



## THE PRESIDENT'S MESSAGE

### *Dreaming in Seattle*

Bill Taylor



While attending the IANDS Annual Conference in Seattle I had a wonderful dream. I was being revived on an operating table in the hospital and had just returned to my body from somewhere out in the universe. As I looked up at the doctor who had revived me, I felt afraid to tell him of this very personal event. To my surprise he asked me if anything unusual happened while I was practically dead. I cautiously described what had happened to me and how I had floated above my body and traveled far away, met a light being and later returned to my body. He said he had studied this phenomenon in medical school, and that he knew of other patients with similar experiences. He introduced me to a nurse who provided me with information, resources, and locations of support groups where I could meet and talk about this if I wanted to. They offered support in explaining my near-death event to my family, and could provide them with the latest research findings describing possible changes in my outlook on life. They assured me that I was not crazy, and that I may experience difficulties in readjusting to life and relating to others. This was normal for "near-death experiencers" they said.

Then my dream changed. I found myself in a place where there were many experiencers gathered together, and we were working to create a new vision. We were organizing ourselves, to help humanity and work together with programs to increase health, awareness, and perception. We were creating a new vision of world compassion, understanding, and love. We were using the love we know so well and expressing it to the world, for the world. I finally awoke, thankful that I was not sleepless.

*Sincerely,  
Bill Taylor*

## AT THE SEATTLE CONFERENCE: NDEs IN THE MEDICAL PROFESSION

by Pam Kircher, M.D.

Dr. Bob Brumblay, an emergency room physician from Hawaii, told this year's IANDS conference how his attempts to understand his wife's near-death experience eventually led him to a new theory of human perception. And Seattle pediatrician Dr. Melvin Morse confessed to having been skeptical initially when children resuscitated by him described their NDEs—but by now Morse has heard so many such stories from his young patients that researching the NDE has become a major focus of his career, and has fundamentally altered his worldview.

In such ways, several doctors and nurses shared with this year's conference how NDEs have affected their lives, professionally as well as personally.

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IANDS' mission is to respond to people's needs for information and support concerning Near-Death and similar experiences. IANDS encourages multi-disciplinary explorations, interpretations and the recognition of the experiences as genuine and significant events of rich meaning.



The logo for IANDS Vital Signs features a stylized graphic of a person's head and shoulders in profile, composed of concentric, overlapping lines that create a sense of depth and movement. Below the graphic, the word "IANDS" is written in a bold, blue, sans-serif font. Underneath "IANDS", the words "Vital Signs" are written in a larger, blue, serif font with a slight shadow effect.

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Web—<http://www.iands.org>

e-mail—[office@iands.org](mailto:office@iands.org)

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## NDEs IN THE MEDICAL PROFESSION

*Continued from page 1*

To give another example, Colorado family physician Dr. Pam Kircher related how realizing in adulthood that her own childhood NDE had profoundly shaped her life's values led her to finally talk about NDEs with her medical colleagues. That in turn moved her to work in hospices, where she found NDEs and ADCs (after-death communications) to be extremely common among patients and their families.

So at this year's conference, Dr. Kircher facilitated a discussion among forty health-care professionals about reactions they encountered when acknowledging NDEs on the job. Some reported increasing openness to NDEs, while others still encounter resistance. The discussants agreed that it is very helpful to find colleagues in their area to trust with such difficult problems. Many were encouraged by current research on NDEs. One suggested that physicians would become more receptive to NDEs if their patients insisted on telling them of their NDEs—so that the profession would become “flooded with NDEs.” The attendees were reminded that the IANDS office has wallet-sized cards which NDErs can carry to show their medical providers what an NDE is and to alert them to its common after-effects, including increased sensitivity to several medications. The discussants agreed that nurses often are much more receptive to patients' NDE stories than are doctors. The recent work on awareness of end-of-life issues in America (through Bill Moyers' TV series *Dying in America*, and through advance directives) has helped people become somewhat more open to talking about death. As that openness develops, awareness of NDEs and ADCs might naturally increase. And in turn, increased awareness of NDEs and ADCs could greatly decrease people's fears of death and could enlarge their perceptions of life.

Nurses tended to be the most helpful people to tell.

At a separate session, Chicago nurse Linda Morris reported on her Ph.D. thesis research, which examined the response of nurses in eight Chicago-area hospitals to patients who'd had NDEs. Morris discovered that not only do patients tell nurses about NDEs, but nurses often perceive a “glow” around patients as they die. [The nurse treating well-known Swiss psychologist Carl Jung testified to this same glow-observation – reported on page 3 of *Vital Signs* Issue #1 of 2001].

Morris' thesis work has led her to want to help other health-care professionals become aware of the experiences patients and nurses are sharing. She identified several ways that health-care providers can be of assistance to NDErs. These include (1) understanding that patients initially may be confused about their experience, (2) understanding that patients often are aware of what's going on around them even when considered unconscious, (3) not dismissing the NDEs as merely side-effects of medications or as hallucinations, (4) validating their experience, and (5) listening to their experiences in a nonjudgmental way.

Later in the conference, Debbie James, a critical care nurse from San Antonio, Texas, spoke of how her understanding of NDEs had helped her become comfortable with people deciding about donating their organs and patients who receive organs. Transplant recipients sometimes deeply sense the personality characteristics of their anonymous donors. Understanding the reality of NDEs has helped Ms. James be more receptive to such experiences. By sensitive listening, she has found that transplant recipients often are made more comfortable by being given true details about their donor, especially if they are already sensing things about them.

James' master's thesis focused on how patients' first telling of their NDE had been responded to, and how that response later influenced their integration

of the experience. She found that nurses tended to be the most helpful people to tell, but their reactions were not invariably sensitive. People often want to talk about their NDE as soon as it occurs, but if their first telling is met with skepticism or negativity, they often won't risk telling others. As a nurse working in a cardiac care unit, James feels that her current mission is to help other health-care providers learn about NDEs so they can be helpful to the many patients who undergo NDEs during cardiac arrests. To that end, she speaks about NDEs at many health care conferences throughout the country.

Dr. Jeff Long, another presenter at the conference, is a physician in Tacoma, Washington who became curious about NDEs a few years ago and created a research web site ([www.nderf.org](http://www.nderf.org)) on which experiencers are invited to record their NDEs in detail. His work with the site has grown to the extent that he now describes himself as a man with two full-time jobs! What he has learned from the NDE narratives received there has greatly influenced how he approaches patients in his practice of radiation oncology. It also has influenced how he views the world. He has learned that relationships are the reason most NDErs choose to return to earth, and that our immersion in the interconnectedness of life is a prime concern.

During his morning keynote address, Dr. Melvin Morse, the Seattle pediatrician, explained that he had become so engrossed by the testimony of his child patients—some as young as three years old—that he was moved to compile them into a book (published in 1990 as *Closer to the Light: Learning from the Near-Death Experiences of Children*). Now Dr. Morse speaks of a paradigm shift emerging. This shift includes the view that humans are meant to have mystical experiences because we have a part of our brain specifically devoted to that task, the deep right temporal lobe which takes up 11-15% of our brain. This is the same area that shows increased activity in experienced

meditators, and produces feelings of expanded consciousness, shown decades ago by Wilder Penfield's neurological experiments. It may also be the part of the brain that allows us to interact with one another at a distance, and is possibly the area that is stimulated during the out-of-body portion of an NDE, before all brain activity ceases. Dr. Morse suggested that this lobe constantly interacts with patterns in nature that lead to the seemingly miraculous instantaneous healings sometimes accompanied by out-of-body experiences. For that reason, it should become an important area of study for mind-body medicine. Dr. Morse's conclusion is that deep mystical experiences occur in the right temporal lobe and that we may be biologically "wired for a God connection." Morse has published his latest theories in the book, *Where God Lives: The Science of the Paranormal and How Our Brains Are Linked to the Universe*.

At his afternoon presentation, Dr. Bob Brumblay, the Hawaii emergency room physician, compared the conventional worldview that rejects NDEs and other mystical experiences to the time before humans understood that the earth was round. Of course our perception at the time that the earth was flat didn't prevent the true reality that the earth was, indeed, round. Similarly, mainstream science's reluctance to accept NDEs as real doesn't negate their continued occurrence. Dr. Brumblay used the book *Flatlands* to build his analogies about perception. In a two-dimensional world, we would not be able to see the front and back of things that we can see in our three-dimensional world. Likewise, during an NDE people can perceive more than our customary three dimensions, so their perceptions seem to us to penetrate solids and to transcend time. Our everyday life is three-dimensional, but that doesn't mean there can-

not be more dimensions, a principle in fact supported by present-day physicists.

From these vignettes of six sessions at the Seattle conference, it is clear that NDEs are not only of clinical interest to the medical profession, but they are changing the lives of nurses and doctors who have been opened to their significance. Furthermore, clinicians are now looking at how theories about NDEs might inform our understanding of brain functioning, and how the NDE phenomenon accords with new developments in physics and philosophy. There was a general feeling of optimism among the health care providers that we are on the verge of a paradigm shift in medicine that can lead to a broader acceptance of NDEs in the clinical setting.



NDEs are changing the lives of nurses and doctors.



Presenters Jayne Smith and Nancy Bush at the Seattle conference

## ARE NEAR-DEATH EXPERIENCERS OUT OF THEIR BODIES OR OUT OF THEIR MINDS?

by Bruce J. Horacek, Ph.D.

**B**ruce Greyson, M.D., Bonner Lowry Professor of Personality Studies at the University of Virginia School of Medicine, gave the first presentation in the newly established C. Bruce Greyson Lectureship created by the IANDS Board to honor Bruce, and to honor speakers at future conferences who have done outstanding near-death research.

In a talk that was detailed, precise, and very entertaining, Dr. Greyson gave an excellent summary of his recent research on dissociative symptoms reported by NDErs as distinct from mental disorders. For those who would like to follow up his talk with the data, see his articles entitled *Dissociation in People Who Have Near-Death Experiences* in *The Lancet* (February 5, 2000); and *The Near-Death Experience as a Focus of Clinical Attention* in *The Journal of Nervous and Mental Disease*, Vol 185, No. 5 (1997).

Dr. Greyson's talk covered four areas: 1) similarities between NDEs and mental illness 2) methodological problems in attempting to answer this question 3) evidence that NDErs are not out of their minds 4) evidence that NDEs may in fact provide some protection against becoming mentally ill. During his talk, Bruce showed a number of very entertaining cartoons, including his famous "control group" and "out-of-control group" (75% of IANDS' annual conference participants fit the latter category—my conclusion, not Greyson's). And the delightful "Lassie, get help" cartoon—in the second frame Lassie is on the psychiatrist's couch, "getting" help.

There is no way I can do justice to all of Bruce's data and conclusions in this short summary, so I'm going to mention just a few high points. On the issue of similarities between NDErs and those who are mentally ill, both often "see



*Bruce Greyson (right) receiving lifetime service award from Bill Taylor, IANDS president.*

things," hold strange beliefs, experience changed roles, and so forth; but there are major differences. Yes, a person can be both an NDEr and be mentally ill. But there are objective criteria one can use to distinguish between having an NDE and having a mental illness. There are several mental conditions that are speculatively linked to NDEs. For example, "dissociation"—feeling detached from yourself, as in de-personalization. Dissociation is a very common response to trauma, as when a rape victim detaches from herself during the attack. Another condition associated with NDEs is post-traumatic stress disorder (PTSD), including intrusive thoughts, flashbacks, and amnesia-like symptoms. Since NDEs are often caused by trauma and PTSD is caused by trauma, it would seem logical to conclude that an NDE could be a PTSD experience. But Bruce showed that they are not the same thing.

A third condition is absorption or fantasy proneness. A small majority of the population is extremely prone to absorption or fantasy when alone. So it is easy to deduce that extreme absorption may be what NDErs go through. However, Glenn Gabbard and Stuart Twemlow, two psychiatrists in Kansas, have shown that NDErs are no different

in the traits of absorption and fantasy proneness than the control group. Fourth, early research linked NDEs with drug-induced hallucinations. For example, Ron Siegel of UCLA often would take quotations from NDErs and drug trips out of context to show their similarities but would fail to note the profound differences between the two. People on LSD do not feel transformed by the experience, they do not encounter deceased relatives, do not feel part of something greater than themselves, etc. So drug trips are only superficially like NDEs. A fifth condition linked to NDEs is brief psychotic disorders, but these do not have the sophistication nor complexity of NDEs. So, while there are some similarities between these five mental disorders and NDEs, the data shows that they are not one and the same thing. Namely, data shows that NDErs do not differ markedly from control groups on these five traits.

Furthermore, Greyson cited research which shows that NDErs and the control groups have similar profiles regarding the number of suicide attempts, current psychiatric diagnoses, current psychological symptoms, previous family history of suicide attempts, EEG abnormalities, and so forth. How about

PTSD and NDEs? On intrusive and avoidance scores, NDErs are closer to the control groups than they are to those having full blown PTSD; the latter have significantly higher scores than NDErs.

In fact, according to Greyson, there are data that show having NDEs can be mentally therapeutic. Evidence shows that having NDEs lowers distress, and there is no doubt that NDErs have significantly less death anxiety. Likewise, NDErs are more likely to see themselves as part of something greater than themselves, which is a big help in finding meaning in life. In a sense you know people by their fruits, and NDErs exhibit many positive transformations in their lives. Greyson closed by repeating

Data show that NDEs can be mentally therapeutic.

that while an NDEr may occasionally be mentally ill, an NDE is not the same as mental illness.

In my introduction to Bruce Greyson's talk I stated that perhaps his biggest contribution to IANDS and NDE research is that he demonstrates what NDE research can and should be. Unfortunately there are persons who claim to be doing NDE research who rely solely on personal observations, vague generalizations, unsupported assumptions, wishful thinking, and just plain hocus-pocus. Fortunately, we have Bruce Greyson as our yardstick as to how we should all do our research. ☯



Joe Meboe and Kim Clark Sharp with a check given to Seattle IANDS by the Boeing Company to help fund the conference.

## 'THE HOLOGRAM OF EXISTENCE'

### Legislator Pam Barrett's Talk to the Conference

by Linda Jacquin

On February 1, 2000, Pam Barrett was leader of the New Democratic Party of Alberta, Canada. Her political life involved adversarial relationships with the opposition party, chasing money for the next campaign, and trying to improve her looks for the best camera shot. But on that day, Pam's life took a dramatic turn. She went to her dentist to have veneers put on her front teeth so her smile would be beautiful for the upcoming election. After being anesthetized, and while the dentist was still working on her teeth, Pam suddenly felt extremely ill. She sat bolt upright in the chair and told the dentist, "I'm going to die." She fell back into the chair, and later bolted upright again saying to her dentist, "I'm going again." She'd had an NDE. When she came back, still dazed at what happened, and clearly caught between the world of spirit and our earthly reality, she asked the dentist if he could finish the last veneers before the ambulance arrived!

At the hospital, Richard, a staff person, explained to Pam that she had suffered an allergic reaction to the anesthesia. He promised to stay with her until her condition improved. While talking with Richard, Pam left her body and found herself floating at the ceiling, looking down at both Richard and her own body. She was amazed that she seemed to be in two places at once, like a split screen. When she slipped seamlessly back into her body, she felt as if she was punched in her solar plexus by God and told, "Get on a new path."

Pam got the message loud and clear. The next day, right after leaving the hospital, she quit the Alberta Legislature and began an inner journey to assimilate what had just happened to her. Because she was a public figure, the media went into



Pam Barrett

hyper mode trying to get information. She finally agreed to a live TV interview on February 7th. A surprise guest on the show was Chris Lovelidge, leader of the Friends-of-IANDS chapter in Vancouver. Chris validated Pam's NDE. In the following days, Pam received 750 emails, almost as many letters and packages, and she stopped counting after 450 phone calls. Strangers sent Bibles, the Koran, and other religious material to help her on her spiritual search. One of the emails was from an experiencer named Cody, who eventually became her mentor and best friend. He listened, helped her fill in the blanks, and helped her get through the rough spots.

PMH Atwater's research indicates that it often takes around seven years for an experiencer to fully integrate the NDE into their life. As a two-time experiencer myself, I can say that if every experiencer had a friend like Cody, the time it takes to assimilate an NDE would be lessened, allowing the experiencer to get on much more quickly with their soul's purpose for coming back.

Because of her NDE, Pam told the conference, she sees life now from a vastly

Every thought, positive or negative, affects everyone in the universe.

## THE HOLOGRAM OF EXISTENCE

*Continued from page 5*

different perspective, one she calls 'the hologram of existence.' She explained this by referring to an old-time kaleidoscope, containing bits of colored paper. As the kaleidoscope turns, each piece of paper interacts with every other piece of paper. In the hologram of life every thought, positive or negative, affects everyone in the universe. Therefore, after her NDE Pam could no longer stay in the adversarial world of politics. "War is bad and the legislature was nothing but war. It doesn't have to be that way in politics, but in our system it is, period." She does not judge other people, she said, "I learned to stop judging and to start doing what's right in life. What's right in life is to cultivate enlightenment; and everybody gets there by their own path."

In the question-and-answer period at the end of her talk, someone asked Pam if a country or the world would be different if leaders were near-death experiencers. Pam replied, "If there was an experiencer running the country or the world, there wouldn't be a lot of lying going on. That's for sure." ☺

## EXPERIENCER COUPLES

Jan Holden, Ed.D.

"The purpose of this panel is to explore what happens and what it's like when an NDEr marries another NDEr." Thus did moderator Paul Carr kick off a sometimes humorous, sometimes deeply touching, hour-long look into the marriages of three unique couples: Libby and Paul Carr, Terry and Bob Ahlers, and Cheryl and Edward Salisbury.

Panel members began by describing the circumstances of their NDEs, how they met, and how long they've been married. Libby drowned in a rafting accident in 1972, and Paul died on an operating table in 1971. They met seven years ago at an IANDS meeting in Seattle and have been married for four years.

Bob Ahlers' NDE happened in 1961 when he was in the military, and Terry's occurred in 1973 with a near-drowning during a houseboat accident. They later met in Fort Hood, Texas, and have been married six years.

Cheryl Makin Salisbury had two NDEs, one in 1967 during an automobile accident and the other in 1996 by drowning off Kauai. Also a multiple NDEr, Edward Salisbury's first experience accompanied an auto accident in Atlanta in 1969, his second was with a near drowning in 1976, and his third occurred subsequent to a surgery. They met after Cheryl's 1996 NDE and have been married four years.

All of the panel members had been married previously—some more than once—to non-NDErs. Terry, in particular, discussed how her changes subsequent to her NDE played a role in the demise of her earlier marriage.

On a happier note, a theme that Paul introduced early in the panel echoed throughout the program: because of their NDEs, all three of the panel couples share a unique quality and degree of connection. They echoed this theme throughout their discussions of common world views, how they handle disagreements and changes, and the nature of their interactions at all levels.

Terry and Bob described how being knowledgeable about news and current

Whatever we can do to support each other...that's my honor and my privilege.

*Some conference participants mentioned within this issue...*

*From left to right—front group (kneeling/lying in center): Cheryl and Edward Salisbury (pages 6-8), Anneliese Fox and Peter Tufts*

*Nearest standing row: Bob Brumblay (pages 1&3), Leonard and Mary Krzywosinski, Cassandra Musgrave, Vallie Taylor, Joyce Robbins*

*Next standing row: Annette Brandle, Pam Kircher (page 2), Bob and Terry Ahlers (pages 6-7), Jim Kephart, PMH Atwater (page 14)*

*Rearmost row: Janet Scollo, Debbie James (pages 2-3), Laurie Nix, Bruce Horacek (page 4), Bob Johnson.*



events is a low priority for both of them, partly because of the painful negativity associated with many news stories. They noted that their shared attitude represents a definite shift from each one's pre-NDE attitudes.

I just know that he sees the world in much the same way.

To an audience member who asked discretely whether both members of the couple being NDErs "had somehow affected their physical relationship," Paul candidly responded, "The sex is great!" He went on to explain that "when you're close on all levels, you're close on *all* levels. Everything...really is so in tune, and, after all, that's what all forms of communication REALLY are about...."

Cheryl concurred that before her relationship with Edward, she never had had a SPIRITUAL sexual relationship; she always had *wanted* it, but didn't know how to *create* it. She and Edward pray together every morning without fail, a practice that enhances their total level of connectedness.

Terry also affirmed the uniqueness of her relationship with Bob. "I never knew what I was missing," she asserted. After her first marriage of 23 years, she proclaimed her current marriage to be "TOTALLY DIFFERENT, on such a high level, it's indescribable."

Libby agreed, "TOTALLY DIFFERENT...the spiritual closeness, the prayer that we also share, and knowing that his world view — by having had a NDE, which is such a personally life-changing and riveting experience, colors how I see the world. And I know that he has had the same experience and has a memory — it's not an act of faith, it's not something I have to explain to him, it's not something I'm saying, 'Trust me, here's how...' — I just know that he sees the world in much the same way. And that can't help but influence our relationship physically, spiritually, and in every other way."

Panel members also described a shared sense of higher purpose. Libby learned from her experience that "every

day counts; every day on the planet matters, and no day is to be wasted." She described herself and Paul as "each other's champion. It's really important that he do what he feels is his life-calling at this point in time, and I need to do everything I can do to enable that

to happen in his life ...Conversely...he has busted his butt [to support me in a career change]. It's really been part of the respect that we show each other...Part of what we each individually got out of our NDE is, whatever you came back to this planet for, you need to be serious about getting it done...that each of us has our calling to do in life, and whatever we can do to support each other in that calling, then, that's my honor and my privilege."

Cheryl described her sense of higher purpose in relationship with Edward this way: "We're working on the 'big issues' of our entire lifetimes...we've had over 200 lives...we're working on...integrity of spirit, being in total integrity...being truthful to ourselves and God within and without... being in integrity and in tune with just a single partner."

And when Cheryl said, "in tune," she meant it both figuratively and literally. She and Edward have a mutual, ongoing experience of "a sound within" — "it's like the high hum of the universe" that changes continually yet, they've found, they're always hearing the same thing. "We walk together to the same tune."

At one particularly touching moment during the program, Bob disclosed he had been married twice before. "I remember an awful lot of days and weeks and months and years going by, thinking, 'there's got to be something better than this.' And I'm happy to tell you...this is seven years running where *I've felt happy, every day*. Is it because of her? Because of us? I don't know...but I

tell you, it's a whole lot better than those [previous] 20 years"—a sentiment with which his wife wholeheartedly concurred.

At another point, an audience member asked, "I'm wondering if your relationship to each other founded in this new life and new love—has it given you more valid and real insights as to the love that God has for you, through the love that you have for each other?" Every panel member responded immediately and enthusiastically with a resounding "Yes!"

Regarding the issue of relationship conflict, Terry and Bob said their respective adult children are continually amazed that they do not argue. Libby and Paul were quick to report that they DO, and energetically! Libby also emphasized, however, that their arguments are always characterized by mutual respect—a striving to understand and honor each other's individuality.

Early in the program, Paul commented that he knew of little research on NDE couples. Dr. Jeff Long, founder of the Near-Death Experience Research Foundation, commented from the audience that in all his research archives, he had seen no instances of NDErs married to each other. He reiterated the audience's suggestion that this group, as well as NDErs married to

non-NDErs, represent a potentially rich, but as yet untapped, source of information and even wisdom. Audience questions included whether any such couples are *not* getting along, and their ideas included writing a book about NDE couples.

Another idea that the IANDS Board is considering involves both the Marriage Panel and the breakout session for Significant Others of NDErs. At this year's conference, the breakout session was scheduled independently of the marriage panel, and it was attended by a small

When it comes to experiencing unconditional love, we both have been there, in the Light.


## EXPERIENCER COUPLES

*Continued from page 7*

number of people who had an opportunity to go into relatively greater depth of discussion. The next conference may include a block of programs related to NDE couples: a marriage panel followed immediately by a breakout session.

In this review, I've covered only certain points from the panel program, and much of the poignant quality of the panel members' testimonials is lost in the printed word. As a licensed counseling professional and certified sex therapist who specializes in working with couples as well as with spiritual experiences and development, I found this discussion both thought provoking and affirming. I encourage the interested reader to acquire the audiotape of this session and take inspiration from the panel members themselves. [Audio Tape Order Form is on the accompanying insert sheet].

Near the end of the discussion, Edward eloquently — and inadvertently humorously—summarized the main theme: "I looked and struggled for examples about what makes [my relationship with Cheryl] unique. While Cheryl ...can tell me all about what it was like in Venezuela in the Peace Corps, I wasn't there, so I can only imagine. By the same token, I lived in an ashram in India, and I can tell her all about what it was like, but she can only imagine. But when it comes to being at one with God, in the Light, experiencing unconditional love, hearing the music of the spheres...we both have been [there], and that is unique in our relationship that really makes the bondage (everyone laughs—comic relief) – the BOND so delightful."

Paul closed the session by sharing a very personal poem he'd written for Libby six weeks after they'd met, following an insight that came to him through meditation. At the suggestion of an audience member, and with Paul's permission, the poem appears below. 

**Libby,**

I have pursued you through time and space,  
moving from the Oort Cloud to Arcturus  
while you danced among the Jovian moons,  
your laughter the twinkling starlight  
remembered in the soul's long voyage.

**You are near.**

You have traversed the heavens,  
and brought your wisdom to another place  
and time,  
to wait in patience for gifts you planted  
in the fertile springtime of your experience,  
and I have followed, skipping over shortened  
lifetimes as a flat rock swiftly skips over water,  
to await your arrival on another shore.

**You are near.**

We have shared a sensed presence before,  
But stayed apart.  
We have traveled widely on separate paths.  
We have cared, and been cared for,  
by others.  
But timelines have converged,  
dimensions intermingle,  
the one universal force is coalescing,  
and within my soul-mind grows:

**You are near.**

## "AM I THE ONLY ONE?"

### *Support for Spiritually Transformed Experiencers*

Carla Wills-Brandon, Ph.D.

**J**ust returned from the annual IANDS Conference in Seattle. For those of you who were not able to attend, let me say it was a wonderful gathering, and I strongly suggest you consider purchasing some of the taped sessions [see inserted Audio Tape Order Form]. The local Seattle IANDS group did a great job hosting the event, and the speakers and volunteers worked diligently to make sure the conference would be a positive one for all. The conference validated near-death experiencers, allowed researchers to brainstorm, and gave IANDS as a whole a good shot in the arm to stay committed and trudge forward in a positive direction.

Though the gathering was very supportive in general, I did notice there were a few individuals who were feeling a bit left out. These were persons who'd come for support after having had profound, spiritually transformative experiences, yet had not been "near-death." More than once I've found myself

in that category. Permit me a moment to explain.

A number of years ago, I joined IANDS for professional as well as personal reasons. For several decades I had been lecturing and publishing books on topics ranging from addiction to trauma resolution. At the same time I maintained a private practice; my work with clients focused almost exclusively on sexual abuse survivors. Like myself, many sexual abuse survivors had left their bodies during the sexual trauma. When I first recalled the details of my own abuse history, I did so from an out-of-body position. Numerous abuse survivors have reported NDEs to me. Some of these individuals have shared how spiritual guardians emotionally protected them while the abuse was taking place. From a professional point of view, I needed to find additional support for clients who had experienced OBEs (out-of-body experiences) and NDEs. Thankfully, IANDS was able to provide me with immediate resources.

I also had personal reasons for joining IANDS. In my youth, aside from an OBE during trauma, I twice experienced deathbed visions. My mother died a very tragic death at age 38 when I was barely 16. My first deathbed vision (DBV) occurred as the ambulance came to our house to take my mother to the hospital. Not being home, I had no idea that was going on. I was across town at a rock concert with friends. While at the



concert, I suddenly felt very ill, saw an ambulance parked within the stadium walls where the concert was being held, walked to the vehicle, crawled in, and lay down. When I got home that evening, I discovered that my mother had been taken to the hospital at the exact moment I had felt ill at the concert. As a young teenager, this experience puzzled and confused me, yet there was no one I could talk to about it. Today, I understand that this was a deathbed vision, and that I experienced the beginning stages of my mother's death.

My second DBV occurred at the precise moment of her passing. I awoke in the early morning and knew intuitively that across town in the hospital my mother had passed. Ten minutes later, a family friend telephoned me to share that yes indeed, my beloved mother had moved on. Years later, two family friends would tell me that they too had awakened from a deep sleep at the exact moment of my mother's passing, "knowing" she was no longer on the physical plane.

When I tried to talk about this "last hug" from my mother, friends and relatives would chastise me with words like, "you have an overactive imagination," or, "she's with God now... don't say such things." Because of such reactions, I tucked my DBV treasures away for many years.

As a young adult, I worked diligently to clean up my traumatic past. With alternative therapies I was able not only to recover from addiction, but also to discharge the trauma of abuse. This work took time and it was difficult, but by emotionally and physically "clearing away the wreckage of the past," I made room for a spiritual adventure. And what an adventure it has been.

Initially my spiritual path involved many things, one of which was Kundalini meditation. Every day for several months I would find a quiet spot, settle myself, and begin my meditation. The experience not only allowed me to clear out the last vestiges of sexual trauma; it also assisted me in connecting with my Higher Self. I looked forward to these moments of tranquility, which centered me so. That is, until "It" happened.

"It" occurred during one of my regular meditation sessions. Unexpectedly, as I visualized pulling energy up from my root chakra (tail bone) to my crown chakra (top of the head), I felt an incredibly strong "crack" at the top of my skull. Along with the crack sound came a vision of swirling pastels, followed by a buzzing sensation. For the rest of the day I felt energized, and for a number of nights I required only 3 to 4 hours sleep. Energy fields or auras around people, plants, and even stones became visible to my naked eye, and during the next two years, I wrote five books. My creative energy seemed boundless. Encountering numerous "Aha!" experiences, I also discovered what it felt like to be "one" with the universe. All of this may sound just wonderful, but there was a down side.

After the "crack," my whole concept of the world was rocked

to the core. I became very sensitive to bright light and loud noises, and began to feel uncomfortable eating meat. The whole "God" thing was suddenly most confusing, and I felt disconnected from many people around me. Depression was a problem, along with periodic bouts of intense emotion. It was as if physically, emotionally, and spiritually I had been ripped open, and for the life of me I did not know how I was going to glue myself back together again.

I went looking for answers and found more confusion. One friend told me I probably had a chemical imbalance, another suggested I get my eyes checked for cataracts, while a third became frightened. Shortly after I shared my experiences with her, she announced to a group of friends that I was practicing black magic, in trouble, and in need of serious salvation. With such re-

sponses, I decided to pursue my questions alone.

For the next several years, I could be found in dark, metaphysical bookstores reeking of incense, or at "New Age" hangouts where crystals outnumbered people. On dusty bookshelves I would periodically come across writings that discussed profound spiritual experiences. Reading everything I could get my hands on, I soon discovered I was not alone. Many like myself had unknowingly walked down a spiritual path, ill-prepared for the outcome.

Eventually I discovered information about IANDS. In reading their material, I learned that many NDErs had gone through an integration process similar to what I had experienced after my Kundalini encounter. Though the particular catalyst for my spiritual transformation was not mentioned in IANDS' publications, I still thought that IANDS might be able to offer me support. "Hopefully," I thought, "when I share my spiritual accounts with these people, they won't walk away, roll their eyes, or tell me I have Satan in my life." Thankfully, I can report that I found much encouragement from several IANDS members.

At the national IANDS conference in San Antonio, Texas in 1997, I met Dr. Raymond Moody. I was in the process of compiling deathbed vision accounts for a book. Working with trauma often involves death, dying, and deathbed visions. Moody and I briefly discussed this work, and he then invited me to come to his home in Georgia to experience his psychomanteum. Described in his book *Reunions*, the psychomanteum can provide an avenue for persons on this side of existence to contact loved ones in the afterlife. Though I found Dr. Moody's invitation intriguing, I did not expect much from his psychomanteum. I looked forward to meeting other like-minded people who would also be visiting Moody, but I'd concluded before leaving home that I would not be encountering anything of interest in his "Theater of the Mind." Was I ever wrong.

In reading their material, I learned that many NDErs had gone through an integration process similar to what I had experienced after my Kundalini encounter.

## RESEARCH REQUEST

Have you had a Spiritually Transformative Experience (STE)? If so would you be willing to share this with me?

I'm going to be starting another project and am putting out a call for contributions. This book will discuss Spiritually Transformative Experiences—a spiritual experience which causes profound life changes.

After STEs, many people find they can no longer live life as they had in the past. Priorities change from acquiring material goods, fame, fortune and power, to a more spiritual path. This spiritual path involves focusing on spiritual growth, concern for family, friends, humankind, the animal world, the planet, and the universe.

STEs can be the by-product of intense meditation practice; creative arts such as writing, painting, dancing; near-death experiences, after death communications, out-of-body encounters; life crises; birthing children; and so forth. Some of us encounter other-worldly existences, while others suddenly feel connected to the universe at large.

### *What I am looking for are:*

- What your life was like before you had an STE
- A description of your STE
- What your life was like after your STE.

Carla Wills-Brandon, Ph.D.  
Postal Address:  
P.O. Box 2299  
Galveston Island, TX 77553

## “AM I THE ONLY ONE?”

*Continued from page 9*

Out of a group of approximately ten participants, I was one of two who experienced a reunion. The account is long and dramatic, but for purposes of space, just let me say my loved ones on the other side reached out and physically touched me. The sensation was awe-inspiring, visually overwhelming, blissful, loving, and glorious. Words cannot adequately describe what I experienced in Moody's psychomanteum. After returning home, dazed and confused, I found myself integrating this new spiritual experience. Once again I felt like the “energized bunny,” encountered mood swings, buzzy sensations, and clairaudience (hearing sounds without the physical presence of sounds). Recently departed friends were coming to “chat” with me, to share their first impressions of the afterlife. (This lasted for about six months.) Immediately, I turned to several friends in IANDS for support. In contrast to my first spiritual adventures, when otherworldly encounters had left me feeling alone, alienated, and questioning my sanity, my psychomanteum reunion now was quickly “normalized”, and IANDS' support was responsible for that.

When an abuse survivor visits my office for the first time, they are typically plagued by a number of symptoms of trauma. Oftentimes these symptoms have been mis-diagnosed by other healthcare providers, which can reinforce a fear of sharing the trauma. The fear sets

up a sense of shame, alienation, and uniqueness (no one understands me) that can lead to confusion, depression, addiction, spiritual distancing, poor relationships, low self-esteem, rage at the world in general, sleep difficulties, and a host of other life problems. When such an individual hears from me, a professional and a recovering sexual abuse survivor, that their symptoms are normal, I see the weight of confusion lift and a spark of hope come into their eyes. The word “normal” is like a soothing balm for a despairing heart.

If a person walks into my office to share a deathbed vision, out-of-body experience, sense of one-ness with the universe, near-death experience, kundalini or meditation-induced intense encounter, after-death communication, or any other form of spiritually transformative experience, they can also be initially cautious, confused, overwhelmed, misunderstood, depressed, feeling raw, isolated, and possibly suffering sleep difficulties. Some of these people will also share that they are having difficulty feeling connected to people they love. They may also feel over-energized. When such seekers hear from me that their sensations are “normal” and in time will pass, the relief spills over them. “Normalization” with understanding support, is the glue needed for healthy integration not only of near-death experiences, but also *any* spiritually transformative experience.

My point in sharing this with you is this: while at the conference in Seattle, I found myself talking to many individuals who were seeking solutions and support. Some were OBErs, while others had witnessed or experienced DBVs or ADCs. A few had encountered that open connectedness with the universe and were having difficulty coming down to earth and being “here.” Some shared near-death like experiences, while a few discussed face-to-face meetings with spirits. Though the spiritual accounts varied, a number of those individuals expressed a common concern. This shared unease rotated around not always feeling included during the IANDS gather-

## ANNOUNCEMENT OF COMPETITION

The Academy of Religion and Psychical Research announces its 19th annual competition for the Robert H. Ashby Memorial Award for the best paper on the subject, **Mediumship: Direct Connection to a Level of the Afterlife, Telepathy, or Fraud?**

**Prize:** \$500.00

**Deadline:** December 31, 2001

This competition is held in memory of Robert H. Ashby, Director of Education/Research for Spiritual Frontiers Fellowship International.

For more information on the competition send inquiries to:

Boyce Batey, Executive Secretary  
The Academy of Religion and Psychical Research  
P.O. BOX 614  
Bloomfield, CT 06002-0614  
(860) 242-4593 bateyb@infi.net

ing. The “sense” was that because they had not had a full-blown NDE, they really didn’t quite fit.

These people do belong, and we need to let them know they are welcome. Though I too regret to report that there have been a few IANDS members who have left me feeling not as important as NDErs, for the most part I have found IANDS to be very supportive. The mission of IANDS does not need to change to accommodate those of us who have had “other” spiritual encounters. To rectify the situation I propose a very simple solution. I suggest that the term “**Spiritually Transformative Experiences**” or **STEs** become more commonplace in IANDS literature. The last issue of *Vital Signs* did publish a beautiful piece by Fred Baluch, titled “Spiritually Transformative Experiences.” I suspect his words were very appreciated by IANDS members who have had STEs. I propose to the board and membership that STEs be discussed in *Vital Signs* with more regularity. The IANDS professional journal (*Journal of Near-Death Studies*) does a great job of including research related to STEs. Maybe this precedent can spill over not only into *Vital Signs*, but also into future conferences.

All of us need support and understanding. That is the glue which holds us as a group together. As a supportive group we can truly appreciate the wonder of all our spiritual experiences. Such appreciation eventually enables us to be of better service to others. With this understanding, no one associated with this wonderful organization need ask, “Am I The Only One?”

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Carla Wills-Brandon, Ph.D. is a Licensed Marriage and Family Therapist and the author of eight books, most recently *One Last Hug Before I Go: The Mystery and Meaning of Deathbed Visions*. She has appeared on numerous television and radio talk shows including Geraldo Rivera, Montel Williams, Art Bell, Jeff Rense, Uri Geller, Sally Jessy Raphael, and Bill Mahar’s *Politically Incorrect*. Her website is [www.carla.wills.brandon.net](http://www.carla.wills.brandon.net).

## MY OUT-OF-BODY EXPERIENCES

Alice Cormier

**I**t’s been forty-one years since I had my first mystical experience. I was only nine years old at the time.

I lived in a good home with loving parents. My parents were very much devoted to each other and to my sister and me.

All was not perfect in paradise, however. My father was dying of a brain tumor. He was “dying by inches,” my mother used to say. As long as I can remember, he was sick. When I was about five, he had to retire from his teaching position. He stayed at home, so my mother became the bread winner.

Daddy had several car accidents. They weren’t serious accidents, only fender benders. At the time we didn’t know it, but he was having “petit mal” seizures. Soon, he would have to stop driving altogether. As a pre-schooler, I must have been with him when he had one of his accidents, because for years I had nightmares. I used to dream that I was standing on the car seat, trying to steer a maniacally careening vehicle, unable to reach the brake pedal.

After a while my father could not keep his balance. He lost both his hearing and his sight. One eye bulged out from his face, so he could never close it. He became a chain smoker, and used a 9" x 9" baking pan for an ash tray. (He couldn’t flick his ashes into an ordinary ash tray because he couldn’t find it.)

Even with two very fine parents, my father’s illness caused a great deal of wear and tear on the family unit. Daddy had three surgeries on his brain. The last one was when I was seven. Afterwards, the doctors told my mother that they could only remove part of the tumor, it had metastasized. My mother was a nurse, she knew instinctively that he would not live much longer. Mom conveyed this horrible news to me and my younger sister Phyllis. We were very young. We didn’t completely understand, but we could sense that it was a catastrophe for our family. I was confused. He would even-

tually die, adding even more stress to our family life.

As father’s disease progressed further, he clung to life by a slender strand. He continued to have seizures. When I was nine, the atmosphere hung over me like a great, black pall. I was a very depressed little girl, only I didn’t recognize it. Many young children don’t understand depression, even if they suffer from it.

Phyllis and I shared a room. We slept in bunk beds; I had the upper bunk. One night I had my first out-of-body experience. It was glorious. I was sleeping on my back, which was atypical for me. Habitually, I slept on my side.

Ponderously—ever so slowly—I felt myself departing from my body face first. I heard no buzzing, ringing, nor tonal sounds in my ears. I was in deep slumber. Very, very gradually, I felt my spirit being parted from my body. Tingling at first, then oscillating ever so slightly, my spirit was taking its time. It was something like a butterfly extricating itself from its chrysalis.

Once free of my physical self, I gracefully floated a couple of feet upwards. I was fascinated, and oh, the sublime sense of release! Even though it was the middle of the night and quite dark, I could see everything in minute detail, as if it were high noon. Not only did I have 20/20 vision, but I could hear, and feel, touch and smell like never before. I smelled the perfume residue on my mother’s clothes, inside her closet, in the next room. I don’t remember seeing myself in the bed. Either I didn’t notice, ignored my body, was uninterested in it, or I was so thunderstruck that I couldn’t notice it. In any event, I don’t recall seeing it.

I had a magnificent feeling of bliss. The euphoria was so tremendous that I threw my hands over my head (I think I had hands) and burst out in giddy laughter. I did barrel rolls and laughed some

## MY OUT-OF-BODY EXPERIENCES

*Continued from page 11*

more. This seemed to last a long time, but in hindsight, I'm sure it was just a flash. While still in this giddy state, I found myself very gradually descending to the floor. First, I passed right through the guard rail that kept me from falling out of the upper bunk. I giggled as I floated downwards. Then, I stopped, hovering only five or six inches above the hardwood floor. It was at this time that I noticed that my body was different. Instead of having a definite shape, with arms, legs, and a head, my body was globular or amorphous. I could see right through myself, something like gossamer wisps of cobwebs.

Now I have read that out-of-body experiencers have some kind of connection from their souls to their physical body. Strings, ribbons, tethers, or something of the sort. I don't recall seeing or feeling any such connection. I'm not saying I didn't have such fasteners. I just don't recollect any.

I looked around me. I saw Phyllis sleeping in her bed. I saw the rick-rack on her nightgown. I could see every strand of blond hair on her head. I glanced out of the window, I saw every detail, of every leaf, on every bush. I was awestruck.

Remaining suspended in mid-air, I began to wiggle a bit. I stayed in the same spot, just above the floor, but to my great delight, I discovered that my disencarnated soul could flex. It was elastic, just like Silly Putty. It was fun! I rolled and twirled, bent and twisted. I formed circles, and ovals, and figure-eights. I made moves that not even the most limber contortionist could achieve. And I was experiencing ecstasy. This went on for most of the night. That was the last thing I remember. The next thing I knew, I was awakening in my bed, in the morning. I don't remember going back into my body.

I didn't tell anyone about my experience. I don't know why. Maybe I internalized it, the lead-laden strife felt in the

house was almost palpable. No one could think outside, nor absorb anything but their own circumstances. So what the hay, why bother.

Amazingly, that night the very same thing happened, almost identical to the night before. With some exceptions—for instance, I don't recollect coming out of my body nor descending to the floor. I only remember swirling and swishing above the floor.

These two nights were tremendously rapturous for me, glorious, fantastic, it felt so good. I was expecting and looking forward to it happening a third night—but then—it didn't, and never has since. I was crestfallen of course, and yet, I cherished the memory. The experience lifted an overwhelming burden from me. It's funny, but after that, coping with the circumstances at home was so much easier. I'm so grateful to God.

Time passed. I grew up. As I matured into adulthood, my memory of the experience faded.

Daddy died in 1965, when I was fourteen. A few years later my mother married a man who wasn't always nice to me. Once he threatened to divorce her if she didn't get rid of me, so she asked me to move out. (For my mother's sake, I want to say that I was an adult at the time. She has more than made up for it since.)

I was twenty-four when I had my third out-of-body experience. I was living by myself in Santa Monica, California and I was alone. I was sick at the time, nothing life threatening, but it was painful. I had bi-lateral carpal tunnel syndrome, and was due for surgery in a week or so. I was out of work and had no health insurance. I had no way to pay my bills nor rent. My food had almost run out. Nobody cared, and I was in the blackest depths of depression. I wished I were dead.

One night I went to bed as usual, but there was nothing usual about the events that took place. Typically, my sleep was fitful, but that night I closed

my eyes and found myself in a dark place. It wasn't scary at all, it was cool and that was welcome because at the time California was going through a heat wave. I felt very serene and comfortable. The darkness was a complete darkness, and yet, it pulsed slightly with life, something like a fetal heartbeat. I felt a safe sense of well-being. This state went on for a long, long time. How long? It's hard to say. Time behaved differently in this place. I felt no anxiety. What I felt was a sense of anticipation, I expected something to happen at any moment. There to my side appeared a wall. I use the term "appeared" loosely here because it was all so dark. Nevertheless, I could sense it. It was thick, like cinder blocks. I went into it, I was absorbed by it, yet I could not penetrate to the other side. I stayed in the wall for an indetermined amount of time. When I finally exited it, I awoke. It was the middle of the night.

I can't say I was happy to awake. I was still depressed, but less so. I had my surgery, and at the last minute my mother came through for me. Was this event a precursor of things to come—I'm not sure. I do know that after my mother said she would not be coming to help me, she changed her mind. She did come; I felt so much better.

I moved out of Santa Monica, and eventually got a job which I liked a lot. My mother helped me out with my rent and all my bills, and I was happy again.

The dark void was the last mystical experience I ever had. Why? I don't know. Perhaps because I didn't need one. I never completely understood what happened to me. For years and years I went around not thinking too much about my out-of-the-bodies. That is, until I read an article in *Life* magazine about near-death experiences. Then the memories flooded my memory and soul. I remember them clearly now.

*Life* magazine also mentioned the name of IANDS. I went to the library

and looked up their address. I'm proud to say that I am now a member. I receive IANDS' newsletter *Vital Signs* and enjoy it very much. For a while, I received *The Journal of Near Death Studies*, but that proved to be too cerebral for me.

Since I discovered IANDS, I have found out that I am certainly not alone. That's a comfort. I'd like everyone to know of the "other side," but like most experiencers, I've run into resistance. Oh, well, maybe someday.



## STARTING AN IANDS SUPPORT GROUP

*Continued from back page*

Diane had told me people may travel long distances to attend the meeting, and a weekend time works best.

Next I went to the three newspapers that serve Iowa City. I paid for a small ad to be placed in the papers announcing the formation of a near-death experience group. Each ad person I spoke to wanted to hear more about the group, and was interested in telling their news departments about this potential feature story! Unfortunately, I was not ready to be interviewed at that time. What if nobody showed up at the first meeting?

Finally the day came when I was able to say, "Welcome to the first IANDS group in IOWA!!" I looked out at the thirteen faces of the people who had come, and was delighted at the turnout. When three of them described their near-death experiences, I thought, "Yes, this is right. I have done a good thing!" It was a powerful meeting, and everyone thanked me.

The second meeting brought in only seven people, but the third had nineteen, and the fourth, thirty! I was able to interest the *Iowa City Press Citizen* to do a story about my group, and they gave me terrific coverage, even showing a picture of the IANDS internet homepage. The reporter was fascinated by the subject, and I gave her a copy of *Life After Life* to keep, so she could read and learn more.

One result of the newspaper article was a phone call from a man who does a local cable program called "Spirit and Culture." He invited me to appear on his show to talk about the near-death experience. He said that when he read my article in the paper, he had just heard about a man from a nearby town who was writing a book on his near-death experience. He suggested we could be on his program together.

Needless to say, I was thrilled to hear about the existence of NDE bookwriter Thomas Gates, and was soon able to meet him. He had never heard of IANDS, and was surprised there could be such an organization! He was at the point in his life, 29 years after his NDE, when he was ready to begin speaking publicly about his experience, and he said he would be happy to speak at my next group meeting. That meeting was a great success, and everyone was deeply moved. Thomas had, according to P.M.H. Atwater's categories, a Type 4 NDE—the transcendent type, where he was shown "the essential nature of the created universe all the way through and beyond the light to the underlying, eternal source of himself and all creation." He has a powerful message. He and I are scheduling further talks where we can appear together at such groups as Compassionate Friends and Elderly Services. I am confident we will be well received, and I know the NDE story will bring light into a great many lives.

I have now met other near-death experiencers who are interested in speaking to my group. I am considering having one monthly meeting with a speaker, followed two weeks later by a discussion group on the topic the speaker presented. When people ask, "Do we have to wait a whole month to meet again?", I cannot help but want to meet their energy and excitement with adequate programs. I am enthusiastic about the future growth and activity of Iowa City Friends of IANDS.

So that is the story of beginning my group, from March through July, 2001. But there are other important ingredients I want to mention. If you are con-

sidering starting an FOI group yourself, first be sure you have the time to devote to doing a good job. That was a key factor for me. Planning, talking to people, mailings—all take time. (I think it is necessary either to send postcards or to phone members before each meeting, so with their busy lives they won't forget.) Second, *talk to people!* Talk to everyone you come in contact with about the near-death experience. Tell them about your plan to start a group, and ask if they know of experiencers in your area. People are naturally interested, and you can tap into their own stories, be a good listener, and they may then come to your group. Third, I think it's important to have energy and enthusiasm yourself. I know that my joy and enthusiasm for the subject attracts interest in others. Kimberly Clark Sharp is an excellent example of this.

If you are not an experiencer yourself, then read, read, read, and inform yourself as completely as possible about the near-death experience. Go to the library and check out any NDE tapes they might have; order the wonderful tape Seattle IANDS produced, called *The Near-Death Experience: Transcending the Limits*, and you can get the Seattle IANDS newsletter for \$10 per year. Melvin Morse has a website at [www.melvinmorse.com](http://www.melvinmorse.com). He too has a newsletter, so you can receive some of the latest research findings. Don't forget P.M.H. Atwater's website, [www.cinemind.com/atwater](http://www.cinemind.com/atwater). Her books are a *must* for any group leader.

If you are starting a new group and just need moral support, don't hesitate to contact me at [loniparrott@msn.com](mailto:loniparrott@msn.com). Starting a Friends of IANDS group is a most worthy endeavor. It will greatly enhance *your* life, and surely will ease the fear of death in the people you reach through your group. GOOD LUCK!

*Loni Parrott can be reached by mail at 210 Green Mountain Dr., Iowa City, IA 52245. Her email is [loniparrott@msn.com](mailto:loniparrott@msn.com) and her phone number is (319) 337-3909.*



## ANOTHER LOOK. . .

### THE EXPERIENCE / THE EXPERIENCER

by P. M. H. Atwater, Lh.D.

Most of you missed the following announcement, but in my neck of the woods it made newspaper headlines on February 29, 2000: “U.Va. research indicates near-death experiences may be a natural physical response to trauma.” In other words, stress related.

The University of Virginia researcher cited was our own Bruce Greyson, M.D., editor of IANDS’ *Journal of Near-Death Studies*. In explaining his findings, Greyson was quoted as saying, “The study shows that near-death experiences are normal responses to intense trauma, not a sign of psychiatric illness.” This is significant, as there are still some people who have the notion that near-death states are a sure sign of craziness.

Near-death experiences do include features of dissociation (to separate or withdraw from relationships in the world around you) that are similar to various types of mental illness. But, as he is quick to point out, the kind of dissociation involved is the kind we all do, like day-dreaming or becoming absorbed in a book or movie. “It’s basically narrowing your focus so much that you block out things that are going on around you,” Greyson said.

More specifically, what he found is that people who had near-death experiences tend to have more dissociative experiences—the normal kind, not the pathological kind—than those who came close to dying but did not have near-death experiences. “I don’t think it takes away from the mystical interpretation. I think it just takes away from the pathological interpretation.”

The importance of this finding begins to loom large once you examine the deeper implications of Greyson’s study.

The concentration of focus and dissociation created by near-death states in response to traumatic situations sounds eerily the same as the time-honored “formula” used to create a good shaman, wise one, priest, or spiritual leader, regardless of culture. That formula goes something like this: the way to produce a shamanic-type individual with abilities and awarenesses beyond the norm is to subject him or her to a type of traumatic incident or intensely-felt ritual that pushes the person past the fear threshold at death’s door and into the realms of spirit. What “pushes,” according to mystical traditions, is “high stress.” (Some societies use drugs to short-cut this process, but the true “hero’s journey” is solely stress-based.)

High stress, then, exists as a commonality in the process of transforming human consciousness. To illustrate how important the stress link is, here is a synopsis of what I have noticed during the 23 years I have been conducting near-death research: most episodes happen to people during major life junctures or at times of unusual stress when spiritual guidance would have the most impact. With young children, relatives and caregivers can be affected as well—to the degree that it’s almost as if the child had the experience for their sake. The extent to which the episode transformed the youngster becomes more evident as he or she matures, and can become a quiet but powerful directive in the life chosen by the child once grown. Causes and conditions of death can reflect, at least symbolically, the experiencer’s past or current psychological growth, maturity, or lack of it. The initial spirit greeters at the edge of death always match whatever is necessary to alert or calm the experiencer, whether adult or child. As the episode deepens, the scenario’s message parallels almost exactly the subconscious needs of the individual at that point in time. The life review lectures or advice received dove-

tail whatever was omitted, ignored, or not yet learned in life by the experiencer. Afterward, the experiencer’s behavior tends to shift toward a desire to express that which has been undeveloped or only partially developed—*physically*, in the sense of brain function/nerve sensitivity; *psychologically*, in the sense of personal growth/maturity; and *spiritually*, in the sense of a personal relationship with Deity or God. It’s as if whatever traits are missing in the individual’s overall maturing process are being “filled in after the NDE.”

I never cease to be amazed at how forthcoming experiencers are when asked to evaluate what happened to them. Almost to a person, they say, “I got what I needed.” This blunt answer suggests that another agenda may be in force besides that of the personality self: perhaps it’s the agenda of a greater version of self—the soul.

Whatever the truth, and it may never be proved one way or the other, the need component is plainly evident in the timing, story-line, and outcome of near-death states—not in the sense of predetermination or wish fulfillment, but rather, in terms of a subconscious “agenda” of a higher, more spiritual order.

What impresses me the most is how the scenario people experience always catches their attention in exactly the way and manner that is the most effective for them. Near-death scenarios hardly ever touch on what you or I might expect, considering the gravity of that person’s life choices and deeds.

For instance, murderers hardly ever wind up in dungeons with hellish demons pricking them to pieces with hot pokers. Instead, criminals usually experience scenes that infuse them with life’s true meaning and purpose—after they have been subjected to “living through” on every level what they did to others. They are subjected to “trading places” rather than imprisonment. Persons I

High stress...exists as a commonality in the process of transforming human consciousness.

know who experienced scenarios like this were so utterly shaken by what they went through that they never returned to a life of crime. One Mafia hitman, for example, after such an episode, devoted his life to serving the impoverished, often by dishing up meals in a church soup kitchen. His explanation? "I want to make up for what I have done."

This tendency to "get what we need" can sometimes be rather bizarre, as in the case of young children being greeted by the familiar on the other side

Criminals...are subjected to 'trading places' rather than imprisonment.

of death—classmates and teachers who are in fact still alive on earth. Once they relax into their scenario and feel more comfortable, the living disappear, and images more typical of near-death states emerge. The greeter's job, then, whether for an adult or a child, seems to be to alert or relax the experiencer so that what comes next will have personal meaning and leave a deep and lasting impression.

Interestingly, the patterning of the near-death phenomenon—what precedes it, what is experienced, how that affects the individual, and the aftereffects—is so similar to mystical traditions of the "hero's journey" and the makings of a "wise one," that it is as if a single phenomenon is at work: the transformation of consciousness. To the degree affected, the experiencer is never quite the same again. High stress plays a key role in this—by ensuring the stage is set for whatever comes next.

**Announcement**

There has been occasion lately in our *Journal of Near-Death Studies*, especially with the "religious wars" debate between Michael Sabom, M.D. and Kenneth Ring, Ph.D., to question the research methodology and findings of long-term researchers in the field of near-death studies. I, too, have now been called to task.

In the Summer 2001 issue, two re-

views of my book *Children of the New Millennium* were carried. The first was by Thomas A. Angerpointner, M.D., Ph.D., a specialist in children's surgery in Munich, Germany; and the other was from Harold A. Widdison, Ph.D., a professor of sociology at Northern Arizona University. The former was supportive; the second highly critical, raising questions that need answers.

I welcome what is currently happening in the field of near-death studies. None of the researchers in our field, myself included, have been as unbiased with his or her work as claimed or believed. I have been outspoken about this for years, and have written about research at the crossroads in both Chapter 1 and 23 of *The Complete Idiot's Guide to Near-Death Experiences*, as well as in the Fall 1995 issue of our *Journal*. Although there is no question in my mind that the majority in our research community have done their best and have contributed mightily to an ever-growing body of research findings—often at great personal cost—the stack of books and papers also grows ever larger of shabby work, poorly-planned projects, find-

ings of little value, and thinly-veiled attempts to deify the ridiculous. As the call to revise and reconsider previous work heightens, it is only fair and proper that I take my turn as the subject of rigorous criticism.

By the time this column appears, my response to Widdison's complaints will be published as a "Letter to the Editor" in the *Journal of Near-Death Studies*. But what you read will be the edited version of my reply. I have received permission to carry the whole episode, the book reviews of Angerpointner and Widdison plus the unedited defense of my work, on my website at [www.cinemind.com/atwater](http://www.cinemind.com/atwater). I am doing that so anyone who wants to can read all three points of view and decide for him or herself what to make of it. Along with my response, I also broached issues we all must face in this new era of media/publishing conglomerates—where truth is forced to take a back seat to the demands of sensationalism and entertainment. ☯

The opinions and views expressed in *Vital Signs* are those of the writers. They do not necessarily reflect the position of the International Association for Near-Death Studies.

**THE CALL**

Share your thoughts with *Vital Signs*' readers! The next issue will center around the theme of how your experiences and/or your study of the NDE and other transformative experiences has changed your life and your life direction. The deadline is November 10. Please fax your articles, typed and double-spaced, to the Editor at (215) 222-8458, along with a hard copy mailed to:

Elizabeth W. Fenske, Ph.D  
3310 Baring St  
Philadelphia, PA 19104-259 USA

You may also e-mail your article, in the body of the e-mail, to [vs@iands.org](mailto:vs@iands.org) with a copy going to [services@iands.org](mailto:services@iands.org). Please do not send the article as an attachment.

## STARTING AN IANDS SUPPORT GROUP

By Loni Parrott

*"I wish there was an IANDS support group in Iowa City..." This was a thought I'd had for years, even decades. "I wish someone would start a group where I could go and talk to others who are deeply interested in the near-death experience, where I could hear experiencers tell their stories." But here it was, 26 years after Raymond Moody's landmark book, with no sign of IANDS in Iowa City except in my own wishful thinking.*

Over the years I'd found people who had read books on the subject of near-death, but I'd never met anyone who felt the level of passion I felt about this amazing phenomenon. I was baffled by how I could be so profoundly interested in something that did not exist anywhere in my life, except on the pages of many books I read, and occasionally on a news or talk show. No one in Iowa City spoke of it; no near-death experiencer talked publicly, therefore it didn't get coverage in the newspapers; there was never a notice of a meeting or a poster put up to invite anyone to come and talk about the near-death experience. . .

During the past year, I began to realize that maybe the person to bring IANDS to Iowa City would be me. I would have to do the "coming out," in public, to say, "This is important! This is a subject that has profound implications! I am very interested in this. Come to a meeting of Iowa City IANDS if you too are interested."

I needed a way to gauge the level of interest among local people, so I could feel more confident about starting a group—so I devised a plan. I was working in my husband's dental office, where approximately 40 people came and went every workday. I put up a very small sign in the waiting room that said, "Have you had a near-death experience? Do you know someone who has? If so, talk to Loni at the front desk." I had no idea what kind of response I would get.

Well, that small sign brought me the most amazing conversations with people I had ever had! People wondered why I would be looking for someone who had had an NDE, and this gave me the op-

portunity to explain what an IANDS group was. Over the next four months, people poured out their stories — about their own near-death experiences or those of family members; about their out-of-body experiences (sometimes life changing); about deathbed visions they had witnessed; and about after-death communications they had received from loved ones. These were subjects people normally did not speak of! It was as if I had ushered them through a magic door to a place where somehow they knew it would be safe to tell me about the mystical events in their lives, events they themselves did not understand.

From these conversations, I realized that the level of interest was very high in Iowa City, and I felt reassured that people would come to my group. I contacted Chuck Gaylord, the FOI (Friends of

IANDS) support person on the board of IANDS. Chuck asked me a few questions, told me something about his Boulder, Colorado group, then sent me a large packet of materials describing the things I needed to do. I was excited to read all the information and to start filling out the paperwork. When I looked over the list he'd sent of support groups around the country, I saw that the closest IANDS group was in Chicago, about 4 hours from my home. I called the facilitator of the group, Diane Willis, to talk about her own start-up two years ago, and I drove to Chicago to attend her next meeting. I needed to experience a real group in action. When I mentioned feeling anxious about what kind of people I might attract, Diane said, "Don't worry. Whoever comes to your group *needs* to be there. Just trust that the right people will come." I really liked that idea, and her words eased away my anxiety.

I decided to hold my FOI meetings at the Iowa City Recreation Center. There was good parking available, it was in a central location, the room was comfortable, and it had no particular affiliation that would make people uneasy. I reserved the room for the first Saturday of the month, from 2:00-4:00 p.m.

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