

Do Any Near-Death Experiences Provide Evidence for the Survival of Human Personality after Death? Relevant Features and Illustrative Case Reports

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Abstract — One of the main reasons that near-death experiences have generated so much interest in recent years among the general public is because they seem to provide evidence that consciousness survives the death of the physical body. It is puzzling, therefore, that most researchers — both those interested in NDEs and those interested in survival research — have neglected to address the question of whether NDEs do provide evidence for survival. We describe three features of NDEs — enhanced mentation, the experience of seeing the physical body from a different position in space, and paranormal perceptions — that we believe might provide convergent evidence supporting the survival hypothesis. We then describe 7 published cases and 7 cases from our own collection that contain all three features. These cases are all — with one possible exception — somewhat deficient with regard to their recording and investigation, but they exemplify the type of case that should be identified earlier and investigated more thoroughly than these have been, and that may then help us decide the extent to which NDEs can contribute to the evidence for survival of consciousness after death.

Keywords: near-death experiences (NDEs) — survival of death — mind-body relationship — out-of-body experiences (OBEs) — paranormal perception — consciousness

Introduction

The question in our title may seem inappropriate, or even gratuitous, to the majority of people who have had an experience of the type that has become widely known over the past two decades as a near-death experience (NDE). Their NDEs have convinced these people that death is a transition to a different life rather than an end to life (Ring, 1984, pp. 156-157). On the other hand, to many people who have *not* had such an experience, the question of our title will seem the central and most important question that one can ask about this phenomenon. The widespread interest among the general public in NDEs seems to stem in large part from the belief that NDEs occur when a person is on the brink of death or even clinically dead and that NDEs therefore provide a brief glimpse or preview of what awaits us after death.

It may seem puzzling, therefore, that although reports of NDEs have proliferated during the past two decades, investigators of NDEs have with rare exceptions completely ignored the question of the survival of consciousness after the death of the body. They have gravitated instead toward less controversial activities — such as studying the transformations in attitudes and values that are almost universally reported by near-death experiencers, and speculating about physiological mechanisms possibly underlying the phenomenon — and they have shied away from the more challenging problem of whether NDEs have implications for the question of survival of human personality after death.

Likewise, investigators of evidence for survival after death — few though they have been — have shied away from NDEs, judging that they offer little promise of yielding convincing data bearing on the survival question. To these researchers, because NDEs are primarily subjective experiences, with little or no verifiable content reported, there is no reason to consider them to be anything other than hallucinatory imagery that may occur under certain physiological or psychological conditions. Moreover, these researchers have recognized that many of the features associated with NDEs are by no means unique to them. Phenomenologically similar experiences can occur when a person is ill but not at all near death (Owens *et al.*, 1990; Stevenson *et al.*, 1989-1990); and completely healthy persons have long reported experiences of feeling detached from the physical body (in so-called out-of-body experiences), of seeing an unusual bright light (in mystical experiences, conversion experiences, and even some paranormal experiences), of seeing deceased persons (in apparitional experiences), or of perceiving events outside one's sensory range (in clairvoyant experiences). The consensus of many people who study the evidence for life after death has been that NDEs may have something to contribute to the study of altered states of consciousness, but not to the problem of survival. Researchers have therefore concentrated instead on other, apparently more promising lines of research, such as veridical apparitions, objectively verifiable statements of mediums, or the statements, behavior, and physical features of young children who claim to remember the life of an identified deceased person (for reviews of such research, see, *e.g.*, Gauld, 1982; Stevenson, 1987).

Although the evidence for survival from NDEs is far from compelling, it also does not in our opinion deserve the neglect it has received from researchers. In this paper we describe the kinds of NDEs that we believe could potentially lend support to the suggestion that consciousness might be capable of functioning independently of the physical body and might therefore survive death. We will first identify the types of features of NDEs that might provide such support, and we will then describe some specific cases, both published ones and ones from our own collection, that illustrate some of these features.

Types of NDE Features that Might Support the Survival Hypothesis

Enhanced Mentation

Individuals reporting NDEs usually describe the NDE as being quite unlike a dream, in that their mental processes during the NDE were remarkably clear and lucid and their sensory experiences unusually vivid, equalling or even surpassing those of their normal waking state. Contrary to popular belief, NDEs (or experiences closely similar) can occur when a person is not seriously ill, or is even quite healthy. Nevertheless, many other NDEs do in fact occur at a time when there was a documented loss of vital signs, such as during cardiac arrest or another cause of a sudden loss of blood pressure. In two earlier papers, we called attention to the importance of normal or even enhanced mentation accompanying such severe physiological impairment (Owens *et al.*, 1990; Stevenson & Cook, 1995). Persisting or enhanced mentation at a time when one would expect it to be diminishing, or entirely absent, because of diminishing physiological functioning at least suggests that consciousness might not be so dependent on physiological processes as most scientists now assume.

Crosscultural studies of NDEs may support this suggestion. The vast majority of NDEs reported and studied have occurred in Western cultures, but NDE researchers have in recent years begun to examine cases in non-Western cultures and in earlier historical periods, hoping to learn whether NDEs are primarily culturally determined hallucinations or indicate a more universal phenomenon (*e.g.*, Becker, 1984; Feng Zhi-ying & Liu Jian-xun, 1992; Pasricha, 1993; Pasricha & Stevenson, 1986; Zaleski, 1987). Thus far, the number of non-Western cases reported is small, and the picture they present is indeterminate and could be used to support both the interpretation that NDEs are culturally determined and the interpretation that, at their core, they transcend cultural expectations and influences. Moreover, even if there are cross-cultural similarities, many of these may reflect universal physiological or psychological adaptive responses to stress rather than universal perceptions of an objective, postmortem state. Nevertheless, regardless of which interpretation ultimately prevails, for the survival hypothesis the most important finding from crosscultural studies may be that, in widely divergent cultures and times, there are recurring reports of complicated cognitive and perceptual experiences — whatever form they take — at a time of severely impaired physiological functioning.

Out-of-Body Experiences

Another feature of NDEs that may lend support to the survival hypothesis is the commonly reported experience of viewing the physical body and its immediate physical environment as if from a different position in space. Many people report, for example, watching from above the attempts of medical personnel to resuscitate their physical bodies at the scene of an accident or in an

emergency room. As we mentioned earlier, this feature is not limited to near-death situations; out-of-body experiences (OBEs) are also reported by healthy persons as occurring both spontaneously and in experimental conditions (see, *e.g.*, Blackmore, 1982; Irwin, 1985). Many of those who have such experiences, as well as some who have not, have concluded that OBEs provide evidence that the mind can function outside the body and hence may survive the death of the body.

However, out-of-body experiencers, including near-death experiencers, are in fact still alive at the time of their experience and have not existed independently of their bodies. Even those persons who may have been pronounced dead by medical personnel were physically intact enough to have been revivable. Consciousness may therefore *seem* to be detached from the physical body, but it may still remain dependent on it for its continued existence. Furthermore, the vast majority of both NDEs and OBEs are entirely subjective phenomena, providing no objective evidence that the person has in fact been separated from the physical body. Even when a person later describes accurately events going on around him or her while he or she was ostensibly unconscious (for example, under general anesthesia), such information may derive from that person's persisting ability to hear (see, *e.g.*, Ghoneim & Block, 1992; Jones, 1994; Moerman *et al.*, 1993).¹ As a result, other observers of OBEs and NDEs have concluded that such experiences are probably produced by processes of imagination (Blackmore, 1982; Palmer, 1978).

Nevertheless, there has been one notable attempt to determine whether the OBEs reported in connection with NDEs are solely the product of subjective imagery or whether they sometimes include objective, out-of-body perceptions. Michael Sabom, a cardiologist, compared the accuracy of the descriptions by near-death experiencers of their resuscitations with the descriptions of cardiac patients who did not report an NDE but who were asked to imagine what a resuscitation looked like. He concluded that the near-death experiencers seemed to be describing actual observations rather than imagined events (Sabom, 1982).

A different approach for testing the hypothesis that one actually leaves the body during an OBE or an NDE is to try to detect whatever it is that leaves. In an experiment designed to test a subject's ability to perceive a distant object while he was having an OBE (Osis & McCormick, 1980), strain gauges situated near the target object were activated when the subject was successful in perceiving the target and perceived himself as being out of his body. The investigators concluded that these results suggested that some aspect of the subject's personality had been present at the target site, activating the strain gauges.

¹ Trustman *et al.* (1977) urged caution in evaluating claims of auditory perception during general anesthesia, because they found methodological problems in the studies of this phenomenon that they reviewed. Additionally, most recent reviewers of the phenomenon agree that much of the evidence comes from individual case reports and clinical studies, rather than experimental studies, and that the incidence is extremely low (Ghoneim & Block, 1992; Jones, 1994; Moerman *et al.*, 1993).

Morris, Harary, Janis, Hartwell, and Roll (1978) also conducted some experiments with another subject who was proficient at inducing OBEs in himself, and they used a variety of human, animal, and physical detectors to try to identify the times when the subject was having an OBE. Some of these experiments seem to have been successful on some occasions, but overall they were inconclusive.

Paranormal Perceptions

An even more important kind of NDE for suggesting that NDEs are not simply subjective hallucinations or imagination are those in which experiencers report perceiving events that occurred beyond the normal range of the physical senses, events that they could not have perceived normally even if they had been conscious. As critics and researchers alike have long recognized, reports of this type are infrequent, and most of them unfortunately remain unsubstantiated anecdotes (Blackmore, 1983; Cook, 1984; Ring & Lawrence, 1993). Even those investigators who have recognized the importance of corroborating these accounts, and have tried to do so, have published only the most sketchy of reports of them (Clark, 1984, pp. 242-243; Owens, 1995, pp. 160-162; Ring & Lawrence, 1993). Nevertheless, throughout the literature of both NDEs and OBEs, firsthand accounts of experiences of this sort keep recurring. (We will describe some of these below.) Hart (1954) identified 288 published cases in which a person claimed to have perceived events at some distant location at a time when he or she seemed to be out of the physical body. (Ninety-nine of these met Hart's criteria for evidentiality, in that the events seen were later verified and had also been reported to someone by the experient *before* that verification took place.)

Like many other features of NDEs, claims of paranormally perceiving distant events are by no means limited to NDEs or even OBEs in general, and many people have argued that we cannot differentiate true out-of-body perception from extrasensory perception by the person inside the body. In an attempt to address this problem, Osis and McCormick (1980) designed a visual target that could be identified only if viewed from one particular visual perspective, and they recruited as the subject for their experiments a person skilled at inducing OBEs in himself. The success of this person in identifying the target led Osis and McCormick to conclude that he had done so by viewing it while out of his physical body, rather than by clairvoyance while inside his physical body.

One other feature of NDEs may also suggest that they are not entirely subjective hallucinations. Some people who have had an NDE say that during the experience they met deceased relatives and friends. Osis and Haraldsson (1977/1986, pp. 64-65) found that dying persons are more likely to report hallucinations of deceased persons than do healthy persons, who more often hallucinate living persons. As with other features of NDEs, many such visions may be subjective hallucinations. People who believe that they are dying

would presumably hope or expect to be reunited with deceased loved ones; and the visions may also represent a defensive attempt to reduce fear of impending death by imagining reunion with familiar persons. However, there are cases reported of the so-called "Peak in Darien" type (Cobbe, 1882), in which a person near death has reported seeing a recently deceased person of whose death the experiencer had no normal knowledge (Barrett, 1926, pp. 10-26; Callanan & Kelley, 1992, pp. 86-87, 93-94; Crookall, 1960/1966, pp. 21-22; Gurney & Myers, 1889, pp. 459-460; Hyslop, 1908, pp. 88-89; Myers, 1903, ii, pp. 339-342; Osis & Haraldsson, 1977/1986, p. 166; Ring, 1980, p. 208; Sidgwick, 1885, pp. 92-93). Such cases weaken the conjecture that the vision was an hallucination related to the experiencer's expectations; in many of them the experiencer has even expressed surprise at seeing someone thought to be living.

In sum, the NDE features that seem to us to have the most potential for contributing to the evidence suggesting survival after death fall into three broad categories. First, there are those features suggesting enhanced mentation at a time of diminished physiological functioning, including a rapid, detailed, and often extremely vivid revival of memories (Stevenson & Cook, 1995), complex and vivid imagery and sensations, and lucid cognitive functioning. Second, there is the experience of viewing one's physical body and the immediate environment as if from a spatial location different from that of the physical body. Finally, there are those cases in which the person has gained previously unknown but potentially verifiable information, usually either by viewing distant events or by meeting deceased persons. The first group of features suggests that mental clarity is not entirely dependent on physiological functioning; the second suggests that consciousness can function apart from, if not independently of, the physical body; and the third group suggests that NDEs are not entirely subjective in origin. Separately, none of these features provides compelling evidence for the survival of consciousness after death, since they all might be explained by other normal or paranormal mechanisms. Taken together, however, and particularly when all three types of features occur together in individual cases, the hypothesis of survival begins to seem more worthy of consideration.

Illustrative Cases

We turn now to presenting some brief reports of cases, both previously published ones and ones in our own collection, that illustrate the kinds of cases that we believe must be identified, investigated, and published if NDE research is to contribute to an assessment of the survival hypothesis. Perhaps the most important cases are those that involve veridical, apparently paranormally derived knowledge. As we pointed out earlier, there are relatively few reports of such cases in the literature, and none of these have been adequately corroborated or investigated. The reports we present here will not substantially alter that picture. We emphasize from the outset that all of the cases we will describe — with one important exception — suffer from weaknesses, usually be-

cause by the time we learned about the case, potential witnesses who could verify or corroborate the experiencer's statements were unavailable. None of the cases should be considered compelling evidence for anything except the need to identify similar, but more recent cases that can now be investigated more thoroughly than most of these have been.

We also wish to emphasize that most of the cases that we will describe involved additional features commonly reported in NDEs, such as feelings of great peace or joy, tunnel experiences, a bright light, or visions of "otherworldly" places. Although an adequate interpretation of the nature of NDEs must take into account all features reported, we focus in this paper only on those particular features that we think are most relevant for assessing whether NDEs provide evidence for survival.

Published Cases

1) *The Case of Sir Alexander Ogston*. The experiencer of this case, a British army officer, reported it in the memoirs of his military campaigns (Ogston, 1920, pp. 221-223). It occurred during his service in the South African War (also known as the Boer War), which lasted from 1899 to 1902. Ogston suffered from typhoid fever and was admitted to Bloemfontain Hospital, where his experience occurred. We continue with his own words:

In my delirium night and day made little difference to me. In the four-bedded ward, where they first placed me I lay, as it seemed, in a constant stupor which excluded the existence of any hopes or fears. Mind and body seemed to be dual, and to some extent separate. I was conscious of the body as an inert, tumbled mass near a door; it belonged to me but it was not *I*. I was conscious that my mental self used regularly to leave the body... until something produced a consciousness that the chilly mass, which I then recalled was my body, was being stirred as it lay by the door. I was then drawn rapidly back to it, joined it with disgust, and it became *I*, and was fed, spoken to, and cared for. When it was again left I seemed to wander off as before....

In my wanderings there was a strange consciousness that I could see through the walls of the building, though I was aware that they were there, and that everything was transparent to my senses. I saw plainly, for instance a poor R.A.M.C. [Royal Army Medical Corps] surgeon, of whose existence I had not known, and who was in quite another part of the hospital, grow very ill and scream and die; I saw them cover his corpse and carry him softly out on shoeless feet, quietly and surreptitiously, lest we should know that he had died, and the next night — I thought — take him away to the cemetery. Afterwards, when I told these happenings to the sisters [senior nurses], they informed me that all this had happened....

2) *The Case of Dr. X*. This case was published by Stratton (1957). The essential details were as follows: In 1916, during World War I, Dr. X was a Medical Officer stationed in France with a brigade of the Royal Flying Corps (later to be known as the Royal Air Force). A pilot at another airport was shot down and managed to land his airplane, but he could not be removed from his

machine because of his injured condition. Dr. X was asked to go to the other airport and supervise the extraction of the wounded pilot. He was to be flown there in another airplane.

The pilot flying Dr. X to the other airport was less than adequately competent, and the airplane with Dr. X in it crashed within the area of the airport almost as soon as it had taken off. The airport was badly located on two slopes with a crest between them. The hangars and other quarters were on one side of the crest; and the crash occurred on the other side, so that the site of the crash was not visible to persons at the hangars. Likewise, the hangars were not visible from the site of the crash. Dr. X was ejected from the airplane and landed on his back. The published account continues, in the words of Dr. X:

Suddenly I was looking down on my body on the ground from some 200 feet vertically above it.... I remember vividly being, as it were, in a state of pleasant awareness, about 200 feet directly above my body, and seeing the Brigadier and Lieutenant Colonel [who had come to the airport to watch the airplane take off] and also the pilot running towards my body, the pilot being on that occasion unhurt. My spirit, or whatever you like to call it, hovering there, was wondering why they were bothering to pay any attention to my body, and I distinctly remember wishing they would leave it alone.

While I was up above my body, it did not seem in the least queer that I could see... a number of activities at the hangars.... The Crossley tender [an ambulance] started out of the hangar in which it was garaged. When about a car or a car and a half length outside the hangar, the engine stalled, and I saw the chauffeur jump out and pull the starting handle. Then he raced back to his driving seat and started off towards the crash over the crest, and down to the hollow [where Dr. X lay on his back].

While this small episode was occurring my Medical orderly had rushed out of my nearby medical hut, and jumped into the back of the Crossley tender.

The ambulance, or tender, then stopped again, but this time it was the Medical orderly who jumped out, rushed into the Medical hut, and came out with something extra, and jumped into the ambulance, which then resumed its twice interrupted journey.

The experimenter's account then included details of some "travels" far from the airport before he regained normal consciousness. We omit these, because they included nothing verifiable. The experimenter's account continued:

A sort of retraction occurred, definitely not a turning around, and then, once more, for a brief space, I was hovering immediately above my body.

Suddenly, "Pop," and I was aware that the Medical orderly was pouring neat sal volatile [ammonium carbonate, used to stimulate persons who fainted or collapsed] down my throat! I told him to stop doing this and I became conscious....

When I was safely in the hospital... I realised that it was quite impossible for me to have seen all or the majority of the events that took place at the hangars as I have detailed them.... This impressed me so much, that I mentioned it to the C[ommanding] O[fficer] when he visited me.... [H]e then and there in the hospital, wrote down an account at my slow dictation, of every detail concerned with the ambulance, and the re-starting of the engine, and the Medical orderly running in and out of his hut, and he took it back, and verified that all these occurrences actually did take place after I was on the ground, and lying on my back where it was absolutely physically impossible to see anything but the lip of the hill that rose between the landing ground and the hangars.

Stratton, who reported the case, tried many years later to meet witnesses of the accident and of Dr. X's statements, including Dr. Abrahams, a physician who supervised Dr. X's transport from the scene of the accident to the hospital. Stratton was able to obtain a written statement from Dr. Abrahams, who confirmed the gravity of Dr. X's condition after the crash; but informants who might have verified Dr. X's apparent paranormal perceptions had either died or could not be traced.

3) *The Case of Mr. W. A. Laufmann*. Muldoon and Carrington (1951/1969, pp. 83-84) described the case of Mr. W. A. Laufmann, a traveling salesman who had been hospitalized with an unspecified, but apparently grave, illness while in Omaha. They said that Mr. Laufmann became "conscious of something like a fleecy ball releasing itself from his physical form," and they then quoted from Mr. Laufmann's own description of his experience:

I was standing there in the middle of the room and distinctly saw my dead body lying upon the bed.... I started to leave the room and met one of the physicians, and was surprised that he said nothing to me, but since he made no effort to stop me I walked out into the street where I met an acquaintance of mine, Mr. Milton Blose.

I tried to greet Mr. Blose by hitting him on the back, but my arm went through him.... It was impossible for me to attract his attention.... I saw that he went across the street and looked into a shop window where a miniature "Ferris wheel" was on display.

Mr. Laufmann then returned to his hospital room, where he saw the doctors standing over his physical body, discussing his condition. He saw one of the doctors applying an electric current to his feet, he felt intense pain, and he then found himself back in his body. According to Muldoon and Carrington, Mr. Laufmann later claimed "to possess a testimonial letter from Mr. Blose verifying the fact that the latter actually had been in Omaha at the time, and had walked down the street and stopped to look at a 'Ferris wheel' in a shop window" (p. 84).

4) *Case Reported by Green (1968)*. In the following case — for which Green did not provide the experiencer's name — the events described by the percipient took place in the same hospital room in which she was lying; but some of them took place out of her visual range, and they included details that could not have been detected by auditory means:

I was in the hospital having had an operation for peritonitis; I developed pneumonia and was very ill. The ward was L shaped; so that anyone in bed at one part of the ward, could not see round the corner.

One morning I felt myself floating upwards, and found I was looking down on the rest of the patients. I could see myself; propped up against pillows, very white and ill. I saw the sister and nurse rush to my bed with oxygen. Then everything went blank. The next I remember; was opening my eyes to see the sister bending over me.

I told her what had happened; but at first she thought I was rambling. Then I said,

“There is a big woman sitting up in bed with her head wrapped in bandages; and she is knitting something with blue wool. She has a very red face.” This certainly shook her; as apparently the lady concerned had a mastoid operation and was just as I described.

She was not allowed out of bed; and of course I hadn’t been up at all. After several other details; such as the time by the clock on the wall (which had broken down) I convinced her that at least something strange had happened to me. (Green, 1968, p. 121)

5) *The Case of Mrs. R. M.* Crookall (1972, p. 76) briefly quoted the following account from Mrs. R. M., who was “very ill in hospital”:

I looked down at my body. I thought I was dead. I went out into the corridor and saw my husband.

I wondered where my daughter was and the next instant I was standing beside her in a gift shop. She was looking at some “Get Well” cards. I could “hear” her read the verse. She decided it would be disrespectful and bought another.

Then I was back in my body. When my daughter came with the card, I repeated the verse she had read.

6) *The Case of the Rev. L. J. Bertrand.* The following case occurred in the mid-19th century, and Mr. Bertrand did not write out an account of it for 30 years, when he sent a long description to William James in a letter of October 10, 1891. Frederic Myers published Mr. Bertrand’s account the following year (Myers, 1892, pp. 194-200).

Mr. Bertrand, an experienced mountain-climber who took several pupils climbing in the Alps and the Pyrenees every year, was climbing the Titlis in the Alps on one occasion when he, exhausted by his efforts, suggested that his companions go on to the summit without him and that he would rest until they returned. As the leader of the group, however, he gave explicit instructions that they climb the peak on its left side and come down on its right side, since he knew that there was a dangerous cut on the left side that was more easily seen from below than from above. He also instructed his strongest pupil to take the position at the end of the rope.

While waiting for the return of his companions, Mr. Bertrand apparently began to freeze to death, such that he was unable to rouse himself. After a brief moment of acute pain, he suddenly found himself “a ball of air in the air, a captive balloon still attached to earth by a kind of elastic string and going up and always up. How strange! I see better than ever, and I am dead.... Looking down, I was astounded to recognise my own envelope” (p. 196). Mr. Bertrand then went on to explain that he saw the climbing party going up by the right side of the mountain rather than the left, as they had promised him they would, and he saw that the pupil who had promised to be on the end of the rope was neither at the beginning nor at the end, but away from it altogether. He also saw the guide drinking out of Mr. Bertrand’s bottle of Madeira and eating a piece of Mr. Bertrand’s chicken. Finally, he saw his wife, with a party of four

other people, at a hotel en route to meet him in Lucerne, although she had told him that she would not be traveling until at least a day later.

When the climbing party returned and found him, they were able to rescue and revive him. According to Mr. Bertrand, he confronted the guide, who seems to have confirmed by his reactions to Mr. Bertrand's statements that they had gone up the right slope rather than the left, that two of the pupils had left their appointed places on the rope, and that the guide had pilfered some of Mr. Bertrand's Madeira and chicken. Mr. Bertrand also said that he confirmed the next day that his wife had set off for Lucerne earlier than she had planned, with four traveling companions, and that she had stayed at the hotel at which Mr. Bertrand had seen her.

7) *The Case of W. Martin*. The following report was published in the (London) *Sunday Express* on May 26, 1935:

In 1911, at the age of sixteen, I was staying about twelve miles from my own home when a high wall was blown down by a sudden gust of wind as I was passing.

A huge coping stone hit me on top of the head.

It then seemed as if I could see myself lying on the ground, huddled up, with one corner of the stone resting on my head and quite a number of people rushing towards me.

I watched them move the stone and some one took off his coat and put it under my head, and I heard all their comments: "Fetch a doctor." "His neck is broken." "Skull smashed like an eggshell."

He [apparently a doctor] then wanted to know if anyone knew where I lived, and on being told that I was lodging just around the corner he instructed them to carry me there.

Now all this time it appeared as though I was disembodied from the form lying on the ground and suspended in mid-air in the center of the group, and could hear everything that was said.

As they started to carry me it was remarked that it would come as a blow to my people, and I was immediately conscious of a desire to be with my mother.

Instantly I was at home, and father and mother were just sitting down to their midday meal. On my entrance mother sat bolt upright in her chair and said, "Bert, something has happened to our boy."

"Nonsense," he said, "whatever has put such an idea into your head?"

There followed an argument, but mother refused to be pacified, and said that if she caught the 2 p.m. train she could be with me before three and satisfy herself.

She had hardly left the room when there came a knock on the front door. It was a porter from the railway station with a telegram saying I was badly hurt.

Then suddenly I was again transported — t his time it seemed to be against my wish — to a bed-room, where a woman whom I recognized was in bed, and two other women were quietly bustling around, and a doctor was leaning over the bed.

Then the doctor had a baby in his hands.

At once I became aware of an almost irresistible impulse to press my face through the back of the baby's head so that my face would come into the same place as the child's.

The doctor said, "It looks as though we have lost them both." And again I felt the urge to take the baby's place in order to show him he was wrong, but the thought of my mother crying turned my thoughts in her direction, when straightway I was in a railway carriage with both her and father.

He [Mr. Martin's father] was looking at his watch, and she [Mr. Martin's mother] was saying that trains always crawled when you were in a hurry, and dad's reply was that the train was right on time.

I was still with them when they arrived at my lodgings and were shown into my room where I had been put to bed.

Mother sat beside the bed and I longed to comfort her, and the realization came that I ought to do the same thing as I felt impelled to do in the case of the baby and climb into the body in the bed.

At last I succeeded, and the effort caused the real me to sit up in bed fully conscious.

Mother made me lie down again, but I said I was all right, and remarked that it was odd she knew something was wrong before the porter had brought the telegram.

Both she and dad were amazed at my knowledge. Their astonishment further increased when I repeated almost word for word some of the conversation they had had at home and in the train.

Mother remarked that she supposed that when some people came close to death they were gifted with second sight.

I replied by saying I had also been close to birth as well, and told them that Mrs. Wilson, who lived close to us at home, had a baby that day, but it was dead because I would not get into its body.²

We subsequently learned that Mrs. Wilson died on the same day at 2:05 p.m. after delivering a stillborn girl.

I am convinced that if I had willed myself into that baby's body, today I would be a Miss Wilson, instead of still being — W. Martin, 107 Grove Street, Liverpool.

One of us (I.S.) read Mr. Martin's account of his experience in the early 1960s and resolved to try to meet him. Accordingly, in the summer of 1963 I.S. went to Liverpool and knocked at the door of 107 Grove Street. No one there knew anything about W. Martin, who had evidently moved away long before. I.S. then tried telephoning a number of W. Martins listed in the Liverpool telephone directory. The wife of one who answered the telephone said that her father-in-law was also called W. Martin, but she gave I.S. to understand that the senior W. Martin had died. She said that she vaguely remembered having heard something about an experience similar to the one that I.S. had read about in the *Sunday Express*. Her husband was not available then, and I.S. did not remain longer in Liverpool to meet him. The case therefore remains uninvestigated.

Cases from Our Collection

8) *The Case of Linda McKnight*. (For this, and for most of the other cases from our collection, we are using pseudonyms.) This case was first drawn to our attention early in 1961 by a psychiatric resident of the University of Virginia Hospital. Mrs. McKnight had been a schoolteacher of the resident's

² The detail of seeming on the verge of being reborn in a baby's body has a parallel in some cases of near-death experiences among the Druses of Lebanon. We have notes of three cases in which the subject, while near death, found himself suddenly at a place where a baby was being born and died or was stillborn (Stevenson, 1980, p. 12). These experiences accord with the Druse belief that rebirth occurs immediately after death.

wife, and she had once told her class about her experience; it had remained clear in the memory of the student who later became the psychiatric resident's wife. Mrs. McKnight was 34 years old at the time of the experience, which occurred in 1930. In 1961 it seemed worth investigating, if that were possible. I.S. asked the resident to write to Mrs. McKnight requesting her to send us a written account of her experience. She replied in a letter dated January 20, 1961, from which we quote the following:

And now for my story:

As it would seem to an observer.

The day after a gall-bladder operation, I was supposed to be "doing as well as could be expected," when a friend of mine — [a] former nurse — was allowed to bring me some flowers. She gave one look [at me], rushed out to inquire where my nurse was and said I looked as if I were sinking fast. Then she phoned my husband at his office to tell him to come to the hospital immediately. (This trip with police escorting the taxi took about 23 minutes.) Fortunately, my surgeon was in the hospital and he, the resident, and I think an intern came down immediately. He administered heart stimulants by hypodermic, *etc.*, but when my husband came in, the Doctor said: "It's too late, Sir. And this shouldn't have happened because she was making a good recovery." Then he told the nurses to hold the body so it wouldn't slip and had the men lift the mattress to an upright position. He said they were to drop the mattress on signal. When he gave the signal, the jar of the fall started the heart beating again — and the patient lives.

Now as it occurred to me.

When my friend came in she seemed to move as before a slow motion picture camera laying the bouquet of flowers on the table with much deliberation, turning very, very slowly and moving toward the door. I was aware of a sensation of deep cold, an inner cold, and things grew dark, then black — "blacker than midnight in a cypress swamp" as James Meldon Johnson describes the world before God created day and night. After this coldness and blackness came oblivion. Suddenly it was as if someone had turned on a flood light and I glowed in its warmth. My first thought was "no pain — wonderful — I'm free — I can go where I please!" I went to the window to see what was outside. In the street four stories down a boy was teasing a much smaller girl, trying to take away her skates. I thought I should intervene but before I had really left the room my husband came in. He said: "Linda, why do you leave us?" and I turned back. I remember thinking it odd he was bowed over a figure on the bed instead of looking at me. Then I "heard" the conversation [between the doctor and the husband and between the doctor and the nurses] and saw them raise this body and mattress. Suddenly as if someone snapped a rubber band I was jerked into the room, into cold, into blackness, into oblivion. Then there I was in bed with the pain again and people standing around.

My first reaction was I had dreamed this fantastic thing. I said to my husband: "Did you think I had left you?" He began to cry. When the surgeon came I said: "So you thought you'd lost me, didn't you?" and he said gruffly: "We never lose patients. Who's been talking to you?" By this time, because of their reactions, I felt I must *prove* this experience. I knew the children wouldn't still be playing on the walk. I tried to recall other details. I remembered seeing a Christmas tree on the balcony below (this was February) and a whole area of sheets flapping in the wind. I asked my nurse what was out the window and she said she didn't know but she'd look. Fortunately I spoke in time. "Don't tell me," I said, "Let me tell you. There's a Christmas tree on the balcony below." She had to open the window and lean out to see this. She confirmed the drying area [of the sheets] behind to the left.

Then I knew I had *died* and had come back again.

I.S. entered into correspondence with Mrs. McKnight about details and obtained the following additional information.

Mrs. McKnight was sure that she had told the nurse about the sheets drying below the window before the nurse looked out the window. She wrote: "I know I did [this] because I was trying to recall details which I had seen which would prove the reality of an experience."

In reply to a question about whether Mrs. McKnight might have seen the area below her hospital window as she was brought into the hospital, she replied: "I entered the hospital at 3.00 a.m. in agony of a gall-bladder attack. I'd never been there before. I was taken to my room, where I was put to bed against the inner wall. Soon afterward I went to sleep under sedation. The only time I left the bed was to be wheeled to the operating room." I.S., not fully satisfied, pressed for more details about the location of the yard where the sheets had been drying in relation to the hospital entrance. Mrs. McKnight replied: "If a drying yard had been beside its [the hospital's] front door, I wouldn't have seen it the night I entered the hospital about 2.00 a.m. in the throes of a violent gall-bladder attack. I'm sure however when I looked out of the window it [the drying area] was on some side street. I don't remember which direction the room faced."

Mrs. McKnight could not remember the name of the hospital where she had had her experience. She did remember the names of the two principal doctors concerned in her operation and experience; but they had both died before 1961. More than 20 years later we began a systematic search for medical records associated with NDEs. We wrote to Mrs. McKnight again. In reply, her daughter wrote to say that Mrs. McKnight had died on March 28, 1984 at the age of 88. Her daughter remembered hearing her mother describe her experience of nearly dying. She thought her mother had had her operation in a hospital in New York City, which she named. We applied to this hospital for the medical records (for which Mrs. McKnight's daughter, as her next of kin, had signed a release to us), but the records could not be found.

Mrs. McKnight, faced with some skepticism on the part of her surgeon, as described above, wanted to discuss her experience with someone else and had asked to see her minister. He was still alive in 1961, and she gave us his name and address. The Rev. Colin Weston replied cordially to our letter. He said that he remembered listening to Mrs. McKnight recount her experience the day after it happened. Unfortunately, he could remember no details clearly. He wrote: "It seems to me she spoke of being outside a window while her body was inside the house. More than this I cannot say, though, I remember, she was very earnest about the experience."

9) *The Case of Jean Morrow.* In 1991 Mrs. Morrow read about our research in a magazine and wrote to tell us about an experience that she had had in 1956, during the birth of her first child. Mrs. Morrow, a nurse, described the beginning of her experience as follows:

Due to blood loss my blood pressure dropped. My blood type wasn't available and nurses were in a panic. When I heard "Oh my God, we're losing her," I was "out of body" at once and on the ceiling of [the] operating room looking down — watching them working on a body. I knew I wasn't dead — it took a while to recognize the person I was viewing was me!! I watched my Dr. arrive and procedures being done — conversations and baby being born. Also comments and concern for her. It was [a] small hospital and I found myself over my Mom in the waiting room. She was smoking — my Mom doesn't smoke but she admitted much later that she had "tried" one or two because she was so nervous! I returned to [the] O.R. and my baby was doing better — I was not.

Mrs. Morrow went on to describe the rest of her experience, which included, among other things, moving in a dark tunnel toward an extremely bright light, seeing her deceased grandmother, and seeing a review of her life.

E.W.C. recently wrote to Mrs. Morrow to try to corroborate from her mother or other witnesses that her mother had uncharacteristically been smoking in the waiting room of the hospital, but unfortunately Mrs. Morrow had by then moved, and we have not been able to trace her.

10) *The Case of Jennifer Edwards.* I.S. interviewed Jennifer Edwards in May 1990, shortly after we first learned about her experience. Ms. Edwards was then 33 years old, and her experience had occurred about 17 years earlier, when she was 16. She had gone skiing in Vermont one weekend with her family, a boyfriend, and another friend. Ms. Edwards and the two friends were skiing down an expert-level trail when Ms. Edwards hit a bad spot, somersaulted, and landed hitting her head first. Her friends stopped to help her, and because they were not far from the ski lines, they were able to call to nearby people. The ski patrol was summoned, Ms. Edwards was transported back to the lodge by toboggan, and she was then taken to a nearby hospital. According to the medical records, Ms. Edwards suffered a neck sprain with some displacement. She was kept in the hospital overnight for observation and then released.

About 2 hours elapsed between the time Ms. Edwards had the accident and the time she arrived at the hospital. She was conscious when she arrived at the hospital. According to the medical records, there was some uncertainty about whether she had at any time lost consciousness, at least from an onlooker's perspective. From Ms. Edwards's perspective, however, she never lost consciousness: "I remember everything that happened after that [the accident] but it was as if I was above as an observer." From this position, she seemed to watch the efforts of people helping her from the time of the accident until she arrived at the hospital. Most of the events that she described seeing were those occurring in the immediate vicinity of her physical body, but at one point she seemed to see her parents, who had not been with her at the time of the accident:

I watched from higher up now my parents reading a skiers' announcement board at the base of the mountain. Mr. and Mrs. Strong, please report to the First Aid office. They looked alarmed, I tried to console them from where I was but they didn't seem to hear me.

Ms. Edwards estimated that the announcement board was probably about half a mile away from where her physical body lay.

Although Ms. Edwards was cooperative in being interviewed, in filling out our questionnaire, and in allowing us to obtain her medical records, she was reluctant to allow us to contact her parents, who might have been able to provide important corroboration of her claim to have seen them reading a notice on the skiers' announcement board telling them to report to the First Aid office. Her relationship with her parents was apparently not an altogether good one, and she believed that they would be annoyed at inquiries from us about her experience.

11) *The Case of Peggy Raso.* On August 6, 1960, Mrs. Peggy Raso gave birth uneventfully to a baby girl in a hospital in West Virginia. At the time of her admission to the hospital for the delivery she was found to have severe varicose veins, and she already had had two episodes of pulmonary emboli during pregnancies. It seemed wise to prevent further pregnancies, and therefore on August 11 she had an elective bilateral partial salpingectomy. We quote now from the medical records that we later obtained from the hospital:

The patient withstood the operation well and, apparently, was progressing well, when, on the 15th of August, 1960 at 5.00 a.m. the patient suddenly became cyanotic and had severe chest pain. She became unconscious and was treated symptomatically, given anticoagulants, because it was felt that she had thrown another pulmonary embolism. The patient had a very stormy course, but did progress and was discharged from the hospital on August 27, 1960, in good condition.

While outwardly unconscious, Mrs. Raso had an unusual experience that she tried to tell to other persons later. In particular, when she was a patient at the University of Virginia Hospital in 1961, she described her experience to doctors caring for her. She noted that most of them responded with titters or by looking strangely at her. She overheard one, however, who said: "We should have her talk to Dr. Stevenson." I.S. had already been studying these cases, and his interest was known to at least some of his colleagues. Nevertheless, no one referred Mrs. Raso to him in 1961 or later. In 1987, she herself wrote to I.S., and he promptly responded by asking her to send him a detailed account of her experience. This reached him in May 1987, and we now quote from it. (Before quoting Mrs. Raso's own statements, we need to explain that she had a premonition that something, presumably adverse, "was going to happen." In what we shall quote she refers to this expected happening as "it."):

I didn't want to leave my room. I just wanted to stay there and wait for *it*. This feeling persisted all night. I woke at intervals waiting for it. Finally, at five a.m. [on August 15, 1960] my baby was brought to me. I threw the sheets back and noticed the air was thick with my feeling. I swung my legs out of bed toward my blue slippers and knew this was the time I had been waiting for. "This is it," I said to myself.

The room spun, went black, and I slid to the floor. I felt great pain in my chest. The small room filled with hospital personnel. I saw myself on the floor. My gown had landed around my waist and one nurse was pulling it down. An orderly came in and lifted my body to the bed. Another brought a tank of oxygen into the room. I heard the nurses saying call the doctor, call her husband, call the priest, *etc.* One nurse was on the phone beside the bed and I heard her say: "Yes, doctor, we have her back on the bed and oxygen is being administered." I, the real me, was not on the bed and I began to think about this. I knew I didn't feel the bed beneath me. I looked down at the bed from my vantage point near the ceiling. (See Figure 1.) I saw a girl there who looked to be in a great deal of pain. Her eyebrows were drawn together, her lips were blue, she appeared to have a blue mustache, there was an oxygen tube in her nose, her hair was wet looking and strung out on the pillow. I felt sorry for her. Doctors and nurses were coming and going from the room. I saw one doctor hit her hard in the chest. I really felt confused at what I was seeing and hearing. The nurses' station was about fifty feet from my room. I saw a doctor come to the station that I recognized. He was a family friend and I had been raised next door to him. The nurse told him Peggy Adams [Mrs. Raso's maiden name] had just died. He replied he would call Margaret (my mother). My hearing was extremely acute. I heard and saw another patient on the floor complaining about the activity and noise coming from my room. [This patient's room was on the other side of the hallway from Mrs. Raso's room; see Figure 1.]

It dawned on me they were talking about me. I tried to tell them I was not down there. It became obvious they were not hearing me. I recognized another nurse from another floor come into the room. I knew her thoughts. She had heard from the hospital grapevine that I had died and wanted to see. She leaned on the foot of the bed and said, "Too bad, and she was only twenty-five." She left the room shaking her head negatively and said to someone in the hall, "I'm so sorry." I was aware of a priest being in the room and from my vantage point I watched him leave. As he entered the hall, I heard him say, "I will pray for her soul." I saw my husband softly crying in the hall. He said, "What can I tell the children?" My aunt, an RN, answered him with, "God just wanted her." I felt sorry for them.... [Mrs. Raso here described other features of her experience.]

My attention was called back to the hall by my aunt's voice. I saw her sitting in a squatting position leaning against the wall and talking to another nurse who was on duty. She said, "She was such a good little mother." I knew she was talking about me and I thought, "I am still a good little mother." Her words startled me into realizing I was dead. I looked at the body again and I knew it was mine. I tried so hard to tell them I wasn't there anymore and I wasn't in pain. I wished they could all be up there with me. Once I realized the lifeless body was mine, my confusion vanished and I *felt* my face relax into a knowing smile. Well, maybe more of a smirk. I realized I was privy to something they were not understanding.

One of the doctors leaned close to the body's ear and began calling, "Peggy, Peggy." I knew I was Peggy, but I did not want to answer. I did not want to go back down there. One doctor said to the other, "Joe, you have done all you can." Joe Lawson, my OB/GYN, covered his face with his hands. One of the doctors (a Doctor Cowen) left the room and I could see right through the wall. He gave a negative shake of his head to my husband. The doctor remaining in the room leaned over the body and said, "You've got to make it." I wondered why. All of these people wanted me to come back and leave this wonderful place that I thought I alone had found.

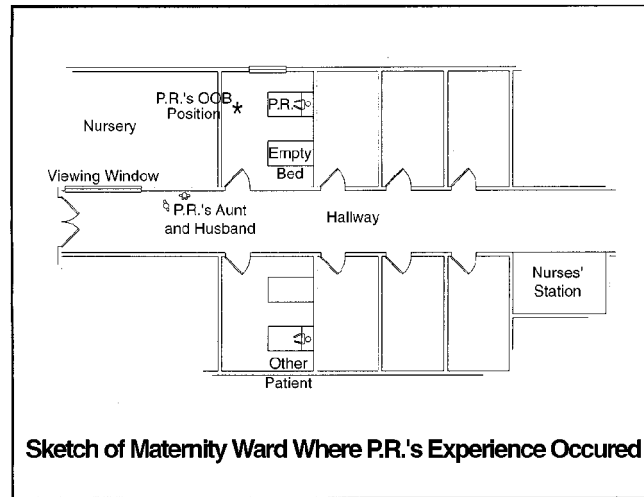


Fig. 1. Sketch of Maternity Ward Where P.R.'s Experience Occurred.

It seemed the room was now emptying as fast as it had filled up. I looked at my husband in the hall, [at] the nurses, and I thought I must go back to tell them all about this. I could hardly wait to tell them. (Little did I know how this news would be received in 1960.) I gave a wistful look at the beauty of this other existence and started down. I hovered over the body for a moment and thought, "I will go back up there at another time." I went back to the body and immediately felt all the pain.

As we mentioned, we subsequently obtained pertinent medical records from the hospital where Mrs. Raso had her experience. The medical records were meager regarding her condition when she collapsed, and they gave no information about how long she remained unconscious. Mrs. Raso herself realized that her husband could not have reached the hospital instantly, and she thought that she might have had a prolonged period of unconsciousness or perhaps even had two episodes of pulmonary emboli, which she later fused in her memories.

In subsequent correspondence with I.S., Mrs. Raso sent a sketch of the layout of the hospital ward where she had her experience. (The Figure is an artist's rendering of the sketch.) This sketch shows the relative positions of the nurses' station, Mrs. Raso's room, and the place where her husband and aunt talked in the hall outside her room. The door of her room was open during her experience, which suggests that she might have heard normally what her husband and aunt were saying. It is unlikely that she would have heard normally comments made at the nurses' station, which was 50 feet from her room.

In February 1990 Mrs. Raso's husband, Leno, answered in writing some questions that I.S. had put to him in a letter. He confirmed that Mrs. Raso's aunt, Judy, who was a nurse at the hospital at this time, had said: "She was such a good little mother." He remembered that he had said to Judy: "I do not

know what I will do now. I have three little children to take care of now.” He gave no information about a conversation at the nurses’ station.

In August 1990 I.S. met and had a long conversation with Peggy and Leno Raso. Leno Raso said that although the door to his wife’s room was open he did not believe that she could have seen him normally or heard him crying or talking with Judy, Mrs. Raso’s aunt.

12) *The Case of Stefan von Jankovich*. Stefan von Jankovich was born in Budapest, Hungary on January 26, 1920. In 1956, at the time of the uprising in Hungary and its suppression by Russian troops, he escaped to Switzerland, settled in Zurich, and established himself successfully there as an architect and town planner.

On September 16, 1964, he was traveling from Zurich towards Lugano in a small, open-roofed sports car driven by a colleague when they collided with an oncoming truck that was on their side of the road. (Its driver had been recklessly trying to pass trucks in a military convoy.) The impact of the crash catapulted Mr. von Jankovich from the car onto the pavement; he suffered multiple fractures and was knocked unconscious. Fortunately, a physician happened to be in the nearby traffic, and he immediately ran to Mr. von Jankovich, got his body moved from the pavement to the side of the road, examined him, and gave some first aid, including an injection of a drug not known to us, but apparently a cardiac stimulant. The first doctor was soon joined by another one. They judged the injured man to be dead and asked a nearby soldier (presumably from the military convoy) whether there was something with which to cover the body. Then one of the doctors decided to try the effect of an injection of adrenalin directly into the heart, which had stopped beating. This revived Mr. von Jankovich, who was then taken to the hospital in Bellinzona. His recovery was prolonged and never complete; but he was able to resume his professional work and live a normal life again.

We have taken the foregoing account from Stefan von Jankovich’s autobiographical book about his experience (von Jankovich, 1984). This includes photographs of the scene of the accident in the police archives, portions of the police report, and a statement made at the subsequent inquiry by the doctor who first succored Mr. Jankovich. The official statements differ in inconsequential details from Mr. von Jankovich’s account, but leave no doubt that he was extremely close to death. The physician’s report noted that Mr. von Jankovich’s heart had been arrested for more than 5 minutes.

We next give (in our English translation) extracts from Mr. von Jankovich’s account of his experience:

I felt myself hovering; yes, I was really hovering. I was above the site of the accident and saw my badly injured lifeless body lying there in the place, as I later learned, where the doctors and police said it had been.... People gathered around me. I saw a small, stout man, looking about 55 years old, trying to bring me back to life. I could hear everything clearly. I do not mean that I literally “heard.” I was up above, and my life-

less body lay on the ground. Nevertheless, I somehow perceived what people were saying and even what they were thinking — probably through some kind of thought transmission.... The man kneeled down and gave me an injection in the left arm.... I realized as the doctor felt my body that my legs were broken.... Then I saw how the doctor tried to resuscitate me in a professional way, but then noticed that my ribs were also broken. He remarked: “I cannot massage his heart.” After a few minutes he stood up and said: “Nothing is working. There is nothing more we can do. He is dead.” He spoke Swiss German with a Bernese accent and a sort of amusing Italian.

It was extraordinary that I could perceive not only the words spoken aloud by the people around my body, but also their thoughts. For example, a woman from Tessin, accompanied by a daughter of about 7 years, was shocked when she saw my corpse. The young girl wanted to run away, but her mother caught her by the left hand and held her back while she silently prayed, first an “Our Father” and then a “Holy Mary,” after which she asked forgiveness for the sins of this unfortunate man. This woman’s unselfish prayer impressed me greatly, made me joyous, and I felt radiated with love.

On the other hand, there was an older man with a moustache [in the crowd of on-lookers], who had negative thoughts about me: “Well, he is done for. But it was certainly his own fault. He was just the sort of person who would rush thoughtlessly through this area in a sports car.” I wanted to call down to him from “above”: “Stop talking nonsense. I was not even driving. I was only a passenger.” I somehow sensed the negative, even evil vibrations of this man....

Then one of the doctors turned to the other and said: “Look, unless you have some objection, I am going to...”, and he gave me an injection of adrenalin right into my heart. The face of this man became fixed in my mind. A few days later, a man came into my hospital room dressed in ordinary clothes. I recognized his face immediately and deliberately greeted him by saying: “Hello, Doctor. Why did you give me that devilish injection?” I also recognized his clear distinct speech. [Mr. von Jankovich had noticed when he was “above” his body that this doctor had spoken a definite High German when he talked with the other doctor.] He was nonplussed and asked how I knew him. I told him how. We later became good friends.

As we mentioned, Mr. von Jankovich’s accident occurred in 1964, and his book was published in 1984. Many years after that, in September 1992, one of us (I.S.) went to Zurich and spent 8 hours with him. (I.S. made notes of their conversations 2 days later, upon returning to Cambridge, where he was then on leave.) During their discussion, I.S. learned that after Mr. von Jankovich had sufficiently recovered from his injuries (3 years later), he had sought out both the man who had been censorious and the woman who had prayed for him. He somehow traced the man from the register of witnesses and their addresses that the police had made at the time of the accident. (He did not say exactly how he had traced this man, but he may have recognized him in police photographs taken at the scene of the accident.) Mr. von Jankovich said that he went to this man’s office, recognized him as the man he had “heard” from above, but left without talking to him.

Mr. von Jankovich showed more interest in the woman who had prayed for him. She had been driving a red, commercial vehicle for a family-owned business, and it had the name and town from which they came written on its side. Mr. von Jankovich said that he had seen these names on the side of the truck during his experience and later remembered them, and that he traced the

woman with this information. When they met, they had the following exchange:

SvJ: Do you have a red vehicle?

Woman: Yes, I do.

SvJ: Do you have a 10-year old daughter? [This allowed for the 3 years that had elapsed since the accident.]

Woman: Yes, I do. [She called her daughter, who came to the room.]

SvJ: Do you remember an accident on the highway to Bellinzona about 3 years ago?

Woman: No, I do not.

SvJ: Please think again and try to remember. You got out of your vehicle perhaps to look at the body of a man who had been killed.

Woman: Yes. You are correct. Now I remember.

SvJ: And you prayed for the dead man.

Woman: Yes, that is right.

SvJ: I was that man.

At that Mr. von Jankovich and the woman both wept.

By the time I.S. learned about the verification of the apparent paranormal perceptions in this case, 28 years had elapsed since the accident. Nevertheless, he asked whether it might be possible for him to meet the censorious man and the prayerful woman with a view to making an independent verification of these details. Mr. von Jankovich said that he could no longer remember where they had lived.

Comment: Stefan von Jankovich's recognitions of the doctor who visited him in the hospital and of the man who had blaming thoughts about him were not necessarily paranormal. He might have seen the doctor's face normally after he received the injection that the doctor gave him; and he also might conceivably have seen normally the face of the critical man.

If Mr. von Jankovich's account of how he traced the woman from Tessin is accurate, this feature of the case would be paranormal. The woman's vehicle would probably have been parked some distance away from the place where Mr. von Jankovich's body was lying on the ground. If so, we think it unlikely, if not impossible, that from his supine position on the pavement he could have read the name and location of the family business painted on the side of the vehicle.

A second possibly paranormal feature in the experience occurred in relation to the prayers of the woman from Tessin. Mr. von Jankovich told I.S. that when this woman stopped her daughter from returning to their vehicle, she told the daughter that they "should pray for the man's soul and ask God to accept him into heaven with forgiveness of his sins, if he had any." (This quotation is from I.S.'s notes.) Mr. von Jankovich might have heard this statement normally. In his book, however, Mr. von Jankovich said that the woman prayed *silently* and that he nevertheless heard her praying an "Our Father," a "Holy Mary," and a "prayer for the forgiveness of the unfortunate man's sins." I.S. did not

learn whether Mr. von Jankovich verified that the woman had silently thought through these particular prayers.

13) *The Case of Rose Heath*. I.S. learned about the following case in 1970. Mrs. Heath, who was born in 1888, had been hospitalized during World War I (probably about 1915), seriously ill with scarlet fever. At one point, during an apparent crisis in her illness, Mrs. Heath suddenly found herself in a beautiful, “other-worldly” place. Among other things, her experience included the following details:

I then looked up and saw a young officer with a few soldiers approaching. The young officer was my favourite cousin, Alvin Adams. I knew him to be missing but I did not know that he was “dead,” nor had I ever seen him in uniform, nor, being abroad when war broke out, did I know the type of uniform then worn, but what I saw of this was confirmed by a photograph of him I saw some years later. The only difference was that where the name of his regiment was, there was a cross instead.

Mrs. Heath’s experience continued, but it finally ended in the following way:

My next vivid recollection after this was of looking down, from about ceiling height, onto a bed on which lay a very emaciated body. There were white coated doctors and nurses around it. In a few moments I was looking up at them, and feeling a sensation of intense disappointment. I had come back from something so lovely and so utterly satisfying.

Mrs. Heath’s experience was of the “Peak in Darien” type that we described earlier, in that she saw her cousin during the experience and realized that he was dead, although she had had no normal knowledge of his death. The experience also included Mrs. Heath’s perception of apparently veridical details of her cousin’s uniform. In a later communication with I.S., she explained that “being in Italy all through the 1914-1918 War I had never seen the uniform then worn by British soldiers. I checked up later and found that what I had seen was correct — my cousin being a young subaltern.”

Comment: The case is weakened because Mrs. Heath knew that her cousin was missing in action and because no death of a soldier during a war can be entirely unexpected; stronger cases of this type involve a death that the percipient had no reason to expect or fear. Moreover, before concluding that this case involved paranormal knowledge, we would need to know such details as whether Mrs. Heath had told anyone else about seeing her cousin and had described the specific, distinctive features of his uniform before seeing his photograph — testimony that is unavailable now. Nevertheless, the apparently paranormal knowledge, both of her cousin’s death and of details about his uniform, together with the out-of-body experience at the end, make this a good

example of the kind of case that, if investigated earlier and corroborated, could contribute importantly to our assessment of NDEs as evidence for survival.

14) *The Case of Al Sullivan*. B.G. learned about this case when Al Sullivan first attended a meeting of a Connecticut chapter of the International Association for Near-Death Studies, in 1990, a couple of years after the surgery during which Mr. Sullivan's experience occurred. Mr. Sullivan had been a 56-year-old van driver at the time of his experience, which occurred on January 18, 1988, during an emergency coronary bypass operation at Hartford Hospital in Connecticut. His heart started to beat irregularly Monday morning at work, and he was admitted to the hospital. During diagnostic testing, one of his coronary arteries became blocked, and he was rushed into the operating room for what became quadruple bypass surgery. During the operation, he had a clear sensation of leaving his body; he described the rest of his experience in an account he wrote in 1990:

I began my journey in an upward direction and found myself in a very thick, black, billowy smoke like atmosphere. The smoke seemed to surround me no matter what way I turned, yet it was not going to deter me as far as I was concerned....

As I continued on my journey, I rose to an amphitheater like place. It had a wall directly in front of me to prevent me from going into it. Behind this wall, a very bright light shone. As I tried to get closer to this wall, I noticed three humanlike figures at my immediate left.... I was able to grasp the wall and look over it into the area the wall was blocking. To my amazement, at the lower left-hand side was, of all things, me. I was laying [sic] on a table covered with light blue sheets and I was cut open so as to expose my chest cavity. It was in this cavity that I was able to see my heart on what appeared to be a small glass table. I was able to see my surgeon, who just moments ago had explained to me what he was going to do during my operation. He appeared to be somewhat perplexed. I thought he was flapping his arms as if trying to fly.... It was at this point I noticed one of the three figures I saw on my arrival to the wall was that of my brother-in-law who had died almost two years before.... It was then that I turned my attention to the lower right-hand side of the place I was at. I saw the most brilliant yellow light coming from, what appeared to be, a very well lit tunnel.... The light that came from the tunnel was of a golden yellow hue and although the brightest I had ever looked into, it was of no discomfort to the eyes at all. Then, preceded by warmth, joy and peace and a feeling of being loved, a brown cloaked figure drifted out of the light toward me. As my euphoria rose still more, I, much to my delight, recognized it to be that of my mother. My mother had died at age thirty-seven when I was seven years old. I am now in my fifties and the first thought that came to my mind was how young my mother appeared. She smiled at me and appeared to be shaping words with her mouth and these was [sic] not audible to me. Through thought transfer we were soon able to communicate. All at once my mother's expression changed to that of concern. At this point she left my side and drifted down toward my surgeon. She placed the surgeon's hand on the left side of my heart and then returned to me. I recall the surgeon making a sweeping motion as if to rid the area of a flying insect. My mother then extended one of her hands to me, but try as I might I could not grasp it. She then smiled and drifted back toward the lit tunnel...

According to Mr. Sullivan, as soon as he regained consciousness and the tube was taken out of his throat so that he could speak, he told his cardiologist, Dr. Anthony LaSala, what he had observed during the operation. Dr. LaSala's first reaction was to attribute Mr. Sullivan's experience to the drugs he had been given. Mr. Sullivan then described seeing the cardiac surgeon, Dr. Hiroyoshi Takata, flapping his elbows as if he were trying to fly. According to Mr. Sullivan, at this point Dr. LaSala's eyes widened, and he asked who had told Mr. Sullivan about that. When Mr. Sullivan said that he had seen it himself, from above his body in the operating room, Dr. LaSala explained that this was a peculiar habit of Dr. Takata's. If he had not yet "scrubbed in" and did not want his ungloved hands to touch the sterile operating field, he would flatten his palms against his chest and give instructions to his assistants by pointing with his elbows.

Mr. Sullivan said that Dr. LaSala reported this experience to Dr. Takata, but that Dr. Takata's only response had been, rather defensively, to insist that Mr. Sullivan had never "died" during the surgery. Mr. Sullivan himself did not talk with Dr. Takata about the experience until a follow-up visit, probably a couple of years later. At that time, Dr. Takata said only: "Well, you're here, you're alive, so I must do something right!"

In the fall of 1997, one of us (B.G.) spoke with both Dr. LaSala and Dr. Takata. Dr. Takata could not confirm specifically that he had "flapped" his elbows during Mr. Sullivan's surgery in particular, but he did confirm that this is a regular habit of his, done not because he has not yet scrubbed in (as reported by Mr. Sullivan), but because, after he has scrubbed in, he does not wish his hands to touch anything until he is actually ready to do the surgery. Dr. LaSala confirmed to B.G. that Mr. Sullivan had told him about the experience shortly after he regained consciousness following the surgery. He also confirmed that Dr. Takata has this habit of "flapping" his elbows, and he added that he has never seen any other surgeon do this.

Comment: Mr. Sullivan's medical records indicate that in the operating room he was first given a local anesthetic so that an intraaortic balloon could be inserted, and he was then given a general anesthetic so that the surgery itself could begin. It occurred to us that Mr. Sullivan might have seen Dr. Takata "flapping" his elbows when the balloon was being inserted but before he was given general anesthesia and lost consciousness, and that he had later confused the order of events. B.G. therefore asked Mr. Sullivan for further details about what he had seen at the time he saw Dr. Takata flapping his arms. Mr. Sullivan said that he saw Dr. Takata standing alone over his opened chest, which was being held open by metal clamps, and he also saw two other surgeons working over his leg. He recalls being puzzled at the time about why they were working on his leg when the problem was with his heart, but he now knows that at this point in the surgery the surgeons were stripping the vein out of his leg to create the bypass graft for his heart. These details seem clearly to confirm that Mr.

Sullivan's observation of Dr. Takata flapping his arms occurred when he was under general anesthesia and, at least to observers, unconscious.

Discussion

In all of the cases that we have described in this paper, the experiencer reported all three features that we discussed earlier as having the most relevance for the question of survival of consciousness: normal or enhanced mentation when the physical body is ostensibly unconscious, seeing the physical body from a different position in space, and perceiving events beyond the normal range of the physical senses. We believe that when these three features occur together, they provide convergent evidence that at least suggests that consciousness can function independently of the physical body and hence may survive the death of that body. We emphasize that such evidence is only suggestive. No matter how serious their condition, persons reporting NDEs were in fact still alive in some sense, since their bodies were still functioning sufficiently to be revived. NDEs can therefore never provide conclusive evidence concerning what may happen to consciousness when the brain and body are no longer revivable.

We also, however, emphasize the importance of the convergence of these three features. No one feature or type of NDE can decisively support the survival hypothesis. Blackmore (1982, 1983) correctly pointed out that seeing the physical body from a different position in space may be "imagination." This explanation is insufficient, however, if the experiencer also reports becoming aware of distant events while ostensibly out of the body; verified paranormal perceptions are not subjective imaginings. Yet even these two features taken together are inadequate to support the survival hypothesis. Paranormal perception of distant events occurs in conditions other than an OBE; it has been demonstrated, for example, in experimental studies of the Ganzfeld technique (*e.g.*, Bem & Honorton, 1994) and remote viewing (*e.g.*, Puthoff & Targ, 1976; Schlitz & Gruber, 1980, 1981). Psychological conditions conducive to producing the subjective sense of being out of the body may also be conducive to producing paranormal perceptions (Palmer, 1978); but this explanation is insufficient to account for those cases in which the physiological condition of the person would seem to preclude, or at least reduce the likelihood of, the complex cognitive processes associated with almost all NDEs.

The primary purpose of this paper, however, is to call attention to the need for studies better demonstrating that these three features do in fact provide convergent evidence for survival of consciousness after death, as suggested by cases such as the ones we have here described. The rarest of the three features by far is the phenomenon of veridical paranormal perception during an NDE. Veridical cases are important because they are the single most important kind of case that will enable us to decide whether normal physiological or psychological theories of NDEs (and OBEs) are sufficient. Whatever the physiological or psychological conditions that may precipitate an NDE or OBE, NDEs

and OBEs are not *solely* subjective hallucinations or imagery if they include verified paranormal awareness of distant events. Blackmore (1982) wrote of the Case of Dr. X (our Case No. 2): "If this is true it is of enormous significance... our usual models of man would be found to be limited and deficient" (p. 178). She then asked: "But is it true?" For her, it was not. She belittled the case because no preserved account of the experience had been written down until more than 40 years after the experience; also, in her view the medical qualifications of Dr. X, including his Fellowship in the Royal College of Physicians, made him no better an observer or rememberer than anyone else. These strictures could be made of nearly all the other cases we have described. Rose Heath's experience, for example, was probably not recorded until 55 years after it happened; Jean Morrow's was probably not recorded for 35 years; and M. Bertrand's experience was not recorded for 30 years.

The long lapse of time between the experience and the first written record of it would be of little consequence if memories did not tend to diminish and become modified with the passage of time. These modifications, however, vary greatly from one person to another. Some persons — perhaps they are not numerous — can preserve accurate memories over many years. One of us has cited elsewhere reports of remarkably accurate memories over 6 to 10 years (Stevenson, 1968). Additionally, modifications seem to occur less with memories of some events than with others. Memories of traumatic events, such as life-threatening conditions, injuries, and illnesses, tend to be better preserved than memories of events that are not stressful (Schacter, 1996). We should, however, distinguish preservation and accuracy. We want to know how accurate memories of traumatic experiences are. There is some evidence that when affect is engaged, as it is in traumatic experiences, the accuracy of memory becomes enhanced (Dutta & Kanungo, 1975). Moreover, inaccuracy of details does not invalidate a memory for the significant events of an experience (Rollo, 1967, pp. 54-55). Terr (1994) put this tersely: "False details distort a memory. But many real remembrances are distorted, although essentially true" (p. 164).

Although we do not agree with Blackmore that the reports of paranormal perceptions in NDEs have necessarily been seriously distorted by the long lapse of time between the experience and the first recording of it, we do agree, as we pointed out earlier in this paper, that most cases of this type have not been adequately investigated, corroborated, and documented. We have little sympathy, however, for persons such as Blackmore (1982, p. 243) who, confronted with these inadequate cases, suggest that researchers abandon the attempt to find similar cases that can be investigated more promptly and completely. The reports of these cases may be rare, but, as we hope this paper has demonstrated, their numbers are not insignificant. The more people — scientists as well as persons who may have or learn about these experiences — are aware of the occurrence and importance of such cases, the more likely it will be that the evidence they provide will improve.

Moreover, we believe that the case of Al Sullivan, reported in this paper, is a significant improvement of the evidence that during an NDE or OBE people can sometimes become aware of events not communicated to them through normal sensory processes. Two important witnesses corroborated to us an unusual event seen by Mr. Sullivan during his NDE, and one of them also corroborated to us that Mr. Sullivan told him about the event shortly after it occurred. Like any other case, the case of Al Sullivan does have potential weaknesses. In particular, the event in question occurred in the same room that Mr. Sullivan's body was located. Nevertheless, we are unaware of any normal sensory means by which the deeply anesthetized and unconscious Mr. Sullivan could have learned about the peculiar behavior of the surgeon.

In addition to better investigated and documented spontaneous cases of veridical perceptions, experimental studies of this feature would also be a significant contribution. Tart (1968) reported an experiment in which the subject, after experiencing an OBE, was able to give a 5-digit target number that had been placed out of sight near the ceiling of the room. Since then, several researchers have proposed a protocol of this type to study veridical perception in NDEs (*e.g.*, Holden, 1988). Perhaps the best one was designed by Madelaine Lawrence, former Director of Nursing Research at the Hartford (Connecticut) Hospital. In the hospital's Electrophysiology Clinic, an electric shock is administered to a heart that is beating arrhythmically. In this process, known as cardioversion, the associated disturbance of consciousness may induce a near-death experience. Lawrence proposed placing a light-emitting diode display near the ceiling of the clinic and facing upward; it would be programmed by someone outside the hospital with a different nonsense message each day. If patients undergoing this controlled near-death procedure could identify the message being displayed on the day of their procedure, there would be little likelihood that they could have obtained it through any normal means. Unfortunately, this and other such research attempts have met with unexpected difficulties, primarily in finding hospitals and staff willing to cooperate (Holden & Joesten, 1990); but they should not be abandoned.

Although not rare, perhaps the other NDE feature most needing attention by researchers is the normal, or even enhanced, cognition that occurs during an NDE; what particularly needs to be examined is the relationship between cognitive functioning and physiological state during an NDE. The persistence of complex cognitive processes in spite of diminished brain functioning would suggest that consciousness might not be wholly dependent on the brain — clearly a prerequisite to the survival hypothesis. Unfortunately, although many people have speculated about possible physiological mechanisms underlying NDEs (*e.g.*, Carr, 1982; Morse, Venecia, and Milstein, 1989; Saavedra-Aguilar & Gomez-Jeria, 1989), there has been no research adequately demonstrating the actual physiological conditions associated with NDEs. For several years we have been collecting medical records associated with NDEs, in an attempt to document better the medical condition of people at the

time they are experiencing an NDE (Owens *et al.*, 1990; Stevenson *et al.*, 1989-1990). Available medical records do not always provide all the information needed to make an adequate assessment of a patient's closeness to death. Moreover, we do not even know what physiological conditions are minimally required for organized, vivid cognition (see, *e.g.*, Baudoin, 1996; Duyff, Davies, and Vos, 1996; Lewin, 1980; Lorber, 1983). Nevertheless, the conditions under which some people have experienced NDEs do suggest that vivid, complex mental functioning can occur at a time when, given the person's loss of consciousness or of vital signs, we would not expect such functioning; and even a few well-documented cases of complex mentation occurring in conditions that are at variance with those predicted by a physiological model of consciousness may weaken that model.

The experiences that we have described in this paper convinced those who had them of the separability of mind from body and its likely survival of death. They are bound to seem less persuasive to other persons, particularly since the reports of most of them are flawed. One crucial step toward deciding whether NDEs provide evidence for survival is deciding whether alternative hypotheses are adequate for all features of the cases. Cases that include multiple, convergent features suggestive of survival may help us make that decision, if we can find and study them earlier and verify their details independently.

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