



Edited by

European Transpersonal Association

(EUROTAS)

Maskavas iela 222c-1B

LV 1019 Riga

LATVIA

Centro para una psicología de la consciencia

(OXIGEME)

Vicente Ferrer, 16

28004 Madrid

SPAIN

Special Issue on Near-Death Experiences

How I Came to Spend My Life Among the Once Nearly Dead:

A Personal Retrospective

Kenneth Ring

2

Straight Talk About The Near-Death Phenomenon

P. M. H. Atwater

11

Electromagnetic Aftereffects of Near-Death Experiences:

A Preliminary Report on a Series of Studies Currently Under Way

Cheryl Fracasso and Harris Friedman

34

**Near Death Experiences and other transpersonal experiences
among women during childbirth**

Kersti Wistrand

56

¿Son las experiencias cercanas a la muerte (ECM)

la base empírica que demuestra la existencia del alma?

José Miguel Gaona Cartolano

72

How I Came to Spend My Life Among the Once Nearly Dead: A Personal Retrospective

Cómo llegué a pasar la vida entre los que un día estuvieron cerca de morir:
Una retrospectiva personal

Kenneth Ring

University of Connecticut
Storrs, Connecticut, USA

Abstract

This article describes the arc of the author's career that led to his major research studies dealing with the near-death experience (NDE). It begins by recounting his inadvertent ingestion of LSD that led him to experience a state of consciousness that he was later to understand had some significant elements in common with NDEs. That experience eventually resulted in his becoming involved in the then emerging field of transpersonal psychology, and then, a few years later, to his work in near-death studies. Shortly afterward, he was to meet the pioneer of NDE studies, Raymond Moody, and not long after that, together with some fellow NDE researchers, the author established The International Association for Near-Death Studies (IANDS). The article then reviews his major publications on NDEs and then, after his retirement from the field for ten years, the article concludes by narrating his surprising return to near-death studies and briefly reviews the preliminary findings from his current NDE research project.

Keywords: Kenneth Ring, lsd, transpersonal psychology, near-death experiences, International Association for Near-Death Studies (IANDS)

Resumen

Este artículo describe la trayectoria que ha llevado a su autor a una importante carrera internacional como profundo investigador de las Experiencias Cercanas a la Muerte (ECM). Éste comienza relatando su involuntaria ingestión de LSD, la cual le llevó a experimentar un estado de consciencia tal, que más tarde entendió como similar al que se experimenta cuando se tiene una ECM. Ésta experiencia le llevó finalmente a entrar en el emergente campo de la psicología transpersonal, y más tarde, a los estudios sobre las experiencias de cercanía a la muerte. Más tarde conocería al pionero de los estudios sobre ECM; Raymond Moody, y poco después junto con algunos compañeros investigadores de las ECM, fundaría la Asociación Internacional sobre Estudios de Experiencias Cercanas a la Muerte (IANDS). El artículo también revisa sus principales publicaciones sobre el tema, y cuenta cómo después de retirarse y dar por finalizado su trabajo en este campo durante diez años, vuelve a él sorprendentemente y sin esperarlo. Además, para finalizar, comenta algunos de los resultados preliminares sobre su actual investigación en un proyecto sobre ECM.

Palabras clave: Kenneth Ring, lsd, psicología transpersonal, experiencias cercanas a la muerte, Asociación Internacional de Experiencias Cercanas a la Muerte (IANDS)

Received: 22 June 2012
Accepted: 14 September 2012

Biography

It all began with two little purple pills. But they weren't Nexium.
They were two LSD capsules, but I didn't know that then.
I had better back up and explain.

In the early 1970s, just after I had turned 35, I was a newly appointed full professor of psychology with tenure at the University of Connecticut. And I was discontented. Not with my personal life, but with the field of social psychology in which I had been trained and hired to teach. I had recently published a critique of experimental social psychology, castigating it for the pursuit of merely clever and flashy research of the "can you top this" variety, which did not make me many friends. In any event, I was suffering from a sort of early career crisis, having become disenchanted with this domain of psychology.

In March of 1971, when my wife and I went off to the Berkshires to celebrate our anniversary, I happened to pick up a book that my wife was then reading – Carlos Castañeda's first book, *The Teachings of Don Juan*. It looked intriguing and after she had finished it, I read it.

I was then a typical Jewish professor – wedded to rational thought, committed to science and atheistic in my worldview. I had no interest in religion and very little knowledge of mysticism. But I was open to new experiences, and what had particularly excited me about Castañeda's book was his discussion of what he called "seeing the crack between the worlds," which he had apparently effected through the use of mescaline.

At the time, I had never considered using psychedelic drugs and my only familiarity with anything close was having smoked marijuana a few times. But since I had never been a smoker, even that was difficult for me, and my experiences with it, though of the usual kind, did not have any particular impact on my life.

Nevertheless, since there was a colleague in my department at the time who I knew was familiar with psychedelics, I approached him to tell him about my interest to take mescaline and why. He had read Castañeda's book and knew what I was after.

I came to the point. Could he provide me with some mescaline? He could.

By then it was early May. The semester was just about over. He told me not to read anything further on the subject and just come to his apartment on the following Saturday.

That day turned out to be a rare beautiful sun-splashed day with everything beginning to bloom. My colleague lived at the edge of a forest. He suggested that I take the mescaline in his apartment, wait just a bit and listen to music and then go outside and into the nearby woods.

And then he gave me two purple pills to ingest.

I did not know my colleague well, and as I was soon to find out, he was not only impish, but embodied the trickster archetype. While he gave me to believe I was taking mescaline, he had actually given me 300 micrograms of LSD.

I will not bore you with an account of the next twelve hours. Suffice it to say that all the pillars of my previous ontological categories soon began to crumble into dust. At the time and afterward I realized that this was the most important and most transformative experience of my life – and forty years later, I still feel the same way. Nothing could ever be the same.

The one portion of the experience I will allude to here –because it eventually led me to the study of near-death experiences– took place when I was sitting on a log near a stream in the woods. I don't know how long I was there, but at some point for a moment outside of time I –except there was no "I" any longer– experienced an inrushing of the most intense and overwhelming rapturous LOVE and knew instantly that this was the real world, that the universe, if I can put this way, was stitched in the fabric of this love, and that I was home. However, again I have to repeat: There was *only* this energy of love and "I" was an indissoluble part of it, not separate from it.

I spent the next three years trying to come to terms with what had happened to me.

Before this, I had been very active as a young professor, I had published a fair amount, I had been promoted pretty fast and I was the head of my division of social psychology and served on important departmental committees, etc.

Afterward, I didn't publish anything for three years. During that time, I was engaged in a spiritual search for understanding, and there were consequences.

My wife could no longer relate to who I was and to the kind of company I was keeping, which eventually led to a very painful and traumatic divorce. My departmental colleagues didn't know what to make of me either. A very distinguished clinical psychologist, who had always taken an avuncular interest in me, put his arm around me one day and said, "We're just waiting for you to come back to us, Ken."

I never did.

At that time, there was a graduate student in my department named Bob Hoffman who, I soon discovered, was engaged in a similar quest of his own – a search for a new identity since mine had effectively been sundered. It was Bob who introduced me to the work of the English Theosophical researcher, Robert Crookall, whose books discussed phenomena that were, as I would only later realize, cognate to what would come to be called near-death experiences. And in 1972, Bob drew my attention to an article by the psychiatrist, Russell Noyes, entitled "The Experience of Dying," which recounted several examples of near-death experiences, though again that term was not yet in use. I remember how much these accounts affected me – I think in part because I recognized that they were describing revelations similar to those that had come to me during my LSD trip.

Also in that same year, Bob told me about a conference that was to be held up in Amherst, Massachusetts, on something called "transpersonal psychology" of which I had never heard.

"I think we should go to this," said Bob. And since Bob was leading me by the nose in those days, I quickly assented.

It was then that everything started to come together for me. As my LSD experience had been pivotal for me, so this conference would be.

I don't remember all the speakers who gave presentations that day – I do recall Stan Grof and Joan Halifax, Jim Fadiman, and I think Ram Dass may have been there as well, and maybe even Stan Krippner – but I do remember my feeling of joy at discovering all these eminent professionals had been through something similar to me (only of course in far greater depth and with a level of erudition that was so much beyond my ken – or Ken – that they were like intellectual heroes to me) and had built new professional lives for themselves which had stemmed from their own psychedelic experiences. And more – that I was, without having known it, a transpersonal psychologist! I had contemplated leaving the academy and psychology altogether, but now I saw I could remain a psychologist after all. Except I would have to teach a new way, learn a new subject and somehow undertake research in this emerging field of transpersonal psychology.

I returned to the university on fire. I was starting over.

Fortunately, I had a fair degree of freedom to teach at least one course of my own design, so I put together a graduate course on transpersonal psychology and offered it the next academic year. It attracted an unusual assortment of students and even a couple of professors as well as a Catholic priest.

One of the students was a rather hard-bitten and stand-offish lesbian. Unlike most the rest of the students, she rarely expressed any emotion in class but was, on the contrary, rather phlegmatic and stolid. During one class, toward the end of that semester, I was reading some accounts of people's experiences of dying from the article by Russell Noyes, and I looked up to find that this student was sobbing uncontrollably. I think that was the first time I realized how powerful these stories could be.

In any event, over the next few years, my involvement and investment in transpersonal psychology continued to grow, which did not please my colleagues, but since I now had tenure and was a full professor, there was little they could do but shrug their cold shoulders at me or look at me somewhat sourly as if I were guilty of having left "real psychology" behind as well as my senses. They were, of course, right about that.

During that period, I made several extended trips out to California, then the epicenter of the nascent transpersonal movement. It was then that I was able to meet and spend time with many of the luminaries of the field, including Tony Sutich, now no longer much remembered, but then venerated as one of the two progenitors of transpersonal psychology (along with Abraham Maslow). I can still vividly remember when Tony, who suffered from severe rheumatoid arthritis, was once brought on stage at a

transpersonal conference, still lying supine on a gurney of sorts, and placed behind a speaker who was giving a lecture. It was during these years, the middle 70's, that I also met and in most cases was befriended by many others who played significant roles in the development of transpersonal psychology – Stan Grof, Joan Halifax, Charley Tart, Jim Fadiman, Jean Houston, Stan Krippner, and others too numerous to mention.

And naturally as a result of these contacts and conversations, and my continued study and personal explorations of what Charley Tart had famously labeled “altered states of consciousness,” I began to publish some articles in *The Journal of Transpersonal Psychology*, speak at conferences, the usual....

I don't have the space here (and you won't have the patience to read it) to continue to provide an account of my “spiritual adventures,” so to speak, and related professional pursuits over the next few years that eventually led me to the study of near-death experiences, so let me just fast-forward to the spring of 1976. I was sitting outside my house, just after the spring semester had ended, and was reading a little book that I had come to my attention through a journal review by a new friend of mine. The book had been brought out by a small publisher in Georgia and was entitled *Life After Life*.

Written by a psychiatrist named Raymond Moody, Jr., it was an anecdotal account of what Moody dubbed “near-death experiences.”

By the next year, after it had been picked up by Bantam Books, it was an international bestseller and the term near-death experience had entered the language of ordinary discourse.

I am holding a copy of the book now and I see all the excited marginal notes, exclamation points and underlinings that I made at the time. What I remember thinking was:

“This is it!”

I knew that I wanted to find a way to do research that would help me understand what had happened to me during my LSD trip – and that my own spiritual explorations weren't sufficient for me. I had always enjoyed doing research and needed to find a way to satisfy that need of mine. I also knew that I was not cut out to be a “druggie,” and that for a multitude of reasons psychedelic research was not an option for me. And from reading Moody's book, I could see, with increasing clarity, that his near-death experiencers had indeed encountered the same realm – and so much more – that had so shattered me. I could learn from them. They would be my teachers.

You see, I was never interested in death *per se*, much less with the question of life after death. What animated me and drew me to study near-death experiences was my desire to understand the *state of consciousness* and the transpersonal domains that I had begun to experience when I took LSD. Even then, of course, I could understand that NDEs were a kind of transpersonal experience in their own right since, according to Moody's account of them, they clearly transcended space, time and ego. Thus, researching NDEs, I immediately saw, could marry my spiritual search with my work as a transpersonal psychologist.

By the time I had finished Moody's book – indeed *before* I had finished it – I already had fleshed out the kind of research I would do. I intended to do a *scientific* study of near-death experiences by interviewing many people who had come close to death. These I would find by making contact with various hospitals in Hartford. I wanted, if possible, to bolster Moody's findings by moving beyond anecdotes to a systematic scientific study and analysis of the near-death experience and to help bring the phenomenon to the attention of scientists and other professionals.

At that time, I always had a kind of coterie of students who were interested to take my classes and just “hang out” with me. And as it happened, a number of them approached me then and asked me, in effect, “what I was up to.” I told them, and they all signed on. I had a “research team” form around me almost spontaneously, and after that every door opened for me without my hardly having do more than put on my hand on the doorknob. It was as if almost as if it were all ordained.

So in short order, I wrote up a grant proposal for the study I had in mind, got it funded, approached various hospitals in Hartford, secured their permission, designed the instruments for the study and with my research team, set out to interview as many people as I could find who had been referred to us because they had come close to death.

I wound up doing most of the interviews myself for thirteen months, beginning in May of 1977, during which time I bombed all over Connecticut and pretty much burned out my old Chevy in the process. Ultimately, we had more than 100 people in our sample.

By the following May, I remember sitting outside at a picnic table going over my data – by hand. (Those were the days even before computers!) My girlfriend at the time popped over that day and I remember telling her in exactly these words: “I’m sitting on dynamite. People are just not going to believe this!”

Well before this time, however, there was already another event that was to prove to be a decisive turning point in my life as a fledgling NDE researcher.

I was in my kitchen, stirring some cream sauce when the phone rang. Still stirring the pot, I reached across for the phone and heard an unfamiliar voice on the line speaking with a southern accent.

“Hello, Ken? This is Raymond Moody.”

“No shit?” I replied.

I stopped stirring my cream sauce.

Raymond wanted to invite to Charlottesville, Virginia, where he then lived, several researchers whom he had heard were following up on his work, and someone had drawn his attention to me. That someone – a sociologist colleague of Moody’s named John Audette – would soon be in touch about the arrangements, but meanwhile Raymond was hoping I could come down.

Could I!

On November 19, 1977, one of my research associates, Sue Palmer, who had been of inestimable help to me in carrying out my original research, and I loaded up my car and headed down to Virginia where I would meet not only Raymond, but several other professionals who were to play key pioneering roles in the development of the field of near-death studies – in particular, Bruce Greyson, Michael Sabom and John Audette, all of whom were to become close colleagues of mine. Everything of importance really began from that first meeting.

By chance, or perhaps not, I happened to have lunch recently with an old friend from that time in my life with whom I was then in correspondence. When we met, she told she had a surprise for me. It turned out to be a letter I had typed out (badly, as I could see) that I had sent her just after returning from that historic – at least for me and for the study of NDEs in general – visit. Here is just a brief excerpt, which will give you a feeling of my state of mind at the time:

I just came back from Virginia where I met Raymond Moody (author of Life After Life) and other researchers interested in near-death experiences. We formed an association and several of us are going to apply for a large grant in order to extend our work and begin to apply it. I guess you could say we have big plans, but we are going to start with one thing at a time, beginning with the research....

There must be a cosmic conspiracy to get me – these interviews [with NDErs] are starting to affect me....I am going to have to write this out sometime before I start losing the threads of the argument, but the more I get into this, the more miraculous it all seems to me and the more important the giving and sharing of love is. At the highest level of ethical conduct, it is of course only love which is left. This no longer seems like a platitude to me, but the ineluctable result of any serious inquiry into life. The basics are so simple that any child can understand them, but some of us take a long time to re-acquire the insights of childhood.

Some months later, in August, 1978, Greyson, Sabom, Audette and I established an organization to further the professional study of NDEs, which Audette headed for a couple of years. Late in 1980, he asked me if I would take it over and run it “for a year” while he devoted himself to NDE research. I agreed, but with conditions. I wanted to re-name it and call it The International Association for Near-Death Studies (IANDS), make it into a dues-paying membership organization, establish a headquarters for it at the university, found a scholarly NDE journal, etc. All of which I was able to do, thanks to the support of Greyson and Audette, the kindness of my department head who found space for an office, and

the invaluable assistance of a core of student volunteers who helped me set up and run the organization, which I did, at least for a time, as my personal fiefdom. We had fun!

That same year, 1980, I published *Life at Death*, and over the next twenty years or so, I wrote four other books on NDEs and scores of articles on the subject. I don't really want to rehash my work here, but I suppose for the record, since this journal focuses mainly on empirical research, I should at least say a bit about my NDE books.

Life at Death (1980) was a study of 102 persons who had been close to death, about half of whom reported a near-death experience. I think it is generally regarded as the first book to present a scientific study of NDEs. (I thought it might even impress my colleagues that I had done a fair amount of statistical work for this study, including an analysis of covariance). In that study my basic findings were to confirm Moody's basic model for NDEs but to conceive them as consisting of five major stages: a sense of great peace and well being; separating from the body; entering a dark space; encountering a light; and an immersion in light. I was also able to show that the nature of the NDE was much the same no matter whether it had been triggered by an illness, an accident or a suicide attempt.

Heading Toward Omega, published in 1984, was essentially a study of the aftereffects of NDEs and a consideration of their possible implications for the evolution of consciousness. That was, I think, the first study to report what is now recognized as a common pattern of aftereffects, viz., a greater appreciation for life, an increased compassion for and love of others, a decrease in materialistic values, a stronger sense of spirituality, and so forth. At the time, I argued that these changes might provide a catalyst for the emergence of a higher consciousness for all humanity.

The Omega Project, which came out in 1992, after I had divagated from NDE research into the vexed and even more controversial area of UFO studies, involved a comparison of NDErs and those who had reported some kind of UFO experience. I found surprising similarities between the two groups, both in terms of their childhood experiences and the aftereffects of their extraordinary encounters. Of particular interest was the fact that both groups reported a higher incidence of child abuse, compared to my control groups, as well as a greater sensitivity to altered states of consciousness prior to their NDEs or UFO encounters. I postulated the existence of what I called an "encounter-prone personality" to account for these findings.

Some years later, in 1998, I published a kind of summing up of my work on NDEs in *Lessons from the Light*, which was an attempt to distill the essential "teachings of the NDE" for a general audience. My thesis and, I think, the major contribution of this book, was to suggest that as people – and they number in the millions, of course – became familiar with the findings and implications of NDE research, they may well begin to exemplify some of the same aftereffects as NDErs themselves, implying that the NDE may function as a kind of "benign virus."

My final book, *Mindsight*, published the next year, was a study of NDEs and out-of-the body experiences (OBEs) in the blind. I was able to show in that research that the blind, even those blind from birth, report the same kind of NDEs as sighted people, and more astonishingly, they even had a kind of vision during their experiences. I also presented evidence that the out-of-body perceptions recounted by some of my blind respondents were corroborated by external witnesses. I concluded that the blind "perceive" during these states in the same way as sighted people, through a form of non-local consciousness I labeled mindsight.

During those two decades when I was writing these books, I traveled all over the States and internationally shooting off my mouth on NDEs. I was interviewed on innumerable TV and radio shows and in the press. I received thousands of letters and, before the days of e-mail, wrote thousands in reply. For years I lived with various NDE students and colleagues in a large house that I soon dubbed "The Near-Death Hotel." I had the time of my time – the very best of times. I was the grateful recipient of a

thousand kindnesses and met so many wonderful and some very extraordinary people. Etc. And, believe me, I had a great deal of indispensable help during all those years from various students of mine, research assistants and collaborators on my books. I can't possibly list them all here, but I owe them a debt of gratitude that it would take me lifetimes to repay. The NDErs I worked with may have been my teachers, but my students and other collaborators were my godsend.

I wrote my last substantial article on NDEs and gave my last public talk on the subject in 2000. By that time, I had been studying, writing about and lecturing on NDEs for 23 years, was approaching 65, and felt that it was time for me to hang up my NDE spikes, as it were, and move on to other things.

It wasn't just that I felt I had had my chance to have my say, but there was something else that prompted this decision, although I know this might sound to some like a mere rationalization, or maybe even just a self-serving delusion! But, anyway, for a long time I had felt myself to be, as it were, in service to the Light and tried to conduct my work in this spirit. However, as the end of the millennium approached, I had the distinct inner sense that I was somehow being "released" from my contract and, to make a bit of a joke about it, was given the equivalent of "a golden handshake."

Of course, I don't mean to give myself airs, but I just felt that it was time for me to go. All the same, I would never want people to think that I ever lost my interest in NDEs simply because I no longer wanted to be actively involved in the field. On the contrary, I made sure to maintain my contact with many of my colleagues and some of my NDEr friends, and I continued to try to help researchers, students and others in their work and NDEs, too – just in a more private capacity.

In any case, I withdrew from all public activity in connection with NDEs and with the new millennium, I began to devote myself to other, very different work. Over the next decade, I continued to write, but nothing at all related to NDEs. For example, I wrote a couple of books on classical music; I wrote a series of privately printed memoirs; in 2008, at the age of 72, I became interested in the Palestinian struggle for justice, went to the West Bank, and eventually, with the help of a Palestinian colleague, published a book, *Letters from Palestine*, about the lives of contemporary Palestinians. I was a long way from NDEland.

And then, through a concatenation of the most improbable events, just in the last year I was abruptly and to my utter stupefaction yanked back onto the NDE stage for what I can only call a most unlikely reprise. Although I thought I was done with NDEs, apparently the Light was not done with me after all.

My return was heralded by a series of synchronistic encounters that eventually came to border on the uncanny. I wince at having merely to summarize a good story, but here I can only give you the gist of what happened to me. However, you can at least use your imagination to conceive of the effect it had on me.

In the space of about one month I heard essentially the same story from four friends of mine, each of them involved in some way in the field of near-death studies, but none of them aware of any of the others, much less what they had told me. And what they told me was in effect this: "Ken, recently I have had the most incredible reading from a medium. Have you ever considered having one?"

"Well, no," I replied at first. "I'm just not interested in that sort of thing."

However, after I heard the third such account from one of my friends, I began to waver. He gave me the name and contact information of the medium he had consulted and urged me to call her to arrange for a reading.

I didn't. I just filed the information away.

Until, about a week later, when another friend was visiting me and told me about *his* most remarkable recent reading from a medium.

What would *you* have done at that point?

I capitulated and called the medium.

After all, at this point, I could hardly deny that there must have been a reason that I was receiving the same message over and over again. Time to pick up the phone.

The medium, who knew nothing about me, was about to go on a vacation, but agreed to give me a reading when she returned in August, 2011.

The reading turned out to be incredibly evidential in that the medium was able to describe my deceased relatives very accurately, knew very obscure things no one outside my family would know and so forth. I was really impressed.

But none of that is relevant here. What is, is what she told me about my work about which I know she had no clue at the time.

I'm actually more than a little loath to go into the details here lest you think I score off the charts on narcissism, so suffice it to say the reading I received was very full of praise for the work I had done and, more to the point, it indicated that although I had withdrawn from it, I would be asked or would have the opportunity to return to it. I was told that I would receive invitations to talk at conferences, that I would be honored for my work, and so on. But just to give you a feeling for the sorts of things that were conveyed to me by this medium, here's just one brief illustrative example (my comments are in parentheses):

I hear this "thank you" all the time coming from the other side. It's giving me chills. It's somehow that you're teaching others about the other side. Somehow I feel you know more than I do about the other side. Do you understand? (Yes.) There are children over there who are thanking you for – like bringing peace to their parents. (I understand that, too.) Do you do grief counseling or work with the bereaved? (Not exactly, but I can relate to what you are saying.) I know, because there's a lot of them, but you're not related to them, but it's thank you on behalf of the children, thank you for the work you are doing. You're very, very unique. Because you – I feel like a lot of people once they cross and do their life review realize that all this was real, this is how I could have helped people, this is how I could have done things differently in my life – it's almost as if you have that knowledge, but you're here (Right). You help bring other people to that knowledge. It's very beautiful what I'm seeing. (Thank you.) Very beautiful.

Well, the fact is, after receiving this reading, everything that the medium had predicted concerning my work on NDEs -- even though she didn't know I had been involved in those studies -- soon came to pass.

I *did* start to receive invitations to speak at conferences, I was honored in various ways for my work, a number of people interested in my research and writing -- professionals, colleagues, documentary filmmakers, journalists, and more than one near-death experiencer -- began to get in touch with me, and a fair number of them showed up at my door, quite literally. I started to be asked to read, review and/or endorse books on NDEs -- I received three or four such requests all around the same time, once, two in one day. My old friend, John Audette, who had originally brought me together with Raymond Moody and who had, with me, co-founded IANDS, got in touch about a new organization he wanted to start up to promote this work and importuned me to get involved with it. And to cap all of this, after having some friendly e-mail correspondence with an NDE researcher named Cheryl Fracasso in the Seattle area, I found myself agreeing to collaborate with her on a major study of electrical sensitivity in NDErs, which had been one of the last topics I had been researching myself when I had ceased my active work on NDEs.

That study has now been ongoing for the last several months during which time we have had about 100 persons take part. We still have a long way to go -- our research will probably take a year or so to complete -- but our results are already quite exciting. We are finding, for example, that a very high percentage -- about 70% of our NDErs -- are reporting significant symptoms of electrical sensitivity and associated electromagnetic effects (e.g., malfunctions in cell phones, computers, digital watches, electric lights, etc.), most often following the NDEs. This rate of incidence is much higher than in the general population. Of course, we want to understand why this is so.

I've found that I am enjoying being involved in this project as much as I ever did when I was conducting my own research. Cheryl, whom I have never met, and I confer by e-mail, usually several times a day, and I must say, I am having a ball doing this.

And that's not the only project I've absorbed in relating to NDEs. There are others that I'm beginning to explore and other collaborations are in the works as I write this in June, 2012.

So I'm back in the NDE saddle, I guess, at least for one more round-up. Since I'm 76, I have no idea how long this will last, but I plan to make the most of it.

References

- Castaneda C. (1968). *The Teachings of Don Juan: A Yaqui Way of Knowledge*. California: University of California Press.
- Moody R. (1975). *Life After Life*. Covington, GA: Bantam Books.
- Noyes R. (1972). The experience of dying. *Psychiatry*, 35: 174-184.
- Ring K. (1980). *Life at Death: A Scientific Investigation of the Near-Death Experience*. New York: Coward, McCann, and Geoghegan.
- Ring K. (1992). *The Omega Project: Near-Death Experiences, UFO encounters and Mind at Large*. New York: William Morrow and Company, Inc..
- Ring K. (1984). *Heading Toward Omega: In Search of the Meaning of the Near-Death Experience*. New York: William Morrow and Company, Inc..
- Ring K and Cooper S. Mindsight (1999). *Near-Death and Out-of-Body Experiences in the Blind*. New Hampshire: William James Center for Consciousness studies and i-Universe.
- Ring K. (2000). *Lessons from the Light*. Needham, MA: Moment Point Press.

Kenneth Ring, PhD is Professor Emeritus of psychology at the University of Connecticut, co-founding member and past president of the International Association for Near-Death Studies (IANDS) and founder editor of the *Journal of Near-Death Studies*. He is one of the pioneers on the field of near-death experiences with over 30 years of research and is one of the first internationally known transpersonal psychologists. His earliest publications are *Life at Death* (1980) and, *Heading Toward Omega* (1984). Besides those, he published also *The Omega Project: Near-Death Experiences, Ufo Encounters, and Mind at Large* (1992), *Mindsight: Near-death and out-of-body experiences in the blind* (1999) and *Lessons from the Light* (2000).

E-mail: kring1935@gmail.com

Straight Talk About The Near-Death Phenomenon

Un diálogo sobre el fenómeno de las experiencias cercanas a la muerte

P. M. H. Atwater, L.H.D.

International Association for Near-Death Studies
Charlottesville, VA, USA

Abstract

After over three decades of researching the near-death phenomenon, using police investigative techniques as my protocol, and including sessions with nearly 4,000 child and adult experiencers, a summary of my findings follow. This includes four main types of experiences, the pattern of physiological and psychological aftereffects, near-death-like experiences, differences between child and adult experiencers, and the four phases of integration. Because of an increase in prospective studies, there has been a shift in the field - confirming that the "classical model" isn't that classical. This underscores the work I have done since 1978 as a field worker examining actual dynamics.

Keywords: Near Death Experiences, NDE, NDE aftereffects, child experiencers, phases of integration, four types of NDE

Resumen

Este artículo es el resumen de mis investigaciones después de tres décadas estudiando el fenómeno de la proximidad de la muerte con cerca de 4.000 niños y adultos, usando técnicas policiales de investigación como protocolo. Algunos importantes resultados incluyen los cuatro tipos principales de experiencias, el patrón común de los efectos fisiológicos y psicológicos a largo plazo y la naturaleza de las experiencias cercanas a la muerte. Debido al aumento de investigación en este campo, se ha dado un cambio que ha confirmado que el "modelo clásico" no es tan clásico. Esto enfatiza el trabajo que he hecho desde 1978 como investigadora examinando las dinámicas actuales.

Palabras clave: experiencias cercanas a la muerte, ECM, consecuencias de las ECM, niños con ECM, fases de integración, cuatro tipos de ECM

Received: 7th September 2012
Accepted: 30th November 2012

Introduction

Although every researcher seems to have their own favorite definition of what a "near-death experience" is, the most commonly used is the one originated by the International Association for Near-Death Studies (IANDS).

The near-death experience is an intense awareness, sense, or experience of otherworldliness, whether pleasant or unpleasant, that happens to people who are at the edge of death. It is of such magnitude that most experiencers are deeply affected - many to the point of making significant changes in their lives afterward, because of what they went through.

During the early years, the field of near-death studies did not have the respect it has gained today. Rather, it was relegated to the "imaginings" of Raymond E. Moody, Jr., M.D. and his American cohorts by numerous scientists in other countries - because what they found didn't match published claims. Ignoring prior work, some of it dating back to the 1700s and featuring essentially the same patterning as modern cases (Atwater, 2007: 3-7), the objection held that there were "too many variables" for comparison. We know different now, yet the model that developed in the mid-1970s of elements within the pattern (termed the "classical model"), does not hold up in broad-based studies. A common lament: "If only we could research near-death states in a climate devoid of sensationalism, what followed the 1975 publication of Moody's book, *Life After Life* (Moody, 1975)".

As a matter of review, the classical model based on the work of Raymond E. Moody, Jr., M.D., as verified by Kenneth Ring in his book, *Life at Death* (Ring, 1980), follows:

Original List:

- ineffability, beyond the limits of any language to describe
- hearing yourself pronounced dead
- feelings of peace and quiet
- hearing unusual noises
- seeing a dark tunnel
- finding yourself outside your body
- meeting "spiritual beings"
- a very bright light experienced as a "being of light"
- a panoramic life review
- sensing a border or limit to where you can go
- coming back to your body
- frustrating attempts to tell others about what happened to you
- subtle "broadening and deepening" of your life afterward
- elimination of the fear of death
- corroboration of events witnessed while out of your body

Two years later, after hundreds more interviews, Moody added four more elements to this list:

- a realm where all knowledge exists
- cities of light
- a realm of bewildered spirits
- supernatural rescues

Where this model breaks down: (1) few see tunnels, (2) few encounter even half the elements listed, (3) the broad spectrum of experience types is not addressed, and (4) aftereffects are far more complex than originally thought with integration taking a minimum of seven to 10 years.

I began my research of near-death states in 1978. Using police investigative techniques as my protocol and searching broadly, cross-checking everything I found with new groups in different places, including with "significant others", I discovered patterning to the phenomenon that accommodated variables, while revealing a more in-depth spread to the aftereffects. When Kenneth Ring, the researcher who verified Moody's work, learned about me and what I was doing (he found out from several near-death experiencers whom I had met), he came for a visit. Ring told me about Raymond Moody, as I had never heard of him before, and then he invited me to join my peer group within the International Association for Near-Death Studies, located at the time in Storrs, Connecticut. The year was 1981.

My peer group turned out to be physicians, psychologists, psychiatrists, and scientists, who spoke a language I was unfamiliar with, plus they practiced a type of research that seemed inappropriate to me for the work at hand. Experience had long since taught me that transformational shifts in consciousness and the wide sweep of exceptions that can occur because of them, were outside the range of double-blind studies with a control group (the "scientific method"). I felt that, since 90 to 95% of what is learned in medicine comes from personnel listening to patients, and because over 70% of the medical procedures used today resulted from trained observers like myself who cross-checked and tested what they found, my work, then, was just as valid as anyone else's. Never once did I just ask questions of people; I observed, watched, and studied them - as behaviors and body language often say more than words do.

I am a cop's kid, raised in a police station. My Dad started teaching me police investigative techniques at the age of nine. That means no leading questions and you pay particular attention to inflections, behaviors, body movements, and pacing. I have used questionnaires three times, but only to further investigate what I had already discovered. The bulk of my work was done during one-on-one sessions; the rest in group settings. I have been doing this since 1978. *Near-Death Experiences: The Rest of The Story* (Atwater, 2011) summarizes this research and compares it with what I did in the 1960s and 1970s when I experimented with and studied altered states of consciousness, mysticism, psychic phenomena, and the transformational process with the public at large. To understand why I would devote my life to this type of pursuit, know that I am highly curious, and am intrigued by what exists beyond what seems to be true (this led to my first double-blind study with controls at the age of five). Also know that I "died" or nearly died three times in 1977 within a span of three months, and each time experienced the near-death phenomenon. During my third episode I was told by what I came to call "The Voice Like None Other" to do this work.

Methodology

As it has been mentioned before, the methodology followed was using the following:

- Police investigative techniques with cross-checking
- Questionnaires
- Observation in one-on-one sessions
- Observation in group settings
- Observation in personal experience

Percentages of how I connected with these people, see Table 1.

Table 1.
Contacted people

| Method | Percentage |
|---|-------------------|
| Synchronicity (9 people of all of them were blind; 7 out the 9 since birth) | 60% |
| Through talks, advertisements and announcements placed in magazines, newspapers and newsletters | 30% |
| Questionnaire participants who had agreed to take part in the research | 10% |

The synchronicity of how I met the majority of experiencers is uncanny, if not bizarre. Nearly every day some would pop into my life, sometimes groups of them at a time. Example:

I was sitting at a table in a truck stop near Macon, Georgia, when a giant of a man pulled up a chair opposite me and proceeded to describe his near-death experience. I hailed a cab in Washington, D.C., and the Haitian cabbie took one look at me, then yelled: "You died like I did. I can tell you about what happened to me and you won't laugh." Unplanned. Spontaneous. Constant. I finally decided I must have been wearing a "sign" on my back that said "Tell me about your near-death experience." No names. We were drawn to each other.

The language used with the people was open-ended, non-leading, and knowing nothing about Moody's findings and his work.

Subjects

The material in this paper comes from 33 years of exploring near-death states. It is based on my observations and analysis of 3,000 adult and 277 child experiencers, as well as additional sessions held with significant others. See Table 2.

Table 2.
Population studied

| Amount | Etnity | Country |
|--|---------------|---|
| 3000 adult experiencers (from 16 years) | 80% White | U.S., Canada, England, Belgium, France, Mexico, Egypt, Saudi Arabia, Russia, Georgia, Ukraine - no further breakdowns |
| | 20% Black | 15% African American 5% Kenya, Haiti, Canada |
| 277 child experiencers (from birth trauma up to 15 years) | 60% White | U.S., Canada, France, England, Ukraine, no further breakdowns |
| | 12% Black | 15% African American 5% Kenya, Haiti, Canada |

Note: I rejected an additional 15% of my cases with children, because the session was compromised by adult interference (adult explaining/interpreting for the child). I found that fascination with "out-of-the-mouths-of-babes" reports can mislead more readily than enlighten.

Results and Discussion

From 3277 testimonies, I discovered four types of near-death experiences. This discovery includes another: anyone of any age can have a near-death experience - that includes tiny ones still in utero, those in the birth canal, babies, toddlers, children and teenagers, the full range of adults and seniors.

The Four Types of Near-Death Experiences

1. *Initial Experience* - sometimes referred to as the "non-experience" (an awakening).
 Involves only one - maybe two or three - elements, such as a loving nothingness, the living dark, a friendly voice, a brief out-of-body experience, or a manifestation of some type. Usually experienced by those who seem to need the least amount of evidence for proof of survival, or who need the least amount of shakeup in their lives at that point in time. Often, this becomes a "seed" experience or an introduction to other ways of perceiving and recognizing reality. Rarely is any other element present.

Table 3.

Initial experience

| Incident rate | Type of experiencer |
|---------------|---------------------|
| 76% | Child |
| 20% | Adult |

2. *Unpleasant and/or Hell-Like Experience* - sometimes referred to as "distressing" (inner cleansing and self-confrontational).
 Encounter with a threatening void, stark limbo, or hellish purgatory, or scenes of a startling and unexpected indifference (like being shunned), even "hauntings" from one's own past. Scenarios usually experienced by those who seem to have deeply suppressed or repressed guilt, fear, and anger, and/or those who expect some kind of punishment or discomfort after death. Life reviews common. Some have life previews.

Table 4. Unpleasant Experience

| Incident rate | Type of experiencer |
|---------------|---------------------|
| 3% | child |
| 15% | adult |

3. *Pleasant and/or Heaven-Like Experience* - sometimes referred to as "radiant" (reassurance and self-validation).
 Heaven-like scenarios of loving family reunions with those who have died previously, reassuring religious figures or light beings, validation that life counts, affirmative and inspiring dialogue. Scenarios usually experienced by those who most need to know how loved they are and how important life is and how every effort has a purpose in the overall scheme of things. Life reviews common. Some have life previews.

Table 5.

Pleasant Experience

| Incident rate | Type of experiencer |
|---------------|---------------------|
| 19% | child |
| 47% | adult |

4. Transcendent Experience - sometimes referred to as "collective universality" (expansive revelations, alternate realities).

Exposure to otherworldly dimensions and scenes beyond the individual's frame of reference; sometimes includes revelations of greater truths. Seldom personal in content. Scenarios usually experienced by those who are ready for a "mind stretching" challenge and/or individuals who are more apt to use (to whatever degree) the truths revealed to them. Life reviews rare. Collective previews common (the world's future, evolutionary changes, etc.).

Table 6.

| <i>Transcendent Experience</i> | |
|--------------------------------|----------------------------|
| <u>Incident rate</u> | <u>Type of experiencer</u> |
| 2% | Child |
| 18% | Adult |

Do not affix "positive" or "negative" to any of these experience types

Positive and negative are judgmental terms that do not necessarily apply to near-death states or the aftereffects which follow. Case in point:

I gave a talk about the phenomenon in a large hall. It was so packed there were not enough chairs, leaving some standing. When I finished, I asked if there were any experiencers in the audience who would like to come up to the microphone and share what had happened to them. Two volunteered. A slender man, maybe in his late twenties, entranced everyone with one of the most beautiful, heavenly experiences I had ever heard. There was hardly a dry eye in the place. Then he shocked the audience by saying this was the worst thing that had ever happened to him, that it had fouled up his life and he felt cursed to have had it. Immediately, a woman, probably in her thirties, jumped up and described her's, a terror-filled scenario of being at the mercy of a raging storm, with high winds, thunder and lightning. She had to fight to save herself from being sucked into a whirlpool as she swam to shore. What she said next was equally a stunner: "This was the best thing that ever happened to me. It proved to me that we all have a second chance in life and we can succeed no matter what the obstacles are". She was glowing when she said this, and appeared as if engulfed by a special light.

Previous to this incident, I labeled unpleasant experiences as negative and pleasant ones as positive. I no longer make that mistake.

I want to set the record straight on "tunnels." In the first poll done by Gallup (1982), only around 9% of the experiencers surveyed said they saw or passed through anything like a tunnel. In many cultures, such things are unheard of even to this day. The idea of tunnels did not become popular as an element of near-death states until after Moody's book *Life After Life* was sensationalized by the media.

Having said that, I want to discuss the elements that are commonplace, occurring in most episodes anywhere in the world. Please know that during any near-death state, faculties are hyperalert, thoughts hyperlucid, and emotions at hyperpitch.

Out-of-body experiences are the most reported element; nearly as many also spoke of encountering a special light. Two-thirds claimed to have been met by a greeter of some kind, either at or shortly after crossing over to the Other Side. Forty percent described a life review. Any of these four main elements could comprise a single experience, or be part of a brief or broader scenario (storyline/narrative) that encompassed multiple components such as: walks through meadows, forests,

open fields, mountain passes, alongside a river, or passage through darkness of caves or tunnels; tours of great cities, the universe, heaven and hell, history and/or evolution; discussions with other beings, heavenly assignments, hellish condemnations; attending classes in a special school, learning how to heal, being shown inventions/systems that could help society; suffering from judgment or punishment, torture.

Finding oneself engulfed in an exceptional brightness, with each being or plant lit from within, is typical. Darkness is reported, too, most often in loving terms but sometimes as fearsome. Few are open to discuss anything threatening, which leads me to believe that hellish cases are not rare - just underreported. (In my research, one out of seven were the distressing type).

1.- *Out-of-body Experiences:* Regular out-of-body states many people have are not quite like the ones reported in near-death states. These have incredible intensity and impact, and involve 360-degree, wrap-around vision (even with people blind since birth). These "trips" can involve things like the "dead" going home and being there to see who picks up the phone when a nurse or doctor calls announcing the death - accurately describing individuals, wearing apparel, words said. Also things like bobbing along the ceiling like a balloon (maybe confused about what just happened); or those who journey to far away towns and countries (giving detailed "travelogues" of everything seen and encountered). The average skeptic cries foul about lack of verification with out-of-body reports, when, in fact, third-party testimonials validating details are numerous.

2.- *A Loving Light That Knows You:* Adult experiencers typically describe this light as brighter than a million suns and more powerful than a million orgasms. Even children acknowledge that it is alive, knows everything there is to know, and is so loving that being engulfed by it is the purest of bliss. Three different lights are commonly seen:

- Primary (luminous): more of a pulsating radiance of raw, piercing power that is so awesome that prolonged contact makes experiencers feel as if they are about to explode.
- *Dark or Black (can have purple tinges):* velvety and warm, safe haven, usually associated with miraculous healings and sudden genius (seldom ever with evil, although it can be experienced that way).
- *Bright or White (silver tinges) or Yellow (gold tinges):* an almost blinding brilliance that emanates unconditional love and knowingness.

Child experiencers say that Bright Light is Father Light, Dark/Black Light is Mother Light, and Primary is God's Light.

3.- *A Greeter of Some Kind:* Not everyone is met by a greeter, but most are. Usually, it is a deceased relative or pet who appears younger or at least healthier. Family relationships dominate, for good or ill. If you couldn't tolerate a particular relative, odds are that person will be there either as an agitator or as a guide. With angel greeters, 70% of the kids had angels come to them. Children described the angels as human appearing (most said they had wings), and were either black or white of color (like a black or white color-crayon), or colored like real people are (with the variations found in human skin hues). It was 50/50 with adults and teenagers. Of those who reported this, 39% saw winged ones, the rest spoke of either special "humans" or human-shaped lightforms/globes/cylinders. Some spoke of black angels, like the kids did. Religious figures usually matched the individual's faith tradition, but not always. For those who saw Jesus, the most common response was "He's so joyful and loving."

With children, stern greeters were almost as numerous as kind ones. I came to recognize a "critical" or "caring" parent-type of greeter for the young, whose job seemed to center around whatever was needed - either with words of praise and comfort, or through instructive lectures - as if the child could use some "fetching up". Futuristic events plus the child's mission in life were often revealed. Other kinds of greeters were animals (usually deceased pets), yet some unknown to the experiencer. On occasion, I did run across reports of misshapen, grotesque, or demonic greeters, or those who looked so alien the experiencer was at a loss to describe them.

4.- *Life Reviews*: Not half the experiencers report them, yet life reviews wield an almost unspeakable power. Even in consideration of hellish, frightening, or distressing near-death states, nothing strikes at the core of what it is to be human as bluntly as these. It is your life you must face, either from birth to death, in reverse order, or in segments - reviewed or relived as things actually occurred, in a moment's flash or agonizingly slow. Of those in my research, some experienced no buffer between them and any pain that could be experienced. The rest, the majority, were more like objective witnesses during the process; their reviews, a deeply meaningful opportunity to see "the other side" of actions and behaviors.

An example of one more radical than most is that of a Mafia hit man whose life review not only involved him reliving everything he had ever done, good or bad, as well as the consequences, but he also had to live through whatever happened to each person he hurt *as if he were them*. He felt all of *their pain*, lived through *their* circumstances, faced *their* grief. He was incapable of hurting another after that, and devoted the rest of his life to helping the poor. There is no prison term, no punishment, which can equal the totality of a radical life review. Some accounts are beyond belief in what they cover.

5.- *The Book of Life*: I want to mention this because about 30% of the adults in my research reported having seen the fabled book - very few were children. Some said it really was a very large book - found in a library stacked with millions of others, or simply was lying on a stand or podium as if waiting to be noticed. The majority, however, described "The Book" as a hologram or television-like showing. The rest said the histories of all of us are spread out upon "the skeins of time," as if this were a vibrational field, and we are drawn to that place where we resonate. Hardly anyone refers to a "silver cord," that "umbilical" said to connect our physical body to our spirit body. I only ran across two (of those who did see some kind of cord), who said their's was broken, but had to be quickly mended or they couldn't return.

An impressive finding that holds up throughout the entire field of near-death studies that establishes veracity of accounts, is this: *the narratives experiencers give hold up over time*. Their stories are as clear, coherent, and vivid as the day originally told, even if 20 years or more have passed. This is almost unheard of in memory trials.

Personality factors

There are a few complicating factors when dealing with experiencers that appear to challenge the honesty factor, but really don't. *The majority tend to hold back until they trust you*. Perhaps this is because of the fear of being labeled crazy afterwards. Whatever the reason, it is fairly common for narrative stories to be delivered in bits and pieces and spread out over a few months or a year or so. And then there's *downloading*. Few experiencers can readily process the revelations that surface during their episode. You hear comments such as: "I felt like I would explode if the information didn't stop coming" or "I can't handle this - too much, too fast" or "I just can't remember it all". And, indeed, most of the deeper material that often floods in during an episode is lost. Yet, some experiencers report downloading afterward as if what was lost is now coming back. This can occur in dribs and drabs or be quite extensive, and go on for years. This "extra" material does not affect the individual's original narrative, thus no embellishment.

I did find *personality patterns*. Those people who had more fixed belief systems and inflexible attitudes about life often returned thinking their experience was a religious conversion, or felt a need to somehow evangelize about what they had learned from it. It's almost as if they traded one belief system for another. But those who were more flexible and curious, more open to begin with, these were the folks who often returned so bewildered and confused they seemed bereft of any belief system at all. This latter group usually had the most work to do redefining life, yet they were the least likely to evangelize. They seemed to spend more time remaking themselves than trying to remake everyone else.

If you are honest about near-death episodes and keep them in context with the life of each experiencer, you will discover what I did: *scenarios complement on some level the inner reality of those who experience it*. Always! Including with children. For a child brings forward into his or her birth the sum total of whatever existed before conception as well as whatever was absorbed during gestation in the mother's womb. Children's stories are simple and direct. Adult's are colored from years of living. But it's the same phenomenon with the same patterning.

There are *regionalisms*. For instance, people from the Northwest and Southwest of United States, and from Haiti, had more animals in their scenario than most others. Those from the Southeast, Midwest, and Central states had more overall themes of good and evil in their stories. I did not find heavy concentrations of hellish scenarios among Bible Belt Christians, as others claim, but I did notice that only Fundamentalists described hell as hot and fiery. Everyone else commented on how cold or clammy it was, or devoid of temperature.

Culturalisms are commonplace. Example: how an experience is described depends on language constraints for the individual and on societal taboos. Within indigenous cultures, the concept of "self" is missing. These people operate from a collective reality, the wisdom of the group. With the Lakota Sioux, there is no concept or word for "individual self." Their language and their understanding of life is based on "relations with all that exists." Hence, what good would a life review be to them if it examines a "self" that has no meaning or validity in their culture? Some researchers have suggested that this finding may be an accommodation for brain development, rather than a mirror of regional or cultural beliefs.

Greeter variation

The *surprising variation with greeters* is a puzzle. Almost always predeceased relatives and friends manifest as somewhat younger. Those greeters who died young can still be young, or they can appear at the age they should have been had they lived. Yet the living can appear, too, like the child's favorite school teacher or the kid down the block, or in the case of adults, a treasured friend still very much alive. What I have noticed with *living greeters* is that they stick around only long enough for the experiencer to relax into what is occurring, then they disappear, and components more typical of near-death states take over. It's as if the only purpose of living greeters is to create a comfort zone wherein deeper and more profound things can follow.

And, what about those "*caring or critical parent types*"? These greeters tend to be rather specific regarding the child's behavior: how have they been acting, are they measuring up, are they ready for the job they will someday perform. Children always see *God or a God-Like Figure* as a man. Teenagers and adults, for the most part, see The Holiest of the Holy as some form of light, usually a huge sphere. I've yet to hear of a child who challenged God as to what he really looked like, yet they often challenged angels. Each time they did, the angelic being transformed into light.

Near-death scenarios are real and profound, and the otherworldly greeters who attend are just as real, sometimes nothing short of miraculous. Still, what actually happens (the experience itself), *always*

occurs in a form the experiencer is capable of receiving, even if otherworldly or bizarre. With initial greeters, I noticed that they always match the individual's conceptual level of understanding, either to alert or relax, so what is happening can deepen.

Multiple scenarios. It is not uncommon for an individual to have several near-death experiences during his or her lifetime. I had three myself in three months back in 1977. With the 277 child experiencers I worked with, nearly 20% had a second episode while still a child (several had four or more); 27% went on to have additional experiences as adults. The "record holder" for me was a man who had 23 of them throughout a lifetime of surgeries and pain. He had been born with serious birth defects and was not expected to live past six months of age. He was in his early 40s and wheel-chair bound when I met him. When I asked why so many, he replied: "Each one gives me the strength and courage I need to keep going."

People who die together typically have near-death experiences together, and see each other in their separate episodes. This happens with some regularity if parents and children are involved, or friends, or with large groups of people - like passengers in the same vehicle that crashed, or strangers who drowned in close proximity.

Stunning cases of group death/near-death come from the military. Diane Corcoran, a retired Army nurse, was on hand for some of these. She tells of entire platoons blown up; the few survivors talking afterwards about watching their buds rise from their bodies, and, as they did, how they talked to each other, assessed the situation, learned who would live and who would die. She warns that veterans seldom speak of such experiences, primarily because military doctors still consider near-death states a sign of mental incompetency. As Diane Corcoran (president of IANDS) reported me personally: "With blast injuries affecting so many who fought in Iraq and Afghanistan, these soldiers dare not even report NDEs for fear they can't get back into the system for healthcare".

Previews, occasionally called "flash forwards," refer to experiencers who were privy to their future or the future of others. Children often see the affect their death will cause their family and because of that choose to return. Being shown their funeral and what comes next is fairly common with adults, as well. Another feature of children's scenarios, especially if the child is from an unindustrialized country, is being told or shown their life's work, how they must prepare, and what they must learn. One adult female I had several sessions with accurately saw the man she would someday marry as well as wedding details. Another was shown atomic bombs being dropped over several cities in Japan years before this occurred during World War II. Another saw a younger brother and recognized him immediately, even though he was not conceived by her mother until a year later. One man was shown all of history from beginning to end.

Connections to UFOs and extraterrestrials

Sometimes occurred in my research:

Table 7.
Extraterrestrial Experience

| | <i>Adult Near-Death Experiencers (based on 3,000 cases)</i> | <i>Child Near-Death Experiencers (based on 277 cases)</i> |
|--|---|---|
| Claimed to have been abducted by a UFO | 9% | 14% |
| Identified with being from another planet | 20% | 9% |
| Identified with being from another dimension | | 39% |

Children have strong ties with otherworldly things and other types of beings (Atwater, 2003). With adults, however, this is unusual.

Physiological Aftereffects of Near-Death States

The pattern of physiological and psychological aftereffects is true throughout.

Most Common (between 80 to 95%) - more sensitive to light, especially sunlight, and to sound (tastes in music change); look younger/act younger/more playful (with adults) - look older, act and seem more mature (with children); substantial change in energy levels (can have energy surges); changes in thought processing (switch from sequential/selective thinking to clustered/abstracting, with an acceptance of ambiguity); insatiable curiosity; lower blood pressure; bright skin and eyes; reversal of brain hemisphere dominance commonplace; heal quicker.

Quite Common (50 to 79%) - reversal of body clock, electrical sensitivity, heightened intelligence, metabolic changes (doesn't take as long to process food, bowel movements can increase); assimilate substances into bloodstream quicker (takes less of something for full effect); loss of pharmaceutical tolerance (many turn to alternative/complementary healing modalities); heightened response to taste/touch/texture/smell/pressure; more creative and inventive; synesthesia (multiple sensing); increased allergies; preference for more vegetables, less meat (with adults) - more meat, less vegetables (with children); latent talents surface; indications of brain structure/function changes (also to nervous and digestive systems, skin sensitivity).

Psychological Aftereffects of Near-Death States

Most Common (between 80 to 90%) - loss of the fear of death; become more spiritual/less religious; more generous and charitable; handle stress easier; philosophical; more open and accepting of the new and different; disregard for time and schedules; regard things as new even when they're not (boredom levels decrease); form expansive concepts of love while at the same time challenged to initiate and maintain satisfying relationships; become psychic/intuitive; know things (closer connection to Deity/God, prayerful); deal with bouts of depression; less competitive.

Quite Common (50 to 79%) - displays of psychic phenomena; vivid dreams and visions; "inner child" issues exaggerate; convinced of life purpose/mission; rejection of previous limitations/norms; episodes of future knowing common; more detached and objective (dissociation); "merge" easily (absorption); hunger for knowledge; difficulty communicating and with language; can go through deep periods of depression and feelings of alienation from others; synchronicity commonplace; more or less sexual; less desire for possessions and money; service oriented; healing ability; attract animals (good with plants); aware of invisible energy fields/auras; preference for open doors and open windows/shades; drawn to crystals; laugh more; adults lighter afterwards - children wiser; more serious; bonding to parents lessens.

A further look at how this stacks up with experiencers:

21% - claimed no discernible differences afterward (this claim was countered by the experiencer's significant others in every case where I was able to obtain a second opinion).

60% - reported significant, noticeable changes.

19% - said changes were so radical they felt as if they had become another person (before and after photos sometimes differed, although basic body type and facial structures remained the same).

Those, then, who reported changes of a significant nature after their near-death episode, exhibiting all or most of this pattern, totaled 79%. There is no drug (legal or illegal/natural or synthetic), no hallucination, no case of oxygen deprivation, no epileptic seizures, nothing, that can match or mimic this pattern of aftereffects –except a deeply impactful spiritual transformation that also evidenced a kundalini breakthrough (both can and usually do occur at the same time, automatically). Kundalini, by the way, is that spiritual energy said to reside at the base of the spine, that when activated (through prayer, ritual, or certain types of yoga), rises the full length of the spine up to the head, where it bursts out -activating all major endocrine centers in the body as it moves.

The key in near-death research is to look at the whole phenomenon, not just a few aspects. It is the aftereffects that validate the experience, not the other way around.

Switches in brain dominance tend to follow this pattern: if more right-brained before (creative, innovative, intuitive, compassionate), usually return more left-brained in the sense of a sudden interest in physics, science, experimentation, and history. We usually hear the most about the reverse switch, from left-brained to right, but the other can also occur. Actually, if you really study these switches, it's almost as if the end result is for whole brain development - a melding of art and science (right and left) into a unified whole.

Unconditional love is on everyone's lips, yet experiencers are sorely challenged to initiate and maintain satisfying relationships. To understand why this may be so, realize that "unconditional love" is known as "agape" in Greek. It is a reference to the highest form of love possible to express: God's Love, Cosmic Love, Universal Love. Literally, it is love sans object. After a near-death experience, it is as if everyone you see is your beloved. It's not that you can't tell differences; rather, everyone takes on "the glow of family" - the human family in oneness with each other. Basic cautions often have to be relearned. Is everyone truly ready to love each other unconditionally - no secrets, nothing ever held back, no exceptions? Not hardly. I am continually amazed at how coldly indifferent experiencers can be regarded by others, when, in actuality, they are simply behaving in an unselfish, friendly, or helpful manner. Misunderstandings are frequent.

Cautions to be considered

Here's a list of cautions to consider for all medical and healthcare professionals when treating near death experiencers:

- *Low blood pressure is normal for experiencers.* This is not a sign of chronic fatigue syndrome, nor does it require "disease" treatment.
- *Less aging.* Low blood pressure and looking younger go together, and are a sign that cortisol (in the class of steroids/stress related) is less present in the body. Experiencers tend to have slower responses to stress, which creates less cortisol, lowers blood pressure, and slows down the aging factor.
- *Light sensitivity.* Fresh air is healthy but be careful of excessive sunlight. Especially with the young, limit playtime or sports outside. Adults who work outdoors should consider wearing sunglasses and taking "shade" breaks. Too much bright light could be fatiguing and put the immune system at risk. There are some experiencers who crave light and can't get enough of it. Extremes in reaction to light are commonplace.

- *Sound sensitivity.* A real challenge for teens and those living in larger cities who are inundated with loud sounds/music. This can be painful. Most switch to melodic music, the sounds of nature, or silence.
- *Less tolerance of pharmaceuticals.* Less is more. Experiencers are urged to tell medical staff that they have had a near-death episode, when, and under what conditions. This alerts doctors and nurses to a possible need to alter treatment. Assimilation is quicker for the vast majority, as it takes less of something for full effect. Seek out the mildest medication possible for the condition. Careful with child experiencers, as substances for them are administered according to weight and age and often contain unnecessary or excessive sweeteners.
- *Sleep cycles can change.* The very young tend to nap less and "flow" more (flow states are free of thinking and help to energize creativity). Many relive their near-death episode or are haunted by it in vivid dream states. Sixty percent of adult experiencers wake up between 3 and 4 am, and for no apparent reason. Medically, that time period is known as "The Hour of the Wolf," and is associated with congestive heart failure and other serious health problems (Ackerman, 2007: 186). With creative people, it is called "The Hour of the Muse," a period when artistic/inventive types receive their greatest ideas and inspiration. That same hour, spiritually, is when angels and heavenly guidance are said to be easier to access; in Islam, the first prayer of the morning begins at 4:00 am. Scientifically, it is known that the earth's magnetic fields, pushed by solar winds, peak around 3:00 am each night. This "ambient" or surrounding circulation is considered *unstable* by scientists, *creatively stimulating* by artists. Other changes: onset of sleep can be difficult at first; breathing can stop without cause, even while asleep. Body clock reversals are typical. None of these sleep deviations are outside the norm.
- *Switch to alternative/complementary therapies.* Those who are able to maintain successful and satisfying states of health, are most often those who utilize more natural approaches to healthcare. With acupuncture, practitioners who use gold needles instead of stainless steel note a quicker, better healing response with experiencers - indicative of a biofield shift. One out of five became vegetarians. Many come to say grace at mealtimes and meditate on a regular basis. There is no question that our biofields are altered to some degree after a near-death experience (hence gold needles work better than stainless steel with acupuncture). And, 73% of experiencers report very real challenges with electrical sensitivity afterward: stopping watches, popping light bulbs, changing television stations by just walking by, burning up or short-circuiting tape recorders/small appliances/microphones/electrical systems/phone lines/even car batteries. This is expensive! One experiencer switched to solar batteries so watches could be worn.

Faculty Extensions

Our faculties expand as well, enhancing our sensitivity to taste, touch, texture, smell, pressure, sight, sound, vibrations and shapes of any sort, weather, subtle movements. Faculties can mix, conjoin, or come in multiples. This is called "synesthesia" and is associated with the limbic system in the brain. An example of synesthesia is when experiencers buy a picture for the sound it makes, not just for its pleasing image. Or smelling color or hearing numbers, or seeing shapes or orbs in the air that correspond to emotional states. The limbic system is the seat of our emotional and survival natures. A lot of what we call "psychic abilities" in actuality are accelerations or expansions of the limbic system – survival hyperfunctions.

Thus, if you weren't psychic before, you become psychic after. If you were psychic before, you become very psychic after. Intuition relates to our faculty of perception and how we piece together information that helps us to live our lives safer and easier. Our brain literally has an "intuition switch" that turns on about every 90 minutes. You can tell if it's "on" if you suddenly feel spacey, sleepy, or cannot focus (an excellent time for a brief meditation or flow state). Things psychic, in my opinion, relate to how we use intuition. The word "psychic" derives from the Greek term *psychikos*, which means "of

the soul." Traditionally, the ability is identified via mode of usage: clairvoyance (seeing beyond eyes), clairaudience (hearing beyond ears), clairsentience (sensing beyond response), clairgustience (tasting beyond taste buds), and clarolfactory (smelling beyond nose).

Psychic ability is really just another way of listening. Channeling spirits is just another type of self-validation. Intuition is just another avenue to express the spontaneity of a moment and all that it holds.

The Table 8 clarifies what it is meant by "Faculty Extensions" and shows these shifts in a more specific way. It is possible to extend and broaden our five faculties of sight, hearing, touch, taste, and smell, to embrace psychic dimensions (beyond reliance on physical forms) and collective/spiritual realms (grander realities, the larger view). Notice in the following chart what happens to intuition and perception once our faculties extend and broaden.

Table 8.
Faculty Extensions

| Physical Faculty | Psychic Extension | Collective and/or Spiritual Extension |
|-------------------------|---|--|
| See/Sight | See without use of eyes; research term - "clairvoyance" | Vision |
| Hear/Sound | Hear without presence of sound; research - "clairaudience" | Music |
| Feel/Touch | Feel, or have an effect on an object, without touching; research term - "psychokinesis" | Art |
| Taste/Flavor | Flavor without use of tastebuds; research term - "clairgustation" | Discernment |
| Smell/Scent | Odor without the use of nose; research term - "clairolfaction" | Integrity |
| Sense/Intuition | Aware without or in advance of recognition; research term - "clairsentience" | Grace |
| Perceive/Perception | Apprehend without or in advance of physical stimuli; research term - "precognition" | Knowing |

Music is heard unlike that of earth in many near-death scenarios. It is called the "music of the spheres" for lack of a better term. Afterward, sound enhancements skyrocket with most, creating relationships to music that are sudden, passionate, fully-dimensional. Yes, there are stories about experiencers who, without thought or intent, began to sing grand opera or play a musical instrument or compose incredible scores - as if a pro who had a lifetime of training.

With child experiencers, it was found that enhancements in music (85%) were almost as high as those in math (93%). Since the regions for math and music in the brain are located next to each other, it is likely that they accelerate as if a single unit.

There is a clue here we need to consider. Background sound (like "hu," "hum," or "om") or melody (similar to "hoomi" singing - bell-like overtone harmonics) is present in the majority of near-death experiences. Some experiencers return with full-blown musical talent; most come back either craving certain types of music or dedicated to using music as a healing tool. Math and music tend to merge for many (just like science and art do). Our bodies are made of light and sound at the most primal level, so are the worlds of spirit and the structures of matter.

Foreseeing the future

There has been enough rigorous, repeatable experiments (Ring, 1984 and further articles published in *Vital Signs* and the *Journal of Near-Death Studies*) to prove that people can foresee the future, at least to a limited degree, usually with feelings about what is to come - rather than in specific details. This precognition (future knowing) is linked to our emotions, not only in the limbic system of the brain, but in our "heart brain" (called that because about 65% of the heart's cells are neural cells, explaining "heart intelligence"). Changes in skin sensitivity can also signal this, as skin reflects our emotional state and the same precognitive impulses. The future knowing that emerges from near-death states, however, tends to be more specific and detailed, and not just reflective of feelings.

Experiencers can have episodes of future memory, as well, where they become acutely aware of living the future in advance (Atwater, 1999). Although these episodes can happen in dreamstates, they most often occur when individuals are wide awake and actively engaged. See Table 9.

Table 9.
The general pattern of occurrence

| | |
|---|--|
| <i>Physical sensation at onset</i> | Like a "lift" or sweep of energy, perhaps a ringing sound |
| <i>Present time/space relationships freeze in place</i> | This stoppage can be accompanied by sparkles in the air. Everything becomes brighter, sense faculties heighten |
| <i>Expansion</i> | As you expand so does space |
| <i>Future temporarily overlays the present</i> | A given scenario manifests in specific detail and is sensorially experienced as if a real event |
| <i>Present time/space relationships then resume normal activity</i> | Sparkles disappear, rightful proportions return, regular living restarts |
| <i>Aftereffects</i> | Sensations of being startled, "chilled," or puzzled. Event remains vivid as long as it remains in awareness, but, eventually is either forgotten or set aside until what was pre-lived occurs. |

These "pre-lived" episodes later manifest. Sometimes experiencers are able to change the timing of what is involved in these memories, but apparently not the event itself.

Timeshifts are not always forward. Experiencers can be propelled back to where they must relive what they just did. Individuals are shown things during their near-death states, even about people not yet born, that later occur - always on cue.

It is considered the ability to know or be shown "in advance" (regardless of how), of utmost importance. Experiencers typically come to face a tough challenge with this: either become comfortable with "things future" or let this bother them to the point of fear or frustration. If you study this ability - why future knowing occurs so often to so many - you begin to notice as I did that alterations in brain development are at the core of what is involved. I caught on to this when I began to investigate what regularly happens to children between the ages of three to five: they spend more time pre-living or rehearsing future events than they do paying attention to the present. What appears as imaginary playtime projections is actually "rehearsal time," enabling them to learn how to prepare in advance for what is to come. This is necessary for a healthy integration into society.

The exact same thing happens not only to near-death experiencers but also to any experiencer of an impactful transformative state. Upon "coming back," we begin to foresee, or become comfortable with, snatches of futuristic events. We suddenly have future access, as if we journeyed through some

kind of portal. This futuristic knowledge or even short glimpses can become rather spooky, maybe scary, until we get used to it. What I've noticed is that *this ability to access the future actually prepares one to live that future*. Like with kids, we have an opportunity to rehearse in advance so we can be ready to handle what lies ahead. Experiencers change, many to a significant degree. What I see happening here, is that *we revert back to the same behaviors we had as a child, and for the same reason - adjustment*. This characteristic lessens once it is no longer needed.

Table 10 illustrates what I have attempted to explain. Notice what seems to be a greater purpose for futuristic access, both with young children and experiencers of transformative states.

Table 10.

Brain development comparison between three-to-five-year-olds and brain shift experiencers

| Three-To-Five-Year-Olds | Brain Shift Experiencers |
|---|---|
| <u>Temporal Lobe Development</u> | <u>Temporal Lobe Expansion</u> |
| Emerging Consciousness | Enlarging Consciousness |
| Prelive the future on a regular basis, spend more time in future than in present | Prelive the future on a regular basis through dream states, visions, future memory episodes, clairsentience. |
| Play with futuristic possibilities as a way of "getting ready," rehearse in advance demands soon to be made upon them. | Preexperience life's challenges and opportunities before they occur as a way of preparing for demands they will soon face. |
| No natural understanding of time-space states; consider "future" an aspect of "now." Gain perspective and continuity by establishing the validity of action/reaction or "future" (continuous scenery and connected wholes). | No longer restricted by a sense of time- space states; an awareness of simultaneity and the importance of "now." Embrace broader dimensions of experience beyond that of "future" (unlimited perspectives held in tandem with the continuity of stable reference points). |
| Progress from archetypal mental models to stereotypical ones, in a process of self-discovery. | Progress from stereotypical mental models to individuation processes in a journey of soul discovery. |
| The Birth of Imagination | The Rebirth of Imagination |

Child experiencers

With child experiencers of near-death states, cases linked to birth trauma, babies, and toddlers are more common than you might think. The very young usually open up about what happened to them once they can speak fairly well or draw or act out their memories. Family and social pressures can weaken those memories; in some cases, cause the child to block out or tuck away the experience. Children's episodes are usually brief and encompass few elements; the closer a child is to puberty, though, the greater the chance for longer, more complex scenarios.

Children of any age have the same type of experiences, with the same elements and components in their scenarios, encounter and adjust to the same spread of aftereffects - as do adults. Similarities, for the most part, end there.

To understand children's cases we need to keep in mind that kids are tuned to different harmonics than adults. Concepts of life and death leave them with puzzled faces. "I don't end or begin anywhere," a youngster once told me. "I just reach out and catch the next wave that goes by and hop a ride. That's how I got here."

Child experiencers, even more so than with average youngsters, speak in the language of "other worlds," one that is less verbal and more akin to synesthesia (multiple sensing). They can seem as if

multi-sensory, multi-channelers, who live in a multi-verse. Thus, they easily giggle with angels, play with ghosts, talk to sky beings, see colors around people that change with mood, access and sometimes prelive the future, hear sounds when nothing and no one visible is present. This can alarm or panic parents. Such worrisome behavior may well have a logical explanation: near-death states expand faculties normal to us, enabling experiencers to access more of the electromagnetic spectrum.

Small children, via expressions, movements, and responses, can show signs that suggest they may have identified with or been imprinted by the otherworldly imagery and behaviors they were once exposed to during their episode. Their earthly family and environs, things normal and typical to culture and place, may seem somehow foreign to them or at least of little interest. Imprinting, in this regard, means to "fix firmly in the mind," and that is what I am referring to - children who fixed their sense of existence "elsewhere."

The temporal lobes in the brain (above the ear and around the temples) build "libraries" of shape, size, sound, smell, color, movement, taste, from the input they receive and are exposed to, so we will know what things are and how best to respond. These libraries alter to suit our needs from the day we are born to the day we die. Yet, if the child's near-death experience was associated with birth, or occurred during the early months and years of life, it is possible for those budding libraries to accommodate otherworldly models of identification, rather than those of earth. This imprinting can be augmented by sensory responses and intuitive knowing to the extent that the child may seem wise beyond his or her years when, in fact, the youngster is simply responding to what feels natural. Family and friends are at a loss to understand this, of having a model of life and living different from their own; nor do psychologists/counselors have training in how to interpret what may have happened. I noticed throughout my research that it is *normal* for young experiencers to lose parent/child bonding. This does *not* mean children cease to be loving and thoughtful, but it does indicate that they can become somewhat silent or "distant," independent, or unusually mature and detached. Bonding can be re-established through patience and the willingness of both child and parent to share and respect *feelings*, as they explore their differing worldviews.

The majority of child experiencers come back as if possessed of an adult's mind in a child's body. This finding broaches topics like reincarnation (the young can speak of past lives as casually and confidently as they might inquire about dinner), also physical afflictions ("I knew that I was a powerful, spiritual being that chose to have a short, but marvelous, mortal existence" - a quote from an older child born with cystic fibrosis).

Over half of the child experiencers in my research could remember their birth. Whenever possible I checked out these stories with parents, mostly mothers; never found an error. One-third had pre-birth memory - most of those beginning at about six to seven months in utero. Medically, it has been shown that the fetus at 26 weeks or six months gestation experiences many sensations, including pain. This medical discovery of fetal awareness directly applies to my research. Those with pre-birth memory (when older) reported the beginnings of their memory as a *soul resident in human form while still inside the womb*. Some had recall earlier than month six in utero, even of their conception, and of actively taking part as a spirit in choosing their own DNA. Most of those who spoke of remembering their conception, also said they "floated" in and out of their mother's womb until finally "settling in" when fetal formation was more complete (around the seventh to eighth month).

It is scary, certainly embarrassing, what some children remember from their pre-birth experience. Things like heated debates and arguments, conditions in the home, even how their mother felt about her own life - and her thoughts! Emotionally charged issues were remembered more readily, especially if the child's welfare was threatened (like the possibility of an abortion or because of an accident or an assault on the mother). And with missing twins, that "extra" who was never born or died at birth or was reabsorbed by the mother because of being damaged or malformed - whoever is "missing" can return in a

near-death scenario, to either a child or adult experiencer. On occasion, the one who was aborted reappears.

The span of ages involved in my study of children was from birth to 15 years. I had a large cluster between three to not-quite six years of age, and yet another between birth and 15 months. The only clustering, age-wise, of cases with adults was between 27 to 32 years. When I took another look at this, I discovered some interesting correlations between age factors and what typically occurs at that age for the average child. The timeframe between ages three and five (shown on the chart which follows) is the same timeframe when normal kids are more prone to speak of sighting aliens, fairies, angels, monsters, and all manner of the strange and oddly different, and in my research - have a near-death experience, as well. As you saw in the previous table, this period in a child's life is the birth of imagination, and, the time when long-term memory begins and storytelling has the greatest influence. Most kids during this period are almost entirely future oriented; temporal lobe development predominates.

Table 11.

| <i>Clustering of ages. Found in reported cases of a Near-Death-Experience</i> | |
|---|--|
| Age Clusters | Correlations |
| Children and Young Adults: | |
| Birth to 15 months* | When the actual wiring of the brain is determined and synapse formation increases 20-fold; utilizes twice the energy of an adult brain. |
| 3 to 5 years* | Time of temporal lobe development; explore and experiment with possible roles, future patterns, and continuity of environment. |
| 10 to 14 years | Time of puberty; hormone fluctuations, sexuality questioned, identity crisis. |
| Mature Adults: | |
| 27 to 32 years* | Cross-over time between adherence to values of friends, family, and the pressures of the workplace and the urge to establish self as an independent and mature ego; social crisis. |

Other clusters not as tight with mature adults, but did notice slight clusterings around the ages of 39, 49, and 59. Kids data based on 1997 analysis; adults of 1994 analysis. Asterisks with children show where the largest clusters were with the near-death research I conducted; same is true with adults. Strongest evidence for genius with experiencers was from birth to 15 months. Most alien, fairy, and monster sightings *with typical children* usually occur between 3 to 5 years of age (same timeframe for most of the NDE reports from kids).

In Table 12 there are some statistics with the 277 child experiencers in my study, age span from birth to 15 years, as concerns intelligence and creativity. There is no doubt in my mind that the younger the child the greater the effect from a near-death state, as you will see in the table to follow.

Table 12.

| <i>Soaring Intelligence and Creativity with Child Experiencers</i> | |
|--|-----|
| Mind works different from before | 84% |
| Significant enhancement of intellect | 68% |
| Mind tested out or considered on genius level (birth to age 15) IQ score between 150 to 160 | 48% |
| Birth to not quite 6, tested out on genius level IQ score between 150 to 160 | 81% |

| | |
|--|--------------------|
| Birth to just 15 months (especially if in dark/black light) IQ score begins at around 180 and on up | Nearly all of them |
| Drawn to and highly proficient in math/science/history | 93% |
| Professionally employed in math/science/history | 25% |
| <u>School:</u> | |
| -Easier after experience | 34% |
| -Harder after experience | 23% |
| -Rejected school discipline | 30% |

Note: School figures are partial as 43% claimed either to have blocked out school memories or just couldn't recall

After their near-death experience, the children's learning ability in most cases reversed: instead of continuing on with the normal developmental curve, from concrete (details) to abstract (concepts), they returned to life immersed in broad conceptual reasoning styles and had to learn how to go from abstract back to concrete. The learning curve reversed !!!

I found no difference between males and females with regard to enhanced intelligence and spatial and mathematical abilities. With the majority, IQ scores obtained when they were old enough to take the tests, that depicted genius, were between 150 to 160, some to 174. The exception was with those who had a dark or black light experience by 15 months of age. Scores for these began at 180 and ran into the 200s. Enhancements in music were almost as high as those in math (93%). The regions for math and music in the brain are next to each other. It is as if both of these regions were enhanced together *as if they were a single unit* (another argument for academia – provide musical instruction if you want kids who are good in math).

Near-death kids, almost all of them, come back abstracting (so do many adults, but with children it is more noticeable). This implies that the normal learning curve is somehow reversed. The ability to abstract, educators tell us, does not begin until the late teens, mostly in the twenties and thirties (if at all). Young experiencers must switch or reverse their ability to learn, to cope with the concrete methods all schools teach. What is the result? Far too often we lose their genius. Refer to the last table 12 - proficient in math/science/history, 93%; actually employed in those fields when older, 25%.

I have to ask this question: can kids, if near-death states are intense enough, undergo temporal lobe enhancement in advance of temporal lobe development? Would that account for the phenomenal abstractions a child displays afterwards? What if the learning reversals so apparent in child experiencers are the direct result of the brain being "charged" by the intensity of either a "light" or "dark" power surge at critical junctures in its growth? Is it possible that near-death states can cause a "second birth," and for adults as well?

Medical mistakes are witnessed by near-death experiencers quite often. You see this more often with children. The mistakes may be individual incidents, as when the patient while out-of-body witnesses what the doctor or nurse really did. Or mistakes may be an alert to an unusual up-surge of people "dying" from a non-threatening procedure - like what happened with children across the country who were being overdosed with ether during tonsillectomies (this occurred from early to mid-1900's). The accuracy of these reports suggests that the range of human faculties is as non-local as the mind.

Personal transformations

The majority of near-death experiencers come back positive "can doers," ready to transform themselves, their families, their careers, their religion, their politics, their pocket books. Almost

immediately worlds collide. The world they glimpsed during their episode does not match the one they left. Incredible joy for what was gained mixes with incredible sadness for what was lost. A great love can blend with deep grief.

This needs to be said upfront so no one misunderstands: the phenomenon *reorders* (not disorders); you *adjust* (not recover); you now have a *new reality* (not pathology). Mental health professionals completely miss this. Give experiencers a supportive environment, good listeners, information about the phenomenon, and time to "feel" their way through the many conflicts that occur, and they will amaze everyone with how readily they are able to integrate their experience into their daily life.

Therein lies the challenge: how many actually receive any degree of support or validation? *Not veterans* - military experiencers are virtually ignored; those who dare to talk about near-death states are usually diagnosed as mentally ill or hallucinating. *Not fundamentalists of any religion (especially Muslims)* - still today these folk consider the phenomenon the work of the devil; experiencers are either ignored, ridiculed, or punished; families curse children who have them (Muslims can and do target them for murder to "protect the family's honor").

Integration is like walking through a door that will no longer close.

Divorce. Between 75 to 78% of the experiencers in my research divorced, most within six to 12 years after their episode. This figure is much higher than the national average. Of interest, both spouses usually voiced the same complaint: "I don't know that person anymore." The non-experiencer wants what he or she once had. The experiencer no longer relates in that manner, nor is the past of any real interest.

Misunderstandings between people could be cut substantially if enough information about the phenomenon were readily available.

Money. The desire for and interest in money often fades afterward. A commitment to service and helping others, working because you enjoy the work, replaces prior fixations on the corporate model of "profit first." This can free the individual to live a simple life more in tune with spiritual values, or it can open the door to extremes of poverty, sacrifice, and perplexing behaviors. One male experiencer committed suicide out of the shame he felt for mismanaging the family's money and losing everything - when all he wanted to do was to make everyone happy.

Suicide. For the most part, near-death experiences are a suicide deterrent - but not always. With adult experiencers, between 4 to 5% attempted suicide after their episode *to get back to the Other Side*. These people found the integration process too difficult. With child experiencers, 21% attempted suicide within about 15 years of their experience. Some within five years. *This is a tragedy that could be avoided if more information were available.* We don't recognize how a child thinks. Their logic goes like this: "I was in a bright-filled world with loving people when I wasn't breathing. Now that I am breathing again, the bright ones are gone. The way to get back to them is to stop my breathing." A child does not see this logic as harmful, or hurtful to parents and family. To a child, this makes perfect sense. An easy way to counterbalance this thinking is to teach the child how to "get back" through guided visualizations: calming the heart and mind in a brief meditation, seeing once again that wonderful world, being there for a while, and then returning to full consciousness, wide awake and refreshed. The child should be encouraged to do this simple exercise occasionally, but not too often, as this life, where we are now in consciousness, is where we need to remain.

Table 13.
Integration Phases Near-Death Experiencers "Grow" Through

| Phase | Age |
|--------|--|
| One | <u>First 3 years</u> Impersonal, detached from ego identity/personality traits. Caught up in desire to express unconditional love and oneness with all life. Fearless, knowing, vivid psychic displays, substantially more or less energy, more or less sexual, spontaneous surges of energy, a hunger to learn more and do more. Child-like mannerisms with adults/adult-like behaviors with children, a heightened sense of curiosity and wonder, IQ enhancements, much confusion, challenged with communication. REBIRTHING. |
| Two* | <u>Next 4 years</u> Rediscovery of and concerned with relationships, family, and community. Service and healing oriented. Interested in projects development and work environment. Tend to realign or alter life roles; seek to reconnect with one's fellows, especially in a moral or spiritual way. Unusually more or less active/contemplative. Can resume former lifestyle, but more desirous of carrying out "mission." RETRAINING. |
| Three | <u>After about the 7th year</u> More practical and discerning, often back-to-work but with a broader worldview and a confident attitude. Aware of self-worth and of "real" identity (soul). Tend toward self-governance and self-responsibility. Spiritual development an ongoing priority, along with sharing one's story and its meaning. Dedicated. Strong sense of spiritual values. REBORN. |
| Four** | <u>Around 15th year (with some the 20th year or so)</u> Immense fluctuations in mood and hormonal levels. Often discouraged or depressed while go through a period of "grieving" reassessing gains and losses from the experience, while fearful that effects are fading. Many problems with relationships, money, and debts. A crisis of "self." If can negotiate "the darkness light can bring," a depth of spiritual maturity and confidence emerges that is unique to the long-term effects of a transformation of consciousness. BORN AGAIN. |

Note:

*Child experiencers in my study who turned to alcohol for solace (1/3), began drinking during this phase.

**Child experiencers who attempted suicide (21%), did so in this phase

Opposite Reactions

Child experiencers do not integrate near-death experiences as do teenagers and adults. A child's job is to survive, grow, and learn. Anything that obstructs this instinct is either ignored, repressed, set aside, forgotten, or jumbled. When children try to tell their parents, siblings, relatives, or friends about their episode, they are most often rebuked, yelled at, or punished. "It's just your imagination," a parent would say, or "Shut up." This need to communicate but inability to do so can drive a child into a lonely silence, or acting out at school, or turning to alcohol for solace. One-third of those I contacted had real problems with alcohol within five years of their episode. We're talking about kids, here. Social relationships in school and afterward also posed a unique situation, since the child experiencer could usually "see through" what others were planning to do or what might be the outcome of any given situation.

Adult experiencers take an average of seven to 10 years to integrate their experience. With children, it's 20 to 30 years. Experiencers of any age may be able to deny or hide their experience, but they cannot stop the aftereffects. "Connecting the dots" between the episode and what happens afterward is not always a simple thing. Thus, kids seldom evidence the same distinctive shifts that adults do until Phase Four.

Reasons why this might be so:

ADULTS deal with changes afterward, and the necessity of finding new reference points. They are challenged to redefine themselves and the life they live from another perspective. Before-and-after

comparisons can be made and the results are off times quite striking. For many, it is as if they go through a process similar to rebirthing and rediscovery.

CHILDREN deal with the strangeness that what they encounter in the world around them does not match what they know and can identify with. They are challenged to recognize the source of their uniqueness and accept the validity of what they gained from their experience. Seldom can comparisons be made, because what happened to them is the basis of what they know. With the very young, there is no "before-and-after," only what applies in the "now moment" and is usable.

Adults integrate. Children compensate/adjust so they can "fit in."

Children are perfectly capable of balancing two differing worldviews in a healthy manner, if they have supportive parents or relatives who are good listeners. Where psychologists and counselors slip up is in not realizing that the young tend to bond with spirit beings and imprint to "other worlds." This is *not* imagination gone wild.

An invaluable project for child experiencers of any age is to "make their book." Encourage them to get paper, color crayons, pencils or ink pens, and tell the whole story of what happened to them - commit it to paper - and leave extra blank pages at the end for additional thoughts as time goes by. Put in newspaper clippings if there are any, and other people's comments if they were there and witnessed any part of the episode. Bind the book with a ribbon or some way of holding pages together. Have a cover and title it. I've seen miracles happen when experiencers did this. It is incredibly healing. One woman said that making her book was almost as powerful as her near-death state.

Conclusion

While I strive for perspective, that context undergirding phenomena that might explain it, my peers strive for details that can be listed, compared, tested, and duplicated. I believe that both methods of research are not only necessary but crucial. As science turns more to the study of consciousness as primary, the need for broader skill-sets will demand that people such as shamans, bioengineers, DNA experts, psychics, musicians, electrical and plasma experts, dowzers, kinesiologists, symbologists, historians, philosophers, energy medicine practitioners, and ministers come forward to work side by side in cooperative projects. Team studies linking people of multiple disciplines is the way of future research.

The three great mysteries facing science are: what is consciousness? what is time? what is free will? Human evolution cannot explain self-awareness. Intelligent design misses the point. In-depth research, on near-death episodes and other transformative states, may finally open the door to the real mystery and the real power of direct perception. To this possibility I offer my work.

Bibliography

Ackerman, J. (2007). *Sex, Sleep, Eat, Drink, Dream: A Day in the Life of Your Body*. New York, NY: Houghton Mifflin.

Atwater, P. M. H. (1999). *Future Memory*. Charlottesville, VA: Hampton Roads.

Atwater, P.M.H. (2003). *The New Children and Near-Death Experiences*. Rochester, VT: Bear & Co.

Atwater, P.M.H. (2007). *The Big Book of Near-Death Experiences*.
Charlottesville, VA: Hampton Roads.

Atwater, P.M.H. (2011). *Near-Death Experiences: The Rest of The Story*. Charlottesville, VA:
Hampton Roads.

Gallup, G. (1982). *Adventures in Immortality*. New York: McGraw Hill.

Moody, R. (1975). *Life After Life*. Covington, GA: Mockingbird
Books.

Ring, K. (1980). *Life at Death*. New York, NY: Coward, McCann and
Geoghegan.

Ring, K. (1984). *Heading Toward Omega. In Search of the Meaning of the Near-Death Experience*.
New York: William Morrow.

P. M. H. Atwater, L.H.D., PhD is one of the original researchers in the field of near-death studies, having begun her work in 1978. She is a pioneer in subjects like near-death experiences, the aftereffects of spiritual experiences, transformations of consciousness, reality shifts, future memory, and modern generations of children and how they differ from previous generations. Atwater is a noted authority on near-death experiences (NDEs), especially on the after-effects of NDEs, on NDEs in children and on hellish NDEs. She has experienced three NDEs herself and has interviewed nearly 4,000 adult and child near-death experiencers. She is a current member and a former Board Member of the International Association for Near-Death Studies (IANDS). In 2001, her work on NDE after-effects was cited in *The Lancet*. In 2005 she was awarded with the Outstanding Service Award from IANDS and with the Lifetime Achievement Award from NATH (National Association of Transpersonal Hypnotherapists) and in 2010 she was also awarded with the Nancy E. Bush Award for Literary Excellence and the Lifetime Achievement and Special Services Award from IANDS. As a result of her writings, she has been invited to speak around the world. Atwater calls the entire field of NDE to recognize near-death states as part of the larger genre of transformations of consciousness and how they change people. Her latest book on this subject, which gives her summation, is *Near-Death Experiences: The Rest of The Story* (2011). Other major books of the author are *Children of the Fifth World: A Guide to the Coming Changes in Human Consciousness* (2012), *I Died Three Times in 1977 - The Complete Story* (2010), *The Big Book of Near-Death Experiences: the ultimate guide to what happens when we die* (2007), *Beyond the Indigo Children: The New Children and the Coming of the Fifth World* (2005), *We Live Forever: the real truth about death* (2004), *The New Children and Near-Death Experiences* (2003), *Coming Back to Life: The After-Effects of the Near-Death Experience* (2001), *Children of the New Millennium: children's near-death experiences and the evolution of humankind* (1999) *Future Memory* (1999) and *Beyond the Light: what isn't being said about near-death experience* (1994). Besides her books she has recorded several CDs/DVDs. The most relevant; *As You Die – talks to the dying person through physical death as it occurs and the soul's separation*.

E-mail: atwater@cinemind.com Website: www.pmhatwater.com Blog: <http://pmhatwater.blogspot.com>

Electromagnetic Aftereffects of Near-Death Experiences: A Preliminary Report on a Series of Studies Currently Under Way

Capacidades electromagnéticas adquiridas como consecuencia de experiencias cercanas a la muerte:
Estudio preliminar introductorio a una investigación actual

Cheryl Fracasso
Saybrook University
San Francisco, CA, USA

Harris Friedman
Walden University
Minneapolis, MN, USA

Abstract

Reported near-death experiences (NDEs) have been associated with various extraordinary phenomena, including profound psychological, physiological, and spiritual aftereffects. One specific phenomenon involves electromagnetic aftereffects (EMEs) where technological and electrical equipment malfunctions for no apparent reason. This qualitative pilot study explored EMEs in those reporting NDEs. Ten NDErs were screened with the Near-Death Experience Scale (NDE Scale), and administered the Electromagnetic Effect Questionnaire (EMEQ) to assess EME depth and the Electromagnetic Phenomena Questionnaire (EPQ) to explore the phenomenological experience of EMEs. EME rates found among these NDErs (70%) were congruent with rates reported in previous studies. A preliminary analysis of a second study that is currently under way is also overviewed, highlighting that of 136 NDErs, 71% are reporting EMEs. While quantitative data have not been formally analyzed yet, three case studies are highlighted, and differences between NDErs with and without EMEs are explored.

Key Words: electromagnetic aftereffects, electromagnetic hypersensitivity, electrical sensitivity, near-death experiences, clinical implications, integration issues

Resumen

Algunos testimonios sobre experiencias cercanas a la muerte (ECMs) se han asociado con fenómenos extraños como intensas consecuencias psicológicas, fisiológicas y espirituales. Uno de estos extraños fenómenos está relacionado con el electromagnetismo donde equipos tecnológicos y eléctricos cercanos a éstas personas dejan de funcionar correctamente sin razón aparente. El presente artículo presenta una investigación piloto de tipo cualitativo donde se estudiaron los efectos electromagnéticos en diez personas que vivenciaron experiencias cercanas a la muerte. Se les pasó la escala de experiencias cercanas a la muerte (NDE Scale) y el cuestionario de efectos electromagnéticos (EMEQ) para evaluar la profundidad del efecto electromagnético, así como el cuestionario del fenómeno electromagnético (EPQ) para medir la experiencia fenomenológica del efecto electromagnético. El valor (70%) de éste tipo de consecuencias en los sujetos se mostró en concordancia con los resultados de investigaciones anteriores. En este artículo también se exponen los análisis preliminares de un segundo estudio que está siendo actualmente llevado a cabo, donde se destaca que de 136 personas con experiencias cercanas a la muerte, un 71% manifiesta efectos electromagnéticos. Aunque los datos cuantitativos no han sido todavía formalmente analizados, en este trabajo se examinan tres destacados estudios de caso y se presentan las diferencias de personas con ECM donde unas han tenido efectos electromagnéticos y otras no.

Palabras clave: efectos electromagnéticos, hipersensibilidad electromagnética, sensibilidad eléctrica, experiencias cercanas a la muerte, consecuencias clínicas, problemas de integración

Received: 17th July, 2012
Accepted: 23th December, 2012

Introduction

The widespread occurrence of near-death experiences (NDEs) is unequivocal, namely millions of people in the US have reported such experiences. This phenomenon is also rapidly growing, likely due in part to advancing techniques of resuscitation in which people are increasingly being brought back from the brink of death with NDEs to report. As a result, NDEs have captured the attention of researchers from various scientific fields, such as neurology (Greyson, 2010; Parnia, Spearpoint, & Fenwick, 2007) and quantum physics (Laws & Perry, 2010), as well as have captured the attention of the media, resulting in much public interest. What remains equivocal is whether NDEs can ever be confirmed as objectively real (i.e., veridical to some external criteria for defining reality) or whether they are to be relegated to merely being judged as subjective experiences that do not necessarily indicate anything objectively factual. If ever accepted as real, however, NDEs could provide a vehicle to openly address fundamental questions that have long interested humankind, such as whether consciousness can exist independently of a functioning brain and whether there might be an afterlife. NDEs seem to imply these are possible and, if so, these would undoubtedly have radical implications not only for science, but for every sector of human existence. Many scholars have recognized the profundity of these types of questions, as well as how research on NDEs may provide a unique avenue for their exploration (e.g., Carter, 2010; Fenwick, 2010; Greyson, 2010; Fracasso & Friedman, 2011).

Presently, although there are many theories used to explain (or sometimes explain away) NDEs, those based solely on reductionistic and materialistic views have weaknesses that cannot yet fully account for the many puzzling extraordinary NDE phenomena that are often reported. Most difficult to explain in a reductionistic and materialistic way are numerous dramatic aftereffects on those having NDEs (NDErs), such as reports of enhanced energetic (e.g., healing abilities) and psi (e.g., telepathy) experiences, along with profound changes in spiritual beliefs, values, and lifestyle (Fenwick, 2010; Greyson, 2010; Moody, 1975; Ring, 1980, 2006). One specific puzzling experience frequently reported involves electromagnetic aftereffects (EMEs) in which many NDErs claim increased sensitivity to lights, computers, phones, and other technology (Atwater, 2007; Nouri, 2008; Ring, 1992). These are particularly interesting as they are not just subjective, but are potentially amenable to so-called objective measurement and observation.

Ring (1992) was among the first to conduct scientific studies on the possible aftereffects of NDEs. He compared 74 NDErs with 54 controls, and found that the NDErs scored significantly higher in the following six categories compared to a control group: physical sensitivities, physiologic changes, neurological changes, energetic changes, emotional changes, expanded mental awareness, and changes in purported paranormal function. Ring also found that 49% of NDErs reported an increased sensitivity to lights, as well as various physiological changes (e.g., decreased rates of blood pressure, body temperature, and metabolic rate). Furthermore, 59% of the NDErs Ring studied reported an increase in experiencing energetic currents flowing through their body, 58% reported an increase in mind expansion, 61% reported increased psychic abilities, and 24% reported that they seemed to cause “electric or electronic malfunction” (p. 277), what we are calling EMEs, compared to only 7% of his controls. As an example, Ring interviewed one NDEr who stated:

I have a difficult time as many computers malfunction and lights blow when I walk under them. This has happened for years, and I tried to ignore this was happening. I simply cannot wear a watch for long before it breaks down. I went to...a department store and walked in front of their brand new computer and it quit working...When I held a fluorescent light in my hands, the entire bulb lit up, like it was turned on. It seemed like there was a lot of static electricity. (p. 159)

Other researchers have looked at EMEs reported by NDErs (e.g., Bonenfant, 2005; Nouri, 2008), but Atwater (2007) significantly extended Ring’s (1992) observations into this area. She found that an astounding 73% of nearly 3,000 NDErs she studied reported EMEs, which were not only stressful, but very costly (i.e., many reported having to consistently replace and/or fix various types of technology). Atwater (2007) stated:

Of the experiencers I interviewed, 73% percent fit this profile and gave numerous reports of electrical snafus such as microphones that “fought” them, recorders that began to “smoke,” computers that “crashed,” television channels that “flipped,” electronic memory systems that “wiped out,” or street lights that “popped” as they walked by, None could wear watches anymore without consistently repairing or replacing them. All of them reported a heightened awareness of electromagnetic fields in general. Experiencers claim to have a new awareness of invisible energy fields and a sensitivity to electricity and geomagnetic fields. Many claim to “see” sparkles or balls of energy in the air, the aura (or energy) surrounding all things, and to develop a sensitivity to meteorological factors such as temperature, pressure, air movement, and humidity. (p. 109)

More recently, Nouri (2008) looked at EMEs reported by NDErs by designing a self-report measure of EMEs. She divided participants into three groups to explore self-reported EMEs. Groups consisted of 36 NDErs, 20 participants who had a close brush with death but did not experience a NDE, and 46 participants who had not been close to death. Nouri found that 70% of the NDErs reported at least one problem with electromagnetic equipment within the past year, while many NDErs reported problems “all the time” (p. 83) depending on the device (i.e., lights, cell phones, computers, TVs, etc.), as compared to very low rates in both of the other two groups. Moreover, Nouri found correlations between EMEs and deeper NDE experiences, as reported by higher scores on the NDE Scale (Greyson, 1983). In short, the NDErs Nouri studied who reported deeper NDEs also reported more EMEs.

As for more scientifically credible laboratory research, as opposed to self-report measures, only one study could be located that specifically sought to measure EMEs of NDErs using technology. Knittweis (1997, p. 223) used a “thermistor and electrocope to measure heat and electron flow from participants’ hands” in a small sample of 7 NDErs and 10 non-NDErs. Knittweis found no differences between the two groups in measures of heat or electron flow.

The widespread reporting of EMEs by NDErs suggests this may be a fruitful avenue to explore. Because it is a commonplace claim by NDErs that is both extraordinary, by which we mean there is no ordinary explanation for this, and perhaps testable, it provides a good target for research. Again, if NDEs provide empirically accessible examples of the limitations of a reductionistic and materialistic worldview, it is important to help establish or refute the possible veridicality of their frequent claims. Likewise, because NDErs often find these EMEs stressful and costly, this is an important area of research in terms of practical benefits for helping NDErs cope, and even possibly flourish, with the aftermaths of their experiences (Atwater, 2007; Bonenfant, 2004, 2005; Nouri, 2008; Ring, 1992).

Subsequently, the first author conducted a qualitative study for her dissertation to gain a deeper understanding of the phenomenological experience of EMEs reported by NDErs, in addition to an in-depth exploration into various post-integration issues. Once the pilot study was completed, a second study was launched with co-researchers Kenneth Ring, Harris Friedman, and M. Scott Young in order to expand the study with a much larger sample size. Data from the pilot study are reported, as well as are preliminary data from the ongoing study.

Method

The pilot study utilized a mixed-method survey to collect both quantitative data as well as qualitative data using written self-reports. This included administration of the Near Death Experience Scale (NDE Scale; Greyson, 1983) to ensure that NDErs met a criterion for having had a NDE, and the Electromagnetic Effect Questionnaire (EMEQ) (Nouri, 2008) to judge the extent of their EMEs. Qualitative data was also gathered using the Electromagnetic Phenomena Questionnaire (EPQ; Greyson and Liester, 2011). The EPQ was used to gain a deeper insight into NDErs’ personal experiences with various types of electromagnetic after-effects, as well as any post-integration issues this experience may be causing in their lives.

The second study also utilized a mixed method survey to collect data for phase one, followed by in-depth interviews for a few randomly selected participants who reported EMEs.

Research Design

The pilot study began with administering a series of questionnaires to participants via an online survey site in order to gain deeper insights into the phenomenological experience of EMEs, and various post-integration issues. Once the pilot study was completed, a second phase of this study (currently in progress) was launched, which is utilizing a mixed methods approach of collecting qualitative and quantitative data via an online survey site, followed up with in-depth interviews for randomly selected participants who reported EMEs. A third phase of the study is also currently in progress, where we are exploring electrical sensitivity reported by non-NDErs to qualitatively ascertain their similarities and dissimilarities from those of NDErs who reported EMEs.

Participant Selection and Recruitment

A convenience sample of NDErs was recruited from the Near-Death Experience Research Foundation website (<http://www.nderf.org>), and from snowball sampling by referral from experts in the NDE field. Advertisements were placed with various support groups nationally from the International Association for Near-Death Studies (IANDS), a newsletter announcement was sent by P. M. H. Atwater, and advertisements were also placed on the first authors' website, Near-Death Experience Information and Research (<http://www.near-deathexperienceresearch.com>). After signing a consent form, participants were screened using Greyson's (1983) NDE Scale to ensure they met the minimum cut-off score of 7. Both studies were approved from Saybrook University's Institutional Review Board (IRB).

Pilot Study Details: Phase 1

Instruments

Participants were administered the NDE Scale and the Electromagnetic Effect Questionnaire (EMEQ), as well as the Electromagnetic Phenomena (EPQ), online. Additionally, demographic information was collected. Note, this phase of the study was the first author's dissertation which was supervised by the second author, Harris Friedman (Fracasso, 2012).

1.- Near-Death Experience Scale

The NDE Scale (Greyson, 1983) consists of 16-items in a Likert-type multiple-choice scale that has been widely used in the field to establish NDE criteria and tease out false positive and false negative reports. The scale consists of four sets of categories that assess cognitive, affective, paranormal, and transcendent NDE characteristics, and participants must score a minimum of seven points to meet NDE criteria, with a maximum range of 32 possible points. Greyson's (1983) scale has been shown to have high rates of reliability and validity in screening out those who had a close encounter with death but did not experience a NDE, as compared to those who had a NDE (Greyson, 1983, 1997, 2001, 2003, 2007). According to Greyson (2007), the scale has high internal consistency, split-half reliability, and test-retest reliability, as follows: "mean scores and standard deviations on the two halves were 7.64 ± 4.22 and 7.38 ± 3.94 ; the resultant Pearson Product-moment reliability coefficient between the two halves was .84, Spearman-Brown corrected to .92" (p. 373). In this same study, internal consistency of this scale using Cronbach's coefficient alpha for the entire NDE Scale was .88, while reliabilities for subscales were .75 for the cognitive component, .86 for the affective component, .66 for the paranormal component, and .76 for the transcendental component.

2.- Electromagnetic Effect Questionnaire

The EMEQ (Nouri, 2008) is a 5-point Likert scale that consists of 16 questions with five main sections. Nouri reported high internal consistency on four of the scales and the total scale, and an

acceptable rate on the remaining scale, namely Cronbach alphas of .88 for the light scale, .93 for watches, .64 for computers, .89 for cell phones, .94 for emotional state, and .94 for the entire scale. Nouri also reported evidence of convergent and divergent validity.

3.- Electromagnetic Phenomena Questionnaire

The EPQ (Greyson & Liester, 2011) consists of 59 questions designed to explore in-depth details about EME activities. The questionnaire consists of a mix of yes/no questions, followed up with qualitative questions that ask participants to describe specific details of their experience. For example, question one asks, "Do you have problems wearing watches?" If participants answer "yes," they are then asked to elaborate on "why." The EPQ thoroughly addresses various types of equipment, such as specific questions about lights, computers, TVs, car batteries, and so on, along with participants' perceived levels of difficulty with these technologies, and how often these experiences occur.

Main Study Details: Phase 2

This phase of the study is an extension of the first author's dissertation, and as mentioned above, is being conducted by the first author and co-researchers, Kenneth Ring, Harris Friedman, and M. Scott Young.

Instruments

This phase of the study used the NDE Scale (Greyson, 1983) to screen participants for NDEs, and used a different series of questionnaires for a more in-depth exploration of EMEs. Specifically, the EMEQ and EPQ were not used in this phase of the study, and instead, the first author and co-researcher Kenneth Ring, designed a new questionnaire, and added the Psychophysical Changes Inventory (PCI), and the Life Changes Inventory-Revised (LCI).

1.- Electrical Sensitivity Inventory

This questionnaire was developed by Ring and Fracasso (2012) and consists of four main sections. The first section, of the Electrical Sensitivity Inventory (ESI) consists of 5 questions designed to screen participants for electrical sensitivity. This is followed by the Electrical Sensitivity Questions section, which consists of 10 questions designed to gather details about issues with specific technologies, such as cell phones, lights, computers, etc. Answers are on a Likert-5 point scale, ranging from never, sometimes, often, always, and all the time. This is followed by 14 General Sensitivity Questions, which are designed to explore other correlates or antecedents that may go along with electrical sensitivity. For example, we ask questions about allergies, chemical sensitivities, psychic phenomena, both before and post-NDE. Answers are on a Likert-5 point scale, ranging from never to all the time. The final section, Medical History Questions, consists of two questions about their exposure to electrical fields in general, either via a previous major surgery, or resuscitation that may have involved electricity (i.e., heart paddles).

2.- Psychophysical Changes Inventory

Ring's (1992) Psychophysical Changes Inventory (PCI) consists of 60 questions, with 6 subscales, designed to measure various physical and psychological aftereffects of NDEs. This Likert-type scale has three possible answers that are rated as follows: agree (1 point), disagree (-1 point), and not sure (0 points). Scores range from 0 to 60 on this scale, with higher scores indicating a greater change in physical or psychological changes. The 6 subscales consist of the following: physical sensitivities, physiological and neurological functioning, psychoenergetic functioning, emotional functioning, expanded mental awareness, and paranormal functioning, and are also scored separately.

As of this date, no psychometrics have been developed on this scale, so factor analysis and reliability statistics will be included as part of this study.

3.- Life Changes Inventory – Revised Questionnaire

The Life Changes Inventory Revised (LCI-R) (Greyson & Ring, 2004) will be administered as part of an exploratory study. The Life Changes Questionnaire (LCQ) has been the most widely used measure in the NDE field to measure attitudinal aftereffects, and was originally developed by Kenneth Ring in 1984, and was renamed the Life Changes Inventory (LCI) in 1990. This measure was revised by Greyson and Ring in 2004 and was renamed the Life Changes Inventory Revised (LCI-R). However, in its 27 years of use and revisions, it is unclear whether this is a valid and reliable measure, since no validity and reliability measure have been established. The current LCI-R (Greyson & Ring, 2004) consists of 50 questions and 9 subscales on a Likert 5-point scale with answers ranging from, strongly increased, increased somewhat, not changed, decreased somewhat, to strongly decreased. Overall, participants are instructed to consider the statement “Since my near-death incident...” at the beginning of all of the questions. For example, question one is: “my desire to help others has”...while question two is: “my compassion for others has.” Scores for each of the items range from (+2) to (-2). Specifically, items are scored as follows: “strongly increased” (+2), “increased somewhat” (+1), “not changed” (0), “decreased somewhat” (-1), and “strongly decreased” (-2). The scale also yields nine subscale scores, as well as a global scale score, with higher scores indicating higher levels of attitudinal changes post-NDE.

Pilot Study Results: Phase 1

The data were analyzed to address the research questions examined in this study, as follows: What are the features of the phenomenological experience, as reported by NDErs in regard to their EME experiences reported on Greyson and Liester’s (2011) Electromagnetic Phenomena Questionnaire (EPQ)?; and What, if any, are the most commonly reported electromagnetic issues post-NDE?

Description of the Participants

Ten individuals fully completed the pilot study survey. Of these 10 participants, all met the minimum criteria (score of 7) on the NDE Scale to be seen as having a NDE. Out of the 10 participants, 9 completed the demographic section. Eight were females, 1 male, and 1 unknown, and ranged in age from 21 to 63 with a mean age of 43. Nine participants were Caucasian and 1 was unknown. Seven reported living in the US, 1 in Australia, 1 in Sweden, and 1 unknown. In regards to current marital status, 5 reported being single, 3 married/living with a partner, 1 was separated or divorced, and 1 was unknown. Prior to their NDE(s), 6 were single, 2 married/living with a partner, 1 was separated or divorced, and 1 was unknown. In reference to current education, 1 reported some high school, 3 some college, 1 some graduate school, 3 a masters degree, 1 a doctoral degree, and 1 was unknown. Prior to their NDE(s), 2 reported completing some high school, 1 completed high school, 1 completed trade school, 2 completed some college, 1 completed an associate degree, 1 completed a bachelors degree, 1 completed a masters degree, and 1 was unknown.

Participants reported current religious/spiritual preferences as 1 Christian, 1 Buddhist, 1 Latter-Day Saints/Mormon, 2 “spiritual,” 1 “atheist,” 1 Native American, and 1 “nature,” 1 “other,” and 1 unknown. Seven reported their NDE was caused through an accident or injury, while 3 reported through an illness (note: 3 of the participants reported having more than one NDE, so these figures were calculated based on the participants’ first NDE). Likewise, calculating time in years since their NDE(s) was challenging, since multiple NDEs were reported by several participants. Subsequently, based on the date of the first NDE reported by all participants, time in years since their first NDE ranged from 5 to 47 years ago, with a mean of 21 years.

Quantitative Results

Reliability measures of the scales.

In the pilot study, internal consistency using Cronbach's alpha on the NDE Scale ranged from excellent to unacceptable, as follows: .91 for the total score, .85 for the cognitive scale, .46 for the affective scale, .82 on the paranormal scale, and .52 on the transcendental scale. Thus, despite the small sample size, NDE Scale reliability ranged from excellent on the overall total scale score, good on the cognitive scale, good on the paranormal scale, poor on the transcendental scale, and unacceptable on the affective scale. Internal consistency using Cronbach's alpha on the EMEQ scale in this study also ranged from excellent to good, with a total scale score alpha of .94, .84 on the light scale, .95 on the watch scale, .86 on the computer scale, .91 on the cell phone scale, and .88 on the emotional scale.

Qualitative Results

This section provides a qualitative analysis of the phenomenological experience of EMEs reported by participants in the pilot study. This includes an examination of the predominant themes and categories that emerged from the data.

Data Analysis for Research Question 1

The data analysis for Research Question 1 resulted in five main categories emerging, namely problems with watches/clocks/batteries, lights, computers, cell phones, and other electromagnetic phenomena (problems with a wide range of other electrical appliances). Likewise, how participants experienced electromagnetic fields and electricity in general was examined, in addition to their perceived explanations for why these phenomena occur.

Watches, clocks, and batteries

For watches, clocks, and batteries, 6 of the participants reported having some type of problem. Four rated these problems as very high, while 2 reported high levels, and 4 reported no problems. For example, to the question "Sometimes I notice my watch or clock running too slow," 6 of the participants stated they agreed, and 4 of them reported that this has caused so many problems that they have reduced or stopped wearing watches of any kind as a result. Likewise, 6 reported that unusual problems consistently occurred with watches or clocks in their presence, and 5 reported that they simply stop working or keep time incorrectly, while 4 reported that the battery goes out quicker than it should. Three reported that watches will continue running but keep time incorrectly, and that battery powered watches and wind-up watches created the most problems (8 answered they did not know if solar powered watches caused problems since they had not used this type of watch before). Five of the participants reported that it takes between hours to weeks for a watch to malfunction after putting it on, and 4 reported that this has happened with ten or more watches. One participant stated:

My NDE happened at age 4 or 5 in 1969/1970, although I think I got my first watch at around age 7 and it started happening at that time. I cannot remember a time when I was able to wear a watch without it either ceasing to work completely or having to change the battery constantly only to find that the watch would still not keep accurate time and the battery would become completely drained in a short amount of time. I did not relate this to my NDE until years later when I read about this particular aftereffect. My mother was always asking me what I was doing to my watches, as it happened so often she thought I was somehow sabotaging them. I have not worn a watch for a very long time.

Lights

On the EMEQ light scale, 9 of the participants reported having some type of problem with lights flickering on or off, burning out too quickly, or actually exploding, in the case of two participants. Two reported very high levels, 4 high levels, 3 moderate levels, and 1 reported no problems with lights. What's interesting to note is that while only 7 of the participants reported EMEs, 2 of the participants who did not report EMEs actually scored high enough to meet criterion for this scale. To the question, "Sometimes I notice that in my presence, lights flicker or go off and on by themselves," 8 reported that they agree to strongly agree, while 4 reported that lights that should remain steady will sometimes spontaneously dim or brighten, or turn on and off when in their presence. One participant reported that not only do light bulbs flicker and dim in her presence, but have actually exploded occasionally when she is near them.

Computers

Six of the participants reported having some type of problem with computers, and 2 reported that they try to avoid the use of computers because they have experienced so many problems with them. Two reported very high levels, 3 reported high levels, 1 moderate levels, and 4 no problems. To the question, "Computers seem to malfunction when I am near them," 6 reported they agree to strongly agree, and also reported that it was to such a degree that it was noticeably different compared to others who do not have these same sort of problems. One participant reported:

My son has built a few computers for me and finds it strange that they seem to run fine when he has tested them but when I start to use them they behave strangely. Examples would be fans in the tower running at extremely high speeds, monitors switching off by themselves, and even the clock on the monitor doesn't keep time properly.

Participants also reported that this experience was very stressful and costly, requiring constantly having to replace or repair things.

Cell phones

Six of the participants reported having some type of problem with cell phones, with the most common problem reported being calls that involved static or cut off unexpectedly, more than other people who have a similar service. One participant reported that she has reduced or stopped her use of cell phones because she has had so many problems with them. One participant reported very high levels, 2 high levels, 3 moderate levels, and 4 no problems. One participant reported being especially agitated by the use of cell phones, "I am very bothered by the use of cell phones and almost always have mine off. I can't say for sure what is going on, but it agitates me greatly to be on cell phones. I keep my phone on off most of the time because it bothers me with some kind of static energy." Overall, the most common complaint from participants in this sample involved cell phones dropping calls, or producing a lot of static that interferes with the reception.

Other electrical appliances

In addition to issues with lights, watches, clocks, batteries, computers, and cell phones, 7 of the participants reported problems with other types of electrical appliances when they were near them. For example, one participant stated that "fuses keep blowing in my microwave and vacuum cleaner," and when she takes them to the repair shop to get them fixed, she is usually told that there is nothing wrong with them. Six of the participants reported being able to sense the presence of electromagnetic fields around them when others do not, and reported that they are able to sense this through a vibration or other tactile sense that others do not. One participant reported being able to sense electromagnetic fields by seeing a color or light occasionally: "Not always but on occasion I do see light around them (electromagnetic fields), and sometimes something like a grid or wave of energy around them. I also sometimes see color. I also see strong waves of energy in my room at night, often. I do healing work and can feel energy on other people."

Six reported feeling nauseous, queasy, or dizzy around electricity or high electromagnetic fields, and one participant expressed ongoing problems with attracting and/or generating a lot of electricity, as follows:

I seem to generate or attract a lot of electricity myself and have to be careful touching metal objects as I am always getting a small electrical shock. This can happen when reaching for a can on a supermarket shelf, opening and closing a vehicle door, or brushing the dog etc. I know this happens to other people but it happens to me constantly. Also on windy days it becomes particularly bad with clothes that I have been wearing (made from natural fibers) becoming alive with electricity.

Six participants also reported that they sense electromagnetic fields by hearing a hum or other noise that others do not. One participant reported this experience particularly stressful and stated, “Yes, and augh!! I hate that! Annoys me!!” She continued, “We have had so much paranormal activity in the home, I didn't think to connect it with my emotional state, so I'm not sure if my emotional state is related to this or not. I have heard noise in my house often when no one is there, likely from electrical power surges coming through. I don't know how to explain it but the family also notices it.”

In conclusion to question one, the predominant themes emerged into the broad categories of watches/clocks/batteries, lights, computers, cell phones, and a range of other problems with electrical appliances, along with ways that participants experience being around electromagnetic fields and electricity in general. Watches, clocks, and batteries were the most commonly reported issue in this sample, with 6 reporting ongoing problems. Nine participants also scored moderate to high in the light category. In summary, 7 reported ongoing problems with a range of other electrical appliances. Computers and cell phones were the next commonly reported issue with 6 reporting ongoing problems, followed by 4 who reported ongoing problems with TVs and radios. Likewise, 6 reported feeling queasy, dizzy, or nauseous around electricity and/or electromagnetic fields, with 6 who reported sensing electromagnetic fields that others do not by either hearing a hum, or sensing energy with some other type of tactile sense.

Data Analysis for Research Question 2

The data for Research Question 2 were partially addressed in question one, which highlighted that the main electromagnetic issues experienced post-NDE fell into broad categories such as watches/clocks/batteries, lights, computers, cell phones, and a range of other problems with electrical appliances. However, other themes emerged that appeared to be related to those who reported EMEs.

The first category that emerged from the data was stress-related and/or integration issues, as a number of NDErs reported that not only are these experiences costly in having to constantly replace electrical appliances or equipment, but that there were also ongoing issues of not being believed by family, friends, or others. Interestingly, other categories that emerged included high rates of allergies and chemical sensitivities, many of which began occurring after the participants' NDE(s). Another interesting category that emerged was enhanced sensitivity to geomagnetic activity, such as being able to sense earthquakes, tornadoes, thunderstorms, and other weather patterns before they occurred, as well as increased psi experiences. Below is a detailed overview of the predominant categories that emerged from the pilot study data.

Stress-related and/or integration issues

Some additional comments that participants shared revolved around some of the stress and/or integration issues associated with experiencing EMEs. One participant expressed the following in regard to problems this has caused at her place of employment, as well as by not being believed by others:

For a long time I thought I was going nuts so it created it's own set of problems, and it gets damn expensive getting things checked and fixed all the time, not to mention people thinking you're nuts, or doing something weird. The stress at work is unbearable some times, but I deal with it. It is sad that people think I am not very smart and always seem surprised at how smart I really am. I just can't operate electric things well, which in this day and age is not good or fun. Additionally, computers and cell phones, as well as a few other devices frequently act up, go out, or stop working for no apparent reason. I have been told many times by the repair people that there is nothing wrong and have no clue why it is doing what it is doing, and then they start to work. I can be doing something on a computer no problem, and then for no reason it won't work and people can see that I am doing things correctly, and have no idea why it is not doing it for me, and then I will walk away and it works fine. I lose homework and e-mails or have 4 day delays getting an e-mail or dropped calls. My car battery goes out faster than it should with no other electrical problems, same with wiper motors and what not. The final thing is it is getting to the point I can not have anything electric in my bedroom so I can sleep, and it is also affecting my work to the point of being written up. I joke about it as well with people who know me, but it has had an impact on my life.

Clearly, this experience is having a great impact on her life, to a point where she is being written up at work due to consistent problems with being able to use the cash register properly due to EME issues.

Other issues that participants reported included not being believed by others, which often resulted in suppressing sharing the experience, as well as challenges noted by 6 of the participants who reported feeling nauseous, queasy, or dizzy in the presence of electricity or electromagnetic fields. One described this as follows:

The worst is florescent lighting or electrical stores. I get severely sick in my husband's electric car. Also, I can just say that I hate batteries of any kind and complain of feeling sick or out of sorts with electrical stuff, so I don't use them much. Going into a video/electronics store used to make me feel that I was going to faint, and I still occasionally get ill when I am in there and have to sit down or leave.

Other issues reported were problems with high rates of static electricity and constantly being shocked, such as a report that:

I seem to generate or attract a lot of electricity myself and have to be careful touching metal objects as I am always getting a small electrical shock. This can happen when reaching for a can on a supermarket shelf, opening and closing a vehicle door, or brushing the dog etc. I know this happens to other people but it happens to me constantly. Also on windy days it becomes particularly bad with clothes that I have been wearing (made from natural fibers) becoming alive with electricity.

Allergies and chemical sensitivities

In this sample, 6 reported having allergies. Three reported that their allergies began after their NDE(s), while one reported that she has had allergies since childhood, and the other two participants were not sure if their allergies began before or after their NDE(s). One reported that she has, "slight allergies to dust and dog/cat dander," and elaborated that, since her third NDE, her "allergies have gotten worse instead of better like most who grow out of them."

In reference to chemical sensitivities, 7 reported sensitivities to various chemicals. Four reported that these began after their NDE(s), and three were not sure if these sensitivities began before or after their NDE(s). One participant reported that “I am very sensitive to anything that is not totally pure. Foods need to be organic with no chemical ingredients or I begin to feel very sick and my body is wracked with pain. I have more pain with gluten, too. I am in pain all over with ingestion of chemicals. If I smell chemicals, I feel sick and get headaches.”

Sensitivity to geomagnetic activity

Another interesting theme that emerged was that 5 of the participants reported enhanced sensitivity to geomagnetic activity, such as being able to sense earthquakes or other types of weather patterns before they occurred. One participant described this as follows:

I also am very sensitive to weather patterns it seems. It tends to fluctuate more up here in the mountains so I am more aware of it, it seems, on top of damaging my inner ears a couple years back, and they still cannot figure out why or how that happened, and that it is like walking inside of a lava lamp daily. Which is funny because the sensitivity acutely has helped me adjust to my surroundings better when I know the weather fluctuates. The sometime hyper-sensitivity has increased greatly after the third incident (NDE). I can feel a 3.2 earthquake before it occurs, and have proven this to my doctors on numerous occasions.

Psychic and/or healing abilities

Another interesting category that emerged was alleged psychic and/or healing abilities. Five of the participants reported experiencing these after their NDE(s), while three reported they were unsure. One participant shared a compelling account of her experiences as follows:

Much of what has changed in my life is from my association with inter-stellar beings who communicate with me and with my own growth through self-examination. It has been a process, not something that immediately occurred after I died. Additionally, my experience was blocked from consciousness because of the nature of the death: I was over-medicated. It was not until 20 years later that I had a spontaneous recall of being brought back to life in the recovery room by a team of doctors, gagging and gasping for breath as they did whatever they did under bright lights. Wherever I went while I was dead, I did not have a clear channel of perception.

What is particularly compelling about her experience is she did not have a spontaneous recall of her NDE until nearly 20 years later and, second, she reported experiencing ongoing communication with inter-stellar beings. This is similar to reports in the literature where many NDErs reported being able to see and/or communicate with angelic beings and/or spirit guides following their NDE(s) (Atwater, 2003; Clark-Sharp, 1995).

The reported ability to speed up or slow down time is another area that emerged, and is one that has rarely been examined in the NDE literature. One participant claimed:

What happened for me was not electromagnetic (I don't think). But after the NDEs I became aware of my ability to speed up or slow down time as needed. This is not about the watch being broken or the batteries going dead. In fact, it works best when I consciously do NOT look at a clock or watch when I need to shift time. I just send the intention of arriving at a certain time and it happens. I do not use this randomly. Probably only one or two times a year - if that. But it is something I value highly as a gift of my NDEs.

Emerging Characteristics of NDErs with and without EMEs

After identifying the predominant themes that emerged, as discussed in research questions one and two, the pilot study data highlighted differences between those who reported EMEs and those who did not. Overall, 7 of the participants in this sample reported EMEs, while 3 did not. Subsequently, when comparing EMERs to non-EMERs, all 7 of the EMERs were female and 6 reported having allergies and chemical sensitivities, while 5 reported enhanced sensitivity to geomagnetic activity and various other weather patterns before they occurred, and 5 reported having ongoing ranges of psi experiences post-NDE. When solely examining NDErs who did not report EMEs (3 participants all together), in contrast it was found that only 1 reported having allergies and chemical sensitivities, and none of the participants reported experiencing any sort of sensitivity to geomagnetic activity, in addition to any type of psi experiences post-NDE.

Preliminary Results of the Main Study: Phase 2

While we have not conducted a formal data analysis on the quantitative data for this study yet, we have collected data for 136 NDErs thus far, and 71% are reporting EMEs. A preliminary analysis of the data also indicates that participants who reported EMEs are also reporting higher rates of allergies, chemical sensitivities, and higher rates of psi experiences compared to NDErs who do not report EMEs, as found in the pilot study. A formal data analysis will be completed with further details soon.

We have also completed in-depth interviews with 22 participants who reported EMEs. Below is a brief overview of what the qualitative data is revealing, as highlighted by three case studies. Note, these interviews were conducted by the first author, and the use of the "I" in these case studies refers to her as the interviewer.

Case Study 1

Greg is a 51-year-old male who had his NDE on August 3, 2011 due to a sudden and unexpected cardiac arrest while he was at work. He was in perfect health prior to this, and still remains in excellent health to this day, and the doctors were baffled by this since they still cannot determine what caused this. Greg, who works as a paramedic, states he suddenly felt dizzy and then all of sudden dropped to the ground. He says he felt himself come out of his body and was in a sudden deep darkness that was the most peaceful thing he has ever experienced. He was aware of many spirits around him, but was met by his deceased mother who passed away 30 years ago. He says they had extensive telepathic communication, but when he returned he has no memory on the specifics of what they talked about. Greg states that he was very depressed for two months post-NDE because he had to return to this life. Although he does not recall being given a choice to stay or return, he states he was just suddenly back in his body and very confused about what had just happened to him. Because Greg's NDE is so recent, I asked him if he tried to talk with anyone about this. He said he tried to talk to his minister at first, but he was of no help, and a few other people who looked at him like he was crazy. He says he was able to talk with Howard Storm, who is a well-known NDEr, and that Howard was of some help in at least validating that he understood what he had been through.

One of the first things Greg noticed within a week post-NDE is a sudden inability to wear watches. He went through several watches where the batteries would simply wear out within a few days, resulting in his throwing them in the garbage and buying new ones. He saved all of them and noticed that when he put them in the drawer they would work, but when he tried to wear them the watches would simply stop. He states the only kind of watch he can wear is solar powered, which seems to be working fine so far. He also noticed lights blowing out around him pretty consistently, and that the TV would occasionally change channels by itself. He states that clocks in general will stop working when he is around them, and shared a specific story about the grandfather clock which has been in his family for years. When he is around the clock it stops working, but when he steps back it will start working again. Others in Greg's family have noticed this as well. The alarm clock also sporadically works, and

sometimes the alarm will go off when he sets it, while other times it won't. Cell phones also drop calls constantly. And Greg reports that none of this activity occurred prior to his NDE.

One intriguing thing about Greg that I have not heard from other NDErs is that he vibrates post-NDE. A certain part of his body, such as his arm or leg will randomly start vibrating and it can be physically seen and heard by others. He states it sounds like a cell phone that is set to the "vibration" ring tone vibrating on a table. He says he is very embarrassed by this and tries to hide it from others when it happens. But people will say to him, "Your cell phone is vibrating"—when in fact it is him who is vibrating. He has been to several different doctors and has been through numerous tests and they can find nothing wrong with him, nor pin down a reason for this, as these are not muscle spasms. He says it does not hurt when this happens. He says this used to happen several times a day right after his NDE, and now it occurs about once per week. When I asked him if his emotional state made a difference he said it didn't, it happens when he's relaxed, at work, and at other random times.

Greg also reports being aware of a presence that is around him all of the time, where he will see flashes of light or a shadow off to his corner. While he does not receive communication from this being, he knows that it is always around him. He also reports an incident where there were a series of deaths at work (as a paramedic) where the deceased people would come to him in dreams, but in the dreams they were fully healed. Greg thinks this event occurred so that he could see and learn that people are not just their bodies and what they appear in this life. One specific incident was a "meth addict" who overdosed and was also a hooker. In Greg's "dream" he was able to see beyond her body and his judgments about her. Another interesting incident happened where Greg physically saw a deceased man. He had arrived on the scene following a call that a lady's husband was dead in the basement. When Greg arrived there was nothing they could do since the man had been dead for a few hours, but Greg reports physically seeing and communicating with the man's spirit, who wanted him to get a message to his wife. Greg said this scared him and he didn't know how to help, let alone he was afraid everyone would think he is crazy, so he rushed out of the basement and never said a word to anyone.

Greg also says that post-NDE he is not able to tolerate loud noises, and has noticed a difference physiologically. He says he had slight allergies prior to this NDE but has noticed a substantial increase post-NDE. He also says he suddenly lost a desire to eat any sort of red meat, and used to love to go fishing, but says he can't anymore because the thought of hurting any animal is intolerable to him. This compassion also extends to other people as well.

Case Study 2

Mary Lynn is a 49 year old female who had her NDE on August 17, 1987 due to a gun shot she obtained during a home invasion. She was shot in the abdomen and bled out, and was dead on arrival (DOA) when being rushed to the hospital. After being revived she was in a coma for many days. She had an extensive NDE—including an out of body experience (OBE) in which she saw resuscitation efforts taking place around her. Unfortunately, when Mary Lynn tried to tell the nurses that something "profound had happened to her" she was invalidated. A few months later she also tried to tell her priest (she was raised Catholic) and was also ignored, and so learned very quickly to not talk about her experience with anyone. It was not until about a year ago when Mary Lynn finally started talking about it with others, following reading a book on NDEs which she said finally "validated" what she knew she had experienced.

Mary Lynn has profound aftereffects that started occurring immediately following her NDE. The first thing she noticed was an ability to "feel" people's emotions and "read" people's thoughts from across the room. She also has ongoing premonitions that occur in both dreams or in a waking state that would unfold in physical reality. She shared an example of seeing a plane crash in Houston in a dream back in the 1990s, which woke her up in a state of panic and distress. The very next night on the news the plane crashed in Houston exactly as she saw it in her dream, and she states that her husband can testify to this premonition. She also senses exact places in the body where people are ill. She has no explanation for how she does this, other than to say she feels the pain and discomfort and gets a feeling of being sick when touching her hands over specific areas. She also senses this with animals, and describes them as "hot spots." As for other premonitions, these occur on a regular basis as well. She sensed that her son was

going to be in a car wreck 7 years ago, and also “knew” and “saw” that her friends’ son was going to die in a car wreck. When I asked her why she thinks she experiences this since there is nothing she can do to stop or prevent it, she stated that she felt it was to prepare her for what was about to occur.

Mary Lynn also noticed problems with electrical sensitivity immediately following her NDE, which has expanded as more technological advancements have come out. One of the first things she noticed was feeling a sense of being “electrically charged” in which she was constantly receiving severe shocks from light switches, to a point where people around her could physically see electricity discharging from her. She states she was even able to share the “electrical charge” running through her with her x-boyfriend who was paralyzed, who was able to sense, feel, and connect with her energy during moments of intimacy. She actually started crying when sharing this, as it was so deeply moving to her that she could use her energy in a positive way to touch others. She cannot tolerate anything that has a battery in it. She states her laptop, for example, gets really hot and will blow out within a month. The same thing happens to her with landlines, cell phones, and anything that is operated by a battery.

While she struggles with the annoyance of many of these electrical sensitivity aftereffects and constantly having to repair or replace items, she says that it is also a gift. She has ongoing communication with animals and shared an example of being in nature, or “communing” as she called it, and suddenly having over 100 lady bugs gather all over her body. These experiences happen to Mary Lynn on a daily basis and she feels truly blessed by them.

One interesting thing she shared is that she has to be careful around pregnant women who are within a month or two of giving birth. She stated that for some reason when she is around pregnant women and lays her hands anywhere close to the fetus they will go into labor. This happened with about 5 or 6 women after being around Mary Lynn, where the babies were born about a month early. Fortunately, the babies were all OK, but she says she is now hesitant about being around women in this advanced stage of pregnancy. When I asked her why she thinks this occurs, she said she was not sure, but had wondered if the babies were tuning into her “energy field” and “love” and were somehow drawn to it.

Case Study 3

The following account is written by a participant whom I will call Robert, who is a 59 year old male who contacted me about nine months ago due to having several integration issues. When Robert contacted me he was in great distress, and was experiencing extensive electromagnetic anomalies, in addition to a range of psi experiences that were increasing to a point where they were starting to occur several times a week. Below is Robert’s story in his own words.

It was a rainy day on April 18th 1985. I was the "Musical Director" and performing at the Sahara Hotel in Vegas with a very famous artist at the time. I had a day off that day and decided to go to a friend of mine's party. I was there with my girlfriend (who later became my wife) and partying pretty hard as usual. I was 32 years old. I felt a bit strange that day, but couldn't quite put a finger on anything in specific. The house had filled up with quite a few people, so I decided to go outside to get some air. I all of a sudden became really scared because something wasn't right inside. I began freaking out and suddenly dropped to the ground.

From this point of the story, I was told the rest later by my girlfriend. She said she came outside looking for me and saw me running down the street in a panic. She ran back in the house and grabbed a guy (whose father he later told her was a doctor) and they came running down the street after me. I remember hearing voices screaming behind me to stop, but by this time I was going into cardiac arrest, and didn't realize it, simply because there wasn't any pain associated to it. That was the last thing I remember. Then I suddenly awakened and found myself outside of my body and hovering above what looked like a cult-de-sac street, and paramedics circled around somebody lying on a gurney in the torrential rain. I could see my girlfriend running around in circles with her head back and screaming, but I couldn't hear a word of anything. It was a quiet I'd never experienced before. Almost a vacuum type of quiet. One of the paramedics seemed to be trying to revive somebody with a defibrillator (paddles). It was at that moment I noticed it was me. I didn't respond in a shocked sort-of-way. It was peaceful and calm. There was a serenity I'd never

experienced. It was emotionless, but yet complete. I then noticed I had foam coming from my mouth, which made me laugh, because I'd never seen anything like it. It looked like I'd eaten a bar of soap. I wasn't moving as I saw my body jump up and down in reaction to the paddles. I hovered in closer and it was at that moment a thin tunnel of light came between the incident and myself. It quickly became bigger and brighter, which was now causing the images to slowly disappear. The paramedics were now picking me up and putting my lifeless body in the truck. My girlfriend was hysterical. I now wondered if I had died, but oddly didn't seem to care, despite the scene on the ground.

The light now became so intense, it was more blinding than the sun, but yet you could look straight into it without squinting. It felt healing, calming, and complete. There was no concept of time during this, nor any sounds yet, I didn't feel any harm, or scared, like I said there were no emotions present. I then felt like a magnet was pulling me towards it, almost-as-if something was drawing me into it against my will. It was the greatest peace I'd ever experienced in my life. It was now all around me, sort of like a vortex. As it closed in, suddenly I heard the most deafening noise break through the vacuum of silence. It startled the heck out of me. I was suddenly jerked back into my body almost with the force of a suction. My eyes sprung open in reaction, and I was surrounded by doctors, nurses, my girlfriend (screaming at the top of her lungs) "Thank God He's alive!" The doctor was shouting, "We have a code blue!" I thought it was an elaborate hoax set up from the guy who owned the house. I actually thought I was in his garage participating in some elaborate hoax. I then blacked out again at that moment. When I came to the next day after the operation, I thought I was still asleep. I believe they had lost me several times on the table, due to total renal failure, and all of my other vital organs had gone into shock because of it, I was later told. They were having a hard time trying to keep my heart going. I was still not out-of-the-woods from the trauma.

I finally was stabilized, and my girlfriend was told to contact my family because it would take a miracle if they could keep me alive through the weekend. They removed most of my colon, and put an Ileostomy on my hip for the ascending colon to be attached to. I started having these strange visions of me hovering over my bed and leaving my body and then being jerked back into it. I was not coherent enough yet to explain to anybody what was going on. I didn't half the time even think anybody was there. I wanted to go back to where I was the night of the incident.

I didn't want to live anymore, but I didn't want to die either. I just wanted to go back to that great place where everything was special and never come back. I don't believe I referred to it as death (like we know it).

A month passed, and I was still in the intensive care unit. I was receiving dialysis routinely because my kidneys were still both totally non-functional. They were at this time considering a donor. Miraculously, one morning the doctor looked at my chart and said they had totally returned out of nowhere, both of them at the same time. I was now named around the hospital as "The Miracle Man." There would be nights I'd awaken to people kneeling at the end of my bed and praying to God. They would look over at me when they noticed I was awake, and beg for me to pray to God for him to keep their loved-one alive (who was on the same floor as me), saying they heard I had a special bond with him because he brought me back-to-life. I was stunned by this! I even became very depressed. I felt I didn't deserve to come back.

After a few months, I was finally released and headed home. It was after about a month or so I began to notice anytime a group of people came around me, I felt this overwhelming sense of emotions, to the point it brought on high-anxiety. I pretty much disregarded it as maybe I hadn't gotten over the traumatic experience I'd gone through. A few years past and after the Ileum revision and check-ups from the doctors, I was told that I was pretty much at 100%, considering what I'd gone through.

A couple years passed, and one day I noticed that I was starting to have these strange electromagnetic reactions around electronics, and the mood swings were getting pretty bad whenever I'd be in a crowd of people. I was starting to feel a swarm of emotions all at the same time. Happy, sad, tearful, and sometimes wanting to die. I would put an object down in a room

and come back, and it would not be there!? I figured there was a logical explanation for this (whichever one, I didn't really ponder it). It was now 1991. I was married, and couldn't figure out why I couldn't get along with my wife anymore. Here was the lady who was my girlfriend at the time of the incident, and we were "soulmates," but now I couldn't function in a marriage anymore.

My best friend died the next year, and that's when I noticed things were starting to get real strange. I had acquired some of his belongings from his mother one day. It was an electronic piece of musical gear. I went to bed that night and noticed something that looked like a shadow dart by in the hall. I didn't pay very much attention to it, because I figured it was probably maybe light-fractions coming through the blinds. The next morn I went to the recording studio (with my then partner). The female artist we were working with was singing in the booth. When she finished we noticed her vocals somehow were erased off the machine, and it went into full-on record by itself without the engineer assisting it. He called for the tech to come in. He showed it to him and he said it was physically impossible for that to happen, and in all of his years as a tech--that was a first! He then brought in another machine, and the same exact thing happened. I still to this day can round up most of those people who were there to corroborate the story. Once again, I didn't feel it was related to me, but I now wondered if my friend who had passed had anything to do with it?

That next week I was sitting in the same studio with my partner when suddenly I fell on the floor in excruciating pain unlike anything I'd known before. It felt as-if my arm was crushed. The pain came from out of nowhere. Years passed and it developed into a serious joint disorder (specialists at Cedar Sinai in Los Angeles are baffled to this day). Chronic swelling of the feet, hands, digits, and legs. The doctors said they'd never seen anything like this. It wasn't Rheumatoid, Lupus, Fibromyalgia, Gout etc. These are cyst-like balls of fluid that randomly collect in my joints that are very incapacitating to the point I sometimes can't walk or even brush my teeth.

This has been going on now for a long time. I began to feel myself changing. I had this now voracious appetite for information. Any kind of information. Trivia, quantum physics, history, Jeopardy, anything having to do with facts. Prior to this, I wasn't remotely interested with any of those subjects. My vocabulary increased without studying. I'm a guy with barely a high school education. If you talk to my friends, most of whom I've meet maybe in the past few years, they all think I've gone to college (many laughs). I think it's amazing. Prior to the incident, I considered myself at best, an average songwriter. I was now writing songs on a world class level. I literally became an interior decorator overnight without any prior experience, which I find hysterical because prior to the incident I couldn't put two chairs together in a room.

I was now starting to feel the presence of people in a room when there'd be nobody there but myself. I have many friends and family that were present when these anomalous events occurred. TV changing channels by itself, light bulbs burning out, my razor will have a 100% charge, then be totally drained the next second, then back to a full charge. Clocks losing time constantly, batteries dying, computers freaking out, my car going from totally normal to a full electronic meltdown and not starting, and having to be towed. I'll be listening to music on my i-phone, and suddenly the volume will go from silent to full on. If I look at the slider bar during this time, and noticing the slide bar on the screen drastically jumping across from off to full on.

I went into a friend's recording studio last week. The moment I walked in, the entire studio went crazy. The computers started glitching, the singer's voice that was recording started cutting in and out in a way that prompted the engineer to ask me what the hell was happening. He said he'd worked in that studio 20 years and that problem had never happened once. I was hesitant to tell him that maybe I thought it could be because I'd had an NDE. He stared at me in shock. If it wasn't for the fact that he was witnessing this anomalous occurrence right before his eyes, he probably would have thought I was crazy. It got so bad we had to abort the session. The singer came out of the booth and said "WHAT THE HELL IS GOING ON?" I then went around the corner to get a coffee from Starbucks. When I returned, the engineer leaned over and whispered in my ear: "It stopped the very second you walked out of the room," he said. Everyone present that

day will verify this if you need. He called me later and said everyday since that day, it was like it never happened.

In conclusion, these three case studies highlight many of the post-integration issues NDErs struggle with, specifically in reference to EMEs that they did not experience prior to their NDE.

Discussion

One of the first things that emerged from the results of the pilot study with 10 NDErs and that are also being found in the main study with 136 NDE respondents, were the differences between NDErs who reported EMEs and those who did not. Namely, NDErs who reported EMEs also reported higher rates of allergies, chemical sensitivities, geomagnetic sensitivity, and psi experiences, compared to NDErs who did not report EMEs. This finding from the pilot study resulted in an emerging profile of those with EMEs.

Likewise, it is most likely that this may be reported more by women, and other predominant characteristics might also be present as well. For example, a wide range of problems with various technologies and electrical appliances, complaints of high amounts of static electricity, to a point where electrical shocks are substantially reported more by EMERs, compared to those who do not experience EMEs. Additionally, EMERs may commonly complain of feeling ill, dizzy, or nauseous in the presence of electricity and/or high electromagnetic fields. Many may report increased food allergies and an inability to tolerate anything that has chemicals in it, or that is not organic. Many may report the ability to see, feel, and/or sense the presence of electromagnetic fields and/or electricity, and may report hearing a hum, buzz, or other type of sound, when in the presence of these energy/electric fields.

In both the pilot study and main study, findings that around 70% of the participants reported EMEs are consistent with findings from other studies (e.g., Atwater, 2007; Nouri, 2008; Ring, 1992), reaffirming how widespread this occurrence may be.

As for the predominant themes found, the four main categories that emerged from the pilot study (e.g., watches/clocks/batteries, lights, computers, and cell phones), and a fifth category that included several other types of technologies, is also consistent with Nouri's (2008) findings, as well as Atwater's (2003, 2007) findings. Participants also reported various stress-related and/or post-NDE integration issues, which ranged from not being believed by others to the cost of constantly having to replace and/or repair things. These types of stress and integration issues are congruent with past findings among NDErs and support that this population may be prone to high rates of depression and anxiety due to some of these aftereffects (Christian, 2006; Holden, 2009; Wren-Lewis, 2004).

Differences between NDErs who reported EMEs compared to those who did not provide the basis for some interesting intriguing speculation. When separating EMERs and non-EMERs into two groups in the pilot study, it is noteworthy that 84% of the EMERs reported allergies and chemical sensitivities, while 70% reported geomagnetic sensitivity and psi experiences, but only 34% of the non-EMERs reported allergies and chemical sensitivities, and none reported geomagnetic sensitivity and psi experiences. To our knowledge, there are no other studies published noting this possible difference between these two types of NDErs, although the small sample size in the pilot study makes any conclusions premature, pending the formal data analysis of our larger study with 136 NDErs.

Clinical Implications & Directions for Future Research

In addition to these implications for future research, there are many implications for clinical practice with NDErs, especially those who suffer from EMEs. Both mental and physical health practitioners could potentially better serve this vulnerable population by having knowledge about NDEs, as well as EMEs, in addition to how they may frequently co-occur. It is common for those who suffer from EMEs, to both feel "crazy" and to be discounted by healthcare providers for reporting these types of experiences. This may be particularly difficult when NDErs try to express this experience to others, as it

might exacerbate the level of disbelief with which they are often met, which consequently could lead to even higher rates of depression and anxiety (Christian, 2006; Holden, 2009; Wren-Lewis, 2004). To address this, one approach is to assess training needs and design training programs, efforts with which we have been involved (Fracasso, Friedman, & Young, 2010; Fracasso & Friedman, 2011).

The results of this pilot study and the preliminary results of the main study, and the few other ones like it that have explored EMEs, suggest the need to further research NDEs and their associated phenomena, such as EMEs. Future studies could examine in depth NDErs who report EMEs versus NDErs who do not to compare if any of the predominant characteristics of the aftereffects and the key features often experienced during NDEs differ between these two groups of NDErs. Future research could also compare NDErs who reported seeing and communicating with a “being of light,” versus those who did not, to examine if there are any differences in the aftereffects, because light is an electromagnetic phenomenon that particularly might interrelate with EMEs. Ring (1992) posed this question when he also found high rates of those reporting EMEs, but little follow-up has occurred.

Another similarly undeveloped area of research is on those with epilepsy who experience seizures. There is a large body of research dating back for decades that has noted the mystical-like experiences reported by those who have seizure disorders, as well as have psi experiences (Hurst & Neppe, 1981; Krippner, 1996; Neppe, 1983; Neppe & Tucker, 1992; Palmer & Neppe, 2003; Persinger, 1983, 1985, 1989). Valuable knowledge could be gleaned by comparing NDErs and those with epilepsy to examine if any of the predominant aftereffects are similar or dissimilar. As of this date, research is still inconclusive, with some studies indicating that mystical-like experiences reported by those with seizure disorders appears to be similar to NDEs, while other researchers point out they do not appear to be very similar (Greyson, 2010). Moreover, it would be interesting to see if those who experience seizure disorders, which are caused by electrical disturbances in the brain, also report more or different EMEs.

Another area that could add valuable knowledge to the field would be to examine archival medical records documenting information before and after NDEs to look at EMEs. Specifically, it would be interesting to examine whether there are physiological and neurological differences in NDErs who report EMEs before and after their NDE, such as prior lab work, MRIs, CTs, and any other number of measures that could be harvested from extant medical records.

The prospects for future research in this area are exciting and challenging. Perhaps the most challenging is that this area addresses the biggest questions with which humans have long struggled, such as the possibility of disembodied consciousness and all of its provocative implications (Fracasso & Friedman, 2011). Studying EMEs in NDEs could resolve some of these questions, as it appears to be a widespread anomalous phenomenon that is amenable to various research strategies.

One final word of caution must be noted to future researchers, namely that many who struggle with EMEs may not be able to participate in standard studies, such as those that involve using the internet or the phone, due to their inability to tolerate electromagnetic fields. Furthermore, if attempts are made to interview in person, they may also not be able to come to an office that is illuminated with bright, fluorescent lights, or that is polluted with various types of chemicals, such as cleaning supplies and/or fragrances. Also, recruiting may be a problem in general since a large number may tend to live in remote areas.

Conclusion

In conclusion, there is still considerable research that needs to be done in order to better understand EMEs in NDErs. While causal pathways remain unknown and there is presently no cure for this, many EMErs may be experiencing confusion about this phenomenon and may fear being ridiculed. As a result, many may not be receiving the proper type of care, or worse, may be discriminated against in the healthcare system. Moreover, just because mainstream materialistic science does not have an answer for this phenomenon (and, in fact, it actually defies science as we now know it), it does not mean that it is not a real experience. In fact, the data that have accumulated on NDErs reporting EMEs are now substantial and, as of this date, practitioners’ knowledge about this phenomenon seems like the strongest

immediate approach to better serve this population, along with the much needed research, which might help bring this important condition into the light of accepted scientific knowledge.

References

- American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- Atwater, P. M. H. (2007). *The big book of near-death experiences: The ultimate guide to what happens when we die*. Charlottesville, VA: Hampton Roads Publishing Company, Inc.
- Atwater, P. M. H. (2003). Our tiniest near-death experiencers: Startling evidence suggestive of a brain shift. *The Journal of Religion and Psychical Research*, 10, 86-97.
- Bonenfant, R. J. (2004). A comparative study of near-death experience and non-near-death experience outcomes in 56 survivors of clinical death. *Journal of Near-Death Studies*, 22(3), 155-178.
- Bonenfant, R. J. (2005, September). Electromagnetic sensitivity: A physician's experience following a childhood NDE. Paper presented at a conference of the International Association for Near Death Studies, Virginia Beach, VA.
- Carter, C. (2010). *Science and the near-death experience: How consciousness survives death*. Rochester, VA: Inner Traditions.
- Christian, S. R. (2006). Marital satisfaction and stability following a near-death experience of one of the marital partners. *Dissertation Abstracts International, Section A: Humanities and Social Sciences*, 66(11-A), 3925.
- Clark-Sharp, K. (1995). *After the light*. New York, NY: Harper Collins Publisher.
- Fenwick, P. (2010). Non local effects in the process of dying: Can quantum mechanics help? *Neuroquantology*, 8(2), 155-163.
- Fracasso, C. L. (2012). Near-death experiences and electromagnetic aftereffects: An exploratory study. Ph.D. dissertation, Saybrook University, United States -- California. *Dissertation International Abstracts*. UMI No. 3509447. Retrieved June 19, 2012, from ProQuest Dissertations & Theses Database: Full Text. (Publication No. AAT 3509447).
- Fracasso, C. L., Friedman, H. L., & Young, M. S. (2010). Psychologists' knowledge and attitudes towards near-death experiences: Change over time and relation to transpersonal self-concept. *Journal of Near-Death Studies*, 29(1), 273-281.
- Fracasso, C., & Friedman, H. (2011). Near-death experiences and the possibility of disembodied consciousness: Challenges to prevailing neurobiological and psychosocial theories. *NeuroQuantology*, 9(1), 41-53.
- Fracasso, C., & Friedman, H. (2011). Energy psychology: Progression or retrogression in understanding and treating psychological disorders? *Health Forum Online*. n.p. (Published at

http://www.healthforumonline.com/Our-Courses/Courses/47/search_children/productId_98/categoryId_47/

- Greyson, B. (1983). The Near-Death Experience Scale: Construction, reliability, and validity. *Journal of Nervous and Mental Disorders*, 171, 369-375.
- Greyson, B. (1986). Incidence of near-death experiences following attempted suicide. *Suicide and Life-Threatening Behavior*, 16(1), 40-45.
- Greyson, B. (1997). The near-death experience as a focus of clinical attention. *The Journal of Nervous and Mental Disease*, 185, 327-334.
- Greyson, B. (2001). Posttraumatic stress symptoms following near-death experiences. *American Journal of Orthopsychiatry*, 71, 368-373.
- Greyson, B. (2003). Incidence and correlates of near-death experiences in a cardiac care unit. *General Hospital Psychiatry*, 25, 269-276.
- Greyson, B. (2007). Consistency of near-death experience accounts over two decades: Are reports embellished over time? *Resuscitation*, 73, 407-411.
- Greyson, B. (2010). Implications of near-death experiences for postmaterialist psychology. *Psychology of Religion and Spirituality*, 2(1), 37-45.
- Greyson, B., & Liester, M. B. (2011). *Electromagnetic phenomena questionnaire*. Unpublished.
- Haas, A. S. (2010). *The interconnectedness of reality*. Waltham, MA: Psychobiophysics Research Organization.
- Holden, J. M. (2009). Veridical perception in near-death experiences. In J. M. Holden, B. Greyson, & D. James (Eds.), *The handbook of near-death experiences: Thirty years of investigation* (pp. 185-211). Santa Barbara, CA: Praeger/ABC-CLIO.
- Hurst, L. A., & Neppe, V. M. (1981). A familial study of subjective paranormal experience in temporal lobe dysfunction. *Parapsychological Journal of South Africa*, 2(2), 56-64.
- Knittweis, J. (1997). Electrical sensitivity of near-death experiencers. *Journal of Near-Death Studies*, 15(3), 223-225.
- Krippner, S. (1996). Parapsychological studies and the human brain. In *Behind and beyond the brain: Proceedings of the first symposium of the Bial Foundation* (pp. 126-144). Porto: Bial Foundation.
- Laws, V., & Perry, E. (2010). Near-death experiences: A new algorithmic approach to verifying consciousness outside the brain. *Neuroquantology*, 8(2), 142-154.
- Moody, R. A. (1975). *Life after life*. Covington, GA: Bantam Books.
- Neppe, V. M. (1983). Temporal lobe symptomatology in subjective paranormal experiences. *Journal of the American Society for Psychical Research*, 77, 1-30.

- Neppe, V. M., & Tucker, G. J. (1992). Neuropsychiatric aspects of seizure disorders. In S. C. Yodofsky & R. E. Hales (Eds.), *Textbook of neuropsychiatry* (pp. 397-426). Washington, DC: American Psychiatric Press.
- Nouri, F. M. (2008). Electromagnetic after-effects of near-death experiences. *Dissertation International Abstracts*, UMI No. 3352121. Retrieved December 1, 2010, from Proquest Dissertations and Thesis Database.
- Palmer, J., & Neppe, V. M. (2003). A controlled analysis of subjective paranormal experiences in temporal lobe dysfunction in a neuropsychiatric population. *Journal of Parapsychology*, 67(1), 75-98.
- Parnia, S., Spearpoint, K., & Fenwick, P. B. (2007). Near-death experiences, cognitive function, and psychological outcomes of surviving cardiac arrest. *Resuscitation*, 74, 215-221.
- Parnia, S., Waller, D. G., Yeates, R., & Fenwick, P. (2001). A qualitative and quantitative study on the incidence, features, and etiology of near-death experiences. *Resuscitation*, 48, 149-156.
- Persinger, M. A. (1983). Religious and mystical experiences as artifacts of temporal lobe function: A general hypothesis. *Perceptual and Motor Skills*, 57(3), 1255-1262.
- Persinger, M. A. (1985). Temporal lobe signs and reports of subjective paranormal experiences in a normal population: A replication. *Perceptual and Motor Skills*, 60(3), 903-909.
- Persinger, M. A. (1989). Psi phenomena and temporal lobe activity: The geomagnetic factor. In L. A. Henkel & R. E. Berger (Eds.), *Research in parapsychology* (pp. 121-156). Metuchen, NJ: Scarecrow Press.
- Ring, K. (1980). *Life at death*. New York, NY: Quill.
- Ring, K. (1992). *The omega project. Near-death experiences, UFO encounters, and mind at large*. New York, NY: William Morrow and Company, Inc.
- Ring, K. (2006). *Lessons from the light*. Needham, MA: Moment Point Press.
- van Lommel, P. (2006). Near-death experience, consciousness, and the brain: A new concept about the continuity of our consciousness based on recent scientific research on near-death experience in survivors of cardiac arrest. *The Journal of General Evolution*, 62, 134-151.
- van Lommel, P., van Wees, R., Meyers, V., & Elfferich, I. (2001). Near-death experience in survivors of cardiac arrest: A prospective study in the Netherlands. *The Lancet*, 358, 2039-2045.
- Wren-Lewis, J. (2004). The implications of near-death experiences for understanding posttraumatic growth. *Psychological Inquiry*, 15, 90-92.

Cheryl Fracasso, Ph.D. is currently pursuing licensure as a mental health counselor at Antioch University Seattle. She holds a Ph.D. in psychology from Saybrook University, a master's degree from Walden University, and a bachelor's degree from the University of Washington. She serves as Faculty at University of Phoenix, past Research Assistant at Saybrook for Stanley Krippner, and is an Editorial/Advisory Board Member for the *NeuroQuantology* journal, and Associate Managing Editor for the *International Journal of Transpersonal Studies*. She is currently conducting an international study on

near-death experiences (NDEs) with co-researchers Kenneth Ring, Harris Friedman, and M. Scott Young on electromagnetic and physiological aftereffects of these experiences. She has published several peer-reviewed articles on NDEs, and is in the planning phase of launching another study that might potentially include doing lab measures on NDE aftereffects. Current projects include serving as co-editor for Stanley Krippner's *Advances in Parapsychological Research*, Volumes 9 and 10 which are projected to be published in 2013 and 2014. Her interests are in the fields of near-death experiences, spiritually transformative experiences, energy medicine; humanistic, existential, and transpersonal psychology, as well as electromagnetic hypersensitivity.

E-mail: cherylfracasso@hotmail.com

Harris Friedman, Ph.D. supervises research at Walden University, including Dr. Fracasso's master's thesis. He recently retired as Research Professor of Psychology at University of Florida and Professor Emeritus at Saybrook University, where he supervised Dr. Fracasso's doctoral dissertation. He is a consulting and clinical psychologist, as well as academic. He received his doctorate from Georgia State University in clinical psychology. He has over 200 professional publications, mainly in the area of transpersonal psychology and organizational change. He is a Fellow of the American Psychological Association, and serves as Senior Editor of the *International Journal of Transpersonal Studies* (transpersonalstudies.com) and Associate Editor of *The Humanistic Psychologist*. His most recent books, both co-edited with Stanley Krippner in 2010 are *Mysterious Minds* and *Debating Psychic Experiences*. He is now co-editing several forthcoming volumes, including *The Wiley-Blackwell Handbook of Transpersonal Psychology*, *The Praeger Handbook of Social Justice and Psychology (Volumes 1 & 2)*, and *Advances in Parapsychological Research (Volumes 9 and 10)*.

E-mail: harrisfriedman@floraglades.org

Near Death Experiences and other transpersonal experiences among women during childbirth

Experiencias cercanas a la muerte y otras experiencias transpersonales en mujeres durante el parto

Kersti Wistrand
Scandinavian IANDS
Stockholm, Sweden

Abstract

This is an investigation about near death experiences (NDEs) among women in childbirth. These experiences take place sometimes, especially at complicated childbirths. There also exist other experiences on transpersonal level: OOBEs (out-of-the-body experiences), visions, meeting and getting help from light/light beings. Often the women do not have a frame of reference to understand their experiences, so they sometimes feel confused and scared afterwards. When they try to explain to the medical staff, they are ignored or told it is due to the effect of narcotics.

In this study more than one hundred persons with NDEs were interviewed in Sweden, 34 among them having NDEs at childbirth. But in this work only eight cases are presented as representative of all.

Later research in maternity hospitals in St. Petersburg showed that these experiences exist and are transpersonal rather than consequence of anaesthesia or brain damage.

Keywords: childbirth, NDE, near death experience, transpersonal experience, Winnicott

Resumen

Este artículo es una investigación sobre experiencias cercanas a la muerte (ECM) en mujeres durante el parto. Estas experiencias tuvieron lugar a veces, especialmente durante partos complicados. También se encontraron otras experiencias, éstas de tipo transpersonal, como son: experiencias extracorpóreas, visiones, encuentros con seres de luz o recepción de ayuda por parte de una luz. Normalmente, las mujeres no tienen un marco de referencia desde el que entender sus experiencias, por lo que en algunos casos se sienten confundidas y atemorizadas posteriormente, y cuando intentan explicar sus experiencias al personal médico, son ignoradas o replicadas con que ha sido debido al efecto de los narcóticos.

En esta investigación fueron entrevistadas más de cien personas en Suecia, 34 de las cuales tuvieron ECMs en el parto, pero en este artículo solo se presentan ocho casos representativos.

Una investigación posterior en las unidades de maternidad de algunos hospitales de San Petersburgo mostraron que estas experiencias existen y son transpersonales, en lugar de ser la consecuencia de la anestesia o de un daño cerebral.

Palabras clave: parto, ECM, experiencia cercana a la muerte, experiencia transpersonal, Winnicott

Received: 27 November 2011

Accepted: 15 December 2012

Introduction

Even though there is no literature or text-books in psychology/psychiatry about near death experiences in women during their childbirth, it is a fact that this exists and needs research. This lack of investigation in the area is considered negative due to the lack of understanding that these women suffer when trying to share their experiences with others. Both the women and the medical staff need frames of reference. There is a lot to be explained and understood in this field and for this reason the following study was conducted.

The background of this research is the following:

In 1982 the first Swedish book on NDEs and OOBES was published in Sweden: *Medvetandet och döden (Consciousness and Death: an anthology on NDEs and OOBES)*, edited by the author of this article, and Dr. Jan Pilotti (Wistrand and Pilotti, 1982). Through TV, radio-programs and newspapers we came in contact with NDErs and started interviewing them. When I was invited to some different women organisations I was in contact with more women who had experienced NDEs when giving childbirth. I also had short time therapies with some of the women. However, they were never told they had a near death experience, and many of them were therefore scared, when coming back to ordinary states of consciousness in some cases, because they didn't understand what had happened.

I made an inventory of the psychology/psychiatry literature to look for an answer in helping those women (Wistrand, 1990). The research interest about modifying states of consciousness in delivering women is not new. There are some old studies but they have little to say about the experiences I was told by those women.

Altered States of Consciousness (ASC) among delivering women, earlier known and described in psychological/psychiatric/obstetric literature

During childbirth, some psychological/psychiatric complications were described long time ago. Those complications led the women enter into (what we could call) an altered state of consciousness, like the following:

Maternity blues

During the first days after delivery many women experience a mild form of depression. It often begins during day 3 to 6 after the delivery and lasts 12 -14 hours depending on hormone adjustment. Sometimes maternity blues can change to a post partum depression (Kringlen, 1980; Bourne, 1975).

Psychosis: Pregnancy psychosis, Post partum psychosis, Lactation psychosis

These psychoses are classified as reactive psychoses, i. e. with an acute start and short duration. One per thousand of the women gets the pregnancy psychosis, which is considered to come from a crisis of identification concerning the new role as a mother. Agony, denial of the pregnancy, reservation, and wrong ideas about her body might appear. Two per thousand get a postpartum psychosis. Hormones and enzymes help to explain the psychosis. Regression also plays a part in it. Early unconscious and negative experiences of being taken care of as a baby turn up, and the mother can feel like being sucked out of a vampire. She might feel confusion, paranoia and agony (Hamilton, 1962; Kumar 1990; Seva 1991).

Primary maternity preoccupation

The psychoanalyst Winnicott (1958) discovered a special state of consciousness, into which the pregnant woman gradually enters during her pregnancy. She got a kind of split, where certain parts of the consciousness took over for the moment. He tells about the necessity of the following: the increased sensibility and the emotional readiness of the pregnant mother towards her foetus, and later it increases her ability to identify with the child, to take care of and to help it to develop when she has just become a mother. Winnicott says:

“The state of mind gradually develops and involves an increased sensibility during the pregnancy, especially in the end of it. It lasts during some weeks after the birth of the child. The mothers usually don’t remember this state of consciousness when it has ceased. I would like to say that the memory they have of this state becomes repressed.” (Winnicott, 1958)

Winnicott mentions this kind of forgetfulness as “fugues”, like a mental fog.

Regression in the service of reproduction

The Norwegian psychologist F. Lisbeth Brudal has written several books on the psychology of delivering women (Brudal, 1985) and shows that the women during their pregnancy might regress to and actualize an earlier cognitive and emotional level of consciousness in their lives. Brudal reminds us about artistic creativity and inspiration, which can also be seen as a regression, where the artists come in touch with their primary process of thinking and can use it in a creative way. She finds that the pregnant woman goes through the same procedure, which is of great importance for the bonding between mother and child. She also tells that the fathers can get transcendental experiences.

Peak experiences

Abraham Maslow (Maslow, 1962), the founder of humanistic psychology, tells about a special state of consciousness; *peak experience*, and describes it in these words: “an ecstatic, transcendent state of mind beyond time and space, stronger than supreme happiness”. He considers this state of mind to exist in creative, intellectual, and bodily activities.

Deborah Tanzer (Tanzer, 1972) investigated the natural childbirths of 36 women. They didn’t use any anaesthetic. Five of these women had a peak experience, describing themselves “like a queen, victorious, blessed, ecstatic and supreme happiness”.

Stages of the Near- Death Experiences

Researchers have found NDEs in as many as one third of the people who have come close to death, which makes up to 5 % of United States population (Gallup and Proctor, 1982).

The professor in psychology Kenneth Ring describes different elements of the NDE (1980):

1. Peace and the sense of wellbeing, no pain
2. Body separation: leaving the body behind. You can perfectly see and hear what is going on in the room. Then you return to ordinary state of consciousness or go on to.
3. Entering a dark but not frightening space or a tunnel floating or drifting through a kind of tunnel
4. a) Seeing a beautiful nature/Meeting dead relatives and friends; b) Seeing or entering the light, feeling a sense of total love, unconditional acceptance and total understanding of life and the universe; c)

Meeting a “being of light” or other spiritual entities

5. Panoramic life review

6. Returning to life, by choice or by being sent back: “Your family needs you, it’s not time yet!”

The NDE encloses 1 – 6. The stages 1- 2 is often called *the out-of-the-body experience* (OOBE); 3 – 6 is called the *transcendence*. 4 b) is called “the *universal experience*”. (Ring 1980; Sabom, 1982).

Method

Due to and after the publication of *Medvetandet och döden* (Wistrand and Pilotti, 1982), I interviewed more than one hundred NDErs about their experiences of ASC (Altered States of Consciousness) during 1982-1994. Some of the lectures were presented in women’s organizations, where I met women telling about their experiences. 34 women were found with NDEs in connection with complicated childbirths as well as women who had had transpersonal experiences (most often parts of the elements in the NDE) at normal childbirths. Every woman first told her story in an unstructured way: her experience, reactions and feelings afterwards, how her story was received by hospital staff and relatives, and how she actually wanted to be received, after-effects and how she managed to integrate her experiences into ordinary life. Then every woman answered a questionnaire used by professor Kenneth Ring (Ring 1980), when interviewing NDErs in USA. Professor Greyson’s NDE scale (Greyson, 1983) was also answered.

Results

The reports of eight women are going to be introduced as representatives for the women studied, in order to explain the results found out:

Case I

This woman is 26 years old and pregnant with her first child in 1974. She is interviewed in 1984. The delivery was prolonged, and her baby was also unusually large; 4, 1 kg.

“When giving birth to my son I had a very long labour for two days. The baby was too big. Suddenly there was tremendous pressure and pain, and I was like slipping out through the top of my head. I just remember sort of floating up in the right hand corner of the room and that there was a very bright light. I was there, but not in my body! I was up near the ceiling, looking down. My vision was very sharp (though I normally wear glasses); I could “hear” people in my thoughts, almost intuitively. I was looking down at myself observing two persons in hospital gowns working on me on the stretcher. It was all in normal colours.

Then I noticed that there was a doctor coming in. Why did he come? Wasn’t my child well? I was extremely calm; I wasn’t scared at all, but a little confused by everything going on below me. The doctor used forceps to bring my little boy out. I watched everything from above and saw that the doctor was bold-headed, and the red face of my boy looked like an old man.

When I finally 'woke up' on the ward later, I wanted to see my son! The nurse finally came in, and she asked me how I knew that I had had a boy, and when I said that I had seen him when she was cleaning him after his birth, she gave me a strange look and just walked out!

I've only told one person, a young relative, about the occurrence. She had telephoned me late one evening some years later and not long after giving birth to her first child. She was so upset, needed to talk. She had the same experience during childbirth as I had, watching everything from above. She didn't understand, and hadn't told anyone, because she was scared, and thought that she was brain damaged and going mad. I then explained what happened to me, and it seemed to help her for the moment. After that night we never discussed it again."

This woman had an OOB, seeing her son being born. She had a sharp sight and was calm during the experience, but had problems to integrate her experience in daily life. She was scared and the medical staff or her husband refused to listen to her story.

Case II

This woman was delivered with Caesarean section in 1984. She tells about an OOB, and transcendence. No one listened to her experience or explained what had happened to her. The mother felt alone, had existential problems during many years, and became a spiritual seeker. She refused to get a new baby.

The woman didn't get enough anaesthesia but was awake all the time without possibility to move or talk. The pain made her leave her body, and from the ceiling she saw the whole procedure. She gave a detailed description of what happened. She heard how the medical staff was joking and saw how they cut her and took out her baby. The little girl got a superficial wound on her forehead by the surgical instrument, and a nurse wiped the blood. Floating higher up she saw a white light and in the light she saw her grandmother, who died ten years earlier. This grandmother gave her love and support, saying that she must go back to her daughter. Before the woman lost her consciousness she felt when they sewed her with 48 stings. When she later woke up, her first question was: 'Why did you do this to my daughter?' The staff was amazed, but left her alone. She had no one to talk to. Her daughter really had that scratch on her forehead.

Case III

This woman was to bear her third child in 1990, and was interviewed three years later. In those days the NDE literature was a little more known, and she had good support from her husband, who was there during the delivery. She tells:

"The whole pregnancy was very difficult with high blood pressure and pains in the back. When my delivery started in the maternity ward, I felt a heavy pressure on my breast. The labour pains started and I received nitrous oxide, but in reality I didn't get anything at all, as the tube came loose, when I seized it to prevent leaving my body.

All of a sudden I felt the pressure on my breast again. It was like fire in my head, and I slipped out of my body, up under the lamp in the ceiling. I was in another, light body: weightless and transparent. Below me, I saw my body, the midwife at my feet, the nitrous oxide equipment to the left of my body, and to the right an apparatus which could register the heart activity of my child, which was still inside me.

That apparatus was higher up than my head. Beside it was sitting my husband.

I could see the whole delivery from the ceiling. I saw how they pulled out the head of the baby. And then the whole little girl came out. The midwife said: 'Oh, she is slack and blue.' I could hear everything they said. All sounds were louder than normal.

An apparatus was put on the head of the baby to register her heart activity. So the staff disappeared and there was a big commotion and all the instruments were at zero reading. On the paper registering her heart sounds was only a long line. Everybody were running around and I felt an enormous frustration. I had no time to be up there, because I knew that I had so important things to do down there, I knew that my daughter was very ill and needed me. All of a sudden I slipped back into my body through my head. I was relieved. I managed, I thought.

My little daughter was very ill, and they exchanged her blood. She also got meningitis. After the delivery I felt energy streaming from my heart up to my head when I woke in the mornings. I was afraid of slipping out of my body again. I later got a fourth child without complications."

Case IV

In the following case a woman had a prolonged delivery lasting 35 hours, where she lost her consciousness. She gets a universal experience, and tells:

"The medical staff didn't hear any heart sounds from the foetus, I was told later, and myself... I wasn't there I was thrown directly into a large light, there was no passing over. It was total eternal bliss, total spirituality, total understanding how all life is connected. Ultimate pure knowledge was streaming towards me, and I got total understanding of the purpose of our lives. I had no body – it was left behind. I was my real "I". I had no sight, but I sensed everything, but in another way. All knowledge in the universe was there, and I could get to know everything. I knew that I belong to that world of light, and felt like being 'at home'.

I was in the abundant brilliant light far away in the universe. It vibrated and moved. Galaxies and stars gleamed in brilliant colours against the darker space, and at the same time there was that mist-like, exquisitely beautiful, non-dazzling light all around me. Far away below myself I could see our solar system, and the Earth.

The most remarkable thing was that everything was moving, and striving towards another extremely intensive and beautiful light further away. This light was one million times stronger than the sun. I have no words to describe it. It was a light of unconditional love. It was of a dignity, not understandable to us on the earth. It was the purpose and meaning of all life.

This light was a spiritual experience giving knowledge about life, educating me that the deeds we do in our lives on earth are of great value. Every little detail is of big importance, as a smile at anyone or if you save a young bird. I was shown in detail things I had done wrong in my life, but the information was given me with great love and understanding, and harmony. Understanding was the strongest word. The wisdom was given to me by the light. And I know that to die is to exist in this fantastic light, and I am not afraid to die one day.

But all the time I knew that I had to go back. I got much energy, and power from the light. It helped me. I was telepathically told to return. I did, and saw the midwives, and the doctors from above, and heard a female doctor saying: 'Make her ready for operation!'

I returned through the top of my head and so to speak slipped down into my body. I brought lots of light and energy, and it helped me to at once bear my little son without caesarean.

After this experience I became very changed. I became very calm and harmonious. I had no need to analyze or tell anyone. I wasn't religious before, but after my experience I become interested in paranormal things. I became an open seeker. It wasn't wrong to go to the church, but I had no longing for it."

Case V

One woman with prolonged delivery experienced a *being* in the light, and also a life panorama, where she saw her whole life. The *being* told her telepathically that her son was to sleep during five months, but would wake up in the sixth. ‘Remember that he is not ill. He will be well!’

Later the doctors were unsure if her baby would live, as he was damaged during the delivery depending on lack of oxygen. But she remembered and after five months her little son looked at her for the first time. And his eyes were very alert and intelligent.

Sometimes the women in childbirth experience that they are following their foetus on their way to be born. Here are two cases:

Case VI

A woman, 26 years old, pregnant with her second child, who is unplanned, lived in a stressed situation, had no feelings for her baby until the following happened to her:

“I got a little laughing-gas and heard the midwife say: ‘Now it’s time to press!’ I did, and so I managed to tell my husband: ‘I’m dying! Take care of the children!’ before I stopped breathing. I was later told that the stop lasted for two minutes. Here is my story:

Suddenly I was in a tunnel, but I wasn’t alone ... I felt the present of my little boy I was to bear. Our consciousnesses were one, so to speak. I knew there was something unique happening to me.

The tunnel was like an intestine, round and with sections. It was really beautiful, the colours shifting from light to dark red. It was rather narrow but soft, forming itself after us. All the time the walls of the tunnel were pulsating, pushing us forward. Going through it in a high speed I saw the tunnel opening. There was a strong intensive light, almost white. It was very harmonious, and I felt: ‘I and my child, we are one!’

So I heard the voices of my husband and the midwife: ‘Wake up, wake up! Start breathing!’

When returning, my little boy was soon born. He was very calm, and gave me strength, and I just loved him so much! We had been together, and I still have that telepathic connection to him.

This experience is the best I ever had, but afterwards I was very scared, when thinking of I was on my way to die, and thinking so much of the meaning of life.”

Case VII

This experience was told by a woman having a prolonged delivery:

“As I lay half-conscious I saw a mental picture and a human soul surrounded with intelligent beings, deciding where on Earth the soul should descend.

Next I rushed through a dark tunnel and out in the universe. Suddenly I saw our planet. I realized that this soul would come to the planet Earth. I joined the soul, and saw the continents and the country, the town and the hospital where I was, and realized that this soul would be in my child, and I would be her mother. And then I came to, and bore my daughter.”

Many other experiences told by women with complicated deliveries were listened and their reports were of the same kind as NDEs. But there was one woman who had an OOB during a *normal* delivery without complications:

Case VIII

Lying on the table the woman began to rush. The rushing contractions started low in her lower back, and were built up to a peak, which left her floating a little bit over her body. She felt wonderful, and it was very ecstatic. From above she saw how her son was born and heard the midwife saying: 'He has all ten little fingers, and all ten little toes.' This mother said that her experience of looking at the delivery was the most wonderful she had ever had in her life, and she even tried to get an out-of-the-body experience again, but failed. She later got another child but without that experience.

Two women interviewed, but not belonging to my sample of 34 women, related their experiences and visions at normal deliveries without anaesthesia:

"I had a fantastic experience of light, and colour. First I had severe pains, but didn't take any anaesthesia. Suddenly the rushes were transformed into a grey movable mass, and the contractions were changed into all different green pastel-colours. I was bathing in green, and felt beautiful, warm, comfortable, and very safe."

"I was somewhere in a dreamland. I heard thunder and flashes, and a big bird flew over an ocean with big waves. That 'movie'-I know it was a kind of a dream, when experiencing it- helped me to come through the childbirth and bear my baby."

Analysis

Most of the thirty-four Swedish women interviewed, had complicated deliveries with long-lasting after-effects. Several of them had a NDE with classical elements. Severe labour pains sometimes seem to generate OOBs, an altered state of mind, where you have no pains, only registration.

Sixty percent of the interviewed women experienced a special bright light. Some of the women experienced that the light communicated with them telepathically, giving them both psychical strength and energy to deliver their children. Three of the interviewed, met their grand-mothers, dead since long ago, in the light. Those grandmothers gave them support and encouraged them to return and bear the babies. In one case an entity in the light supported and gave advice to the woman. But the light also offered a healing quality, both psychologically and physiologically. One woman with very deep experience of the light was for example cured from her rheumatism.

Similar to the NDEs some of the women entered the light and felt being a part of that light with "unconditional love and all knowledge in the world" (the deepest element in the NDE). Time and space didn't exist. Within the NDE research it's called a universal experience. Big loss of blood, sometimes in connection with loss of the child, seems to give a universal experience. But I also found a woman with normal delivery, having this experience.

Three of the women with the deepest experiences in the light, also got transpersonal after-effects like feeling streams of energy in their bodies, having spontaneous out-of-the-body experiences, seeing dead persons, getting refined and reinforced intuition, seeing auras around people, and healing abilities. A woman, whose uterus burst with big loss of blood and death of her child, told that after her childbirth she could experience bodily tensions in other people, and sometimes see like pictures of their internal organs, internal vision.

The women didn't understand this new situation, most of them getting scared of it. At the same time several women told they were now not afraid to die due to their NDE, some of them getting a new belief in life after death. After many years two of the women started giving massage, using their healing abilities

by laying on hands, without telling, and had good results. One woman started her education to become a therapist. Personal value changed among several women: they felt more humility, more tolerance, increased appreciation of life, wanting to help other persons, self-realization as studies or changing of work.

Most of the women agreed that the feeling was neutral or positive during the experience, but afterwards, when they “had returned to their bodies”, and started thinking it over, they were often scared. They had no frame of reference in which to put the experience. Their experiences were so extraordinary, and they had never heard of anything like that earlier. When, and if, they tried to communicate about it, it was difficult to find the words. And when they tried to tell, they were ignored both by the medical staff and their close family. Some of the women thought that they were brain damaged or mad. Some became spiritual seekers to search for an answer. Some of them were afraid to bear another child. Anyhow, for all of them it took many years to integrate their experiences into daily life. Those were the reports I listened to, but...how many women are still living with post traumatic disorder, unable to speak to anyone?

Here is a summary of what many women told:

“It was terrible that no one wanted to listen to my experience, neither the medical staff, nor my husband. I didn’t know if I was brain injured or what else had occurred to me. I only wish anyone had listened and told me if the same experience had happen earlier to any other women in childbed. It had been enough if anybody just had been sitting down beside me for a little while, listening and then having said: ‘Yes, it was a remarkable feeling!.’ But now they only waved aside my trial telling them, and said: ‘Pooh, you can have so strange dreams when you have narcoses’, and then rapidly disappeared.” (Quotation by a woman, 1984).

Further research in Russia

How often do these transpersonal experiences occur at normal deliveries? And why was so little written about it?

I didn’t find so much about all these experiences among childbearing women in the text-books in psychology/psychiatry/obstetrician, but in 1977 the American midwife Ina May Gaskin (1977), spokesman for natural deliveries at home, wrote the book “Spiritual midwifery”. There women tell about some transpersonal experiences including supreme happiness, energy streams in the body, feelings like floating above their bodies, seeing different colours in the room and around their new-born babies. The stories were told soon after the deliveries.

Winnicott (1958) told about a special kind of consciousness at delivering, which he called “primary maternal preoccupation”. It was forgotten some days after delivery. Could the transpersonal experiences, presented above, be a part of that state of consciousness?

I wrote an empirical investigation (Wistrand, 1990), and wanted to do research in maternity hospitals. It was difficult in Sweden, but as the research coordinator of the Scandinavian IANDS (International Association of Near Death Studies, founded in USA by John Audette, Raymond Moody, Kenneth Ring and Michel Sabom) I contacted some professors in countries in East Europe to tell about the NDE research. In St Petersburg I came in contact with the psychiatry professor Leonid Spivak, and his son Dmitri Spivak PhD, Human Brain Institute. They got interested, and I had an introduction lecture in Ott Institute in 1992. Research started at several maternity wards, conducted by professor Leonid Spivak, and PhD Dmitri Spivak (1993 and 1998), supported by the Russian Academy of Sciences.

Several scientific studies were accomplished from 1992 till today. The first one took place at two typical maternity hospitals. 202 mentally and physically healthy pregnant women, 17 -30 years old, were

studied. In each case her pregnancy history was previously studied, and a brief general psychiatric observation was carried out. All deliveries were normal without physiological complications. In those years there was an economical crisis in Russia, and anaesthesia was given only to the women in big need. Consequently most of them had natural deliveries.

During the 2nd to the 4th day after childbirth an interview took place. It was structured following a special questionnaire. The questions were carefully worded to resemble typical observations made by Russian women when speaking of childbirth. The questionnaire consisted of two parts: A) During childbirth, and B) Postpartum period. The women were also asked to comment briefly on their “yes” answers.

In Ott institute I also met one of the first mothers to be interviewed. She was 23 years old, married for two years, and had got a daughter one day earlier. Obstetric state was normal and the baby was well. When asked she told that she was seeing the birth going on from above in the ceiling. Everything was very peaceful. She didn't seem astonished, when telling it. She was tired and seemed to be in an altered state of consciousness, more thinking of her baby, and asking for her. Probably she would forget her OOB after some days.

First project

The items and the result in the first project were the following:

Table I
Psychic Phenomena in childbirth

| Items | During childbirth (202 Subjects) | After childbirth (202 Subjects) |
|---|---|--|
| I was in an unusual state of mind for me | 70 (34, 7%) | 84 (41, 6%) |
| I felt an almost “telepathic” contact with my child | 32 (15, 9%) | 32 (15, 9%) |
| I felt an almost “telepathic” contact with my relatives | 23 (11, 4%) | 18 (8, 9%) |
| I felt an unusual deep happiness | 66 (32, 7%) | 81 (40, 1%) |
| I felt an unusual deep grief | 10 (5%) | 4 (2%) |
| I suddenly heard music/singing | 5 (2, 5%) | 6 (3, 0 %) |
| I suddenly saw an unusual light | 5 (2, 5%) | - |
| I suddenly saw a “playback” of my life | 21 (10, 4 %) | 11 (5, 5%) |
| I suddenly “switched off” and saw myself from without | 18 (8, 9%) | 11 (5, 5%) |
| I felt quite unusually falling asleep | - | 39 (19, 3%) |
| I had unusual dreams with many colours | - | 26 (12, 8%) |
| I had many unusual “flight dreams” | - | 13 (6, 4%) |
| I had many unusual nightmares | - | 12 (5, 9%) |
| I felt quite unusual waking up | - | 22 (10, 9%) |
| I saw or heard something else which was quite unusual | - | 8 (4 %) |

In childbirth one third of the group reported having experiences of an unusual state of mind. The correspondent data for postpartum were a little higher. "Unusual state of mind" tended to be regarded by the subjects as inability to concentrate on outer tasks, and overwhelming preoccupation with childbirth/child care issues.

"Unusual happiness is commented as a kind of peak experience arising uncontrollably, spontaneously, and frequently in waves". It was profoundly different from ordinary happiness. Fairly often it was compatible with polar feelings like grief. 16 % of the women felt an almost 'telepathic' contact with the child during delivery and as many felt it also afterwards. Women frequently claimed to have a mental feedback from the child.

2,5 % of the women experienced light. 10 % of the women also experienced phenomena's as a life review during delivery.

9 % got an OOB, and 5% during the 2nd – 4th day ('switch off and seeing oneself from without'), where they describe themselves as being up in the ceiling and looking down at what was 'happening down there'. In another study with 18 delivering women with caesareans, 30% had an OOB.

The period of the OOB was normally considered as several minutes although subjects reported "losing the sense of time". The major background emotion was neutral. The women had only vague interest in this unusual sensation". Although unique, this period did not leave a strong trace in the memory, and the women had a tendency to forget this experience after some days.

Winnicott (1958) told about his "primary maternal preoccupation", and that the mothers usually don't remember this state of consciousness when it has ceased.

Second project

In a second project psychic phenomenon in complicated childbirth with Caesarean was accomplished. The same items were used, 18 women being interviewed (Spivak, Spivak and Wistrand, 1993). 33 % felt a deep happiness during, and after the childbirth. "Seeing light" was a little more common than in normal childbirth (11 %), also having a life panorama (33 %) was more common. 33 % experienced an out-of-the body experience, compared with 9 % among the women with normal deliveries. The 'telepathic contact' with child or relatives was much less.

Third project

A third project investigated the experiences in relation to complications, anaesthesia, and loss of blood, and found statistical significance only between experiences and big loss of blood. Brain activity of women during childbirth was also measured and the researchers asserted that there could be a predicted state of consciousness bound to the childbirth.

In a later study the Russian researchers found that EEG and infra slow electrical processes demonstrates the existence of definite bioelectrical correlates of these alterations (Spivak, L; Bechtereva N P; Danko S G (1997).

Discussion

As it can be seen the reports of the Swedish women are of the same kind as those reported earlier in NDE literature (Moody 1975, 1976; Ring 1980; Sabom 1982, Morse 1992). Also the experience of light was to be found. But in contrast to other NDE reports, the light is often experienced as personal and active, giving them power to bear the child. It also seems to have a positive healing influence in

childbearing. A “new” effect of the light can so be added to K. Ring’s list (Ring, 1984).

Research in Russia, interviewing healthy women with normal deliveries on day 2-4 after delivery, show high frequencies of transpersonal experiences as ecstasy (peak experiences, according to Maslow) seeing light, having out-of-the body experiences, and feelings of telepathic contact with the child. These memories seemed to fade when coming back to daily life.

The element “experience of seeing and entering the light” in the NDE may give a mystical experience similar to those sometimes happening to the meditating mystics in all religions. In old Indian philosophy you talk about arousal of kundalini, a form of energy believed to reside in the base of the spine streaming up to the brain giving enlightenment. I would say that the childbearing women sometimes seem to have the same kundalini power emerging. Christina Grof, the founder of the Spiritual Emergency Network as a consequence of her experience, had a life-changing transpersonal crisis when giving birth to her son:

“ ... I felt an abrupt snap somewhere inside of me as powerful and unfamiliar energies were released unexpectedly and began streaming through my body. I started to shake uncontrollably. Enormous electrical tremors coursed from my toes up my legs and spine into the top of my head. Brilliant mosaics of white light exploded in my head... I felt strange, involuntary breathing rhythms taking over...”
(Grof & Grof, 1990)

Those having the deepest NDE experiences entering the light, also show more psychic abilities, and sometimes also electro-magnetic phenomena. When Kenneth Ring visited Stockholm in 1994 he told about electromagnetic after effects including problems with the malfunction of wrist watches, computers, and TVs. (Ring 2000, also see Atwater 1994 and Bonenfant 2004, 2005) It was a very stressing after effect, though not so common. One woman couldn’t walk in the street dark evenings when the street lighting was on without the bulbs crashing!

I have met two Swedish NDErs having this ability. When starting healing, one of them gets a tingling in his fingers, and like a band of tingling energy around his head, especially above his ears and forward to his temples (Peratt, 2012).

I never interviewed childbearing women reporting this after effect. Maybe it is very uncommon, maybe I didn’t ask the right questions, but from professor Spivak in St Petersburg I was told about a woman working as a healer, and born in Kirgizia. She had a NDE as a child. At the age of 29 she got a very severe delivery depending on a large loss of blood from her kidneys. She lost her baby, and got an OOB. She could hear the doctors twice telling that she was clinically dead. Then she experienced a landscape with beautiful colours, dead relatives and a light of being, before she was sent back. She got refined intuition with ability to see auras and the future, and also felt lots of energy in her body, and started singing to let the energies out. She also started healing by laying on hands. The most remarkable after effect was electro-magnetism. She was like a magnet: keys fastened on her body and the flat iron sucked to her!

These experiences exist and are transpersonal rather than consequence of anaesthesia or brain damage. It’s important to the medical staff to know about and just take the time to listen to the women and “containing” them. Sometimes there is a need of therapy later on. Having long time practice of spiritual emergency and holotropic breathing, the psychiatrist Stanislav Grof (Grof, 1988, p 225) says: *“In situations threatening the survival and body integrity of the birth-giving women, it’s very likely that traumatic event cannot be psychologically ‘digested’ and integrated in the psyche as a dissociated foreign element.”*

Conclusions

First of all it is needed to emphasize that more than one hundred persons in Sweden have reported near death experiences between 1981 and 1992. These data is useful to support the theories that are showing these kinds of experiences exist.

In addition to that, it is worthy to emphasize that almost 35 % of them (34 women) told about their experiences during delivery or post partum and long-lasting after effects, probably depending on the want and possibility for them to speak to a female researcher.

Now, looking carefully at the 34 interviews, it can be seen that the states of consciousness described are characteristic of clear understanding of reality with increased hearing and increased sight impressions. Clear understanding of the localization of the body and clear localization of the body, clear mind, no loss of identity, and no regression. No loss of understanding of reality. Not paranoiac and no agony.

All these signs show an expanded state of mind. The results show that both visions on individual level and OOBES are told about in normal childbirths. In more complicated childbirths there exist experiences of the same character as other people reporting NDEs in literature. Women in childbirth enter an altered state of consciousness, having different experiences from visions of personal subconscious character to visions from the activated collective unconscious in the transpersonal realm, and seeing the light. Therefore these women in childbirth are not mad or brain injured as some medical doctors, relatives or friends told them. In contrast, they have experienced an expanded consciousness with transpersonal content without anyone in the medical staff meeting their needs of understanding.

The Russian research also indicates that there exists a gender-specific altered state of consciousness related to giving birth, provided by a special brain mechanism, rather than being consequence of anaesthesia or brain damage. These states may have an inherent healing dimension tied to them. Winnicott's hypothesis of 'primary maternal preoccupation' has therewith been supported by experimental data for the first time. For economical reasons it was impossible to interview most of the women one month later to see if "the mental fog", the fugues, was there, and if they had forgotten their transpersonal experiences. It could be noticed, however, that the memories told in the interviews often faded during the stay in maternity ward.

Transpersonal experiences occur in childbirth and postpartum, and is a part of the birth-giving women's reality, though little mentioned in text-books and literature. Looking at the obstetrics in perspective we can find traces of pagan spiritual midwifery in Scandinavia and Russia, where the transpersonal level among childbearing women was known and worked with. The catholic persuasion during medieval time extinguished both those midwives and their knowledge. In 1571 a Swedish law was established, in which the priest was given the task to decide who would become a midwife, and special commissions went round in the country controlling the midwife system. Slowly birth became a domain of male physicians. Gradually we entered an era with Cartesian and mechanistic thinking (Osherson and Amarasingham, 1981) and spirit and body were split. Only the body was of interest, spiritual phenomena regarded as being superstitious or fantasies.

This materialistic approach still rules the obstetrics, where the interest focuses on good technique and preventing of pains. It is now time to remove the one-sided materialistic approach, and also focus on the transcendent levels in childbirth, to-day often considered as being only fantasies. The text-books in psychological/ psychiatric/ obstetric literature need to be rewritten to educate medical staffs, and support childbearing women.

Research is still going on in Russia. Further research and contributions from other countries are welcome and needed.

Recently I was called attention to articles written by the New Zealander anthropologist Gregg Lahood, PhD., who has a long-time interest in ritual transpersonal processes among native people, and also in holotropic breath-work (Lahood, 2006, 2007a, 2007b). Looking at visionary states in different cultures, the ritual dances and songs helping the women to surmount the dangers of childbirth, he became interested in transpersonal experiences among women and fathers in childbirth to-day, and is collecting narratives from all over the world by internet. His aim is writing a book to educate birth attendants in this field, and support birth-giving women. Lahood found that experiences of childbearing women show striking as semblance to what Stanislav Grof calls 'holotropic consciousness'. He means that holotropic breathing sessions is one way to heal birth-trauma in form of post traumatic disorder.

The midwife Ina May Gaskin, mentioned above, got the alternative Nobel Prize 2011 (The Right Livelihood Award). It's time for the women to enter this field!

Acknowledgements

With deepest gratitude to the professors Leonid Spivak, and Dmitri Spivak in St. Petersburg, who made this pioneer research possible.

References

- Atwater, P M H. (1994). *Beyond the Light: what isn't being said about near-death-experience*. New York: Carol Publishing Group.
- Bonenfant, R. J. (2004). A comparative study of near-death experience and non-near death experience outcomes in 56 survivors of clinical death. *Journal of Near-Death Studies*, 22(3), 155-178.
- Bonenfant, R. J. (2005, September). *Electromagnetic sensitivity: A physician's experience following a childhood NDE*. Paper presented at a conference of the International Association for Near Death Studies, Virginia Beach, VA.
- Bourne, G. (1975). *Pregnancy*. London: Pan Books.
- Brudal, F.L., (1985). *Födandets psykologi*. Stockholm: Natur & Kultur. (English translation: The psychology of giving birth).
- Gaskin, I M. (1977). *Spiritual Midwifery*. Printed on the farm Summertown, TN 38483, US.
- Gallup, G. Jr and Proctor, W. (1982). *Adventures in immortality: A look beyond the threshold of death*. NY: McGraw-Hill.
- Greyson, B. (1983). The Near-Death Experience Scale: Construction, reliability, and validity. *Journal of Nervous & Mental Disease*, 171, 369-375.
- Grof S (1988). *The adventure of self discovery*. Albany: State Univ of New York press.
- Grof, S. & Grof, C. (1990). *The stormy search for the self: a guide to personal growth through transformative crisis*. N Y: Penguin Putnam.
- Hamilton, J.A. (1962). *Postpartum psychiatric problems*. St Louise: The Mosby Company.

- Kumar, R. (1990). Childbirth and mental illness. *Triangle: Sandoz Journal of Medical Science*, vol. 29, 273, p. 7 -82.
- Lahood, G. (2006). Skulls at the banquet: Near birth as nearing death. *Journal of Transpersonal Psychology*, 38(1), 1-24.
- Lahood, G. (2007a). Rumour of angels and heavenly midwives: Anthropology of transpersonal events and childbirth, *Women and Birth. Journal of the Australian College of Midwives*, 20(1), 3-10.
- Lahood, G. (2007b). From 'bad' ritual to 'good' ritual: Transmutations of child-bearing trauma in holotropic ritual. *Journal of Pre- & Perinatal Psychology and Health*, 22, 2.
- Kringlen, E. (1980). *Psykiatri*. Oslo: Universitetsforlaget.
- Maslow, A. (1962). *Towards a Psychology of Being*. Princetown: Van Nostrand.
- Moody, R. (1975). *Life after Life*. Bantam N.Y: Books Inc.
- Moody, R. (1976). *Reflection on Life after Life*. St Simon's Island, Ga: Mockingbird.
- Morse, M. (1992). *Transformed by the Light*. USA: Villard Inc.
- Osherson, S. and Amarasingham, L., (1981). The machine in medicine. In: Mishler G, Amarasingham L, Hauser S, Liem, R., Osherson, S. and Waxler, N., (Eds). *Social contexts of health, illness and patient care*. Cambridge: Cambridge University Press.
- Peratt, B. (2012). *12 Sinnen*. Sweden: Visam AB.
- Ring, K. (1980). *Life at Death – A Scientific Investigation of the Near Death Experiences*. N. Y: Coward & McCann & Geoghegan.
- Ring, K. (1984). *Heading toward Omega*. N. Y: William Morrow.
- Ring, K. (2000). Religious wars in the NDE Movement: Some personal reflections on Michael Sabom's Light and Death: *Journal of Near-Death Studies*, 18(4), 215-44.
- Sabom, M. (1982). *Recollection of Death, A Medical Investigation*. N.Y: Harper and Row.
- Seva, A. (Ed) (1991). *The European Handbook On Psychiatry and Mental Health*. Barcelona-Zaragoza: Anthropos-Prensas Universitarias de Zaragoza, Vol 1.
- Spivak, L., Spivak D. and Wistrand, K., (1993). New psychic Phenomena Related to Normal Childbirth. *The Eur Jour Psychiatric*, 7, 4, 239-243.
- Spivak, L; Bechtereva N P; Danko S G (1997) Activity in Brain as Indicator of Psychic Condition in Pregnant Women. *Physiologia Cheloveka*, 1997, #5 (in Russian).

Spivak, D., Spivak, L., Danko, S. and Wistrand, K., (1998). Genderspecific Altered States of Consciousness. *Internal Jour of Transp Studies*, 17, 2.

Tanzer, D. (1972). *Why natural childbirth? A psychologist's report on the benefits to mothers, fathers, and babies*. Garden City, N.Y.: Doubleday.

Winnicott, D. W., (1958). Primary maternal Preoccupation. *Collected papers: Through paediatric to psychoanalysis*. (pp 300-305). London: Tavistock.

Wistrand, K. and Pilotti J., (1982). *Medvetandet och döden*. Stockholm: Natur och Kultur.

Wistrand, K. (1990) *Förändrade medvetandetillstånd i samband med barnafödande.* (NDE and OOB: Altered States of Mind among childbearing women. Examination work to get the certificate of psychologist). Psykologexamensarbete: Psykologiska institutionen, Stockholms universitet.

Wistrand, Kersti (2011), New altered States of Consciousness (ASC) at childbirth, Toward a Science of Consciousness, p 171. Conference book, Center for Consciousness Studies, the University of Arizona, printed in Stockholm.

Kersti Wistrand is a retired psychologist (psycho-dynamic and transpersonal psychology) with studies also in comparative religions at the University of Stockholm, specializing in shamanism in Greenland. Already as a teenager she knew about OOBs and NDEs, and wanted to do research on that subject. She tried to do her PhD on Eskimo shamanism but she was requested to have researching experience in Canada, and due to she could not get a scholarship, she had to leave the project. When then Raymond Moody's book on NDE was published, she started her medical and psychological studies in order to do research. She published the first Swedish book on NDEs and OOBs together with Dr. Jan Pilotti in 1982, which led to more than one hundred interviews and sometimes also short time therapies with persons who told their experiences near death. Through TV, radio-programs and newspapers they came in contact with NDErs, and also with persons with other kinds of altered states of consciousness, and started interviewing them. As pioneers they met resistance and had to finance the project themselves. She got the permission from Prof. Kenneth Ring in order to use his questionnaire for such purpose. Gradually she found childbearing women with NDEs and she realized that some of their stories had parts of the NDE structure, though not near death. When discovering women telling their transpersonal experiences in giving birth she wanted to do research trying to do a doctorate in Psychology on that topic, but she was never allowed due to the controversial subject. There have been many studies on NDEs published in different countries, but none with childbearing women. When in 1989 the Scandinavian International Association of Near-Death Studies (IANDS) was founded (started in USA by pioneers like Audette, Moody, Ring, Sabom.) she became research coordinator, where one of her tasks was to give the information about NDEs to individuals in countries in East Europe. Due to this fact, she contacted professors Leonid and Dmitri Spivak at the Human Brain Institute in St. Petersburg, Russia. They got interested in her findings of the altered states of consciousness among the women in childbirth, and started to research on it, which was impossible to do in Sweden those days. 1992-1996 they interviewed all delivered women with normal deliveries in some maternity hospitals. Research with other projects is still going on. Correspondence to: K. Wistrand, Hornsg.29 F, 1 tr, S- 118 49 Stockholm, Sweden.
E-mail: kwistrand@gmail.com

¿Son las experiencias cercanas a la muerte (ECM) la base empírica que demuestra la existencia del alma?

Are near-death experiences (NDE) the empirical basis to prove the existence of the soul?

José Miguel Gaona Cartolano

Instituto de Psiquiatría y Psicología Médica Neurosalus
Madrid, Spain

Resumen

La existencia de experiencias cercanas a la muerte (ECM) resulta indudable, otra cuestión es su origen y conjugación con la neurofisiología de nuestro cerebro. Asimismo, existen otras cuestiones de evidente interés: ¿Cuál es su función?, ¿qué papel representan en nuestra dinámica psicológica?. No estudiar este tipo de cuestiones resulta anticientífico ya que pertenecen a lo más íntimo de las inquietudes de todo ser humano. Sin embargo, resulta indispensable establecer unas bases de conocimiento previo antes de seguir avanzando.

Este trabajo empírico analiza exhaustivamente las investigaciones más importantes sobre el estudio de las ECM desde sus orígenes hasta el día de hoy, y representa mediante testimonios, la tipología y naturaleza de las ECM así como las consecuencias que éstas tienen posteriormente en la vida del individuo. Se discute sobre las teorías detractoras y partidarias de su naturaleza trascendente, y se concluye confirmando las investigaciones de los autores precedentes. En su conjunto, este estudio supone una contribución al trabajo con enfermos terminales y personas con dificultades para afrontar su muerte.

Palabras clave:

Experiencias cercanas a la muerte, Experiencias extracorpóreas, Muerte, Psicología, Religión, Consciencia

Abstract

The existence of near-death experiences (NDE) is undeniable; another issue is the origin and conjugation of NDE with brain neurophysiology. There are also other issues of undoubted interest: What is their role? What role in our psychological dynamics do they represent? To not study such questions is unscientific because they belong to the most intimate concerns of every human being. However, it is essential to establish a solid knowledge foundation before deepening into further issues.

This empirical research deeply analyzes the most important investigations on NDE up to now and represents through testimonies the nature and typology of the NDE as well as to show the consequences NDE have into the experiencers' future life. Supportive and opposing theories about NDE transcendental explanation are discussed in this work and previous studies in the field are confirmed. Finally it is highlighted the contribution that this investigation offers to the terminally ill patients as well as those who have difficulties in facing death.

Keywords:

Near-death experiences, Out of the body experiences, Death, Psychology, Religion, Consciousness

Recibido: 23 de noviembre de 2012
Aceptado: 27 de diciembre de 2012

Este artículo ha sido elaborado a partir de su mayor obra “*Al otro lado del túnel*”:

Gaona Cartolano, J.M. (2012). *Al otro lado del túnel*. Madrid: La esfera de los libros.

Introducción

Historia de las ECM (experiencias cercanas a la muerte)

Desde los más remotos tiempos se conocen historias relacionadas con la muerte, o con lo que está más allá de ésta. Al parecer, la curiosidad y reflexión sobre la muerte es algo que ha compartido la historia del ser humano desde sus orígenes en todas las partes del mundo. Algunas antiquísimas historias que nos hablan del más allá son los textos egipcios, el Libro del esplendor (*Zohar*) de la mística judía, el mito de Er de Platón en *La República*, el Libro tibetano de los muertos o la Biblia, todos ellos anteriores a la era cristiana, donde se relatan con detalle las experiencias del “más allá”.

Encontramos referencias a las ECM en las principales religiones y tradiciones espirituales de la antigüedad; Judaísmo, Cristianismo, Islam, Hinduismo, Budismo, Mormones, indios de América del Norte, tradiciones de la Polinesia, Maoríes de Nueva Zelanda, aborígenes australianos, tradiciones africanas. Todas las culturas poseen tradiciones en las que el ser humano prevalece ante la muerte. En las más primitivas los cuerpos eran enterrados con objetos, para que el difunto entrase en el otro mundo “equipado”.

Se podría decir que la investigación científica sobre las ECM nace con el testimonio del geólogo y alpinista Albert Heim (1892) sobre su experiencia al caer de una montaña al vacío, así como con el del religioso Louis Tucker (1943) al sufrir un envenenamiento. A estos testimonios le siguieron las investigaciones de la psiquiatra Elizabeth Kübler-Ross (1969, 1972 y 1974). Pero no fue hasta 1975 cuando el estudio específico y riguroso sobre las ECM fue conocido y reconocido, con los trabajos de Raymond Moody en su primera obra *Vida después de la vida*. A éste le siguieron las investigaciones de Kenneth Ring quien en 1977 fundó la Asociación de Estudios Cercanos a la Muerte (IANDS), los trabajos sobre experiencias extracorpóreas (EEC) de Dean Shiels en 1978, y muchos otros científicos como Melvin Morse, Michael Sabom, Fred Schoonmaker, George Gallup, Pim van Lommel, P.M.H. Atwater, Sam Parnia, etc... hasta llegar a la época actual con Holden, Greyson y James (2009) por ejemplo, con su excelente obra *The handbook of near death experiences*.

El paradigma actual

La ciencia tal y como la conocemos hoy, comenzó con Galileo al establecer que el mundo y los seres vivos funcionaban como una maquinaria de relojería, todo efecto era debido a una causa explicable según las leyes físicas de la naturaleza. Había nacido la interpretación determinista del mundo. Los científicos crearon un lenguaje común con el que entenderse al crear conocimiento, esto es, la medición y cuantificación de los fenómenos. Así podrían entenderse al hablar de sus hallazgos. Crearon innumerables escalas y unidades, con las que medir sus investigaciones. Este tipo de ciencia siguió el paradigma mecanicista newtoniano-cartesiano, en donde lo importante era encontrar las causas de un fenómeno, así como controlar los efectos de éste. La replicabilidad de los experimentos es requisito imprescindible a la hora de llamar ciencia a sus descubrimientos. Este tipo de ciencia ortodoxa solo atañe a los objetos físicos, por eso cualquier cosa que escape a la explicación física es desdeñada como perteneciente a la era pre-científica supersticiosa, y por ende, no tomada en consideración.

Sin embargo, en el campo que nos atañe, es difícil medir las ECM, no se puede seguir un procedimiento mecanicista, ni se puede replicar un fenómeno. Esto sitúa al estudio de las ECM fuera del campo del conocimiento positivista, que sólo está basado en lo materialmente empírico, volviéndose de este modo reduccionista y determinista.

El estudio de las ECM y de cualquier fenómeno y experiencia transpersonal no puede ser comprendido desde una visión mecanicista del mundo, sino que necesita de otros procedimientos metodológicos para ser entendido. Esto no significa que el campo de las ECM esté fuera del ámbito científico, sino que la misma ciencia necesita un nuevo paradigma con el que interpretar la realidad, porque el antiguo paradigma se ha vuelto obsoleto para explicar el mundo. De hecho, la nueva ciencia que está surgiendo desde hace unas décadas, cada vez más está modificando el concepto tradicional que se tenía de ella.

El físico Paul Davies (1999) explica esto diciendo que si un grupo de científicos tuviera que analizar un cartel luminoso de neón (de esos que suelen tener los clubs), seguramente lo dividiría en partes: transformador, cables, gas neón, soporte metálico, etc. Sin embargo, este análisis reduccionista y materialista del objeto estudiado olvidaría el significado del propio anuncio, la información que transmite, algo que no es material. El sentido del anuncio de neón no es que cada parte ejecute su cometido, sino que de un significado.

¿Qué son las experiencias cercanas a la muerte (ECM)?

Una ECM es un tipo de vivencia subjetiva muy especial con determinadas características que se tiene al haber estado a punto de morir, generalmente debido a un accidente, una enfermedad o un suicidio fallido. Algunas personas que han tenido esta experiencia han sido declaradas clínicamente muertas (es decir, sin actividad cardíaca ni neurológica o lo que es lo mismo sin ningún tipo de señal vital) durante un tiempo, aunque luego es revivida. En su relato, las personas cuentan haber percibido fenómenos tanto del mundo material como de un mundo transmateria (más allá de las dimensiones habituales).

Una experiencia cercana a la muerte se diferencia de un episodio cercano a la muerte en que éste último no tiene ninguna experiencia subjetiva de la consciencia independiente del cuerpo físico. También hay personas que han tenido una ECM sin haber estado cercano a morir.

Gracias a los avances de la tecnología y la ciencia, hoy en día podemos reanimar a personas que antiguamente no habrían sobrevivido. Sus relatos son de un valor incalculable para el estudio de las ECM.

Una de las sorpresas que éstas personas están ofreciéndonos es que lo que reivindicaban las principales religiones del mundo hace miles de años acerca del más allá, parece ser verdad.

De todas formas, una característica común a todas las experiencias es su *inefabilidad*, es decir que carecen de denotación precisa, y son difíciles de describir racional y verbalmente. Esta característica es el principal impedimento para la ciencia actual, de poder estudiarlas, pues aunque están llenas de imágenes, éstas no tienen un sustrato físico. Las personas que experimentan las ECM lo asemejan a un sueño porque no tienen otro elemento conocido con lo que poder compararlo.

Tipos y ejemplos

Hay varias clases comunes de experiencias cercanas a la muerte, que se han ido testimoniando a lo largo de los años, y de los siglos en diferentes culturas, y diferentes momentos de la historia de la humanidad. Testimoniadas tanto por adultos como por niños y jóvenes. Algunas de las más famosas son el mítico túnel, la salida extra-corporal, la luz, etc. A continuación se detallan cada una de ellas, pero antes vamos a ver un par de ejemplos de ECM prototípicas, donde podemos comprobar cómo varios elementos se cruzan en una misma ECM. Hay que decir también que no es infrecuente encontrar a personas que hayan tenido dos o hasta tres ECM:

“El día 8 de diciembre de 2009, creo que tuve una ECM, y si no fue exactamente eso creo que, en cualquier caso, a mí me ha cambiado. Iba dando una vuelta en moto con dos amigos más, tranquilos ya de vuelta para casa a tomar un café. En una de las avenidas nos encontramos un coche, el del típico “pastillero”, que comenzó a realizar maniobras temerarias. Finalmente me embistió por detrás y se dio a la fuga. Yo salí despedido de la moto y mi novia cayó para otro lado. En ese momento, por mi cabeza solo pasaba la idea de orientarme para, en la caída, intentar evitar el guardarraíl y que el coche que me había atropellado no me pasara por encima. Es curioso, pero esto que relato lo viví a cámara lenta. No sé a qué velocidad puede trabajar la mente en estas situaciones.

Cuando impacté brutalmente contra el suelo, pensé: “¿Me he librado?”. Pero mi cuerpo no reaccionaba, no lo sentía, no podía moverme y no podía respirar. Notaba que algo dentro de mí se iba, mientras veía pasar mi vida a toda velocidad. Sin embargo, no sentía dolor ni angustia. Todo lo contrario: sentía paz. Es una sensación muy difícil de explicar.

Creo que no vi túneles, pero sí una luz muy intensa, blanca y sentía alguna presencia familiar, aunque en ningún momento la llegué a ver. Notaba cómo estaba abandonando mi cuerpo y creo que cuando estaba a punto de irme por completo algo me golpeó en el pecho y desapareció aquella luz. Me vi devuelto al cuerpo. En ese mismo instante fue cuando empecé a poder mover las articulaciones, pero no podía incorporarme. Estaba contento por estar aquí, pero a la vez, deseaba irme. Quería volver a sentir esa paz, esa tranquilidad. Hay muchas cosas que todavía no comprendo y a otras les he encontrado respuestas, pero lo que puedo asegurar es que lo que pasó ese día me ha cambiado. Ahora, lo único que busco en la vida es paz y amar. Me ha cambiado hasta el carácter”.

“Hace algunos años tuve un embarazo ectópico. Cuando fui al médico resulta que se había infectado todo y me iban a operar de emergencia. Sin embargo, mientras me hacían las pruebas transcurrieron varias horas. Finalmente, me metieron en el quirófano de emergencia. Todo fue tan rápido que no dio tiempo a que me hiciera efecto la anestesia. Llegué a percibir cómo me abrían y, en el momento de separar los tejidos, noté que me salía de mi cuerpo. Me sentía liviana, libre de dolor e increíblemente bien. Desde el techo podía ver a los doctores correr de un lado para otro diciendo: “¡Se nos va!”. No sé cuánto tiempo pasó, porque me pareció que tan solo fue un instante. Lo que más llamó mi atención fue una hermosa y resplandeciente luz a mi lado derecho. Había como sombras o siluetas de gente, pero solo se veían de la cintura para arriba y transmitían paz. Cuando miraba para abajo (estaba en el techo) podía ver mi cuerpo y a los doctores corriendo, pero yo estaba en paz. Como si fuera un imán, la luz me atraía. Súbitamente escuché una voz de hombre que me decía: “Todavía no es tu tiempo”. Pero todo esto sucedía sin hablar, como si fuera una comunicación del pensamiento. Le contesté: “¡Me siento muy a gusto, no me duele nada, quiero quedarme!”. Él, a su vez, me dice: “¿Y tus hijos?”. En ese momento despierto ya en mi cuerpo”.

Russell Noyes (1972) estudió a personas que debido a un accidente estuvieron cercanas a morir, y describió tres fases por las que pasa la persona que se encuentra ante dicha circunstancia:

1. Resistencia. Reconocimiento del peligro, miedo, lucha y aceptación de la muerte.
2. Revisión vital. Vista rápida y clarificadora de escenas y vivencias de nuestra vida.
3. Transcendencia. Estado de consciencia mística o éxtasis acompañado de un fenómeno de renacimiento espiritual.

A continuación se describen algunas de las experiencias concretas más frecuentes. Aunque es relevante destacar que una persona que experimenta una ECM, no necesariamente tiene que pasar por todas estas experiencias, ni en este orden, sino que puede vivenciar sólo algunas de ellas.

1.- Contexto

Holden, James y Greyson (2009) observaron que un 57% de las personas que sufren una ECM perciben fenómenos auditivos como música o sonidos. Ya Moody (1975) aseguraba esto en sus primeras publicaciones.

La cantante Pam Reynolds fue intervenida por un aneurisma cerebral, y relata que durante la operación, justo antes de producirse el paro cardíaco, escuchó sonidos ambientales en Re mayor. Estos sonidos le hicieron salir de su cuerpo y a partir de ese momento notó que flotaba en el quirófano mientras veía a los médicos operarle.

Evangelista, el hijo de una señora atropellada por un autobús y que estuvo en coma más de 48 horas, cuenta que en el momento del golpe solo escuchó un pitido muy fuerte y luego viajaba por una especie de túnel oscuro a toda velocidad.

El testimonio de Carmen puede representar la experiencia que se tiene:

“Acaba de tomar una salsa que contenía marisco, al cual soy extremadamente alérgica, cuando de repente comencé a notar que no podía respirar. Caí al suelo mientras mi marido gritaba pidiendo ayuda. En pocos segundos noté cómo iba perdiendo consciencia por la falta de oxígeno mientras un intenso zumbido ocultaba todo sonido ambiental. Recuerdo cómo entreabrí los ojos antes de desvanecerme y tan solo pude ver la cara de varias personas que hablaban y gesticulaban, pero yo no podía escuchar ni un solo ruido excepto ese zumbido que lo invadía todo, un sonido similar al de un potente transformador eléctrico”.

El entorno de la ECM suele ser espectacular, lleno de paisajes bonitos de naturaleza, con vívidos colores. A veces se aparece como volando sobre prados, o incluso flotando en el universo. Todos éstos, a la vez que se avanza hacia la luz.

Una de las sensaciones más llamativas de las ECM es la sensación de tranquilidad y paz que se experimenta como bien relata Carlos cuando le dispararon:

“Me encontraba como flotando, no había salido del cuerpo, pero una sensación de tranquilidad me invadió. No sentía el más mínimo dolor. Todo parecía transcurrir a cámara lenta. Miraba el techo y me encontraba fenomenal”.

Otro hecho que llama mucho la atención es la sensación de hiperrealidad con la que se vive la experiencia, que para nada resulta confusa, nebulosa, ambigua... haciéndole al sujeto creer que ha sido fruto de su imaginación, sino todo lo contrario; la describen como más real que su propia realidad cotidiana. En un estudio desarrollado por Greyson en el que entrevistó a 520 personas encontró que un 80% indicaban que su pensamiento durante la ECM era más claro que lo normal o al menos, igual de claro que lo normal.

2.- El túnel

En occidente se ha asemejado al concepto de “túnel” la experiencia de ver un gran punto luminoso que comienza a crecer, por donde avanzamos en un lugar oscuro dirección a una salida vista como una luminosidad completa que abarca todo nuestro perímetro visual. Sin embargo, en otras culturas no occidentales, no lo asocian a un túnel, sino a una luz en la oscuridad. El lenguaje social es sumamente importante a la hora de interpretar este tipo de vivencias. Con lo que la experiencia del túnel es semejante a hablar directamente sobre la experiencia de la luz. Isabel representa esto muy bien cuando dice:

“Lo que se ve es la pura oscuridad y, aunque quieras mirar a los lados, no ves nada. Solo enfocas una parte hacia delante, como una especie de tubo, por eso la sensación del túnel. Lo digo desde mi experiencia. Yo intenté ver lo que había a los lados y solo veía oscuridad. Intenté ver el quirófano. Era

consciente de que estaba allí, pero no logré ver nada, solo una sombra en la oscuridad. Algo parecido a un túnel”.

Algún otro testimonio:

<<Enseguida me vi envuelta en una luz blanca que me guiaba por un túnel. No tenía miedo ni tristeza, solo paz, pero en ese momento me acordé de mis dos hijas y recuerdo haber dicho en voz alta que no me podía quedar allí porque mis hijas se quedarían solas. En ese momento sentí una voz que me habló y me dijo: “No. Aún no es tu hora”>>.

Aunque no todas las experiencias del túnel resultan agradables, como testimonia la siguiente:

“Me encontraba volando y fui absorbido directamente hacia el centro del túnel. Al final del mismo había luces que te cegaban y cristales que emitían una luz insoportable. A medida que me aproximaba al final del túnel intentaba acercarme a las paredes para frenar mi caída contra los cristales que emitían la luz”. (Greyson y Bush, 1992).

3.- Experiencias extracorpóreas (EEC)

Las primeras descripciones sobre EEC se encuentran ya en textos antiguos del Corán o el Nuevo Testamento. Es una experiencia que se repite en muchas culturas y países diferentes a lo largo de los tiempos.

Los estudios más antiguos datados, seguramente sean los de Ernesto Bozzano (1937) y Robert Crookall (1967).

Una EEC es una experiencia en la que el centro de la consciencia aparece para aquel que la experimenta como ocupando una posición temporal, que es espacialmente remota respecto de su cuerpo. La persona no solo sale fuera del cuerpo viéndose a sí misma desde una posición superior (*heautoscopia*), sino que es capaz de observarse desde fuera no solo a sí mismo, sino también a los elementos circunstanciales que le rodean. La persona es capaz de relatar en ocasiones, detalles que se encontraban fuera de su campo visual, como por ejemplo lo que sucedía en una habitación contigua. Algunas personas hasta han podido ver lo que algún familiar estaba haciendo en su casa en ese momento. Historias que posteriormente han sido corroboradas.

La sensación es que el cuerpo parece perder sus límites, donde ya no se sienten brazos o piernas, ni su uso para moverse, sino que se siente un cuerpo etéreo próximo a la definición occidental de “alma o consciencia”.

La experiencia necesariamente cumple las siguientes características, donde se produce una sensación de separación espacial del yo observador respecto del cuerpo (Brugger, 2002):

1. Sensación de separación del propio cuerpo
2. Ver el propio cuerpo desde el exterior (*autoscopia*)
3. Sentirse elevado respecto al propio cuerpo estando enfocado hacia éste (*heautoscopia*)

Sabom (1982) recogió 71 experiencias extracorpóreas y las clasificó en:

1. Autoscópicas (29,5%). Donde se observa el propio cuerpo físico y entorno inmediato desde una perspectiva exterior al propio cuerpo
2. Trascendental (53,5%). La persona se siente en un lugar distinto al mundo físico
3. Combinadas (17%). Una mezcla de ambas

Para Robert Brumblay (2003) una EEC debe tener las siguientes características:

1. La persona retiene alguna característica de su propio cuerpo físico, al que denomina cuerpo astral (llamado consciencia según algunos autores)
2. El cuerpo astral posee la capacidad de percepción a distancia.
3. Se pueden ver objetos a mucha mayor distancia que la del sistema visual normal
4. La “forma astral” puede moverse en dimensiones espaciales a las que el sujeto no está habituado

Una experiencia así es la relatada por Jordi:

<<Conducía por los alrededores de Barcelona a unos 90Kms/h cuando un coche se saltó el disco rojo, y me estampé con él. En ese preciso instante no sentí ningún tipo de dolor por la brutalidad de la colisión. Sin embargo, me vi ascender rápidamente mientras me veía en el suelo, allá abajo. Ves la escena pero no te preocupa. Cuando ya empezaba a estar muy alto, a unos doscientos metros, pude ver una gran mano blanca que me dio un golpecito en la cabeza (...) al mismo tiempo que decía: “¡Todavía no!”. Y volví a bajar rápidamente hasta encajar otra vez en mi cuerpo como un resorte, y al entrar en él aspiré una gran bocanada de aire. Hasta ese momento no había podido percibir que tenía un fémur partido por la mitad, las rodillas rotas, la espalda y también la barbilla y otras cosas más. Los de la ambulancia no paraban de decirme: “¡Has vuelto a nacer!”>>.

También es posible que se den las EEC sin estar cerca de la muerte, como fruto de situaciones estresantes o de adormilamiento, como muestran los siguientes relatos de Rosa y Tomás respectivamente:

“... ocurrió durante una situación de estrés máximo de la cual dependía mi vida. De manera súbita pude ver todo a mi alrededor y desde arriba de mi cuerpo. No tenía ningún tipo de sentimiento, tan solo tranquilidad. Me veía a mí misma como un objeto inanimado. No fueron más de dos minutos. Luego, repentinamente, regresé a mi cuerpo. Lo que más me llamó la atención fue la ausencia de sentimientos”.

“En una ocasión me desperté para ir al baño y enseguida volví a la cama, en ese estado todavía adormecido. Al rato noté cómo salía de mi cuerpo y me quedaba pegado al techo, junto a la lámpara. Estaba algo sorprendido porque era demasiado real y sentía un poco de ansiedad porque no comprendía lo que estaba ocurriendo. También me preguntaba cómo iba a volver a mi cuerpo. Después de un rato así, observándome a mí mismo, cogí confianza y perdí esa ansiedad, saliendo a pasear por todos los rincones de mi casa del mismo modo: pegado al techo. Fue tan real que cuando llegué de aquel viaje y entré de nuevo en mi cuerpo me levanté completamente aturdido, aunque muy consciente de lo que había vivido.”

Casi todas las personas que han tenido una EEC coinciden en relatar las siguientes características:

1. Son capaces de atravesar objetos sólidos
2. Son capaces de escuchar las conversaciones de terceros de forma telepática
3. La percepción del tiempo es diferente a la habitual
4. Pueden desplazarse de forma instantánea a lugares lejanos o bien permanecer en el lugar donde está su cuerpo físico.
5. Se sienten cómodos, sin frío, dolor ni molestias de ningún tipo
6. Se dan alteraciones en los sentidos de la visión o audición, pero no en el tacto, olfato o gusto
7. Las sensaciones emocionales suelen darse a la vez que la de los sentidos
8. Las personas con discapacidades físicas del tipo y grado que sea, no se ven limitados por ellas ya

4.- La luz

La luz siempre aparece al final del túnel. Normalmente va acompañada de una sensación de paz, bienestar, tranquilidad y conocimiento. La sensación de luz es creciente (esto da la sensación de túnel) ya

que se va avanzando hacia ella. Se trata de una luz muy intensa pero que no ciega, y que aunque se presuponga de color “blanco”, no siempre es así.

La Tabla 1 muestra el porcentaje de personas en diferentes estudios, que relataron su sentimiento de paz y bienestar durante su ECM. Aunque ciertamente, no todas las personas llegan a experimentar esta luz porque son “devueltos a la vida” antes, bien por consejo de un familiar o ente, o bien por decisión propia.

Tabla 1. Elementos afectivos

| | Greyson (1983) | Greyson (2003) | Pacciola (1995) | Schwaninger (2002) |
|---------------------------------|-------------------|-------------------|--------------------|-----------------------|
| Número de personas | 74 | 27 | 24 | 11 |
| Sensación de paz (%) | - | 77 | 85 | 100 |
| Envuelto en luz (%) | 43 | 70 | 46 | 63 |
| Felicidad y plenitud (%) | 64 | 67 | - | 18 |
| Sensación de unidad cósmica (%) | 57 | 52 | - | 45 |

Fuente: Holden, Greyson, and James (2009)

Esta es la clásica etapa de la ECM que añoran todas las personas al reanimarse, y por la que pierden el miedo a la muerte.

5.- Encuentro con familiares fallecidos

Éstos aparecen tras la experiencia extracorpórea, al final del túnel, tras haberse encontrado ya con la luz. Ring observó que el 41% de personas se encuentran con alguna presencia en su ECM, siendo un 16% quienes se encuentran con alguna persona fallecida querida. Greyson asegura que son un 44% quienes se encuentran con seres queridos fallecidos, en una muestra de 250 personas con ECM.

Resulta llamativo que la apariencia de las personas fallecidas no tienen por qué corresponderse con la que tenían en el momento de su muerte, ni siquiera en los años anteriores. Todos suelen tener buena y saludable apariencia.

En otro estudio realizado por Emily Kelly (2001) al analizar 74 casos encontró que un 81% se encontraron con personas fallecidas generalmente de su propia familia, y de la generación anterior, frente a un 16% que dijo encontrarse con personas fallecidas de la propia generación, e incluso un 2% dijo haberse encontrado a personas de la próxima generación. Ver Tabla 2.

En algunos casos, la persona llega a encontrarse incluso con animales que fueron mascotas suyas o con familiares que nunca llegó a conocer, como hermanos fallecidos antes de haber nacido. Marta relata cómo se encontró con su perro muerto hacía diez años, el cual le mostraba cariño efusivamente y hasta le ladraba.

También es posible encontrarse a personas que aún siguen vivas o incluso a personas que aún no han nacido, como hijos o sobrinos (Vila, 2010).

Un testimonio representativo es el siguiente de Roberto:

“Mi madre fue la primera en saludarme envuelta en una luz que me deslumbraba. A su lado estaba mi abuelo, que tan solo me sonreía. Ella me acogió con ternura pero me regañó por estar ahí. Simplemente me dijo que no era el momento, que mis hijos me necesitaban más que ellos y que no había ninguna prisa en encontrarnos. No intercambiamos palabra alguna. Todo era como leyéndonos la mente. Yo no llegué ni siquiera a responder. Ella sonrió y de repente dejé de verla. [...] Desconozco cuánto tiempo transcurrió pero de repente me encontré dentro de una ambulancia”.

6.- Encuentro con entidades espirituales o ángeles

Como se dijo en el apartado anterior, ocurren al final del túnel, en ese contexto de luz. Por lo general, si aparecen estas entidades, no aparecen familiares.

Los niños son especialmente susceptibles a tener experiencias con estas entidades, como ha mostrado Atwater (1999) en un estudio con 277 niños donde más del 70% reportaron encontrarse con entidades angelicales, así como con parientes, amigos y mascotas ya fallecidos. Un testimonio que representa esto es el recogido por Kennard (1998) de una niña que padecía un cáncer terminal:

“Ella sabía que se estaba muriendo y tenía mucho miedo. Una mañana le contó a su madre que tres ángeles le habían visitado durante la noche. Tenían alas blancas y eran maravillosamente bellos. Se la llevaron al cielo y en su presencia no se encontraba enferma. Incluso bailó con ellos”.

Un testimonio de Aydée dice así:

“Vi seres con aspecto de personas, pero muy hermosas. Había hombres y mujeres y todos tenían, además de una expresión de mucha alegría, una imagen física verdaderamente hermosa, luminosos, brillantes, con una piel que parecía de porcelana, sin defectos, sin arrugas. ¡Perfectos!”.

Isabel relata su experiencia de este modo:

“Sentí una voz que me hablaba y me vi en un monte donde había un árbol. Me dijo que era el árbol de la vida. Hablaba con un hombre de piel dorada. Sentía tanta felicidad. Este hombre me dijo un montón de cosas. No las recuerdo todas. [...] Sé que sentía mucha fe, esperanza y felicidad. Con todo lo que me dijo llegué a sentir mucha paz”.

¿Son ángeles estas entidades?. La figura del ángel aparece en numerosas religiones y tradiciones espirituales como por ejemplo en el Talmud, la Biblia, El Corán o en la mitología hindú (*yandoots*). ¿Cuál es la función de estos ángeles en la ECM?. Según Lundhal (1992) la de guiarnos, protegernos, darnos seguridad e informarnos en nuestro paso al más allá.

Es sorprendente como una encuesta realizada en 1993 por la famosa y prestigiosa revista *Time* reveló que el 69% de una muestra de 500 personas creía en la existencia de ángeles y el 32% reportó haber tenido algún tipo de contacto con ellos.

Hay muchas personas que dicen tener un “ángel de la guarda” que les protege, sin necesidad de pasar una ECM.

Un caso muy revelador es el relatado por Richard Bonenfant (2000); una mujer estaba ahogándose en una piscina cuando se encontró rodeada de oscuridad, pero sin miedo a ahogarse. Comenzó a subir como una escalera invisible hasta que montones de escenas de su niñez aparecieron ante ella (*visión panorámica*). De repente apareció una luz sobre ella que se hacía cada vez más grande. Se sentía en paz y una sensación de amor la invadió. Al final del túnel vio la figura de una mujer, bella y luminosa que parecía darle la bienvenida, pero cuando se encontró a corta distancia la soltó de las manos y le dijo con la mirada que no era su momento y que tenía que volver. Quince años más tarde, la hija de esta mujer sufrió un accidente grave con un perro que le mordió la cara. Tras varias operaciones de estética, la niña comenzó a tener pesadillas, de modo que la madre la tomaba entre sus brazos a pie de cama. En uno de esos momentos, la madre notó una tenue luz por encima de su hombro izquierdo. Cuál fue su sorpresa cuando a menos de un metro, vio a la misma bella mujer que se le apareció durante el accidente de la piscina. Telepáticamente la inesperada visita le comunicó que no se preocupase por su hija, porque se recuperaría sin problema.

Si hubiera alguna distinción importante en cuanto a una ECM experimentada por un adulto o un niño, se puede decir que los niños se encuentran más acompañados que los adultos en su trayecto del túnel, por figuras angelicales y otros seres que parecen niños (Morse, Castillo, Venecia, Milstein y Tyler, 1986).

7.- Encuentro con el Ser de Luz

Algunas personas dicen llegar a encontrarse con un Ser de Luz ante el que se sienten en completa paz, amor y aceptación. Esto no suele ocurrir si han aparecido conocidos fallecidos previamente. Algunas veces éste les ordena volver a la vida o les da algún consejo referente a la vida anterior, o a la vida después de la ECM. También suele animar a regresar para completar un ciclo vital o acabar un proyecto incompleto.

En ocasiones la persona refiere haber recibido verdades de conocimiento en forma de respuestas, algo semejante a lo que se experimenta al tomar sustancias enteógenas. Se plantean cuestiones que reciben respuestas sabias no solo de índole personal, sino universal. Según Greyson (1983 y 2003) esto ocurre en un 30% de los casos.

Algunas personas, y dependiendo de su contexto cultural, identifican a este ser o entidad con Dios, Jesús, Mahoma o Buda según sea la persona cristiana, musulmana, budista, etc y los no religiosos, simplemente refieren un ser de luz. La comunicación no es verbal sino telepática. Ver Tabla 2.

Basterfield (1988) analizó a doce personas que habían sufrido una ECM y cinco de ellos dijeron haberse encontrado con alguna presencia o aparición divina asemejada a Dios.

Tabla 2. Elementos trascendentales

| | Greyson (1983) | Greyson (2003) | Schwaninger (2002) |
|-----------------------------------|-------------------|-------------------|-----------------------|
| Número de personas | 74 | 27 | 11 |
| Encuentros con seres (%) | 26 | 52 | 72 |
| Encuentros con seres místicos (%) | 47 | 26 | 63 |

Fuente: Holden, Greyson, and James (2009)

Huelga decir que en la mayoría de los casos, los familiares, los entes o el ser de luz piden a la persona volver a la vida terrenal, de no ser así, habría sido imposible entrevistarles. Entonces, ¿los que no son devueltos continuaron y finalmente murieron?. Siguiendo la lógica, podríamos decir que así es. La función de estos seres parece ser la de mediar entre este mundo y el más allá, acompañándonos en el proceso para no sentirnos solos ni asustados.

También es frecuente que estas entidades hagan confidencias en forma de revelaciones importantes a la persona que padece la ECM.

Un ejemplo de este tipo de encuentros es el descrito por Abramovitch (1988) en que un paciente judío durante un ataque cardíaco se encontró con una figura a la que identificó con Dios y le dijo: “*Ya se te ha hecho muy tarde. Vuelve, hijo mío, antes de que sea demasiado tarde*”.

8.- Revisión de la propia vida (o memoria panorámica)

Esto ocurre generalmente tras abandonar el túnel, haberse expuesto a la luz y la presencia de familiares o entidades espirituales determinadas.

Aunque parezca increíble poder ver pasar toda nuestra vida con completo detalle, esto es real en una ECM, y no solamente en una ECM ya que existen testimonios que han tenido este tipo de experiencias sin haber estado cerca de morir. James y Greyson (2009) encontraron que un 27% de las personas que sufren una ECM tienen memoria panorámica. Las personas dicen experimentar esto con todo lujo de detalle, con total sensación de realidad, donde recuerdan experiencias pasadas de forma

vívida, con una gran carga emocional, donde a veces también resaltan los momentos en que la persona se equivocó, y las consecuencias que esto tuvo en otras personas. Estas experiencias son percibidas como fuera del tiempo y el espacio, algo que han intentado explicar autores como Thomas Beck (2003) con las teorías de tipo cuántico-holográfico.

Según un estudio realizado por Stevenson (1995) el orden de la revisión puede ser de tres tipos:

- a) Ver de una sola vez, toda la vida, es decir, una visión panorámica (15-27%)
- b) Ver de la niñez al momento presente (43-62%)
- c) Ver desde el momento presente a la niñez (11-15%)
- d) Ver sin ninguna secuencia particular (8-18%)

Ring ha observado que este tipo de experiencias se dan mucho más en ECM debidas a accidentes (55%) que a enfermedades o suicidios (16%). Un testimonio de esta experiencia es el siguiente de Elena al ahogarse cuando era niña:

“[...] Comencé a sentir una tranquilidad extraña, pero bonita a la vez. Vi pasar toda mi vida en fotos, una tras otra desde la edad que tenía hasta que me veía de bebé, ¡sin escaparse ni un solo año vivido!. [...] Recuerdo tener la luz blanca delante de mí.”

Resulta interesante que este tipo de revisión se mencione en muchas religiones, algunas de ellas encuadrándolo dentro del concepto de “juicio vital” que determina las bondades o los errores de nuestras vidas. Una vez pasada la revisión, se produce la decisión de retornar a la vida o no. Una decisión que puede ser tomada:

- a) Voluntariamente (en pocos casos)
- b) Por decisión de familiares o amigos fallecidos
- c) Por un ser de luz
- d) Por las personas que permanecen junto al cuerpo “sin vida”

En muchas ocasiones la persona quiere irse a esa luz, o con las personas encontradas, negociando el no retornar, sin éxito. En todo caso, el diálogo se produce telepáticamente, sin la sensación de haber estado hablando.

9.- Visita de familiares fallecidos, antes de morir

Mención aparte merece este hecho, pues aunque es una ECM, parece presentarse únicamente cuando la persona va a morir irreversiblemente, y no necesariamente cuando se está al borde de la muerte, sino en los días precedentes. Algunos testimonios representativos son estos:

Anna cuenta lo siguiente: *“Mi madre me contó que algunas noches se sentaba a los pies de su cama una señora muy mayor con una toquilla que decía ser su bisabuela, fallecida muchísimos años atrás”.*

Joaquín dice que un día su abuelo (muy enfermo) le pidió que le dejara sitio en el sofá para que se sentara su hermano (fallecido hacía unos cuantos años). Y en otra ocasión, su abuela, que murió súbitamente de infarto, comentó días antes de éste, que soñaba con sus padres y hermanos muertos.

Roman, en el proceso de investigación entrevistando a enfermos terminales para su tesis doctoral fue testimonio de cómo uno de sus pacientes decía ver a su hermana sentada junto a él durante la entrevista, a pesar de encontrarse solo ellos dos en el cuarto. Al salir de la habitación, Roman compartió

el comentario con la hija del paciente quien exclamó: “*estará alucinando, pues su hermana ya murió hace muchos años*”.

Una tía abuela padeció un cáncer terminal y días antes de su muerte siempre nos decía que veía a sus padres y a un hermano que ya estaban muertos y que la estaban esperando en una luz.

Concha relata así la experiencia que vivió con su abuela: “*Días antes de morir, daba la sensación de que hablaba con su madre, muerta hacía mucho tiempo, como si estuviese viéndola. Fue algo muy extraño*”.

¿Quién puede tener una ECM?

Para esta investigación se analizaron personas que tuvieron una ECM pertenecientes a tres categorías:

1. Debida a una parada cardiorrespiratoria
2. Debida a una enfermedad muy grave o accidente importante
3. Familiares y/o personas cercanas que fueron confidentes o testigos pasivos de otros

Sin embargo, aunque no fueron personas entrevistadas por el autor, también es posible tener (en mucho menor grado) una ECM (o experiencia subjetivamente parecida) bajo las siguientes condiciones:

1. Intento de suicidio
2. Estados alterados de consciencia (EAC) inducidos por diferentes procedimientos (hipnosis, respiración holotrópica, enteógenos, meditación, tanques de aislamiento sensorial, etc).
3. Espontáneamente

En todo caso, dice Greyson (en Holden, Greyson y James, 2009): “*Las ECM no son probablemente producidas por drogas [u otros procedimientos potenciadores de EAC], sino que más bien éstas facilitan los cambios que favorecen a la experiencia*”.

Veracidad de las ECM

Durante la ECM las personas tienen acceso a su memoria y lenguaje simbólico, pues algunas de las personas denominan a personajes como Jesús, los ángeles, jueces o Dios mismo. Esto indica que los procesos cognitivos se encuentran en funcionamiento sea bajo un estado de consciencia o no. Entonces, ¿realmente han estado muertas las personas que han tenido una ECM?.

Greyson y Stevenson (1980) analizaron a 78 personas que habían tenido una ECM y observaron que el 41% creía haber estado completamente muerto, mientras que el 52% creyó encontrarse sólo en un proceso de muerte. Por otro lado Stevenson, Cook y McClean-rice (1990) fueron testigos de cómo el 82,5% de las personas que habían sufrido una ECM aseguraban haber estado prácticamente muertas. Comprobándose esto posteriormente con su historia clínica en un 45% de los casos.

En otro estudio realizado por Hubert Knoblauch (2001) encontró que entre los que decían haber tenido una ECM, al menos el 50% realmente estuvo cerca de morir, mientras que sólo un 6% afirmó haberse encontrado clínicamente muerto.

Estos datos obviamente no nos responden la pregunta inicial, pero sí que sugieren que la experiencia subjetiva de las personas que tuvieron una ECM es de muerte real o casi real. Otra pregunta diferente sería: ¿han muerto para siempre las personas con ECM?. Pregunta absurda, claro está, puesto que todas ellas han vuelto para contárnoslo. Por lo tanto, si por “realmente muerto” entendemos la muerte irreversible, entonces podríamos decir que no, no han estado muertos. Pero si por “muerto” entendemos la

“muerte clínica” donde el cerebro no recibe oxígeno, la actividad cerebral es nula (encefalograma plano), la parada cardíaca supera los 5 minutos, y en ningún momento se encuentra un solo signo vital, es decir, si la persona cumple con todos los requisitos que hacen que una persona muera irreversiblemente, y en el caso que nos ocupa, encontramos personas que han podido “volver” de una condición entendida desde la perspectiva médica como “irreversible”, entonces podemos afirmar que esas personas sí han estado muertas, o como mínimo, que han entrado en el proceso del morir. De ahí la denominación de la experiencia como “cercana” a la muerte.

Teorías en contra

1.- Las ECM son experimentadas por nuestra expectativa de tenerlas

Se podría pensar que las personas religiosas estuviesen condicionadas para tener una ECM. Sin embargo, este tipo de experiencias son relatadas tanto por personas religiosas (de diferentes religiones) como ateas (Ring y Franklin, 1981). Es más, la mayor parte de las personas que presentan este tipo de experiencias no se encuentran afiliadas a ningún tipo de religión.

En concreto, las personas que las experimentaron y no eran creyentes, ni religiosas, ni sentían ningún tipo de interés por temas esotéricos, obviamente no van a inventar una historia así, sino que más bien criticarían y dudarían de lo ocurrido. Sin embargo no dudaban ni lo más mínimo de la veracidad de lo ocurrido, a pesar de no entenderlo.

Rawlings (1979) estudió a agnósticos y ateos que tuvieron una ECM y no encontró ni uno solo que no creyese en Dios, en la vida del más allá y en que no hay nada más que este mundo material, tras la ECM.

En cuanto al hecho de tener una experiencia así como mero deseo de la existencia de un más allá, se puede contra-argumentar que muchas personas relatan sentirse muy mal en el momento de su revisión vital. Además, si fuese el deseo de la persona la que lleva a crear esta experiencia, las ECM diferirían mucho de una persona a otra, sin embargo, todas coinciden más o menos en el mismo contenido.

Es relevante el hecho de que las ECM son casi idénticas a pesar de que las tienen personas de diferentes religiones, diferentes culturas, e incluso las personas que cometieron suicidio.

Finalmente, suponiendo que las ECM son debidas a una expectativa, ¿cómo explicamos las ECM en las personas que para nada las esperan?. Además, siempre sienten la experiencia como más real incluso que su estado de vigilia normal, por lo que la interpretan sin ningún tipo de duda o crítica. Tal es el caso descrito por Abramovitch (1988) en que Ralbag (judío de religión) tuvo una ECM, a pesar de que su religión no cree en este tipo de experiencias. Tras su ECM tuvo que recibir tratamiento psicológico y espiritual para poder elaborar su experiencia.

2.- Las ECM son experimentadas por la influencia de la cultura

Se podría pensar que en la cultura occidental, donde tanta popularidad se le ha dado a las ECM, una persona que está a punto de morir, se ve influenciada en cuanto a sus expectativas de lo que supone morir, por lo que ha oído previamente. Sin embargo, hay estudios de investigadores de diferentes culturas no occidentales, donde las ECM no son tan populares, y los testimonios son iguales a los relatados por las personas occidentales. Algunas de esas investigaciones son las de Zhi-ying (1992) y Kellehear, Heaven y Gao (1990) en China; Murphy (2001) en Tailandia; Pasricha y Stevenson (1986) en India; Kellehear (2001) en la Polinesia; Green (1984) en la isla de Guam del Pacífico; Counts (1983) en Melanesia; King (1985) en los Maoríes de Nueva Zelanda y el propio autor de este artículo en Mali, además de la leyenda de Yawalngura de los aborígenes australianos. Obviamente, aunque no hay grandes diferencias entre

ECM en diferentes culturas, es cierto que hay variantes de la experiencia según el propio sistema de creencias del individuo.

Otro hecho que demuestra que las ECM son fruto de la influencia cultural es que en la mayor parte de las culturas, influidas por sus religiones, se entiende el suicidio como negativo con nefastas consecuencias en el más allá. Sin embargo las ECM relatadas por personas que intentaron suicidarse y fracasaron son exactamente igual que las de las personas que las tuvieron debido a una enfermedad o accidente. En lugar de ser experiencias infernales como algunos religiosos cabrían esperar, están llenas de paz y demás características de las ECM.

Además se han encontrado el mismo tipo de ECM en personas que han vivido toda su vida en el medio rural, con muy poco contacto con la civilización y el mundo de la cultura educada, donde es fácil escuchar acerca de las ECM.

¿Y cómo se explicaría entonces el hecho de que niños muy pequeños, incluso bebés, relaten las mismas cosas que los adultos?.

Un niño de cuatro años que fue entrevistado para esta investigación relató lo siguiente: *“Estaba en un túnel lleno de luz y una persona pequeñita (como un personaje de unos famosos dibujos animados) me dijo que volviese por donde había venido”*. Esta similitud con el personaje de dibujos animados se debe a la influencia cultural, la cual es inevitable (otros asemejan el ser de luz con Buda o Jesucristo) pero lo importante aquí es cómo un niño de cuatro años tiene el mismo tipo de ECM que un adulto, siendo que éste último ha podido oír algo al respecto, pero un niño tan pequeño no.

Otro caso llamativo descrito por Herzog (1985) es el de un bebé de 6 meses que había pasado varias veces por la unidad de cuidados paliativos, estando en alguna de ellas a punto de morir. Meses después, al ponerse el niño a gatear y enfrentarle a uno de esos túneles de juguete en una tienda, donde el niño ya había jugado anteriormente, comenzó a mostrar verdadero pánico al mismo. Tres años más tarde, cuando la madre le explicó que su abuelita iba a morir, el niño preguntó: *“¿La abuela tendrá que pasar por el túnel, como el de la tienda, para ver a Dios?”*.

3.- Las ECM son consecuencia del efecto de los medicamentos administrados (en forma de alucinaciones)

Muchas personas e incluso científicos creen que las ECM son la consecuencia del efecto de los fármacos de la anestesia, los utilizados durante la reanimación o los propios del tratamiento que sigue el paciente. Pero las alucinaciones debidas a fármacos son ambiguas, borrosas, inciertas... mientras que las producidas por ECM presentan una claridad cognoscitiva increíble.

Greyson (1998) afirma que sólo un 22% de un total de 578 personas que tuvieron una ECM la tuvieron bajo anestesia general. Por otro lado John et al. (2001) tomaron registros electroencefalográficos a pacientes antes y durante la anestesia, y concluyeron que la frecuencia de actividad cerebral que se da bajo anestesia general no es suficiente como para tener una ECM.

Por si no fuera poco, hay numerosas personas que tienen ECM sin haber tomado ningún tipo de fármaco.

4.- Las experiencias extracorpóreas son debidas al aislamiento sensorial

Para Irwin (1985) las ECM son el efecto de una interacción entre una disminución de los procesos de atención y la pérdida de procesos somáticos de alerta. Las sensaciones de desconexión del cuerpo se pueden producir durante la atenuación de las entradas sensoriales y de las señales somáticas, como pasa en un tanque de aislamiento sensorial.

Sin embargo, esto contradice los testimonios de los pacientes que refieren haber tenido su experiencia con total lucidez y con perfecto sentido de la realidad tanto del más allá, como de lo que le estaba ocurriendo a su cuerpo. Para nada manifestaron una disminución de sus procesos de atención o pérdida de procesos de alerta durante su episodio.

5.- La analgesia y la sensación de paz característica de las ECM es producida por la secreción de endorfinas

Carr (1981) y Gaona (2007) han descrito el papel de las endorfinas en el momento de la muerte y en las ECM. Las endorfinas se segregarían en momentos de estrés para bloquear el dolor y producir sensación de bienestar con la que compensarlo. Sin embargo otros autores como Morse (1989) o Jansen (1989) creen que las endorfinas no tienen la suficiente capacidad como para generar las “alucinaciones” que se dan en las ECM.

6.- Los túneles y luces son producto de la anoxia cerebral (falta de oxígeno)

Muchos creen que las ECM son alucinaciones debidas a la falta de oxígeno en el cerebro. Gerald Woerlee (2003) ha reproducido alucinaciones parcialmente similares mediante anoxia cerebral.

Sin embargo, el mero hecho de creer que se va a morir también ha originado una ECM en algunas personas, sin necesidad de anoxia cerebral. Los pilotos han manifestado tener experiencias semejantes a las ECM en sus pruebas de pérdida de consciencia en las máquinas de centrifugación. Pero sus testimonios no son realmente como las ECM.

Otros atribuyen la visión de la luz y el túnel a la desinhibición cortical asociada a la falta de oxígeno.

Se sabe que si no llega sangre (y por tanto oxígeno) al cerebro durante unos segundos o un par de minutos, la recuperación es íntegra, pero si esta isquemia es cercana o superior a 5 minutos, el paciente quedará con secuelas neurológicas importantes e irreversibles. La gravedad de las lesiones provocadas por la falta de oxígeno va a depender del tiempo que el cerebro permanezca privado de oxígeno y de que la reducción del volumen del flujo sanguíneo cerebral sea total o parcial.

¿Cómo se explica entonces que algunas personas que han permanecido más de 5 minutos con anoxia cerebral se recuperen sin daños?, ¿o que personas que no han sufrido ningún tipo de anoxia cerebral relaten el mismo tipo de experiencias?

Aún es más difícil explicar el hecho de que incluso Susan Blackmore (1988), que es una autora muy escéptica con este tipo de cuestiones quien defiende que es la falta de oxígeno cerebral la que produce las ECM, no halle explicación al hecho de que Morse (1986) tras estudiar a 121 niños que padecían crisis cerebrales anóxicas reflejas, encontrando síntomas similares a los que se presentan en las ECM, no encontrara ningún niño que describiese a seres de luz, ángeles, amigos, mascotas o familiares fallecidos.

Otra hipótesis podría ser que a pesar de no recibir oxígeno el cerebro, el electroencefalograma (EEG) no fuese lo suficientemente sensible a una mínima actividad cerebral bajo la cual se produce la ECM. Pero esta teoría carece de sentido porque es necesario un funcionamiento mínimo (y bien detectable por el EEG) para que se produzca consciencia según el modelo médico, es decir, para que puedan darse todos los elementos que compone una ECM.

7.- El revivir las memorias o tener visiones de personas ya fallecidas se debe a una alteración del lóbulo temporal.

Algunos autores (Wilson, 1928; Penfield, 1955 y 1963; Morse y Perry, 1992; Saavedra-Aguilar y Gómez-Jeria, 1989) aluden a alteraciones neurológicas del lóbulo temporal a la hora de explicar este tipo de fenómenos, pero todas esas experiencias (incluida la percepción de túnel, luces, sensación de paz, EEC, etc), cuando se dan debidas a una alteración del lóbulo temporal no tienen ningún patrón organizativo, son caóticas y desordenadas. Mientras que las experiencias relatadas por las personas que dicen haber tenido ECM son ordenadas, organizadas y para nada caóticas. En concreto, respecto a la alteración del lóbulo temporal, se ha de decir que para tener una ECM es necesaria una reacción de numerosas zonas del cerebro, no solo el lóbulo temporal.

Robert Basil (1989) postula que a medida que avancen los conocimientos en neurofisiología acerca de las ECM, se perderá la interpretación trascendental de este fenómeno que supuestamente prueba la existencia de un alma inmaterial. Critica a Raymond Moody por decir que las ECM son algo conectado con el salto hacia la muerte, cuando ha habido personas que han tenido las mismas experiencias, sin haber

estado próximos a morir. Pero lo cierto es que tanto Moody como Greyson (entre otros) reconocen esto mismo; la posibilidad de tener una ECM sin necesidad absoluta de estar al borde de la muerte.

8.- Las experiencias extracorpóreas tienen explicaciones neurofisiológicas

Menninger-Lerchenthal (1946, 1954, 1961) observó que las nociones esotéricas respecto a un segundo cuerpo y los modelos neuropsiquiátricos que provocan la ilusión de separación entre la mente y el cuerpo se encontraban en íntima relación con los conceptos de “esquema corporal” y “miembro fantasma”. Éste autor apunta la semejanza entre ambas experiencias, pero no entra en la posibilidad de una ECM.

Para Cook (1989) simplemente resulta absurdo e imposible que una persona pueda ver al equipo médico durante la ECM, puesto que eso significaría que la retina del ojo seguiría activa para grabar dichas imágenes y el córtex visual del cerebro también, para recibirlas, incluyendo el correcto funcionamiento de venas y demás estructuras cerebrales. Sin ningún razonamiento que realmente contradiga la ECM, afirma que ésta es producto de nuestra mente (sin explicar cómo).

Allan Cheyne (2003, 2009) cree haber demostrado que la estimulación directa del córtex vestibular cerebral genera alucinaciones similares a las EEC. Pero ¿cómo se explica que la persona pueda visualizar situaciones u objetos localizados en lugares lejanos?.

Otro autor, Orrin Devinsky (1989) estudió la relación entre epilepsia y experiencias extracorpóreas, pero encontró que sólo un 6% de los pacientes con ataques epilépticos tenían EECs. Además, sólo tuvieron una sola experiencia, a pesar de tener muchos ataques, y su experiencia era confusa y con lagunas de memoria, cosa que no ocurre en las ECM.

Maudsley (1876) afirmó que algunas de las alucinaciones de los enfermos mentales, eran alucinaciones motoras. Por ejemplo, estando postrado en la cama se cree que se vuela, o se sienten las piernas, brazos y cabeza como separados del cuerpo. Estas experiencias tendrían lugar cuando existe una alteración de los centros nerviosos. Pero obviamente tal vez debido a la época en que se hicieron tales atribuciones, el autor no da ningún dato específico en cuanto a qué órgano provoca estas alucinaciones, sino que simplemente lanzó una hipótesis.

9.- Las ECM son producto de la despersonalización que crea el estrés frente a la muerte

Russell Noyes (1976) y Jacob A. Arlow (1966) afirmaron que los estados de despersonalización que se dan durante las ECM son tan solo un mecanismo de protección frente al estrés que produce la idea de morir, de desaparecer. Sin embargo, autores como Glen Gabbard y Stuart Twemlow (1984) encontraron importantes diferencias entre EEC y los estados de despersonalización, como por ejemplo que éstos últimos suelen estar acompañados por sensaciones desagradables y pérdida del contacto con la realidad, mientras que las personas que tienen una EEC dicen encontrarse agradablemente y con una percepción de la realidad intensa y con una sensación de identidad muy bien estructurada.

Otros autores como Blacher (1983) postulan que la ECM es una combinación entre la despersonalización y elementos oníricos. Pero incluso la claridad cristalina con la que se recuerda la ECM no tiene nada que ver con los elementos oníricos.

Toda esta serie de aproximaciones para explicar las ECM de una forma material fracasan sobre todo en que sus razonamientos sólo pueden explicar parte de la experiencia, no su totalidad. Además, ¿cómo explicamos las ECM en las personas que no se encuentran psicológicamente cerca de su muerte?.

10.- La revisión de la vida se debe a la búsqueda de identidad frente a la desintegración

Esta revisión sería debida a la búsqueda de identidad propia de nuestra cultura occidental y de otras como la china o hindú (Butler, 1963), que puede darse ante la amenaza de un final de la vida. Así, en culturas influidas por las religiones cristiana, judía o musulmana, la revisión vital sería un análisis íntimo a la vez que un juicio de valor sobre aquellos momentos en que pudimos habernos equivocado.

Prueba de ello es que en los testimonios de aborígenes australianos, no se encuentran este tipo de revisiones.

Una explicación neurológica podría ser la aparición de memorias placenteras en un momento en que nuestra vida corre peligro, a modo de “suavizar” el golpe, como una forma de dar sentido a una vida que acaba (Butler, 1963). Sin embargo, esta supuesta sensación placentera no es tal, pues muchas personas relatan sentirse mal tras su revisión en la que se dieron cuenta de que no habían sido todo lo buenas personas que podrían haber sido.

11.- El encuentro con seres fallecidos es fruto de nuestra expectativa a reunirnos con ellos

Esto en muchos casos la ECM se ha atribuido a la alucinación debida al deseo de reencontrarse con personas ya fallecidas. Sin embargo, ¿cómo se explica el hecho de encontrarse con personas que no se conocen o que incluso siguen vivas (como cuenta Enrique Vila (2010)?). Y si tanto deseo se tuviese de reencontrarse con los seres fallecidos, ¿por qué éstas personas les dicen que no es la hora y tienen que volver?, ¿o por qué otros deciden regresar porque echarían de menos a los que se quedan?.

12.- Las ECM no se dan en todos los casos

Si las ECM son reales, ¿por qué no ocurren en todos los casos en que la persona “muere clínicamente”? Según Greyson, porque muchas de las personas que por ejemplo sufren una parada cardiorrespiratoria presentan problemas de memoria. Según Pim van Lommel, también puede ser porque es necesario que se den una serie de factores psicológicos (y no solamente fisiológicos) para que la ECM se produzca.

Aunque ya se han revisado todas las teorías detractoras una por una, el mayor inconveniente común a todas ellas, es que aunque algunas puedan explicar parte de la ECM, ninguna teoría llega a explicar la totalidad del fenómeno completo que tiene lugar.

Teorías a favor

1.- Testimonios de niños pequeños

¿Cómo puede un niño pequeño testimoniar algo que nunca ha oído ni leído?. Obviamente, un niño no está sugestionado por su cultura todavía, como para “crear” una experiencia de este tipo. Hay casos incluso de bebés como el mencionado por Walker (1991), acerca de un niño de un año que se tragó una canica obstruyéndole la tráquea. Tal niño al recuperarse, y superando la barrera formal del lenguaje y el razonamiento propio de la temprana edad, contó cómo salió de su cuerpo y se aproximó a una luz brillante donde un ser le dijo que tenía que volver.

2.- Invidentes de nacimiento

Algunos trabajos de Michael Sabom (1982, 1998) y Kenneth Ring (Ring y Cooper, 1999) concluyen que la mayor parte de personas ciegas de nacimiento, pueden ver, al tener una ECM, donde describen el escenario de su “muerte” con lujo de detalles, siendo posteriormente corroborado por el personal médico. Esto pone en entredicho la noción de la necesidad del sistema de visión para poder ver.

Moody (1989) cuenta la experiencia de una mujer anciana invidente desde los dieciocho años, que fue capaz de describir con detalle su resucitación, los instrumentos que utilizaron (y que no existían cuando ella aún veía), e incluso la vestimenta de su médico.

También son notorios los testimonios de personas con problemas neurológicos de tipo parapléjico, tetrapléjico e incluso de parálisis cerebral que relatan su ECM de idéntica forma que las personas sin estos problemas físicos (Serdahely, 1990 y el propio autor de este trabajo).

3.- Personas en coma que fueron declaradas cerebralmente muertas

Si están realmente muertas desde el punto de vista médico, ¿por qué “resucitan”? Si son capaces de volver de la “muerte”, entonces será lícito pensar que han tenido una experiencia cercana a la muerte.

4.- Experiencias extracorpóreas (EEC)

Personas que han tenido EEC, relatan cómo pudieron ver cosas que son imposibles de ver, y que fueron corroboradas posteriormente por el personal médico, familiares o amigos. Holden (2009), encontró esta evidencia en 89 personas de un total de 107 casos reportados en 39 publicaciones a lo largo de 30 años.

Un ejemplo es el caso de una persona que durante la EEC fue a su casa y vio lo que estaba haciendo su cónyuge, quien para su asombro, al visitar a su pareja en el hospital afirmó haber estado haciendo lo que ésta le dijo.

Es de especial relevancia empírica para demostrar la veracidad de las EECs en concreto y las ECM en general (y por tanto la existencia de la consciencia más allá del sustrato biológico), el famoso caso que vivió la psicóloga Kimberly Clark y que fue relatado internacionalmente por Raymond Moody:

Kimberly trabajaba en el hospital de Harborview (Seattle) cuando se encontraba tratando a un paciente (Mary), preparándola para su vida cotidiana cuando fuese dada de alta, tras haber sufrido un ataque al corazón. Según relataba la paciente, había salido de su cuerpo y deambulado por todo el entorno del hospital mientras los médicos intentaban su reanimación. La psicóloga Clark se encontraba muy escéptica ante dicho testimonio, hasta que Mary le dijo que había visto unas zapatillas rojas de tenis en el alfeizar de una ventana cercana a su habitación. Clark, se asomó por la ventana y efectivamente, vio unas zapatillas rojas de tenis exactamente como su paciente le había descrito, unas ventanas más allá de donde se encontraban hablando.

Hornell Hart (1958) analizó 288 casos de personas con EEC que habían reportado eventos en la distancia que ellos mismos no podrían haber percibido de forma natural. Cook, Greyson y Stevenson (1998) también publicaron una serie de relatos de personas que habían visto ciertos eventos a distancia. Aunque una de las historias más famosas respecto a la percepción de eventos a distancia durante una EEC es la relatada por Charles Tart (1968) quien estudió a una niñera que decía que tenía EEC durante el sueño, donde se daba vueltas por la casa pegada al techo. Tart, colocó un electroencefalograma a la niñera mientras dormía. En este momento, iba y colocaba un papel con un número de cinco cifras en lo alto de una estantería y le pedía que fuera hasta donde estaba este papel, y leyese el número, que al despertar, le confesaría. La niñera no podía conocer este número con antelación, porque Tart lo colocaba únicamente cuando ella estaba durmiendo, con el electroencefalograma puesto, mientras él la observaba todo el tiempo. Las tres primeras noches no pasó nada, pero a la cuarta, la niñera se despertó y le dijo el número completo.

Hay muchos testimonios de personas de diferentes culturas que relatan haber visto hechos imposibles de ver en las circunstancias que estaba viviendo el paciente. Aquí se ilustra otro de esos testimonios, esta vez de Pilar:

“Mientras me encontraba en coma en la UVI del hospital, pude ver cosas que ocurrían alrededor. Por ejemplo, cuando recuperé la consciencia pregunté si mi hija se había desmayado al verme entubada,

y me lo confirmaron. También pude percibir cómo un enfermero tuvo que someterse a una operación quirúrgica de urgencia, y así había ocurrido.”

En otro testimonio recogido por Moody (1985) una persona al salir de su cuerpo no solo pudo ver los procedimientos de resucitación que le estaban aplicando sino que dio detalles de la sala de emergencias con sumo detalle, y hasta dijo el nombre de una de las enfermeras que la atendió al ver su nombre en la bata que llevaba.

Karlis Osis (1990) investigó a una persona que decía tener EEC a voluntad. Se le pedía que con ojos cerrados intentase ver una imagen que se generaba aleatoriamente en otra habitación, fuera de su campo visual. El resultado fue que de 197 intentos, acertó la imagen 114. Además se había instalado un sensor de campos eléctricos en el único lugar desde el que se podía ver esa imagen, y se comprobó que solo en esos 114 aciertos el sensor mostró actividad, es decir, es como si “algo o alguien” pasase por ese lugar a pesar de que no había nada ni nadie en ese momento.

Blackmore (1983) cuenta el caso de un niño que sufrió una parada cardiaca al que se le pudo poner un electrocardiograma con el que se comprobó que pasó varios segundos sin ningún tipo de actividad. En ese tiempo, el niño salió de su cuerpo, y vio cómo le ponían una inyección, como levantaban sus piernas, y cómo la enfermera cambiaba de sitio su osito de peluche.

Hay varios testimonios que demuestran la veracidad de la ECM, a través de la veracidad de la EEC. Por ejemplo el caso de una paciente que vio, mientras sufría una intervención quirúrgica, que su madre no podía encontrar el quirófano y que preguntó por su localización a una persona vestida de una forma particular. Esto, que vio la hija durante su EEC, fue corroborado por la madre y el resto de la familia posteriormente.

Otro testimonio sorprendente es el relatado por Brumblay (2003) en el que una mujer dice salir de su cuerpo durante un shock séptico. En ese momento ve a su hija en la sala de espera, y descubre que ésta está embarazada de pocas semanas. Este hecho, que posteriormente comprobó la mujer, demuestra que durante una EEC la persona puede incluso ver a través de objetos. Algo similar a otros dos relatos de pacientes que comentan haber visto a su hija y a su madre respectivamente, a través de la pared del quirófano.

Pero uno de los más famosos casos en la literatura de las ECM tanto por la riqueza de la experiencia en todas sus fases, como por prueba irrefutable de la existencia de la consciencia sin necesidad del sustrato biológico que la sustente, es el de la cantante Pam Reynolds mencionada anteriormente y descrita por Sabom (1998). Reynolds sufrió una operación en el cerebro en la que se tuvo que drenar la sangre de su cerebro, es decir vaciar el cerebro de sangre con todas las consecuencias que esto tiene a nivel neurológico (falta de oxígeno, disminución de la temperatura corporal, paro cardiaco, paralización de estructuras cerebrales, etc.). Durante la operación la paciente tuvo una ECM en la que salía de su cuerpo, entraba en un túnel, vio la luz y vio a su abuela y tío fallecidos, que le hicieron volver contra su voluntad. Pam Reynolds relató la canción que sonaba en el quirófano mientras la operaban, también cómo vio al cirujano trabajar y el tipo de sierra que utilizó, el momento en que la inclinaron, y hasta cómo una enfermera dijo: “*Sus arterias son muy pequeñas*”. Todas sus observaciones fueron corroboradas después.

Actualmente, Sam Parnia está llevando a cabo una serie de experimentos bajo lo que él ha venido a denominar *Proyecto AWARE*, en que coloca una serie de dibujos simples en distintas áreas de la habitación donde una persona puede sufrir una ECM y posteriormente, le pregunta si ha podido verlos.

5.- Memoria panorámica

No es posible que la persona reviva su vida fruto de una alteración de su memoria, porque la memoria panorámica típica de la ECM se diferencia de la memoria normal en que:

- a) Las imágenes surgen a una velocidad sorprendente e imposible para la memoria habitual
- b) Aparecen imágenes nítidas y muy vívidas por bloques, desde la edad temprana hasta el momento presente o viceversa

- c) A pesar de manejarse una ingente cantidad de datos, imágenes, sensaciones... aparecen sin esfuerzo consciente
- d) Su aparición distrae a la persona de los acontecimientos tan insólitos que está presenciando
- e) La dimensión temporal desaparece
- f) Los recuerdos son ricos en vivencias emocionales
- g) Se pueden llegar a ver acontecimientos futuros o “flashforwards” (Ring, 1984), como verse en el propio funeral
- h) El recuerdo es placentero, pero la sensación es de melancolía
- i) Los recuerdos se muestran de una forma instantánea, como relata una persona: *“Era como una explosión. Todo estaba allí, delante de mis ojos. Era como una gran pantalla de televisión. Podía verlo todo entre mi época de bebé hasta el momento actual. Todo, todo al mismo tiempo.”*
- j) Se perciben las consecuencias de las decisiones que se tomaron, en terceras personas. Como dice una persona: *“Volví a experimentar cada cosa que hice y también cómo mis acciones afectaron a los demás, incluso cómo mis pensamientos afectaban a los que me rodeaban. Me di cuenta de cómo había hecho daño a unos y cómo había ignorado a otros. Llegué incluso a sentir el dolor que los otros habían experimentado. Pude verlo no solo desde mi perspectiva, sino desde la de todos los demás”.*

Además, curiosamente, algunas personas relatan que revivieron acontecimientos durante su revisión panorámica, que no recordaban haber vivido en su vida.

6.- Encuentro con seres fallecidos

Contra argumentando el planteamiento que explica el encuentro con seres fallecidos, como una mera alucinación por la expectativa y deseo de reencontrarse con los seres queridos fallecidos, tenemos los numerosos testimonios en que la persona ve a personas fallecidas, que no conoce. Así lo muestra el siguiente testimonio publicado por Pim van Lommel (2001) en que un hombre se encontró con otro que no conocía para nada. Pasados varios días después de ser resucitado de su parada cardiorrespiratoria durante la que tuvo una ECM, supo por su madre que su nacimiento había sido fruto de una relación extramatrimonial con un hombre que murió en la guerra. Cuando la madre le enseñó una foto de su padre biológico, reconoció de forma inmediata a la persona que había visto en su ECM.

Otra prueba de que el encuentro con fallecidos es real lo muestra el siguiente testimonio en que Isabel se encuentra con una persona fallecida que apenas llegó a conocer y que es imposible de recordar:

“Tenía unos cinco o seis años de edad cuando tuve una parada cardíaca. Vi a mi madre, que había muerto. Yo no tenía recuerdos de ella porque había fallecido cuando yo solo tenía ocho meses. [...] Había mucha gente que aparecía por los lados. Había mucha luz. Me puse a gritar porque al volverme me veía allí tirada, al lado de mi abuela. Mi madre dijo que si volvía nunca me separara de mi abuela. De repente desperté sobresaltada. Lo más terrible del caso es que mi tía me enseñó una foto de mi madre con las ropas con las que la enterraron, las mismas con las que yo la había visto”.

Otro caso inexplicable que demuestra la veracidad de las ECM (en este caso del encuentro con seres fallecidos) es el descrito por Dorothy Counts (1983) en el que un habitante de Bolo (un pueblo de Melanesia) se encontró con una mujer que falleció pocos momentos después que él y cuya muerte ignoraba completamente: <<*Me encontré con la mujer que había muerto y vi cómo ella se alejaba. Le grité: “¡Oye, vuelve!”*, pero no pudo hacerlo. Más tarde, la entidad divina me dijo: “La mujer que viste mientras venías... es su hora y debe quedarse, pero tú debes volver>>.

Brad Steiger (1994) relata el caso de un niño de nueve años que se encontró con su hermana Teresa fallecida. Esto no podía ser cierto, pues su hermana no había muerto. Pero al día siguiente la familia descubrió que Teresa había fallecido en un accidente de automóvil tan solo tres horas antes de la ECM del niño.

Sutherland (1995) describe otro caso en el que una mujer que había padecido una ECM se encontró con dos niñas pequeñas, una de las cuales dijo llamarse Olivia. Al recuperar la consciencia y contarle el suceso a su madre, ésta le contó sorprendida que Olivia era una hermana mayor que había muerto antes de que ella naciera.

Holden (2009) encontró 14 casos de un total de 107 de la misma naturaleza que estos últimos tres casos descritos, en que la persona se encuentra con un fallecido, que no sabe que ha fallecido.

Consecuencias de las ECM

Tras una ECM la persona suele vivir un torbellino de emociones y casi hasta enajenación mental (Morris y Knafl, 2003). Es consciente de que algo muy poderoso y relevante le ha ocurrido, pero le resulta imposible explicarlo con palabras (*inefabilidad*). A diferencia de lo que se podría esperar, no les cabe la duda de que lo que han vivido es real, pero no saben en qué contexto localizarla ya que no es comparable a ninguna otra situación de su vida. Tal vez el siguiente testimonio ayude a entenderlo. Dice María Ángeles: *“Sobrevolaba el techo del quirófano pero realmente no volaba, sino que mi consciencia lo abarcaba todo. Es decir, estaba en todos lados, desde donde miraba como una persona normal”*.

Positivas

Los sentimientos al regresar de una ECM son ambivalentes; tristeza por regresar y alegría y paz por saber lo que hay más allá. Este tipo de experiencias marcan de por vida a las personas que las sufren, recordándolas para siempre y hasta transformando sus vidas en lo que Sutherland (1992) llama la “trayectoria de integración” en el proceso interno y externo de aceptación social.

Al tratarse de una experiencia tan insólita, las personas que la experimentan tienen grandes dificultades para ser creídos y tomados en serio, por lo que algunas personas optan por no volverlo a contar, tras un primer rechazo. O incluso no llegándolo ni siquiera a contar a nadie. Otras sin embargo necesitan compartir mucho su experiencia para validarla, para integrarla, para revivirla, para contagiar a otros de lo positivo de ésta, y necesitan contar una y otra vez su vivencia, hasta que la asimilan, a través de su propia narrativa.

Bruce Greyson (2003) comparó un grupo de personas que habían tenido una ECM con otro que no la habían tenido, a pesar de que ambos grupos habían estado cerca de la muerte. Se les aplicó el test SCL-90-R, diseñado para detectar alteraciones psicológicas, y el sorprendente resultado fue que las personas que habían tenido ECM tenían menos alteraciones que los que no las habían tenido.

Las investigaciones que se están llevando a cabo sobre las ECM están ayudando mucho no solo a las personas religiosas o espirituales, que están viendo probadas sus creencias de la existencia del “alma” más allá de la muerte, sino también a personas no religiosas quienes a través de su confianza en la nueva ciencia están ampliando los horizontes en su manera de entender la existencia humana.

Los mismos profesionales de la salud también están beneficiándose de los estudios de las ECM en su trabajo con moribundos, suicidas y familiares en duelo, aportándoles esperanza y tranquilidad. Hoy en día, las experiencias cercanas a la muerte se han introducido hasta tal punto en la sociedad que casi todo el mundo las conoce.

Un hecho es que la mayoría de las personas que han sufrido una ECM, conocedores de lo que hay más allá, pierden el miedo y la ansiedad a la muerte que anteriormente tenían. También la creencia de que hay vida después de la muerte se incrementa de forma notable, especialmente tras las experiencias extracorpóreas según dice Gabbard (1981), ya que la persona siente en cierto modo como si su “alma”

sobreviviera al cuerpo. Este hecho no solo les ha ayudado a ellos a aceptar la muerte, sino a toda la población que conocemos sus experiencias.

Una consecuencia casi unánime en las personas que han sufrido una ECM es que su escala de valores y personalidad se transforma, volviéndose la persona más interesada en las cuestiones no materiales y/o espirituales, reforzando las relaciones personales y su entrega a los demás. Greyson debate si realmente es necesaria una ECM para tener este cambio vital o si la mera exposición a la muerte ya es suficiente para que se de una transformación vital de tal calibre. Ring (1992) denomina *Homo noeticus* al nuevo tipo de persona, que a consecuencia de su ECM, además de perder el miedo a morir, ha ganado el don de amar incondicionalmente, se ha convertido en un ser más espiritual y menos materialista y desea servir más a los demás. En definitiva, esa persona pertenecería a una nueva raza de mayor nivel espiritual y más evolucionada que el resto de los mortales.

Las personas que eran religiosas, encuentran en la ECM la confirmación de que Dios existe. Y las ateas se vuelven más receptivas a todo este tipo de cuestiones. Este testimonio de Abelardo lo refleja muy bien: *“Mi mente, sin obligarla, me hace creer en Jesús, esto morirá conmigo. [...] Una cosa tengo clara: entré en la UCI medio ateo y he salido creyente. Para mí existe Jesucristo, lo tengo claro, pero además acepto todo tipo de creencias”*.

Un testimonio representativo que refleja las consecuencias de una ECM para la vida de la persona que la sufre es el de Natividad: *“Cambias la forma de ver la vida, sabes que se te ha concedido una segunda oportunidad y sabes que lo único que te llevas contigo es el amor. Intentas hacer felices a los demás y te sensibilizas ante el sufrimiento ajeno. Eres más humano. Pierdes el miedo a la muerte, pues en realidad no se muere, se despierta, se vuelve a casa”*. Nines, dice lo siguiente tras su ECM: *“Vuelves con lecciones aprendidas, cada uno la suya, pero predomina la de ver a los demás con más misericordia”*.

En un estudio desarrollado en Los Países Bajos por Pim van Lommel (2001) se analizó a 74 pacientes que habían sufrido un paro cardíaco; 35 habían tenido una ECM y 39 no. A los dos y los 8 años del suceso, se les aplicó el *Cuestionario de Cambios Vitales* de Greyson, para medir los efectos positivos a medio y largo plazo que pudo haber tenido su vida tras haber sufrido ese paro cardíaco. Los resultados se muestran en la Tabla 3.

Tabla 3. Cambios positivos después de una ECM según el Cuestionario de Cambios Vitales

| | 2 años | | 8 años | |
|--------------------------------------|--------|----------|--------|----------|
| | ECM % | NO ECM % | ECM % | NO ECM % |
| Actitudes sociales | | | | |
| Amor hacia los demás | 42 | 16 | 78 | 58 |
| Compasión por los demás | 42 | 16 | 78 | 41 |
| Aumento vida familiar | 47 | 33 | 78 | 58 |
| Actitudes religiosas | | | | |
| Comprensión de la vida | 52 | 33 | 57 | 66 |
| Vida interior | 52 | 25 | 57 | 25 |
| Importancia espiritualidad | 15 | -8 | 42 | -41 |
| Actitud hacia la muerte | | | | |
| Miedo a la muerte | -47 | -16 | -63 | -41 |
| Convicción vida después de la muerte | 36 | 16 | 42 | 16 |

Otros

| | | | | |
|----------------------------------|----|----|----|----|
| Búsqueda sentido personal | 52 | 33 | 89 | 66 |
| Aprecio de cuestiones ordinarias | 78 | 41 | 84 | 50 |

Un posterior estudio realizado por Schwaninger (2002) obtuvo similares resultados, aunque con menor muestra.

Ring (1984) observó que hasta un 58% de las personas que habían tenido una ECM tenía la sensación de haber aumentado sus capacidades psíquicas, siendo la sabiduría interior (96%) y la intuición (80%) los fenómenos más aumentados.

Basterfield (1988) observó en Australia las consecuencias que la ECM tuvo en 12 pacientes; la mayor parte de ellos experimentó una importante reducción del miedo a la muerte, un aumento del amor a la vida, un incremento de su religiosidad, y una mejor autoestima.

Abramovitch (1988) relata así la conclusión que un paciente obtuvo tras su ECM: *“Yo sabía y comprendía lo que había visto y experimentado. Sentí que había alcanzado la revelación de una nueva verdad. Una realidad diferente me había sido descubierta. Pero no revelé estos secretos de mi corazón a nadie. Tenía miedo de que me tomaran por un trastornado”*.

Ring (1984), en su ánimo de comprobar si estos cambios vitales positivos por haber experimentado una ECM eran únicamente subjetivos de la persona que los padecía, o si bien eran reales (objetivos), creó un cuestionario (*Cuestionario de medición del comportamiento*) especialmente diseñado para comprobar si el cambio vital sucedido en el paciente, era percibido de la misma manera por sus familiares y amigos. Los resultados fueron positivos en todos los casos. Un caso encontrado por el autor que refleja esto, es el de la pareja de Julio: *“Él cambió desde el primer día que pude verle. Al principio el cambio no fue muy claro para mí: estaba confuso y pasamos una mala época. Sin embargo, resultó para mejor. A medida que pasaba el tiempo comenzó a desprenderse de muchas cosas materiales y a centrarse más en su familia y amistades. Resultaba evidente que sus valores habían cambiado drásticamente”*.

En cuanto a las personas que tienen una ECM debido a un intento fallido de suicidio, Greyson (1980) encontró que tras su experiencia adoptan una actitud negativa hacia la autodestrucción e incluso disminuye en ellos la ideación suicida. Rosen (1975) encontró que la mayor parte de las personas que se intentaron suicidar tirándose del puente *Golden Gate* de San Francisco experimentaron estados místicos de consciencia caracterizados por la pérdida de la temporalidad, el espacio y el propio yo, en una sensación embriagadora de paz y calma en unión con todo el universo.

Según Atwater (1988, 1994) muchas personas, tras su ECM refieren haber adquirido ciertas cualidades especiales, poderes paranormales y percepciones extrasensoriales como telepatía, precognición, influencia sobre aparatos eléctricos (cambio de ritmo de los relojes y/o alteraciones de las luces artificiales en su presencia), capacidades curativas sobre terceros, escritura automática, cambios en la sensibilidad ocular a la luz, capacidad de ver espíritus en derredor, nuevas ECM, experiencias místicas o religiosas, etc.

En cuanto a la capacidad de precognición, resalta el caso presentado por Floyd (1996) en el que una mujer se encontró inmersa en un escenario de fiesta o celebración. La paciente explicó multitud de detalles, pero sin embargo no recordaba haber estado nunca en una fiesta similar. Paradójicamente, un par de años más tarde, se vio en la misma fiesta que había evocado en el hospital.

Holden, Greyson y James (2009) observaron que un 39% de personas que tienen una ECM presenta fenómenos de percepción extrasensorial. Greyson, tras entrevistar a 1.595 personas encontró que un 11% estaba involucrado en algún tipo de experiencia paranormal.

Sutherland (1992) refiere que muchas personas relacionadas con ECM presentan clarividencia, precognición, intuición, telepatía, habilidades de sanación en la distancia, experiencias extracorpóreas, visión de auras... Aunque hay algunas personas que prefieren ignorar sus nuevas capacidades o hasta luchan contra ellas, por lo incómodo que le resulta tenerlas, como por ejemplo la posibilidad de leer el pensamiento a terceras personas.

Un caso que representa la influencia en los aparatos eléctricos es el descrito por Harris (2001):

“Mi campo de bioenergía, como resultado de la ECM, afecta a los equipos electrónicos. La energía afecta a cualquier cosa que utilice microchips, incluyendo ordenadores y máquinas fotocopiadoras. Las baterías de los coches se descargan cuando me encuentro cerca de ellos... El aspecto positivo es que, en ocasiones, las bombillas fundidas vuelven a funcionar cuando me acerco a ellas. Lo negativo es que las farolas de la calle explotan en ocasiones cuando voy paseando”.

Respecto a las ECM en niños hay que decir que no hay una gran diferencia con las de los adultos, aunque sí hay divergencias en la experiencia. Atwater (1992) tras analizar a 277 niños que sufrieron una ECM descubrió que mostraban importantes mejoras a nivel cerebral en todos los niveles de inteligencia, en sus procesos de aprendizaje, emocionales, de pensamiento, de procesamiento de ideas de tipo paralelo... Todo ello resultando en una expansión de la consciencia y refinamiento del intelecto. Así mismo estos niños aumentaron sus oraciones o su capacidad de meditación. Sin embargo, los niños que ya pertenecían a algún dogma religioso previo a su ECM presentaron problemas a la hora de asimilar su experiencia.

Fenwick (1995) y Parnia y Waller, Yeates y Fenwick (2001) han observado que muchos niños después de una ECM comienzan a mostrar facultades de precognición.

Algunas personas relatan que en su ECM sintieron la llamada a realizar algún tipo de misión en su vida al regreso, bien consigo mismos, la familia, amistades o en la sociedad en general. Este testimonio de Rocío ejemplifica lo dicho: *“Creo que soy muy afortunada por todas las experiencias que me han tocado vivir. Los ángeles, de manera humana, me hablaron de mi misión, refiriéndose al ser supremo como “el que me envía”, y me dijeron que esa misión es... [prefiere no decirla]. Ahora puedo decir que soy canal para transmitir mensajes de seres de luz”.*

Musgrave (1997) realizó un estudio con 51 personas para saber qué tipo de cambios vitales habían experimentado tras su ECM y la mayor parte describió cambios positivos, entre los que se encontraban el aumento de la compasión así como tener un nuevo propósito en sus vidas.

Ya que las personas que han tenido ECM son una pequeña minoría de la población mundial, a veces organizan reuniones para compartir sus experiencias y no sentirse solas e incomprendidas. Estos grupos ofrecen gran apoyo y ayudan a las personas que han tenido una reciente ECM a integrarla con mayor facilidad. Natividad, de uno de esos grupos relata así el efecto que tuvo la ECM en su vida:

“Creo que cada persona saca sus propias conclusiones. No te vuelves un alma bendita ni nada por el estilo, pero sí eres consciente de lo corta que es la vida, de que lo dejas atrás ya no volverá o, al menos, no como lo conoces hasta ahora, así que al volver saboreas cada minuto. No te haces bueno, pero no sé por qué valoras lo importante de la vida, que es el amor. Agradeces más las muestras de amor y las das más. Huyes de las personas malas, no pierdes el tiempo con ellas ni para defenderte. Realmente te dan igual”.

En general podemos concluir que la mayoría de las personas, tras su ECM, experimentan una serie de cambios positivos en sus vidas correspondientes a perder interés por los aspectos materiales, el reconocimiento de terceros, el estatus social o la competitividad. Aumenta la compasión hacia el prójimo, el deseo de servir a las personas en general, la expresión de sentimientos positivos y la comprensión y tolerancia con la pareja y la familia. Hay un mayor aprecio de las cosas pequeñas y de la vida en general que se torna preciosa, viven el momento con mayor intensidad, disfrutan más... Es decir, trascienden sus egos y crecen espiritualmente.

Negativas

Al tratarse de algo tan insólito, las personas no encuentran un marco de referencia con el que interpretar su experiencia. Tampoco tienen a quién contárselo para que les guíe, o con quien puedan sentirse comprendidas. Esto causa aislamiento y algunas personas acaban por apartar la ECM de su mente, olvidándola. Otros, incapaces de olvidarlas, no llegan a integrarlas en su vida cotidiana, causándoles esto graves conflictos. También es habitual que cuando estas personas relatan su experiencia a su familia y amigos, no sean tomados en serio, o incluso son tachados de “locos”, si no de algo diabólico, que es peor. Esto hace que la persona tienda a suprimir su experiencia, eliminarla de su memoria o bien impedir algún cambio positivo derivado de ésta. Todo debido a que la sensación de verdad es tan aplastante que va contra el propio sentido común; es tan real, que no puede ser verdad. Y ante la incompreensión, la persona reprime su experiencia, generando efectos contraproducentes para su salud psíquica de forma inconsciente durante toda la vida, si no lo integra.

Christian (2005) observó que hasta un 65% de las personas que habían tenido una ECM se divorció durante los primeros años posteriores. Una de las razones es que la ECM transforma su escala de valores y lo que le había unido a su pareja en un principio, ya no les une más. Según Atwater (1988) la ECM hace florecer nuevas actitudes y valores en la persona que la experimenta, que acaba viendo a su cónyuge como un completo extraño. Esta fase puede durar horas, días, meses o años. Según esta autora tres cuartas partes de los que experimentan una ECM acaban divorciados durante los siete años posteriores, mientras que los que tuvieron una ECM en edad infantil presentaron matrimonios de larga duración sin mayores incidencias.

Algunos psiquiatras y psicólogos tradicionales, desconocedores del tema de las ECM han diagnosticado de desorden mental a las personas que relatan este tipo de experiencias, recetándoles algún tipo de tratamiento farmacológico.

Evans (2012) observó las siguientes consecuencias en personas que habían sufrido una ECM negativa: depresiones a largo plazo, relaciones personales rotas, sensación de enfermedad mental, imposibilidad de desarrollo normal, sensación de encontrarse en una realidad alterada y ruptura del matrimonio. Estas personas, que afortunadamente son la minoría, habrían de pasar por una psicoterapia adecuada para recuperarse.

En el caso de niños, si estos cuentan su experiencia y sus padres no la toman en serio, o no le creen, el niño tiende a aislarse, impidiendo esto su correcto desarrollo y crecimiento personal. Greyson asegura que algunos niños que han tenido una ECM se sienten distintos de su grupo, porque ya no presentan los mismos intereses, lo cual termina en problemas de integración. En general presentan indiferencia a las cosas materiales y éxitos a través de la competición.

Atwater (1992) encontró que muchos niños tras su ECM, y a diferencia de los adultos, se sienten confundidos, desorientados y traumatizados. Muchos se sienten abandonados, no por sus padres, sino por

los seres de luz. Estos niños, de adultos, tienden a volverse alcohólicos o a intentar suicidarse. Otros sufren intensas depresiones. Estos factores se reducen en gran medida si el niño es de muy corta edad.

No obstante, la misma autora (Atwater, 1988, 1994) establece paralelismos entre las ECM y el crecimiento de la cultura a través de los siglos. Es decir, que el creciente número de personas con ECM quienes han adquirido una serie de cualidades derivadas de experiencias espirituales tan profundas, está teniendo una influencia tal en la sociedad y la cultura, que inevitablemente está afectando positivamente a todos nosotros, hacia un mundo mejor.

ECM desagradables

Es necesario mencionar que la mayor parte de los investigadores de las ECM solo están interesados en estudiar las ECM positivas, que de hecho tienen casi el 100% de las personas que han tenido una ECM.

Sin embargo Vila (2010) y el propio autor, encontramos que un 2% de los casos expresaron emociones negativas con posterioridad a su ECM en la que vivieron elementos apocalípticos. Otros autores como Bache (1994) las cifra entre el 1 y el 22 por ciento. Garfield (1979) encontró algunos testimonios desagradables en una muestra de 47 personas con ECM. Gallup y Proctor (1982) observaron un 1% con ECM desagradables en su muestra en EEUU. Knoblauch (2001) al encontrar un importante porcentaje de ECM negativas en sujetos alemanes postuló que no solo la interpretación de la vivencia es concluyente sino que el contenido de la misma también se encuentra influenciado por el contexto cultural. Grey (1975) describe estas características de las mismas:

- Sensación de soledad
- Sentimiento de desolación
- Sensación de ser arrastrado por fuerzas diabólicas de la oscuridad
- Visiones de criaturas demoníacas que amenazan a la persona
- Ataques de seres invisibles, sin cara o con capuchas
- Atmósfera intensamente fría o insoportablemente caliente
- Sonidos de almas en pena o bajo tormento
- Sonidos similares a bestias salvajes

Estos elementos casan con el arquetipo de infierno y figuras diabólicas.

Algunos de los principales investigadores que se han interesado en comprender las ECM desagradables y negativas han sido Rawlings (1979), Atwater (1988, 1994) y Evans (2002, 2012) además del propio autor.

Greyson y Bush (1992) distinguen tres tipos de ECM terroríficas:

1. *Inversas*. La persona ha vivido contenidos paralelos a los de las experiencias radiantes (luz intensa, revelaciones, presencias, paisajes maravillosos, etc.), pero que son percibidas como aterradoras. La persona se encuentra en una realidad extraña, fuera de control y que le alarma en extremo.
2. *Vacío total*. La persona siente que no existe, y una soledad brutal que le abrumba.
3. *Infernales*. La persona se encuentra con entidades amenazantes, visiones del arquetipo del infierno donde percibe ser juzgado y recibe tormentos.

Rommer (2000) ha descrito una cuarta tipología en la que la persona se siente profundamente molesta y aterrorizada por su revisión vital. Las personas que han descrito este tipo de experiencias

hacen especial énfasis en el juicio que se les realizó en el más allá. Otras ante tal angustia, pidieron ayuda a algún familiar o ente divino (Dios) que les sacaron de la mala experiencia.

Tabla 4. Experiencias de ECM agradables frente a desagradables

| Positivas | Negativas |
|-------------------------------|--|
| Seres amables | Apariciones amenazantes |
| Entornos bellos y entrañables | Entornos horrorosos |
| Conversaciones y diálogos | Amenazas, gritos, silencios |
| Sensación de amor universal | Peligro, violencia, tortura |
| Sensación de calidez, paraíso | Frío o calor extremos |
| Túnel que conduce a la luz | Túnel que no acaba nunca y se estrecha |
| Sensación de generosidad | Sensación de culpa |
| Mejor integración a la vuelta | Ansiedad y malestar |

Fuente: Holden, Greyson, and James (2009), modificado y ampliado por el autor

La mayor parte de las personas con este tipo de ECM dicen haber visto caras terroríficas, entes carentes de vida que producían alteraciones emocionales, se sentían confusos sobre su experiencia, tenían una desagradable sensación de destrucción y temor acerca de la finalidad de la muerte, se encontraban en paisajes desolados, con sensación de peligro y de ser amenazados por violencia o tortura, sensación de frío, ansiedad, y tener que defender la propia vida para seguir vivo.

Atwater encontró 105 casos de personas con ECM desagradables de una muestra de 700 personas, y asegura que suelen ser experimentadas por personas con profundos sentimientos de culpa, miedo o ira, o por los que esperan algún tipo de castigo o juicio después de la muerte.

Raymond Moody (1975) no encontró ningún testimonio negativo en sus investigaciones. Y Kenneth Ring (1980) tampoco al comienzo de sus investigaciones, aunque sí en años posteriores concluyendo que tales experiencias infernales son ilusiones del ego (su propia batalla fantasmal) en respuesta a la amenaza de su propia e inminente desaparición.

Las consecuencias de este tipo de ECM negativa es que la persona quede traumatizada emocionalmente, que sufra depresión, ansiedad o malestar generalizado, que aumente su miedo a morir, o que simplemente no cuente su experiencia a nadie por vergüenza o miedo al rechazo.

Un caso entrevistado con sintomatología depresiva que sirve para entender una experiencia de este tipo es el de María Teresa:

“Ahora tengo 37 años pero hace 25, cuando tenía 12, sufrí un terrible accidente, me quemé el 95% del cuerpo y mi estado era de extrema gravedad. Mientras estaba en coma tuve una ECM. Mi experiencia fue desagradable, en contra de la mayoría: descendía rápidamente por un túnel, con una luz cegadora, y aparecí en un campo abierto, hermoso, con mucha hierba y un sol resplandeciente, pero era un cementerio y era mi entierro. Estaba en todo lo alto, suspendida, sin cuerpo, solo cabeza, ojos, labios y oídos. Yo gritaba que esa persona que estaban enterrando no era yo, que yo estaba allí arriba, pero nadie me oía. Estaban mi madre, mi padre y médicos y enfermeras con sus batas blancas, y cuando me iban a enterrar, todo se acabó. Jamás hasta entonces había oído hablar de estas experiencias y lo que también me llamó la atención es que no me enterraron dos metros bajo el suelo, sino en estos nichos encastrados en la pared. Se lo conté a mi madre, la única persona que lo sabía hasta ahora”.

Otro relato sorprendente es el descrito por Bonenfant (2001) que sufrió un niño de seis años llamado Scott tras ser atropellado por un coche y presentar múltiples e importantes fracturas:

“Al recibir el golpe del coche, sufrió bilocación de la consciencia y vio el accidente desde un árbol. Quería abrazar a su madre y hacerse ver y oír, pero sin éxito. Se encontró en un lugar oscuro, momento en que entró en un túnel que a él le parecía como un tornado. Una vez dentro se encontró con lo que él describe como el propio diablo. Esta entidad habló a Scott con una voz profunda y desagradable, diciéndole: “eres malo”. También hizo un intento de atraparlo. En ese momento el niño se encontraba totalmente aterrorizado. La sensación era la de ser apartado de la presencia de Dios. Scott notaba una fuerza poderosa y negativa que emanaba de la presencia siniestra, compuesta de carne pútrida y cubierto de heridas y secreciones viscosas. Al moverse por ese túnel, se encontró con un tío suyo. Posteriormente, se encontró con una luz que identificó como Dios, y con la presencia de un ángel que le escoltó hasta un refugio seguro en que recuperó su consciencia encontrándose en el hospital. El niño no recuerda como fue rescatado de las garras del diablo, pero sí que intentaba conservar su fe en Dios. A Scott le parecía una experiencia similar a la Casa del Terror de cualquier feria del pueblo. Al salir del hospital dibujó al tal diablo, y efectivamente, era muy desagradable”.

Y otro caso, relatado por Bush (1983) de otro niño casi a punto de ahogarse: *“Dios me dijo que no era mi momento y que tenía que volver. Yo le alargué mi mano, pero él la retiró. No quería que me quedase. Al volver hacia la Tierra vi al diablo. Me dijo que si yo hacía lo que él quería, yo podría tener cualquier cosa. Pero no quise que estuviese molestándome a mi alrededor”.* Hay que decir que este niño no recibió educación religiosa alguna.

A pesar de que en las primeras investigaciones sobre ECM no aparecieron testimonios infernales, sí hubo referencias a lo que las religiones han venido a llamar “purgatorio”. Un testimonio de este tipo es el del hermano de Joaquín: *“Quedando en coma tras una parada cardiaca que supuestamente le iba a dejar en estado vegetal relata que permaneció en una especie de purgatorio muchos días sin encontrar a nadie con quien poder hablar, a pesar de haber personas deambulando entre penumbras. Finalmente pudo ver una luz a lo lejos y se encaminó hacia ella. Durante ese tiempo pudo reflexionar sobre su vida pasada. Curiosamente al llegar a la luz despertó en el hospital con gran alegría”.* Tras esta experiencia, él, que era ateo, sufrió una profunda conversión religiosa.

Las personas que tienen ECM negativas, tienen la doble dificultad de ser creídos en cuanto a la vivencia que una ECM conlleva, además de tener que lidiar con el hecho de que mientras otros relatan ECM maravillosas, ellos no, lo cual les plantea importantes reflexiones acerca de sí mismos, de la vida, y de su vida en el más allá. Algo que todavía se ve empeorado por la interpretación ortodoxa de las religiones.

Evans (2012) distingue tres tipos de reacciones tras sufrir una ECM terrorífica:

1. *Un cambio de vida.* Sienten que la vida les ha dado una segunda oportunidad. La persona interpreta su ECM como una advertencia de comportamientos anteriores erróneos o equivocados que tiene que cambiar. Algo que representa muy bien el siguiente relato de Raquel: *“Después de morir, mis prioridades cambiaron. Ahora sé, definitivamente, que el infierno existe. Tampoco quiero que nadie sepa que estuve en el infierno”.*
2. *Simplificar la experiencia (reduccionismo).* Algunas personas aducen haber tenido esa experiencia debido al efecto de la anestesia o alguna otra razón, para no tener que enfrentarse con el hecho de haber vivido algo real. De esta forma reducen su ansiedad, aunque eso no resuelve su problema real.
3. *No encontrar respuesta.* Algunas personas tratan de encontrar una respuesta a su ECM pero no la encuentran, sintiéndose de ésta forma incómodos y hasta ansiosos, como muestra el siguiente relato: *“Después de mi única ECM traumática y durante veintiséis años, me ha perseguido el miedo a la muerte. Tan solo dejó horror en mi mente, ataques de ansiedad, depresión y sentimientos de despersonalización”.* Se atormentan a preguntas como: *“¿Qué hice para merecer esto?, ¿cuál es la verdad de la existencia?”.* Muchos tienen la sensación de que han seguido las

reglas y aún así les ha ido mal. Suelen mantener un miedo a la muerte sin resolver durante mucho tiempo.

Nadie sabe por qué se dan las ECM, unas paradisiacas y otras infernales. Pero llama la atención que ambas responden a los arquetipos religiosos del “cielo” y el “infierno”. Aunque también puede ser que fuese al revés: personas que en la antigüedad tuvieron ECM paradisiacas e infernales, desarrollaron el concepto de paraíso e infierno que reflejaron en los textos sagrados de todas las religiones.

Lo que es cierto es que aún hoy en día a pesar de los avances científico-tecnológicos, la mayor parte de las personas creen que al final tendremos lo que nos merecemos. Sin embargo Evans arguye que relacionar una ECM negativa con un Dios vengativo es una correlación incorrecta.

Stanislav Grof (2006) argumenta que una sociedad en la que apartamos la muerte en nuestra cotidianidad, no nos conduce a ella preparados, razón por la cual muchas personas pueden tener este tipo de experiencias infernales. De este modo, tales experiencias ayudarían a la persona a prepararse para su muerte real, sea cuando fuere que llegue.

Rommer (2000) dice que hay tres razones que pueden causar este tipo de experiencias:

1. La persona se ve así obligada a reevaluar su vida y cambiar de dirección
2. Puede ser el mero reflejo de temores de la índole que sea de la historia del individuo
3. Es la experiencia que se encuentra la persona que siempre ha creído que por su conducta acabaría en el “infierno”

Antes de atender a una persona que ha sufrido una ECM negativa hay que esperar a que pasen las primeras reacciones de pánico para abordar el problema desde un punto de vista cognitivo. Posteriormente lo primero que hay que hacer es tranquilizar a la persona diciéndole que no existe patología alguna, que es normal si algunas personas tienen una ECM desagradable, y que lo que en un principio fue una experiencia negativa puede convertirse en positiva tras un trabajo psicoterapéutico con el que comprender su simbología. Se le aconsejaría leer sobre psicología transpersonal, filosofía, teología contemporánea, etc. para comprender su experiencia, y se le desaconsejaría adherirse a gurus o grupos de los que luego no pueda salir fácilmente si lo desea.

Discusión

¿Han estado realmente muertas las personas que han sufrido una ECM?. Obviamente no, ya que han “regresado” para contarlo, por eso se llaman experiencias “cercanas” a la muerte. Razón por la que Crookall (1967) denomina a sus protagonistas “pseudo-muertos”. Un estudio de IANDS realizado por Evans (1991) mostró que un 10% de las personas que decían haber vivido una ECM se habían encontrado clínicamente muertas con el encefalograma plano. Por el contrario, el resto no había presentado cese de signos vitales.

En otro estudio realizado por Stevenson (1989) se muestra que solo un 45% de las personas encuestadas habían estado objetivamente cerca de la muerte. De lo que se deriva el hecho de que no es necesario estar realmente cerca de morir, para tener una ECM.

De lo anterior se deriva otra pregunta: ¿Tuvieron realmente una ECM las personas que dicen haberla tenido?. Parece ser que es el grupo de síntomas lo que constituye una ECM per se, y no tanto el estar “clínicamente muerto”. No obstante, valga resaltar que los testimonios de las personas que estuvieron muertas clínicamente, respecto de las que no lo estuvieron, no difieren en gran medida

(Owens, Cook y Stevenson, 1990). Lo que está claro es que la ECM es un tipo bien definido de experiencia, que se tiene mayormente al estar en una situación vital crítica o bien teniendo la percepción de encontrarse cerca de la muerte, pero que también puede darse casualmente bajo algún determinado tipo de situaciones donde la vida no está en peligro. De todas formas, Sabom (1982) encontró que cuanto más cercana a morir estaba la persona, mayores experiencias tenía en cuanto al túnel, entes de luz, y eventos que sucedían en torno a su cuerpo.

A diferencia de Moody, Gary Habermas (1992) aduce que las ECM no son suficientes para aseverar que existe un alma o consciencia que demuestra una vida eterna más allá de esta, sino una vida mínima durante unos minutos, después de ésta vida, ya que la ECM no dura más que eso.

Sin embargo, aunque las ECM tienen sus limitaciones, otros hechos y estudios fortalecen la idea de la vida eterna después de esta vida, como muestran las investigaciones sobre reencarnación de Pasricha y Stevenson (1986), Pasricha (1990 y 2008), Stevenson (1966, 1967, 1977, 1992, 2000, 2003) y Tucker (2005 y 2007). Stevenson recopiló durante cuarenta años más de tres mil casos que evidencian la existencia de una transmigración del alma o la consciencia de la vida de una persona a otra, lo que podría probar algún tipo de vida eterna. Su método de investigación consistía en entrevistar a niños que aseguraban ser la reencarnación de otra persona. Recogía datos identificativos de la persona que decían haber sido y más tarde los verificaba con la biografía de esas personas ya fallecidas, en consonancia con la memoria del niño.

Otro hecho experimentado por muchas personas es la visita de un ser recién fallecido, para despedirse. Puede presentarse físicamente, en sueños, en forma de pensamiento... Un caso muy conocido y relevante que demuestra la idea de la vida después de la vida biológica es el de Lord Brougham relatado por Gurney (1886); Lord Brougham era un conocido político inglés que durante su niñez y adolescencia discutía mucho con su amigo sobre la inmortalidad del alma. Llegaron al acuerdo (escrito en sangre) de que el primero que muriese debería aparecerse al otro como prueba irrevocable de la existencia de una vida más allá de esta. Una vez acabada la época escolar perdieron el contacto, sobre todo porque el tal amigo fue a vivir a India. Pasado el tiempo, en 1879, durante un viaje del político inglés a Suecia, y saliendo de un baño, Brougham cayó al suelo del susto que le causó ver a su amigo sentado en la silla donde había dejado sus ropas para darse el baño. Al retornar a Edimburgo le informaron de que su amigo había fallecido justo el mismo día en que se le apareció en Suecia.

Si fuese cierto que la vida no acaba con la muerte biológica que todos conocemos, ¿quiénes somos en realidad?

Conclusiones

Esta investigación confirma la existencia así como la estructura básica de las ECM que primeramente describieron Raymond Moody (1975), Kenneth Ring (1980), Michael Grosso (1981), Bruce Greyson (1985) y Atwater (1988, 1994) entre otros. No encontrándose diferencias significativas en cuanto a edad, sexo, cultura, creencias religiosas, nivel educativo o socio-económico.

En la Tabla 5 se clasifican las características que componen una ECM según un reciente trabajo de Holden, Greyson y James (2009).

Tabla 5. Características de una ECM

| Tipo de experiencia | % |
|--|----|
| Experiencias extracorpóreas | 75 |
| Entrada en un reino fuera de este mundo | 72 |
| Pasar por un túnel o estructura similar | 31 |
| Encuentros con seres | 49 |
| Alcanzar un punto de no retorno | 57 |
| Sufrir sensaciones somáticas, como calor o analgesia | 71 |
| Fenómenos auditivos, como música o sonidos | 57 |
| Distorsión del sentido del tiempo | 79 |
| Percepciones extrasensoriales | 39 |
| Memoria panorámica | 27 |

Construyendo una experiencia tipo en primera persona basada en los elementos más repetidos en las personas que fueron entrevistadas para esta investigación, obtendríamos el siguiente testimonio:

“Tuve un infarto (lo supe después) y perdí el conocimiento, pero es curioso, porque a pesar de tener los ojos cerrados lo veía todo, y lo que es más sorprendente, llegué a escuchar cómo el médico en la ambulancia le decía a otra persona (conductor o enfermero) que yo estaba muerto. En ese momento los sonidos ambientales comenzaron a apagarse, como cuando nos tapamos los oídos con las manos y un zumbido se apodera de la audición. Al mismo tiempo una fuerte luz blanca apareció en el centro de mi campo visual. La luz fue creciendo... ¿o era yo el que me acercaba a ella a través de un túnel?. En el mismo espacio temporal podía verme fuera de mi cuerpo. Yo seguía siendo yo mismo, pero mi cuerpo estaba “allí abajo”, podía ver a los médicos sobre mí intentando resucitarme, incluso oía sus comentarios. La sensación era extraña pero llena de sosiego. Súbitamente, casi al final del túnel, veo a una persona. Al acercarme observo que la conozco (puede ser un abuelo, un familiar, una amistad íntima) y se dirige a mí haciéndome ver toda mi vida como en una película (en otros casos la persona se acerca a un personaje que irradia una fuerte luz blanca). Me piden que haga una valoración de mi vida. El personaje me indica que todavía no estoy preparado para dejar mi vida terrenal y que es importante que vuelva, otra vez, a mi cuerpo. La sensación de regreso fue desagradable, ya que me encontraba sumido en una intensa felicidad y en un gran bienestar. Involuntariamente acabé “despertando” dentro de mi cuerpo. El bienestar desapareció súbitamente y fuertes dolores (en este caso, los del infarto) saturaron mis sentidos. Estuve durante mucho tiempo sin contar todo a nadie para que no me tomaran por loco. Incluso los más allegados desconocían lo que había vivido”.

Hay que repetir lo que ya se dijo anteriormente; que no todas las personas pasan por todas las fases de la ECM, ni su experiencia tiene las mismas características, aunque todas se parezcan entre sí.

Dell’Olio (2009) razona que las ECM son la prueba de que la vida después de la muerte existe con los siguientes argumentos:

1. Las personas que han tenido una ECM parecen haber experimentado algo similar a la vida después de la muerte
2. Si existen personas con ECM, y no hay argumentos de peso para creer otra cosa, esas personas tienen la base racional para creer que la vida después de la muerte existe
3. No existen pruebas de que las ECM no sean verídicas

4. Por lo tanto, las ECM ofrecen una base racional para creer en la vida después de la muerte

Como ya dice Raymond Moody en el prólogo y en el capítulo XI de la citada obra en la que este artículo está basado; “*los estudios sobre ECM nos ayudan a entender la muerte y la vida más allá de ésta; son la prueba más tangible que se puede encontrar de la existencia de la vida espiritual*”.

Imaginemos las implicaciones que la existencia de la vida más allá de la muerte tendría para el ser humano, se caería el modelo materialista occidental de comprensión de la realidad con el que ahora funcionamos.

Cada vez más, son las muertes debidas al cáncer. Esta enfermedad, por su tipología, lleva a la persona a su propia muerte de una forma pausada y totalmente consciente, lo que le puede producir gran ansiedad, a la vez que darle la oportunidad de acabar asuntos inconclusos y aceptar su final con consciencia. En este sentido, las investigaciones sobre las ECM y su existencia como posibilidad de una vida más allá de esta, o al menos como experiencia cercana a la muerte que es, nos ayuda mucho en el trabajo con enfermos terminales siguiendo estos siguientes pasos propuestos por Evans (2012):

- Aprender a escucharles
- Explicarles las ECM y sus características
- Aunque no es seguro que vayan a tenerlas en el momento de su muerte, es muy probable
- No van a ser juzgados ni por su bondad ni por su maldad en la vida
- Van a experimentar una sensación de paz, luz y amor
- Han de relajarse y dejarse llevar ante cualquier sensación de extrañeza
- Si ven criaturas que les son desconocidas deben tomarlas como guías y no como amenaza
- Relatarles ECM de otras personas y las consecuencias positivas que tuvieron en sus vidas
- Una vez que se encuentren conscientes del comienzo del proceso de morir, que vayan en busca de la luz y la sensación de amor incondicional

Queda en el aire todavía la pregunta con que se introduce este trabajo: *¿Son las experiencias cercanas a la muerte la base empírica que demuestra la existencia del alma?*. Entendiendo por “alma” el sustrato de la naturaleza que sea (espiritual, consciente, etc) que prolonga la vida de la persona más allá de la vida biológica, la respuesta desgraciadamente es, que las ECM se producen de forma tan excepcional que resulta muy difícil controlarlas científicamente. Esto genera una serie de discusiones sin fin, que impiden llegar a conclusiones rotundas que satisfagan tanto a escépticos como a creyentes.

Bibliografía

- Abramovitch, H. (1988). An Israeli Account of a Near Death Experience: A case Study of Cultural Dissonance. *Journal of Near-Death Studies* 6:3.
- Arlow, J. A. (1966). Depersonalization and derealization. Pp. 456-478 en Loewenstein, R. M., Newman, L. M., Schur, M., and Solnit, A. J. (eds.). *Psychoanalysis. A general psychology*. New York, NY: International Universities Press.
- Atwater, P.M.H. (1988). *Coming back to life: The after-effects of the near-death experience*. New York: Dodd-Mead.
- Atwater, P. M. H. (1992). Is there a hell? Surprising observations about the near-death experience. *Journal of NearDeath Studies*, 10, 149–160.

- Atwater, P. M. H. (1994). *Beyond the light: What isn't being said about the near-death experience*. New York, NY: Birch Lane.
- Atwater, P. M. H. (1999). *Future memory: How those who "see the future" shed new light on the workings of the human mind*. New York, NY: Birch Lane Press.
- Bache, C. M. (1994). A perinatal interpretation of frightening near-death experiences: A dialogue with Kenneth Ring. *Journal of Near-Death Studies*, 13, 25–45.
- Basil, R. (1989). *Not necessarily the New Age: Critical essays*. Buffalo, NY: Prometheus Books.
- Basterfield, K. (1988). Australian Questionnaire Survey of NDEs. *Journal of Near-Death Studies*, 6(3) Spring.
- Beck, T. E. and Colli, J.E. (2003). A quantum bio-mechanical basis or Near-Death life reviews. *Journal of Near-Death Studies*, 21, 3, 169-189.
- Blacher, R. S. (1983). Death, resurrection, and rebirth: Observations in cardiac surgery. *Psychoanalytic Quarterly*, 52, 56-72.
- Blackmore, S. (1983). *Out of the body*. London: Granada.
- Blackmore, S (1988). Visions from the dying brain. *New Scientist*, 118: 43-46.
- Bonenfant, R. (2000). A Near-Death Experience Followed by the Visitation of an “Angel-Like” Being. *Journal of Near-Death Studies*, 19(2) Winter.
- Bonenfant, R. (2001). A Child’s Encounter with the Devil: An Unusual Near-Death Experience with Both Blissful and Frightening Elements. *Journal of Near-Death Studies*, 20(2) Winter.
- Bozzano, E. (1937). *Les phénomènes de bilocation*. Trans. G. Gobron. Paris. Jean Meyer.
- Brugger, P. (2002). Reflective mirrors: perspective-taking in autoscopic phenomena. *Cognitive Neuropsychiatry*, 7: 179–194.
- Brumblay, R. (2003). Hyperdimensional Perspectives in Out-of-Body and Near-Death Experiences. *Journal of Near-Death Studies*, 21(4). Human Sciences Press, Inc.
- Butler R.N., (1963). The Life Review: An Integration of Reminiscence in the Aged. *Psychiatry*, 26, pp. 65-76.
- Carr, D. (1981). Endorphins at the Approach of Death. *Lancet* (February 14): 390.
- Cheyne, J.A. (2003). Sleep paralysis and the structure of waking nightmare hallucinations. *Dreaming*, 13: 163–179.
- Cheyne, JA, Girard TA. (2009). The body unbound: Vestibular–motor hallucinations and out-of-body experiences. *Cortex*, 45, 201 – 215.
- Christian, SR. (2005). Marital satisfaction and stability following a near-death experience of one of the marital partners. *Dissertation Abstracts International*, A 66/11.
- Cook, RB. (1989). Guest Editorial: a Theory of Death. *Journal of Near-Death Studies*, 8:1.
- Cook, E. W., Greyson, B., y Stevenson, I. (1998). Do any near-death experiences provide evidence for the survival of human personality after death? Relevant features and illustrative case reports. *Journal of Scientific Exploration*, 12, 377–406.
- Counts, D. A. (1983). Near-death and out-of-body experiences in a Melanesian society. *Anabiosis*, 3, 115-135.
- Crookall, R. (1967). *Events on the threshold of the after life*. Moradabad, India: Darshana International.
- Davies, P. (1999). *The fifth miracle: The search for the origin and the meaning of life*. New York, NY: Simon and Schuster.
- Dell’Olio, AJ. (2009). *Do Near-Death Experiences Provide for Belief in Life after Death?*. Published online: 15 December 2009. # Springer Science + Business Media B.V.
- Devinsky O, Feldmann, E.; Burrowes, K. y Bromfield, E.. (1989). Autoscopic Phenomena With Seizures. *Arch Neurol*, 46(10): 1080-1088.
- Evans, N. (1991). Is Ten Years a Life Review?. *Journal of Near-Death Studies*, 10(1) Fall

- Evans, N. (2002). Afterward: Making meaning after a frightening near-death experience. *Journal of Near-Death Studies*, 21(2), 99-133.
- Evans, N. (2012). *Dancing Past the Dark: Distressing Near-Death Experiences*. Nancy Evans Bush ed.
- Fenwick, P. and Fenwick E. (1995). *The truth in the light: An investigation of over 300 near-death experiences*. London: Headline.
- Floyd, K. (1996). ECT: TNT or TLC? A near-death experience triggered by electroconvulsive therapy. *Journal of Near-Death Studies*, 14,187-195.
- Gabbard, G. O., Twemlow, S. W. y Jones, F. C.. (1981). Do 'Near Death Experiences' Only Occur Near Death? *Journal of Nervous and Mental Disease*, 169: 374-377.
- Gabbard, G. O., and Twemlow, S. W. (1984). *With the eyes of the mind: An empirical analysis of out-of-body states*. New York: Praeger.
- Gallup, G., y Proctor,W. (1982). *Adventures in immortality: A look beyond the threshold of death*. New York: McGraw-Hill.
- Gaona, JM. (2007). *Endorfinas: Las hormonas de la felicidad*. Madrid: La esfera de los libros.
- Garfield, C. (1979). *More grist for the mill: Additional near-death research findings and discussion*. Anabiosis. East Peoria 1(1): 5-7.
- Green, TJ. (1984). Near-death experiences in a Chomorro culture. *Vital Signs*, 4 (1-2): 6-7.
- Grey, M. (1975). *Return from death: An exploration of the neardeath experience*. London, England: Arkana.
- Greyson, B., y Stevenson, I. (1980). The Phenomenology of Near-Death Experiences. *American Journal of Psychiatry*, 137: 1193-1196.
- Greyson, B. (1983). The Near Death Experience Scale: Construction, reliability and validity. *Journal of Nervous and Mental Disease*, 171: 369-75.
- Greyson, B., y Bush, N. E. (1992). Distressing neardeath experiences. *Psychiatry*, 55, 95-110.
- Greyson, B. (1993). Varieties of near-death experience. *Psychiatry*, 56:390-99.
- Greyson, B. (1998). The incidence of Near-Death Experiences. *Medicine&Psychiatry*, 1:92-99.
- Greyson, B. (2003). Near-death experiences in a psychiatric outpatient clinic population. *Psychiatric Services* 54 (12): 1649-51.
- Grof, S. (2006). *El viaje definitivo*. Madrid: Liebre de marzo.
- Gurney, E., Myers, F.,W.,H., Podmore, F. (1886). *Phantasms of the living*. Society for Psychical Research (Great Britain). Elibron Classics (2009). Facsimile de Trübner and co.
- Habermas, G., & Morehouse, J. P. (1992). *Immortality: The other side of death*. Nashville: Thomas Nelson.
- Hart, H. (1954). ESP projection: Spontaneous cases and the experimental method. *Journal of the American Society for Psychical Research*, 48, 121-146.
- Harris, B. (2001). More on Psychomanteum Experimentation. *Journal of Near-Death Studies*, 19(3) Spring
- Heim, A. (1972). Remarks on fatal falls. *Yearbook of the Swiss Alpine Club*, 27: 327-337. 1892. Citado por Noyes R, Kletti L en *Omega* 3: 45-52.
- Herzog, DB y Herrin JT. (1985). Near-death experiences in the very young. *Critical Care Medicine*, 13 (12): 1074-75.
- Holden, J. M., Greyson, B. y James, D. (2009). *The Handbook of Near-Death Experiences*. Praeger Publishers.
- Irwin, HJ, (1985). *Flight of Mind: a Psychological Study of the Out-of-Body Experiences*. Scarecrow Press.
- Jansen, K. (1989). Near Death Experience and the NMDA Receptor. *British Medical Journal*, 298: 1708.

- Kellehear, A, Heaven P and Gao, J. (1990). Community attitudes toward near-death experiences: A Chinese study. *Journal of Near-death Studies*, 8:163-73.
- Kellehear, A. (2001). An Hawaiian Near Death Experience. *Journal of Near-Death Studies*, 20:1.
- Kennard, M. J. (1998). A visit from an angel. *American Journal of Nursing*, 98(3), 48–51.
- King, M. (1985). *Being pakeha: An encounter with New Zealand and the Maori renaissance*. Auckland, New Zealand: Hodder and Stoughton.
- Knoblauch H, Schmied I y Schnettler B. (2001). Different kinds of near death experience: A report on a survey of near-death experiences in Germany. *Journal of Near-death Studies*, 20:15-30.
- Kübler-Ross, E. (1969). *On Death and Dying*. NY: Simon & Schuster/Touchstone.
- Kübler-Ross, E. (1972). *Questions & Answers on Death & Dying*. NY: Simon & Schuster/Touchstone.
- Kübler-Ross, E. (1974). *Death: The Final Stage of Growth*. NY: Simon & Schuster/Touchstone.
- Lundahl, C. R. (1992). Angels in near-death experiences. *Journal of Near-Death Studies*, 11, 49–56.
- Maudsley H. (1876). *The Physiology of Mind*. London: MacMillan and Co..
- Menninger-Lerchenthal, E. (1946). *Der eigene Doppelgänger*. Bern: Hans Huber.
- Menninger-Lerchenthal, E. (1954). Heautoskopie und Exteriorisation. *Neue Wissenschaft*, 4: 233–243.
- Menninger-Lerchenthal E. (1961). Heautoskopie. *Wiener Medizinische Wochenschrift*, 111: 745–756.
- Moody, R. A. (1975). *Life after life*. Covington, GA: Mockingbird Books.
- Moody, R. (1985). *Reflections On Life After Life: More Important Discoveries In The Ongoing Investigation Of Survival Of Life After Bodily Death*. Bantam.
- Moody, R. A. (1989). *Más allá de la luz*. Madrid: Edaf.
- Morris LL y Knafl K. (2003). The nature and meaning of the near-death experience for patients and critical care nurses. *Journal of Near Death Studies*, 21:139-67.
- Morse, M., P. Castillo, D. Venecia, J. Milstein, y D. C. Tyler. (1986). Childhood Near-Death Experiences. *American Journal of Diseases of Children*, 140: 1110–1114.
- Morse, M. L., Venecia, D., and Milstein, J.. (1989). Near-death experiences: A neurophysiologic explanatory model. *Journal of Near-Death Studies*, 8, 45-53.
- Morse, M., and Perry, P. (1992). *Transformed by the light: The powerful effect of near-death experiences on people's lives*. New York, NY: Villard.
- Musgrave, C. (1997). The Near-Death Experience: A Study of Spiritual Transformation. *Journal of Near-Death Studies*, 15, 187-201.
- Murphy, T. (2001). Near-Death Experiences in Thailand. *Journal of Near-Death Studies*, 19:161-78.
- Noyes R. (1972). The experience of dying. *Psychiatry*, 35:174-184.
- Noyes R., Jr. y R. Kletti. (1976). Depersonalization in the Face of Life-Threatening Danger: A Description. *Psychiatry*, 39, pp. 19-27.
- Osis K, Haraldsson E. (1990). *At the Hour of Death*. Hastings House Pub; Rev edition January.
- Owens, J.E., Cook, E.W., and Stevenson, I. (1990). Features of "near-death experience" in relation to whether or not patients were near death. *Lancet*, 336, 1175-1177.
- Pacciola, Aureliano. (1995). *EPM, Esperienze Pre Morte: Fenomenologia e ipotesi interpretative*. Milano: Edizione San Paolo.
- Pasricha, S. y Stevenson, I. (1986). Near-death experiences in India: A preliminary report. *Journal of Nervous and Mental Disease*, 7:205-222.

- Saavedra-Aguilar, J.C., and Gómez-Jeria, J.S. (1989). A neurobiological model for near-death experiences. *Journal of Near-Death Studies*, 7, 205-222.
- Satwant, P. (1990). *Claims of Reincarnation: An Empirical Study of Cases in India*. New Delhi: Harman Publishing House.
- Satwant, P. (2008). *Can the Mind Survive Beyond Death? In Pursuit of Scientific Evidence* (2 Vol.). New Delhi: Harman Publishing House.
- Parnia, S, Waller DG, Yeates, R, Fenwick, P. (2001). A qualitative and quantitative study of the incidence, features and aetiology of near death experiences in cardiac arrest survivors. *Resuscitation*, 48:149-56.
- Penfield, W. (1955). The Role of the Temporal Cortex in Certain Psychical Phenomena. *Journal of Mental Science*, 101: 451–465.
- Penfield y P. Perot. (1963). The Brain's Record of Auditory and Visual Experiences. *Brain*, 86, pp. 595 -696.
- Rawlings, M. (1979). *Beyond Death's Door*. Bantam Books.
- Ring, K. y Franklin, S. (1981). Do suicide survivors report near death experiences. *Omega*, 12:191-208.
- Ring, K., (1984). *Heading toward omega: In search of the meaning of the neardeath experience*. New York, NY: William Morrow.
- Ring, K. (1992). *The Omega Project: Near-Death Experiences, Ufo Encounters, and Mind at Large*. NY: William Morrow and Co..
- Ring, K.; Cooper, S. (1999). *Mindsight: Near-Death and Out-of-Body Experiences in the Blind*. Ediciones: Institute of Transpersonal Psychology, 1ª edición.
- Rommer, B. (2000). *Blessings in disguise: Another side of the near-death experience*. St. Paul, MN: Llewellyn.
- Rosen, DH. (1975). Suicide survivors. A follow-up study of persons who survived jumping from the Golden gate and San Francisco-Oakland Bay Bridges. *West J Med* 122: 289-294, April.
- Sabom, M. (1982). *Recollections of Death*. New York. NY: Harper and Row.
- Sabom, M. (1998). *Life and death: One doctor's fascinating account of near-death experiences*. Grand Rapids, MI: Zondervan.
- Schwaninger, J. et al. (2002). A prospective analysis of near death experiences in cardiac arrest patients. *Journal of Near Death Studies*, 20:215-32.
- Sheils, Dean. (1978). A cross-cultural study of beliefs in out-of-the-body experiences, waking and sleeping. *Journal of the Society for Psychical Research*, Vol 49(775), 197-741, March.
- Steiger, B. (1994). *One with the light*. New York: Penguin.
- Stevenson, I. (1966). *Twenty Cases Suggestive of Reincarnation*. University of Virginia Press.
- Stevenson, Ian (1997). *Reincarnation and Biology: A Contribution to the Etiology of Birthmarks and Birth Defects*. Volume 1: Birthmarks. Volume 2: Birth Defects and Other Anomalies. Praeger Publishers.
- Stevenson, Ian (1977). The explanatory value of the idea of reincarnation. *Journal of Nervous and Mental Disease*, 164(5), pp. 305–326.
- Stevenson, I., Cook, E. W., and McClean-Rice, N. (1990). Are persons reporting "neardeath experiences" really near death? A study of medical records. *Omega*, 21, 45-54.
- Stevenson, I. (1992). *Birthmarks and Birth Defects Corresponding to Wounds on Deceased Persons*, paper presented at the Eleventh Annual Meeting of the Society for Scientific Exploration, Princeton University, June 11–13.
- Stevenson, I, y Cook, EW. (1995). Involuntary memories during several illness or injury. *Journal of Nervous and Mental Disease*, 183:452-58.

- Stevenson, I. (2000). The phenomenon of claimed memories of previous lives: possible interpretations and importance. *Medical Hypotheses*, 54(4). April, pp. 652-659.
- Stevenson, I. (2003). *European Cases of the Reincarnation Type*. McFarland & Company.
- Sutherland, C. (1992). *Transformed by the light: Life after near-death experiences*. New York: Bantam Books.
- Sutherland, C. (1995). *Children of the light: The near-death experiences of children*. Sydney: Bantam Books.
- Tart, Ch. (1968). A Psychophysiological Study of Out-of-the-Body Experiences in a Selected Subject. *Journal of the American Society for Psychical Research*, 62, pp. 3-27.
- Tucker, Jim B. (2007). Children Who Claim to Remember Previous Lives: Past, Present and Future Research. *Journal of Scientific Exploration*, 21(3), 2007, pp. 543-552.
- Tucker, Jim B. (2005). *Life Before Life: A Scientific Investigation of Children's Memories of Previous Lives*. St. Martin's Press.
- Tucker, L. (1943). *Clerical errors*. Manhattan. Harper & Brothers.
- Van Lommel, P et al. (2001). Near Death experience in survivors of cardiac arrest. A prospective study in the Netherlands. *Lancet*, 358: 2039-45.
- Vila López, E. (2010). *Yo vi la luz*. Ediciones Absalon.
- Walker, B.A, Serdahely, WJ y Bechtel, LJ. (1991). Three near-death experiences with premonitions of what could have been. *Journal of Near Death Studies*, 9:189-96.
- Wilson S. A. K.(1928). *Modern Problems in Neurology*. London: Arnold, Chapter IV, pp. 51-75.
- Woerlee, G. M. (2003). *Mortal minds: The biology of neardeath experiences*. New York: Prometheus Books.
- Zhi-ying,F y Jian-xun, L. (1992). Near-death experiences among survivors of the 1976 Tangshan earthquake. *Journal of Near-Death Studies*, 11:39-48.

***José Miguel Gaona Cartolano** es médico. Estudió Psiquiatría en el Escuela Profesional de Psiquiatría de la Cátedra de Psiquiatría de la Universidad Complutense. Doctor en Medicina ("cum laude") en la Cátedra de Psiquiatría. U. Complutense de Madrid. Master en Psicología Médica. Especialista en Psiquiatría Forense.

Premio Jóvenes Investigadores de la Comunidad de Madrid. Miembro de la Asociación Europea de Psiquiatría (AEP). Ha ejercido tareas docentes en la Cátedra de Psiquiatría de la Facultad de Medicina (Universidad Complutense de Madrid). Autor de los siguientes libros: "El Síndrome de Eva", "Ser adolescente no es fácil", "Endorfinas, las hormonas de la felicidad". Ha sido director de la revista "Educar Bien. Niños". Asesor Técnico del "Defensor del Menor" de la Comunidad de Madrid. Responsable del área de salud mental en la guerra de Bosnia para la ONG "Médicos del Mundo". Miembro del Comité de Honor de la Fundación Altarriba.

E-mail: drgaona@neurosalus.com