

Near-Death Experiences – Paranormal Aspects

Near-death experiencers sometimes show a detailed and accurate knowledge of scenes and incidents in the environment of their comatose body. Related paranormal phenomena include after-death communication, telepathy, miraculous healing and post-experience psychokinesis. This article lists externally confirmed cases, as documented by Titus Rivas, Anny Dirven and Rudolf H Smit for their book *The Self Does Not Die* (2016), first published in Dutch as *Wat een Stervend Brein Niet Kan* and translated in Italian and Spanish (*Il Sé Non Muore* and *El Yo No Muere* respectively).

In all the cases, the paranormal aspect was directly corroborated by a third party, ranging from a partner, friend or relative, to a nurse or medical doctor. The authors excluded cases with a possible anomalous aspect if it was only confirmed by the persons who experienced the NDE and not by anyone else, or exclusively through the experiencers themselves. Confirmation by a third party refutes the claim that such testimonies are uncorroborated anecdotes lacking scientific evidential value.

Anomalous Perception

Al Sullivan

Al Sullivan, a 56-year-old van driver, underwent an emergency operation for heart arrhythmias at the Hartford Hospital in Connecticut.¹ A coronary artery became blocked, requiring immediate surgery. During an out-of-body experience (OBE), he observed his body lying on a table and covered by sheets, an incision exposing his chest cavity. He also saw the surgeon Hiroyoshi Takata looking perplexed and it seemed to him that Takata was flapping his arms, as if trying to fly.

Sullivan shared these experiences with Anthony LaSala, his cardiologist. LaSala was familiar with Takata's habit of holding his hands flat against his chest to avoid contaminating them, while indicating to his assistants with his elbows, which gave the appearance of flapping. In public statements Takata confirmed this trait, further declaring that he had never encountered a case of a patient describing an operation in such detail, and that he could not explain it.

In a video reenactment, Sullivan's eyes were taped shut and a sterile drape was placed over his head, blocking any possible physical perception of Takata. These conditions were explicitly confirmed by LaSala as having been used during the procedure.

Nancy

In September 1991, a 41-year-old patient named Nancy was admitted to a hospital in California for a biopsy.² During the procedure, a blood vessel got nicked; the surgeon panicked and stitched it shut, which hindered circulation. When Nancy

came round she was unable to see. She was rushed on a stretcher trolley into a lift, during which time she had an out-of-body experience. She saw herself on the stretcher, her face covered by a breathing pump and her body under a sheet, the people around her appearing in a state of panic. She also observed two men standing in the corridor: the father of her son and her current boyfriend Leon.

Near-death experience (NDE) researchers consulted her medical file and interviewed the two men. Leon's version corresponded with Nancy's for the most part: he confirmed that he was in a mild state of shock when he learned what had happened to her and that he and her son's father had stood together in the corridor. The researchers concluded that in these circumstances the patient would not have been able to see with her physical eyes what she observed during her OBE.

JS

Canadian neurologist Mario Beauregard and colleagues published a case of an adult female patient at the Hôpital du Sacré-Coeur (affiliated with the University of Montreal).³ The patient, referred to as JS, had undergone a fifteen-minute deep hypothermic circulatory arrest, a procedure in which the body is cooled substantially and the heart artificially stopped. This was to enable a surgical operation to replace part of JS's aorta.

During the operation JS experienced an NDE, during which she observed the equipment for anesthesia and ultrasound that were located behind her head and obscured from her view from her position on the operating table. She also observed a nurse handing over medical instruments to the surgeon.

Beauregard's team verified the descriptions that JS gave of the nurse and the equipment, which were confirmed as correct by the surgeon.

Scissors and Needles

This case is described by Miguel Angel Pertierra Quesada, a surgeon in Malaga, Spain.⁴ A patient, an obese middle-aged woman with serious bronchial symptoms, required emergency surgery, during which she went into secondary respiratory failure and cardiac arrest. Pertierra quickly opened her trachea with a scalpel and requested a trivalve tracheal dilator. This is a special type of forceps that resembles a pair of scissors from the back and the long beak of a wading bird from the front, but with three prongs; inserted into the cavity they create an opening through which tubes can be introduced, enabling the patient to breathe.

By the time this was done, the patient's lung had collapsed, and the team tried to reduce pressure on her chest. Pertierra and one of the anaesthetists made insertions in her chest cavity to allow excess air to escape, using orange needles labelled '14'.

When the patient revived, she repeated over and over that she had seen all the members of the medical team, and 'the light'. Later she told Pertierra that during the procedure she suddenly found herself situated not on the operating table but behind him. She said:

I saw you stick out your arm and cut my neck from the top down with a scalpel. Then you asked for something, I don't remember exactly what you said, it was a number. They opened a little case and gave you a really strange pair of scissors that opened downward in three parts. You stuck the scissors into the hole you made in my neck and you put a white plastic tube in there. After that you hooked something up to me, a kind of rubber, like electric tubing that electricity cables run through. Then something happened. I don't know what it was. I saw my body and I heard all kinds of noises coming from the monitors. You were all talking and listening to my heart. After that you all asked for something and poked huge needles into me that were orange where they were widest.

The patient observed highly-specialized medical instruments that would be familiar to few people outside the otolaryngological field. This, together with her ability to name the colour of the needles, suggests the descriptions were unlikely to be based on residual hearing under anaesthetic.

Penny on the Cabinet

Linda L Morris and Kathleen Knafl, PhD-level nurses, interviewed nineteen nurses about anomalous experiences with patients, such as a visible glow around the patient shortly before death, perceptions of 'angels' at the deathbed, and paranormal dreams about patients.⁵

One nurse told of a patient who had had an OBE during cardiac arrest. She said that the patient described how the medical staff were trying to resuscitate her. The patient said, 'There was a penny on top of one of the cabinets but you'd have to climb up to see.' The nurse mentioned it to a colleague, who looked and found it.

Tennis Shoe

Kenneth Ring and Evelyn Elsaesser Valarino discuss the 1977 case of a US migrant worker named Maria, who was admitted to the cardiac ward of Harborview Medical Center in Seattle following a heart attack.⁶ Three days later Maria had a second attack. She experienced an OBE, during which she observed her resuscitation from above and saw how printouts spilled out of the machines that were monitoring her bodily functions and onto the floor, even ending up under her bed. Amongst other things, she saw a man's left tennis shoe located on a ledge outside a window on the third floor.

Following her resuscitation Maria described her OBE, including the appearance and location of the shoe, to a social worker, Kimberly Clark Sharp, with the help of gestures and facial expressions, as she spoke little English. She told Sharp that the tennis shoe was dark blue, that the material was worn over the little toe, and that one lace end was tucked under the heel, and asked Sharp to look for it in order to confirm her experience. Sharp finally found the shoe and retrieved it from the window ledge, finding Maria's description to be correct.

Sceptical investigators Hayden Ebborn, Sean Mulligan, and Barry L Beyerstein had later argued that Maria could have obtained the information in a normal manner,

picking up certain details consciously or unconsciously, such as by overhearing hospital personnel discussing the shoe, guessing other details.⁷ Sharp pointed out that Maria spoke very little English, certainly not at the level that would have been required to comprehend the details of such discussion, and other details contradicting the sceptics' claims.⁸

Major Scull

Neuropsychiatrist Peter Fenwick and his wife Elizabeth reported the experience of Major Scull, who during a hospital treatment found himself floating to the upper-left-hand corner of his intensive care room.⁹ Scull observed his own body and, through the windows at the top of the walls, was also able to perceive the reception area outside. He suddenly saw his wife, Joan, talking to someone behind the receptionist's desk, which seemed strange as it was not visiting hours. He noticed she was wearing her red trouser suit.

The next thing Scull knew was that he was back in his bed, and the moment he opened his eyes he saw his wife, in the red trouser suit, at his bedside.

Interviewing Joan, the Fenwicks asked whether she often wore the red trouser suit and whether her husband was particularly fond of it. Neither was the case: Joan had decided to wear it on this day because she thought it was a lively colour and would help cheer him up.

Dan O'Dowd

In 1979, 29-year-old Dan O'Dowd, co-owner of a Hollywood video company, was hit head-on by a drunk driver on the Pacific Coast Highway on California's coast. Over the next two years, fifty operations followed. During one at Cedars-Sinai Medical Center in Beverly Hills that lasted almost fifteen hours, Dan had an NDE.¹⁰

Suddenly, totally lucid and awake, and no longer under the influence of narcotics, he saw a straight line on the monitor. Then he felt himself soaring upward and looking down at his body, watching in astonishment as the doctors declared him dead.

Dan then went into the hallway outside the operating room and observed his family being informed of the failure of the operation. Back in the operating room, to his surprise, he observed the doctors still trying to resuscitate him, using defibrillation paddles to try to stimulate his heart with electric shocks.

O'Dowd later talked of this to family, who confirmed that the details of what he had seen and heard tallied with what the doctors had told them.

The head surgeon Mohammed Atik stated in a *Los Angeles Times* article that he did not want to contradict O'Dowd, but that he did not have a medical explanation for the experience.

Smoking Grannies

In 1994, seventeen-year-old Michaela of Homer City, Pennsylvania, was on vacation with her family. She was involved in a serious car accident caused by the driver of a large truck and was flown to hospital by helicopter with a serious brain injury and wounds to her arms. By the time of her arrival she was in a coma. During an NDE, Michaela experienced a panoramic review of her past and a brief glimpse of her future.

Towards the end of the experience, she found herself up in the corner of the hospital room looking down on her body. Then she saw her parents sitting in the hospital cafeteria, both her grandmothers sitting across from them. As she watched, she heard her father say he was going outside for a cigarette. Surprisingly, she heard both grandmothers then say that they too wanted a cigarette, although neither of them normally smoked. This event was explicitly confirmed by her mother.[11](#)

Chester

Chester (not his real name) was a 74-year-old retired foundry worker who had had a heart attack. He was first resuscitated in the Appleton, Wisconsin, hospital ER and then transferred to the ICU where critical care physician Laurin Bellg worked. He had three more cardiac arrests over the next two days, despite it having been determined that his coronary arteries were completely clean and that his heart was now working properly. The medical team struggled to stabilize his heart rhythm with medications and a defibrillator.

Later, it was discovered that Chester had developed pulmonary fibrosis during his working life. During a follow-up hospital visit, he spontaneously told Dr Bellg about an NDE. Bellg writes:

Chester found he could also perceive thought and hear conversations between loved ones from a great distance away. He recalled a distinct conversation between his wife and daughter that, based on the subject matter, was later corroborated and found to have been held down the hall in the family waiting room, well out of earshot of the ICU. They were discussing an unusual tree just beyond the waiting room window—its odd shape, fringy foliage, and distinct reddish color ... he never saw it visually, and there is really no way he could have from where he was in the ICU or where he was when he left the hospital. ... He heard them discussing the possibility of taking some leaves from the tree to try to identify it. He also heard them laughing about whether or not it would be considered theft of hospital property if they just took a small cutting. His wife and daughter were shocked when he recounted the conversation to them. ... He had also heard his two-year-old grandson fussing and crying, then laughing and talking about a green tractor knocking down a wall he had assembled from a set of blocks. His daughter confirmed she had bought the tractor for him in the hospital gift shop to keep him entertained while they waited and that he had been using it to knock over blocks. Again, this all took place in the waiting room, far removed from where Chester lay tenuously trying to stay in a normal heart rhythm.

In personal correspondence with researchers, Bellg added that she had verified these details with Chester, his wife and his daughter. [12](#)

Dentures Case

The 1979 ‘dentures’ case was first described in a 2001 article in the medical journal *The Lancet* authored by Dutch cardiologist Pim van Lommel and colleagues.[13](#) Further details were subsequently uncovered by other investigators in documents and interviews.[14](#)

TG, the senior nurse on the resuscitation team at the old Canisius Wilhelmina Hospital in Nijmegen, Netherlands, received a phone call from ambulance personnel late one evening about a man with a massive heart attack. The man had been found unconscious and apparently clinically dead in a meadow near Nijmegen. He was brought into the hospital, ashen gray, with livor mortis, and blue lips and nails. He exhibited no blood circulation. The patient was a tall, slender man, about 44 years old.

TG took over the resuscitation along with two female trainee nurses, placing him under a mechanical CPR device to massage the heart. He inspected the man’s mouth in order to place an airway tube in it to prevent the tongue from sagging back into the throat, before placing a ventilation mask on the patient’s face. During this inspection, TG ascertained, to his surprise, that the patient still had his upper denture in. It evidently had not been noticed before. TG removed the denture and laid it on the crash cart, a metal wheeled structure with two fixed shelves and a wooden pull-out shelf, on which were all the medications and infusion fluids needed for resuscitation. At that moment, there was still no heart rhythm or blood circulation.

TG regularly checked to see whether the patient’s eyes reacted to light, but the pupils remained unresponsive; his team continued only because of his relatively young age. Only after over an hour of resuscitation did the patient regain sufficient blood circulation to be taken to the ICU.

About a week later, the patient was back on the cardiology ward, where TG had the task of distributing medications. According to TG:

The man sees me coming in, and I can still see his face, like really surprised and pointing at me. ‘Hey! But you, you know where my dentures are!’ ‘Yes, that’s right.’ I say, ‘But I still don’t know where the dentures are. I’ll look for them.’

Later that evening, TG asked the patient how he knew about his connection to the dentures. The patient described how TG took the dentures out of his mouth and placed them on a little shelf in a cart with all kinds of bottles on it.

He described it from a high place from where he looked down on us and from a corner so that he could see the whole room. He also described the little counter that was in an alcove. He couldn’t [have seen] that from his bed, lying down, because there were curtains in front of it, halfway. And the position in which he was lying all that time was on his back with his head facing the ceiling, with

his eyes closed. I only opened his eyelids to look at the pupil reflex. The rest of the time, his eyes were shut. ... He also described the two young ladies who were there with me. ... The very important thing was that he also saw and heard our doubt. And we did express our doubt during the resuscitation, like, 'So, what should we do now? We've been busy for such a long time already, and still no heart rhythm, still no blood pressure. Shouldn't we stop?'

TG was impressed by the patient's story, knowing how poor his condition had been. At the time that TG took the upper denture out of the man's mouth, he had not yet turned on the CPR device. TG is therefore certain that at that moment there was still insufficient blood circulation to bring the patient back to any level of consciousness. In addition, the man certainly could not have seen anything because each time TG opened one of his otherwise closed eyelids and shone a bright light on the pupil, it was unresponsive.

TG also established that the patient had no normal prior knowledge of the resuscitation room or the crash cart, and his correct observations were far too specific to be based on chance.

TG's certainty remained firm in the face of challenges by Gerald Woerlee,¹⁵ a Dutch anesthesiologist who has insisted on conventional explanations for anomalous experiences reported during NDEs. Woerlee did not accept an invitation to set up an experiment where test subjects had to correctly describe a comparable situation solely on the basis of sound.

Hair Clip

In her 2012 book *Segelfalter*, Andrea von Wilmowsky of Pöcking, Germany, described a 1980 OBE case from her earlier career as an intensive nurse.¹⁶ A woman was admitted to her ward for resuscitation following a heart attack, although she appeared to be clinically dead. Wilmowsky writes, 'It became the most chaotic resuscitation I've ever witnessed. There were too many people, and they kept stepping on each other's feet and getting in each other's way. An IV bottle was swept off the table in the middle of this chaos and smashed to pieces'. In the confusion, a hairclip which she had been wearing, crafted by her husband from plywood in the shape of a rose, fell to the floor and was stepped on and broken; she only noticed this when the resuscitation had been successfully completed.

Wilmowsky then left for a three-week vacation. On returning, the patient asked her, 'What happened to your pretty rose hair clip?' The patient could not have seen the hair-clip, having been unconscious at the time, but later described having watched the resuscitation from a corner near the ceiling, seeing a male staff member, who she later described, step on the hair clip, also the glass bottle fall on the floor and smash to pieces.

Lloyd Rudy's Patient

In a 2011 television interview, American cardiothoracic surgeon Lloyd W Rudy (1934–2012) discussed an NDE reported by a patient at the Deaconess Hospital in Spokane, Washington, who had been admitted with a heart valve infection.¹⁷

Resuscitation attempts had failed and the staff started clearing up, while leaving the various monitoring machines running. Some twenty minutes later, he and the assistant surgeon were standing at the door discussing the case, when they noticed his heartbeat returning. The patient recovered and showed no brain damage. Over the next two weeks, he described a near-death experience, as Rudy relates:

[T]he thing that astounded me was that he described that operating room, floating around, and saying, 'I saw you and Dr. [Amado-]Cattaneo standing in the doorway with your arms folded, talking. I saw the ... I didn't know where the anesthesiologist was, but he came running back in. And I saw all of these Post-its sitting on this TV screen.' And what those were, were any call I got, the nurse would write down who called and the phone number and stick it on the monitor, and then the next Post-it would stick to that Post-it, and then I'd have a string of Post-its of phone calls I had to make. He described that. I mean, there is no way he could have described that before the operation, because I didn't have any calls, right?

Having viewed Rudy's interview, the assistant surgeon Amado-Cattaneo wrote, 'Dr. Rudy's description of this event at the time of this patient's surgery is absolutely correct. I was the other cardiac surgeon that he refers to in the video. ... The patient's description of his experience is as Dr. Rudy described it word by word.' Pressed for further details by researchers, Amado-Cattaneo, replied:

I do not have a rational scientific explanation to explain this phenomenon. I do know that this happened. This patient had close to 20 minutes or more of no life, no physiologic life, no heart beat, no blood pressure, no respiratory function whatsoever and then he came back to life and told us what you heard on the video. He recovered fully.

I do not think there was something wrong with the monitoring devices. The reason is that there are different types of monitors and they were left on. We could see a flat line, the monitor was on but not recording electrical activity in the heart. When he started coming back, we could see at first a slow beat that eventually evolved into something really closer to normal. The same with the ultrasound scan placed inside the esophagus, we saw no heart activity for the 20 minutes or so, machine still on, and then it started showing muscle movement, that is, contractility of the heart muscle that eventually turned into close to normal function, able to generate a blood pressure and life. The reason we saw him coming back is that fact, that the monitors were on and so we saw him regaining life, when this happened we restarted full support with drugs, oxygen etc.

This was not a hoax, no way, this was as real as it gets. We were absolutely shocked that he would come back after 20 or more minutes, we had pronounced him dead on the operating room table and told the wife that he had died. I have seen people recover from profound and prolonged shock, but still having life, in this case there was no life.' [18](#)

Subsequently, Amado-Cattaneo added:

I do not believe he said anything that we questioned as being real, we thought all along his description was quite accurate regarding things he said he saw or heard. Patients' eyes are always shut during surgery, most of the time they are taped so they do not open since this can cause injury to the corneas.

There are many [pieces of] non-sterile equipment in an operating room including monitors. Monitors are close range so surgeons can 'monitor different parameters through the case.' The messages to Dr. Rudy I believe were taped to a monitor that sits close to the end of the operating table, up in the air, close enough for anybody to see what is there, like the patient, for example, if he was looking at it.[19](#)

Asked whether the patient might have been able to perceive something with his physical eyes without anyone noticing, Amado-Cattaneo replied, 'We always remove the tapes at the end of the surgery before the patient is transferred to ICU. I am sure this was the case and if so he was so out loaded with anesthetics and other sedatives, that there is no way in the world that he could have seen or be aware of anything [normally]'.[20](#)

Tom Aufderheide's Patient

In *Erasing Death* (2013), Sam Parnia reports an account given by Tom Aufderheide, MD, a leader in the area of resuscitation technique research. Aufderheide's story involves the first patient he resuscitated after qualifying for medical practice.[21](#)

The patient had a cardiac arrest and Aufderheide felt some resentment at the more experienced doctors that they had left him to handle it on his own: 'How could you do this to me,' he thought. Each time he used the defibrillator, the man would just have another attack. This continued from about 5 am until 1 pm, when hospital staff brought the patient his lunch. Aufderheide was famished and decided to eat it himself, considering that the patient was unconscious and would have no use for it.

The patient's condition eventually stabilized. About a month later, the day before he was to be discharged, he told the doctor that he had experienced an NDE. At the end of his story, he said, 'You know, I thought it was awfully funny ... here I was dying in front of you, and you were thinking to yourself, 'How could you do this to me?' And then you ate my lunch!'

Contacted by researchers, Aufderheide confirmed the accuracy of Parnia's presentation and revealed that his patient's observations had in fact been far more extensive. The man had told him that during his NDE he had witnessed a conversation in the hallway between Aufderheide and the patient's wife and that he had observed a cardiac monitor located outside of his physical field of vision.

Aufderheide pointed out that the patient's paranormal impressions, such as that of the thought that popped up in Aufderheide's mind ('How could you do this to me?') started at a time when the patient's resuscitation had not yet been started. Aufderheide added, 'That got my attention, and to this day I have no explanation'.

Richard Mansfield's Patient

In *What Happens When We Die* (2006), Sam Parnia includes a case related to him by cardiologist Richard Mansfield.²² During a night shift, Mansfield had been called to deal with a cardiac arrest; the patient, a 32-year-old man, had no pulse, was not breathing and had a flat ECG. The team intubated the patient and he was administered oxygen and three-minute cycles of heart compression and adrenaline. He also received atropine, but his ECG remained flat and he did not exhibit any pulse.

Mansfield eventually called a halt, having first checked that the monitor and its connections were functioning properly and that the patient still had no pulse. While making notes in patient's medical file, he returned to the patient's room to check how many ampules of adrenaline they had given him and noticed that the man did not look quite as blue as before. To Mansfield's amazement, the patient now turned out to have a pulse. The team resumed the resuscitation and finally succeeded in stabilizing the man, who was then transferred to the intensive care unit.

About a week later, the patient described to Mansfield everything he had said and done, such as checking the pulse, deciding to stop resuscitation, going out of the room, coming back later, looking across at him, going over and rechecking his pulse, and then restarting the resuscitation. Mansfield commented, 'He got all the details right, which was impossible because not only had he been in asystole and had no pulse throughout the arrest, but he wasn't even being resuscitated for about 15 minutes afterward'.

Mansfield is also certain that he checked the monitor, the leads, the 'gain' (a technical means of checking that the flatline is truly flat), and the connections as well as the pulse before stopping.

Jacket and Tie

Cardiologist Maurice S Rawlings, affiliated with a diagnostic center in Chattanooga, Tennessee, described a case of a hospital patient who was suffering from recurring chest pain and severe depression. She happened to be a nurse herself by profession. Rawlings was asked to examine her, but when he arrived at the hospital, she was not in her room, and he finally found her unconscious in the bathroom. She had tried to commit suicide by hanging: She had put on a collar used to support the neck, hung it on a coat hook on the bathroom door, then slowly bent her knees until she lost consciousness. Her tongue and eyes looked swollen, as did her face, which also had a dark bluish color.

Rawlings lifted her off the coat hook and laid her on the floor. He ascertained that she had enlarged pupils, and he could not hear a heartbeat when he placed his ear to her chest. He then administered external heart massage and mouth-to-mouth respiration. Her roommate alerted some nurses to come and help. The patient was then administered oxygen through a ventilation mask. When electrocardiography was performed, however, the ECG showed a flat line. She then also received several medications.

Finally stabilized, the patient was wheeled to the intensive care unit, where she remained in a coma for four days.

Some days after she had awoken from her coma, the patient told Rawlings that she had observed his efforts: that he had taken off his brown plaid jacket and tossed it on the floor; that he had loosened his tie, which had brown and white stripes on it; that he had asked the nurse to get an Ambu bag (a mask with a balloon to give a patient artificial ventilation) and an IV catheter; and that two men with a stretcher trolley had come. All these details were correct; Rawlings stressed that the patient was clinically dead when she observed them.[23](#)

Mark Botts

In *Closer to the Light* (1990), Melvin Morse describes the case of young Mark, who had been afflicted throughout infancy with tracheomalacia (a floppy windpipe).[24](#) At nine months, he developed serious bronchiolitis and was given an emergency tracheotomy, during which he went into cardiac arrest. The doctors worked some forty minutes to resuscitate him. Mark was never told that his heart had stopped and that he had been clinically dead.

When Mark was three years old, a Christmas pageant triggered memories of the emergency operation and he started talking to his mother about it. He told how he had seen the nurses and doctors bending over him as they tried to wake him up, had flown out of the room and had seen his grandpa and grandma crying while they held each other. He had the impression that they thought he was going to die. The case was discussed more fully by Kenneth Ring and Evelyn Elsaesser Valarino[25](#) in *Lessons From the Light*. The boy, whose full name is Mark Botts, is said to have retained memories of his NDE into his teens, and that his impressions of specific events in the physical world had corresponded with the facts.

Pam Reynolds

The NDE reported by Pamela Reynolds (1956–2010), a 35-year-old American singer-songwriter, was first described by cardiologist Michael Sabom.[26](#) In 1991, Reynolds was diagnosed with a large aneurysm at the base of her skull under her brain stem. Its size and location made it impossible to remove by means of a routine neurological intervention. For this reason, Reynolds was sent to neurosurgeon Robert Spetzler at the Barrow Neurological Institute in Phoenix, Arizona, a pioneer of a method known as hypothermic cardiac arrest, nicknamed the 'standstill operation'. In such an operation, the patient's body temperature is lowered to between 59° and 63° F (15° to 17° C). Both heart rate and breathing are stopped, and the blood is drained from the head. In this way, normal physiological processes that could cause serious complications are avoided. From a biological viewpoint, the patient comes very close to death.

Once Reynolds was brought into the operating room, she received anesthetics, pain killers and muscle relaxants, rendering her completely unconscious. She was hooked up to a machine that took over her breathing. Earbuds, each equipped with a miniature loudspeaker, were inserted into her ears, emitting eleven clicks per second at 95-100 decibels in one ear and loud white noise in the other; periodically

the sounds were switched to avoid hearing damage. The earbuds were molded to completely fill her ear canals and then covered with gauze to keep them in place so that all other sound was blocked out. An anaesthetist monitored her closely, keeping track of her EEG and watching for possible brain reactions to the clicking sounds, which would indicate brain activity. Her eyes were taped shut, her head was clamped in place, and the rest of her body was covered with sterile drapes.

Spetzler now began to operate on the aneurysm, while cardiac surgeon Camilla Mican monitored a bypass machine connected to Reynolds's groin artery. Her blood was pumped out of her body, cooled, and pumped back in, cooling the entire body. The heart function was taken over by the machine as well. Finally, the bypass machine was turned off and the aneurysm was removed without any complications. Then the machine was turned back on and used to pump blood back into the body and raise body temperature back to normal.

Just before the cooling began, Spetzler used a surgical saw to open Reynolds's skull. She later reported that this was when her NDE began. While Spetzler operated the saw, Reynolds perceived a sound that she identified as a musical note, a high natural D. She felt that she popped out of her body and floated above the operating table. Then she observed the doctors working on her body, from a position just over Spetzler's shoulder. She saw him holding a tool that looked like an electric toothbrush and made an unpleasant sound. She observed that it had a groove on top where it appeared to go into the handle and thought it looked like a drill: It had interchangeable blades that were kept in a small case nearby that looked to her like a socket wrench case. She heard the sound of the saw grow louder. She did not see exactly where the saw bit in, but she did hear something being sawed into.

Reynolds then heard someone say that the arteries in her right groin were too small, and somebody else answered that they should try the other side (her left groin). She thought this was strange because this was a brain operation, and she did not understand the need for an incision in the groin to connect her to the bypass machine in preparation to cool, then later warm, her blood.

The correspondences with the facts were so major that Spetzler could offer no normal explanation. He pointed out that even if she had been conscious it would have been impossible to hear the exchange about the arteries, because of the loud noises in her ears.

Reynolds also said that she heard the song 'Hotel California' playing in the background during her resuscitation, and observed that she was 'shocked' twice in the process of restarting her heart. These details were confirmed by neurosurgeon Karl A Greene who was assisting Spetzler.[27](#)

In an interview for National Geographic he said, 'She knew her heart had to be stimulated twice to restart. She shouldn't have known that. ... She was physiologically dead. No brain wave activity, no heartbeat, nothing. No blood inside her body of any consequence. She was dead.'

Questioned further by a researcher, Greene replied, 'There was no blood flow at the time that Pam recalled seeing her body jump, as her body moved as a result of

electrocardioversion to restart her heart and, therefore, initiate recirculation of blood to her entire body, including her brain.’[28](#)

Sceptics have asserted that experiences like Reynolds’s can never occur during a flat EEG, so they must always occur either before or after, when the brain shows sufficient activity to allow neurologically for the presence of consciousness.[29](#) Against this, other commentators have noted that, according to current neurophysiological thinking, her brain activity was insufficient to support organized mentation even during the earlier stages of the operation.[30](#)

Greene told a researcher:

From a practical standpoint, Mrs. Reynolds’ entire conscious experience could be considered anomalous, in that such conscious experience as described by Mrs. Reynolds does not typically occur in our consensus reality while under the influence of doses of barbiturates that markedly suppress brain electrophysiological activity (burst suppression on electroencephalogram); profound hypothermia (loss of spontaneous electroencephalographic activity, somatosensory evoked potential responses, and brain stem auditory evoked potential responses), and circulatory arrest (complete loss of all electrophysiological activity).

Greene further emphasized that the anesthesiologist would have detected, reported, and responded to any brain activity if it had occurred at any point in Reynolds’s surgical procedure. He told researchers:

EEG activity is continuously monitored throughout any neurosurgical procedure for which any method of intraoperative monitoring is utilized. To ignore ongoing electrophysiological activity during monitoring for neurosurgical procedures, as inferred, and overlooking seizure activity in a surgical patient places a provider in the United States of America at risk for medical malpractice! ... The auditory ‘clicks’ of BAER monitoring are continuously monitored throughout the entire neurosurgical procedure.

See also [Pam Reynolds \(Near-death Experience\)](#) in the *Psi Encyclopedia*.

Kristle Merzlock

The case of Kristle Merzlock is described by Melvin Morse in *Closer to the Light*.[31](#)

Kristle was a seven-year-old American girl who appeared to have drowned in a swimming pool having been submerged for about seventeen minutes. When she was pulled out of the water, she did not show a heartbeat. Later at the hospital, Morse was involved in attempts to resuscitate her. A CAT scan showed massive swelling of her brain; a machine was doing her breathing and her blood pH was extremely acidotic, indicating imminent death. In a podcast interview Morse later said, ‘There was little we could do at that point. She was, for all intents and purposes, dead.’

Morse was amazed when Kristle emerged from her coma three days later with full brain function. More extraordinary still, Kristle recognized him. ‘That’s the one with

the beard,' she told her mother. 'First there was this tall doctor who didn't have a beard, and then he came in.' That was true: Morse wore a beard, while the other physician was tall and clean-shaven.

Kristle went on to describe accurately the emergency room. She also knew Morse was the one who put a tube in her nose. 'She had the right equipment, the right number of people—everything was just as it had been that day,' Morse explained. She even correctly recited the procedures that had been performed on her. 'Even though her eyes had been closed and she had been profoundly comatose during the entire experience, she still 'saw' what was going on.' In the podcast interview he added, 'She described the nurses talking about a cat who had died. One of the nurses had a cat that had died and it was just an incidental conversation. She said she was floating out of her body during this entire time.'

According to Morse, during the experience Kristle glimpsed her home, watching her siblings play with their toys in their rooms. 'One of her brothers was playing with a GI Joe, pushing him around the room in a jeep. One of her sisters was combing the hair of a Barbie doll and singing a popular rock song. She drifted into the kitchen and watched her mother preparing a meal of roast chicken and rice. Then she looked into the living room and saw her father sitting on the couch staring quietly ahead.'

When Kristle mentioned this to her parents later, she shocked them with her vivid details about the clothing they were wearing, their positions in the house, even the food her mother was cooking.

Jan Price

Jan Price was bitten by a small dog while walking with her husband John near their Texas home in December 1993. The dog's owner assured them that the dog had been fully vaccinated, but Jan fell seriously ill and John called for an ambulance. When the paramedic ambulance crew, Melody and Carl, arrived she went into cardiac arrest, which lasted for four minutes. While Melody began providing CPR and Carl prepared the paddles to shock Jan's heart, Jan's husband saw her slowly rise up out of her body. Jan later reported that at that same moment she had an OBE. 'I just was up above looking down at what was going on there and thinking, 'Oh my goodness, this is real. ... That's my body down there on that stretcher, and I'm not in it anymore.'

John also saw their dog Maggi, who had died three weeks before, suddenly appear before the stretcher trolley, looking at him. Jan later reported that at that point

I moved into another space, and that's when my dog Maggi appeared before me. ... I felt her presence, her love, and she appeared to me as she had when she was in physical form—only younger, more vital. ... Maggi and I were interacting on a finer wavelength, and although we had dropped our physical vehicles, our bodies were made visible to the senses through an image in the mind projected as form—and she was as real to see and touch as she was when I'd held her in my arms in the physical world. My friend Maggi and I walked

side by side as we had so many times in that other place of being. Without any effort we moved through a realm of ecstatic color.

In a television documentary, the crew confirmed that Jan had veridical perceptions during her cardiac arrest. Carl reported, 'She was able to tell us word for word what we said, everything that we did physically to her, and was able to say it in such detail that it would make you sit back and think. ... There is no way that Mr. Price could have seen what we were doing to her because our bodies blocked his view. There is only one way that she could have known, and that was to be above us.'

Likewise, Melody reported, 'I believe that Jan had an out-of-body experience, because she gave us too much information that she could not give us. Where her husband was standing, what I was doing.'³²

Telepathy

George Rodonaia

In *Beyond the Light* (2009), PMH Atwater documents the case of George Rodonaia, a neuropathologist and political dissident in the former Soviet Union.³³ Rodonaia was run over by the KGB in 1976. His death was officially confirmed at the hospital, after which his corpse was placed in cold storage, so that three days later there could be an autopsy. In this situation, Rodonaia left his body and experienced an NDE. Thinking of his body, he saw it lying in the morgue. He remembered everything that had happened. He was also able to 'see' the thoughts and emotions of his wife Nino and of the people who had been involved in the accident, as if they had their thoughts 'inside of him.' He then wanted to find out the truth of those thoughts and emotions.

When he returned to his body in the morgue, he was drawn to a nearby hospital, where the wife of a friend had just had a baby. The newborn was constantly crying. He examined the baby, a girl: His 'eyes' were like X-rays that could look right through the little body, from which he concluded that the baby had broken its hip during delivery. He spoke to her, 'Don't cry. Nobody understands you.' The baby was so astonished by his presence that she immediately stopped crying.

After three days, when the autopsy of Rodonaia's body was just getting under way, he succeeded in opening his eyes. He was in poor condition physically, and the first words he spoke were about the baby that urgently needed help. X-rays of the baby confirmed that he was right.

Atwater interviewed Rodonaia's wife, Nino, who stated that during his NDE he had had telepathic contact with her. Atwater told a researcher that Rodonaia told her that one of the many things he could do was to be enter the minds of his friends and learn whether or not they were really friends. During this entry process, he also entered the mind of this wife, Nino, at which he both saw and heard her picking out a burial plot. As she stood there looking at the plot, in her head she pictured men she would consider being her next husband, listing the pros and cons of each one.

When he was able to talk, Rodonaia told Nino everything she had seen at the burial ground, also her thoughts about the men she was considering to be her next husband and their various pros and cons. He was correct in every detail, as Nino confirmed when Atwater met her and both children.

Nino also confirmed the first words Rodonaia spoke in the hospital, that his friend's wife had just given birth to a girl and that the doctors should go immediately to the maternity ward and x-ray the baby's hip, as it had been broken when the baby was dropped by the attending nurse. As a doctor himself, Rodonaia was able to describe the fracture in detail. X-rays showed the break exactly as he described (the nurse admitted to dropping the baby and was fired).

Car Accident

In *The Light Beyond* (1988), psychiatrist Raymond Moody describes the case of a young cardiologist from South Dakota.³⁴ One morning, the cardiologist was in a collision on his way to the hospital. He was upset by this and worried that the people involved would demand a lot in damages; he was still preoccupied by these concerns when he hurried to the emergency room to resuscitate a patient in cardiac arrest. The following day, the man whom he had saved told him that during the resuscitation he had left his body and had watched him during his work.

The doctor was taken aback by the patient's ability to describe exactly how the medical instruments had looked, including their colours, shapes, and dial settings, and in which order they had been used. The patient added, 'Doctor, I could tell that you were worried about that accident. But there isn't any reason to be worried about things like that. You give your time to other people. Nobody is going to hurt you.'

After-Death Communication (ADC)

Near-death experiencers sometimes report veridical encounters with deceased individuals, who may or may not be familiar to them.

Durdana Khan

British writer Ian Wilson's book *Life After Death: The Evidence* (1997) includes the case of a girl named Durdana Khan, the youngest daughter of AG Khan, a doctor at an army base in Kashmir, Pakistan.³⁵ In 1968, when Durdana was two and a half years old, she showed symptoms of viral encephalitis (inflammation of the brain); she became partially paralyzed, temporarily lost her eyesight, and was constantly in pain. Her chances of survival appeared slim.

One day, Khan was called away from seeing patients because his daughter had apparently died at home. He examined her himself and confirmed that she was clinically dead. His wife laid Durdana on her husband's bed, and he began attempting to resuscitate her, whispering, 'Come back my child, come back.' Durdana awoke, having been 'dead' about fifteen minutes.

A few days later, Durdana said that during her clinical death she had been in a beautiful garden among the stars. She had also met her grandfather and heard her father calling, 'Come back my child, come back.' When she finally did want to go back, her grandfather had said that she would have to ask God. God then asked Durdana whether she really wanted to go back, and she affirmed that she did. So then God told her she should go, and she went back down. She finally came back to her body again on 'Daddy's bed'. Durdana's father asserted that she 'was in no state to know where she was.' Neither she nor her little sisters ever slept in his bed.

Durdana's symptoms turned out to have been caused by a brain tumor, for which she underwent surgery in Karachi. During the recovery period she went with her mother to visit relatives. At the home of an uncle, where Durdana was visiting for the first time, she pointed to a framed photograph and said, 'This is my grandpa's mother. I met her in the stars. She took me in her lap and kissed me.' The photograph was of Khan's grandmother who had died long before Durdana was born. According to Khan, only two photos of his grandmother existed, and both were in the uncle's possession, which made it impossible for her to have seen it before.

The incident was brought to Wilson's attention by his editor Peter Brookesmith, who was a longtime friend of the Khan family and could vouch for their integrity.

Huriye Kacar

Emine Fougner engaged in an extensive e-mail exchange with researchers between the end of 2009 and May 2010 regarding an ADC involving her younger sister, Huriye Kacar.³⁶ Huriye was named after a grandmother who was very fond of her; when she died, Huriye was holding her hand. At the time of the events Huriye lived in Canada, as did her parents; Emine lived in the United States, but the two shared a strong emotional bond.

In mid-August 2009, Huriye was scheduled to go to the hospital to deliver her second child. One night when Emine was lying in bed awake, the motion-sensor light in the hallway came on, apparently activated by some movement, and then turned off after about a half minute. However, no one came in. Emine looked at her watch. Just eleven minutes later, the light in the hall went on again.

Again, no one came in, and again there were no footsteps to be heard. Once more, six minutes later, the light came on for a third time. Once again, there was no one to be seen. Emine lay back down and then suddenly felt someone tapping her foot. Looking up, to her utter amazement, she saw her grandmother, who told her that Huriye had just gone to the hospital to have her baby, adding, 'She's going to have a very hard time. Her soul will leave her body. ... Don't worry, don't worry; she'll recover, don't worry. But she will have a very hard time. Be prepared for it, but she will be okay.'

Emine debated whether to call her sister or her parents, but she was afraid of alarming them unnecessarily, so she decided to wait until the next day.

At about 6 am her mother telephoned to tell her that Huriye had gone to the hospital to have her baby. Emine now spoke to Huriye, who told her that she was feeling another kind of pain than during the birth of her first baby. She was expected to go into labour in two hours, so Emine promised her sister that she would call back around that time. Ermine called her mother back, and only then told her mother about having seen her grandmother. As the mother later described to researchers, she was scared that this meant Huriye was going to die, but Ermine insisted this was not the case.

Huriye delivered a baby girl but lost a lot of blood and went into cardiac arrest. According to Emine, Huriye's heart stopped three times. Finally, the bleeding stopped, but she remained in a coma and in intensive care. She eventually regained consciousness, but took some time to recover.

Emine's mother later told researchers, 'Only Emine's inspirations about her grandmother's visit gave us a glimpse of hope. ... Her grandmother must have felt the pain we were going to suffer before we did, and she gave us hope.'

Huriye later told Emine that she had observed the doctors' efforts to resuscitate her, also how she had been cut open during the operations and that she had felt the doctors' panic. Ermine was able to obtain the medical reports, which researchers found closely matched the extensive description by Huriye of what she had seen while she was unconscious.

Lucky Pettersen

Lucky Pettersen, son of Dana and Bill Pettersen, was born in Julian, California, in 1992.³⁷ As a young child, he enjoyed helping his mother in her country store, although he spent most of his time at Calico's, a restaurant next door, where he often played for hours with 'Big' Gino Focarelli, the father of the owner, Carl Focarelli.

Aged four, Lucky was suddenly struck down by a fever. He was rushed to hospital in a coma where he was diagnosed with acute renal failure, cerebral edema (brain swelling), and a nonfunctioning liver. Dana Pettersen called a close girlfriend, who told her to pray for someone to bring him back. Dana followed this advice, and prayer calmed her enough so that she was able to call her other (adult) children. Lucky required a liver transplant, and since no organ was available this could only come from a living donor. His half-brother, sixteen-year-old Jason, offered to give part of his liver, and this saved Lucky's life.

Three days after the operation Lucky woke up. He said to his father, 'I'm back,' and described a kind of dream that Big Gino 'had walked him back from Heaven'. In the documentary, Lucky relates, 'I kept on hearing: "Go back! Go back! Go back!" And it turned out to be Big Gino.'

Two weeks later, his mother Dana learned from Carl Focarelli that his father Big Gino died on the same day that Lucky was taken to hospital.

Both the Pettersens and Carl considered Lucky's experience with Big Gino to have been an answer to Dana's prayer.

Anomalous Observations by Others

Olga Gearhardt

In *Parting Visions* (1996), physician Melvin Morse describes the case of 63-year-old Olga Gearhardt of San Diego, California.³⁸ In 1988, a large part of Gearhardt's heart was attacked by a virus that impaired its function. Her name was placed on a heart transplant list, and at the beginning of 1989, a suitable heart became available. Her family, intensely concerned for her, filled the waiting room. However, one important person was missing: her son-in-law, who had a fear of hospitals. He remained at home, waiting for what he hoped would be a happy ending.

During the transplant, unexpected complications arose. At 2.15 am, the transplanted heart suddenly stopped beating altogether. Gearhardt was clinically dead for some time, and it took hours of resuscitation to get her new heart going steadily again.

The next morning, the medical staff told the family that the operation had gone exceptionally well; they were not told that Gearhardt had almost died.

The wife of the son-in-law who had stayed at home called him to share the good news. He claimed that he already knew that his mother-in-law was doing well because he had heard it from her personally. The previous night at 2.15 am, he had witnessed the apparition of his mother-in-law standing at the foot of his bed. At first he had thought the operation simply had not taken place and had asked how she was. She had said, 'I am fine, I'm going to be all right. There is nothing for any of you to worry about.' After that, she had disappeared as suddenly as she had appeared. Her son-in-law had not been afraid of the apparition, but he immediately got up and wrote down what time he had seen her appear and what she had said.

When Gearhardt regained consciousness, her first words were, 'Did you get the message?' She told her family that she had had a 'strange dream' during the operation. In it, she had left her body and for a couple of minutes watched the doctors who were working on her. After that, she saw her family sitting in the waiting room. She tried to make contact with them but was unsuccessful. In frustration, she decided to go to her daughter's house some thirty miles away from the hospital and seek a connection with her son-in-law. When she got there, she had stood at the foot of his bed and told him that everything would be all right in the end.

Morse and his writing assistant Paul Perry interviewed Gearhardt family members and concluded that their stories were consistent with each other, showing no discrepancies.

Miraculous Healing

Anita Moorjani

Anita Moorjani, of Indian heritage, was born in Singapore and grew up in Hong Kong.³⁹ In April 2002 she was diagnosed with Hodgkin's lymphoma, a form of

cancer of the lymph glands. After four years of being cared for at home, on 2 February 2006, she fell into a coma and was admitted to the intensive care ward of the local hospital.

The attending oncologist told her husband, Danny, that her organs were shutting down and she would die soon. He said, 'Your wife's heart might still be beating, but she's not really in there. It's too late to save her.' Moorjani's cancer had spread everywhere. Her hands, feet, and face were swollen, and she had open lesions on her skin. The medical team started a three-week cycle of chemotherapy intravenously while giving her nourishment through a nasogastric tube and oxygen through another tube.

Moorjani later reported that during her coma she had had an NDE. She was able to hear and see (extrasensorily) exactly what Danny and the doctors were discussing in the corridor almost forty feet away from her room. In personal communications with researcher Jan Holden, Danny confirmed this claim as well as Moorjani's extrasensory awareness that her brother was en route via airplane to be with her and her family.

During her NDE, Moorjani was told that she could choose to stay in her physical life and be healed of her cancer. If she chose life, her organs would function normally again, but if she chose death, everything would happen as the doctors had foretold. Moorjani chose life and then regained consciousness.

The doctors told her that they had tremendous news for her: her organs had recovered. By mid-February, the outward signs of her cancer had disappeared, and she was eating normally. Moorjani had completed no more than her first cycle of only three chemotherapy drugs, instead of the seven that had been originally planned. Biopsies of lymph nodes in her neck and three ultrasound exams revealed no evidence of cancer. Nevertheless, oncologists insisted Moorjani should undergo a second cycle of chemotherapy. Moorjani was finally allowed to go home after this cycle. She agreed to receive another six cycles, but this was cut short when numerous scans and tests showed no signs of cancer. Some doctors asserted that she had responded well to chemotherapy, but each biopsy and scan since the coma had shown that Moorjani was no longer suffering from cancer.

American oncologist Peter Ko became curious about Moorjani's case and flew to Hong Kong to meet her. He studied her medical file and concluded that she should simply have died. Ko appeared with Moorjani in the media and took part in a radio interview about the case; he also spoke extensively with Jeffrey Long, an NDE researcher and fellow oncologist, and with NDE researcher Jerald Foster. Cancer experts around the world with whom he shared his findings responded they had never encountered a case like this before. Ko states, 'Based on my own experience and opinions of several colleagues, I am unable to attribute her dramatic recovery to her chemotherapy.'[40](#)

Claw Hand

In a prospective NDE study by Welsh medical investigator Penny Sartori, a patient reported paranormal perceptions during his NDE that were later verified.[41](#) The

individual, referred to as 'Patient 10', also experienced the inexplicable healing of a congenital anomaly.

Since birth, the patient had suffered from cerebral palsy with a right spastic hemiparesis, which caused his right hand to remain permanently contracted. He explained that his hand had been clawlike all his life, an assertion that was supported by a witness statement by his sister. After his NDE, he was suddenly able to open his hand. No formal assessment of the extent of the contracture had been made at any time prior to the NDE, but medical records showed that some years earlier a splint had been made, which however had made no difference. A hospital physiotherapist explained that the hand could not have opened normally without an operation to release the tendons that had been contracted for more than sixty years.

Sartori writes, 'It remains unexplained how it is possible for the patient to be able now to open and use his previously contracted hand.'

Post-NDE Paranormal Abilities

Cherylee Black

Cherylee Black, an artist and former Canadian Armed Forces music instructor, underwent three NDEs: from falling down the stairs as an infant, a ruptured appendix at age ten, and a car accident at age 29.[42](#)

From age eleven Black exhibited recurrent spontaneous psychokinesis (RSPK), also known as poltergeist phenomena. On one occasion at school, when a teacher slapped her for inattention, a book was lifted by an unseen force and thrown across the room, hitting the teacher. Researchers have attested to Black's psychokinetic abilities. Robert Mays described psychokinetic experiments in which he and his wife Suzanne were involved, as follows:

Suzanne and I worked with Cherylee primarily to understand physical interactions between the energetic field of a person and physical processes. So with Cherylee we tried to understand what was happening with her PK influence on a pinwheel. We have come to understand that there is a kind of conditioning of an object or a region of space that occurs when there is an energetic interaction that results in PK. ... In another set of experiments (in 2012 and 2014), John Kruth, Graham Watkins, Suzanne, and I worked with Cherylee in the Rhine Center Bioenergy Lab (Durham, North Carolina) using their photomultiplier tube (PMT) on fluorescent substances in a completely dark room. In a 2014 trial, Cherylee worked with a fluorescent powder (that apparently retains a certain small glow even when being in the dark for many days). She energized the powder so that the measured light jumped from the baseline (10 photons/halfsecond) to 57 photons/half-second for about 25 seconds and 70 photons/half-second for about 45 seconds, with an overall average of 23 photons/half-second. During this trial, Cherylee reported interesting subjective perceptions and feelings that corresponded to the observed results. ...

All four of us—John Kruth, Graham Watkins, Suzanne, and I—as well as a number of other people who were present were all witnesses. On another occasion, Jim Carpenter was also a witness to Cherylee’s PK in an informal environment.[43](#)

Other confirmations of Black’s ability to turn a pinwheel came from L Suzanne Gordon, associated with the Department of Communication at the University of Maryland, and from researchers Dean Radin, Stephen Braude, J Norman Hansen[44](#) and Michael Persinger.[45](#)

Dream investigator Doug D’Elia stated that Black was one of the highest performers in a dream study, over a six month period hitting nine targets in twenty trials ($p = .25$) for a combined probability of .0409 (23.4 to 1).

Black also reported ADCs with deceased persons whom she had not known before. A lucid dream of someone who called himself Bob contained details that identified him as Robert van de Castle, a psychologist and dream researcher who died in 2014; he also appeared to her during the day, asking Black to convey his regard to friends and associates. Karen Newell, cofounder of Sacred Acoustics, confirmed that Black shared these experiences with her, adding, ‘I do not believe Cherylee would have heard of Bob’s passing in a normal way. To my knowledge, she did not know who he was prior to me telling her about him.’

Van de Castle’s partner Bobbie Ann Pimm become so strongly convinced of the veracity of Black’s ADCs with her late husband that they gave a presentation together at the 2014 International Association for the Study of Dreams (IASD) PsiberDreaming Conference, entitled ‘Celebrating the life and afterlife of Bob Van de Castle’.

Titus Rivas

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Endnotes

Footnotes

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- [15](#). Woerlee (2010).
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- [28.](#) Personal communication with T. Rivas.
- [29.](#) e.g., Woerlee (2011, 2013).
- [30.](#) Carter (2011); Kelly et al. (2007); Rivas & Dirven (2010); Smit (2012); Smit & van Lommel (2003).
- [31.](#) Morse & Perry (1990).
- [32.](#) Price (1996); Williams (2014).
- [33.](#) Atwater (2009.)
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