

**Science and Spirituality:
A Challenge for the 21st Century**

**Peter Fenwick, M.D., F.R.C.Psych.
Institute of Psychiatry, Kings College,
London, U.K.**

**Mental Health Group, University of
Southampton, U.K.**

**The Bruce Greyson Lecture from the
International Association for Near-Death
Studies 2004 Annual
Conference**



**A major talk given by one
of the world's leading
NDE researchers
summarizing 30 years of
research - a fundamental
overview of scientific
findings.**

From -
<http://www.iands.org/research/important-research-articles/42-dr-peter-fenwick-md-science-and-spirituality.html?showall=1>

Last Updated Tuesday, 03 April 2007 09:19

CONTENTS -

Lecture by Peter Fenwick -

	Page	
Foreword	3	
The Lecture - Part One	4	The past 10 years
The Lecture - Part Two	11	Prospective Studies of NDEs
The Lecture - Part Three	21	Near-Death Out-of-Body
The Lecture - Part Four	27	Audience Questions
References	29	

32

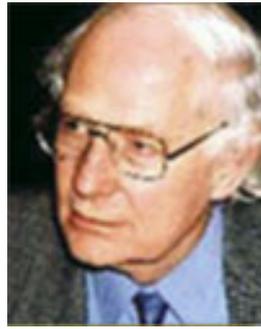
17 Near-Death Experience Accounts (from "*Beyond the Light*")

1- Cidavia-DeRepentigny (1991)	33	Operating table death
2- Halberdier	35	Aged 6 weeks
3- Bond (2002)	37	Allergic reaction
4- Milkes (2004)	38	Headed straight for me
5- Anonymous	39	Suicide is not the answer
6- Hemingway (1918)	40	Dying is very simple
7- Liona	41	A difficult birth
8- Eppley	43	Birth of my first child
9- Hipple	45	45deg. for 8 days
10- Brock	48	Stomach-stapling & more
11- Wolff	51	Endometriosis
12- Yensen	53	Car crash
13- Morrison-Mays	56	Angry coma
14- Ridenhour (1973)	60	Pot and water rapids
15- Er & Hsiu-Ch'uan	63	2 historical stories
16- Carter-Mills (1979)	65	Slammed against pole
17- Benedict (1982)	68	Inoperable cancer

Vital eyewitness messages from the afterlife (2006)

	Page	
Universal Spirit Rules	72	Victor Zammit

Foreword -



Peter Fenwick, M.D.,
Lecturer at the
College, London, and
Health Group at the
is also Consultant Neuropsychiatrist at the Maudsley Hospital and at
the John Radcliffe Hospital in Oxford, and holds a visiting
professorship in Japan, where he spends three months of the year in
advanced neuropsychiatric research.

F.R.C.Psych., is Senior
Institute of Psychiatry, Kings
associated with the Mental
University of Southampton. He

Reprint requests should be addressed to Dr. Fenwick at the Institute
for Psychiatry, deCrespigny Park Road, London S.E.5, United
Kingdom.

This paper was transcribed and edited from Dr. Fenwick's *Bruce
Greyson Lecture at the 2004 annual conference of the International
Association for Near-Death Studies* by Janice Miner Holden, Ed.D.,
Professor in, and Coordinator of, the counseling program at the
University of North Texas in Denton.

Dr. Janice Holden's primary area of research interest is the
transpersonal perspective in counseling, in general, and near-death
and similar experiences – their veridicality and their role in personal
and transpersonal development – in particular.

She currently serves as president of the *International Association for
Near-Death Studies*.

The Lecture - Part One

The problem is that neuroscientists do not know what consciousness is and have no theories to explain its nature.

A major and relatively rapid shift is underway in the field of medicine. In the past 10 years, medical professionals have gone from looking upon spirituality with a skeptical if not cynical eye, to embracing it enthusiastically. Consider these developments:

The number of American medical schools teaching courses on spirituality in medicine was only three in 1995, but grew to 40 by 1998, and reached 100 in 2001. The new generation of doctors that are now qualifying has had spirituality ingrained at an early stage in their medical training.

In 1997, Harvard University held a conference on prayer. Since then, researchers have conducted a number of double blind, randomized, controlled trials on prayer, and some of these studies indicated that prayer works. The role of prayer in medicine is beginning to be taken so seriously that, in a recent issue of one of the major journals of cardiology, an author raised the question of whether every hospital in this country and in the United Kingdom should have prayer groups for patients in hospital. Such a suggestion would have been unthinkable 10 years ago.

In 1999, the *British Psychological Society*, the main academic psychological institution in the U.K., started a section on transpersonal (spiritual) psychology. And in the year 2000, a number of us were able to persuade the Royal College of Psychiatrists to bring in a special interest group in spiritual psychiatry. That group has been growing the fastest of any special interest group: 800 psychiatrists in the U.K. have joined the section in less than four years.

In 2000, Oxford University Press published the *Handbook of Religion and Health*. In it, authors Harold Koenig, Michael McCullough, and David Larson have brought together into one volume all the research on spiritual medicine. All of you who are caregivers or doctors should have it on your shelf, or urge your libraries to acquire it.

And to make a point that I have already mentioned, double blind, randomized, controlled trials on many aspects of spiritual medicine are now being conducted. The role of spirituality in medicine has become a legitimate and frequent subject of empirical research. A book by Daniel Benor, *Spiritual Healing: Scientific Validation of a*

Healing Revolution. Professional Supplement (Vision Publications 2002) is an excellent reference volume.

Things have changed for the better regarding serious inquiry into, and acceptance of, the role of spirituality in medicine. But they still have further to go. Today I would like to talk about two sets of experiences: approaching-death experiences that occur in the 24 hours before death, and the dying process itself, for which I am going to use the near-death experience (NDE) as a model.

I am going to begin my talk with near-death experiences. First, I will discuss the early retrospective studies, those that involved researchers collecting accounts from experiencers whom they met for the first time after the participants had already had their NDEs, and about whom they had no information. I will address only those aspects of these studies that particularly interest me.

Then, I will talk about the current focus of near-death research: prospective studies, those in which the researcher begins studying the participants before they have their NDEs, and thus has information about the circumstances in which the near-death experience occurs.

Retrospective Studies on NDEs

What has been learned from the retrospective studies? We learned about the phenomena of NDEs. We learned how often they occur: in about 10 percent of people who come close to death or who survive actual clinical death. We learned a little bit about the circumstances, and, most important, we learned about cultural differences, which are huge.

I want to mention a survey which my wife and I did in 1987 and published in our book, *The Truth in the Light* (Fenwick and Fenwick, 1996). The study followed a television program – the first in the U.K. on the topic of NDEs – after which we received 2,000 letters. The majority of the letters said, “*Thank you so much for the program, because I have never been able to talk about near-death experiences before, and now I can, for the first time, actually discuss my experience with people.*” It was a landmark.

Of those letters, we took 500 which we thought described core NDEs: what Kenneth Ring (1980) defined as including the subjective sense of being dead; a feeling of peace, painlessness, pleasantness; a sense of separation from the body; a sense of entering a dark region;

encountering a presence/hearing a voice; taking stock of one's life; seeing, or being enveloped in, light; seeing beautiful colors; entering into the light; and/or encountering visible "spirits."

We sent those 500 a questionnaire, and had 450 replies. Now, *we can never find this sort of sample again, because 98 percent of those people knew nothing about NDEs*, they had no preconceived ideas about them, and were simply describing exactly what they had experienced. The knowledge that people now have about the NDE has so changed the expectations of people that it is now difficult to say whether people's accounts are what they expect would happen or what actually did happen.

So this is now a disadvantage as regards retrospective research: public knowledge of NDEs has inextricably contaminated our research participant pool. So our sample will remain an important one.

Among those 450 participants, 76 percent were women. Does this finding mean that women are really spiritual and that men have a long way to go? No, I do not think so. I think it is simply that women are much better letter writers than men. The age distribution of those who experienced NDEs was interesting: there were equal numbers in each decade. In other words, the number of people who reported having had their NDE sometime in their first decade of life, age 0–10, was very similar to those who reported having it in their second decade, and so forth. So our findings indicate that there is no privileged age range for having an NDE.

The religious affiliation of our respondents was 54 percent Church of England, 12 percent Roman Catholic, 19 percent other Christian, 1 percent Jewish, 8 percent Agnostic, and 2 percent Atheist, with 41 percent of respondents indicating that religion was not important. This profile of religious affiliation is quite similar to the overall English religious profile, so we were able to say that religious belief at the time of the NDE played no part in it.

Indeed, some of the atheist respondents wrote some really cross letters saying that they had not wanted this experience and they found it quite difficult to incorporate into their lives.

The multiplicity of circumstances of our respondents' NDEs was interesting, and it was the varied nature of the circumstances in which the NDE occurred that led me to the belief that we have to be very, very focused in our research if we are going to find proper answers. Thirty-seven percent of our respondents reportedly were

receiving drugs at the time of their NDEs, and 63 percent were not. So the theory that NDEs are all drug induced could not be correct. About two thirds had their NDEs during illness, operations, childbirth, or accidents. Two percent occurred in suicide attempts and 20 percent in other circumstances that included anxiety states, dreams, relaxation states, or quite spontaneously in the normal course of life.

Now, it is impossible to postulate the same mechanism for all of those very diverse states. If you are going to do any worthwhile NDE research, you have to target a specific group of people who, as far as possible, have their NDE in similar circumstances and under similar conditions. Fortunately, nine percent of NDEs were said to have occurred during a heart attack, and that is hopeful from a research standpoint, because most people during a heart attack have the same physiological state, which will allow some conclusions to be drawn about those who do or do not have NDEs.

The phenomena reported during NDEs included 66 percent who reported an out-of-body experience, 76 percent pastoral landscapes, 38 percent seeing deceased friends and relatives, 12 percent life reviews, 24 percent a barrier of some sort, and 72 percent a decision to return. Only 4 percent had hellish experiences. Why so few? Understandably, someone might be reluctant to write a letter to a perfect stranger saying, "*There I was in this pit with sulfurous smoke and devils poking me.*" So that reluctance might account for the low report rate. But in light of all the research we have done, I feel that distressing experiences are, in fact, quite different, and truly occur much less frequently, than the pleasurable NDEs. They have a strong confusional component seen much less often in the positive NDEs.

I was particularly interested in the pastoral landscapes, because they are also reported by terminally ill patients in approaching-death experiences. The landscapes have always been described as very beautiful, and usually include wonderful flowers. We had one or two botanists among our respondents, and they said that the colors were most exciting, but, interestingly, that they saw no new species, only species they already knew. Of course, the main focus of the respondents was the incredible beauty of all those vibrant colors.

I was interested to know whether there were any spiders, gnats, snakes – anything that bites. We found nothing; none was reported. And what about other animals? Our respondents did report animals, but only very seldom, and only dogs. One man saw all the dogs of his

life come bounding over the hill towards him. So all in all, it was a very pleasurable experience to be in this land, and if the many NDErs who assert that we all will have this experience at death are correct, our data indicate that it is not going to be awful. You will be able to stroll around the garden, and you will not have to worry about what's going to bite you.

I was also particularly interested in the heavenly music and wonderful birdsong reported by some of our participants, because of my interest in how the brain works with music. Our respondents reported mainly concordant music, strong emotional music. At that time, neuroscientists thought that music was mainly a phenomenon involving the right hemisphere of the brain; since then, the neuroscience of music has progressed and indicates that the whole brain is involved in music. Nevertheless, the strong emotional quality of this music indicated a strong involvement of the right hemisphere.

Whom did our respondents meet in their NDEs? Well, this seemed to be culturally determined. In the West, we mostly meet dead relatives and occasional strangers who always behave toward the NDEr in a welcoming way. Now, here is an interesting thing that we found also in the approaching-death experiences: The dead tend to be seen in the prime of life, even though they may have died ill or damaged by accidents or in ripe old age. All injuries had been healed.

We were told of a lovely near-death experience by a man who had had meningitis. Jesus came into his third-floor room by the window, took him by the hand, and walked with him out of the window, straight into this lovely landscape, and, coming from all directions, there were people who were taking off bandages, dropping their crutches, and being healed by the process of going toward the garden and the light.

Some of our respondents reported meeting people whom they did not know were dead, but who were later confirmed to have been dead at the time of the NDE. It was usually the relatives they met, though sometimes it was the Being of Light, who sent the NDErs back to earthly life.

Another phenomenon that particularly interested me was the tunnel. Why a tunnel? I told you about the experience involving Jesus: it was a lovely day, and they went out through the window, which seems logical. But another of our respondents had an out-of-

body experience, again on a beautiful day outside. She went up to the ceiling, and knew she was going to go through the window – but she did not. Instead, a tunnel opened up in the ceiling, and she went through the tunnel. We all know Hieronymous Bosch’s painting as the prototypical NDE tunnel, but in our study very different kinds of tunnels were described. The commonest one was a void, a blackness: a floating, a moving, a going towards the light. The structure of the tunnel, if anything, was minimal. One person had a “tunnely tunnel,” like one of those great big pipes that leads the hot air away from a clothes dryer. Other people had swirling, whirling tunnels, but they themselves did not turn; the tunnel simply turned around them, while they themselves floated through it.

The data available suggest that NDE phenomena are described differently in different cultures. Tunnels, for example, seem to be a particularly Western feature. Take, for example, the journey from this dimension to an otherworldly dimension. Japanese NDErs do not report tunnels. Instead, they have caves. People will walk towards a cave, which will be the entrance to the new reality. Quite often, they report having come up to a dark river where there was a boatman. This feature is absolutely inherent in their culture. Among hunter-gathers, the transitional journey most often involved a river. They reported going on journeys, most commonly by getting into a boat and paddling for three days before arriving at an otherworldly area.

How many of you NDErs in the audience had a journey back? A couple of you had journeys back, but it is unusual. None of the participants in our study described such a journey; usually they say they just “snapped back” into their body. Why? Why do NDErs so rarely report a journey back?

And then, of course, there is transformation afterwards. Particularly notable was the finding that 72 percent of our respondents reported being more spiritual and having less fear of dying. Some findings from other studies provide some very interesting things to think about.

For example, in Bruce Greyson’s (2003b) study of 272 patients who had a brush with death, 22 percent had NDEs, and they were found to be less psychologically disturbed than those who did not have NDEs. So that is extremely good news in that it goes against the idea that those who have NDEs have some mental pathology.

Willoughby Britton and Richard Bootzin’s 2004 study is interesting, but unfortunately the data set is too limited to draw any conclusions. They suggested that near-death experiences are a manifestation of temporal lobe epilepsy. This suggestion has been made on previous occasions by other authors, and it is always made

by those who do not deal with epilepsy on a daily basis and who do not have a comprehensive understanding of the features of an epileptic seizure. No epileptic seizure has the clarity and narrative style of an NDE. And this is because all epilepsy is confusional. Epileptologists all agree that one thing that near-death experiences are not is temporal lobe epilepsy. Britton and Bootzin's paper is, I think, going to bias the near-death literature in a way that is quite unjustified by the data of the study.

However, within that study there were some interesting points. They had 23 NDErs and 20 controls, so the numbers are small, but the NDErs scored more highly on a scale of their ability to cope. They were better, active copers; they were able to plan; they had positive reinterpretations of their experiences, and they had positive growth. There were no differences in post-traumatic stress scores with the control group. The study is important in that it suggested that NDErs have good coping strategies.

Greyson (1986) found that 26 percent of a group of patients who attempted suicide had NDEs. Of the people who wrote in to us, only 2 percent had their NDEs during suicide attempts. Greyson (1981, 1991, 1992–93) has published additional studies on suicide attempters who had NDEs, finding that their likelihood of attempting suicide again was dramatically lower, compared to nonNDE suicide attempters. But if any of you want a Ph.D. topic, this is an area on which we still need more data. I had one patient who after her NDE wanted to get back to the experience so badly that she always carried a ligature around with her; she was in the hospital a year before we managed to get her better. She would take any chance she could to put the cord around her neck and hang herself. But that is very unusual. I would like to know more about the effect of an NDE on future suicidal behavior.

That is all I want to say about retrospective studies, so let me turn now to the cutting edge of NDE research. This is a new and very exciting developing area: prospective studies. Just to remind you, these are studies in which the researcher begins studying the participants before they have their NDEs, and thus has information about the circumstances in which the near-death experience occurs and can start to ask focused scientific questions about it.

The Lecture - Part Two

Prospective Studies of NDEs

Now, none of you will know this study because it is not published yet. It is a new prospective study from the U.K., conducted by Dan Shears at Guy's Hospital. He was the doctor on the meningitis ward and questioned the 90 percent of children who had recovered from meningitis. What he found was very similar to Melvin Morse's retrospective findings (Morse and Perry, 1990), but, again, Shears' study was prospective, so he knew the medical condition of the children involved. Of the children he questioned, one, a 3½-year-old boy, three months after the meningococcal disease, said that when he had been ill, "*Two angels took me: a big angel and a boy angel.*" He met with his grandfather and played with toys and other children, and "*then the angels brought me back.*" It was a lovely, simple, experience – and his grandfather had died nine days after the child had been admitted to the hospital, which is interesting.

Another 4-year-old boy, two weeks after his discharge from hospital, reported, "*A man with wings came to see me while I was in hospital. I could see him out of the corner of my eye.*" He went on to describe an out-of-body experience. He recalled his still-living grandmother talking to him at his bedside, and he could not tell her to shut up, as he was "asleep." So he was outside himself and watching. He was also adamant that his grandmother knew who this winged man was, but I do not think she did; I do not think she could see him.

A 7-year-old girl described having an experience in the pediatric intensive care unit of St. Mary's Hospital. She described feeling very calm and peaceful, clearly the beginnings of a near-death experience. She was observing herself from the end of the bed, and, again, she was standing next to a boy whom she did not know.

I have a videotaped account for you, which I will play now. The child is 3 years old and has reflex anoxic seizures in which her heart stops. During the time that she is unconscious she has out-of-body experiences. Here she is describing how, in one of these episodes, she goes up to the ceiling and then watches her mother do the resuscitation process "all wrong":

Narrator:

Most of us have preconceived ideas about such experiences, but this little girl was barely 3 years old when she described an out-of-body experience to her mother.

Mother:

She was telling me that she goes, and she goes up, and she's watching herself. Now, I did find it amazing. I was speechless.

Narrator:

She suffers from a rare illness called reflex anoxic seizures, which temporarily stop her heart beating. In her short life, she has clinically died over 20 times.

Mother:

She has no vital signs; she has no respiration, no pulse, no heartbeat, no anything. She turns from a blue to an ashen, and black, I would say, lips.

Narrator:

Fortunately, she normally recovers from a seizure within a minute, but as she grew older, she began to talk to her mother about them.

Mother:

She watches herself, and then, she tells me, again, her words, she "clicks" back in.

Narrator:

On one occasion, she collapsed in her mother's bedroom. Her mother placed her in the recovery position and soothed her. When the child "came round," she was furious with her mother for not placing her on the floor as they'd been taught by the doctor.

Mother:

But when she came back, I mean, she had told me what I had done and how I did it wrong and what I'd said.

Narrator to child:

Where do you go?

Child:

Up in the ceiling.

Narrator:

Up in the ceiling! Can you tell me what it's like?

Child:

I see Mommy helping me.

There are good reasons for studying childhood NDEs. Very few children will have been exposed to the idea of NDEs. Young children especially have a poorly formed view of the idea and permanence of death. Children whose parents have no religious views or convictions are even less likely to have been told about what to expect at death. In

his 1989 paper, Harvey Irwin suggested that children who had had no religious instruction would be ideal to test the sociocultural conditioning hypothesis against the paranormal-spiritual hypothesis. In other words, if kids who do not know about NDEs have an NDE, you cannot explain it by saying they have learnt about it as a cultural experience.

Our Study of Cardiac Arrest Survivors' NDEs

The first published prospective study that included cardiac arrest patients, Michael Sabom's 1982 study, also included patients who had been in other near-death circumstances, such as severe traumatic injury or comas from metabolic disorders or systemic illness, and also included patients whose arrests had occurred both in and out of hospital. To my knowledge, the first published prospective study focusing entirely on cardiac arrests that occurred in the hospital was the one that Sam Parnia and I did at Southampton University (Parnia, Waller, Yeates, and Fenwick, 2001). We wanted to ask two questions about near-death experiences. Firstly, would people who had had cardiac arrests report having NDEs at the time of their arrest? That is, our first question was whether NDEs would be found in our prospective study. The second question was: Do these experiences occur before unconsciousness, during unconsciousness, during recovery, or after recovery?

Those questions were absolutely crucial. They were not only crucial for NDE research, but they were also crucial for neuroscience as a whole, because neuroscience has come up against a block. *The problem is that neuroscientists do not know what consciousness is and have no theories to explain its nature.* That is because our science is the science of the external world, a hangover from the time of the Renaissance, and it does not deal with subjective experience, or with consciousness. This is the main problem facing neuroscience at the moment, and it may well be that NDE research will be one way of filling the "consciousness gap" in neuroscience.

So what did we do? We studied cardiac arrest survivors over the age of 18. To qualify for our study, when questioned after their cardiac arrest they had to be lucid, not confused; they had to agree to be interviewed; and their medical team had to allow us to ask them questions. Of course, we used Greyson's (1983) NDE Scale; there isn't

a better instrument for assessing the presence or absence and the depth of an NDE.

What did we find? We found prototypical NDEs: feelings of peace and joy, sense of harmony, bright lights, heightened senses, encounters with mystical beings, encountering barriers of no return, and so on. Out of a base group of about 220 people who were admitted to the unit after a cardiac arrest, only 63 people survived. Of those 63 survivors, 56 (89 percent) had no memories during their arrest; and 7 (11 percent) had memories. Of these latter 7, four (6.3 percent) met the Greyson criteria for an NDE, and the other two, although not meeting the Greyson criteria, did have NDE features which made us put them in the NDE group. So our rate is about 10 percent, so one can generalize to cardiac arrest as a whole and say that about 10 percent of survivors of cardiac arrest will report NDEs.

Our conclusions from the study were that cardiac arrest NDEs were classical; rates were similar to previous estimates; and patients said that the experiences occurred during unconsciousness. *Now, that is important because neuroscience maintains that conscious experience is not possible during physical unconsciousness.* We also found that NDEs were not due to medication, electrolytes, or blood gases. So something interesting is going on.

Other Recent Prospective Cardiac Arrest NDE Studies

There are now four recent prospective cardiac arrest NDE studies. There is ours in 2000, and we found an incidence of about 10 percent NDEs among survivors (Parnia, Waller, Yeates, and Fenwick, 2001). Pim van Lommel and his Dutch colleagues in 2001 found about 12% percent (van Lommel, van Wees, Meyers, and Elfferich, 2001). In Janet Schwaninger's American study published in 2002, a higher rate of 23 percent was found (Schwaninger, Eisenberg, Schechtman, and Weiss, 2002). Greyson, in his study about a year later (2003a), found 10 percent. And one of my Ph.D. students, Penny Sartori, in an unpublished study, found about 25 percent. So, you can say that of people who will have heart attacks, between 10 and 20 percent will have NDEs, and I doubt those figures are going to change very much.

So you can calculate straight away that over one million Americans have stood in the light: very powerful. Think of all those people who have experienced an altered state of consciousness. The world is changing. But not only that: more defibrillators and

pacemakers are being implanted into hearts, and as the heart quite often stops in this process, this means that even more people are going to have NDEs and their aftereffects.

I want now particularly to mention van Lommel's Dutch study (van Lommel, van Wees, Meyers, and Elfferich, 2001). This was a huge study, with 344 cardiac arrest survivors in 10 hospitals. Forty-one survivors reported NDEs. The occurrence of NDEs was not influenced by the duration of either unconsciousness or cardiac arrest, or by medication. So that is really interesting: you do not have to be unconscious for long, but there may be a critical limit; we do not know. More NDEs were reported in the group of survivors who actually died shortly after their experience, so it looks as though the closer you are to death, the more likely you are to get an NDE.

This study also had an 8-year follow up, the longest follow up that has ever been published. It enabled the researchers to ask, first, whether the memory of an NDE changes across time, and second, what happens to people who do not have NDEs: do they have any of the change in personality that NDErs show? If you look at Table 1, you can see straightaway that, in fact, there are interesting changes after a cardiac arrest even amongst the people who did not have an NDE. Positive scores indicate an increase in the personality changes, and the larger the number, the larger the increase overall for that group. Negative numbers indicate a decrease in the personality changes, and the larger the number, the larger the decrease.

I just want you to look closely at this table. Do you see those changes in the non-NDErs? The changes are greater overall in the NDErs, certainly. But I want you to understand that not only NDErs change, because a heart attack in itself is a very powerful, important event, and here is clear evidence that people who have heart attacks change, whether or not they report having had an NDE. Note that after eight years, the non-NDErs scored higher than the NDErs on understanding the purpose of life!

So, having a heart attack in itself is significant. NDErs became less fearful of death after their NDEs, but so did non-NDErs. So one thing that has been learnt from this study is that even people who do not have an NDE may have their consciousness changed just by the fact that they have had a heart attack. Interestingly, spirituality decreased in non-NDErs after their heart attacks but increased in the NDErs.

Table 1
Changes in cardiac arrest survivors at 2-year and 8-year follow-up
(from van Lommel, van Wees, Meyers, Elfferich, 2001)

Life Change Inventory Item	2-year follow-up		8-year follow-up	
	NDE (n=23)	no NDE (n=15)	NDE (n=23)	no NDE (n=15)
Social attitude				
Showing own feelings	42	16	78	58
Acceptance of others	42	16	78	41
More loving, empathic	52	25	68	50
Understanding others	36	8	73	75
Involvement in family	47	33	78	58
Religious attitude				
Understand purpose of life	52	33	57	66
Sense inner meaning in life	52	25	57	25
Interest in spirituality	15	-8	42	-41
Attitude to death				
Fear of death	-47	-16	-63	-41
Belief in life after death	36	16	42	16
Other				
Interest in meaning of life	52	33	89	66
Understanding oneself	58	8	63	58
Appreciation of ordinary things	78	41	84	50

Moving on to the Schwaninger study, 30 cardiac arrest survivors were interviewed over three years (Schwaninger, Eisenberg, Schechtman, and Weiss, 2002). Twenty-three percent had NDEs, all of which were pleasurable; there were no “negative” NDEs. She found no difference in demographic variables, so, again, there is nothing special about people who get NDEs. How people interpreted their NDEs, however, was, as we know, based on personal, cultural, and religious views. An interesting point was that they needed psycho-social support before hospital discharge. And at 6-month follow-up – not

as long as van Lommel’s, but the results show the same trend – spiritual and religious views changed, as did attitudes towards others, personal understanding, and social customs.

Greyson’s (2003a) American study was of 1,595 patients admitted to a cardiac care unit with heart trouble. He found an incidence of 10 percent NDEs among cardiac arrest survivors and found that the more severe the illness, the more likely the survivor was to report an

NDE. And what he said is this: “*The paradoxical occurrence of heightened, lucid awareness and logical thought processes during a period of impaired cerebral perfusion [absence of blood flow to the brain] raises particularly perplexing questions for our current understanding of consciousness and its relation to brain function*” (p. 275). So that is now in the literature. And based on that, Sam Parnia and I have a paper being reviewed for Neuroscience Letters in which we propose the experiment which I am going to show you. Whether or not they will publish it, I do not yet know.

An important finding from Greyson’s study was that patients admitted to intensive care without coronary arrest reported NDEs 10 times less often than coronary arrest patients, and the non-arrest NDEs contained fewer sensations of the light, less enhanced cognitive function during the experience, and less positive emotion.

Now, my Ph.D. student, an intensive care nurse, has done a study – again, it is not published – and the rates she found for NDEs in an intensive care unit were almost the same as Greyson’s. So, if you go to any intensive care unit, 1 percent of non-arrest patients have NDEs and 10 percent of people with cardiac arrest.

Attempts to Understand Cardiac Arrest NDEs

So, now we come to the really important question: what happens when an NDE occurs during a cardiac arrest, and why is this important?

The first point is that signs of cardiac arrest are the same as clinical death. There is no detectable cardiac output, no respiratory effort, and brainstem reflexes are absent. If you are in this state and I put a tube down your throat, you will not cough. You will have dilated pupils. Your blood pressure has fallen to zero. You are, in fact, clinically dead. Even if I start *cardiopulmonary resuscitation* (CPR), I cannot get your blood pressure any higher than 30 millimeters of mercury, and this is not going to produce an adequate blood flow to your brain.

A number of studies show that the longer CPR is continued, the more brain damage occurs. So it is not an ideal intervention. We know that after a cardiac arrest, both NDErs and non-NDErs suffer brain

damage, but we do not know whether the amount of brain damage in the two groups is the same or different. During CPR, you are not going to be able to perfuse – that is, force an adequate amount of blood through – the brain. When the heart does finally start, the blood pressure rises, and there is a slow resumption of circulation and lots of technical reasons why your brain function does not return instantly. And the point to remember is that your mental state during recovery is confusional.

What should be clear to you now is that it is not a good thing to have a heart attack. In their 1999 study of cardiac arrest and brain damage, Graham Nichol and his colleagues found that out of 1,748 cardiac arrests patients, only 126 survived (Nichol, Stiell, Hebert, Wells, Vandemheen, and Laupacis, 1999). Most units range between 2 and 20 percent resuscitation rates. *Eighty-six of Nichol's survivors were interviewed, and most of the people who were resuscitated had evidence of brain damage.*

Simultaneous recording of heart rate and brain output show that within 11 seconds of the heart stopping, the brainwaves go flat. Now, if you read the literature on this, some skeptical people claim that in this state there is still brain activity, but, in fact, the data are against this in both animals and humans. The brain is not functioning, and you are not going to get your electrical activity back again until the heart restarts.

The flat electroencephalogram (EEG), indicating no brain activity during cardiac arrest, and the high incidence of brain damage afterwards both point to the conclusion that the unconsciousness in cardiac arrest is total.

You cannot argue that there are “bits” of the brain that are functioning; there are not. There is a confusional onset and offset, and there is no brain-based memory functioning. Everything that constructs our world for us is, in fact, “down.” There is no possibility of the brain creating any images.

Memory is not functioning during this time, so it should be impossible to have clearly structured and lucid experiences, and because of brain damage, memory should be significantly impaired, and you should not be able to remember any experiences which occurred during that time.

Now, that raises interesting and difficult questions for us, because the NDErs say that their experiences occur during unconsciousness, and science maintains that this is not possible.

Figure 1
Changes in consciousness during cardiac arrest.

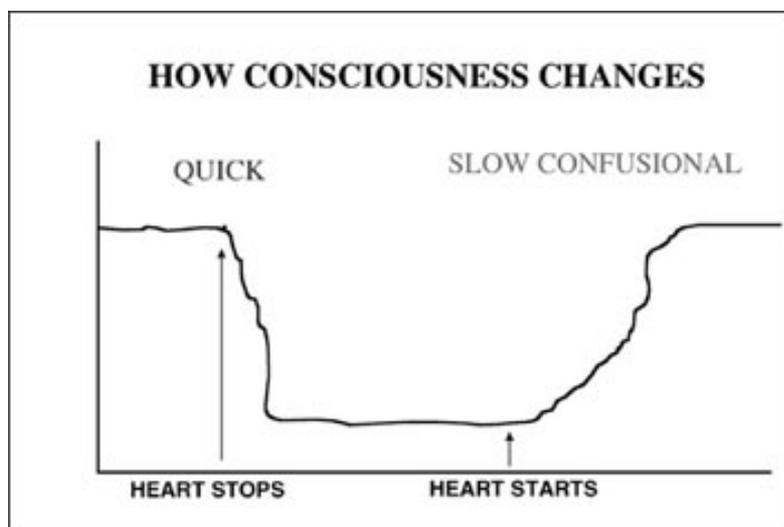


Figure 1 is an illustration I have drawn that I hope is helpful. The height of the line above the X axis shows the intensity of consciousness, and the squiggly line represents the level of consciousness. When the heart stops, the line starts to dip, and

consciousness is lost. So you are going along conscious, your heart stops, and there is a very quick descent into unconsciousness. Those of you who have ever fainted will agree that when you faint you lose consciousness very quickly.

So you lose consciousness, then you are unconscious, and then the heart restarts, so science says the NDE cannot occur while you are unconsciousness; that is the pink area in the diagram. Now, as you slowly regain consciousness, the slow recovery is all confusional, so the NDE cannot occur there.

So then, as far as science is concerned, the NDE cannot occur at the point the heart stops, it cannot occur at any point during the period of unconsciousness, and it is unlikely to occur at the point of confusional arousal, because it is not typical of that level of consciousness; and if it occurred after recovery, the NDErs would say it occurred after recovery, because they know they have recovered. So there are real difficulties in accepting that the NDE happens when the NDErs say it happens: during unconsciousness. So are you beginning to feel the significance of the timing of the NDE both for neuroscience as well as for our understanding of the NDE?

One of the major models we have of the NDE at the moment is the ketamine model. During cerebral anoxia, when the heart stops and there is no oxygen supply to the brain, there is widespread release of a chemical called glutamate, an NMDA agonist which leads to high

nerve cell stimulation rates and chaotic firing in the brain. Ketamine is an anesthetic drug that acts like glutamate and is sometimes used as a street drug because of its pleasant subjective effects.

Experimentally, ketamine leads to some NDE phenomena. Evgeny Krupitzky and Alexander Grinenko (1997) used ketamine in psychotherapy with alcoholics and found that it resulted in the same sorts of changes that people have with NDEs. Their patients became more social, more creative; more concerned with self-perfection and with achievement in life; more spiritually content; more interested in family, education, and social values; and more individually independent – many of the changes that NDErs have. Does that mean that the experiences are the same? Is it the NMDA stimulation that produces the NDE?

Well, look at this example of a ketamine experience, taken from Karl Jansen's 2001 book, *Ketamine*:

... I found myself as a bodiless point of awareness and energy floating in the midst of a vast vaulted chamber. There was a sense of presence all around, as though I was surrounded by millions of others, although no one else could be seen. In the center of the chamber was a huge, pulsing, krishna-blue mass of seething energy that was shaped in a geometric, mandalic form Then suddenly, I was back in my body, lying on my bed. "Wow," I thought, "it's over. How abrupt!" I tried to sit up. Suddenly, my body was gone again and the room dissolved into blackness of the void, my reality being quickly pulled out from underneath my feet, like a hyperspatial magician's tablecloth trick. (p. 243)

NDErs, is that like your experience? No, it is not. There are some similar features, but there are other features that are very different.

So although the ketamine model is the best scientific candidate so far to account for the NDE in cardiac arrest, it cannot explain every feature of NDEs. And I am not sure that even if we say that the NDE is a ketamine-like experience, we can, in fact, completely understand the whole of the NDE during cardiac arrest. Because we are left with the problem of exactly when does the NDE occur? And the only way you can get an answer to this is through out-of-body experiences (OBEs).

The Lecture - Part Three

Love and consciousness are the fundamental ground structure of the universe

Focusing In On the Near-Death Out-of-Body Experience

Anecdotal evidence suggests that the OBE, and so the NDE, occurs during unconsciousness. There is also anecdotal evidence that it may be veridical. Sabom in 1982 found that some of his research participants gave correct accounts of resuscitation procedures, suggesting that the NDE occurs when the brain is “down.” The case of Pamela Reynolds, for those of you who saw the BBC production *The Day I Died* (Broome, 2003) or read the account of her case in Sabom’s later book (1998), is also suggestive of that. And, of course, Kenneth Ring and Sharon Cooper (1997) have described cases of NDEs in blind people who claim to have what they call “mindsight” and are able to “see” the resuscitation room.

So, is the OBE truly veridical? That is, does it consist of verifiably accurate perceptions that would have been impossible to perceive from the vantage point of that person’s physical body? This is the cutting edge question in NDE research. So, let us have a look at that. I will just play you this video of one of the people from our study who had a heart attack and an out-of-body experience.

Narrator:

In a respectable London suburb near Hampton Court lives a man who has twice been at death’s door and survived to tell the tale. Derrick Scull, age 66, is married with two children. He’s a retired Army major who now works in a large firm of lawyers.

Scull:

Well, basically, I pride myself in being a fairly pragmatic, down-to-earth sort of person, but the experience that I underwent in 1978 remains etched in my memory for the last 8 years, and certainly I couldn’t believe my eyes or my senses at the particular time. I had a heart attack, and I found myself in hospital in the intensive care unit on the first day. The hospital medical staff had done everything they could for me. I was lying there in an operation robe with a mask on my face, and obviously I’d received an injection of morphine or some sort of drug to keep me under control. I wasn’t experiencing pain; in fact, I was feeling at peace with the world.

And suddenly, I seemed to take off and float, airborne, I suppose one would describe the word, into the corner of the room where I was able to look back, and I was conscious of lying there, and there was my own body, and I thought, “Good gracious, what is this?” In fact, I sort of, if I can describe it, I was looking at my toes on the ceiling, sort of looking over, and there was my body immediately below me. I was in the corner, left hand corner of the room, looking down on this body, and I had a perfectly good eye view of the bed and the entrance to the ward. And then I was also suddenly conscious that outside the room, there was my wife standing there in a red trouser suit talking to a nurse. I thought, “My God, what an inappropriate time to arrive. I’m up here, and there’s the body, and what’s going to happen?” I thought, “Something must happen.”

But the very next thing I was conscious of was, sitting beside me was my wife wearing a bright red trouser suit. And I was there. I’d come down from the ceiling somehow, and there she was. This is why I know it wasn’t a figment of my imagination, because it was so clear. I’ve given you the illustration of exactly what my wife was wearing, that was a red trouser suit, and I couldn’t have seen her at the time. So this absolutely convinced me, and it was certainly cemented after my second heart attack when I went through a totally similar experience, and I am absolutely converted to this theory that something – call it your soul, call it whatever you like – does, in fact, temporally detach itself from your body, goes to a vantage point, and looks back and reviews the situation. And that’s exactly what I felt I did on both occasions.

Now, Major Scull is very clear that his OBE happened during his cardiac arrest. What we need to do is to test this. Sartori, from Morrilton hospital in the U.K., did this in a study for her Ph.D. thesis, not yet published. Using a method suggested by Janice Holden (Holden, 1988; Holden and Joesten, 1990), Sartori put randomized cards on top of the monitors displaying the patient’s medical data, which are always present in patient rooms, usually beside the bed. Because the monitors were above eye level of a person standing up, the cards on top of them could not normally be seen by the nurses.

The question is, of course, when people left their bodies, did they see the cards? What would you guess? What are you NDErs going to look at when you leave your bodies? Are you going to look around the room, have a look at the monitors, see if there are any cards hidden

there? You are not going to be interested in impersonal cards. The only thing you are interested in is this thing lying on the bed, which is your body, and nothing else. And that is exactly what happened in Sartori's study. I had thought that people would see the cards, but they did not. Sartori has now had eight patients who reported being out-of-body during their cardiac arrests, and what those people did was look at their bodies. One looked at her body and went out of the window. Another found a tunnel. One simply went back into the body as quickly as she could. Another went out through the wall backwards.

Clearly there is something wrong with this methodology. For if people do leave their bodies and look around the room, they do not gain the sort of information that we want them to gain – at least not through this research protocol. So we are designing a new experiment, very much like the study Greyson and Holden are conducting in Charlottesville, Virginia.

Imagine a cardiac care unit room. In a corner of the ceiling is someone who has left his or her body and is looking back down on the physical body. What we are going to do is to make sure that whatever object we use is something that a patient who leaves the body and looks down at it could not fail to see. One suggestion is that we should suspend from the ceiling a display screen between the person who is up at the ceiling and the physical body. The screen would be translucent, and would display some randomly generated image that is not visible from below, so the out-of-body person has actually got to look through the screen to see the physical body. A camera would record the whole of the resuscitation process, so that we can see if, after resuscitation and stabilization, the patient can accurately report what was displayed on the screen while he or she was unconscious and being resuscitated.

Approaching-Death Experiences and the NDE: A Model for the Dying Process?

In the final part of this presentation, I would like to try and put the near-death experience in the context that I feel it deserves. Is the NDE a model for the final stage of dying? My current view is that it may be. My reasoning begins with those experiences that I call approaching-death experiences, which sometimes occur in the 24 hours before death. These consist of “take-away” deathbed visions of relatives or friends; experiences of light and other worlds; and

deathbed “coincidences,” that is, visits by the dying person to friends or relatives at the time of death. We, in fact, have three studies ongoing at the moment.

One is a study with a palliative care team, asking caregivers about approaching-death experiences in the dying for whom they are caring; a paper describing this study has been accepted by the American Journal of Hospice and Palliative Medicine.

Another is a study in hospices in Holland, looking at patients’ accounts of their experiences as they approach death.

Thirdly, we are in the process of setting up a hospice study in the U.K.

Now what are these deathbed visions? On St. Francis’s tomb, there is a lovely picture of St. Francis when he was dying. He has several beautiful angels hovering over him, waiting to accompany him into death: a wonderful deathbed vision. I know that I will not have lovely people like that; I will just have my relatives.

Just to give you a flavor of what the dying seem to see, here is a wife’s description of her husband’s death, from a paper by Paola Giovetti (1999, p. 38): “*The gauze over his face moved, I ran to him and with his last strength he said to me: ‘Adrianna, my dear, your mother (who had died three years before) is helping me break out of this disgusting body. There is so much light here, so much peace.’*” Forty percent of the approaching-death experiences Giovetti found were these “take-away” visions.

The next common approaching-death experience is of transiting to a new reality. This story was told to me by a woman who was with her 32-year-old daughter as she was dying of breast cancer. In her last two to three days, the daughter described being conscious of a dark roof over her head; then she would go up and go through the roof into a bright light. She moved into a waiting place where beings were talking to her, to help her through the dying process. She conveyed to her mother that everything would be okay, that these were loving beings, and that her grandfather was amongst the beings. She was able to move in and out of this reality, and she was quite clear that it was not a dream. We have been given other accounts by people who describe waiting in a garden, which sounds very similar to the sort of garden that NDErs describe. Light and love are absolutely primary to these experiences.

The third type of approaching-death experience is the deathbed coincidence, in which the dying persons go to visit somebody to whom

they are close, to tell that person that they are dying. This is a fresco of St. Francis dying in one part of Italy. Here, in another part of Italy, is another prelate who is dying, and just as he is about to die, he suddenly sits up, sees St. Francis, and says, "Wait for me, wait for me, St. Francis; I'm coming." He seems to have paranormal knowledge that St. Francis is dying at the same time.

Here is a more recent example, reported retrospectively:

Around 1950, a distant relative, John, was in hospital. It was a Sunday, and my father went to visit John, to be told that he had died that morning at a certain time. The hospital authorities asked dad if he would inform the next of kin, the deceased's sister Kate and her husband, who were sheep farmers living in a relatively remote part of the country and not on the telephone. Dad and I drove the 20 or so miles and up a hill track to the farmhouse to be met by Kate who said, "I know why you have come – I heard him calling me, saying 'Kate, Kate' as he passed over." She was quite matter-of-fact about it. She gave us the time of death, which was exactly the same as recorded by the hospital. I found it an amazing experience and have never forgotten it, nor will I ever. I was about 17 at the time.

Now, these experiences are common, and whenever I give a talk on approaching-death experiences, someone in the audience always has some experience to report. What we hope to do is find out exactly how common they are. We are building on the work of previous researchers such as Karlis Osis and Erlendur Haraldsson (1977), who examined deathbed visions in terminally ill patients in the United States and India. Other phenomena are also frequently reported at the time of dying. Light at death is very common. A mother in one of our studies whose son was age 7 and dying of leukemia in the hospital told us that, as he became more seriously ill, the curtains were drawn around his bed. She told us that, in the 20 minutes before he finally stopped breathing, the whole area around his bed was flooded with light – the same light that you talk about in the near-death experience: the light of love and compassion. And as he died, the light slowly faded.

I have been given other accounts which are very similar to that. Here is one from a woman whose husband was dying:

Suddenly there was the most brilliant light shining from my husband's chest, and as this light lifted upward, there was the most

beautiful music and singing voices. My own chest seemed filled with infinite joy, and my heart felt as if it was lifting to join this light and music. Suddenly, there was a hand on my shoulder, and a nurse said, "Sorry, love. He's just gone." I lost sight of the light and the music and felt so bereft at being left behind.

Once again, we see the phenomena of light, love, and music at the time of death. reminiscent of music described by NDErs.

Could approaching-death experiences and the NDE be a model for the dying process? If so, it would point towards consciousness beyond death. The brain identity theory says that consciousness ends with brain death. But if it can be shown in the cardiac arrest model that people can acquire information when they are unconscious and out of their body, if deathbed coincidences are real, it would be indisputable evidence that consciousness is separate from the brain. The brain identity theory – the reductionist view that consciousness is entirely dependent on brain function – then must fail, and this would have a heavy cost for science. *Do not underestimate this cost. Science would have to change in a fundamental way, and so, interestingly, would our social structures. Because the theory also presupposes that consciousness does not survive death, and the evidence is beginning to be against that, too.*

The non-reductionist view is that there is a process to dying. There is apparent separation of mind and brain. Love and light are fundamental to the dying experience. And the suggestions are that, in fact, *love and consciousness are the fundamental ground structure of the universe* and that consciousness may survive death of the body. So perhaps the near-death experience will help us to change science and to change our culture and bring back personal responsibility for our actions, if there is, indeed, continuing consciousness after death.

Will we ever really know? Perhaps, but let me end with a Zen parable. A nobleman asked Master Hakuin,

"What happens to the enlightened man at death?"

"Why ask me?" said Hakuin.

"Because you're a Zen master."

"Yes, but not a dead one."

The Lecture - Part Four

Everybody who has had this experience is very clear: that the universe is composed of love and consciousness

Responses to Selected Questions From the Audience

Question: Is there a difference between hallucinations and NDEs?

Dr. Fenwick: People tend to forget their hallucinations, whereas NDEs remain absolutely clear. If you ask people about the nature of their experiences while they are in the intensive care unit, you find they have a totally different flavor from NDEs. They have hallucinations, many of which are illusions based on what is going on in the intensive care unit, and they are usually strongly paranoid. For example, one patient felt that everybody in the unit was against her, that devils were poking her, and that she was being roasted. As she slowly came to consciousness, she realized that the roasting was being on the hot warming pad on the bed, and the devils were the nurses giving her intravenous fluids and injecting her. Now experiences like those do not have the clarity; they do not have the narrative quality; they do not certainly have the positive emotional valence of the typical near-death experience. So I think, at long last, we are beginning to be able to draw a distinction between hallucinations due to altered brain chemistry and the near-death experience. I think they are different.

Question: Does the NDE give us insight into the structure of the universe?

Dr. Fenwick: This is a really wonderful question, and it goes right to the heart of our understanding of what the universe is and how it is constructed. Physicist Amit Goswami (Goswami, Reed, and Goswami, 1995) argues that the basic ground structure of the universe is love and consciousness, and that the physical universe is a manifestation of this ground state. He has a theory relating to quantum mechanics about how every moment that we perceive something, we do create the physical world of that perception, and we create it essentially from the ground structure of the universe. So he argues that consciousness is primary and not an epiphenomenon of the brain. Goswami is very much in the Buddhist tradition, and this

is the Buddhist view of the world. Now let us just go back to the experiences people have of the universe and how in these wide experiences they define its structure. So again, let us try to follow the data.

These very wide experiences are called transcendent experiences. About 30 percent of the population will have weak transcendent experiences, and about 10 percent strong transcendent experiences, very similar to NDEs, in which they see through into the structure of the universe. *Everybody who has had this experience is very clear: that the universe is composed of love and consciousness.* And when they see the structure of plants, matter, people, the whole thing, they say that it is composed of love and consciousness. That is what they say. Now, that is very similar to what people say about their experience in the NDE, and that would also fit in with Goswami's model.

You probably know that a large number of astronauts had transcendent experiences. Edgar Mitchell is one (Mitchell and Williams, 1996). But the astronauts who were in control of the capsule did not have these experiences because they were busy with calculations and responsibilities. It was the guys that could stare out of the windows, who were not doing so much, who had the luxury of contemplation, who had transcendent experiences. And, again, if you talk to Mitchell, he will tell you quite simply that the universe is a universe of consciousness and love. Goswami's ideas go along with this, but the challenge is in formalizing these observations so that they can, in fact, be used by science.

Question: In childbirth, people are not dying, so why do they have NDEs?

Dr. Fenwick: The NDE has many different causes, and can occur for different reasons. My own view is that the NDE at its limit transforms itself into a transcendent experience, and I am not sure that you can distinguish between NDEs and transcendent experiences. For example, some people have the NDE when they are relaxed, or in a dream, or when they are asleep, and the experience then seems to be much better classified as a true transcendent experience. In a true near-death experience, large changes in physiology are involved; the typical near-death experience which then occurs has many features that will allow its classification also as a true transcendent experience. Some people who do get very seriously

ill in childbirth drop their blood pressures and may have catastrophic bleeds. During this medical crisis a true NDE is often experienced. In summary, near-death experiences are transcendent experiences, but transcendent experiences can also occur when you are not actually near death.

References

Benor, D. (2002). *Spiritual healing: Scientific validation of a healing revolution*. Professional supplement. Southfield, MI: Vision Publications.

Britton, W. B., and Bootzin, R. R. (2004). Near-death experiences and the temporal lobe. *Psychological Science*, 15, 254–258.

Broome, K. (producer). (2003). *The day I died* [Videotape]. London, England: British Broadcasting Company.

Fenwick, P., and Fenwick, E. (1996). *The truth in the light: An investigation of over 300 near-death experiences*. New York, NY: Penguin.

Giovetti, P. (1999). Visions of the dead, death-bed visions and near-death experiences in Italy. *Human Nature*, 1(1), 38–41.

Goswami, A., Reed, R. E., and Goswami, M. (1995). *The self-aware universe: How consciousness creates the material world*. New York, NY: Tarcher.

Greyson, B. (1981). Near-death experiences and attempted suicide. *Suicide and Life-Threatening Behavior*, 11, 10–16.

Greyson, B. (1983). The near-death experience scale: Construction, reliability, and validity. *Journal of Nervous and Mental Disease*, 171, 369–375.

Greyson, B. (1986). Incidence of near-death experiences following attempted suicide. *Suicide and Life-Threatening Behavior*, 16, 40–45.

Greyson, B. (1991). Near-death experiences precipitated by suicide attempt: Lack of influence of psychopathology, religion, and expectations. *Journal of Near-Death Studies*, 9, 183–188.

Greyson, B. (1992–1993). Near-death experiences and antisuicidal attitudes. *Omega*, 26, 81–89.

Greyson, B. (2003a). Incidence and correlates of near-death experiences on a cardiac care unit. *General Hospital Psychiatry*, 25, 269–276.

Greyson, B. (2003b). Near-death experiences in a psychiatric outpatient clinic population. *Psychiatric Services*, 54, 1649–1651.

Holden, J. M. (1988). Rationale and considerations for proposed near-death research in the hospital setting. *Journal of Near-Death Studies*, 7, 19–31.

Holden, J. M., and Joesten, L. (1990). Near-death veridicality research in the hospital setting. *Journal of Near-Death Studies*, 9, 45–54.

Irwin, H. J. (1989). The near-death experience in childhood. *Australian Parapsychological Review*, No. 14, 7–11.

Jansen, K. (2001). *Ketamine: Dreams and realities*. Sarasota, FL: Multidisciplinary Association for Psychedelic Studies.

Koenig, H. G., McCullough, M. E., and Larson, D. B. (2000). *Handbook of religion and health*. New York, NY: Oxford University Press.

Krupitsky, E. M., and Grinenko, A. Y. (1997). Ketamine psychedelic therapy (KPT): A review of the results of ten years of research. *Journal of Psychoactive Drugs*, 29, 165–183.

Mitchell, E., and Williams, D. (1996). *The way of the explorer: An Apollo astronaut's journey through the material and mystical worlds*. New York, NY: Putnam.

Morse, M., and Perry, P. (1990). *Closer to the light: Learning from the near-death experiences of children*. New York, NY: Villard.

Nichol, G., Stiell, I. G., Hebert, P., Wells, G. A., Vandemheen, K., and Laupacis, A. (1999). What is the quality of life for survivors of cardiac arrest? A prospective study. *Academic Emergency Medicine*, 6, 95–102.

Osis, K., and Haraldsson, E. (1977). *At the hour of death*. New York, NY: Avon.

Parnia, S., Waller, D. G, Yeates, R., and Fenwick, P. (2001). A qualitative and quantitative study of the incidence, features and aetiology of near-death experiences in cardiac arrest survivors. *Resuscitation*, 48, 149–156.

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

Ring, K., and Cooper, S. (1997). Near-death and out-of-body experiences in the blind: A study of apparent eyeless vision. *Journal of Near-Death Studies*, 16, 101–147.

Sabom, M. (1982). *Recollections of death: A medical investigation*. New York, NY: Harper and Row.

Sabom, M. (1998). *Light and death: One doctor's fascinating account of near-death experiences*. Grand Rapids, MI: Zondervan.

Schwaninger, J., Eisenberg, P. R., Schechtman, K. B., and Weiss, A. N. (2002). A prospective analysis of near-death experiences in cardiac arrest patients. *Journal of Near-Death Studies*, 20, 215–232.

van Lommel, P., van Wees, R., Meyers, V., and Elfferich, I. (2001). Near-death experience in survivors of cardiac arrest: A prospective study in the Netherlands. *Lancet*, 358, 2039–2045.

Last Updated (Tuesday, 03 April 2007 09:19)

+++++

**End of The Lecture -
Science and Spirituality:
A Challenge for the 21st Century**

+++++

**17 Near-Death Experience Accounts from
"Beyond the Light"**

by P. M. H. Atwater (1994)

**Beyond the Light, originally in hardcover, Birch
Lane Press, New York City**

**(reprinted as a paperback through Avon Books,
New York City, 1995 - ISBN: 0-380-72540-1)**

from -

<http://www.iands.org/nde-stories/17-nde-accounts-from-beyond-the-light.html>

Seventeen Case-Studies of the Near-Death Experience Follow

Last Updated Friday, 28 January 2011 01:15

(1)

Jazmyne Cidavia-DeRepentigny

An example of the out-of-body component of the near-death experience is the case of Jazmyne Cidavia-DeRepentigny of Hull Georgia. She died on the operating table during surgery in late 1979 (pages 10-11, paperback version, "*Beyond The Light*");

"I must say that this experience was quite unsettling to say the least. I was floating over my body. I could see and hear everything that was being said and done. I left the room for a short while and then returned to where my body lay. I knew why I died. It was because I couldn't breathe. There was a tube down my throat and the medical staff did not have an oxygen mask on my nose. I had also been given too much anesthetic.

"In my out-of-body state, I'm using my mind to try and make my right arm and hand move - my arms are extended parallel to my physical body. I want my right hand to move, any thing to move. I was trying to pull the tube out of my mouth. I looked down at my face and tears were streaming. One of the nurses blotted the tears from my face but she didn't notice my breathing had stopped, nor did she see me next to her. At this point, I'm trying really hard to make my physical arm move, but it's like my whole body is made of lead."

Cidavia-DeRepentigny's determination in her out-of-body state to make an arm move finally paid off; and, with great clamor and commotion, the tube was pulled out, an oxygen mask attached, and her breathing restored. She had a similar near-death episode when she was hospitalized at thirteen, and again in 1991 when she faced death a third time. The more recent occurrence resulted from a nearly fatal bout with pneumonia, only this time she witnessed her own soul as a spirit residing outside of her body:

"I could see my spirit standing before me. My spirit was so beautifully perfect, dressed in a white gown that was loose, free-flowing, and below the knee. From my spirit there emanated a bright, soft-white halo. My spirit was standing six to eight feet from my body. It was so strange, for I could see my spirit and my spirit could see my pathetic body. I had not an ounce of color and I looked all withered and cold and lifeless. My spirit felt warm and so, so celestial. As my spirit

slowly moved away, my spirit told my body goodbye, for my spirit saw the light and wanted to go into it. The light was like a circular opening that was warm and bright."

Cidavia-DeRepentigny spoke of feeling torn between two worlds - wanting to remain on earth while at the same time feeling a strong pull to unite with her spirit self and pass into the light. After another round of hospitalization, she was left confused and disoriented, ready to change her life yet hesitant to begin. She lamented about the lack of people she could discuss her situation with, although her church bishop did express some degree of understanding. Her lament is commonly shared by most experiencers.

(2)

Robin Michelle Halberdier

The case of Robin Michelle Halberdier of Texas City, Texas, illustrates the overwhelming sense of love experiencers often encounter in the light. Her near-death episode took place in a hospital when she was between one and two months of age. Born prematurely, and with Hyaline Membrane disease, she was not expected to live (pages 12-13, paperback version, "*Beyond The Light*"):

"My first visual memory was looking forward and seeing a brilliant bright light, almost like looking directly at the sun. The strange thing was that I could see my feet in front of me, as if I were floating upward in a vertical position. I do not remember passing through a tunnel or anything like that, just floating in the beautiful light. A tremendous amount of warmth and love came from the light.

"There was a standing figure in the light, shaped like a normal human being, but with no distinct facial features. It had a masculine presence. The light I have described seemed like it emanated from that figure. Light rays shone all around him. I felt very protected and safe and loved.

"The figure in the light told me through what I now know to be mental telepathy that I must go back, that it was not time for me to come here. I wanted to stay because I felt so full of joy and so peaceful. The voice repeated that it wasn't my time; I had a purpose to fulfill and I could come back after I completed it.

"The first time I told my parents about my experience was right after I began to talk. At the time, I believed that what happened to me was something everyone experienced. I told my mom and dad about the big glass case I was in after I was born, and the figure in the light and what he said to me. They took my reference to the glass case to mean the incubator. My father was a medical student at the time, and he had read a book about near-death experiences. From comparing the information in the book with what I told them, they decided that's what I was describing. My mom told me all of this years later when I brought the subject up again.

"I began attending church at the age of five, and I would look at the picture of Jesus in the Bible and tell my mom that's who it was in the light. I still have many physical difficulties with my health because of being premature. But there is a strong need inside me that I should help others with what death is, and talk to terminally ill patients. I was in the other world and I know there is nothing to be afraid of after death."

I found that both adults and children occasionally report being greeted on *The Other Side* by animals, especially if favored pets have previously died. But it is the children who describe an animal heaven, some even insisting that they must go through it before they can reach the heaven where people are. Adult cases can be equally compelling.

(3)

Bryce Bond

Several years before his death, Bryce Bond, a famous New York City media personality turned parapsychologist, shared with me the story of what happened to him when he once collapsed after a violent allergic reaction to pine nuts and was rushed to a hospital. He remembered suddenly passing through a long tunnel toward a brilliant light, and then (pages 13-14, paperback version, "*Beyond The Light*"):

"I hear a bark, and racing toward me is a dog I once had, a black poodle named Pepe. When I see him, I feel an emotional floodgate open. Tears fill my eyes. He jumps into my arms, licking my face. As I hold him, he is real, more real than I had ever experienced him. I can smell him, feel him, hear his breathing, and sense his great joy at being with me again.

"I put my dog on the ground, and step forward to embrace my stepfather, when a very strong voice is heard in my consciousness. Not yet, it says. I scream out, Why? Then this inner voice says, What have you learned, and whom have you helped? I am dumb-founded. The voice seems to be from without as well as within. Everything stops for a moment. I have to think of what was asked of me. I cannot answer what I have learned, but I can answer whom I have helped.

"I feel the presence of my dog around me as I ponder those two questions. Then I hear barking, and other dogs appear, dogs I once had. As I stand there for what seems to be an eternity. I want to embrace and be absorbed and merge. I want to stay. The sensation of not wanting to come back is overwhelming."

Bryce was also greeted by all of his relatives who had passed on before him. He experienced these loved ones as somewhat younger in form and face than when he had last seen them, healthier and happier. He remembered racing backward through the same tunnel he had entered when it was time to leave and reviving in time to witness a hypodermic needle being plunged into his arm. *"I heard a voice say, 'Welcome back.' I never asked who said that nor did I care. I was told by the doctor that I had been dead for over ten minutes."*

(4)

Julian A. Milkes

Yet there are cases of "near-death-like" experiences that mimic those which occur during the trauma of death itself. One of those is the story of Julian A. Milkes. I met Milkes on a bumpy train ride to Long Island Sound, where I was slated to speak at a near-death study group meeting in Syosset, New York. He is a retired teacher, and was returning that day from buying concert tickets in Times Square. Here is what he told me (page 17, paperback version, "*Beyond The Light*"):

"My mother and I were driving out to the lake one afternoon. My dad was to follow later when he finished work. We were having company for dinner, and, as we rode along, my mother spotted some wild flowers at the side of the road. She asked if I wouldn't stop the car and pick them as they would look nice on the dinner table. I pulled over to the right side of the road (it was not a major highway), parked the car, and went down a small incline to get off the road to pick the flowers. While I was picking the flowers, a car came whizzing by and suddenly headed straight for me.

"As I looked up and saw what I presumed would be an inevitable death, I separated from my body and viewed what was happening from another perspective. My whole life flashed in front of me, from that moment backwards to segments of my life. The review was not like a judgment. It was passive, more like an interesting novelty.

"I can't tell you how many times I think of that near-death experience. Even as I sit here and write my story for you, it seems as though it happened only yesterday."

Milke suffered no injury. The speeding car veered off just as suddenly as it had appeared, and sped away. I have observed that the terror of an ultimate end, the kind of terror that sees no hope, no other alternative except death itself, is sometimes enough to shift people into a near-death mode. Illness, injury, or body trauma is not necessary.

Seldom are suicide near-death scenarios hell-like. Contrary to popular notions, most suicide near-death experiences are positive, or at least illustrative of the importance of life and its living. Although I have yet to find a suicide experience that was in any way transcendent or in-depth, just to have something happen, anything that affirms that he or she is loved and special, seems miracle enough for the one involved.

(5)

Anonymous young man

Near-death survivors from suicide attempts can and often do return with the same sense of mission that any other experiencer of the phenomenon reports. And that mission is usually to tell other potential victims that suicide is not the answer. For example, this young man (he asked not to be identified - refer to pages 18-19, paperback version, "*Beyond The Light*"):

"Since then, suicide has never crossed my mind as a way out. It's a cop-out to me and not the way to heaven. I wish you luck in your research and hope my experience will help stop someone from taking his own life. It is a terrible waste."

Suicide near-death episodes can lay to rest problems and conflicts, explain away confusions, and emphasize the need to remain embodied. Experiencers usually return with a feeling that suicide solves nothing, and they are notably renewed and refreshed by that feeling, using their near-death event as a source of courage, strength, and inspiration.

But not all suicide scenarios are positive.

Some are negative, and these can be so negative that they upset the individual more than the original problem that precipitated the suicide. This kind of devastation can be transforming if used as a catalyst to help the person make the kind of changes that comprise constructive, long-term solutions. Such changes can come from an inner awakening, or from the fear that what was experienced may indeed herald the individual's final fate if something is not done to turn things around.

(6)

Ernest Hemingway

What happened to the famous novelist Ernest Hemingway is an example of the typical brief or initial near-death experience. During World War I, Hemingway was wounded by shrapnel while fighting on the banks of the river Piave, near Fossalta, Italy. He convalesced in Milan. In a letter from there to his family, he made this cryptic statement: *"Dying is a very simple thing. I've looked at death and really I know."* Years later, Hemingway explained to a friend what had occurred on that fateful night in 1918 (pages 23-24, paperback version, *"Beyond The Light"*):

"A big Austrian trench mortar bomb, of the type that used to be called ash cans, exploded in the darkness. I died then. I felt my soul or something coming right out of my body, like you'd pull a silk handkerchief out of a pocket by one corner. It flew around and then came back and went in again and I wasn't dead anymore."

Hemingway remained deeply affected by this out-of-body/initial near-death experience throughout his life, and was never again as "hard-boiled" as he once had been. "A FAREWELL TO ARMS" contains a passage where the character Frederic Henry undergoes the same confrontation with death that Hemingway did:

"I ate the end of my piece of cheese and took a swallow of wine. Through the other noise I heard a cough, then came the chuh-chuh-chuh-chuh - then there was a flash, as when a blast-furnace door is swung open, and a roar that started white and went red and on and on in a rushing wind. I tried to breathe but my breath would not come and I felt myself rush bodily out of myself and out and out and out and all the time bodily in the wind. I went out swiftly, all of myself, and I knew I was dead and that it had all been a mistake to think you just died. Then I floated, and instead of going on I felt myself slide back. I breathed and I was back."

(Hemingway did kill himself finally - two barrels of a shotgun to his head. Ed.)

(7)

John R. Liona

What happened to John R. Liona of Brooklyn, New York, is also typical of the initial experience (pages 24-27, paperback version, "*Beyond The Light*"):

"Mine was a difficult birth, according to my mother. She said she didn't hear me cry after I was born because I was a 'blue baby.' They did not bring me to her for two days. My face was black and blue, and she said the skin was all cut up on the right side of my face. That's where the forceps slipped. I was given a tracheotomy to help me breathe. I am totally deaf in my right ear. Also, the right side of my face and head is less sensitive than the left. When I get tired, the right side of my face droops a little, like Bell's palsy.

"I am forty years old now. All my life going back to my childhood I can remember having this same recurring dream. It is more vivid than any other dream. It starts and ends the same - I am kneeling down and bent over, frantically trying to untie some kind of knots. They almost seem alive. I am pulling on them and they are thick and slippery. I am very upset. Pulling and snapping. I can't see what they're made of. I remember getting hit in the face while trying to untie or break free of the knots, and waking up crying. Then I would go back to sleep thinking it was only a dream or a nightmare. When the dream would happen again on another night, I would sleep through it longer, as I began to get used to it.

"After I am able to sleep through the knotty part, suddenly my struggling stops. I feel like a puppet with all the strings cut. My body goes limp. All the stress and struggle is drained right out of me. I feel very calm and peaceful, but wonder what caused me to lose interest in the knots. They were important one minute; the next minute I am floating in this big bright light. I know I can't touch the ground because there is light there, too. I look at the light and try to move toward it. I can't, and this upsets me. There is a woman in a long, flowing gown floating away to my left. I call and call to her but the light is so bright sound does not travel through it. I want to talk to the woman. My dream ends there.

"About a year ago, I walk out of my house to go to work. The ground is wet from rain, yet I find this book lying there - dry. No one is around, so I pick it up. The book is called 'Closer To The Light,' by Melvin Morse, M.D., and Paul Perry. It is on the near-death experiences of children. That night I start reading it and cannot put it down. For the

first time in my life, I now understand my dream. Those knots were when I struggled in the womb with the umbilical cord; getting hit in the face is when the doctor grabbed me with the forceps, then I died. After that, I went into the light.

"But, wait a second. You're not supposed to remember being born. We don't just sit around at parties and talk about what we remember of our birth. We only talk about what our parents tell us. I look forward to having my dream again. I'm ready now to experience more of it than before, and without being upset."

It can be argued that since Liona's birth was so intensely traumatic, his repetitive dream may be more of the trauma's replay than any memory of a near-death experience. And that argument carries considerable weight, as prebirth awareness is commonly reported and often verified. For instance, David Cheek, past president of the American Society for Clinical Hypnosis and a retired obstetrician, believes that humans are remarkably capable while still in the womb. He is quoted as saying: *"Babies are at least somewhat aware from the moment their mothers become aware of their pregnancy."*

Yet this supposition does not take into account the woman in the long flowing gown who is also part of Liona's dream sequence. The antiseptic uniforms of attending physicians and medical personnel do not explain away this "gossamer" figure, nor does the idea of a mental replay account for how these images have haunted him. Neither does it explain why, since earliest childhood, he has displayed the typical aftereffects of a near-death survivor.

What we are seeing here, and why I have used Liona's case as an example of the initial experience, is that current near-death research has shown that more and more children are being discovered who remember having had a near-death experience, either before, during, or after the moment of birth. This memory usually remains vivid in children's minds either from repeated storytelling after they learn how to talk, or because of repetitious imagery that intrudes upon their dreamlife, as in the case of John R. Liona. By the way, I have found that interviewing children can be as surprising as it is revelatory, for children seem able to hear parental conversations while still in the womb, and can repeat what was heard once they are old enough to talk - with embarrassing exactness.

(8)

Jeanne L. Eppley

The following story from Jeanne L. Eppley of Columbus, Ohio, may seem like another rendering of an initial near-death experience to you. Elements are few, and it is brief, as are the others I wrote about previously. But it is different. . . unpleasant (pages 30-32, paperback version, "*Beyond The Light*"):

"My experience happened during the birth of my first child. For many years I blamed it on the anesthetic. I had three more children without pain because I believed that if there wasn't any pain, I wouldn't have to have anesthetics that caused experiences like this. Living proof of mind over matter, right?"

"What happened was this: Everything was bright yellow. There was a tiny black dot in the center of all the yellow. Somehow I knew that the dot was me. The dot began to divide. First there was two, then four, then eight. After there had been enough division, the dots formed into a pinwheel and began to spin. As the pinwheel spun, the dots began to rejoin in the same manner as they had divided. I knew that when they were all one again, I would be dead, so I began to fight. The next thing I remember is the doctor trying to awaken me and keep me on the delivery table, because I was getting up.

"When my daughter was born, her head was flattened from her forehead to a point in back. They told me that she had lodged against my pelvic bone. But the doctor had already delivered two others that night and was in a hurry to get home. He took her with forceps. I've often wondered if my experience was actually hers, instead."

Although distressing to her, Eppley had this to say about her experience:

"I survived and became very strong. Before it happened I was a very weak person who had depended on others all my life. It constantly amazes me that people talk about how much they admire my strength. I developed a lot of character having lived this life and raising four children alone. I can honestly say that I like and respect myself now. I did not when the near-death experience happened. I believe maybe it

was sent to show me that I could be strong. I certainly needed that strength in the years that came after."

She expressed disappointment that her case did not match all the wonderful stories other near-death survivors tell. A fellow experiencer suggested that maybe the reason for this was her refusal to "let go" and surrender to the experience, that the battle she had waged so fiercely may have blocked any further development of an uplifting scenario. This idea is not so far-fetched, since recent research suggests that "surrender" may indeed be the factor that determines not only depth of experience but who might possibly have one to begin with, i.e., people who refuse to relinquish the power of their will seldom report the phenomenon.

Yet, if you explore Eppley's life before and after her experience, a startling pattern emerges: This disappointing experience presaged two disappointing marriages, the birth of three more children, verbal and physical abuse, an attempt on her life, plus the ordeal of raising her family without support. The battle fear generated in her near-death episode was the first time she had ever stood up for herself. By her admission, the strength she gained from that fight enabled her to call upon deep reservoirs of power she never knew she had. Thus, wining one battle gave her the courage to win many. She has since remarried, and is now a radiantly happy woman. What was originally fearsome turned out to be a godsend.

Eppley's case is an example of why I challenge the surrender theory. Yes, research is persuasive on this issue: It does appear that people who fight the experience seldom have much of an experience, if any. Still, there is a question worthy of asking here, and that question is: Would Eppley have benefited as much as she did had her scenario been sweetly angelic? No one can say, of course, but the question is a valid one, for in asking it we broaden the base of our inquiry from concentrating on the event alone to an equal consideration of the one who experienced the event.

(9)

Gloria Hipple

Gloria Hipple of Blakeslee, Pennsylvania, was brought to my attention by Gracia Fay Ellwood (an individual who is investigating hell-like near-death scenarios - refer to pages 32-36, paperback version, "*Beyond The Light*"):

"My incident took place in August of 1955. I had been taken to Middlesex Hospital in New Brunswick, New Jersey, due to a miscarriage. Placed in a ward because I was a military dependent, the doctor who was to care for me never came. I was placed at a forty-five-degree angle due to bleeding and was left that way for almost eight days. No one heard my pleas. By the eighth day, I could not hear anyone, my eyes could not see, and I was later told that my body temperature registered 87.6 degrees. I should have been dead.

"I recall being pulled down into a spinning vortex. At first, I did not know what was happening. Then I realized my body was being drawn downward, head first. I panicked and fought, trying to grab at the sides of the vortex. All I could think of was my two children. No one would care for them. I pleaded, Please, not now, but I kept moving downward.

"I tried to see something, but all there was to see was this cyclonic void that tapered into a funnel. I kept grabbing at the sides but my fingers had nothing to grasp. Terror set in, true terror. I saw a black spot, darker than the funnel and like a black curtain, falling in front of me. Then there was a white dot, like a bright light at the end of the funnel. But as I grew closer, it was a small white skull. It became larger, grinning at me with bare sockets and gaping mouth, and traveling straight toward me like a baseball. Not only was I terrified, I was really livid, too. I struggled to grab hold of anything to keep me from falling, but the skull loomed larger. 'My kids, my baby is so little. My little boy, he's only two years old. No!' My words rang in my head and ears. With a bellowing yell, I screamed: 'No! damn it, no! Let me go. My babies need me! No! No! No! No!'

"The skull shattered into fragments and I slowed in movement. A white light, the brightest light I have ever known or will ever see again was in place of the skull. It was so bright yet it did not blind me. It was

a welcome, calming light. The black spot or curtain was gone. I felt absolute peace of mind and sensed myself floating upward, and I was back. I heard my husband calling me, off in the distance. I opened my eyes but could not see him. Two doctors were at the foot of my bed - both were angry and compassionate at the same time. I was taken to the operating room, given several pints of blood, and was released one week later.

"No one would believe my handshake with the grim reaper. Scoffers almost put me in tears. Everyone laughed at me, including my husband, so I never told my story again - until I wrote to you. It was the most horrendous, yet the most gratifying experience I've ever had in my life."

A flood of memories poured forth once Hipple started talking about her experience, including a nearly forgotten incident that had occurred in 1943 when she had a tonsillectomy:

"Ether was the sedation used to put me to sleep. I recall being terrified by the mask and the awful smell. I can still taste it as I think about it. As the sedation took hold, there was the vortex, the dizzy spinning sensation, as I was dragged downward into sleep. I screamed, not knowing what was happening to me."

As she compared the two episodes, she recognized that the vortex experienced during surgical anesthesia in childhood was the same as the one she had encountered as an adult - minus the smell and taste. This association underscores what you find in medical literature. It is well known and documented that certain chemicals, especially ether, can cause vortex or spinning hallucinations. Missing from medical literature, however, is mention of anything more significant than this imagery. No attention is given to possible aftereffects (above and beyond chemical side effects). Hipple suffered no side effects from the sedation she was given in 1943, nor any aftereffects from being pulled into the vortex, except for a dislike of ether. But her adult confrontation with the same type of vortex did have aftereffects, the kind associated with the near-death phenomenon.

Unlike Eppley, Hipple's hellish near-death scenario was lengthy, intense, fully involved, and resolved in "heavenly" light. A dream? *"Absolutely not!"* She continues:

"My near-death experience has made me quite sensitive to many more things than my mind understands. It also helped me to be less serious about myself. I'm dispensable. I have discovered I do not value 'things' as I once did. I befriend people in a different way. I respect their choices to be the people they want to be. The same for my own family. I will guide, but not demand. As for the "Light" - it was then and remains so, my encounter with the most powerful of all entities. The giver of life on both sides of the curtain. After all, I was given a second chance. I am blessed and cannot ask for more."

A closer examination of Hipple's life reveals the sudden development of unique sensitivities afterward. The pending death of an unborn daughter was revealed to her in an usually detailed vision. When her husband died in a trucking accident at 4:15 am, she was up and prepared for it, and even heard a thump against her trailer home at the exact moment he was killed some distance away. Strange sensations about her sister awakened her from a deep sleep at the exact moment her sister died. *"I am more sensitive to people's thoughts and actions than before. I follow hunches that are sometimes quite accurate."*

Like Eppley, Gloria Hipple now glows with a special confidence, charm, and wisdom. She speaks effusively of God and angels. *"The curtain, the darkness, the skull, the void, the terror, the anger, the fight, the light. There was nothing more than that, but it changed my life."* Her hellish ex-experience transformed her from being dependent on outer circumstances and material possessions to the realization of greater truths and the power of inner peace. No drug-induced hallucination ever recorded fostered the kind of life-shift that happened to this woman, and she is one of millions.

Sandra H. Brock

Next is a case of a haunting, and of an experiencer assaulted by entities awaiting her arrival in the tunnel. But there is more to the story of Sandra H. Brock of Staunton, Virginia, than first glance reveals - proof that one cannot judge a near-death scenario solely by its description. You must investigate before and after conditions in the person's life to reach any kind of meaningful context within which to consider the experience (pages 36-39, paperback version, "*Beyond The Light*"):

"I had a stomach stapling in 1980 and, in the process, had to have a deformed spleen removed. I hemorrhaged on the operating table, and the doctor said that at three times he thought he was going to lose me. The first day after surgery I had to have transfusions. During one of the transfusions I started feeling really weird. I felt like if I shut my eyes I would never open them again. I called a nurse. Of course, she said it was all in my head, and left the room. I remember she just walked out the door and I started being pulled through a tunnel. It was a terrible experience because all I could see were people from my past, people who were already dead, who had done or said something to me that had hurt me in one way or another. They were laughing and screaming, until I thought I could not stand it. I begged and begged that I be allowed to go back. I could see a light at the end of the tunnel but I never really got close to it. All of a sudden I was back in my bed, just thankful I had not died."

Brock, as it turns out, has had several near-death-type experiences, scattered over a long life.

"My mother told me that when she found she was pregnant with me, she prayed that I would die. They were just coming out of the depression and they already had a baby and could not afford another. When I was born, I was born with a harelip. Mother thought that was her punishment for wanting me dead. Within several days, and without any surgery, my harelip healed itself, and to this day I do not carry a scar. She also told me that when I was only a few weeks old, she came to my bassinet and found me not breathing. I had already turned purple. She grabbed me, shook me, and blew in my face until I started breathing again. I don't remember this experience, but I do remember

being in a bassinet that had no liner. I remember studying my hands and what my hands looked like as an infant. My mother said I couldn't possibly remember this, but I did, and I was right."

Until the age of four, Brock survived numerous nearly fatal accidents that caused cessation of breath. Her memory of each is detailed and verified by relatives, even though several occurred when she was only a toddler. Right from her earliest years (I suspect from when she was but a few weeks old), she displayed the typical after-effects of the near-death phenomenon, including stunningly accurate psychic abilities, extended perceptual range, and heightened faculties. Like Hipple, she has been visited by the dead, "advised" of pending deaths, and has known the exact moment individuals died.

Yet Brock has been haunted throughout her life, and not just by the deceased who grabbed at her in death's tunnel. An overshadowing theme of *"Why would anyone want to harm me?"* seems to have permeated every aspect of her life's experiences, from her memory of frightening creatures crawling into her bed when she was young and making her scream and cry, to adult misunderstandings and distressing dreams. It's almost as if her mother's prayer that she die imprinted her brain in some manner. I say that because Brock's many brushes with death, even as an infant, were precipitated by acts of self-destructive behavior. That single overshadowing theme continued to undermine the satisfaction that her many accomplishments in life should have given her. This did not change until after her husband's suicide in 1983.

At that time, according to Brock, her father and son, long since dead, and her recently deceased husband, physically and in broad day-light, drove up to her front door in an old Cadillac, honked the horn, and called out, *"We're together now and we're okay. We just wanted you to know."* With that said, the group, car and all, disappeared. This ghostly spectacle gave Brock the reassurance she needed to finally free herself from the "ghost" of her own past. Her mother's death decree, which she had subconsciously been trying to both justify and nullify throughout her life, was finally put to rest when her husband's suicide forced her to confront her own life's issues as she came to terms with his.

In Brock's case, her near-death episode was but one in a long series of similar events that finally brought her to that point of peace within herself where true forgiveness and understanding reside.

Since pleasant and/or heaven-like scenarios constitute the vast bulk of reported cases, it is no wonder that the basic storyline has become virtually mythologized in the last two decades. Just as there is more to the hellish version than meets the eye, so, too, is there more to the tales of heaven than is generally acknowledged.

Jennine Wolff

Our investigation continues with what happened in the spring of 1987 to Jennine Wolff of Troy, New York. She was thirty years old at the time. Due to complications from endometriosis, she suffered numerous bouts of hemorrhaging, several surgeries (including a hysterectomy), an additional hemorrhage of massive proportions, and, finally, emergency surgery. During the final operation, she floated out of her body and entered another realm of existence (pages 51-53, paperback version, "*Beyond The Light*"):

"Suddenly I was aware of being in the most beautiful garden I've ever seen. I felt whole and loved. My sense of well-being was complete. I heard celestial music clearly and saw vivid colored flowers, like nothing seen on earth, gorgeous greenery and trees.

"As I looked around, I saw at a distance, on a hill, Jesus Christ. All he said to me was that it was up to me whether to come back to earth or not. I chose to come back to finish my work. That is when I was born again.

"The changes in my life? I am now more aware of people's feelings, beliefs, and needs. I am more compassionate and considerate of others. Also more confident in God's love."

When you delve into Wolff's history, a fascinating pattern emerges one of disciplined devotion to the spiritual path. Raised in a strict but loving Presbyterian home, she suddenly developed the ability to have visions when but a teenager. Her concerned parents took her for evaluation to the spiritualist camp of Lily Dale, located in New York State. These experienced psychics advised them that their daughter had a special gift, and that she must decide whether to go on with a normal teenage life or commit herself to spiritual training. She chose to develop her gift. At the age of twenty-one and after seven years of instruction, Wolff met Sam Lentine, a blind biophysicist. He had the scientific background; she had the spiritual. Together they formed a professional partnership dedicated to the restoration of true health and wholeness throughout humankind. Fourteen years later, after the partners had made tremendous strides in the health field and were becoming internationally known for their ability to facilitate

the healing process, Lentine died. Today, Wolff is a waitress at a senior citizens' facility.

Reflecting on her own death experience, as well as her present situation, she had this to say:

"It was my mother who came into my hospital room and said, 'You have died and come back.' I knew I had died, but she confirmed it. I felt like a baby afterward, and, at the age of thirty, was faced with learning about life all over again. I couldn't stand light at first. When I could, everything became brighter and better than before. My whole perspective drastically improved; I felt more grounded, solid, okay. My psychic gifts skyrocketed. But it still took me a long time to readjust. The doctors said, Oh, it's just the stress of what you've been through. I disagreed. What I was going through was unrelated to the surgery. My mother and father understood, and, especially, my mother's constant love and support made it possible for me to grasp hold of my new life and deal with it. My death stepped up my original commitment to serve as a healer.

"Afterward, my abilities sharpened, were better and more attuned. I was much more understanding of others. When I went back to work, Sam and I peaked in our performance - we did our best work. Five years later Sam died. You have to understand how close we were, how bonded our families. Even though I knew death didn't end anything, Sam's transition threw me. I had to readjust all over again. I work with older people now, giving them my love with each touch. I don't know what's ahead for me or where I'll go, but I am taking massage classes - learning to heal in a different way. My life is now in God's hands. New opportunities for me to serve are opening up."

Arthur E. Yensen

Back in 1932, Arthur E. Yensen, a university graduate and staunch-materialist-turned-syndicated-cartoonist, decided to take some time off to research his weekly cartoon strip, "*Adventurous Willie Wispo*." Since his main character was a hobo, Yensen became one for a while, blending in with the over sixteen million unemployed at that time in our nation's history. He bummed rides from Chicago through Minnesota, until a young man in a convertible coupe picked him up on the way to Winnipeg. Going too fast for the road conditions, the car hit a three-foot-high ridge of oiled gravel and flipped into a series of violent somersaults. Both men were catapulted through the cloth top before the car smashed into a ditch. The driver escaped unharmed, but Yensen was injured, losing consciousness just as two female spectators rushed to his aid (pages 53-56, paperback version, "*Beyond The Light*"):

"Gradually the earth scene faded away, and through it loomed a bright, new, beautiful world - beautiful beyond imagination! For half a minute I could see both worlds at once. Finally, when the earth was all gone, I stood in a glory that could only be heaven.

"In the background were two beautiful, round-topped mountains, similar to Fujiyama in Japan. The tops were snowcapped, and the slopes were adorned with foliage of indescribable beauty. The mountains appeared to be about fifteen miles away, yet I could see individual flowers growing on their slopes. I estimated my vision to be about one hundred times better than on earth.

"To the left was a shimmering lake containing a different kind of water - clear, golden, radiant, and alluring. It seemed to be alive. The whole landscape was carpeted with grass so vivid, clear, and green, that it defies description. To the right was a grove of large, luxuriant trees, composed of the same clear material that seemed to make up everything.

"I saw twenty people beyond the first trees, playing a singing-dancing game something like Skip-to-My-Lou. They were having a hilarious time holding hands and dancing in a circle - fast and lively. As soon as they saw me, four of the players left the game and joyfully

skipped over to greet me. As they approached, I estimated their ages to be: one, thirty; two, twenty; and one, twelve. Their bodies seemed almost weightless, and the grace and beauty of their easy movements was fascinating to watch. Both sexes had long, luxuriant hair entwined with flowers, which hung down in glossy masses to their waists. Their only clothing was a gossamer loin cloth with a loop over one shoulder and a broad ribbon streaming out behind in graceful curves and curlicues. Their magnificence not only thrilled me, but filled me with awe.

"The oldest, largest, and strongest-looking man announced pleasantly, 'You are in the land of the dead. We lived on earth, just like you, 'til we came here.' He invited me to look at my arm. I looked, and it was translucent; that is, I could dimly see through it. Next they had me look at the grass and trees. They were also translucent. It was exactly the way the Bible had described heaven.

"Then I noticed that the landscape was gradually becoming familiar. It seemed as if I had been here before. I remembered what was on the other side of the mountains. Then with a sudden burst of joy, I realized that this was my real home! Back on earth I had been a visitor, a misfit, and a homesick stranger. With a sigh of relief, I said to myself, Thank God I'm back again. This time I'll stay!

"The oldest man, who looked like a Greek god, continued to explain, 'Everything over here is pure. The elements don't mix or break down as they do on earth. Everything is kept in place by an all-pervading Master-Vibration, which prevents aging. That's why things don't get dirty, or wear out, and why everything looks so bright and new.' Then I understood how heaven could be eternal."

Yensen's rapturous visit was lengthy; more details are contained in his self-published book, *"I Saw Heaven"* (out-of-print, but photocopies available from Eric Yensen, 1415 E. Oak St., Caldwell, Idaho 83605. yensen@micron.net.) He did not want to leave, but was told:

"You have more important work to do on earth, and you must go back and do it! There will come a time of great confusion and the people will need your stabilizing influence. When your work on earth is done, then you can come back here and stay."

Born on a Nebraska sandhill during the blizzard of 1898, Yensen recalled being force-fed religion as a youngster. Not only did he turn against it, but he started challenging his parents at every turn - including questioning the way they ate. He observed that their farm animals did just fine on a diet of fresh greens and whole grains, yet family members were always suffering indigestion and constipation from the white flour, sugar, and grease they consumed. Behind his parents' back, he cured himself by eating bran flakes. He continued to defy the conventions of his day, switching from atheism to mysticism after his near-death experience at the age of thirty-four, marrying afterwards, and built his own home in Parma, Idaho, from blocks of tuffa (pumice) he and his sons quarried. He later became an educator, public speaker, was active in politics, specialized in historical sculpture (his work adorns Parma's city park), was a movie extra in several Hollywood films, an authority on organic gardening and nutrition, and was singled out as one of Idaho's *"Most Distinguished Citizens."*

Although a public figure, Yensen was frequently at odds with the school boards where he taught: opposing any procedure that capped a child's creative drive; speaking out against the incarceration of American citizens of Japanese ancestry during World War II; and ignoring school rules by sharing his near-death experience in class as proof to his students that morality matters and life really has a purpose. Ironically, Yensen was still questioning whether or not he had fulfilled his life's work when he returned "home" in 1992, the quiet benefactor of thousands.

(13)

Alice Morrison-Mays

Alice Morrison-Mays nearly died at the Marine Hospital in New Orleans, Louisiana, after being rushed there in a coma. She had given birth to her third son two weeks before. It was in May 1952 (pages 56-60, paperback version, "*Beyond The Light*"):

"From my position near the ceiling, I watched as they began to wrap both my legs from tips of the toes up to my hips, then my arms and hands up to the shoulders. This was to keep what blood remained for my heart and lungs. Then they tilted my body so my legs were up in the air and I was standing on my head!

"I was furious about the way they had handled Jeff's birth and now they were running around like chickens with their heads cut off squawking loudly; and here I was looking at that silent, bandaged body lying on a tilt table, head to the floor, legs and feet in the air. I was venting my anger and frustration from the corner of the ceiling on the right side of my body. I can remember the anger vividly, fury at the powerless position this whole event put me in, and I was very 'verbal' about it - silently - up there, as my mind raced to express its reaction, worry, and concern. Their statements 'We're losing her! We're losing her!' frightened me and I'd get pissed all over again.

"The scene changed and I was no longer in that room. I found myself in a place of such beauty and peace. It was timeless and spaceless. I was aware of delicate and shifting hues of colors with their accompanying rainbows of 'sound,' though there was no noise in this sound. It might have felt like wind and bells, were it earthly. I 'hung' there - floating. Then I became aware of other loving, caring beings hovering near me. Their presence was so welcoming and nurturing. They appeared 'formless' in the way I was accustomed by now to seeing things. I don't know how to describe them. I was aware of some bearded male figures in white robes in a semicircle around me. The atmosphere became blended as though made of translucent clouds. I watched as these clouds and their delicate shifting colors moved through and around us.

"A dialogue softly started with answers to my unfinished questions almost before I could form them. They said they were my guides and

helpers as well as being God's Messengers. Even though they were assigned to me as a human and always available to me - they had other purposes, too. They were in charge of other realms in creation and had the capacity of being in several places simultaneously. They were also 'in charge' of several different levels of knowledge. I became aware of an ecstasy and a joy that permeated the whole, unfolding beyond anything that I had experienced in my living twenty-five years, up to that point. Even having my two previous children, whom I wanted very much, couldn't touch the 'glow' of this special experience.

"Then I was aware of an Immense Presence coming toward me, bathed in white, shimmering light that glowed and at times sparkled like diamonds. Everything else seen, the colors, beings, faded into the distance as the Light Being permeated everything. I was being addressed by an overwhelming presence. Even though I felt unworthy, I was being lifted into that which I could embrace. The Joy and Ecstasy were intoxicating. It was 'explained' that I could remain there if I wanted; it was a choice I could make.

"There was much teaching going on, and I was just 'there' silently, quietly. I felt myself expanding and becoming part of All That Was in Total Freedom Unconditionally. I became aware again that I needed to make a choice. Part of me wanted to remain forever, but I finally realized I didn't want to leave a new baby motherless. I left with sadness and reluctance.

"Almost instantly I felt reentry into my body through the silver cord at the top of my head. There was something skin to a physical bump. As soon as I entered, I heard someone near me say, 'Oh, we've got her back.' I was told I had two pieces of placenta as large as grapefruits removed."

Morrison-Mays told no one except her husband about the monumental experience she had just had. She managed to squelch any noticeable after-effects until 1967, when developing psychic sensitivities warned her of a need to make a major change in her life or die.

"My inner voice burst into activity, somehow picking up the loose threads of my near-death experience. The growth effect was propelling me to move on and develop my own responsibility and talents. I finally listened. My spiritual life was beginning. I divorced and started a career as a musician (cellist) in a major symphony orchestra."

Twelve years later, because of serious difficulty walking and severe hip pain, she had a right hip osteotomy to reduce arthritic damage (the joint in her hip was placed in a different weight-bearing position). The operation went well, but upon reviving, Morrison-Mays entered an altered state of consciousness similar to a near-death episode that she continued to slip in and out of for six months. Throughout this lengthy visionary experience, she received lessons from *The Other Side*. These "etheric" teachings covered such topics as the geography of the soul, karma, advanced physics, and the cosmology of the Human Experiment. Again her life was profoundly affected. She began volunteering in a hospice afterward and enrolled in a three-year spiritual psychology course.

A second near-death event seven years later plunked her right back in that same etheric classroom she had "attended" after hip surgery. This occasion was precipitated by the sudden onslaught of a severe type of emphysema and the collapse of her adrenal system (Addison's disease). Severe shakes from what she feels was a Kundalini episode complicated the situation. (Traditionally, Kundalini is said to be a powerful energy that lies dormant in a person's sacrum until he or she begins to develop spiritually. Then it supposedly rises up the spine, stimulating the glandular centers until it bursts out a person's head.) Morrison-Mays turned to a chiropractic physician when medical treatment failed her and, once more, completely changed her life. She left the world she had created for herself after her divorce and moved bag and baggage to Quincy, Illinois, the city of her birth.

Virtually wheelchair bound, and robbed by illness of much of her energy, Morrison-Mays has instituted a series of classical music concerts for the public that are staged in her own living room. Newspaper headlines label her concerts, "Healing Music." You would never know by the glow on her face and her ever-present smile that she lives in almost constant pain.

"I chose a 'big one' this lifetime. The spiritual guidance I receive makes living this life possible. I have walked through the Dark Side and have no fear of my Shadow anymore. I am here to heal my life and do serious writing, though I'm not certain if I am ready to write about the teachings I have been given. What I want is to do a book about the memories I have of choosing my parents before I was born, my

experience in the womb, and my rebirthing through the near-death phenomenon."

A role model for the handicapped, Morrison-Mays has become a living legend. She offered this about the severity of her situation:
"There's still a quality of life available. You just have to be open enough to explore it. You can empower yourself."

Steven B. Ridenhour

"It happened one bright sunny day in the summer of 1973," explained Steven B. Ridenhour of Charlottesville, Virginia. He and his friend Debbie had decided to run the rapids at the bullhole, part of the river that runs behind an old cotton mill in Cooleemee, North Carolina. Both had been smoking pot and were easily bored. Their decision to run the knee-high rapids meant that they had to start at the beginning of the rock incline, run down about twenty feet, and start skiing bare-footed until they reached the moss beds. The sport could have been great fun, but not on this trip (pages 60-63, paperback version, "Beyond The Light"):

"We smoked another joint and then headed toward the rapids. Debbie begins laughing, and the next thing I know we're overtaken by laughter. The giggling stops as we're swept off our feet and dragged downriver. Debbie cries out, 'Steven I can't swim. I'm drowning.' I feel powerless because I can't get to her and I'm yelling, 'Hang on, don't panic,' when I take a tremendous mouthful of water. Without any warning, time, as I know it, stops.

"The water has a golden glow and I find myself just floating as without gravity, feeling very warm and comfortable. I'm floating in a vertical position with my arms outstretched and my head laying on my left shoulder. I feel totally at peace and full of serenity in this timeless space. Next I go through a past-life review. It was like looking at a very fast slide show of my past life, and I do mean fast, like seconds. I don't quite understand the significance of all the events that were shown to me, but I'm sure there is some importance. When this ended, it was as if I was floating very high up and looking down at a funeral. Suddenly I realized that I was looking at myself in a casket. I saw myself dressed in a black tux with a white shirt and a red rose on my left lapel. Standing around me were my immediate family and significant friends.

"Then, as if some powerful force wrapped around me, I was thrust out of the water, gasping for air. There was Debbie within arm's reach. I grabbed her by the back of her hair and I was able to get us both over to the rocks and out of the water. After lying on the rocks for a while, I glance over at Debbie and it's like looking at a ghost. As she describes what she went through, it became apparent that we both had the same experience underwater - the golden glow, the serenity, seeing our lives

flash before us, floating over a funeral, and seeing ourselves in a casket. That is the only time we ever talked about it. I haven't seen or talked with Debbie since."

For the next eleven years, Ridenhour tried practically every drug in the world in an attempt to recapture the euphoria of his near-death experience, but to no avail. All he found was loneliness, prisons, and a failed marriage. He entered a treatment center for drug and alcohol abuse in December 1984, and has been in various stages of recovery ever since. Finally, he was able to find a counselor who knew something about the phenomenon he had experienced and she put him in touch with a near-death researcher. He told his story, then quickly disappeared - unable to face the truth of what he had been through. It wasn't until 1993, after suppressing the after-effects of his experience for a total of twenty years, that Ridenhour found himself flat on his back because of a work-related injury and with no choice but to surrender. *"My life started changing right then and I can't stop it, so I'm opening up my heart and my soul to see where this takes me."*

Ridenhour is now in nurse's training, determined to repay society for his previous mistakes and to help heal people. His youth was wrapped around horrific incidents of child abuse and abandonment. He grew up thinking he was unlovable and bad. His near-death experience so challenged this distorted self-image that, although he wanted the euphoria back, he could not accept the rest of it. Confused and frightened by the incident, he flung himself into a seemingly endless nightmare of self-destruction.

"None of the drugs worked," he confessed. *"They couldn't even come close to matching my near-death experience."* Later he was stunned to learn that many of the problems he had afterward are in fact typical after-effects of the phenomenon.

"I thought it was all me. I never made the connection between my experience and why I felt so lost. It took getting injured at work before I stopped trying to run away and just relaxed and let all that love and joy back, and the golden glow. I had no choice, really. I had to accept the truth that there is a power in me, and I can use it to help others."

Drug and alcohol free, Ridenhour has helped to organize an IANDS chapter in the Washington, D.C., area, one of many dedicated to providing informational meetings for near-death survivors and the interested public.

There are near-death scenarios that are so otherworldly, so unusual in the way individuals are affected by them, they belong in a class by themselves. These I call transcendent experiences, and they are often lengthy and involve complex issues and incredible revelations about life, history, and creation's story. Seldom personal, these episodes stretch an experiencer's mind - sometimes beyond belief. Invariably, the people who have them are inspired to take action, to make a difference in the world. Although hearing claims by near-death survivors that they were privy to all knowledge during their experience is quite common, coming back with that knowledge intact rarely occurs.

Plato's Er & Hung Hsiu-Ch'uan

History gives us two examples that contrast how a society can be affected by an individual who has had a transcendent experience (pages 71-72, paperback version, "*Beyond The Light*").

Plato's Er

Around 300 B.C. the Greek philosopher Plato wrote of Er, the soldier, whose dead body lay in waste beside his fallen comrades for ten days. When at last help came, many were puzzled, for the body of Er had not decayed as had the others. Confused, Er's relatives took him home for burial, but upon the funeral pyre he revived, stood up, and recounted what he had learned while on *The Other Side* for all to hear. He then set about educating people concerning the spiritual truths that had been revealed to him, teaching them how they could live more fulfilling and satisfying lives. (History leaves in doubt whether the story of Er was created by Plato, or a true report - however, what would Plato have to gain by inventing this story?.)

Hung Hsiu-Ch'uan

By 1837, Hung Hsiu-ch'uan, a peasant farmer's son, had failed for the third time to pass the official state examination in Canton, China. He fell into a prolonged delirium, his body wasting away as he lay near death for forty days. He revived after having a miraculous vision that portrayed him and an "elder brother" searching out and slaying legions of evil demons in accordance with God's will. Six years later Hsiu-ch'uan came across a Christian missionary pamphlet. He used what he read in the pamphlet to "substantiate" his conviction that his vision was real, and that he, as the younger brother of Jesus Christ and God's Divine Representative, was ready and willing to overthrow the forces of evil (which he saw as the Manchus and Confucianism). With the help of converts to his cause he established the God Worshippers Society, a puritanical and absolutist group that quickly swelled to the ranks of a revolutionary army. Numerous power struggles later, Hsiu-ch'uan declared war against the Manchus and

launched a civil uprising - the bloodiest in all history - which lasted fourteen years and cost twenty million lives.

Both men, Er and Hsiu-ch'uan (who changed his name to T'ien Wang, the Heavenly King), were transfigured and transformed by their unusual near-death experiences and became zealous in their desire to "wake up" the deluded of their day. Each man felt the REAL TRUTH had been revealed to him and to him alone, and thus it was his sacred duty to "save" the populace. With Er, many were educated about the secrets of heaven, some becoming as transformed as he from "the good news." With Hsiu-ch'uan, wholesale carnage forged a "Heavenly Dynasty" that ripped asunder the very fabric of China.

Transcendent cases are powerful in both content and consequences, yet they are "risky business" in the way they can affect experiencers' lives . . . and the lives of countless others. This enigma repeats itself each time an individual is so transfigured and transformed. Modern-day cases are no exception.

Berkley Carter Mills

In 1979, Berkley Carter Mills made history in the Commonwealth of Virginia and the city of Lynchburg by becoming the youngest father ever to win custody of a small child in divorce proceedings. Six months later a massive load of compressed cardboard he was loading slipped out of control, slamming him against a steel pole. He remembers a sharp pain, collapsing, being in a black void, then finding himself floating in a prone position twelve feet above his crumpled body. He saw and heard people running around, yelling for an ambulance and saying, *"Don't touch him, give him air."* His body went from white to blue; there was no breath. The sight filled him with awe. *"I'm here, my body is there. How did this happen?"* (Refer to pages 72-75, paperback version, *"Beyond The Light."*)

Not understanding how he could suddenly be airborne, Carter Mills attempted to re-enter his body. Crawling downward in swimlike strokes he had almost reached his goal when a gentle but firm hand tugged his right arm. When he looked up, there were two angels replete with robes, wings, bare feet, and streaming hair - no color but opaque white - and no particular gender.

"What's going on?" he asked.

"We've come to take you to God," they answered.

After some confusion on Carter Mills's part the trio left the scene at tremendous speed, leaving the earth behind as if it were a star the size of a pinhead. Their destination was an intensely bright light.

Carter Mills questioned,

"How come I'm not cold and how come I'm not suffocating this far out in space?" An angel replied,

"This is your spiritual body, and these things do not affect it."

They took him to a suspended platform, and in the center was a being so powerful Carter Mills thought it was God. The angels bowed and took their places with two others, each with wings outstretched and hands folded in prayer, at the platform's four corners. Male in mannerisms and voice, the clean-shaven being turned out to be Jesus.

Carter Mills could not look Jesus in the face as he perceived himself as naked and unfit for such an audience. After some coaxing from Jesus, he felt more at ease.

"I'm going to judge you," Jesus said.

Instantly Carter Mills's whole life began to play out, starting at birth. He relived being a tiny spark of light traveling to earth as soon as egg and sperm met and entering his mother's womb. In mere seconds he had to choose hair color and eyes out of the genetic material available to him and any genes that might give him the body he would need. He bypassed the gene for clubfootedness, then watched from a soul's perspective as cells subdivided. He could hear his parents whenever they spoke and feel their emotions, *but any knowledge of his past lives dissolved*. Birth was a shock: awful lights, giant people, eyes peering over face masks. His only comfort was his mother.

He relived each incident in his life, including killing a mother bird when he was eight. He was so proud of that single shot until he felt the pain the bird's three babies went through when they starved to death without her.

"It's not true that only humans have souls," Carter Mills cautions today. *"Insects, animals, plants have souls, too. Yes, I still eat meat, for in this plane species eat each other to survive, but I bless my food and say thanks for the gift of life it gives. If I don't the food sours in my stomach."*

He was shown that hell is a black blankness without God. Upset, he yelled back,

"How can you sit up here on this throne and allow such misery to happen on Earth?" Gently he was told,

"It's your own fault. I gave you the tools to live by. I gave you free will and free choice. And I allow you to be part of my creation. It is your free will and your free choice that is responsible for starvation, war, and hate."

Carter Mills felt pangs of guilt when he realized we coexist with God, no one is God's servant or slave.

Jesus, the angels and platform, disintegrated into a giant sphere of light once Carter Mills no longer needed their shape or form to put him at ease. As the sphere grew it absorbed him, infused him with the ecstasy of unconditional love.

"Sexual orgasms can't compare. You are so high. Magnify that to infinity!"

He zoomed back to his mangled remains as a ball of all knowing light and crashed into his solar plexus with such force it jolted his body to action. He had been told before leaving *The Other Side*,

"No hospital, no blood, no operation, God will show you how to heal yourself."

Thus, when Carter Mills stood, he promptly walked to his car and drove home, on the way passing the ambulance that had been sent to rescue him. Those present verified that he had been dead for twenty minutes. The next morning Carter Mills awoke in a pool of blood.

The doctor he went to for aid committed him to a psychiatric ward as insane when he refused surgery. Since three independent psychiatrists had to confirm the verdict, and one objected, Carter Mills was released. Although his injuries were extensive and severe, he recovered by himself and returned to work. His former wife took advantage of his plight and challenged the custody ruling three times. She lost each try.

"The authorities tried to take my son away. I lost half my friends, my job, almost everything else I had, but I didn't lose God's guidance. I wouldn't talk about my experience for two years. I went from an active social life to that of a cripple before I could change things. I wanted to get a degree in psychology, but had to quit several years later when my money ran out."

Carter Mills's appearance on the Geraldo Show in 1989 was preceded by an old buddy breaking off their friendship just because he had agreed to discuss his near-death experience on national television. Carter Mills was heartbroken, yet appear he did, there and hundreds of other places, sharing the voluminous knowledge he was given while on *The Other Side*. For this he has been both hated and thanked, shunned and welcomed. His mind is often flooded with incredibly accurate prophesies that leave him frustrated for want of knowing what to do about them. Sometimes he feels as if he's losing personal control. Light bulbs even blow up in his presence if he flips on/off switches too fast. Nonetheless, he is now healthier than ever, youthful and energetic, and he brags about how his son has turned out in spite of all the problems.

"My sacrifices were worth it, for my son knows that God is real. He is drug-free and tuned to his own soul."

Mellen-Thomas Benedict

Keep in mind what happened to Berkley Carter Mills as you consider the case of Mellen-Thomas Benedict. For many years an accomplished lighting/cameraman for feature films on location outside of Hollywood, Benedict had racked up a lifetime of major events before he was thirty (pages 75-79, paperback version, "*Beyond The Light*") (Was Benedict 45 in 1982?).

What may have been a near-death experience occurred several weeks after Benedict's birth when it was discovered that his bowels were ruptured. His body was tossed to one side as a corpse, yet much to everyone's surprise he later revived. As soon as he was big enough to grab hold of crayons, he started what became a compulsive urge to create symbolic renditions of the black/white yin/yang circles of Eastern religious thought. He has no memory of why he drew those particular symbols.

He spent his grade school years in a Catholic boarding school in Vermont, and was baptized in the Salvation Army religion (??) as a youngster. He traveled extensively because of a military stepfather until the family finally settled down in Fayetteville, North Carolina.

In 1982 Benedict was diagnosed as having inoperable cancer (aged 45?). He had retired from the frenzy of filmdom by then and was operating his own stained-glass studio. As his condition worsened, he spent more and more time with his art. One morning he awakened knowing he would die the next day, and he did. As the typical heaven-like scenario began to unfold, Benedict recognized what was happening as it was happening.

The process was familiar to him because he had read many books about the near-death phenomenon previously. Just as he reached the light at the end of the tunnel, he shouted,

"Stop a minute. This is my death and I want to think about this!"

By consciously intervening, Benedict willfully changed his near-death scenario into an exploration of realms beyond imagining, and *a complete overview of history from the Big Bang to four hundred years into the future.*

Instantly he was pulled by light away from the tunnel, far away from earth, past stars and galaxies, past imagery and physical realities, to a multi-angled overview of all worlds and all creation, and past even that to the edge of existence where vibrations cease. He saw all wars from their beginnings, 'races' as personality clusters, 'species' operating like cells in a greater whole. By merging into the matrix of his soul, he confronted the "NO THING" from which all things emerge. Benedict saw planetary energy systems in detail and how human thoughts influence these systems in a simultaneous interplay between past, present, and future. He learned that 'the earth' is a great cosmic being.

Benedict was aware of "walking" back into his body after deciding to return from his journey; as near as anyone can determine his experience took about ninety minutes. His doctor's assessment, though, was the most shocking - the cancer he had once had completely vanished.

"Because this happened to me my fear is gone, and my perspective has changed. You know, we are a very young species. The violence that formed the earth is in us, too. As the earth is mellowing, so are we as a people. Once pollution slows, we will reach a period of sustained consciousness. We have evolved as life forms from single-celled organisms to complex structures, and finally to a global brain. Employment levels will never again be as they once were, which will force a redefinition of human rights. We will adopt a more nurturing type of consciousness, freeing the mind for exceptional achievement. I now know that all the answers to the world's problems are just beneath the surface in US ALL. Nothing is unsolvable."

Since his experience, Mellen-Thomas Benedict has been flooded with ideas for inventions and the marketing plans necessary to promote them. He has been granted a number of U.S. patents and is actively engaged in developing new types of toys for all age groups, a new type of cellular telephone wristwatch, a new electric power-generating system, a new prototype for self-supporting communities where families can come back together with more control over their lives, and DNA research on the frontiers of science. His first manufacturing project (that of a unique yet simple glass cutter), sold out faster than he could produce the product.

"I believe my inventions are channeled psychically because they are beyond my field of expertise," he explained.

At my insistence, Benedict participated in an experiment at Baylor University in Texas to identify the cellular makeup of a certain disease pattern, and was able to describe three cellprints a full year before they were verified medically. In 1993, he went on to arrange laboratory experimentation with DNA coding and nerve-cell regeneration that has produced results of far-reaching magnitude.

After his near-death experience Berkley Carter Mills felt "directed" to contact and work with political leaders and the political process. Successful at first, he later turned off more people than he turned on, sidestepping his potential to champion a campaign or run for office by giving talks instead of accomplishing tasks. Although he has remained true to his inner guidance, he has been dogged by job losses, misunderstandings, arguments, and, at times, almost irrational paradoxes. The harder he tries to help people the more doors slam in his face. Although he has raised a wonderful son, he has yet to solve the enigma of how to fulfill the guidance he receives.

Mellen-Thomas Benedict was equally affected after his near-death episode, gifted with the same flow of information from *The Other Side* as Carter Mills and driven by the same need to reach out and assist others. Benedict learned early on, however, that "obeying" inner guidance can be fraught with peril if one is not grounded. This awareness led him to participate in many different classroom and study opportunities where he could learn to tame his own ego before he tackled "the gifts of spirit." His guidance to become an inventor has kept him solidly in the path of practical application, with results that speak louder than preaching or prophecies.

Not that the cases of Benedict and Carter Mills are the same as those of Er and Hsiu-ch'uan; of course they are not. But they do offer a contemporary rendition of the same subtle yet important message the earlier accounts illustrate (a message present in every transcendent or impactful near-death experience I have encountered), and that is: setting one's self apart, feeling somehow "chosen," tempts one to pursue power OVER others rather than fostering power TO others. The difference here is ego, and how it can waylay even the most sincere. "Heavenly" guidance leads to self-deception if one's ego is not redirected from self-satisfaction to service, from self-righteousness to renewal.

The issue of ego domination or ego desire directly impinges upon how a near-death survivor interprets his or her experience, integrates

it, and comes to regard that sense of "mission" each is left with. I cannot begin to emphasize strongly enough how powerfully the ego can misdirect even the best of intentions.

+++++

- THE END -

For more cases plus near-death after-effects, refer to
Beyond the Light

from -

<http://www.iands.org/nde-stories/17-nde-accounts-from-beyond-the-light.html>.

Last Updated Friday, 28 January 2011 01:15

+++++

Vital eyewitness messages from the afterlife (2006)

<http://www.victorzammit.com/>

Afterlife intelligences transmitted in different countries to us humans on this earth inform us of the following:

- 1) All humans survive physical death, irrespective of their beliefs.
- 2) At the point of death we take our mind with all its experiences, our character and our etheric (spirit) body – which is a duplicate of the earth body. It comes out of the earth body on the point of death and is connected to the earth body by a silver chord. Death occurs when the silver cord is severed from the physical body. Silver Birch, a high Intelligence from the afterlife who has transmitted more than nine books, informs us that in the afterlife the etheric body and our surroundings will be just as solid as our world seems to us now.
- 3) There is no such thing as heaven “up in the sky” or hell “down below”: the location of the afterlife does not change from the earth plane. Just as there are different radio frequencies within the same room different worlds or “spheres” or “planes” inter-penetrate – from the highest vibrations to the lowest.
- 4) There are different levels or “spheres” in the afterlife – from the lowest vibrations to the highest. On physical death we go to the sphere which can accommodate the vibrations we accumulated throughout our life on earth. Simplistically put, most ordinary people are likely to go to the “third” sphere – some people call it the “Summerland.” The higher the vibrations, the better the conditions – this will take us to the higher spheres. We are informed that the higher spheres are too beautiful to even imagine. For those with very, very low vibrations, very serious problems do exist.
- 5) Hell for eternity and eternal damnation were invented by men to manipulate the hearts and the minds of the unaware – they do NOT exist. Whilst there ARE lower spheres in the afterlife that are particularly dark, unpleasant and even horrific – some call them “hell” – ending down there is NOT for eternity. There is always help available for any soul willing to learn the lessons of kindness and unselfishness.
- 6) Once you are freed from the body and enter the afterlife, you will experience a feeling of enormous lightness. Some communicators liken it to taking off a heavy divers’ suit.
- 7) The state of mind at the point of death is crucial. Some pass over consciously and are fully aware of the loved ones who come to welcome the new arrival; others are unconscious and are taken to a special place of rest.
- 8) In the areas nearest to our world, the mind creates reality. So those who expect to find nothing may well stay in a deep sleep.

- 9) Those people who have been ill for some time may need to be helped to change their mental picture of themselves and create with their minds a healthy etheric body. "Hospitals" exist for this purpose.
- 10) Ordinary reasonable people are met by their loved ones – soul-mates are reunited. Higher Intelligences inform us that in the afterlife our appearance can regress to our best age – for most people, from the early to mid twenties.
- 11) Atheists, agnostics and others may not be encumbered from passing on to the higher spheres – what they did in their lifetime and the motivation for what they did will be important, not what they believed in.
- 12) Not participating in religious rituals, e.g. baptism and confessions, and non-belief in creeds and dogmas does NOT encumber anyone from attaining higher spirituality and the higher afterlife spheres.
- 13) Soon after crossing over you will experience a life-review. In your life review you will experience all of your thoughts, words and deeds and effects they had on others. No-body judges you. You judge yourself by comparing the reality of your life and the effects it had on others with what you set out to do.
- 14) Loved ones from the afterlife, recently arrived and others, do have the power to visit loved ones still living on earth and some of them may even become their "guides".
- 15) In the afterlife communicating is done by telepathy. Communicating from and to the earthplane with those in the afterlife can be (and is being) done by telepathy.
- 16) Recently arrived loved ones, usually within three months of transition, are permitted to transmit visually – by way of dreams or by apparitions and other means – evidence that they are still alive. Many choose to attend their own funerals.
- 17) Any physical disabilities people had on earth will disappear. Once they have adjusted mentally there will be no such thing as deformity, sickness, blindness or any other thing that adversely affected them on earth.
- 18) The mind has enormous power in the afterlife. It can create matter there and can cause the body to travel at the speed of thought, e.g. you imagine you are at any place in the world and you are there instantly.
- 19) Some people on earth have a much better transition to the afterlife than others. The more knowledge we have about the afterlife, the easier the transition. It also helps if you are able to control your mind, think positively and concentrate on one thing at a time.

- 20) Some people get stuck “between the two worlds.” Because they still feel themselves solid, they do not accept that they have actually died. Some are afraid of going to the light. Many get into mental confusion and could get lost for decades and even for thousands of years.
- 21) In the afterlife, there is no need to eat or drink or go to sleep. There is no night-time, no rain or bad weather. All is light.
- 22) You will have the opportunity to mix with others of the same vibrations and join with them in co-operative endeavors.
- 23) You will usually find yourself in a house, often the exact replica of a favorite house from your life. Of if you have a clear mental picture of the house you have always wanted and you have earned it, you can create it.
- 24) All animals also survive death. You can expect to be reunited with loved pets who are usually cared for by someone close to you until you arrive. Undomesticated animals continue to exist in their own spheres.
- 25) You can continue to pursue your favorite interests. You can continue to read, enjoy art, music, attend concerts or play sports. Or you can do gardening.
- 26) One can still learn spiritual lessons in the afterlife and progress to higher, even more beautiful spheres.
- 27) You also will have the opportunity to go to the Halls of Learning, and continue to do spiritual work – helping those crossing over or helping others less informed. You may like to do rescue work – informing those lost in the darker realms and who qualify to be in the sphere of the light to come up towards the light. You can be creative in how you spend your time.
- 28) Ultimately, there will come a time when you have to increase your vibrations by increased spirituality to continue to spiritually refine and graduate to a higher realm where circumstances would be much more beautiful and better than the one you were in before.
- 29) This “transition” to the next sphere happens gradually and naturally. You find yourself going into a deep sleep and awaken on the next level.
- 30) In the higher spheres, you will be able to recall and see any event in any period of your existence three dimensionally.
- 31) Love, unconditional love, is the most powerful force known in the universe. It is the link with our loved ones in the afterlife.
- 32) No one judges you or condemns you to the lower spheres. You condemn yourself to the lower horrific spheres (“hell”) by the low vibrations (low spirituality) you acquired during life on earth.

- 33) Those who were consistently evil are, on their transition, either left alone or are met by those others of the same very low vibrations and with the same very low spirituality. They are naturally attracted to the darker lower spheres.
- 34) However the universal Law of Progress ensures that at some time in the future those with lower vibrations will eventually, even if it takes eons of time – centuries or even thousands of years – obtain higher vibrations and graduate to the higher spheres.
- 35) Selfishness is one of the greatest transgressions against spirituality and is highly karmic.
- 36) Energy – positive or negative – is a “boomerang.” When you send out good energy towards someone, that good energy is returned sooner or later. If you send out negative energy by unfairly being dishonest against someone, or by cheating, lying, harassing, discrediting or causing harm to someone, that kind of negative energy will inevitably return to you.
- 37) “You will reap what you sow” – the Law of Cause and Effect - is the recognized universal spiritual law. Karma means you will not get away with it. All negative deeds against others have to be experienced for the purpose of “continuous spiritual refinement.”
- 38) Selfishness, abuse of power and systematic harassment of others are two of the most karmic actions. Horrific karma awaits those whose task it was to protect society but themselves willfully abused their power, indulged in willful transgressions and caused harm and injury to others.
- 39) You will NOT be excused for your evil behavior by claiming that you were just obeying orders.
- 40) Cruelty – mental or physical against humans or animals – is highly karmic and is never justified.
- 41) Those who consistently abused and harassed others will have to face their victims in the afterlife to ask for forgiveness. After the severest retribution, the transgressors will have to apologize and seek forgiveness by the victims before they are allowed to make any progress.
- 42) Those who on earth are deeply caught in very strong addictions – drugs, alcohol, gambling, tobacco, or overindulgence in sex – can get caught on the astral level trying to satisfy them.
- 43) A WARNING: Some hallucinogenic drugs have the potency to lift the duplicate out of the physical body. Seen by entities from the afterlife, drug takers “... have pathetic looks as if they had no soul ... they are vacant behind the eyes. When out of the body, other lower entities try to enter the drug-taker's body – then you have possession.”

- 44) Deathbed conversion? We have been and we are repeatedly being informed by Higher Sources that immediately after we die our vibrations do not change – not even if one repents shortly before death. We take with us the accumulated vibrations (spirituality) we gained or lost during our whole lifetime on earth. Baptism as repentance is absolutely meaningless as a way of getting “a better deal” immediately after death.
- 45) If you helped just one person to attain the true knowledge you would have justified your existence on earth – Silver Birch.
- 46) Not everybody has to “reincarnate.”
- 47) You do not come into this world to have a dream run – without pain, suffering, without problems. The more varied your experience, the more learning from many mistakes, the more valuable your lifetime.
- 48) Many of you will be cheated, maligned, unfairly harassed ... but justice will be done... not in your world, maybe, but certainly in the world to come. The universal laws operate whether or not you are aware of them.
- 49) There are some inherent dangers in communicating with entities from the afterlife. Those from the afterlife can sometimes read our minds and can put thoughts and ideas into our minds. Lower, mischievous entities can put negative thoughts and ideas and the positive more enlightened entities assist us with positive thoughts and ideas. A great deal is left to the exercise of free will.
- 50) We are at liberty to call the powerful protectors from the afterlife to assist us in coping with our everyday problems, but they will not make decisions for us.
- 51) Materialists and others spend too much time worrying about their last ten or twenty years on earth and do not spend a tiny fraction of their time thinking what's going to happen to them in the next ten, twenty thousand years, fifty thousand years ... and much, very much longer.
- 52) What will happen to a person who suicides will depend on a number of things. Motivation is always very important. For example, there will be a big difference if one commits suicide because of inevitable death and one who suicides to avoid responsibilities. Those who take their own lives to avoid problems and responsibilities are likely to increase their problems and responsibilities in the afterlife.
- 53) Consistent with the Law of Progress, eventually, even if it takes eons of time, all will progress to the higher spheres.
- 54) Like attracts like in the afterlife. Unlike on the earth plane, those with lower vibrations cannot mix freely with those in the higher spheres.

- 55) Self-responsibility – ultimately, you yourself are responsible for all acts and omissions during your time on the earth plane.
- 56) The kind of life to be lived in the afterlife – the beauty, peace, light and love that await most decent people – is unimaginable.

Vital eyewitness messages from the afterlife (2006)
<http://www.victorzammit.com/>

THE END

+++++