Transplant Cases Considered as Evidence for Postmortem Survival

In the past two decades a few cases have emerged of recipients of heart transplants appearing to take on dominant personality traits of the deceased organ donor. This article briefly summarises the evidence and considers the extent to which it might support the case for survival of death.

Background

Public awareness of cases of personality transformations following heart transplants probably began with the publication of *A Change of Heart* in 1997.[1] In this book, Claire Sylvia described the personality shifts she experienced after her heart and lung transplant in 1988. She noted these changes before meeting her donor's family and learning about his character. For example, she found herself craving food she had previously disliked, but which her donor, Tim, had enjoyed. Among these were beer (which Claire felt like drinking shortly after her surgery), green peppers, and Kentucky Fried Chicken nuggets. The last of these seemed particularly odd, considering that Claire was a dancer and choreographer who had always been very careful about her diet. Moreover, KFC nuggets were found in Tim's jacket when he was killed. Claire's color preferences and level of aggressiveness also changed in ways that seemed more Tim-like.

Claire's changes were accompanied by some interesting dreams during the first few months after her surgery. In one dream, she met a man named Tim L, who (it turned out) resembled her donor, and at the end of the dream she kissed and inhaled Tim into her. In another dream she changed from a woman to a man, and then back to a woman.

Claire's experiences are not unique, and other cases seem even more remarkable (see Case Studies below).

In an earlier (1992) study, three of forty-seven heart transplant recipients reported a distinct change of personality following a transplant operation, which they attributed to their new hearts (see The Evidence below).

Postmortem Survival?

Although the evidence for postmortem survival comes in various forms, including cases of mediumship and ostensible reincarnation, transplant cases are especially notable, for several reasons. First, they constitute a significant body of *new* evidence. Although reincarnation (and, to a lesser extent, possession) cases continue to appear, mediumship cases of the quality of Leonora Piper or Gladys Leonard declined sharply in the last half of the twentieth century, seemingly along with a diminished interest in Spiritualism.

Second, transplant cases reinforce the impression, easily gained from cases of mediumship, reincarnation, and possession, that the *form* of survival evidence is influenced by surrounding cultural and social forces. Mediumship is tied to spiritistic beliefs of some sort, and it flourished during a roughly eighty-year period when the Spiritualist religion was a cultural force. Similarly, reincarnation and possession cases occur primarily in communities whose prevailing religions and belief systems accommodate the phenomena. Of course, this doesn't show that the phenomena are *merely* social constructs, devoid of genuine parapsychological interest. But it suggests that survival evidence varies in its *symptom language*, like the varying and culturally specific forms of dissociative disorders. Consider, for example how, following the discovery in cases of hypnosis of an apparent second or divided self, cases formerly classified as ostensible demonic possession were later reconceptualized as types of dissociative disorders.[2] Not surprisingly, the evidence from transplant cases seems distinctively restricted to more technologically developed and affluent parts of the world, where transplant operations are accessible and affordable. With the disappearance of great mediums willing to be studied systematically and thoroughly, transplant cases might even act as a continuing counterweight to the large and still growing body of reincarnation cases, which tend to cluster in less-industrialized societies.

Third (and probably most important), transplant cases introduce evidence of a new *type*. They expand the empirical horizon in our search for evidence of survival, and they present us with a distinctive network of needs and interests to which we can apply both the living-agent-psi and survival hypotheses.

Consider: When we think along survivalist lines, it's easy to imagine why, after their tragic and premature deaths, organ donors might cling to their earthly connections—in this case, their vital organs, and especially the heart. Of course, advocates of living-agent psi would emphasize a different set of causally relevant motives. Donors would not be the only individuals with apparently burning needs. Organ recipients and the families of both donor and recipient will also have deep concerns, and they must be addressed as well. For example, in order to interpret the evidence carefully, we need to consider not simply how much the organ-recipient and recipient's family knew about the donor, but how much they *wanted* to know. Similarly, we need to consider whether members of the donor's family urgently seek evidence of the donor's survival. And of course, organ recipients tend to feel a deep bond with their donor, and that bond may be expressed psychically in a variety of ways, both flagrant and subtle.

Cellular Memory?

Some have tried to explain transplant cases in terms of cellular memory; indeed, that's the prevailing explanatory strategy,[3] and talk of cellular memory is quite fashionable, as is mechanistic thinking generally. However, Stephen Braude has suggested that this approach is deeply flawed (in fact, incoherent), because it faces the same fatal difficulties confronting all trace theories of memory.[4]

But we can ignore those issues for now, because there is a more important drawback to the appeal to cellular memory—at least for the survivalist. If cellular

memory were to account for the transplant cases, then those cases would not, strictly speaking, be evidence of postmortem survival. The appeal to cellular memory is actually an attempt to *explain away* the evidence for postmortem survival by (a) recasting it in what its proponents, rather conventionally and conservatively, believe are scientifically credible terms, and (b) linking personality (or at least a limited set of psychological dispositions) to still-functioning body parts. So of course, that strategy won't apply to the types of survival evidence that have interested the SPR since its inception—namely, cases in which an identifiable personality's actions and plausible postmortem agendas seem to persist even after *all* parts of the body cease functioning or decompose.

Thus, explanations in terms of cellular memory actually treat transplant cases as *limiting cases* (given today's technology) of *antemortem* survival. So long as the transplanted organs continue to function, there is a sense in which bodily death hasn't occurred, although of course bodily integrity has been seriously compromised.

In this essay, then, we will consider what most medical scientists would undoubtedly consider to be a more radical proposal—namely, whether transplant cases can be treated as another potential source of evidence for *noncorporeal* personal survival. And perhaps the most promising way to do that is to construe transplant cases as a subset of *possession* cases in which the deceased linger or hover—not around familiar locations as in (evidentially much less impressive) *haunting* cases—but around their still-living vital organs. As we will see, some transplant cases support that interpretation more clearly than others.

The Evidence

Apparently, the only systematic examination of the relationship between transplants (in this case, heart transplants) and personality changes is the Austrian study of Bunzel et al, who interviewed forty-seven heart transplant recipients and found that

> … three groups of patients could be identified: 79% stated that their personality had not changed at all postoperatively … Fifteen per cent stated that their personality had indeed changed, but not because of the donor organ, but due to the life-threatening event. Six per cent (three patients) reported a distinct change of personality due to their new hearts.[5]

Interestingly (but not uniquely—Pearsall also noted this in his research), Bunzel found that

> these 'no-change' patients employed massive defenses and often angry and hostile reactions to questions about the possible receipt of the energy from their donor. They called questions about such a thing 'complete nonsense' and ridiculed the idea that their donor could influence their life. They were often eager to change the subject and mocked the question itself.[6]

One can only wonder whether the strong denial of this group of recipients masks the awareness that something more parapsychologically momentous had occurred.

It is also unclear whether Bunzel and colleagues took that possibility sufficiently seriously and asked appropriately probing questions during their interviews. For one thing, they apparently didn't interview members of the recipients' family to learn whether—contrary to what the (perhaps suspiciously defensive) patients themselves reported—those family members observed profound personality shifts. And for another, the entire study was couched in language favoring an interpretation of observed personality changes in terms of cellular memory.

The main question posed to the recipients was as follows:

> The heart is often seen as source of feelings, emotions, and centre of personality. If it is like that, changing the heart must result in changed personality. Surely, it is a matter of opinion. Please, let us know your opinion, your experience up to now: Do you feel the same way about yourself after heart transplantation, or do you feel changed?

Clearly, there could have been a more theory-neutral way of questioning the patients about possible personality changes.

Moreover, there is another indication that Bunzel and colleagues did not have more parapsychologically-interesting possibilities on their radar at all. They describe the accounts given by the three patients reporting profound personality changes as 'incorporation fantasies'. Obviously, the underlying skepticism of the investigative team could easily and subtly have been conveyed to the interviewees.

Case Studies

The following case summaries are mostly taken either from a review of ten cases involving heart or heart-lung recipients (Pearsall *et al.*, 1999) or from Pearsall's book.[7]

Case 1

The donor was a 17-year-old black male student, a victim of a drive-by shooting. The recipient was a 47-year-old white male foundry worker diagnosed with aortic stenosis.

The donor's mother reported:

> Our son was walking to violin class when he was hit. Nobody knows where the bullet came from, but it just hit him and he fell. He died right there on the street hugging his violin case. He loved music and his teachers said he had a real thing for it. He would listen to music and play along with it. I think he would have been at Carnegie Hall someday, but the other kids always made fun of the music he liked.

The recipient reported:

> I'm real sad and all for the guy who died and gave me his heart, but I really have trouble with the fact that he was black. I'm not a racist, mind you, not at all. Most of my friends at the plant are black guys. But the idea that there is a

> black heart in a white body seems really … well, I don't know. I told my wife I thought my penis might grow to a black man's size. They say black men have larger penises, but I don't know for sure. After we have sex, I sometimes feel guilty because a black man made love to my wife, but I don't really think that seriously. I can tell you one thing, though: I used to hate classical music, but now I love it. So I know it's not my new heart, because a black guy from the hood wouldn't be into that. Now it calms my heart. I play it all the time. I more than like it. I play it all the time. I didn't tell any of the guys on the line that I have a black heart, but I think about it a lot.

The recipient's wife reports:

> He was more than concerned about the idea when he heard it was a black man's heart. He actually asked me if he could ask the doctor for a white heart when one came up. He's no Archie Bunker, but he's close to it. And he would kill me if he knew I told you this, but for the first time, he's invited his black friends over from work. It's like he doesn't see their color anymore even though he still talks about it sometimes. He seems more comfortable and at ease with these black guys, but he's not aware of it. And one more thing I should say: he's driving me nuts with the classical music. He doesn't know the name of one song and never, never listened to it before. Now, he sits for hours and listens to it. He even whistles classical music songs that he could never know. How does he know them? You'd think he'd like rap music or something because of his black heart.[8]

Case 2

The donor was a 24-year-old female automobile accident victim. The recipient was a 25-year-old male graduate student suffering from cystic fibrosis who received a heart-lung transplant.

The donor's sister reported:

> My sister was a very sensual person. Her one love was painting. She was on her way to her first solo showing at a tiny art shop when a drunk plowed into her. It's a lesbian art store that supports gay artists. My sister was not really very 'out' about it, but she was gay. She said her landscape paintings were really representations of the mother or woman figure. She would look at a naked woman model and paint a landscape from that! Can you imagine? She was gifted.

The recipient reported:

> I never told anyone at first, but I thought having a woman's heart would make me gay. Since my surgery, I've been hornier than ever and women just seem to look even more erotic and sensual, so I thought I might have gotten internal transsexual surgery. My doctor told me it was just my new energy and lease on life that made me feel that way, but I'm different. I know I'm different. I make love like I know exactly how the woman's body feels and responds—almost as if

> it is my body. I have the same body, but I still think I've got a woman's way of thinking about sex now.

The recipient's girlfriend reported:

> He's a much better lover now. Of course, he was weaker before, but it's not that. He's like, I mean he just knows my body as well as I do. He wants to cuddle, hold, and take a lot of time. Before he was a good lover, but not like this. It's just different. He wants to hug all the time and go shopping. My God, he never wanted to shop. And you know what, he carries a purse now. His purse! He slings it over his shoulder and calls it his bag, but it's a purse. He hates it when I say that, but going to the mall with him is like going with one of the girls. And one more thing, he loves to go to museums. He would never, absolutely never do that. Now he would go every week. Sometimes he stands for minutes and looks at a painting without talking. He loves landscapes and just stares. Sometimes I just leave him there and come back later.[9]

Case 3

The donor was a 16-month-old boy who drowned in a bathtub. The recipient was a 7-month-old boy diagnosed with tetralogy of Fallot (a hole in the ventricular septum with displacement of the aorta, pulmonary stenosis, and thickening of the right ventricle).

The donor's mother, a physician, said:

> When Carter [recipient] first saw me, he ran to me and pushed his nose against me and rubbed it. It was just exactly what we did with Jerry [donor].
>
> I'm a doctor. I'm trained to be a keen observer and have always been a natural born skeptic. But this was real. I know people will say I need to believe my son's spirit is alive, and perhaps I do. But I felt it. My husband and my father felt it. And I swear to you, and you can ask my mother, Carter said the same baby-talk words that Jerry said. Carter is [now] six, but he was talking Jerry's baby talk and playing with my nose just like Jerry did.
>
> We stayed with the [recipient family] that night. In the middle of the night, Carter came in and asked to sleep with my husband and me. He cuddled up between us exactly like Jerry did, and we began to cry. Carter told us not to cry because Jerry said everything was okay. My husband, I, our parents, and those who really knew Jerry have no doubt. Our son's heart contains much of our son and beats in Carter's chest. On some level, our son is still alive.

The recipient's mother reported:

> I saw Carter go to her [the donor's mother]. He never does that. He is very, very shy, but he went to her just like he used to run to me when he was a baby. When he whispered 'It's okay mama', I broke down. He called her mother, or maybe it was Jerry's heart talking. And one more thing that got to us: we found out talking to Jerry's mom that Jerry had mild cerebral palsy mostly on his left side. Carter has stiffness and some shaking on that same side. He never did as a

> baby and it only showed up after the transplant. The doctors say it's probably something to do with his medical condition, but I really think there's more to it.
>
> One more thing I'd like to know about. When we went to church together, Carter had never met Jerry's father. We came late and Jerry's dad was sitting with a group of people in the middle of the congregation. Carter let go of my hand and ran right to that man. He climbed on his lap, hugged him and said 'Daddy'. We were flabbergasted. How could he have known him? Why did he call him Dad? He never did things like that. He would never let go of my hand in church and never run to a stranger. When I asked him why he did it, he said he didn't. He said Jerry did and he went with him.[10]

Case 4

The donor was a 34-year-old police officer shot attempting to arrest a drug dealer. The recipient was a 56-year-old college professor diagnosed with atherosclerosis and ischemic heart disease.

The donor's wife reported:

> When I met Ben [the recipient] and Casey, I almost collapsed. First, it was a remarkable feeling seeing the man with my husband's heart in his chest. I think I could almost see Carl [the donor] in Ben's eyes. When I asked how Ben felt, I think I was really trying to ask Carl how he was. I wouldn't say that to them, but I wish I could have touched Ben's chest and talked to my husband's heart.
>
> What really bothers me, though, is when Casey said offhandedly that the only real side effect of Ben's surgery was flashes of light in his face. That's exactly how Carl died. The bastard shot him right in the face. The last thing he must have seen is a terrible flash. They never caught the guy, but they think they know who it is. I've seen the drawing of his face. The guy has long hair, deep eyes, a beard, and this real calm look. He looks sort of like some of the pictures of Jesus.

The recipient reported:

> If you promise you won't tell anyone my name, I'll tell you what I've not told any of my doctors. Only my wife [Casey] knows. I only knew that my donor was a 34-year-old very healthy guy. A few weeks after I got my heart, I began to have dreams. I would see a flash of light right in my face and my face gets real, real hot. It actually burns. Just before that time, I would get a glimpse of Jesus. I've had these dreams and now daydreams ever since: Jesus and then a flash. That's the only thing I can say is something different, other than feeling really good for the first time in my life.

The recipient's wife reported:

> I'm very, very glad you asked him about his transplant. He is more bothered than he'll tell you about these flashes. He says he sees Jesus and then a

> blinding flash. He told the doctors about the flashes but not Jesus. They said it's probably a side effect of the medications, but God we wish they would stop.[11]

Case 5

The donor was a 24-year-old prostitute killed in a stabbing. The recipient was a 35-year-old female.

The recipient reported:

> I never really was all that interested in sex. I never really thought about it much. Don't get me wrong, my husband and I had a sex life, but it was not a big part of our life. Now, I tire my husband out. I want sex every night and I masturbate two to three times a day sometimes. I used to hate X-rated videos, but now I love them. I feel like a slut sometimes and I even do a strip for my husband when I'm in the mood. I would never have done that before my surgery. When I told my psychiatrist about this, she said it was a reaction to my medications and my healthier body. Then I found out that my donor was a young college girl who worked as a topless dancer and in an out-call service. I think I got her sexual drive, and my husband agrees. He says I'm not the woman he married, but he wants to marry me again.

The recipient's husband reported:

> Not that I'm complaining, mind you, but what I have now is a sex kitten. It's not that we do it more, but she wants to talk about sex more and wants to see sexually explicit tapes which I could never talk her into before. When we do have sex, it is different. Not worse or better, just different. She never talked much during sex, but now she practically narrates the whole thing. She uses words I never heard her use before, but it kind of turns me on, so who's complaining? Our worst argument came a few months after her transplant and well before she knew who her donor was. I was joking and at a passionate moment said that she must have gotten the heart of a whore. We didn't talk for weeks.[12]

Case 6

The donor was a 17-year-old boy killed by a hit-and-run driver. The recipient was a 52-year-old male.

The recipient reported:

> I loved quiet classical music before my new heart. Now, I put on earphones, crank up the stereo, and play loud rock-and-roll music. I love my wife, but I keep fantasizing about teenage girls. My daughter says I have regressed since my new heart and that I act like a sixteen-year-old.

The recipient's daughter reported:

> It is really embarrassing sometimes. When my friends come over they ask if my dad is going through his second childhood. He's addicted to loud music and my mom says the little boy in him is finally coming out.[13]

Case 7

The donor was a 3-year-old boy who fell from an apartment window. The recipient was a 5-year-old boy.

The recipient reported:

> I gave the boy a name. He's younger than me and I call him Timmy. He's just a little kid. He's a little brother like about half my age. He got hurt bad when he fell down. He likes Power Rangers a lot, I think, just like I used to. I don't like them anymore, though. I like Tim Allen on 'Tool Time', so I called him Tim. I wonder where my old heart went, too. I sort of miss it. It was broken, but it took care of me for a while.

The recipient's father reported:

> Daryl never knew the name of his donor or his age. We didn't know, either, until recently. We just learned that the boy who died had fallen from a window. We didn't even know his age until now. Daryl had it about right. Probably just a lucky guess or something, but he got it right. What is spooky, though, is that he not only got the age right and some idea of how he died, he got the name right. The boy's name was Thomas, but for some reason his immediate family called him 'Tim'.

The recipient's mother added:

> Are you going to tell him the real Twilight Zone thing? Timmy fell trying to reach a Power Ranger toy that had fallen on the ledge of the window. Daryl won't even touch his Power Rangers any more.[14]

Case 8

This case comes from tabloid reports, and in this case the identity of the organ recipient has not been concealed.[15]

> William Sheridan, a retired catering manager in his early 60s, received a heart transplant at New York's Mount Sinai Hospital. While he was in the hospital, he began art therapy to relieve the boredom (and presumably the anxiety) of waiting for a donor. It seemed clear that Mr. Sheridan had no talent for drawing. Evidently, his 'drawing skills were stuck at nursery level. His stick figures were the sort you would expect of a child'.[16] However, after the surgery he found he could produce beautiful drawing of wildlife and landscapes. Years later, however (when he met the donor's mother), he learned that his donor (a 24-year-old Wall Street stockbroker who died in a car accident) had been a keen artist—in fact, demonstrating his interest in art beginning at the age of two.

Sheridan's art therapist insisted that Sheridan's pre-operative efforts were not remotely artistic, and reported: '…days after his transplant, he began creating this amazing, elaborate artwork…It was really quite amazing how his talent blossomed'.[17]

Analysis

Of course, the testimony in these cases is fascinating, and it should be clear that we can't discount it simply by appealing to what Braude[18] called the Usual Suspects—namely, malobservation, misreporting, hidden memories, or fraud. Perhaps the most common explanatory strategy of this sort is what is known as the Hospital Grapevine Theory, according to which patients may unwittingly, and even under anesthesia, receive information they overhear from nurses or surgeons.

Now granted, the recipient in case 2 knew that his donor was female. So one might credibly interpret the recipient's use of a purse and his new interest in shopping as a kind of role-playing due to suggestion. We could claim that knowledge of his donor's gender unleashed his feminine side, which until that time had been largely latent. However, other features of the recipient's behavior seem not simply less generically feminine, but in fact rather specific to the donor—for example, his newfound interest in museums and landscapes.

Moreover, we cannot simply assume that hospital staff would know these idiosyncratic facts about the donor. Similarly, it's unclear why knowledge of his donor's gender would lead to the more specific and intimate knowledge about female anatomy demonstrated during lovemaking, much less the knowledge-*how* demonstrated at those times but never before. Case 1 offers an equally (if not more) more striking example of donor-specific behavior (the recipient's sudden and intense interest in classical music), because that new interest ran counter to the recipient's expectations and racial stereotypes.

Along the same lines, the change in libido of the recipient in case 5 could plausibly be attributed to her newfound health and optimism. However, that kind of renewed interest in sex could just as naturally have taken other forms, less clearly appropriate to the character and lifestyle of the donor. We could make a similar observation about case 6's recipient and his sudden interest in loud rock music and fantasies of teenage girls. While one might reasonably expect the recipient to enjoy a renewed sense of energy and optimism, it could have easily—and perhaps more plausibly—taken forms less appropriate to the age and interests of the donor. Moreover, William Sheridan's sudden eruption of artistic talent cannot plausibly be explained in terms of mere information-reception.

Appeals to psi among the living also have limited utility, although one could argue that they take us somewhat further than appeals to the Usual Suspects. For example, recipient-ESP or donor-family telepathic influence might help explain the donor-specific behavior exhibited in case 1, young Carter's Jerry-like behavior in case 3, and even the experiences in case 4 of the blinding light and image of Jesus. And in all the cases it is easy to imagine why the donor's family and the recipient might deeply wish for indications of the donor's post-mortem persistence, and why that might lead to psychic interventions of various kinds taking place solely among

the living. But as with the Hospital Grapevine Theory, this explanatory strategy has difficulty accommodating the new artistic skills of Mr. Sheridan, or the seemingly idiosyncratically feminine love-making prowess of the recipient in case 2.

But perhaps the principal issue before us is: How well do transplant cases support what we could call the *hover hypothesis*: that the donor's surviving personality (or a fragment thereof) remains close (in a sense needing to be explained) to the organ recipient (or to the transplanted organs)? Some cases suggest this fairly clearly and even look a bit like possession cases. In fact, apparent possession might be a relatively clear exemplar of the sort of hovering at issue. If so, transplant cases would be a subset of possession cases: namely, those possession cases in which transplanted organs provide a clear motivating link between possessor and possessed. And if that's the case, then the transplant cases may not be nearly as unprecedented as they seem at first. They would still be cases of a new type, but that type would not differ radically from other forms of possession.

The cases most strongly favoring the hover hypothesis may be those where the organ recipients are children. Survivalists could argue that children will be particularly open to postmortem influence, presumably because they haven't had their receptivity 'educated' out of them. Of course, advocates of living-agent psi could make an analogous claim—namely, that children are particularly receptive to antemortem ESP because they have not been conditioned into regarding ESP as impossible or as taboo. And in fact there is some evidence that children score more poorly on ESP tests as they age, pass through the educational system, and presumably learn that others consider displays of psi to be unacceptable or impossible.[19]

It is interesting then, that the young organ-recipient in case 7 refers to his donor in the present tense. However, of the cases presented above, probably number 3 most clearly suggests hovering or possession. Young Carter attributed his behavior in church to the donor, Jerry. He said it was not he (that is, Carter) who ran to Jerry's father (whom he had not met), hugged him, and called him 'Daddy'. Carter said Jerry did this and he *went with him*. And Carter told Jerry's parents not to cry because Jerry said it was OK. On the surface, at least, this suggests an interaction between two distinct minds or individuals, Carter and Jerry. In fact, it resembles a form of mediumship in which the communicator interacts with and sometimes controls the body of the medium. Thus, there might be some force to the contention that young Carter's description is less conceptually 'polluted' than those of other recipients, whose expectations of what is empirically possible are unfavorably disposed against the option of possession.

Another case from Pearsall, Schwartz and Russek's modest collection suggests a similar type of communication between organ recipient and the surviving personality of the donor. The donor was a 3-year-old girl who drowned in the pool at her mother's boyfriend's house. The mother and boyfriend had left the girl in the care of a teenage babysitter. Apparently, the girl's parents had been through an ugly divorce, and thereafter the father never saw his daughter. Jimmy, the recipient, was a 9-year-old boy who claimed not to know who the donor was. He reported,

> I talk to her sometimes. I can feel her in there. She seems very sad. She is very afraid. I tell her it is okay, but she is very afraid. She says she wishes that parents wouldn't throw away their children. I don't know why she would say that.[20]

Jimmy's mother added that since the operation, her son was 'deathly afraid of the water', although he had loved it before.

Although the hover hypothesis seems to handle transplant cases fairly smoothly, one striking feature of the cases may be problematic: namely, the apparently lasting personality alterations in the organ recipient. For example, in case 1 the recipient acquired what seems to be a new and abiding interest in classical music, and in case 2 the recipient began to manifest a new and apparently permanent interest in art and attitude toward sex. If these cases really form a subset of possession cases, then presumably we'd have to regard the possession as permanent, or nearly so.

Now perhaps there is no problem with that. It would be a problem only if we suppose, apparently without justification, that possession (assuming it occurs) can only be temporary or sporadic. Of course, here (as elsewhere) the evidence is ambiguous. But it is also a fertile source of clues for theory construction. So, once we decide to entertain the possibility of possession, we must try to let the data guide us, and we must try also not to be constrained by whatever biases we had at the start. Cases of ostensible possession cover a wide range, including traditional cases of mediumship, spirit possession in shamanic contexts, cases closely resembling reincarnation cases, and the transplant cases now under consideration. Thus, at this stage, the totality of data seems to suggest that apparent possession—whatever it is—can occur in varying forms, varying degrees of completeness, and for varying periods of time.

We might want to modify this stance later, after hammering out a detailed and empirically adequate theory of postmortem existence. We might then decide to taxonomize possession cases so as to draw a sharp line between transient or temporary possession (as in mediumship or shamanic ritualistic possession) and its apparently more permanent forms. But for now at least, it seems that these cases all share a common crucial feature. The ostensible manifestation of another, postmortem, individual occurs well after the subject's birth, typically following some sort of ritual, or induction, or other event (such as an organ transplant) that provides an occasion or motive for apparent possession. That may be enough to distinguish these cases from cases of ostensible reincarnation.

Perhaps the main problem with evidence from transplant cases is that there is so little of it (namely, the sources already noted), and no evidence that researchers are actively looking for more. But as this body of evidence grows (as it presumably will, spontaneously), it will be interesting to see which patterns emerge clearly and whether young recipients like Carter continue to suggest possession as a viable explanation.

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Endnotes

Footnotes

- 1. Sylvia (1997).
- 2. See, for example, Braude (1995); Crabtree (1985); Ellenberger (1970).
- 3. Bunzel et al. (1992); Pearsall (1998); Pearsall et al. (1999).
- 4. Braude (2006; 2014); Bursen (1978); Heil (1978); Malcolm (1977).
- 5. Bunzel et al. (1992), 251.
- 6. Pearsall (1998), 86.
- 7. Pearsall (1998).
- 8. Pearsall et al. (1999), 68.
- 9. Pearsall et al. (1999), 67-8.
- 10. Pearsall et al. (1999), 67.
- 11. Pearsall et al. (1999), 70-71.
- 12. Pearsall (1998), 89.
- 13. Pearsall (1998), 89-90.
- 14. Pearsall et al. (1999), 70.
- 15. Daily Mail (2006); Greene (2006).
- 16. Daily Mail (2006).
- 17. The Art Transplant (2006).
- 18. Braude (2003).
- 19. See, for example, Winkelman (1980; 1981).
- 20. Pearsall et al. (1999), 69.