PARANORMAL EXPERIENCES OF PREVIOUSLY UNCONSCIOUS PATIENTS

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As a former critical care nurse, I was responsible for many unconscious patients and was told to talk to them; many medical professionals held the belief—largely unproven—that hearing is "...the last sense to go." Even though the patient may be unresponsive, he or she could still be hearing what is being said by those around him or her.

When a former patient came to a class on near-death experiences taught by Kenneth Ring, I became fascinated by what she said she could hear while we presumed her to be unconscious. This encounter stimulated my interest in these types of events, and I began a research project to document incidents during which patients were unconscious.

To date, I have interviewed more than 100 patients who were clinically unconscious and have found that, in addition to being able to hear sounds from the surrounding environment while perceived to be unconscious, some of these patients have described one or more of five states of unconsciousness: (a) unconsciousness, (b) perceived unconsciousness, (c) paranormal experiences, (d) inner consciousness, and (e) distorted consciousness.

This paper concentrates on the paranormal experiences of these patients, which I have divided into four categories: (a) near-death experiences (NDEs), (b) out-of-body experiences (OBEs) not associated with near-death experiences, (c) near-death visits, and (d) visions of the Grim Reaper.

Subjects

Most of the subjects whom I studied had been admitted to Hartford Hospital, a major teaching facility in Connecticut, and were identified through weekly unit rounds. All had documented episodes of unconsciousness; a taped interview and chart audit were conducted for each subject. To date, the study includes 111 patients: 11 from the pilot

study and the remaining from the Hartford Hospital study. In the majority of the cases, I interviewed the patients within days of their unconscious experiences. There were some subjects whom I did not reach until almost a year had elapsed. In a very few instances, I talked with people many years after the event. At times, people described not only recent but past experiences as well.

The Hartford Hospital patients were suggested as suitable candidates for my study by my colleagues in the various units throughout the facility, and I had access to their medical records to verify their conditions and unconscious states. In some cases, I sent letters to patients who had been discharged, informing them of the research and inviting them to take part. Patients from the pilot study were selected because they were willing to participate, having been referred to me by colleagues and friends.

Many nurses and doctors at Hartford Hospital were aware of my research, and even though I told them that I was interested in interviewing *any* unconscious patients, they had a tendency to refer to me those people who had had unusual experiences. There were also instances where patients were discharged before I had a chance to talk with them or situations in which patients never responded to my follow-up letters after they had left the hospital. Of course, there were some individuals who simply didn't want to discuss their experiences with me.

A number of researchers have reported the frequency of positive near-death experiences (Greyson, 1984; Ring, 1980; Sabom, 1982) ranging from 30% to 40%. The frequency of negative near-death experiences is often estimated to range between 3% and 7%. In one report, however, a psychiatrist working with cardiac arrest patients estimated the incidence of paranormal experiences to be as low as 2% (Cassem, 1991).

In my pilot study, 27% of the people had had near-death experiences. In 9% of the cases, there was an out-of-body experience not associated with an NDE.

Of the 100 patients in my Hartford Hospital study, 22% reported some type of paranormal event. 8% had a near-death experience; one person had a positive *and* negative experience. 6% had an out-of-body

occurrence not associated with an NDE. 8% had near-death visitors, and two patients had encounters with the "Grim Reaper".

For this paper, I will draw on the experiences of 25 patients: 3 from the pilot study and 22 from the Hartford Hospital research. Since some individuals reported more than one paranormal experience, I'll be dealing with 28 events:

11 near-death experiences (NDEs)
7 out-of-body experiences (OBEs) not associated with near-death
8 near-death visits
2 encounters with the Grim Reaper

Near-Death Experiences

The NDE phenomenon has existed for a long time; our renewed interest in these events is only the most recent such phase. Some of the earliest writings regarding near-death experiences came from mountain climbing incidents. People who fell great distances and yet survived would often describe circumstances that they had undergone which were very similar to the typical NDE we encounter today.

When our ability to resuscitate critically ill patients improved, those survivors of cardiac arrest situations—as well as other near-death events—also began to relate their unusual experiences. Unfortunately, the society often considers the discussion of these types of occurrences as weird or crazy, and often those people who undergo such incidents are reluctant to talk about them.

In 1975, the publication of Raymond Moody's book *Life After Life* stressed that NDEs are not nearly as unique as people had previously assumed and that they occur to normal people who are in abnormal circumstances: near death. The thorough documentation of these cases in *Life After Life* served to lend credibility to such events, as did another book that followed, Ken Ring's *Life At Death*, which was presented as the first scientific study of near-death experiences.

Both Moody and Ring described NDEs in similar ways. Typically, patients close to death will feel euphoric, experiencing a total lack of any pain, anxiety, or stress. They describe themselves as feeling totally

at peace and will often characterize the event as the most wonderful thing they have ever gone through. I have also found that it is not unusual for people to get tears in their eyes when they talk about the pure love they have felt.

If they go farther into the NDE, they often experience out-of-body events, telepathic communications, passage through a tunnel-like structure, encountering a being of light, some sort of barrier, and a decision or charge to return to the "real world". Often, they arrive at this decision by interacting with dead friends or relatives whom they see during the NDE.

The following are detailed descriptions of the various components of NDEs from the perspective of those who have experienced them.

Out-of-body experiences during near-death experiences. Out-of-body experiences sometimes occur in conjunction with near-death experiences. During the OBEs, patients often describe in vivid detail the attempts to resuscitate them. Arnold, a patient whom I interviewed, discussed watching his own open heart surgery:

> "They wheeled me into the operating room, and Doctor Traynor said that I was going to feel a little pinch in my chest and I did—I felt the pinch. Then, I was waiting for him to tell me some more, but I realized I wasn't there anymore. He didn't have to tell me anything—I could see him. I was up at the ceiling, looking down at him and the rest of them."
>
> "The rest of them?"
>
> "There were two other doctors, a nurse assistant, I guess, and an anesthesiologist. I had the whole view, and I could look through those that I didn't choose to see what they were doing."
>
> "You could see through the people?"
>
> "I saw them, but I could look through them. My vision was able to penetrate the two doctors and the table so I could look down at Doctor Traynor's boots. They looked longer than others, but I guess that's because he has such short little legs. He was standing on a pad for static electricity. He told me later that that's what it was for. And I told him that he was wearing glasses. I had never seen him with glasses before, but he said that during the operation he sometimes wears special glasses."

Patients usually exhibit an indifferent attitude toward their bodies, feeling no anxiety about being removed from their physical vessels. Arnold's response was typical when I asked him:

> "What was your reaction to being out of your body and seeing it on the operating table?"
>
> "Kind of 'Who cares?' The real me was up on the ceiling. What I was looking at was something I used to travel in. Kind of like a grocery bag. I didn't feel any compassion. I didn't have any feeling for what was there. I was curious about what they were doing. The two people were taking a vein out of my leg, and Doctor Traynor was handling my heart, but none of that mattered anymore."
>
> "What did you look like...up on the ceiling?"
>
> "I was the real Arnie. There was nothing spiritual about me. Down there was the old thing I travelled in—the carrying case that used to tote me around. I had no feeling for it. I was the real Arnie, up here."
>
> "Did you have arms and legs?"
>
> "I had my head and my right arm and my left leg. Bizarre. That's all I took with me, but I felt whole. I was up there physically, and I was connected, but there was space in between my head and my arm—and my whole body was gone except for the left foot. I was suspended up there—like floating."

This casual perspective of the physical body is quite common among patients who have undergone an OBE. One woman was quite blunt in her assessment. When I asked her how she felt about seeing her body below, she replied, "Honey, do you need to lose weight!"

Along with this objective analysis of their bodies goes a lack of concern about dying. They often say that they felt so wonderful that it was immaterial that they were no longer part of the reality to which they were accustomed. I have asked these people what they look like when they are out of their bodies, but most—unlike Arnold—are not aware of whether they have arms or legs or any specific physical appearance. While they are quite observant of the surroundings above which they are floating, they pay little attention to the form that they themselves are taking.

Occasionally, a patient will describe being able to see into adjacent rooms, but generally their attention is focused on the immediate area

where their physical bodies are located. In one notable exception, a patient experiencing cardiac arrest claimed that she was out of her body and could see the roof of the hospital, where she reported spotting a red shoe in the corner of the roof. She was so adamant about her OBE that one of the residents got the janitor to open the door to the roof, where the resident did indeed find one red shoe.

Telepathy. Telepathy plays a major role *during* the NDEs. Patients often say that they understand what is being said in the hospital room or operating room, but not because they are able to *hear* the words. They talk about just "knowing things"—about being able to "...hear it inside my head."

No sense of time. While the patients subsequently describe these events in a linear way, they will point out that that is not how they experienced them. The NDE seems to occur all at once and very quickly. So far, we have been unable to establish any correlation between the length of time that a person is actually unconscious and the depth of his near-death experience.

Tunnel or passageway. At the next stage, near-death patients describe moving through a long tunnel or passageway that leads them toward a light. This description has been around for hundreds of years; Bosch, a fifteenth century artist, has depicted such events in his paintings.

Being of light. People report encountering a being of light and often talk about communicating with it. Sometimes they are given a choice about staying there or returning to the reality that they've known. Sometimes they are told that it is not their time to die and that they have to go back.

Barriers. I have interviewed a few patients who have reported encountering barriers: a river, a wall, an embankment—something that has to be crossed in order to go on. Some patients do not want to proceed and consequently come back. Others, however, are overwhelmed by the feelings of happiness and euphoria and only return

to reality because they are told that they have unfinished business to which they must attend. Some people report that they decided for themselves that it was not yet their time to go.

While there are similarities among many of the near-death reports, there is usually something unique about each experience. One man told me that during his NDE he encountered a very bright light that hurt his eyes; he also saw a mound—the typical barrier—and a coconut tree with a brightly-colored parrot—very atypical. He described the bird in great detail: red breast, green feathers/wings, and a yellow beak. It was an image that he said would stay with him for the rest of his life.

That sort of reaction is one that patients frequently relate to me. They seem to experience these NDE events more intensely than they do reality (as we generally define it).

Dead friends and relatives. A patient will often report seeing and talking to friends or relatives who have died. They may be the ones who communicate to the patient that he or she must return. One of the most unusual cases that I encountered involved a woman, 54-year-old Louise, who was rushed to the hospital with an asthma attack. After twenty minutes in the emergency room, she was transferred to the intensive care unit where she was hooked up to a cardiac monitor and a ventilator. When she went into a systole arrest, the doctors were unable to revive her and, twenty minutes later, disconnected her from the equipment. Ten minutes after that, she began to breathe on her own.

She should have been dead or brain damaged but was neither. When I talked with her following the event, she was pleasant and quite willing to discuss it.

"The first thing I remember is that people were calling my name...but they were very far away."

"Who were the people?" I asked her.

"I don't know. Maybe it was the nurse. It was dark. I was walking to this place, but I wasn't sure where I was. And then I saw a coffin."

"Where was it?"

"In a room."

"Did you recognize the room?"

"Uh-uh, but I knew the coffin was mine."

"Yours?"

She nodded. "I didn't know where the room was, but I knew it was my coffin. And I also knew that it wasn't my time to go."

"How did you know that?"

"There were two people in the room. A man and a woman. Bobby and Grace."

"People you knew?"

She nodded again. "Bobby was a friend of Brian's [her son]. He died three or four years ago. Of AIDS."

"And Grace?"

"She's my friend. She died this past year." Louise paused. "There was a light around both of them. Bobby did most of the talking, but they both told me that I was going to be fine—that it wasn't my time yet. They said I had to go back."

There was a long silence before I asked her, "Then what?"

"Then I woke up."

"How do you feel about this experience?"

"Okay."

"Okay? That's it?"

"Well, this happened to me before."

"What happened before?"

"Seeing people who have died."

"When?"

"Years ago. Brian was only a boy then. Nine or ten. I had another bad attack. Almost died that time, too. But that time, I kind of went out of my body, you know? I could see myself lying there. And I saw a real bright light. Irene was there."

"Another friend of yours?'

"Yes. She had died, too. Before me. Said that it wasn't my time—that I had to go back."

"Just like this time?"

"Sort of." She hesitated. "But that time, I knew why I had to come back. To take care of my three kids. This time, I don't know what I'm supposed to do."

"What do you mean?"

"I don't know what my purpose is this time—why I was supposed to come back."

"Did you *not* want to come back?"

"It's not that, exactly. It's just that..." She hesitated again. "It was such a beautiful experience. The most beautiful experience ever."

"Were you afraid?"

She shook her head. "I'm not afraid to die. I haven't been...for a long time. Since the first time."

There are many accounts of individuals who have been pronounced dead and yet "returned" to life. What is not known is the frequency with which these people have near-death experiences. Health science researchers are investigating the distinctions between clinical death and biological death, but few, if any, researchers are studying the paranormal aspects of this phenomenon.

While it happens rarely, I did have one subject who talked about seeing a young boy during his NDE who was still alive but dying of cancer. When the patient returned from his near-death event, he was reluctant to talk with the father of the child he had seen; the boy died shortly thereafter.

This type of experience is disconcerting to even the most level-headed, scientifically-oriented individual. During one of my presentations to an organization of physicians, I discussed this phenomenon, and a doctor in the audience stood and related to the group that one of his patients had recently seen *him* during an NDE. There was plenty of good-natured kidding from his colleagues, but it was quite clear that the physician was experiencing substantial anxiety as a result of that event.

There have also been reports of instances in which a patient will have a near-death experience, encountering a friend or relative who has died prior to the NDE but without the patient's knowledge. During the NDE, the patient is convinced that the person she encounters is now dead; when she awakens, through questioning of other loved ones, she confirms that fact.

Out-of-Body Experiences Not Associated With Near-Death Experiences

Out-of-body events have occurred to some people even when they are not near death. In one such example, Heather, who was 52 years

old when we met, talked about an incident that had happened 27 years before, during the birth of her eldest son:

"How many of the details do you still remember?" I asked Heather.

"It's really pretty clear, even after all this time. Doctor Mills was there with me... and a nurse. It was a very long labor. I was exhausted. I told them that I wasn't going to do it anymore."

"How long had you been in labor?"

"From eight in the morning to eight in the evening. It was really intense. I asked the doctor for some medication, but he said no—that I had to help myself. You know, 'You have to work at it.' That kind of thing.

"Of course, it never would have happened no matter how hard I worked, because the baby's head couldn't fit through my pelvic bones. But anyway...the labor was going on and on, and he was telling me to keep working at it. The pain was really severe, and I remember thinking to myself: I've got to get out of here. I mean, I was getting very nervous and..." She shrugged. "That was sort of the last thing I remember before..."

"Were you pushing?"

"Oh yes. Couldn't help it. I kept thinking that I had to get out of there—that I had to get away from that pain. And the next thing I remember, I was looking down on myself. I was on the ceiling, in the corner. Dave [her husband] asked me yesterday if I was going to talk to you about this from the ceiling." She fidgeted a bit. "You know what I mean? He made me feel a little strange. People kid about it, you know?"

"Do people kid you frequently?"

"Kid *me*? Oh no. I don't tell anyone about it."

"I thought you—"

"I mean, people laugh about other people who have any kind of out-of-body experiences. I didn't tell anyone. Except Dave." A long pause. "And now you."

"Nobody else?"

"Not in twenty-seven years."

That, unfortunately, is a rather common reaction. And, because of this reluctance to discuss OBEs, it is very difficult as a researcher to determine the actual percentage of unconscious patients who undergo out-of-body events. Heather went on to say:

"I felt great. Light...very light. And no pain at all. I could see myself, and I wasn't frightened anymore."

"Were they saying anything?"

"I couldn't hear them. There were sort of waves underneath me. Like heat waves, you know? They kind of shimmered. I kept thinking that if I stayed up there—above the heat waves and didn't go down below—that I wouldn't feel any pain. It was dead silent and soft...and no pain at all."

Heather talked about her reluctance to return to her body—her resistance to going below the waves, where she knew she would experience the pain again—and I asked her:

"When you were up on the ceiling, did you ever think that maybe you had died?"

"Nope."

"You felt like you always did?"

She nodded. "I was relieved and comfortable...and just like me. I didn't think, 'Oh, you're crazy.' I was me."

When we concluded the interview, I asked:

"Do you think this has affected your life in any way?"

"No, I can't say that it has." She paused. "Other than the fact that, to this day, 27 years later, it's absolutely clear. Whenever I think about it, I can feel the way I felt when I was in the corner of the room. Calm and peaceful and out of it. Away from the stresses of trying to have the baby."

Six other patients with whom I talked who also described being out of their bodies and looking down at themselves often reported being at peace. They experienced the absence of pain but not the emotions of love reported by NDE subjects. These non-NDE OBEs also described just their immediate surroundings.

For example, one man observed himself during a stress test and, like many such patients, experienced apprehension about being out of his body; he was anxious to return to his physical form. Unlike the descriptions in some parapsychology literature, none of my patients talked about a cord or any other connection linking their out-of-body essence to their corporeal forms.

Most patients who undergo such experiences are convinced that they were out of their bodies. They don't describe the events as psychological phenomena in the way that they might relate hallucinations or dreams. To them, the OBE was just another form of reality.

In Crookall's (1972) book, *Case-Book of Astral Projection 545-746*, several of the out-of-body astral projection events would, I believe, now be considered near-death experiences. A number of Crookall's subjects mentioned a feeling of peace and talked about travelling through a tunnel; they also discussed being given a choice or being told to return.

Definitions that clearly distinguish non-death-related OBEs from NDE/OBEs are necessary to avoid ambiguity in this area of research.

Near-Death Visits

A book entitled *Peak in Darien Experiences* (Cobbe, 1882) described dying people who were visited by friends or relatives who were deceased. Occasionally, these dying patients would talk about seeing someone whom they didn't know had died but had, in fact, passed away. In 1926, the classic *Death-Bed Visions* by Barrett recounted more of these events. In 1961, Osis did a survey of doctors and nurses, discovering that the medical personnel reported about 10% of their dying patients as having deathbed visions in which they talked of seeing someone from the hereafter who had come to help "...lead them across." Deathbed visions and near-death visits seem to be related phenomena.

Near-death visits almost always involve friends or relatives who have died. The patients see, hear, or sense these people and, in many cases, communicate with them, interpreting the presence of the visitors as having one or both of two purposes: to provide them comfort and support and/or to take them to "the other side". One patient who sensed her mother's presence was not yet ready to die and didn't want to go with her mother. A man who sensed his father's presence said that he could smell the chemicals with which his father had frequently worked; he felt as if his father had come to comfort him.

Another patient, 59-year-old Ronald, had gone into cardiac arrest at home and described his near-death visit to me:

"I was with my son-in-law, and I had gotten out of the chair I was sitting in and walked into the kitchen. I got light-headed, and that was the last thing I remember until waking up in the hospital—except for the experience."

"Which was...?"

"This was longer than the other one. My brothers and my father—all deceased—were standing above me. I wasn't lying down—I was standing up—and they were above me, like in a cloud, and they were waving me to come on. They were talking, but I couldn't hear what they were saying. I couldn't make out the words, but I could see them waving to me to come on, come on, and I was saying no, no, I don't want to go.

"And that lasted quite a while, or at least it seemed to last longer. Of course, I was out a lot longer. I went into arrest, and they called the emergency people, and by the time they came to resuscitate me, it was some time."

"What's the last thing you remember in the episode?"

"Saying no, no."

"When you had the arrest and could see your father and brother, were you out of your body?"

"No. I was still in my body. Lying down. Well, I wasn't lying down, I was standing up. They were up above me in the cloud, waving for me to come on."

"This was during the cardiac arrest, and you were standing up?"

"Yes, I was standing."

When I checked with other family members, I found that Ronald had indeed undergone the arrest much as he described, but at no time from the beginning of the attack to the arrival of the emergency medical technicians was he standing.

"And you felt like you were still in your body?" I asked.

"Yes, I did. I felt that I was still myself, and I was still in my body, and I wasn't going to give it up. That was the resistance. Of course, it's been so long that maybe I'm clouding it a little bit with my feeling now, but at the time I knew I was resisting going with them."

"Why?"

"I don't know. I tell myself now that I didn't want to go because they were dead—that's my interpretation of it—but at the time, I didn't know why I didn't want to go."

"It was your brother and your father?"

"Two brothers. I have two brothers who are deceased."

"How did they look?"

"Like they always looked."

"Had they aged at all?"

"They looked about the same as they did when they died. My father was quite elderly, and they were quite young." He was silent for a moment. "Now, my mother was deceased, but she wasn't there, which is strange."

"Do you have any idea why?"

"I really don't know. I thought about it a lot. She died a long time ago. I mean, many years before them. So maybe that's it. Maybe it's the span of time. I really don't have a lot of recall of my mother, but my father and my brothers...I grew up with them and had an adult life with them."

"You said that they were waving and talking."

"Yes, but I couldn't hear what they were saying. They kept waving come on, and I kept saying no. And that seemed to be a long time. I was out for something like thirty-six hours before I regained consciousness."

"Were they dressed?"

"Yes, in regular clothes, but the thing is, I couldn't describe them. I have tried to think about whether they were dressed in clothes of the time or in clothes of today or something like robes. I've tried to remember that, but I can't."

During my research, a patient reported having near-death visits from his mother and his sister. His mother had died some years before, but his sister was still alive when he became seriously ill. Upon awakening, the man asked his wife how his sister was. Not wanting to aggravate his condition, she replied that the woman was fine, even though, in reality, she had died while her brother had been near death. He continued to believe, in spite of his wife's insistence to the contrary, that his sister was dead.

Visions of the Grim Reaper

I interviewed two patients who reported seeing the Grim Reaper. One man said that he awoke after a cardiac arrest to find a dark, hooded, cold figure at the foot of his bed. He described the figure as a faceless man who was nonetheless frightening. When I asked him how he knew it was a man, he responded that he couldn't explain it—that he just knew. He said that he also knew that he wasn't bad enough or sick enough to go with this hooded figure.

Another subject—Arnold, to whom I referred earlier in this paper, encountered the Grim Reaper during his near-death experience:

> "I was the real Arnie. There was nothing spiritual about me. Down there was the old thing I travelled in—the carrying case that used to tote me around. I had no feeling for it. I was the real Arnie, up here."
>
> "Did you have arms and legs?"
>
> "I had my head and my right arm and my left leg. Bizarre. That's all I took with me, but I felt whole. I was up there physically, and I was connected, but there was space in between my head and my arm—and my whole body was gone except for the left foot. I was suspended up there—like floating."
>
> "Could you hear?"
>
> "No, I didn't hear anything. And, after making the decision that all of this was of no interest to me, I decided that I should do something else. I didn't know what else to do, but watching operations was not one of them. Upon making that decision...BAM...immediately I was engulfed in total, pitch black. The total absence of any color."
>
> "How did you feel in the middle of all this darkness?"
>
> "Scared. It was totally foreign to me. And then this entity came out of the blackness toward me, looking like what we'd call the Grim Reaper."
>
> "What *did* he look like?"
>
> "Skeletal. Yellowish. And it had moving robes. Now, I could've been conditioned to see something like that, but I never saw a Halloween costume that spooky. And there was a hand coming from the darkness, motioning for me to come toward it—toward the entity."
>
> "What was your reaction?"
>
> "I was frightened. But I was also thinking, 'Well, he's the only thing I can identify here...the rest is total black.' So I thought that maybe I should pay attention to his directions, until I began to feel that he was

trying to trick me into doing something other than I'm supposed to do. And through the telepathy, he indicated to me that I should be heading toward the light. Now, I had no idea what he meant by the light other than maybe as a child I remember hearing about that stuff where you go through a tunnel and everything, but I never believed in any of that. But he said I should be going toward the light, and I thought that he was making some sense."

"Can you describe him in a little more detail?"

"A skeleton. A skull...incessantly chattering. The teeth moving all the time. It was yellowish with the typical black eyes. There was a black cloak, constantly moving; it was illuminated by its yellowishness. The hands were skeletal—just bones—and motioning for me to come toward it.

"Then, he swirled his hand in the air," Arnold said as he made a circular motion with his own hand, "and made kind of a light area, like a tunnel. And he said, 'Go in there,' and I said no. That wasn't what I was supposed to do. I think anyone with the IQ of a turnip would have known that it wasn't a real light. He just made a hole there, and out of nowhere, he produced some yellow, acrid-looking stuff that he threw in the hole and swirled it around. And he said, 'You have a golden light. Go to it now.' But I refused.

"And when I refused, the darkness left, and I was in a domed, lit-up area, like an amphitheater. Everything just lightened up, and I wasn't scared anymore, just hanging in this area."

It is possible that the appearance of the Grim Reaper is a natural extension of the myths about death to which most adults are exposed. However, following one of my presentations about my research, a woman from the audience talked with me about having seen a dark, cloaked, skeletal figure at the foot of her bed when she was sick with polio. At the time, she was only six years old. The figure was silent, and when she made it clear that she didn't want to go with him, he slowly faded away.

Very little has been written about the Grim Reaper in conjunction with near-death phenomena. A few articles in *Fate* were the only sources I could locate (Chorvinsky, 1992, 1993).

Summary

Documentation of these experiences does not answer the questions posed by parapsychologists for years: does the "spirit" or "essence" of the patients actually leave their physical forms and travel elsewhere? Do these people really encounter the Grim Reaper and/or deceased friends and relatives? Or, do they just imagine all of it?

Much more research needs to be done to answer these questions with any sense of certainty. There are, nevertheless, several conclusions that I have drawn from my study.

1. The medical community needs to be aware of the frequency and the impact of these paranormal events. The acceptance by doctors and nurses of these patient experiences would substantially improve the interaction between the two groups, which would, in turn, lead to more effective patient recovery.

2. Loved ones of the patients involved in these paranormal events not only need to understand the reality of the experience to the patients but should also recognize the long-term effect that such events can have on the participants' lives. People who have undergone a near-death experience very often view death—and, as a consequence, life—in an entirely new light. This change in perspective can have a profound impact on the ways in which a paranormal participant approaches his or her job, family, and relationships.

These loved ones should also create a caring environment in which the prior patient feels comfortable talking about the event that has been experienced. Heather, who was very uneasy when telling her husband about her OBE, should not have had to wait 27 years before talking about it with another human being.

3. The paranormal participant needs to realize that he or she is not so unique—that these experiences occur hundreds of times a day around the world to normal, well-adjusted children and adults. The ability to discuss the paranormal events freely and openly is essential to a healthy mental recovery for the prior patient.

Although my study encompasses a limited number of patients within a specific geographic area, I still think that it is representative of paranormal events experienced by hospital patients everywhere. I also believe that more investigation needs to be done to analyze the true

nature of these events and that the possibilities for paranormal research are greater now than they ever have been. We now know, for instance, that a group of cardiac patients is likely to have a certain percentage of near-death experiences, presenting increased opportunities for study of these events.

Until we are able to more accurately define "what really happens", we must recognize the reality of the event to the participant and acknowledge that reality. Only then will we become an aid rather than an impediment to the patient's continuing recovery.

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DISCUSSION

GROSSO: On the question of evidence of life after death, I think most people would agree this is not the strongest in terms of categories, although subjectively it is for those who have the experience. But there's one item that I would like you to comment on in terms of

possibly implying, suggesting, or supporting the notion that these experiences are related to survival, and that is the fairly consistent reports that people either having near-death experiences or having deathbed visions tend to see primarily people who are already dead. I think Karlis Osis made that point in his study of deathbed visions. You would think that if folks were just hallucinating they would hallucinate both the living and the dead. I would guess they would hallucinate people who are emotionally close to them, their spouses, immediate family, and so on. But there does seem to be that consistency of seeing apparitions of dead people and often people that they didn't know were dead. That makes it even more provocative. Do you have any comments on that?

LAWRENCE: I would agree that in general that is true; people who have near-death experiences do report seeing people who have died. Occasionally, however, they do see people who are living, but they know that they are living. They make a clear distinction between the ones that they know have died and the ones that they know are alive. In one of the cases I had the person saw a young boy during his near-death experience. He knew he was still alive at the time. But he knew, also, that he was going to die. When he came back, he was very troubled about whether to say anything to the family. The boy did subsequently die. But they do make the clear distinction about what state those people are in.

PALMER: I have a couple of definitional quibbles. I'm not sure that the term "unconscious" is really what you mean. Under the heading "unconscious" you list things like "feeling fine" or "having limited awareness". "Unconscious" means nothing is going on. So, maybe you want to use another term there.

Also, you seem to be putting near-death experiences and out-of-body experiences at the same level of description. I think a better way would be to treat near-death experience as your umbrella category, as any anomalous experience that occurs at the time of near-death, and then things like out-of-body experiences and near-death visions become sub-categories of that.

LAWRENCE: The unconscious description that I used is actually the patients' description and from a phenomenological point of view, which is really what I was trying to do. That was how they described

it when they were unconscious—that there was nothing. I don't disagree with what you're saying. But from the personal point of view of the experiencer, they will describe being unconscious as nothing coming in from the outside and maybe some sense of themselves. I agree with your next statement in terms of the category. I think in some ways it's unfortunate because near-death experience, or NDE, is now used to describe people who have this euphoric feeling, go out of their bodies, go through the tunnel, etc. Maybe if we called it "around-death experiences" or something. Unfortunately it has already been named with a very broad term.

ROLL: What definition in a broad way?

LAWRENCE: For most of the people who do the research—Ken Ring, Raymond Moody, Bruce Greyson—the near-death experience is typically descriptions of people who have gone through the tunnel, etc.

ROLL: I thought they would include OBEs.

LAWRENCE: A near-death experience can include an out-of-body experience as part of it. But then there are some patients who are close to death or who become unconscious, who also can have an out-of-body experience that is not associated with this near-death experience. We haven't clearly defined the distinction between a plain old ordinary out-of-body experience and this whole phenomena called NDE.

ROLL: Maybe you should do that in your paper because it really is seriously confusing.

LAWRENCE: It's interesting because I tried to do that. I was doing research at the Eileen J. Garrett Library not too long ago to try to look at some of the case studies of astral projection. Some of those now, I think, would be classified as near-death experiences because they talked about this feeling of peace and going through the tunnel. Those are very old descriptions, but now I think they would be called probably something different.

PALMER: There are a couple of things you mentioned about near-death experiences that also apply to other altered states of consciousness. For example, in parapsychology we have a procedure that we use to try to facilitate free response ESP called the ganzfeld. It is a short-term sensory deprivation procedure where we put ping-pong balls over people's eyes, have them look into a red light, and listen to a pleasant version of white noise. I mention this because it's very

common in that experience for people to mention time distortions. Either time does not seem to exist, or it is distorted in some way. It varies exactly how that manifests from one person to another. Also, there have been some extensive case studies and surveys, one of which I did, which included out-of-body experiences that were not necessarily near-death experiences or part of near-death experiences. Telepathic experiences in conjunction with OBEs were reported relatively frequently, with something like 8-10% of the OBEers in our survey. They might have included some near-death experiences also; we didn't make that distinction. A lot of the people who have extensive out-of-body experiences and report them or write books about them will report telepathy, as well. The case that you mentioned about a person actually being dead and having a near-death experience, if true, is a dualist's dream. If this could be very firmly documented, it certainly would get me rethinking my position. I just wonder (and here is my own ignorance) to what extent we can really say that a person is brain dead because they have no pulse, could it be that the brain is still using its residual oxygen? I don't know the status of that. I think this gets back to the point we were making earlier: What do we mean by "near-death"? Because this evidence is potentially so valuable, it is a very important thing to try to pin down.

LAWRENCE: I completely agree with your last statement. There was a report of someone in New York City who had actually been taken to the morgue. I called. I tried to get the doctors to give her a message that I wanted to interview her to see what would happen. Some health care professionals are reluctant to have people talk about it because they feel they have made a mistake, that this was a misdiagnosis. It could very well have been; or, it could be something else. But you are kind of closed off to that. I think that is another avenue that certainly is very ripe for exploration.

TAYLOR: On this example you have given of the person who had no pulse, no activity for 20 minutes, I thought of a comparable situation that might be near it. This is the phenomenon of pit burial. A person who is advanced in yoga practice is able to consciously influence his or her metabolism and to lower it to such a rate that they can experience deprivations which are considered anomalous to physicians who are in the waking state looking at them. There is some

conservative function, some hibernating response that the person was able to get some kind of conscious control over. It is very obvious that if this can happen during training and the person can emerge completely intact, it could spontaneously happen with some of these other cases.

On a different point altogether, I would like to speak to the term "unconscious," since John brought it up. Hallowel Davis, the famous physiologist, had to sit in for John Cunningham Lilly one time, moderating a panel on consciousness. Of course, Lilly was the dolphin man who studied altered states. Davis was an arch proponent of reductionistic science. When Davis gave his own definition of "consciousness" he did so from the standpoint of a laboratory physiologist. For him, the range of consciousness simply went from coma to hyper-excitability. There was no mention of the unconscious. There was no reference to a language of transcendence as far as altered states were concerned. So, we have this one definition of consciousness within the context of medical science physiologically linked. Another definition is historical, Freud derived his understanding of the unconscious from his reading of Arthur Schopenhauer, Eduard von Hartmann, and philosophers of the English tradition, like Edward Carpenter and Henry Maudsley. Meanwhile, he appropriated the ideas of Jean-Martin Charcot and Hippolyte Bernheim. Freud then superimposed the results of his own self-analysis onto a radically different French view of inner experience. So, we have the word "unconscious", referring to many of the dynamics that we associate with psychoanalytic theory, as opposed to the word "subconscious" or "co-conscious phenomena" which originally came from the French tradition and had been dominant from about 1880 to 1920 in world psychotherapy. Psychopathologists, as they were called, presumed, using F.W.H. Meyers's ideas, that we had within us multiple states of consciousness both lower as well as higher than normal, everyday waking awareness. Consciousness was not equivalent to awareness. You could be unconscious of another state, but it could be superior to the one that you were presently in and it could be more conscious in that sense from a linguistic standpoint. They rejected the term "unconscious" because it gives a pejorative connotation to all other states than the waking condition. Theorists who believed in multiple

realities thought the waking state was really rather inferior and did not deserve to be elevated. Morton Prince, for instance, according to the theories of Ivan Pavlov and Pierre Janet, developed the idea of co-conscious states. He was trying to say that we are aware in the state that we are in at the moment and yet surrounded by other possible conditions which are active and influential, although hidden from view. I bring this up because it points to a rather striking difference between theories of personality in terms of the way they describe the experience of consciousness. Without taking these differences into account, you cannot lump different concepts together and presume we are all talking about the same thing.

LAWRENCE: I agree with what you are saying.

TAYLOR: Doctors tend to protect themselves by strictly adhering to the positivist approach of physiology and not bringing in any philosophy or metaphysics which it appears that you have also wisely done as far as presenting data on anomalous phenomena to that audience.

LAWRENCE: To go back to your first comment, I did look at people who had meditated, lowered their blood pressure, and looked like they were hibernating. One of the things that comes out is that there is some blood pressure, at least the few of the studies I could find where they actually did do some kind of physiological measurement. In this particular case, because this person went into what we call cardiac arrest and into cardiogenic shock, she had an actual catheter in her heart where they could measure how much blood was pumping out and what the oxygen levels were. While that doesn't really measure what is happening in the brain, it certainly is a good indicator in terms of what has happened in general to the body. There was no response. There was no connection between what was happening with her heart and in her circulatory system. She is a phenomenal case in terms of why this woman survived. There is no current good medical explanation for why this woman survived. She should not have been able to survive, and yet she did. Could hyperoxygenation explain this? It doesn't fit the current paradigm.

TAYLOR: Suppose she was denying them information only at the site where the probe entered the body?

LAWRENCE: Well, it could be.

OWENS: I have a question about the documentation you have on the case where her heart stopped for ten minutes?

LAWRENCE: She was in a code for 20 minutes where they called the code and then the team came. Then they hooked her up to the ventilator. She already had a catheter in her heart before that. But it was a 20-minute code and a 10-minute lapse before they came back.

OWENS: So, you have an EKG for ten minutes with no activity?

LAWRENCE: No, that we don't have and I think that is a problem. She wasn't breathing because they were there working with her. They shut all the machines down after they called the code. They were getting her ready because they had called the family. The doctors were writing out the death certificate. What they noticed was all of a sudden she took a breath. Before that she hadn't been breathing spontaneously.

OWENS: Apparently.

LAWRENCE: Apparently. Right.

OWENS: Yes, it is a problem.

LAWRENCE: There's no doubt about it.

OWENS: I have worked very hard to get really good medical documentation of patients who have been presumed dead and it's very difficult to get.

LAWRENCE: It is a problem. I think she had what they call an EMD arrest. During the arrest procedure the documentation is really very good. You want them to keep the EKGs on after they pronounce them, but they are not going to do that because most people don't come back. This was obviously an exception.

OWENS: I totally agree with you about the problems of defining a near-death experience. I think most researchers are well aware of these problems, the inclusion and exclusion criteria, and really have wished the term had never been thought of. If there was any way that we could get rid of it, we would. It is just very difficult to get rid of catchy little phrases like that. It is a real problem.

LAWRENCE: I did have one patient that I interviewed in the pilot study who had a near-death experience during a healing session. The healer went to him and he fell back. During this time he had what would be typically called a near-death experience but nobody knew that he was "near death". I mean, he was just passed out like the other people there. But he saw everybody, went through the tunnel, and had

the very typical experience. I think this is not a phenomenon that just happens when people have a cardiac arrest. There are other instances where another name would be useful. I don't know what we would call it but it would certainly be a lot more appropriate and would help us define some of these phenomena better.

BRAUDE: I have a couple of concerns about the way we are talking about hallucinations here. A number of issues come together. First of all, I would like you to say something about how near-death or unconscious hallucinations are different from ostensibly paranormal experiences that might be hallucinatory. You said they were clearly different. I also question, contrary to what Michael said about Karlis Osis's claim, that people having near-death experiences would, if they were hallucinating, see people both dead and alive. I think we have to keep in mind that hallucinations, when they occur, are likely to be intelligently guided. I mean, they are not totally random. They occur within a context of needs and interests. One way to clearly see that is to study people suffering from multiple personality disorder who are virtuoso hallucinators and whose hallucinations quite clearly satisfy various rather obvious needs and interests. I think we need to keep that in mind in studying them in the context of NDEs.

Lastly, in connection with the Grim Reaper, I'm not sure why that's even ostensibly paranormal. It seems to me that it would be unlikely for someone having a near-death experience, say in Bali or Beijing, to be having that particular experience under those sorts of circumstances.

LAWRENCE: I agree with you on that last point. But I also think it would be even unusual in our culture to have a six-year-old have that experience. Maybe not. But that was a young person. The thing that is interesting about the Grim Reaper is that we have tried to find reference sources since it is such a common phenomenon. I'm sure that anyone in this room wouldn't have any trouble conjecturing, or drawing a visual picture of what that is, even though I didn't have a slide on it. Yet, we have had a lot of difficulty trying to find anything written about it.

BRAUDE: You see it in cartoons.

LAWRENCE: Joanne McMahon sent me one cartoon. But it's not common. You would think there would be a book that was called *Grim*

Reaper because it's such a common myth in our society. The only place I found anything written about it was in *Fate* magazine.

BRAUDE: I meant TV cartoons.

LAWRENCE: Maybe that's where this six-year-old saw it. I agree with you. I don't know what that means. I have no idea. It could very well be a cultural phenomenon. In terms of your question about hallucination, I used a very classical description that is more common in medicine. A hallucination is seeing something that is not there. For example, the man who saw blood running down his wall that clearly wasn't there. Now, when the patient who had the operation was watching and telling people what he saw, at least from what we could tell, he was describing what was there. Now, maybe he misinterpreted it but what he saw was really happening. I would say more patients, as a kind of side phenomenon, have what I would call delusions. They think people are out to get them, which is more of a psychological phenomenon. They think they are part of an experiment or they are being held captive by spies, especially if they have foreign people taking care of them. So, you have a whole range of what has been typically called pathological phenomena which is very distinct in terms of the descriptions from these kinds of experiences.

GROSSO: I agree with Steve that hallucinations are probably governed by need. And that is exactly why I'm surprised that there is a consistency in the hallucinating of deceased people. You would think that a person undergoing a crisis of near-death, one of their needs would be to "hallucinate" those who are close to them now—the living. It seems to me that would be a strong need. But in point of fact, you don't get that type of response at all. I do agree with the need factor. I think it is very crucial. But that only strengthens my point. In my opinion that is highly suggestive evidence. I'm just surprised that there is that consistency in hallucinating the deceased as opposed to the living who one would expect one would need to see in a crisis.

OWENS: I just wanted to make a quick comment that there are many cases of near-death experience where there are living relatives.

GROSSO: Are hallucinated?

OWENS: Yes, living and deceased.

GROSSO: As far as I know the literature, there seems to be a preponderance of...

OWENS: The statistics and the frequencies are really hard because of the selection problems. But I've seen enough cases of living relatives appearing in NDEs that I wouldn't make very strong claims about the lack of them.

GROSSO: Oh, they are there but not a preponderance.

OWENS: Not a preponderance, but they are not rare either.

GROSSO: Also, in the Osis study of deathbed visions he found a significant difference between those hallucinations of the living and those of the dead. So, that is the basis of my comment.

OWENS: He did a statistic on deceased versus the living?

GROSSO: Yes, he did.

PALMER: Even assuming that you are right on the data, Michael, you can argue that the other way. It's a myth in our culture that when we die, we go to heaven and we meet our deceased relatives there, particularly if we are very close to them. It might be something we are desiring or looking forward to.