

**Veridical Perception  
in Near-Death Experiences:  
A Comprehensive, Critical Review  
of the Professional Literature**

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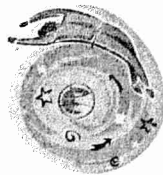
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PowerPoint presentation

**Objective**

Provide a comprehensive,  
critical review of research  
through 2005 on veridical  
perception in near-death  
experiences.



**Definition: Near-Death Episode**

The physical situation in which  
a person survived  
an objective or subjective  
close brush with death

—typically an acute medical crisis related to actual  
or threatened serious physical injury or illness.

## **Definition: Near-Death Experience**

Subjective report  
of a person's consciousness  
functioning apart from their physical body  
during a near-death episode

Only a substantial minority of near-death *episodes*  
report near-death experiences.

## **Entire NDE Understood as an Extended Out-of-Body Experience**

### **"Non-material" Aspect**

– no specific percipients; peaceful, floating sensation

### **"Material" Aspect**

– perceived phenomena in the physical world  
• most often the area in the vicinity of and including  
the NDEr's physical body.

### **"Trans-material" Aspect**

– perceived phenomena in transcendent  
dimensions beyond the physical world.

"Aspects," not "phases," because NDErs have reported  
perception of the material world before, during, and after  
perception of a trans-material dimension(s).

## **Veridical NDE Perception (VP)**

Visual, auditory, kinesthetic, or olfactory perception  
that a person reports having experienced during their NDE  
and that is later corroborated  
as having corresponded to material consensus reality



## **Apparently Non-physical Veridical NDE Perception (AVP)**

Report of VP that, considering the position  
and/or condition of the NDEr's physical body  
during the near-death episode, apparently  
could not have been the result of normal  
sensory processes.

- Suggests the ability of consciousness to function independent of the physical body
- Can occur in the trans-material aspect of the NDE, but has been reported far more frequently in the material aspect

## **The Great Soul Trial (Fuller, 1969)**

James Kidd's Charitable Trust

–“research or some scientific proof of a soul of the human body which leaves at death” (pp. 20-21, 23).



## **The Great Soul Trial (Fuller, 1969)**

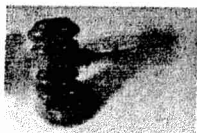
Parapsychology  
Foundation, Psychical  
Research Foundation,  
American Society of  
Psychical Research,  
and California  
Parapsychology  
Foundation

Barrow Neurological  
Institute, Phoenix, AZ

–argued that they could  
carry out Kidd's wishes  
best by research on  
selected paranormal  
phenomena

–argued that they could  
carry out Kidd's wishes  
best by research on the  
brain

## **The Trial Ruling**



Judge ruled in favor of the Barrow Neurological Institute.

- On appeal, The Barrow lost the trust,
- And the American Society for Psychical Research won it.
  - Shared it with the Psychical Research Foundation.
  - Funded some of the most noteworthy research on veridical perception in out-of-body experiences (OBEs; Osis, 1975).

## **Light and Death (Sabom, 1998)**

In 1991, Pam Reynolds  
(pseudonym) was diagnosed with  
a brain aneurysm.

Robert Spetzler, MD, performed a  
radical surgical procedure termed  
“hypothermic cardiac arrest”:

- Body temperature lowered to 60  
degrees Fahrenheit
- Heartbeat and breathing stopped
- Brain waves flattened
- Blood drained from head



## Dr. Spetzler's Report of Surgery

7:15 a.m.

- Ms. Reynolds brought into operating room while still conscious
- Given intravenous pentathol, after which she reported "a loss of time"
- Eyes taped shut; general anesthesia begun
- Instrumented with numerous monitoring devices, including EEG electrodes to monitor the activity of the outer part of her brain
- Small speakers inserted in both ears to emit a clicking sound to register on a monitor of her brainstem function



## Dr. Spetzler's Report of Surgery

8:40 a.m.

- Dr. Spetzler incised her scalp, exposing the skull bone; activated the bone saw to remove a section of her skull.
- He then cut through the outer membrane around her brain.
- He inserted a tiny surgical microscope into her brain
  - Wended it through to the aneurysm site, and confirmed that the hypothermic cardiac arrest procedure would be necessary.
- Meanwhile, a female cardiac surgeon incised Ms. Reynolds' right groin to prepare the femoral artery and vein for the cardiopulmonary bypass
  - Finding the blood vessels too small, she prepared the left side, instead.



## Dr. Spetzler's Report of Surgery

10:50 a.m.

- The blood- and body-cooling cardiopulmonary bypass process was begun

11:00 a.m.

- Ms. Reynolds' core body temperature reached 73 degrees Fahrenheit

11:05 a.m.

- Cardiac arrest was induced
- The EEG of her outer brain functioning went flat
- The EEG of her inner "brainstem function weakened as the clicks from the ear speakers produced lower and lower spikes on the monitoring electrogram" (p. 43)



## Dr. Spetzler's Report of Surgery

11:25 a.m.

- Core body temperature reached 60 degrees.
- "The clicks from the ear speakers no longer elicited a response. Total brain shutdown."
- Then "the head of the operating table was tilted up, the cardiopulmonary bypass machine was turned off, and the blood was drained from Pam's body like oil from a car" (p. 43)
  - Any possibility of metabolism to support brain functioning was eliminated.
- Dr. Spetzler repaired the aneurysm.
- All surgical body-altering procedures were then reversed and, with them, Ms. Reynolds' core temperature and brain functions



## Dr. Spetzler's Report of Surgery

12:00 noon

- Ms. Reynolds' still quiet heart monitor began showing "the disorganized activity of ventricular fibrillation" (pp. 45-46).
- After two rounds of defibrillator shocks, her heart beat normally.

12:32 p.m.

- Body temperature reached 89.6 degrees.
- Monitoring equipment was removed.
- Assistants took over surgical closing procedures.

2:10 p.m.

- Ms. Reynolds was taken to the recovery room in stable condition.



## Ms. Reynolds' Description

After having lost consciousness with the intravenous pentathol, she was suddenly brought to consciousness by the piercing sound of the cranial saw.

She said it emitted a natural D tone and that it pulled her out of the top of her head.

She came to rest at a location near Dr. Spetzler's shoulder.



## Ms. Reynolds' Description

She described a sense of awareness far greater than she had ever experienced before, as well as greatly enhanced "vision" with which she saw with clarity and detail

- the cranial saw,
- her head,
- the operating room (OR),
- OR personnel.



## Ms. Reynolds' Description

She was somewhat dismayed to see someone conducting a procedure in her groin area when this was supposedly brain surgery (Broome, 2002).

She heard a female voice report that the veins and arteries were very small, and a male voice directing her to try the other side.



## Ms. Reynolds' Description

At some later point, she proceeded to a trans-material aspect of her experience in which she

- moved through a tunnel-like area,
- joyfully encountered several deceased relatives,
- experienced ineffable light, and
- received telepathic communication from her family members that she was not to go further into the light.



## Ms. Reynolds' Description

She willingly accompanied her deceased uncle back to her body, but when she saw its terrible condition, she was frightened and did not want to reenter it.

She saw the body "jump" once, then, upon a second "jump" (Broome, 2002), felt her uncle giving her a push back into her body.

She described reentry as "like diving into a pool of ice water....It hurt!" (Sabom, 1998, p. 46).



## Significance of Ms. Reynolds' Case

The anecdote widely recognized as containing the most detailed and objectively corroborated content.

Points to the "reality" of NDEs

- Supports hypothesis that consciousness can function apart from brain function

Points to the possibility of the ongoing survival of consciousness after physical death

## Cosmic Irony

Where did the surgery take place that spawned this most seemingly convincing case of AVP?



### **The Importance of AVP**

Can AVP prove the survival of consciousness after physical death?

Apologies to James Kidd: From a purely scientific perspective, no.

- NDErs will always, by definition, be *reversibly* dead; the most they can ever inform us about, from a purely scientific perspective, is the nature of consciousness during *reversible* death.
- To know the nature of consciousness during *irreversible* death, we must study those who are *irreversibly* dead.
- But the *irreversibly* dead have proven themselves, so far, to be an extremely difficult population to study!

### **The Importance of AVP**

**So, what is the value of researching AVP?**

If AVP were shown to exist:

- NDErs would be relieved of the aftermath distress of others disbelieving them regarding the material aspect of their NDEs.

### **The Importance of AVP**

**So, what is the value of researching AVP?**

If AVP were shown to exist:

- Human consciousness would be understood as a much "larger" phenomenon than currently believed--at least during reversible death, and possibly during life as well.

### **The Importance of AVP**

**So, what is the value of researching AVP?**

If AVP were shown to exist:

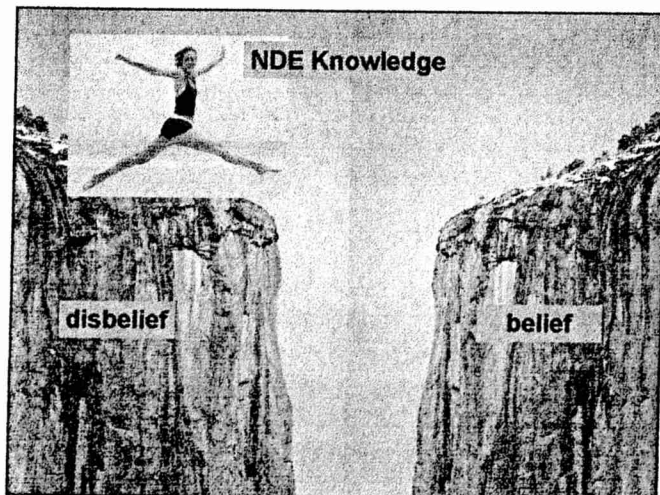
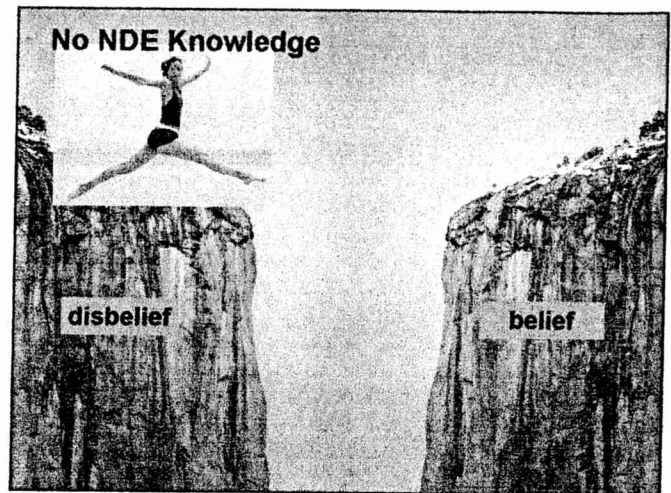
- By inference, greater credibility could be lent to the non-material aspect of NDEs:
  - The values professed by many NDErs--loving and learning--might be given more credence, resulting in more humane personal conduct and more humanitarian public policy.

## The Importance of AVP

So, what is the value of researching AVP?

If AVP were shown to exist:

- By inference, greater credibility could be lent to the non-material aspect of NDEs:
  - And, for those to whom the question of the ongoing survival of consciousness is important, the gap in the leap of faith regarding such survival would be narrowed.



## Types of AVP Investigation

Two sources of empirical data:

- 1) Anecdotes: NDEr reports AVP and subsequent investigation of the near-death episode reveals the degree to which the report is accurate
- 2) Field Studies: "Capturing" AVP in ways that enable objective evaluation of the accuracy of the perception



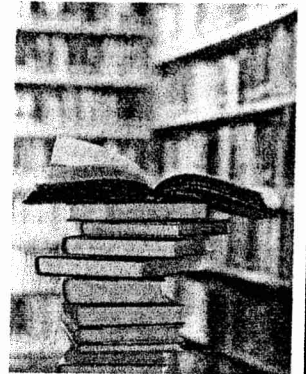


## Anecdotes

- Retrospective, qualitative data
- Provides *broader yet shallower information*
- Reveal such information as the range of conditions in which NDErs have reported AVP
- Some evidentiary value regarding AVP, but limited

## Compilation of AVP Anecdotes

- AVP anecdotes "are scattered in some profusion throughout the literature on NDEs" (Ring & Valiarino, 1998, p. 59).
- **Compilation sources include:**
  - Scholarly periodical literature
  - Books published prior to 1975
  - Books since 1975 involving original systematic research studies
- **Compilation sources do not include:**
  - Autobiographical accounts since 1975
  - Books since 1975 not reporting original systematic research studies



## Analysis of AVP Anecdotes

Phenomena Perceived during Trans-material Aspect

	Experient Only	Others per Report of Experient	Objective Source(s)
Complete Error	3	6	5
Mixture of Accuracy and Error	1	0	0
Complete Accuracy	0	0	1

## Analysis of Trans-material Anecdotes

- 16 cases of perceptions during some trans-material aspect of the NDE
  - 6% involved complete error as objectively corroborated.
  - 6% involved a mixture of accuracy and error as reported by the experient alone.
  - 88% appeared to be completely accurate.
- 31% were cases involving apparently complete accuracy of perception that the authors corroborated through objective means.



### Trans-material Anecdote Involving Total Error

- Adult female and her adult male companion were in a car accident. She was rendered temporarily unconscious from a head injury and reported an NDE.
- The NDEr reported, "Well, then I remember, not physical bodies but like holding hands, the two of us, up above the trees... And thinking here we go... off into eternity... and then bingo, I snapped my eyes open and I looked over and he was staring at me" (Lindley, Bryan, & Conley, 1981, p. 110).
- The authors commented that "in this incident, a woman had lost consciousness but her male companion had not. In the experience, she perceived the two of them in an out-of-body state, yet her friend never blacked out. He had, however, received a hard blow on the head. He could not confirm her perception" (p. 110).

### Trans-material Anecdote Involving Some Error

- Interview was conducted 55 years after a woman's bout with scarlet fever.
- Around 1915, at the age of about 27, she reported having had an NDE in which she met her favorite cousin.
- She said, "I knew him to be missing but I did not know that he was 'dead,' nor had I ever seen him in uniform, nor, being abroad when war broke out, did I know the type of uniform then worn, but what I saw of this was confirmed by a photograph of him I saw some years later. The only difference was that where the name of his regiment was, there was a cross instead" (Cook, Greyson, & Stevenson, 1998, p. 398)

### Trans-material Anecdote Involving No Error

- Objective Source: Elisabeth Kübler-Ross (1983), who was personally involved.
- A boy, his mother, and his older brother had been involved in a car accident.
- The mother had died at the scene; the two boys survived and were taken to separate hospitals.
- Having sustained severe burns and injuries, the younger boy was in a coma.
- He revived from it briefly, and when asked how he felt, he said, "Yes, everything is all right now. Mommy and [older brother's name] are already waiting for me."
- He then lost consciousness and died.
- Shortly thereafter, the hospital received a call informing them that the older brother had died soon after arriving at the hospital to which he had been taken.

### Analysis of AVP Anecdotes

Phenomena Perceived during Material Aspect			
	Corroborated by		
	Expert Only	Others per Report of Expert	Objective Source(s)
Accurate	13	40	33
Some Error	0	2	4
Completely Erroneous	0	0	1

## Analysis of Material Anecdotes

- 93 cases of perceptions during the material aspects of the NDEs
  - < 1% were completely erroneous
  - 6% were a mixture of accurate and erroneous
  - 92% appeared to be completely accurate.
- 35% were cases involving complete accuracy of perception that the authors corroborated through objective means



## Material Anecdote Involving Total Error

An adult female, who underwent surgery for an ectopic pregnancy some time before 1981, reported having seen from a vantage point above her body a round tray with a letter on it addressed from the brother-in-law of one of the nurses who, herself, was the NDEr's sister-in-law.

The nurse was quite sure that neither a round tray nor any letter was in the operating room, and the authors hypothesized how the NDEr might have constructed her visual perception from auditory cues (Lindley, Bryan, & Conley, 1981, p. 109).

## Material Anecdote Involving Some Error

Some time before 1985, a child who was critically ill "accurately described her own resuscitation by medics, [but] her mother's nose appeared flattened and distorted 'like a pig monster'" (Morse, 1994, p. 67)

## Material Anecdote Involving No Error

In 1988, a 56-year-old man had emergency quadruple bypass surgery.

Upon regaining consciousness, he told his cardiologist that during the surgery, from a position above his body, he saw one of the surgeons "flapping his arms as if trying to fly" (p. 399).

Both the surgeon and the cardiologist confirmed that the surgeon had made these unusual movements.

- The surgeon explained that, to keep his hands from touching any surface between the time he "scrubbed in" and the time he actually began surgery, he would hold his hands against his chest and point with his elbows to give instructions to other medical personnel in the operating room (Cook, Greyson, & Stevenson, 1998, p. 399).

## Anecdote Skeptics

- Susan Blackmore (1993), Gerald Woerlee (2003), Keith Augustine (2006)
- Alleged AVPs are the perceptions of the physical body and the constructions of the still-viable physical brain during the experience and/or the brain through sensory and/or thought processes before and/or after the experience.
- Augustine (2006) referred to this class of arguments as the "physiological explanation" (p. 21)
  - Pam Reynolds Example

## Anecdote Skeptics

She (Reynolds) / He (Spetzler) Said - They (skeptics) Said

She said: "I thought the way they had my head shaved was very peculiar. I expected them to take all of the hair, but they did not...." (Sabom, 1998, p. 41)

They said: She constructed this memory based on things the medical personnel told her before the surgery (that she may not have consciously remembered) and/or seeing her shaved head once the bandages were removed.

## Anecdote Skeptics

She (Reynolds) / He (Spetzler) Said - They (skeptics) Said

She said: The cranial saw "looked like an electric toothbrush and it had a dent in it, a groove at the top where the saw appeared to go into the handle, but it didn't..."

They said: The groove is at the tip, not where the saw goes into the handle. This is a huge error for someone who is supposedly seeing unusually clearly.

I say: Maybe she meant the groove was at the top of *the part* that went into the handle, but the groove itself--located at the other end of that part--did not go into the handle.

## Anecdote Skeptics

She (Reynolds) / He (Spetzler) Said - They (skeptics) Said

She said: She heard the female doctor say the veins were too small and a male doctor say to try the other side.

They said: She heard this conversation during "anesthesia awareness," a condition in which about one patient in 1,000 reports having heard while under general anesthetic.

I say: She could not have heard a normal conversation at approximately 60 decibels while, throughout the entire procedure, her ears held molded speakers that emitted 11 to 33 clicks per second at 90-100 decibels (Spetzler et al., 1988) -- louder than a whistling teakettle, as loud as a lawn mower or a subway when a train is going through it (League for the Hard of Hearing, nd).

## Anecdote Skeptics

She (Reynolds) / He (Spetzler) Said - They (skeptics) Said

He said: "At that stage in the operation, nobody can observe, hear, in that state. And I find it inconceivable that your normal senses, such as hearing, let alone the fact that she had clicking modules in each ear, that there was any way to hear [what she heard] through normal auditory pathways.

I don't have an explanation for it. I don't know how it's possible for it to happen, considering the physiological state she was in. At the same time, I have seen so many things that I can't explain, that I don't want to be so arrogant as to be able say that there's no way it can happen." (Broome, 2002)

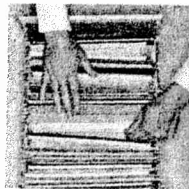
They said: [They haven't responded directly to Spetzler, so I won't speculate what they'd say.]

## Problems with Anecdotal Data

- Possibility of inadequate information to confirm or deny an AVP report
  - Exacerbated by delay in interview
    - Only 14 out of the 109 accounts involved an interview during the first 24 hours following the NDE
- Possible roles of memory error and/or unconscious bias among witnesses and/or investigators
- Most cases did not involve cardiac arrest and, thus, involved a still-viable brain that might have processed sensory perception.

## Problems with Anecdotal Data

- Even in cases of cardiac arrest, it's usually very difficult to know if the AVP occurred during that exact time or, rather, when the brain may have been viable.
- The "file drawer effect": AVP accounts that are mostly or totally inaccurate may be labeled hallucinations and filed away as irrelevant.



## Field Studies

- Systematic Studies of AVP
- Provide narrower yet deeper information
- Reduce alternative physical explanations for the perception
- Yield quantitative results
- Reduce the problems of anecdotal data
- Limitation of Field Studies:
  - Cannot reveal the range of conditions in which NDEs might report AVP



### Studies Not Involving Perceptual Targets

Moody (1975) reported having attempted to verify the accuracy of material NDE perceptions by comparing those reports to hospital records.

- He did not provide specifics but asserted that the accuracy of NDErs' reports were "borne out" (p. 148).

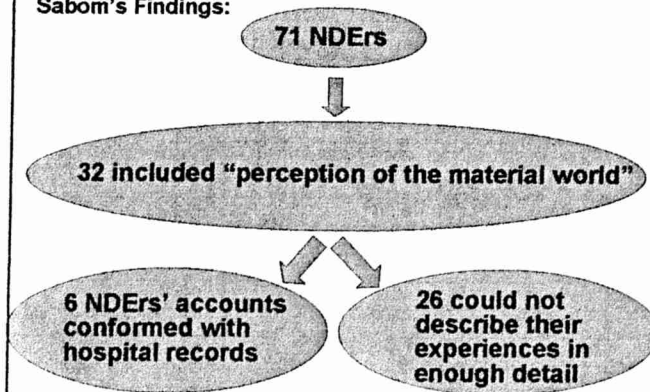
### Studies Not Involving Perceptual Targets

Sabom (1982) used a prospective sampling procedure to conduct retrospective interviews

- Over a five year period, Sabom and Kreutziger attempted to interview every patient who had a history of a crisis event "in which the patient had been rendered unconscious and physically near death" (p. 7)

### Studies Not Involving Perceptual Targets

Sabom's Findings:



### Studies Not Involving Perceptual Targets

Sabom then found 28 "seasoned" cardiac patients who had similar histories to the material NDErs but who had not had NDEs.

- 80% made major errors in their description of cardiac resuscitation procedure.
- Findings seemed to support the hypothesis that material NDErs' consciousnesses were functioning outside their bodies.
- Sabom's methodology has been criticized:
  - Only four of the 28 had actually experienced CPR.
  - Presumably, he had access to many more resuscitated non-NDErs than NDErs; why he did not use this more suitable comparison group remains a mystery.

### **Studies Not Involving Perceptual Targets**

Sartori (2003)

- Reported preliminary results of her five-year prospective hospital study in Wales
- Year 1 of Study
  - She interviewed every patient who survived admission to the intensive therapy unit, comparable to the intensive care unit in U.S. hospitals.
- Year 2-4 of Study
  - She interviewed only those patients who had survived cardiac arrest, who "came so close to death that they were not expected to survive, [and who] spontaneously reported NDEs/OBEs" (p. 36)
- She also replicated and extended two aspects of Sabom's research.

### **Studies Not Involving Perceptual Targets**

Sartori (2003)

- She compared NDEs to hallucinations and found them to be strikingly different in virtually every way.
- These findings alone do not rule out the possibility that NDEs might constitute a different "class" of hallucinations in which the content is equally unreal while the NDEr experiences it subjectively as decidedly real if not hyper-real, but they add to the already-strong arguments contrasting the two phenomena.

### **Studies Not Involving Perceptual Targets**

Sartori (nd)

"When contrasted with the control group, who had undergone resuscitation but did not report an OBE, many discrepancies were discovered. Having been asked to re-enact their resuscitation, the control group's reports were very inaccurate and demonstrated misconceptions and errors between the actual procedures performed, as well as equipment used. Many of these patients either had no idea as to how they had been resuscitated or made guesses, based on what they had previously seen on television."

### **Prospective Studies Involving Perceptual Targets**

Preliminary considerations

- Experiment versus Field Study
- Suggested basic research protocol (Holden, 1988, 1989)
  - Conduct research in hospitals, esp. cardiac care units
  - Perceptual visual stimulus (visual target) should:
    - Be intensely colored and lighted
    - Include extremely simple number or letter combinations
    - Be placed as far below ceiling level as possible while maintaining completely masked conditions
    - Interview everyone who survives a near-death episode to determine whether they perceived it
  - Interview everyone who survives a near-death episode to determine whether they perceived the stimulus.

## Prospective Studies Involving Perceptual Targets

–Suggested basic research protocol (continued)

- No potential research participant should be excluded based on any personal or socioeconomic variable
- Pharmacological factors and a recalled NDE length of less than 10 minutes might interfere with accurate recall of the material NDE
- Not all potential participants would necessarily be willing to participate in an interview following shortly after their NDEs

## Prospective Studies Involving Perceptual Targets

5 AVP studies conducted so far:

- “Totally masked/blind” designs in which the researchers intended that no living person would know the exact content of the visual target
- Problems with the staff, patients, and/or visitors compromised the blind research protocol

## Prospective Studies Involving Perceptual Targets

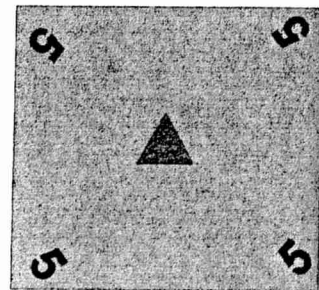
Holden, J. M., & Joesten, L. (1990). Near-death veridicality research in the hospital setting. *J. Near-Death Studies*, 9(1), 45-54.

**Location:** Lutheran General Hospital, Park Ridge, IL, USA  
**Hospital Ward:** ER, ICU, CCU  
**Study Duration:** 1 year  
**Type of Stimulus:** 8" square matte board with random combo of 1 of 6 colors, numbers, and symbols. Placed face up in rimmed paper tray mounted 12" below ceiling corners (chance odds: 1/216)  
**Projected # of NDEs:** 1 from cardiac arrest per month  
**Actual # of NDEs:** 1 in study ward (pt declined); 1 in non-study ward  
**# of VP cases:** 0  
**Problems with Staff:** yes  
**Problems with Patients:** yes

## Prospective Studies Involving Perceptual Targets

Holden, J. M., & Joesten, L. (1990). Near-death veridicality research in the hospital setting. *J. Near-Death Studies*, 9(1), 45-54.

Sample targets

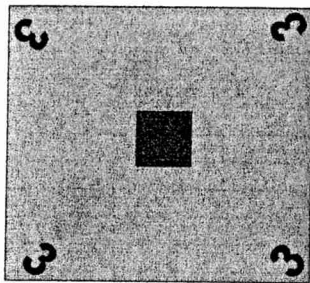




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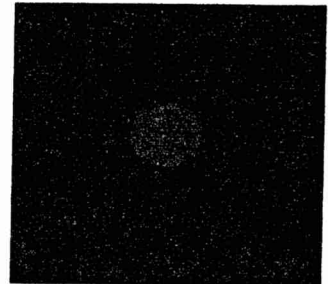
Sample targets



## Prospective Studies Involving Perceptual Targets

Holden, J. M., & Joesten, L. (1990). Near-death veridicality research in the hospital setting. *J. Near-Death Studies*, 9(1), 45-54.

Sample targets



## Prospective Studies Involving Perceptual Targets

Lawrence, M. (1998, August). Prospective near-death experience studies with AIDS and cardiac patients. Paper presented at the annual North American Conference of the International Association for Near-Death Studies, Oakland, CA.

**Location:** Hartford Hospital, Hartford, CT, USA

**Hospital Ward:** EP

**Study Duration:** 1 year

**Types of Stimulus:** Oblong electronic "running text" sign placed face-up on top of cabinet, visible only by standing on ladder, displaying nonsense message such as, "The popsicles are in bloom." (chance odds: UK)

**Projected # of NDEs:** 7% of EP patients

**Actual # of NDEs:** 25 patients; 0 full NDEs; 3 "reported the early stages of an out-of-body experience"

**# of VP cases:** 0

**Problems with Staff:** yes

**Problems with Patients:** no

## Prospective Studies Involving Perceptual Targets

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

Parnia, S. (2006). *What happens when we die*. Carlsbad, CA: Hay House.

**Location:** Southampton General Hospital, Southampton England, UK

**Hospital Ward:** MCU, ECU, CCU

**Study Duration:** 1 year

**Types of Stimulus:** "Boards suspended from the ceiling... [that] had various figures on the surface facing the ceiling which were not visible from the floor" (2001, p. 151). (chance odds: UK)

**Projected # of NDEs:** UK; 30% of cardiac arrests

**Actual # of NDEs:** 4 NDEs, 0 mNDEs

**# of VP cases:** 0

**Problems with Staff:** yes

**Problems with Patients:** no

## Prospective Studies Involving Perceptual Targets

Parnia, S. (2006). *What happens when we die*. Carlsbad, CA: Hay House, p. 47.



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## Prospective Studies Involving Perceptual Targets

Sartori, P. (2004). A prospective study of NDEs in an intensive therapy unit. *Christian Parapsychologist*, 16(2), 34-40.  
 Sartori, P. (nd). A long-term prospective study to investigate the incidence and phenomenology of near-death experiences in a Welsh Intensive Therapy Unit. Retrieved October 1, 2006, from <http://www.scimednet.org/Articles/PCSartori.htm>

**Location:** Morriston Hospital, Swansea, Wales, UK

**Hospital Ward:** ITU

**Study Duration:** 5 years

**Types of Stimulus:** "Symbols ... mounted on brightly colored day glow paper ... placed on the top of [the cardiac] monitor ... mounted on the wall ... at each patient's bedside ... above head height and concealed behind ridges to prevent them being viewed from a standing position ... rotated on a two-monthly basis" during night shift using procedure to protect double blind (2004, p. 35) (chance odds: uk)

**Projected # of NDEs:** uk

**Actual # of NDEs:** uk: <15 (18% after cardiac arrest. mNDEs: uk: <8 (5% after cardiac arrest)

**# of VP cases:** 0: "Not all the patients rose high enough out of their bodies and some reported ... a position opposite to where the symbols were situated" (2004, p. 38).

**Problems with Staff:** yes

**Problems with Patients:** no

## Prospective Studies Involving Perceptual Targets

Greyson, B., & Holden, J., & Mounsey, P. (unpublished; projected publication 2006 or 2007)

**Location:** University of Virginia Hospital, Charlottesville, VA, USA

**Hospital Ward:** Electrophysiology Lab

**Study Duration:** 1 year

**Types of Stimulus:** Computer opened flat and mounted above eye level on top of monitor; near-random, continuous display of ~20 sec. animation loop displaying color, time, and a simple action cartoon; started just before EP procedure, ended automatically after 90 minutes; recorded in code which of 60 animations had been projected (chance odds: 1/60 [12 animations x 5 colors])

**Projected # of NDEs:** 7% of pts (Milne, 1995).

**Actual # of NDEs:** 0

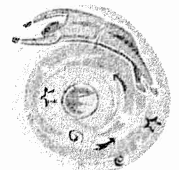
**# of VP cases:** 0

**Problems with Staff:** no

**Problems with Patients:** no

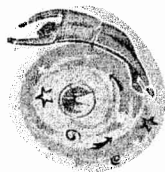
## Summary

The NDE literature contains over 100 anecdotal cases in which NDErs and/or others have attempted to corroborate the NDErs' adamant reports that during their NDEs, they experienced AVP.



## Summary

Among those cases, a small minority involved error or possible error, and the great majority involved no apparent error and involved evidence ranging from very weak to extremely strong that the VP was, indeed, non-physical.

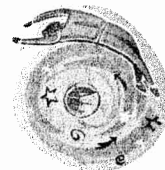


## Summary

In a few of these strongly evidential cases, most investigators have ruled out alternate explanations to the hypothesis of non-physical perception.

However, due to the uncontrolled nature of anecdotal cases, alternate explanations remain open to debate.

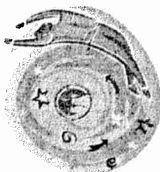
Controlled investigation of AVP seemed warranted.



## Summary

The NDE literature contains three thorough, one preliminary, and one pending report of controlled investigation of AVP in hospital settings.

- None of these studies yielded a case of AVP.



## Conclusion

From Ken Ring:

There is so much anecdotal evidence that suggests NDErs can, at least sometime, perceive veridically during their NDEs...but isn't it true that in all this time, there hasn't been a single case of a veridical perception reported by an NDEr under controlled conditions? I mean, thirty years later, it's still a null class (as far as I know). Yes, excuses, excuses—I know. But, really, wouldn't you have suspected more than a few such cases *at least* by now?...

My (tongue-in-cheek) interpretation: The NDE is governed by The Trickster who wants to tease us, but never give us the straight dope, so people are left to twist in the wind of ambiguity, and meanwhile the search for the elusive white crow in the laboratory...continues to frustrate researchers and gives ammunition to the skeptics. Maybe Raymond [Moody] is right about there being an imp in the parapsychological closet, and with a sense of humor, too. (Personal communication, September 7, 2006).

## **Conclusion: Choices**

### **Disbelief**

Choice: Conclude that VP does not exist, and discontinue the search.

Consequence if choice is wrong: That which is not sought is rarely found—or, depending on your view of reality, is not co-created. If this potentially paradigm-transforming phenomenon does or could exist, the opportunity to find it will most likely be lost.

## **Conclusion: Choices**

### **Disempowerment**

Choice: Resign to the idea that the trickster, a force greater than ourselves, is at play, “[breaking] the rules of the gods or nature” through “tricks or thievery,” (Trickster, 2006) robbing humanity of the information we seek.

Consequence if choice is wrong: We run the risk of becoming discouraged and passive, awaiting some force beyond us to reveal the information we seek “in its own time,” bypassing research initiatives that might enable us to find the information we seek.

## **Conclusion: Choices**

### **Perseverance**

Choice: Embrace Albert Einstein's conclusion about the fundamental nature of the universe: “God is subtle, but he is not malicious” (Clark, 1971). “Nature hides her secret because of her essential loftiness, not by means of ruse” (Pais, 1982).

Consequence if choice is wrong: The expenditure of time and energy on that most lofty of pursuits: research into the nature of consciousness.

## **Conclusion: Choices**

### **Perseverance**

I compare the pursuit of research on AVP to the pursuit of enlightenment: long-term commitment to a disciplined practice requiring numerous subtle adjustments along the way. This research will require the faith of Albert Einstein and the determination and financial resources of probably many more James Kidd's.

Recommendations about future research of this kind, as well as ethical implications and practical applications of the material from this presentation, will be the subject of the next presentation by Dr. Sam Parnia.

**Thank you  
for your attention.**

**Questions and/or Comments?**

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