffering," and "Backtracking"/Surrender. We will briefly discuss examples of each of these.

##### *"It Hit Me"*

The first theme that emerged across all handler protocols was a description of the sudden, unanticipated recognition of being struck by the serpent in a way that differed from experiences of less serious bites the participants had experienced. This bite was perceived as being more severe than others upon infliction. Instead

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<sup>2</sup> Interviews are archived in the Hood-Williamson Research Archives on the Serpent Handlers of Southern Appalachia at the Lupton Library, University of Tennessee at Chattanooga. Soon to be included in this archive are hundreds of hours of DVDs of actual services, additional interviews with handlers, homecoming services, and documentation of bites and deaths.

of being “bit,” most participants declared that they were “hit” by the serpent. For example, one participant said:

I had two big rattlesnakes . . . one of them just reached over, just as easy, like it was nothing. Then, bam! . . . A little voice said, “You’re gonna die over this one.” (P6)<sup>3</sup>

Another participant was handling next to a woman who also was handling when the unexpected happened:

I had my hand like that, and she [another handler] turned and when she did, it bit me on the arm. It struck me. I saw it and felt it at the same time, when it *hit* me. So I took it from her and put it up and went back to where I was standing to see what was going to happen. I knew I was hurt. I knew it. (P13)

Still, another participant described the unusual force of his bite:

[I]t just reached over and *hit* me. . . . They heard it all the way in the back of the church. It was just like a fist *hit* me. It *hit* me that hard. (P2)

Eleven of the thirteen participants had experienced multiple serpent bites during their histories as handlers. However, when experiencing a bite that they thought to be potentially fatal, they instantly perceived it to be more forceful and aggressive in its delivery.

### “Fear”/“Victory”

A second theme that emerged from the analysis was bipolar and began with an initial “fear” of dying from the bite that eventually gave way to what some described as “victory,” or overcoming the fear of death. After experiencing a serious bite, one participant described his need for connection to the continuing worship of believers inside the church as being crucial to overcoming his fear of death:

It [death] was a possibility. I thought this could be the end of it. That it might be the one that takes me on. But I knew if I could feel that spirit, as long as I could feel that spirit moving, I knew I would live. So I went down to the guy’s house [to rest], and, man, they [believers] were up there [still inside the church on the hill] . . . and I could hear them praying, and I could feel the Lord move on me . . . and I knew I was going to suffer, and I also knew that things would work out somehow. I didn’t know how they were going to work out. I really didn’t know if

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<sup>3</sup> To distinguish among the participants and to protect their anonymity, we have coded their descriptions in the following manner: P1, P2, P3 . . . , P13.

I was going to live or if I was going to die, but at that particular point when I felt the Lord move on me, I didn't care, because I figured either way I would be with him. (P10)

Another participant described his experience with fear and victory in this way:

Victory is not fear. To get victory, you've got to keep praying, and believing that God's going to take care of everything. And He's going to take care of everything. He don't leave you out in the thin air. And if you die, well then, that's God's will. (P2)

In describing the outcome of the bite, participants did not always move sequentially from fear to victory but often oscillated between the two ends of this continuum according to the degree to which they felt the anointing, or God moving on them (as described by participant P10 above). However, all of them described an awareness of victory over the fear of death as the eventual outcome in processing the experience.

### *"Suffering"*

A third theme that emerged from our analysis of interviews was that of suffering. The experience of anticipated death among handlers was most often accompanied by an awareness of intense physical suffering. The following excerpt is characteristic of most of the descriptions that were offered:

Well, you just lay there and suffer, you know. Then, well you always think, meditating and praying, all the time you're snake bit, wanting the pain and stuff to go away. . . . How the snake bite was hurting. That's about all you think of, you know. (P1)

Three of our participants were hospitalized (only one by his own choice). The other ten awaited and anticipated death while church members prayed that God's will would be done. Among the well-documented immediate proximate effects of serpent bite are pain, hemorrhage, swelling, breathing difficulty, temporary blindness, and periods of unconsciousness. All these characteristics of suffering were described in our participants' experiences to varying degrees. Still, as in other reports of NDEs, even with suffering there can be intense peace, as described by one participant:

I knew I was going out. I couldn't talk. They kept praying and praying. I just told them to leave me alone. I was in the most beautiful place that I ever saw in my life. There wasn't nothing there that wasn't white. I can't describe the white. The

whites [here] aren't nothing to the white of this city I saw. It was one big castle after another. . . . It was like transparent glass. It was beautiful, just like a drift of snow. I can't tell how white it was. I wish I could have told them to leave me alone. I would have, cause I was at rest. I was at peace, but they kept praying till I came back. (P12)

### *"Backtracking"/Surrender*

A final theme characterizing the experience of participants' NDBs was a bipolar one that they described as "backtracking"/surrender. In experiencing the aftermath of a potentially fatal bite, participants first described a sense of "backtracking," or reflecting over their life to understand the cause of the bite and how it came about. In processing this experience, they described a sense of coming to peace with the probability of death in terms of surrender to the ultimate will of God. The following description illustrates this quite well:

I began to talk to the Lord. I said, "Lord, is there anything I need to do? Maybe like just ask you, if I've ever done anything to you, to forgive me." You'll just start *backtracking* to see if you owe anybody anything or you need to fix anything. I felt like everything was clear. I turned my face to wall the best I could, and I said, "Well, Lord, I know I'm going out" . . . . [M]y mind [was] like leaving me. I said, "Well, Lord, if I wake up in the morning, I'll still be the pastor out there, and if I ain't, I hope I'll meet with you." (P4)

Although panoramic life reviews have long been identified with NDEs, in serpent handlers they take the unique form of trying to understand the reason for having been bitten and seeking highly individualistic explanations for their bite, as illustrated in the following excerpt:

I just felt like I wanted to handle it, and I went the box and got it and it bit. . . . You search your life. . . . See, you search yourself. How come? Most of the time when you get right down to it you will find that there is a purpose. . . . There is always a purpose for everything. . . . A lot of times we handle serpents, maybe, we might not be right where we ought to be, and we get bit and we see what that problem is: we're not there [where we ought to be]. (P12)

In explaining the causes of bites, some participants attributed the bite to their disobedience or sin, others to not being anointed or simply to being distracted by bystanders or curiosity seekers. Some described their belief that they spared others from harm by taking over an unruly serpent or the belief that the bite was a test of their faith.

Backtracking is linked to an eventual surrender to the outcome of the bite, whether survival (with likely maiming) or death. As participant P10 had said (as

quoted above), “It [death] was a possibility. I thought this could be the end of it. . . . I really didn’t know if I was going to live or if I was going to die, but at that particular point when I felt the Lord move on me, I didn’t care, because either way I figured I would be with him.” When anticipating death from a serpent bite, participants became aware first of reflecting on their life to search out reasons for the infliction, then of resolving any conflicts with God or other people that came to mind, and finally of surrendering to the ultimate will of God and even to death.

#### *A GLOBAL DESCRIPTION OF NDES FROM SERPENT BITE*

Together, the above themes form a structure that handlers who have survived bites accept as descriptive of their individual experiences. Although we need not create a single master narrative for all NDEs, as was done by the researchers mentioned earlier, within more narrowly triggered specific NDEs there are what we will term *global meanings*. Within the geographically isolated and fairly restrictive theological boundaries of the Jesus’ Name handlers, the themes described above interconnect to form a coherent narrative. We might summarize it as follows: Near death by serpent bite involves a structure of meaning characterized by four independent themes. This structure involves a feeling of being “hit” by the serpent in such a way that the strike is experienced as extremely serious, likely to maim or kill. The experience of overcoming fear by “victory” is encountered, first as a sense of losing life in the face of doubt and later as confidence that whatever the outcome, it is God’s will. Soon after envenomation, intense suffering occurs, including pain, swelling, blurred or lost vision, breathing difficulties, and loss of consciousness to varying degrees. Anticipating death, the stricken believer backtracks over his life, contemplating both the reason for and the finality of his bite. Fear of the anticipation of death may be relieved by visions of luminous places in which the believer is content to remain. Ultimate victory is experienced in the eventual acceptance of both the serpent bite and its outcome as God’s will for the obedient believer, whether it means full recovery, maiming, or death.

While this global meaning emerges from across all protocol texts of our interviews, we do not propose it either as a master narrative or as a full explication of the way in which NDEs from serpent bites are understood in religious settings. However, it is a useful heuristic summary that illuminates for the interested person the individual variations in the experience of being near-fatally bitten within a subculture that had over the years created a religious frame within which to understand the phenomenon. Moreover, it illuminates how maiming and death from handling serpents in perceived obedience to God’s will interacts with obvious physiological conditions to create a meaningful experience that might seem simply tragic or bizarre from perspectives outside this tradition (Hood 1998).

*AFTEREFFECTS OF NDES FROM SERPENT BITES*

Our research, like much NDE research, is heavily weighted toward the positive aftereffects of NDEs, owing to the problem of subject mortality. That is, by soliciting individuals who had NDEs from serpent bites and remain within the tradition, we ignored those who left because of bites or even entire churches that eliminated the ritual because of bites (Williamson and Hood 2004). Therefore, not surprisingly, among the thirteen survivors of serpent bites we interviewed, all subscribe to a common structure of meaning that emerges from the survival of their experience. The structure is simple and coherent: The survivors are resolute in that, by being obedient to the “word,” they simply affirm that they are proof of “signs following believers”; their beliefs are followed by practice of the signs of Mark 16:17–18, which include the commandment to take up serpents. It is a simple act of obedience that defines a tradition in which, as many people have said, the imperative to take up serpents does not include the assurance that one will not be bitten. As one aged participant, claiming to have experienced hundreds of bites in his long career, with body maimed but his faith unyielding, put it:

If [a serpent] bites you and takes you away from here, why, that’s fine. I don’t care. That’s the way I want to go anyhow when I die. But I’m in no big hurry for it. . . . I told them I wanted them to have church when they put me away, just like we have church . . . taking up serpents . . . that’s what I want. I want to be rolled in here . . . them have church over me, and handle serpents. . . . What I really want is people to get in when I’m laying there. I want it just like we’re having church and I want it to be real spiritual. I want some of them to sing when they’re wheeling me out, “I Won’t Be Coming Back Anymore.” (P2)

Such resolution as this bespeaks the power that some individuals find in a tradition that reckons the potential for maiming and death as but a small sacrifice for being obedient believers in their Lord.

*CONCLUSION*

Our approach has been to place the anticipation of death from serpent bites within the larger context of research on NDE. Rather than yielding a single, ideal master narrative of NDEs, the variation in these experiences, both across culture and over time, suggests less uniformity than many have proposed. Nor are these experiences to be accepted uncritically as evidence for an afterlife. Still, the power of what we have identified as Bloese’s (1981) asymmetric hypothesis remains, and for the faithful, NDEs provide both comfort at death and a powerful transformation of feelings about death and fear of death for those who survive.

Phenomenologically oriented approaches are essential to clarify the nature of such experiences so that neurophysiological correlates can be identified. For instance, it is clear from our analysis of NDEs from serpent bites that intense fear is elicited and then overcome by a largely cognitive appeal to a faith tradition that makes any outcome of an obedient act “God’s will.” Furthermore, the descriptions of intense suffering show that what peace is found within this experience does not override the physiological realities of the painful effects of serpent venom (which vary with the nature and type of the venom). Therefore one should not expect a single unifying physiological explanation for all NDEs any more than one should expect a single master narrative to emerge that purports to transcend culture and history. What we can anticipate is collaborative work among diverse disciplines to piece together what clearly are varieties of NDEs and of their causes and consequences.

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