Since 1975, Raymond Moody’s *Life after Life: The Investigation of a Phenomenon—Survival of Bodily Death* has sold over 13 million copies. It remains the seminal work in the field of Near Death Experiences (NDEs), a term Moody coined that is now used to label an experience cluster of 12 elements\(^1\) that some people describe after a short period of clinical death and subsequent return to consciousness. The NDEs (and a few other end-of-life experiences) have been much in the news this year with on-line articles published by Oprah.com and the *Wall Street Journal*, and new books by Moody and David Kessler (both of whom worked with Elisabeth Kübler-Ross), and two physicians—Jeffrey Long, a radiation oncologist, and Pim van Lommel, a Dutch cardiologist. All of the books are by their nature anecdotal, full of stories of unusual happenings before, during, and slightly after a clinical death, and all seem to want in the worst way to convince the reader that the subjects of the stories and the author himself are not crackpots, delusional, or religious fanatics.

Almost purely anecdotal, David Kessler’s *Visions, Trips, and Crowded Rooms* reminds the reader of Maggie Callanan and Patricia Kelley’s *Final Gifts*, but focuses on three elements that many deathbed stories have in common—visions of and conversations with loved ones who have already died (sometimes the death is previously unknown); preparations for a trip (packing bags or finding tickets); and the room crowded with people, some of whom are known and others who may not be known. Kessler subdivides his stories into those told by doctors and nurses, those told by mental health professionals (social workers, psychologists, and counselors), and those told by clergy and family, perhaps a descending hierarchy of scientific authority and trustworthiness in his mind. But the stories are what they are, no matter who tells them, vivid reminders that death is sometimes a darkly mysterious matter to those who live but a journey into some very real other world / dimension / experience for the ones who die. Because Kessler’s career has been in end-of-life and grief care, he is careful to record what he can and leave the explanation to others. He also, in an on-line article published by the *Wall Street Journal*, helpfully provides some tips and responses if you are in the presence of a person having such visions or visitors:

- There’s really no point in telling your dying father you think he’s hallucinating or that his mom has been dead for several years and can’t possibly be there.
- Instead of disagreeing, try asking him, “What is your mom saying?”
- Say, “Tell me more about your vision.” Perhaps Aunt Betty is telling your father that it’s okay to die or maybe they’re reminiscing about growing up together.
- Say, “It’s great that Aunt Betty is here with you,” or “I knew that Mother would come to meet you,” or “I’m so glad that Mom is with you now.”
- Denying their reality will only separate you from your loved one. So join and explore this profound time of life.

Dr. Jeffrey Long’s work in the NDE field has attempted to frame the experience in such a way that it can be examined with mathematical models in order to make unequivocal statements about it. Gathering thousands of NDEs and subjecting them to a 100-item questionnaire, which can be

\(^1\) Out-of-body experience; heightened senses; intense and generally positive emotions or feelings; passing into or through a tunnel; encountering a mystical or brilliant light; encountering other beings, either mystical beings or deceased relatives or friends; a sense of alteration of time or space; life review; encountering unworldly (“heavenly”) realms; encountering or learning special knowledge; encountering a boundary or barrier; a return to the body, either voluntary or involuntary.
found on his website www.nderf.org. Long has developed and published in *Evidence of the Afterlife* (4 weeks on the *New York Times* bestseller list) nine lines of reasoning that he claims prove the existence of the afterlife:

1. It is medically inexplicable to have a highly organized and lucid experience while unconscious or clinically dead.
2. NDErs may see and hear in the out-of-body (OBE) state, and what they perceive is nearly always real.
3. NDEs occur during general anesthesia when no form of consciousness should be taking place.
4. NDEs take place among those who are blind, and these NDEs often include visual experiences.
5. A life review during the NDE accurately reflects real events in the NDEr’s life, even if those events have been forgotten.
6. Virtually all beings encountered during NDEs are deceased at the time of the NDE, and most are deceased relatives.
7. The striking similarity of content in NDEs among very young children and those of adults strongly suggests that the content of NDEs is not due to preexisting beliefs.
8. The remarkable consistency of NDEs around the world is evidence that NDEs are real events.
9. NDErs are transformed in many ways by their experience, often for life.

Dr. Pim van Lommel’s work, *Consciousness Beyond Life*, on the other hand takes a bigger-picture approach—historical NDEs, the current scientific explanations (both physiological and psychological) for NDEs, current NDE research, current understanding of the brain, quantum physics, consciousness—and addresses a number of interesting questions along the way:

- Where am I when I sleep?
- Sometimes there are indications of consciousness under general anesthesia. How is it possible that some patients under general anesthesia can later describe exactly what was being said or even done, usually at the moment when they suffered complications during surgery?
- Can we speak of consciousness when a person is in a coma? A recent article in *Science* looked at the scientific evidence of awareness in a patient in a vegetative state.
- Can we still speak of consciousness when a person has been pronounced brain dead?
- Does clinical death equal loss of consciousness?
- Can we still speak of consciousness when a person is confirmed dead and the body is cold?

He finally comes down, as the title cues us, on the side of a wide-ranging consciousness: “I strongly believe that consciousness cannot be located in a particular time and place…. Complete and endless consciousness is everywhere in a dimension that is not tied to time or place, where past, present, and future all exist and are accessible at the time same time” (xvii). He is, however, humble enough to say what we expect of all scientific writing, that his book “can be no more than a springboard for further study and debate” (345). But the work that the book can do on its own, he outlines in the appendix as “The Practical Significance of NDE in Health Care,” including sections on “NDE in the Hospital” and “Terminal and Palliative Care Units.” Also included are a glossary and an extensive bibliography.

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2 Physiological theories: oxygen deficiency, carbon dioxide overload, chemical reactions in the brain (ketamine, endorphins, psychedelics), electrical activity of the brain (epilepsy, stimulation). Psychological theories: fear of death, expectations, depersonalization, dissociation, personality factors, fantasies and imagination, desire, memory of birth, hallucinations, dreams, delusions brought on by medication.
Finally, Raymond Moody returns with his 11th book, *Glimpses of Eternity: Sharing a Loved One’s Passage from This Life to the Next*. The topic of discussion here takes the NDE a step further, the Shared Death Experience. In this experience a deathbed visitor accompanies the dying person through much of the NDE experience as we already know it: both persons are lifted out of their bodies and go to a place where the dying person is greeted by the people who will accompany him on his journey beyond life. While some of the SDE is the same as the NDE, these shared experiences might also include mist (or glitter), the room changing shape, a mystical light filling the room, the joint review of the dying person’s life (including receiving previously unknown information that proves correct upon checking), and predictive experiences (i.e., revealing the death soon of someone not expected to die) (15). Moody also relates such experiences shared by a number of people in the room.

So, ultimately, what does this mean to you as a volunteer when your patient is dying and reports to you about things you can’t see or hear, or breaks a long silence or profound dementia to smile at or greet people you can’t see? If these experiences fit your worldview, there may be no question about what’s going on and what your response should be. But if it all sounds a little “out there” and the authors’ arguments don’t seem compelling to you, it might be best to let the philosophers and psychologists explain the answers to the existential questions to themselves. Follow Kessler’s advice to participate in the patient’s reality by asking questions and listening for the answers. These Near Death and Shared Death Experiences are often comforting to patients and families in what could otherwise be sad and scary times.

References:
Moody, Raymond, MD, PhD, with Paul Perry, *Glimpses of Eternity: Sharing a Loved One’s Passage from This Life to the Next* (New York: Guideposts, 2010).

*Available in the Duke Hospice Volunteer Services Library