

THE BIRTH OF NEAR-DEATH

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Charlottesville was where it started.

A study that was to later electrify the world via a best seller entitled *Life After Life*, followed by floods of media coverage, television, movies, and research findings from professionals of every stripe, began innocently enough when a graduate student in philosophy attended a program at the University of Virginia - that featured a local psychiatrist talking about what he had seen on the other side of death when he had died of double pneumonia as a young man in the U. S. Army. The year was 1965. The curious philosophy student was Raymond A. Moody, Jr. And, the well-respected psychiatrist with a strange story to tell was George G. Ritchie.

George was twenty when he was pronounced dead of double pneumonia; his body removed to the base morgue. Nine minutes later morgue personnel nearly died themselves from shock when he suddenly revived. The biggest shock of all, though, was his description of what happened after he died: of leaving his body, trying to fly back to his home in Virginia as a spirit, being met by a Presence he recognized as Jesus - who showed him the power of unconditional love and the truth about heaven and hell. Utterly and forever changed, George went on to become an unusually effective and understanding psychiatrist who also founded a youth corps to help kids channel their energies in positive ways and learn the art of leadership. The idea that there might be life after death so fascinated Raymond Moody that he sought out other cases. This hobby of his gathered steam from 1972 to 1976, when he switched to medicine and studied at the Medical College of Georgia in Augusta. There he discovered a bonanza of such stories and coined the term "near-death experience" to categorize the phenomenon in his newly penned book. A year after the book's 1975 publication, Raymond returned to the University of Virginia for his psychiatric residency - but soon had to take a leave of absence because of all the hoopla. Inspired as much by a need for support as for verification of his findings, he invited a number of researchers from across the country to meet with him in Charlottesville on the weekend of November 17, 1977. Over a dozen professionals came, each pledging to uplift and encourage the other as they set about the lonely business of doing serious research in the midst of raucous sensationalism. To make their goal official, they agreed to incorporate under the banner, "Association for the Scientific Study of Near-Death Phenomena." Among those present at that fateful meeting was Bruce Greyson, M.D., a psychiatrist at the University. Between 1976 and 1978 he worked part-time with Ian Stevenson, M.D., at the Division of Personality Studies. Ian had been collecting such cases since the early sixties, calling them, for lack of a better term, either "deathbed visions" or "out-of-body experiences." Bruce helped Ian facilitate further research until he left for the University of Michigan to teach psychiatry. To understand how strong the Charlottesville connection is to studies about the near-death experience, it is helpful to know something about one other attendee at that first meeting - Kenneth Ring, Ph.D., a psychology professor at the University of Connecticut. Three years later, his book, *Life at Death*, proved to be the needed breakthrough that scientifically verified Raymond's findings, clarifying the field of study we have today. Soon after he initiated the peer-reviewed journal "Anabiosis," he asked Bruce to take over as temporary editor so he could leave on sabbatical to write what became the classic, *Heading Toward Omega: In Search of the Meaning of the Near-Death Experience*. Bruce's "temporary" assignment in 1982 became a full commitment that influenced a move to Connecticut and led to his changing the journal's name to "Journal of Near-Death Studies." While there, he co-authored with Charles Flynn, Ph.D., the insightful, *The Near-Death Experience: Problems, Prospects, Perspectives*. Where does that leave Charlottesville? Well, I'm coming to

that. During the time Bruce was in Michigan and Connecticut, several important studies on the near-death experience emerged from the Division of Personality Studies. This, combined with a grant to conduct a prospective study of the phenomenon with patients in the Cardiac Care Unit of the University's Hospital, brought Bruce back to the city. His return included moving the "Journal of Near-Death Studies" here, as well. That was 1995. Ian had collected about 600 cases by then; Bruce, 400. I was already here because of a job opportunity offered to my husband in 1989. Although I use police investigative techniques as my protocol, rather than the medical model Bruce and Ian use, if you update our various efforts, the combined research base between us numbers in the neighborhood of nearly 5,000 cases the largest known. To see where I fit in this saga, we need to go back to 1981 when Kenneth Ring was perusing a Hartford bookstore and happened upon a small, self-published piece called *I Died Three Times* in 1977. How my book ever got to Connecticut, no one knows, but it inspired him to track me down by telephone and come for a visit. I had "immigrated," if you will, from Idaho to Virginia, and was living in Harrisonburg at the time as a newlywed. Ken was surprised to find that, without knowing anything about Moody or his book or that anyone else was doing such work, I had been independently researching the near-death experience for a number of years and had amassed a great deal of material. Elisabeth Kubler-Ross had described the phenomenon to me in 1978 when I had met her at Chicago's O'Hare Airport. At Ken's request, I began to write a column for experiencers in "Vital Signs," a publication of "International Association For Near-Death Studies" (IANDS), the organization that replaced the original group. Ken and I met again on the first of many trips I made to Connecticut, and he encouraged me to cross-check my earlier findings. *Coming Back to Life* resulted. Of the five I have authored on the research I have done, the last three were written here. What began in Charlottesville thirty-six years ago has come full circle different players but the same scene - an ongoing exploration of a phenomenon that has captured global attention, and that directly impinges on what we think we know about the capacity of the human mind and spirit, our religious and social structures, and the prospect of life after death.

That initial moment in history involved far more than just a graduate student being fascinated by an amazing story. What really birthed here was the discovery of a complex dynamic that, by continuing to defy ready explanation, challenges us again and again. Thanks to more researchers than I could ever mention here, we now know that the near-death phenomenon is far more than a quick trip to a light at the end of some tunnel. It is actually an intense awareness, sense, or experience of "other-worldliness," whether pleasant or unpleasant, that happens to people who are at the edge of death. It is of such magnitude that most experiencers are deeply affected, many to the point of making significant changes in their lives afterward because of what they encountered on "the other side." Although it is true that the closer people are to physical death the more apt they are to have one, "near-death-like" experiences can occur without the threat of imminent death. Drugs, oxygen deprivation, temporal lobe seizures, psychological disorders, and other possible mediators, have all flunked the causal test; and none of these conditions account for the full range of experiences, information in them that could not have been known about before, and the aftereffects which follow. A signature feature of the phenomenon is that no matter how long an experiencer is without vital signs no pulse, no breath, no indicators of brain activity not only will little or no brain damage be found, but, the average individual will begin to display an unexplainable enhancement of intellect once revived. How long are these people without vital signs? I and most other researchers agree somewhere between five to twenty minutes. It is of interest to note that in the research I did most cases with women that I found arose from crises involving birth, miscarriage, rape, or hysterectomies. But with men, most of them were heart-related or resulted from acts of violence. With kids, it was either birth trauma or accidents, often involving a drowning or suffocation; a large number also emerged from surgery and situations of abuse. The pattern of aftereffects is as much physiological as psychological. Since this is little known, here are some of the physical changes experiencers reported to me along with the percentages of this I found in my research: between eighty to ninety percent claimed to look and act younger, and were more playful afterward. They evidenced brighter skin, eyes that sparkled, and said there were substantial changes in their energy levels (even energy surges). They spoke of increased sensitivity to light and especially sunlight, increased sensitivity to sound and to noise levels, a regard for things as new even when they weren't, decreased boredom levels, stress easier to handle/heal quicker, changes in intelligence levels and how their brain worked, and of becoming creative intuitives.

Seventy-three percent in my research base experienced electrical sensitivity, where their personal energy field affected the electromagnetic fields around them such as with computers, television sets, tape recorders, security systems, microphones, light bulbs, and so forth. This indicated that their energy seems to interfere with or enhance the performance of technological equipment.

Well over half reported metabolic changes that affected their digestion and ability to assimilate substances, such as pharmaceuticals. Drug tolerance decreased, as it took less of anything to obtain a full effect. Allergies heightened, especially to chemical additives, strong smells, and pollutants. Blood pressure lowered; body clocks tended to reverse. There were frequent claims of multiple sensing (synesthesia) and heightened sensations, cognitive abilities that seemed to switch. Clearly, clinical tests are needed to measure the full import of these aftereffects. As soon as grant money can be found, this will happen. In the meantime, initial research in this area is highly suggestive that near-death states may cause significant changes in brain processing, as well as what appears to be alterations in the nervous and digestive systems of experiencers. I found intensity to be an important key - the more intense the experience the greater the aftereffects. See what I mean? What birthed in Charlottesville was indeed a complex dynamic. . . that challenges our notions about life as readily as those about death.

And we did it again. Last year in a press release datelined Charlottesville, Bruce stated that the near-death phenomenon is stress-related, a natural response to intense trauma. Yet if you study the deeper implications of his announcement, that the concentration of focus and dissociation created by these states correlate to what can result in traumatic situations, well, you can't help but notice that his findings confirm what is known historically as the making of a good shaman, wise one, priest, or spiritual leader regardless of culture. And that is, the way to produce a shamanic-type individual with abilities and awarenesses beyond the norm. . . is to subject him or her to some type of traumatic incident or intensely-felt ritual that pushes the person past the fear threshold at death's door into the realms of spirit. What pushes, according to mystical traditions, is "high stress." (Some societies allow drug use as a shortcut, but the "hero's journey" is solely stress-based.) High stress, then, exists as a commonality in the process of transforming human consciousness. To illustrate how important the stress link is, here's a synopsis of what I have noticed during the twenty-three years I have been conducting near-death research: most episodes happen to people during major life junctures or at times of unusual stress when spiritual guidance would have the most impact. With young children, relatives and caregivers can be affected as well to the degree that it's almost as if the child had the experience for them. Yet, the extent to which the episode transformed the youngster becomes more evident as he or she matures, and can become a quiet but powerful directive in the life path chosen by the child once grown. Causes and conditions of death can reflect, at least symbolically, the experiencer's past or current psychological growth; maturity, or lack of it. The initial spirit greeters at the edge of death always match whatever is necessary to alert or calm the experiencer, be that person an adult or child. As the episode deepens, the scenario's message parallels almost exactly the subconscious needs of the individual at that point in time. The life review and any session that covers lectures or advice reflects whatever was omitted, ignored, or not yet learned in life by the experiencer involved. Afterward, the experiencer's behavior tends to shift toward a desire to express that which has been undeveloped or partially developed - physically in the sense of brain function/nerve sensitivity, psychologically in the sense of personal growth/maturity, spiritually in the sense of a personal relationship with Deity or God as if whatever traits are missing in the individual's overall maturing process are now being "filled in." I never cease to be amazed at how forthcoming experiencers are when asked to evaluate what happened to them. Almost to a person they say, "I got what I needed." This blunt answer suggests that another agenda may be in force besides that of the personality self: perhaps that of a greater version of self the soul. Whatever the truth of this, and it may never be proved one way or the other, the need factor is plainly obvious as to timing, storyline, and outcome of near-death states not in the sense of predetermination or wish fulfillment, but, rather, in terms of a subconscious "agenda" of a higher, more spiritual order. What impresses me the most is how the scenario people experience always catches their attention in the precise way and manner that is the most effective for them. Near-death scenarios hardly ever touch on what most of us might expect considering the gravity of that person's life choices and deeds. For

instance, murders hardly ever wind up in dungeons where hellish demons can prick them to pieces with hot pokers. Such criminals usually experience those scenes that infuse them with life's true meaning and purpose, after they have been subjected to "living through" on every level the effect of what they did to others. Trading places becomes their punishment. Those I know who had scenarios like this were so deeply shaken by what they went through that they never returned to a life of crime. One Mafia hitman, for example, after such an episode, devoted the rest of his life to serving the impoverished by dishing up meals in a church soup kitchen. His explanation, "I want to make up for what I have done." The knee-jerk reaction to these research findings is that, apparently, we alone decide our heavens and hells based on our personal beliefs and attitudes. But that notion begins to fall apart when we examine shared and group experiences. Consider the following:

Shared Near-Death States. There are cases in which several experiencers seem to share in each other's episode; that is to say they have the same or similar elements, scenario type, or basic storyline. Usually these are encountered when two or three people are involved in the same accident at the same time or are in the same general section of the hospital at the same time. Sometimes these states are experienced singly (one individual is not aware of the other during the episode, but later learns that both apparently had the same scenario). Sometimes the people involved are aware of each other, and are able to confirm the extent of that awareness after they are able to compare their separate stories. **Group Near-Death States.** These are rare, but they do occur. With this kind, a whole group of people simultaneously seems to experience the same or similar episode. What makes these so spectacular and challenging is that all or most of the experiencers see each other actually leave their bodies as it happens, then dialogue with each other and share messages and observations while still experiencing the near-death state. Their separate reports afterward either match or nearly so. Reports like these emerge most often from events of a harrowing nature that involve a lot of people.

Shared and group experiences imply that no matter how sure we are that near-death states mean this or that, and are the result of whatever, no single idea, theory, or pat answer can explain them. Even clues from the powerful patterning that researchers like myself have identified fail to explain all aspects of the phenomenon.

And I haven't even touched upon details that appear in episodes that could not possibly have been known by the experiencer before, that are later verified as accurate: such as visitations by loved ones and pets nobody knows have died (because they just did); manifestations of people claiming to be relatives but the experiencer never heard of them (yet they are); readouts on hospital graphs and machinery (seen from angles impossible for a prone person to see); those gathered in the waiting room, other patients in other rooms, last-minute switches in hospital staff (all accurately described before being physically seen or met); artifacts on clothing, buildings, landscapes (previously unknown to the individual); revelations of family secrets (much to the embarrassment of those involved); and on and on. Experiencers return from these transformative states convinced of a mission they are to do, a job they must perform for the greater good of humankind. They speak of love and oneness, cooperation and service, making a difference in society. And they talk about God.

What are we to make of all of this? What are we to conclude? That there is more to life than we think there is, and more to death than finality.

Thomas Jefferson is credited with saying, "Only those who see the invisible can do the impossible." Raymond Moody caught Mr. Jefferson's vision and ran with it. The birth of near-death studies is the result. . . another of Charlottesville's many legacies. Dr. Atwater's website is www.pmhatwater.com.

International Association For Near-Death Studies website is www.iands.org. Also, International Association For Near-Death Studies 2741 Campus Walk Avenue, #500 Durham, NC 27705-8878 (919) 383-7940 voice/fax. Local chapter meetings, IANDS Central Virginia, 1st Wednesday of each month, 7-8:30 pm,

Gordon Avenue Library (in basement), Gordon Avenue, Charlottesville. Experiencers and interested public welcome; no charge.

Dr. Greyson can be reached through IANDS or Division of Personality Studies, UVA. Atwater, P.M.H., L.H.D., Ph.D.

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