

*Journal*  
*of*  
Near-Death Studies

**Editor's Foreword** • *Bruce Greyson, M.D.*

**Inner Communications Following the Near-Death Experience** • *Mitchell B. Liester, M.D.*

**Physically Transcendent Awareness: A Comparison of the Phenomenology of Consciousness Before Birth and After Death** • *Jenny Wade, Ph.D.*

**Book Review:**

**Jewish Views of the Afterlife**, by *Simcha Paull Raphael* • *Reviewed by Beverly A. Brodsky*

**Volume 16, Number 4, Summer 1998**



### **Editor**

Bruce Greyson, M.D., *University of Virginia, Charlottesville, VA*

### **Consulting Editors**

James E. Alcock, Ph.D., C. Psych., *York University, Toronto, Ont.*

Boyce Batey, *Academy of Religion and Psychical Research, Bloomfield, CT*

Carl B. Becker, Ph.D., *Kyoto University, Kyoto, Japan*

Diane K. Corcoran, R.N., Ph.D., *3G International, Reston, VA*

Kevin J. Drab, M.A., C.A.C., C.E.A.P., *The Horsham Clinic, Ambler, PA*

Glen O. Gabbard, M.D., *The Menninger Foundation, Topeka, KS*

Stanislav Grof, M.D., *Mill Valley, CA*

Michael Grosso, Ph.D., *Jersey City State College, Jersey City, NJ*

Barbara Harris Whitfield, R.T.T., Ms.T., *Whitfield Associates, Atlanta, GA*

Bruce J. Horacek, Ph.D., *University of Nebraska, Omaha, NE*

Pascal Kaplan, Ph.D., *Searchlight Publications, Walnut Creek, CA*

Raymond A. Moody, Jr., Ph.D., M.D., *Anniston, AL*

Russell Noyes, Jr., M.D., *University of Iowa, Iowa City, IA*

Karlis Osis, Ph.D., *American Society for Psychical Research, New York, NY*

Canon Michael Perry, *Durham Cathedral, Durham, England*

Kenneth Ring, Ph.D., *University of Connecticut, Storrs, CT*

William G. Roll, Ph.D., *Psychological Services Institute, Atlanta, GA*

Steven Rosen, Ph.D., *City University of New York, Staten Island, NY*

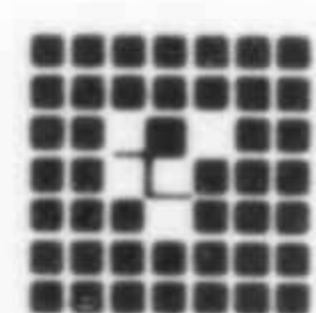
W. Stephen Sabom, S.T.D., *Decatur, GA*

Stuart W. Twemlow, M.D., *University of Kansas, Wichita, KS*

Renee Weber, Ph.D., *Rutgers College, New Brunswick, NJ*

John A. White, M.A.T., *Cheshire, CT*

Mark Woodhouse, Ph.D., *Georgia State College, Atlanta, GA*



**HUMAN SCIENCES PRESS, INC.**

233 Spring Street, New York, New York 10013-1578

*Journal*  
*of* **Near-Death Studies**

---

Volume 16, Number 4, Summer 1998

---

**Editor's Foreword** 231  
*Bruce Greyson, M.D.*

**ARTICLES**

**Inner Communications Following the Near-Death  
Experience** 233  
*Mitchell B. Liester, M.D.*

**Physically Transcendent Awareness: A Comparison of  
the Phenomenology of Consciousness Before Birth  
and After Death** 249  
*Jenny Wade, Ph.D.*

**BOOK REVIEW** 277  
**Jewish Views of the Afterlife**, by *Simcha Paull Raphael*  
*Reviewed by Beverly A. Brodsky*

**JOURNAL OF NEAR-DEATH STUDIES** (formerly ANABIOSIS) is sponsored by the International Association for Near-Death Studies (IANDS). The Journal publishes articles on near-death experiences and on the empirical effects and theoretical implications of such events, and on such related phenomena as out-of-body experiences, deathbed visions, the experiences of dying persons, comparable experiences occurring under other circumstances, and the implications of such phenomena for our understanding of human consciousness and its relation to the life and death processes. The Journal is committed to an unbiased exploration of these issues, and specifically welcomes a variety of theoretical perspectives and interpretations that are grounded in empirical observation or research.

The **INTERNATIONAL ASSOCIATION FOR NEAR-DEATH STUDIES** (IANDS) is a world-wide organization of scientists, scholars, near-death experiencers, and the general public, dedicated to the exploration of near-death experiences (NDEs) and their implications. Incorporated as a nonprofit educational and research organization in 1981, IANDS' objectives are to encourage and support research into NDEs and related phenomena; to disseminate knowledge concerning NDEs and their implications; to further the utilization of near-death research by health care and counseling professionals; to form local chapters of near-death experiencers and interested others; to sponsor symposia and conferences on NDEs and related phenomena; and to maintain a library and archives of near-death-related material. Friends of IANDS chapters are affiliated support groups in many cities for NDErs and their families and for health care and counseling professionals to network locally. Information about membership in IANDS can be obtained by writing to IANDS, P. O. Box 502, East Windsor Hill, CT 06028.

**MANUSCRIPTS** should be submitted in hard copy and on 3.5" computer disk, preferably formatted in Wordperfect or in Microsoft Word, to Bruce Greyson, M.D., Division of Personality Studies, Department of Psychiatric Medicine, Box 152, University of Virginia Health Sciences Center, Charlottesville, VA 22908. See inside back cover for style requirements.

**SUBSCRIPTION** inquiries and subscription orders should be addressed to the publisher at Subscription Department, Human Sciences Press, Inc., 233 Spring Street, New York, N.Y. 10013-1578 or faxed to the Subscription Department at its number (212) 807-1047, or may be telephoned to the Subscription Department's Journal Customer Service at (212) 620-8468, -8470, -8472, or -8082. Subscription rates:

Volume 16, 1997-1998 (4 issues) \$225.00 (outside the U.S., \$265.00). Price for individual subscribers certifying that the journal is for their personal use, \$46.00 (outside the U.S., \$54.00).

**ADVERTISING** inquiries should be addressed to Advertising Sales, Human Sciences Press, Inc., 233 Spring Street, New York, N.Y. 10013-1578—telephone (212) 620-8495 and fax (212) 647-1898.

**INDEXED IN** Psychological Abstracts, Parapsychology Abstracts International, Social Work Research and Abstracts, Sage Family Abstracts, Health Instrument File, International Bibliography of Periodical Literature, and Sociological Abstracts.

**PHOTOCOPYING:** Authorization to photocopy items for internal or personal use of specific clients is granted by Human Sciences Press for users registered with the Copyright Clearance Center (CCC) Transactional Reporting Service, provided that the flat fee of \$15.00 per copy per article (no additional per-page fees) is paid directly to the Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, Massachusetts 01923. For those organizations that have been granted a photocopy license from CCC, a separate system of payment has been arranged. The fee code for users of the Transactional Reporting Service is 0891-4494/98/\$15.00.

**COPYRIGHT** 1998 by Human Sciences Press, Inc. Published quarterly in the Fall, Winter, Spring, and Summer, *Journal of Near-Death Studies* is a trademark of Human Sciences Press, Inc. Postmaster: Send address changes to *Journal of Near-Death Studies*, Human Sciences Press, Inc., 233 Spring Street, New York, N.Y. 10013-1578.

ISSN 0891-4494

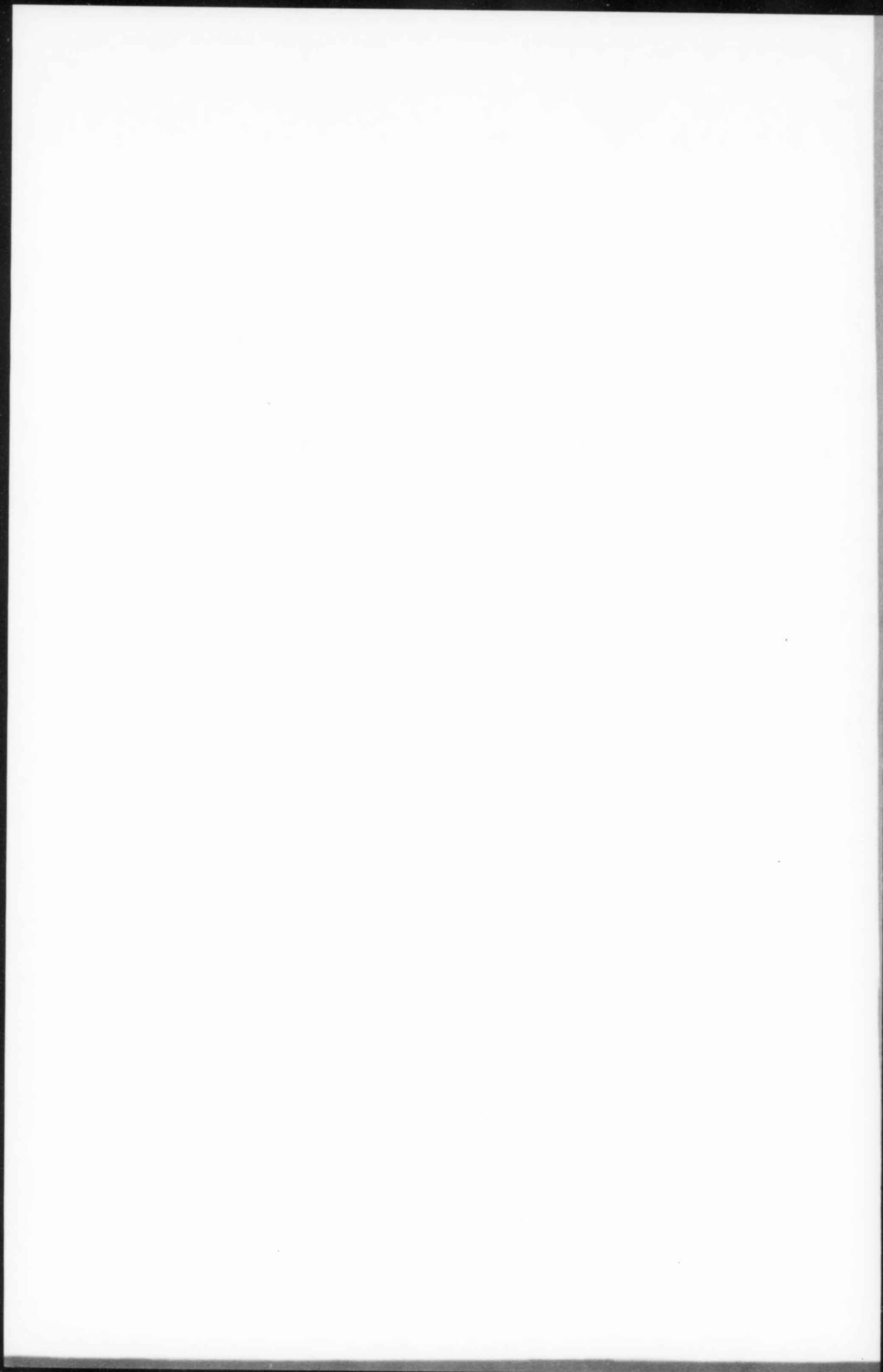
JNDAE7 16(4) 229-284 (1998)

## Editor's Foreword

This issue of the Journal contains two articles tying empirical evidence into an innovative theoretical framework. Psychiatrist Mitchell Liester's lead article explores inner communications, which appear to come from nonphysical beings, that some individuals report hearing subsequent to their near-death experiences (NDEs). After describing the phenomenology of these inner communications and their similarities to and differences from hallucinations, Liester suggests that they are a form of intuition and suggests further research into their etiology and effects. In the second article, psychologist Jenny Wade postulates a physically transcendent source of consciousness, and summarizes evidence for this source from both extremes of the life span, when central nervous system functioning is impaired. Comparing narratives of pre- and perinatal memories with accounts of NDEs, she concludes that there is a source of consciousness that must transcend the physical body, as it seems to predate conception and continue beyond bodily death.

We also include in this issue Beverly Brodsky's review of Simcha Paull Raphael's *Jewish Views of the Afterlife*, a far-reaching synthesis of Jewish thought on life and death from Biblical teachings through contemporary near-death studies.

Bruce Greyson, M.D.



# Inner Communications Following the Near-Death Experience

Mitchell B. Liester, M.D.  
*Colorado Springs, CO*

**ABSTRACT:** Inner communications following the near-death experience (NDE) have been reported by a number of authors. Although such communications are similar in some ways to the hallucinations heard by individuals with mental illness, they differ in that their effects are predominantly positive, whereas the hallucinations in mental illness exert predominantly negative effects. This article describes three individuals who reported experiencing inner communications subsequent to their NDEs. I suggest that these inner messages may be a form of intuition, and encourage further research into this phenomenon.

Contact with deceased relatives, friends, and incorporeal beings during near-death experiences (NDEs) has been reported by a number of investigators (Moody, 1975; Morse and Perry, 1992; Ring, 1980). Such contact with "nonphysical beings" has been likened to the interactions between children and imaginary playmates (Blackmore, 1993), attributed to defensive attempts to reduce fears of impending death (Stevenson and Greyson, 1979), and compared with hypnagogic and hypnopompic phenomena (Stevenson and Greyson, 1979).

Often these interactions are labeled "hallucinations" (Siegel, 1980), which is consistent with the American Psychiatric Association's definition as "A sensory perception that has the compelling sense of reality of a true perception but that occurs without external stimulation of the relevant sensory organ" (American Psychiatric Association, 1994, p. 767). Additional support for this characterization comes from the fact that many conditions known to precipitate hallucinations,

---

Mitchell B. Liester, M.D., is a psychiatrist in private practice. Reprint requests should be addressed to Dr. Liester at 6165 Lehman Drive, Suite #101, Colorado Springs, CO 80918.

including sensory deprivation (Zuckerman, 1970), alterations in temporal lobe functioning (Slade, 1988), and metabolic disorders (Baldwin, 1970; Reus, 1986), may occur at the time of death. Such associations have lead one author to propose a "dying brain hypothesis" of NDEs (Blackmore, 1993).

Regardless of the interpretations one places upon these messages, it is apparent that such communications sometimes continue long after the NDE has ended. Melvin Morse found that 12 percent of his subjects continued to have regular contact with the same guardian angels they saw during their NDEs, and more than 10 percent reported seeing "ghosts or other apparitions" following their NDEs (Morse and Perry, 1992, p. 164). These findings are particularly interesting given the fact that one of the inclusion criteria for participation in Morse's study was the passage of at least ten years since the NDE occurred.

This paper examines the inner communications that followed NDEs in three individuals.

## Methods

All three subjects were known by the author prior to this study. A semi-structured interview was carried out with each subject during which the Near-Death Experience Scale (Greyson, 1983) was administered and the subject was asked to describe her NDE as well as the effects of the inner communications that followed the NDE. The latter questions were drawn from a prior study by Laura Miller, Eileen O'Connor, and Tony DiPasquale (1993), which investigated psychiatric inpatients' attitudes towards their hallucinations. The questions asked in the present study are as follows:

### *General*

Would you rather keep on hearing the voices or have them go away?

### *Controlled*

If you could control when the voices came and when they didn't, would you want to be able to hear them sometimes?

*Self-Soothing*

Is there anything comforting about the voices? Anything distressing? threatening? soothing?

*Self-Concept*

Does hearing the voices affect the way you feel about yourself? How you compare yourself to others? Does it make you feel singled out or special?

*Companionship*

Do the voices keep you company when you're lonely? Do they make you more lonely?

*Defensive*

Do the voices protect you from uncomfortable situations or feelings? Do they warn you of danger? Do they create uncomfortable situations, feelings, danger?

*Reactions of Others*

How do you feel about the way other people react toward your voices?

*Performance*

When the voices come while you're working on something, do they affect your ability to work? Do they make your work harder or easier?

*Relationships*

Has hearing the voices affected your relationships with other people? If so, how?

*Financial*

Do you think your financial situation would be different if you did not hear the voices? If so, how?

*Sexual*

Do the voices interfere with or enhance your sexual interest/activity?

**Case Histories***Case History #1*

Ms. A is a 40-year-old licensed minister who suffered a cardiac arrest as a 21-year-old college student. Awakened early one morning with nausea and vomiting, Ms. A soon developed stiffness in her arms and a "grabbing" pain in her chest. Aware that something was seriously wrong, she called out to her boyfriend: "I think I'm having a heart attack!"

He incorrectly believed she was having a bad dream, and ignored her plea for help. Ms. A stated: "The next thing I realized, I was watching my body one to two feet above my body." She had never even heard of an out-of-body experience, and therefore she found the experience disconcerting: "I didn't know what to do. . . . It was an out of control experience."

Ms. A was then met by "a presence," which was "nothing I could see." She said about this presence: "It knew me and I felt comfortable with it. . . . My emotions were immediately altered by being with it. Something else was directing me. . . . It felt older than me. It had an authority to it." Describing her contact with this presence, Ms. A said: "I didn't hear anything," and "It didn't say anything." Instead, she described the communication as "sentient" or "conveyed energy transmission."

The next thing Ms. A experienced was a life review, which "seems like it took about seven seconds." This life review was described as being "like a Rolodex of my life," and she explained further: "It was like when you scroll through a computer screen." She realized from this life review that "I had been very hard on myself and that I blamed myself for everything that happened in my life. . . . I felt better instantly. . . . I felt resolved about a lot of my past."

Next, Ms. A became aware of "a small group of presences." These had distinguishing characteristics; that is, some were male and some were female, and some had "color tones." She said of these presences:

They were [there] to create a comfort zone because of what began to happen. I began to feel very light, uplifted. Then it went to ecstatic. What I realized was I didn't have any control [of the expe-

rience]. I was being turned toward a tunnel. . . . There were more and less distinguishable presences. They were all becoming one. We were in the light. It was ecstasy beyond anything I'd ever felt. . . . It was like I was in a wind tunnel; like there was a magnet between my heart and the tunnel. They had to tell me: "You have a choice now"—staying here or going back into my body. They began to explain: "You have three things to accomplish." There was no pressure associated with this.

Ms. A stated: "There was a purpose for me being here."

Next, she received another message: "I had three seconds, then I wouldn't be able to go back." She was told: "If you don't go back now, then you can just get another body and complete these tasks another time." Ms. A decided to return to her body, and "before I knew it, I was back in a painful body. I could feel chest pain. All these people were over me."

During the time she was "unconscious," Ms. A's boyfriend awakened to find her without a pulse and he then called the paramedics. By the time she "awoke" on a stretcher, Ms. A had been without detectable vital signs for 36 minutes.

Ms. A was subsequently taken to a hospital for medical tests. Her doctor said that her electrocardiogram (EKG) "looks like a 55-year-old woman who has had a massive coronary." However, within one year her EKG had returned to normal.

During the last 20 years, Ms. A has continued to receive inner communications like those she experienced during her NDE. She said of the "type of consciousness" during which she experiences these communications: "If you mentally try to grab it and take it into your ego, it's gone." Ms. A said that these communications manifest in one of three ways:

*Auditory.* This voice is always heard inside her head. It is similar to a thought, but has a "knowing character": "Sometimes it feels outside of myself and sometimes there's something outside booting up your own awareness, pulling up something you already know." The voice is neither male nor female.

*"Energetic."* Ms. A stated that at times her body will "all at once gear up when I didn't want it to." She described one example when her hand "want[ed] to go somewhere" without her consciously willing it to. During this type of experience, Ms. A feels "more energized." She sometimes receives information about another person she's with, such as that the person is upset, and she knows what would be help-

ful to that person. Ms. A said she can "regulate" this experience, that is, turn it off when she chooses.

*Dreams.* Ms. A said that she will sometimes "receive lessons energetically" in her dreams. Although she said that her dreams have become more "boring" since her NDE, sometimes she experiences "energy" while in the dream state. This energy relates to something very specific in the dream, which she recognizes to be an important lesson for her.

### *Case History #2*

Ms. B is a 48-year-old divorced white female who is self-employed as a massage therapist. At the age of 30, Ms. B underwent surgery on her mandible, after which her mouth was wired shut for six weeks. When the oral surgeon began to cut the wires, she experienced "the worst pain I'd ever experienced, including labor." Although she was given nitrous oxide, the pain intensified until finally she realized that she was either going to scream involuntarily, or she was going to stop the procedure. Ms. B said that at that point, "The whole room filled with golden light. The pain stopped, and I realized I was out of my body, up in the left corner of the room, watching them taking the wires off."

Ms. B described the light as "like the presence of another entity, person. . . . It's a golden light, but it is also a presence of a being that has another form." She described her communication with the light as follows: "The thoughts of the light came into my mind like my own thoughts do, but they were not my own. . . . I know it was communication from another presence."

She then traveled through a tunnel to a place where there were several "stations." These were described as being similar to "learning centers or hospitals" where people were being "given information."

Ms. B did not remember experiencing a life review, but she saw several people who had already died. She described learning that there was a purpose for her "trip," which was to take less care of others. She was told that the Earth is working exactly as it should, "even if it makes no sense to us."

She was given a choice to stay or go back to her physical body, and was shown how her choice would affect others. Regarding this choice, she said, "I realized I had a lot of stuff to do," and she returned.

After returning to her body, she felt "overwhelming disappointment" at being back. She said: "I was chagrined. . . . My thought was, 'I'm back in this world where we have to walk on two legs to get someplace.'"

Ms. B described the communications she received during her NDE as being "instant" and a form of "thought transfer." She explained: "It was as if two minds became one and their thoughts communicated in alternating order, as in one mind." Furthermore, she said that the communications were the most important part of her NDE, and referred to them as "life lessons."

Ms. B reported that, following her NDE, the communications never stopped. She said that she can become distracted and not hear the messages, but they are always available when she listens. She describes several types of inner communications:

*The "voice of the presence."* This voice is described as "a feeling of a vibration from the heart area, causing recognition and an acceptance within myself." Ms. B said that this communication is "the dearest and the purest and the most holy."

*Voices that speak English.* These voices sometimes give directions that do not have any logical basis, but lead to coincidences. As an example, she described a voice telling her to go to one grocery store rather than another; she did so, and ran into a friend she hadn't seen in 15 years but who had been trying to contact her. These voices also provide knowledge of what others are thinking.

*Inner music.* Ms. B stated that at times she hears parts of songs that apply to what is happening in her life, and at other times she hears "divine music that seems to have no source." This can provide her with knowledge, or alternatively the music may "poke fun at me."

*Automatic writing.* At times, Ms. B reported, "words will flow through me onto paper."

*Automatic speech.* "At times I say something I've never thought before. It's an inner voice through me saying something for someone else. At such times, I learn by hearing what I say and considering the meaning of it."

### *Case History #3*

Ms. C is a 31-year-old divorced white female, who works as a nurse in a medical office. She has the distinction of having experienced three NDEs, the first of which occurred when she was just a child.

At the age of 6, Ms. C was admitted to a hospital for exploratory surgery to look for the cause of a 60 percent hearing loss in her right ear. On the day of surgery, one of the nurses administered a preoperative injection of Demerol (meperidine) and Valium (diazepam) before Ms. C was transported to the operating room. This nurse failed to note in the chart that these medications had been given, however, and when Ms. C arrived in the operating room, a second injection was administered. Aware that she had been overdosed, Ms. C tried to tell her doctor what had happened, but by this time, she was already too sedated to speak coherently.

As the mask was placed over her face to begin the general anesthesia, Ms. C felt herself leaving her body. During this out-of-body experience, she saw her EKG change to a flat line, and she watched as the operating room staff began resuscitation efforts on her body. Ms. C had suffered a cardiac arrest.

One of her first thoughts after leaving her body was: "My mom is going to be so angry with these people." As soon as she had this thought, she immediately found herself in the hospital waiting room with her mother. She watched as a man came into the waiting room and said: "We've got a problem. She had a cardiac arrest." The next thing Ms. C remembered was waking up.

Immediately after this episode, Ms. C was aware that there was "something or someone I could talk to." She said, "I could ask questions and get the answers." These answers came in the form of an inner voice that she heard inside her head. Ms. C described this voice in a number of ways, including a "parental voice," a "teaching voice," and an "authoritarian voice." She said it felt "totally natural" to hear this voice, and for many years she did not realize that she was different from others who did not hear such a voice.

Ms. C said that the communications from this voice are in a "universal language." The voice does not always speak "English *per se*," but acts as "an imprint that comes from mind to mind."

At the age of 8, Ms. C suffered a second NDE. Hospitalized for blood in her urine, she underwent a kidney biopsy to determine the cause of this problem, but during the procedure, her portal vein was inadvertently punctured. Both she and her parents were warned upon discharge from the hospital that she should have very limited activity, but instead, she went home and went tree climbing. Two days later, she awoke in a "pool of blood."

Following her readmission to the hospital, Ms. C was transfused with several units of blood. These transfusions were likely the source

of the hepatitis virus that she contracted, which led to a rapid deterioration in her medical condition. Her liver was severely distended and she became jaundiced. Due to her critical and worsening condition, it was decided that she should be a "no code," that is, that she should not be resuscitated if her heart were to stop.

One night soon thereafter, Ms. C told her mother, "I'm gonna go," and before long she was once again out of her body. She saw a tunnel and "I knew to head for the tunnel." She remembers a "comforting" feeling in the tunnel, which was unusual for her since the tunnel was very dark and she was afraid of the dark. At the end of the tunnel she saw a light, which she described now as the "god force." After leaving the tunnel, she met a "guy" dressed in a burlap robe, and she asked him, "Are you Jesus?" He stated he was not Jesus, but he did not identify himself, other than to say that he was there to "assist" her.

Ms. C then held a conversation with this being. They discussed the fact that death is a choice, and she could decide whether she would stay in this realm or go back to her body. She remembered that during this conversation she could look back through the tunnel and see her mother in the hospital. She said "they made me" feel her mother's emotion.

She was then told that her liver could be "fixed," but her kidneys wouldn't be repaired, due to the fact that her renal problems were a "karmic carryover" that were destined to remain with her. She then talked with this being about her path in life. She promised that she would be a nurse, and at some point when she got older, she would "gather information and share it with others." She said that she was assured that in return for this promise, she would always be able to communicate with "the other side." She was also assured that upon her "true death" she would return to the same place, as all beings go there, no matter who they are or what they have done in their physical life, "be they murderer or nun."

After she awoke in her body, one of the first things Ms. C did was look down and realize "my tummy was flat." She thought to herself, "That's quick," referring to the rapid healing of her liver. The medical staff was amazed as well by her unusual and unexpected recovery and they were at a loss to explain what had happened. Her mother was asked if someone had "given her something." On the day after her NDE, laboratory studies found no evidence of the hepatitis antibody. Years later she was again tested and still no antibodies were detected.

Following this second NDE, Ms. C recognized, "that's when I was really different." She realized that she would "get answers" that her peers wouldn't. She continued to hear an inner voice, but stated that it was now "even more clear and believable" than after her first NDE. She said about the information she received from her inner voice: "The information just imprints on you. You're just exposed to it."

At the age of 20, Ms. C experienced a third NDE. On Christmas Eve, 1985, she developed severe abdominal pain and went to a local emergency room for help. While lying there in pain, she recognized that she was dying, and told her mother so. After an ultrasound showed blood in her abdomen, Ms. C was taken to the operating room, where a ruptured ectopic pregnancy was discovered.

While in the operating room, Ms. C was again out of her body, even before the anesthesia mask was placed over her face. This time, she hovered below the ceiling, and was met by a "guide" who did not identify herself. Ms. C remembers that it had a "female feeling," and she described the guide as being "like an angel."

She then held a conversation with this guide, who said to her: "When you were 8 and dying, you said before you died, 'I want to grow up, get married, be a nurse, and be a mommy.' Do you want anything else?"

"Yes," Ms. C replied, "I want to stay a nurse and raise that child," referring to her son, who was 11 months old at that time. She was then told, "We want you to teach people when they come into your path that they need to be very aware of what they pray for, and they need to keep the big picture in mind." Ms. C then awoke and recovered from surgery.

Since her three NDEs, Ms. C has been in communication with a number of inner voices. These include the "guides" she encountered during her NDEs and other guides she has met since her NDEs, as well as spirits of the deceased. These communications occur in three ways:

*An inner voice.* This is the most common. The voice is neither male nor female, and is heard inside her head. The voice never identifies itself.

*Automatic writing.* Ms. C said that at times she finds herself writing notes to herself, although she has no conscious awareness of this process. Interestingly, these notes refer to Ms. C in the third person.

*A method of communication that Ms. C calls "charades."* She said that at times she experiences emotions that are out of context. She

can "feel" these emotions inside her head and then she learns what the emotions are attempting to communicate to her.

Ms. C said that following her first NDE, these inner communications occurred at a frequency of weekly to daily. As she has become more receptive to the guidance, however, it has increased in frequency and now it occurs constantly.

### Interview Responses

The three subjects described in this study experienced a total of five NDEs. On the NDE Scale (Greyson, 1983a), Ms. A's NDE scored 28 points; Ms. B's, 27; and Ms. C's, 13, 30, and 14. All three subjects met Bruce Greyson's criterion for having experienced an NDE, that is, a score of 7 or higher. Table 1 illustrates the subjects' attitudes toward their inner communications. The subjects' responses can be categorized as follows: 58 percent totally positive, 0 percent totally negative, 15 percent both positive and negative, and 27 percent neutral.

**Table 1**  
**Subjects' Attitudes Toward Their Inner Communications**

<i>Variable</i>	<i>Totally Positive</i>	<i>Totally Negative</i>	<i>Positive and Negative</i>	<i>Neutral</i>
General	3	0	0	0
Controlled	3	0	0	0
Self-soothing	0	0	3	0
Self-concept	2	0	0	1
Companionship	2	0	0	1
Defensive	2	0	0	1
Reactions of others	0	0	0	3
Performance	1	0	1	1
Relationships	2	0	1	0
Financial	2	0	0	1
Sexual	2	0	0	1
<b>Total</b>	<b>19</b>	<b>0</b>	<b>5</b>	<b>9</b>

In general, all three subjects felt positive toward their inner communications. None described effects that were exclusively negative. All three also said they would like to be able to control when the voices came and when they did not. All three subjects described their voices as being soothing or comforting, but all three subjects said they could also be distressing. Ms. A said she found them distressing "only if I disagree or resist." Ms. B said her voices are generally comforting, but they "sometimes bring something I don't want to hear." When this occurs, she said, the information she receives is helpful, even though she initially resists it. Ms. C said she sometimes found the communications distressing because "they're honest; they're objective. What they say isn't always comforting, but they're always right." None described the voices as threatening.

Two of the three subjects described a positive influence on self-concept, and the third described no effect on self-concept. Two subjects felt they benefitted in terms of companionship from their communications, while the third reported no effect.

All three said their inner communications have at times warned them of danger, but only two felt protected by their voices. Two of the subjects stated that they rarely tell others about their communications, which made it difficult for them to evaluate others' reactions. Ms. C stated that she feels "fine" about others reactions. She stated that she understands others don't always understand her experiences because "it's not their experience."

Regarding work performance, one subject said her communications had no effect, one described a positive effect, and the third subject stated that her work may be enhanced or hampered. The latter subject, Ms. C, works as a nurse. She described that her inner voices sometimes talk about a patient who has already left the office, making it difficult to concentrate on the current patient.

Relationships have been positively influenced by the communications of two subjects, and the third described influences that are equally positive and negative. Ms. A stated that she has become "more extroverted" and "more comfortable talking to strangers." Ms. B stated that her voices "tell me what another person is thinking when I need to know it." Furthermore, she said that her voices have "made me gentler, more understanding of where the other person is." Ms. C stated: "People have turned from me, others are drawn to me."

Two subjects reported that their communications have had a positive impact upon their financial situation, by assisting them in their work. The third subject reported no impact.

One subject described no effect on sexual relationships, while the other two reported positive effects.

### Discussion

The following conclusions must be considered preliminary due to the methodological limitations of the study, including the small number of subjects involved and the nonrandom selection of subjects. However, since the results of this study are consistent with previous anecdotal reports of individuals who experience inner communications following NDEs, these conclusions may assist in the design of a larger study that could examine this phenomenon in more depth.

One criticism that has been leveled against studies investigating NDEs is that they are, of necessity, retrospective. Often these studies are carried out years, or even decades, after the NDEs occurred. This increases the possibility that important information may have been forgotten or unconsciously distorted. The inner communications described in this study provide an opportunity to explore one of the NDE-related phenomena while it is occurring.

These three cases indicate that the inner communications that follow NDEs may occur as inner voices, involuntary movements, automatic writings, automatic speech, sensations of energy or vibrations in the body, inner music, emotional reactions that are out of context for the situation, and an inner knowledge that is not attributed to the senses or the intellect.

Although the inner voices described meet the diagnostic definition of a "hallucination" (American Psychiatric Association, 1994), they exert predominantly positive subjective effects on the lives of those who hear them. This distinguishes them from the hallucinations experienced by the mentally ill, which have predominantly negative effects (Miller, O'Connor, and DiPasquale, 1993). Therefore, before relegating these communications to the realm of brain pathology, as some authors have done, it would appear reasonable to consider alternative explanations for this phenomenon.

One such alternative is that this inner guidance is a form of intuition. Intuition is defined as the "direct perception of truth, fact, etc., independent of any reasoning process; immediate apprehension"

(*Webster's Encyclopedic Unabridged Dictionary of the English Language*, 1989, p. 747). Accounts of intuitive inner voices have been reported for thousands of years. In fact, such voices have been heard by some of history's most revered figures, including Winston Churchill (Fishman, 1963), Mohandas Gandhi (Gandhi, 1992), Martin Luther King, Jr. (Ayres, 1993), George Washington Carver (Clark, 1939), Socrates (Jowett, 1986), Joan of Arc (Sackville-West, 1964), and Carl Jung (Jung, 1963).

Previous authors have described increased psychic abilities following NDEs (Greyson, 1983b; Kohr, 1983; Morse and Perry, 1992; Ring, 1984). One possible explanation for this increase is that NDEs may catalyze a shift in one's baseline or "normal" state of consciousness, permitting greater access to latent intuitive potentials. Such access has previously been reported to occur in altered states of consciousness (Vaughan, 1979).

If this is true, why don't all NDErs experience intuitive communications following NDEs? Perhaps different individuals reidentify with their egos to varying degrees following the NDE. Detachment from the ego has been associated with increased intuitive abilities (Wilber, 1977), indicating that the less one identifies with the ego, the greater the access to intuitive guidance.

A second and perhaps related theory has been proposed by Melvin Morse, who suggested that the right temporal lobe functions like "a receiving system, one that allows us to hear voices from a source outside our bodies" (Morse and Perry, 1992, p. 196). This interesting hypothesis is consistent with the reported relationship between intuition and the right cerebral hemisphere (Vaughan, 1979).

Regardless of whether NDE-related communications are interpreted as hallucinations or intuitions, further research into this phenomenon is certainly warranted. Previous investigators have found increased glucose metabolism in the right hemisphere (Cleghorn, Franco, Szechtman, Kaplan, Szechtman, Brown, Nahmias, and Garnett, 1992), changes in auditory evoked potentials, and altered cerebral magnetic fields (Tiihonen, Hari, Naukkarinen, Rimón, Jousmäki, and Kajola, 1992) in individuals who are actively hallucinating. Although it is not known whether NDErs experience similar physiologic changes while receiving inner communications, it would be relatively easy to design and carry out a study to find out. However, the greatest benefit from studying these communications may come not from a search for their etiology, but rather from a more complete understanding of their effects on those who hear them.

## References

- Ayres, A. (Ed.). (1993). *The wisdom of Martin Luther King, Jr.* New York, NY: Penguin.
- Baldwin, M. (1970). Neurologic syndromes and hallucinations. In W. Keup (Ed.), *Origin and mechanisms of hallucinations: Proceedings of the 14th annual meeting of the Eastern Psychiatric Research Association* (pp. 3-12). New York, NY: Plenum.
- Blackmore, S. J. (1993). *Dying to live: Near-death experiences.* Buffalo, NY: Prometheus.
- Clark, G. (1939). *The man who talks with flowers.* Shakopee, MN: Macalester Park.
- Cleghorn, J. M., Franco, S., Szechtman, B., Kaplan, R. D., Szechtman, H., Brown, G. M., Nahmias, C., and Garnett, E. S. (1992). Toward a brain map of auditory hallucinations. *American Journal of Psychiatry*, 149, 1062-1069.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (4th ed.)*. Washington, DC: American Psychiatric Association.
- Fishman, J. (1963). *My darling Clementine: The story of Lady Churchill.* New York, NY: David McKay.
- Gandhi, M. (1992). *All men are brothers.* New York, NY: Continuum.
- Greyson, B. (1983a). The Near-Death Experience Scale: Construction, reliability, and validity. *Journal of Nervous and Mental Disease*, 171, 369-375.
- Greyson, B. (1983b). Increase in psychic phenomena following near-death experiences. *Theta*, 11, 26-29.
- Jowett, B. (Trans.). (1986). *The dialogues of Plato.* New York, NY: Bantam.
- Kohr, R. L. (1983). Near-death experiences, altered states, and psi sensitivity. *Journal of Near-Death Studies*, 3, 157-176.
- Jung, C. G. (1963). *Memories, dreams, reflections.* New York, NY: Vintage.
- Miller, L. J., O'Connor, E., and DiPasquale, T. (1993). Patients' attitudes toward hallucinations. *American Journal of Psychiatry*, 150, 584-588.
- Moody, R. A. (1975). *Life after life.* Covington, GA: Mockingbird Books.
- Morse, M. L., and Perry, P. (1992). *Transformed by the light: The powerful effect of near-death experiences on people's lives.* New York, NY: Villard.
- Reus, V. I. (1986). Behavioral disturbances associated with endocrine disorders. *Annual Review of Medicine*, 37, 205-214.
- Ring, K. (1980). *Life at death: A scientific investigation of the near-death experience.* New York, NY: Coward, McCann and Geoghegan.
- Ring, K. (1984). *Heading toward omega: In search of the meaning of the near-death experience.* New York, NY: Morrow.
- Sackville-West, V. (1964). *Saint Joan of Arc.* New York, NY: Doubleday.
- Siegel, R. K. (1980). The psychology of life after death. *American Psychologist*, 35, 911-931.
- Slade, P. D., and Bentall, R. P. (1988). *Sensory deception: A scientific analysis of hallucination.* Baltimore, MD: Johns Hopkins University Press.
- Stevenson, I., and Greyson, B. (1979). Near-death experiences: Relevance to the question of survival after death. *Journal of the American Medical Association*, 242, 265-267.
- Tiihonen, J., Hari, R., Naukkarinen, H., Rimón, R., Jousmäki, V., and Kajola, M. (1992). Modified activity of the human auditory cortex during auditory hallucinations. *American Journal of Psychiatry*, 149, 255-257.
- Vaughan, F. E. (1979). *Awakening intuition.* New York, NY: Doubleday.
- Webster's encyclopedic unabridged dictionary of the English language.* (1989). New York, NY: Gramercy.
- Wilber, K. (1977). *The spectrum of consciousness.* Wheaton, IL: Quest.
- Zuckerman, M. (1970). Reported sensations and hallucinations in sensory deprivation—Research data relevant to 13 hypotheses and a reformulation. In W. Keup (Ed.), *Origin and mechanisms of hallucinations: Proceedings of the 14th annual*

*meeting of the Eastern Psychiatric Research Association* (pp. 133-148). New York, NY: Plenum.

# Physically Transcendent Awareness: A Comparison of the Phenomenology of Consciousness Before Birth and After Death

Jenny Wade, Ph.D.

*Institute of Transpersonal Psychology, Palo Alto, CA*

**ABSTRACT:** Veridical evidence of a physically transcendent source of consciousness comes from both extremes of the life span when central nervous system functioning is compromised, suggesting that some form of personhood can exist independently of known cellular processes associated with the body. In pre- and perinatal accounts, veridical memories have surfaced of events in the first two trimesters, long before the central nervous system is fully functional, continuing through the third trimester, when measurable brain activity begins, until just after birth. In the empirically verifiable out-of-body phase of near-death experience (NDE) accounts, a source of consciousness has been shown to record events when measurable metabolic processes, including brain activity, have ceased altogether. These two states have similar phenomenologies, suggesting that a physically transcendent source representing individual consciousness predates physical life at the moment of conception and survives it after death, and that its maturity and functioning do not directly reflect the level of central nervous system functioning in the body.

Evidence for a physically transcendent source of consciousness comes from the extremes of the life span when central nervous system functioning is compromised: before birth, when neurological processes are demonstrably immature, and after death, when the brain has ceased measurable activity. Increasing evidence indicates that, in both prenatal and postmortem states, some form of mind is present and functioning when the brain is not. These independent bodies

---

Jenny Wade, Ph.D., is on the core faculty of the Institute of Transpersonal Psychology in Palo Alto, CA. Reprint requests should be addressed to Dr. Wade at P.O. Box 571, Ross, CA 94957.

of research provide verifiable evidence of consciousness that transcends the physical limitations of the body as we know it. Moreover, prenatal and near-death awareness share common characteristics. This paper discusses the veridical evidence for a transcendent source of consciousness before birth and after death, and the extent to which those states resemble each other.

First, it is necessary to understand the role of memory and its importance in the prenatal and near-death studies. The data, for obvious reasons, do not come from fetuses or dead people, but from living subjects who recollect events that occurred when their bodies were in those states. Memory is, therefore, critical to the evidence I will be considering. It is also an integral part of awareness, inseparable from the phenomena of consciousness. Cohering moment-to-moment experience, memory is the foundation that creates continuity of mind and the ongoing sense of self (Eccles, 1989; Penfield, 1975; Restak, 1984). Without memory, we would not know who we were when we woke up or how to relate ourselves to the world. Our sense of self in large part comes from our recollecting and stringing together a set of memories that we recognize as being uniquely our own.

Unfortunately, the phenomenon of memory is not well understood. The physiological basis for memory has been debated since the 1940s. Today there are three schools of memory theory that can be grouped according to where they locate memory in the body: local, in identifiable structures; nonlocal, associated with identifiable body structures, but not necessarily reducible to them; and completely nonphysical or transcendent. Each school is supported by a wealth of empirical data, but none of it is conclusive (Gregory, 1987).

Originally researchers such as Donald Hebb and Wilder Penfield supported localized models: particular memories are stored in, and transmitted by, particular neuronal circuits (Bloom, Lazerson, and Hofstadter, 1985; Galluscio, 1990; Gregory, 1987). In these theories, consciousness is a function of the central nervous system, a mechanistic view consistent with the Western medical tradition of specialized physiological parts with distinct functions. Localized models remain current (Dennett, 1991), but they cannot account for prenatal and near-death memories when central nervous system processing is absent.

Nonlocalized models are represented by two mainstream theories. One is a holographic model of the central nervous system. First introduced by Karl Lashley's empirical research in the 1940s, this non-

localized model represents information storage as "a molar property of the mass of cortical cells, a 'field' rather than a 'point'" (Gregory, 1987, p. 458). The theoretical rationale for such findings lagged until the advent of holography. Karl Pribram (1971, 1991) synthesized Lashley's and others' research into a holographic model of the brain, considered to be a revolutionary advance in neurological theory. Since this nonlocalized theory still associates memory with central nervous system functioning, it may not account for evidence of consciousness when measurable brain activity is absent.

The other current nonlocalized model depends upon biochemical transmitters. One prominent theory contends that ribonucleic acid (RNA), a compound in the nuclei of all living cells, not only conveys genetic information but transmits memory as well (Dossey, 1989; Buchheimer, 1987; Rossi, 1990). RNA's ubiquitous presence means that memory is stored *all over the body*, not merely in the central nervous system. Candace Pert's investigations of neuropeptides have bolstered interest in the biochemical transmitter argument (Achterberg, 1985, 1994; Pert, Ruff, Weber, and Herkenham, 1985; Rossi, 1990). This theory can account for somatic memories of trauma in fetal life before the central nervous system is completely developed and for detailed information regarding the state of the organism, such as the accurate reproduction of birth positioning (Cheek, 1974, 1975; Janov, 1970, 1983) and "lost" instinctive behaviors, such as the Babinski reflex (Grof and Bennett, 1990; Raikov, 1980). To date, cellular chemistry theories have tended not to address near-death phenomena. But in any case, it is difficult to see how impressions retained by nonspecialized cells could account for the extrasensory perceptions and complex ideation present in near-death and prenatal records.

Finally, some eminent medical researchers, including Penfield toward the end of his career (1975) and John Eccles (1989), incline to a model unfettered by material limitations, an idea ventured by Nobel laureate Charles Sherrington in the 1930s but whose origins go back to Platonic thought. They suggest that the source of memory may have a *temporary* physical expression in the body, such as in the brain, RNA, or neuropeptides, during embodied life that does not reflect its physically transcendent nature (Grof, 1985; Verny and Kelly, 1982). Respected scientists, such as Nobel laureate Brian Josephson, believe that these phenomena will be confirmed scientifically (Josephson and Pallikari-Viras, 1991; Radin and Nelson, 1989). Such a theory is the only one that can account fully for many pre-

natal and near-death findings, and I suggest that those findings may be the beginnings of the scientific confirmation Josephson is seeking.

Taking the most conservative stance, I have limited this paper to reports of veridical memories that occurred when the central nervous system was nonfunctional, or at best, was severely compromised. The absence of measurable brain activity is presumed in many of the near-death records, but it has not always been verified; that is, not everyone pronounced dead was connected to an electroencephalograph (EEG). The pre- and perinatal records are more complex because they occur over a period when the central nervous system is developing and neurological functioning is increasingly stronger. Of course, in both instances brain functioning may not be entirely absent; it is always possible that some level of neurological processing is occurring at levels undetectable by current technologies. I have further narrowed the data gathered from near-death and prenatal studies to complex thought, such as the description of events, a level of functioning that cannot easily be accounted for by bodily states or the transmission of information at the cellular level. Finally, this paper only treats veridical information, that is, reports independently verified by third parties: the portions of prenatal and near-death records that can be validated by medical personnel, relatives, and others.

Starting with the pre- and perinatal evidence, it is important to note the physiological limitations of brain functioning during fetal life and the perinatal period, here defined as the first 72 hours after birth. Fetal brain cell division is complete as early as 16-20 weeks after gestation. Thus humans are born with all the brain cells they will ever have during life. But the neonate brain is only one-fifth the size of the adult brain because it lacks the axons and dendrites that constitute the synaptic networks connecting the neural cell bodies (Greenough, 1987; Restak, 1986). Higher brain function—for our purposes, conceptual thought—is believed to depend upon the formation of these billions of intercellular connections. But virtually all of them develop *after* birth; they are not present or functioning during the period I am discussing.

Furthermore, measurable brain activity, in the form of bilaterally synchronous fetal EEG activity, does not begin until the third trimester, 28-32 weeks after conception (Anand and Hickey, 1987; Spehlmann, 1981). After 30 weeks, distinctive types of fetal consciousness, such as waking and sleeping, including even rapid-eye-movement (REM) sleep, can be discerned with monitors. Without

substantial cortical connections and myelination, however, the ability for thought and memory is technically quite limited.

Even at birth, neonatal neurological capability is substantially different from the consciousness of adults. Newborns exhibit great alertness for a few hours after birth, a marked contrast to the weak, fluctuating, dreamy state that characterizes the first weeks of life (Gregory, 1987). During these early weeks, even when the newborn's eyes are open, he or she is not awake as we know it. EEG patterns indicate that open-eyed neonates may be experiencing any of six distinct types of consciousness, only *one* of which is sufficiently active and alert to resemble the child's or adult's experience of being awake (Bower, 1977).

Having established the neurological limits of pre- and perinatal consciousness, I turn now to the evidence of veridical memories of events occurring during that time. Perhaps the least disputed and most disarming are the memories spontaneously expressed by very young children. This is a new area of research in the West, where children's recall of early events has tended to be dismissed as fantasy. Toddlers' stories generally appear between the ages of 2 and 3 when they start talking, and seem to be forgotten by about age 5 (Chamberlain, 1988a). Completely voluntary accounts seldom come to the attention of researchers, and are not very detailed, as would be expected. They also seem to be confined to later events around the birth. Jason, a 3<sup>1/2</sup>-year-old boy riding home in the car, surprised his mother by saying that he remembered being born, that he had heard her crying and was doing everything he could to get out.

It was "tight," he felt "wet," and felt something around his neck and throat. In addition something hurt his head and he remembered his face had been "scratched up."

Jason's mother said she had "never talked to him about the birth, *never*," but the facts were correct. The umbilical cord was wrapped around his neck, he was monitored via an electrode in his scalp, and was pulled out by forceps. The photo taken by the hospital shows scratches on his face. (Chamberlain, 1988a, p. 103)

Accounts elicited from children have proven reliable as well. A girl 3 years, 9 months old remembered an event that had been kept secret even from her family (Chamberlain, 1988a). Cathy, the assistant midwife, had been left alone with the baby just after the birth. When the infant began to cry, Cathy instinctively offered her own breast for the baby to suckle. By the time the mother returned, the baby was asleep. Cathy felt guilty about being the first to nurse the child,

so she said nothing about it. Almost four years later as Cathy was babysitting a group that included this little girl, she asked if the child remembered being born. The girl not only proceeded to give an accurate account of who was present and their roles during labor and delivery, but, apparently sensitive to Cathy's unspoken guilt, she "leaned up close and whispered in a confidential tone, 'You held me and gave me titty when I cried and Mommy wasn't there'" (Chamberlain, 1988a, p. 104).

Most of the prenatal data are recollections older subjects produce during therapeutic or experimental conditions. Prenatal memories tend to emerge during altered states, although they appear to be elicited by *any* work with the deeper layers of the psyche, including traditional psychoanalysis; Rolfing, accupressure, and other bodywork; hypnosis; rebirthing and other kinds of breathwork; and sensory isolation. Such memories surface in the same way as recollections from childhood, by bringing core issues into the open where they can be dealt with consciously.

First, these early impressions seem to involve an out-of-body vantage point. A close examination of published regression transcripts from older subjects reveals evidence of two intermittent streams of awareness, one assuming a vantage point within the uterus, the other one located outside the baby's body, *and apparently outside the mother's body as well*. Switches in vantage point occur in virtually all records. Very young children do not seem bothered by the dual vantage point, but older subjects may express puzzlement even under hypnosis, as these four accounts illustrate.

At times I feel like I'm somewhere in the room witnessing what is going on, and at other times I am the child and seeing it from that point of view . . . I wonder how come I can see around behind him? . . .

It's like standing there in the same room. Sometimes I can feel it and sometimes I'm watching.

It's like flashing both. It's like I am somebody else looking at what's happening. Am I making this up? I don't think I am, but I hesitate to say what I'm actually seeing . . . .

I keep looking through the nursery window. It's weird. I can't be on both sides of the window? I'm looking at the baby; it's me. (Chamberlain, 1988a, pp. 187-188)

The least ambiguous evidence supporting a distinct transcendent perspective comes from very early in gestation, before measurable brain activity has started. Regression therapists believe the events most likely to be impressed in memory are those that are highly emotional for the subject: the moment of conception, the discovery of the pregnancy, the first communication about the pregnancy, and the birth (TenDam, 1990). Of course, such times may also be highly emotional for the mother, whose hormonal changes would be affecting the fetus in a concrete way, perhaps creating a physiological mode of information transmission. Regression subjects, however, have accurately reported incidents *long before any significant brain development had occurred*, in some cases *before the embryonic body was even formed*.

For example, veridical memories extend to events surrounding conception (Chamberlain, 1990; Grof and Bennett, 1990). Stanislav Grof, David Chamberlain, and David Cheek have verified even the earliest experiences recounted against information provided by the mother, relatives, obstetricians, and medical records. Often accounts contain accurate reports of complex impressions, such as abstruse medical conditions or procedures few lay people know about (Chamberlain, 1990; Grof, 1985; Laing, 1982). In one case, memories were dated by having naive subjects describe their relative head-to-shoulders size as an index of fetal age (Van Husen, 1988). The following is a typical example of a conception memory.

Ingrid remembered her mother and father making love on a couch in Germany, before they were married. The doorbell rang to announce that Grandmother and Aunt had come back from shopping when they weren't supposed to. The encounter sent shockwaves through all present. Ingrid says, "Mother was beside herself. She knew she got pregnant. She was ashamed. She didn't want to do it in the first place . . ." (Chamberlain, 1990, p. 181)

Most published reports describe somewhat later events, especially attempted abortions. For obvious reasons, these kinds of stories had virtually never been communicated to the subjects; verification was obtained from the mothers *after* the material was produced by regression. The first account below occurred about six months into the pregnancy; the second, probably during the first trimester.

[Subject]: It's before I'm born. My father is shouting, "I'm going to kill you." (A few seconds later, [Subject] began screaming. She pulled her legs up to her chest as though trying to get away from something very frightening.) . . . I saw that button hook coming up at

me. I knew my mother was trying to get me out.

[Therapist]: Then what happened?

[Subject]: Nothing happened—only a little bleeding. (Cheek, 1992, p. 130)

I was hardly formed and my mom is using some kind of remedy to wash me away. It feels real hot. . . .I know she is trying to get me out of there. I'm just a little blob. I don't know how I know, but I know. My aunt seems to be giving my mom directions. I can hear her voice and another woman in the background. She is not supposed to get pregnant. . . . It didn't work either. It had a . . .vile strong smell. I can see where I was too; I was way up there, just teeny. (Chamberlain, 1990, p. 179)

Regression records also demonstrate paranormal knowledge of the unspoken thoughts of others, especially the parents. Subjects have recalled the mother's ambivalence, happiness, or resentment over her pregnancy. In many cases, these experiences and impressions have been verified against information provided by the mother, relatives, obstetricians, and medical records (for example, Grof and Bennett, 1990). These telepathic impressions from regression reports are substantiated by independent research involving direct fetal observation (for example, Lieberman, 1963; Veldman, 1982). Arguably any information from the mother might be transmitted through some physiological process presently unknown to science, but it is difficult to see how verbatim recollections of events outside the womb, such as the father's shouting and the women's discussion of abortion methods above, could be transferred through undifferentiated cellular tissue.

The extent to which meaning is made of these recollections relies somewhat on verbal ability, a quality mature subjects bring to any regression. Are they merely giving words to a feeling impression? Or, since research has shown that infants retain auditory stimuli that were repeated during their gestation, are the subjects retrieving memories of actual words spoken? Aural memories are not possible until the midterm, when the fetal ear, the cochlear nerve, and its associated neural networks create the ability to hear (Tomatis, 1987). Myelination of the cochlear nerve is complete at 22 weeks, spreading into the brain so that the temporal lobe is completely myelinated and functioning at birth. However, researchers do not claim that language is understood, but rather that familiar patterns of intonation, rhythm, and pitch are recognized (Blum, 1993; Tronick and Adamson, 1980). Yet regressed subjects can repeat conversations overheard once, as the examples above demonstrate. Are meaningless sounds retained by the fetus decoded into language by a more mature subject

under hypnosis? That seems doubtful, given the timing of some of these accounts, unless aural memories can be retained in undifferentiated tissue like RNA or other biochemical transmitters.

To check the veracity of histories produced during hypnosis, Chamberlain elicited birth accounts from ten mother-and-child pairs in separate regressions, and then compared the records (1988a). The children, with an average age of 16 years, who had no conscious recollection of their birth, produced remarkably detailed accounts that dovetailed on major points with their mothers'. Narratives included accurate reportage of the time of day, locale, persons present, instruments used, position of delivery, and the medical personnel during the birth. Reports extended over the next several days, including correct feeding sequences of water, formula, and breast feedings; room layouts; details of discharge; and arrival at home. Chamberlain noted minor errors and disagreements but stated that serious, direct contradictions were quite rare. The results cannot be explained by the mother's memories being passed along to the child because the child's recollections often contained information unknown to the mother, or material she would not have divulged. Where differences occurred, usually the child's account was verified by doctors and nurses as the correct one. Fantasies were fairly easy to spot, and occurred in only one of the ten records, and in that case, in only one phase of the report. The following excerpt from one pair shows the parallels.

Mother:

They sort of put her on my stomach but they're still holding onto her . . . lots of blood and white stuff. She's crying. I can see the umbilical cord. My hands are fastened down because I can't reach out and touch her. I would like them to move her, wrap her up. I'm talking to the doctors . . . . I think they had a white cap over my hair. They finally undo my hands and the nurse brings her over on my left side. But she doesn't hold her close enough so I can touch her. I really feel frustrated. I do say "Hi!" to her . . . . I talk to the doctor about her weight.

Child:

They put me on her stomach, sort of dumped me on her. He's talking to my mom. Everything seems to be okay and she's all right. . . . I feel bigger and heavier. I can see her but I'm not by her. Her hair is wrapped up, like in curlers or something. She looks tired, sweaty. Nobody's talking to me. They're talking about me, I think, but not to me. They act like they know I'm there but like I don't know I'm there. . . . The nurse kind of wiped me. Then they brought me over next to my mother. She wasn't crying but something like that. She's

the first one that talked to me. She said "Hi!" Nobody else seemed to think that I was really there. Then she talked to the doctor a little bit and they took me away again. (Chamberlain, 1988b, p. 21)

Evidence strongly suggestive of a physically transcendent or extra-sensory source of perception comes from veridical visual images impossible to obtain from inside the womb. Detailed visual descriptions demonstrate an out-of-body vantage point from which the fetus can see things their eyes could not see from inside the mother's body. Moreover, fetal eyes are not fully functional, as the eyelids are fused until the 26<sup>th</sup> week (Chamberlain, 1994).

Mother is sitting on a couch knitting something. Daddy comes in and is asking why she is knitting something for a girl. Mother says, "It's a girl. I know it's a girl. It *has* to be a girl." . . . She has on a green plaid dress. I can't see any other color. I think it is dark."

[The mother] exclaimed, "I had a green and black plaid dress on and I can remember when that was! I had just begun feeling Debbie kicking. It was in April. . . . I gave that dress away right after my pregnancy. I would have been almost five months along." (Cheek, 1986, pp. 106-107)

My client Loretta, while still in the womb, remembered her mother standing on the deck of a boat, holding tightly to a railing, tense, and trying to steady herself. "She's looking at an island. There are other people looking over the water, listening to someone tell them where they are going, explaining to them about the island. My father is standing by my mother, worried about her. He wants to know if she is all right. The rocking of the boat is making her sick. She sat down and is rubbing her stomach."

Loretta's mother and father were surprised to hear this story coming out of the third trimester of pregnancy. They said she had correctly reported their outing on a sightseeing boat but said they had never told her about it. (Chamberlain, 1990, pp. 178)

These visual reports clearly represent extrasensory perception, since *no* part of the fetal body is in a position to capture visual images, according to our present understanding of anatomy. Even if it were, the fetal eyes are unable to process images, since optical functioning is extremely poor *as late as birth*. Newborns have difficulty focusing, fixating on stationery and moving objects, and even converging both eyes on a single target (Flavell, 1985). Contrast sensitivity is quite poor, and visual acuity is perhaps only 20/600. Thus, visual memories even at birth confound the notion that consciousness resides in the central nervous system. Yet extremely detailed reports,

including descriptions of the people present, what they were wearing, and procedures and instruments used, have been collected and verified by third parties in a number of studies (Chamberlain, 1981, 1987, 1988a, b; Cheek, 1986, 1992).

One of the strongest arguments for a materially transcendent source of awareness is the documentation of veridical *self-aware, visual* memories of birth. These impressions occur when sight is not possible, either because the baby's eyes are shut and its face is pressed against the walls of the birth canal, or, when the head is free, because neonatal optical processing is extremely limited, as noted above. Birth records are characterized by a strong sense of self-awareness and ideation "startlingly mature at times, including insights, decisions, compassion for the mother, curiosity about the father, *as part of the action at the time, not added later*" (Chamberlain, 1987, p. 84; emphasis added).

I do not refer to the obvious maturity of adult subjects using mature language; I refer to the maturity of the perceptions and thoughts moving through the *infant* mind at the time. This unexpected maturity is seen in expressions of compassion and love, moral anguish, clear insights about people and their relationships, problem solving and decision making, critical commentary on how birth is handled, and comprehension of what things mean. (Chamberlain, 1988b, p. 20)

In one extraordinary account, a regressed subject named Deborah not only felt more intelligent and insightful than the hospital staff, *but described herself prior to birth as being a mind, not embodied* (Chamberlain, 1988a).

Then all of a sudden there was this yellow room and these people. That's when I was beginning to figure out what was going on. Not very happy about it. . . . I didn't realize right off that I could make noises [cry]—that seemed to just kind of happen. . . . Starting to breathe was pretty strange, too. I had never done anything like that before . . . .

The breathing was just in bursts at first, every time I made a noise. Then I noticed every time I was doing it I was doing it in between the noises, so I was thinking about that, too. It kind of distracted me from being mad because I was concentrating on what was going on inside me. Listening to the way it sounded. Feeling the air go in and out. Making it go faster and slower—that was kind of a neat idea. I thought as long as I had to be in this place, I might as well have something like noise and air. Kind of gave me something to do. . . .

I felt I knew a lot—I really did. I thought I was pretty intelligent.

I never thought about being a person, just a mind. I thought I was an intelligent mind. And so when the situation [of being born] was forced on me, I didn't like it too much.

I saw all these people acting real crazy. That's when I thought I really had a *more* intelligent mind, because I knew what the situation was with me, and they didn't seem to.

They seemed to ignore me. They were doing things *to* me—to the *outside* of me. But they acted like that's all there was. . . . (Chamberlain, 1988a, pp. 155-157)

Deborah's identification of herself as a mind—and all the direct records showing two intermittent sources of consciousness—are corroborated by the independent research of Helen Wambach (1981). She regressed more than 750 people and then had them describe their experience of fetal life. Eighty-nine percent of her subjects reported having two separate, simultaneous sources of awareness. They did not identify with the growing fetus or its stream of consciousness, although they accepted that the fetus was "theirs." Instead, they identified themselves with a nonphysical source of consciousness, and tended not to become involved with "their fetus" until six months after conception. In fact many were extremely reluctant to join "their consciousness" with the fetus. Wambach's subjects characterized themselves as disembodied minds hovering around the fetus and mother, being "in and out" of the fetus and having a telepathic knowledge of the mother's emotions throughout pregnancy and birth.

One-third of Wambach's subjects said they did not come into the fetus or join their consciousness with that of the fetus until just before or during birth; 12 percent stated they attached to the fetus about the beginning of the third trimester, which interestingly is when brain activity is first observed; and only 11 percent reported prior attachment to the fetus (1981). The rest joined within a day or two after birth. Subjects ascribed their reluctance to join with the fetus to negative feelings about being born. Approximately 68 percent expressed antipathy and anxiety about being embodied. Their attitude was resigned toward physical life as an unpleasant duty they had to perform in response to an unidentified imperative.

Other researchers agree that awareness predates conception, hovers above and around the mother during pregnancy, vacillates between a fetal and an external vantage point, frequently does not "permanently" enter the baby until after birth, and then often quite reluctantly (Chamberlain, 1990; Gabriel and Gabriel, 1992; Whitton and Fischer, 1986).

From these accounts, it is plain that the phenomenology of this physically transcendent source of consciousness is somewhat different from "normal" consciousness. Spatial orientation indeed seems to conform to the familiar three-dimensional, Newtonian convention, and events are reported sequentially as they unfold. However, the sequence of discrete events is often confused, and subjects report a sense of timelessness (Chamberlain, 1988b; Gabriel and Gabriel, 1992; Verny and Kelly, 1982). Researchers postulate variously that the sense of timelessness may be inherent in fetal and infant consciousness before linearity is constructed (Gabriel and Gabriel, 1992) or that it may be inherent in the altered state accessing such memories (Tart, 1972, 1983). The portions of records in the physically-transcendent voice, describing perception from the external vantage point, seem rather devoid of emotion, even when the subject is viewing highly evocative events; when, however, the vantage point shifts to inside the fetal body, emotions are strong.

Taking all the data together, the phenomenology of the nonphysical source of prenatal consciousness includes the following characteristics. The attitude toward life seems to be that it is necessary but unpleasant, and that there is an obligation to be born incarnate. Self boundaries are real, but not physical except as related to the fetal body. The transcendental self has no body but is spatially located in, and limited to, an area around the mother's body; it includes the fetal body, brain, and emerging consciousness, though this is sometimes viewed as an alien or shadow part of the self. The perception of temporality is of a timeless present. The concept of others is fully mature, seeing others as human beings in their own right, and highly insightful, with telepathic knowledge of others' thoughts and feelings without their verbalization. The pre- and perinatal transcendent self seems to record and process information about people without emotional loading or neurotic projection. The locus of control is external. The level of abstraction appears to be Newtonian, with formal operations observing spatial and temporal boundaries of the stream of consciousness, even though the source of consciousness operates outside some of these boundaries. Options for action seem to include being born or self-aborting, and the correct option to be born despite repugnance.

To summarize the prenatal data, the regression research suggests that a transcendent source of consciousness exists before birth. While the brain lacks measurable coordinated activity until the third trimester, the transcendent source with its mature, unchanging aware-

ness may be present even before conception. It seems to be spatially and temporally limited to an area immediately around the fetal body or the mother from conception up to an extreme limit of two days after birth. At some point during the pregnancy or perinatal period, the transcendent source becomes "stuck" to its body with less freedom to dissociate its quasi-independent selfhood from that of the fetus. For the majority of people, this joining coincides with the period when measurable brain wave activity commences. The fact that neonates exhibit great alertness for the first few hours after birth, in contrast to the vague, dreamy state that characterizes the first few weeks of life, suggests that perinatal consciousness, as narrowly defined here, may represent a unique phenomenon when the transcendent source is still relatively accessible (Wade, 1996).

Turning now to the near-death literature, I must first address the definition of death, popularly regarded as a single moment when the animating energy leaves the body. Medically, however, death is believed to be a process without a clear ending or beginning. Cellular death occurs at different rates, and although different signs, such as cessation of breathing and reflex actions or flat EEGs, are considered diagnostic of death, people have recovered after having exhibited all of these symptoms (Baden and Hennessee, 1989; Carr, 1993; Milbourne, 1979). According to our current ability to measure consciousness, a flat EEG technically means brain activity has ceased. Yet people who have been certified "brain dead" have come back to life, reporting conscious experiences during that time (Moody, 1975, 1977; Ring, 1980, 1984; Sabom, 1982). Such recoveries have altered our understanding of death, leading some medical scientists to maintain that survivors, by definition, were never "really" dead in the first place; brain activity, therefore, must not have stopped despite evidence to the contrary. The only remaining medical definition of death seems to be irreversible biological deterioration, which can be known only by its permanence (Baden and Hennessee, 1989; Milbourne, 1979). Therefore, despite meeting current medical definitions for death, the phenomena discussed here cannot be unequivocally considered postmortem events.

As mentioned earlier, the only portion of the near-death records treated in this paper concerns evidence of physically transcendent experiences in the familiar reality that can be independently verified by third parties. This phase occurs early in the near-death experience (NDE). At some point during the dying process, though its relation in time to EEG cessation or any other metabolic measurement of

death is presently unknown, the sense of subjective consciousness leaves the body, though it is experienced as a continuation of the same self (Greyson, 1985; Moody, 1975, 1977; Ring, 1980, 1984). The dying person's perspective moves upward so that it is looking down at the body. The shift may be accompanied by a loud noise and the sensation of a dark void. There seems to be no source of awareness left in the body. Since continuity of self accompanies the shift to a disembodied view, many survivors have reported that they at first did not realize that they were dead until someone living, such as medical staff, family, emergency workers, or passers-by, announced that fact or it was otherwise drawn to their attention.

Affect is present, but often not particularly strong. The dying individual initially enjoys an extremely positive emotional experience (Moody, 1975, 1977; Ring, 1980, 1984). Fear and pain associated with the body and the struggle to live vanish. Subjects commonly note a sense of expansiveness, peace, relief, and well-being at being out of the body, even knowing they are dead, though some few are anxious to return to the body. Feelings toward the body tend to include indifference or repugnance, but not remorse. Many express disgust that they were housed in such coarse material, parallel to the reluctance expressed by Wambach's subjects toward incarnation. Subjects are bemused by resuscitation efforts, often wishing them discontinued. Some attempt to convey a message of comfort to the grieving to let them know they are all right.

Survivors have variously reported lingering in the immediate vicinity of their bodies or finding themselves in more remote surroundings, such as another part of the hospital or with loved ones at home (Moody, 1975; Ring, 1980, 1984). To illustrate a case of immediate proximity even when the body was moved, an 8-year-old boy fell from a bridge, hitting his head on a rock in the water below (Morse and Perry, 1990). He had stopped breathing and was without a pulse when a police officer pulled him from the deep water where he had been submerged for at least five minutes. The policeman, who performed cardiopulmonary resuscitation for 30 minutes until a hospital helicopter arrived, declared the boy dead at the scene. The boy was resuscitated at the hospital, however, but did not regain consciousness until two days later. He then proceeded to recount in detail the rescue effort, naming the police officer who rescued him, stating how long it took for the helicopter to arrive, and describing the resuscitation procedures performed. The boy said he had watched all these events from outside his body. To illustrate the experiencing of events

remote from the body's immediate surroundings, one amusing case comes from a woman whose source of awareness left the room where her body was being resuscitated to observe her brother-in-law in the hospital lobby talking to a business acquaintance he had met there by chance (Moody and Perry, 1988).

"Well, I was going out of town on a business trip," said the brother-in-law. "But it looks like June is going to kick the bucket, so I better stay around and be a pallbearer."

A few days later when she was recovering, the brother-in-law came to visit. She told him that she was in the room as he spoke to his friend, and erased any doubt by saying, "Next time I die, you go off on your business trip because I'll be just fine." (Moody and Perry, 1988, p. 19)

Near-death out-of-body consciousness functions in the same spatiotemporal realm as ordinary consciousness, in which solids occupy three-dimensional space and persist in time, but it possesses abilities not associated with a material body (Carr, 1993; Zaleski, 1987). This source of awareness can pass through solid objects and/or "think" itself to another location without engaging in locomotion or sensing passage through three-dimensional space (Greyson, 1985; Moody, 1975, 1977; Ring, 1980, 1984; Zaleski, 1987). Places may be experienced in a directional sequence but possess an unclear expanse, or have an indeterminate distance between them (Carr, 1993). Temporality also appears to be distorted. Many survivors say time in this state does not exist, although they are able to assign a sequential order to their experiences, even if they have no sense of duration. Some feel that time around them is slowed down or sped up.

Although this out-of-body self can see and hear the living for prolonged periods, the living in turn often cannot sense it at all, or only quite briefly (Longman, Lindstrom, and Clark, 1988). Survivors of NDEs do not agree on a physical form for this self, except its intangibility. Many are unaware that they have any somatic presence, while others describe an ephemeral or "energy" body that may resemble a human form or a sphere (Carr, 1993; Zaleski, 1987). Hans TenDam (1990, p. 173) suggested that these forms are "psychoplastic," that is, shaped by the subject's ideas of how the self is experienced. Sensations of weight and movement are virtually nonexistent (Carr, 1993; Zaleski, 1987). Survivors' sensory impressions are mostly limited to sight and hearing, although a minority report some ability to touch and smell (Blackmore, 1993; Longman, Lindstrom, and Clark, 1988; Ring, 1980, 1984).

Mentation is alert, and perception vivid, combining to form a hyperlucidity (Moody, 1975, 1977; Ring, 1980, 1984). The deceased exhibit the same detailed and accurate perceptions as do prenatal subjects, similarly verified by family members, rescue workers, onlookers, and medical personnel. The near-death literature abounds with veridical accounts in which subjects accurately describe complicated and, often from their view, incomprehensible resuscitation procedures (Morse and Perry, 1990). For instance, Michael Sabom (1982) compared accounts from 32 naive survivors of near-death cardiac arrests with a control group of 25 medically sophisticated people who had not had an NDE, asking them to describe what they thought occurred when medical teams attempt to restart a heart. All of the naive subjects gave correct descriptions of the procedure; only two of the 25 knowledgeable subjects did so.

Veridical examples of psi phenomena during the out-of-body phase, such as the telepathic transfer of information, are plentiful (for example, Morse and Perry, 1992; Ring, 1984). Telepathic abilities resemble the pre- and perinatal ability to read thoughts. For example, a cardiologist rear-ended a car on his way to work (Moody and Perry, 1988). Throughout the day, including the time he spent resuscitating a heart-attack victim, he was preoccupied with worry that the car's occupants might sue him. The patient he treated survived, and the next day,

he told the doctor how the instruments looked, and even in what order they were used. He described the colors of the equipment, shapes and even settings of dials on the machines.

But what finally convinced this young cardiologist that the man's experience was genuine was when he said, "Doctor, I could tell that you were worried about that accident. But there isn't any reason to be worried about things like that." (Moody and Perry, 1988, p. 172)

It should be noted that these impressions were formed when the patient was under anesthesia and his eyes were closed.

As illustrated by this account, extrasensory perceptions are present in after-death narratives, just as they are in prenatal accounts. Sabom (1982) reported the case of a soldier who had been severely injured by an explosion. The blast burned his eyes, blinding him for weeks, yet this man described detailed visual images of the battlefield and the operating table, and later identified the surgeon's voice from having heard it during surgery, although both his eardrums had been perforated by the explosion. Such accounts clearly defy traditional physical explanations.

Although the origins of many phenomenological aspects of NDEs are hotly disputed, most of the arguments have centered on the "otherworldly" portions of the experience, such as the "tunnel" or transition sensation and the emergence into a radiant world peopled with various beings, which cannot be independently verified. Conventional medical explanations attribute near-death visions to hallucinogenic effects of disease conditions, drugs, or chemical changes in the dying brain (Broughton, 1991; Milbourne, 1979; Rodabough, 1985; Siegel, 1977). Yet NDEs occur in the absence of disease and drugs, as in death by trauma, and no consistent match has been found between medications, anesthetics, hallucinogens, street drugs, blood-gas levels, acid-base balance disturbances, or pathology and the NDE (Morse and Perry, 1990; Zaleski, 1987). Arguments and counterarguments abound for dismissing or validating the reality of near-death phenomena, but to date none are conclusive. Only those arguments that specifically address the out-of-body-but-in-this-reality phase of the near-death experience are treated here as a way of illustrating the difficulties in using traditional medical models to account for the data. Veridical out-of-body experiences challenge traditional explanations in the same ways prenatal phenomena do: the cellular sources of memory are presumed to be nonfunctional. The only difference is that near-death reductionists focus on the central nervous system rather than other tissues.

Autoscopic hallucinations have been put forth to explain some of the out-of-body phenomena associated with NDEs (Alcock, 1981; Mitchell, 1981), but strong counterarguments confute this position (Moody, 1975; Morse and Perry, 1990). Autoscopic hallucinations, which occur to about 2 percent of the population and are associated with brain tumors, strokes, and migraine headaches, consist of seeing a mirror-image of the self, frequently only from the shoulders up, dressed the same way as the subject, and often mimicking the movements the subject makes. The hallucinated self-image may be superimposed on reality or exist in a hallucinatory setting. But these images are seen from the vantage point of the subject's physical eyes. By contrast, in the NDE, the deceased's vantage point is outside his or her body and at some distance from it, looking at reality. The remarkable lucidity, and the rational and detailed recall of NDE reports hardly resemble the confusion and distortion of most hallucinatory medical and psychological conditions.

Autoscopic hallucinations are related to other forms of depersonalization, a psychic defense with adaptive merit for the survival of

the ego. Depersonalization, which refers to the sense of separation of the self from events happening to the body, was first advanced to explain NDEs by Russell Noyes and Roy Kletti (Noyes, 1980, 1981, 1982-83; Noyes and Kletti, 1972), who based their work on earlier psychoanalytical arguments by Oskar Pfister (1930) and R. C. A. Hunter (1967). According to Noyes, the out-of-body experiences and other dynamics in NDEs have an adaptive function in permitting the frightened, threatened ego to avoid knowledge of its demise. Yet Noyes himself found it difficult to equate the expansiveness, lucidity, joy, assurance, and better-than-normal well-being of NDEs with the clinical characteristics of depersonalization, including emotional detachment from the body; loss of meaning, intensity and emotion; distortion of time; and the sensation that one's own thought processes seem strange and unreal. The two states share a degree of detachment, but depersonalization diminishes experience while NDEs enhance it.

Noyes' research was based on the accounts of people facing what they believed was certain death, mostly records of extended life-threatening ordeals, such as mountain-climbing and life-boat journals, and *not* on accounts of resuscitated victims of clinical death (Noyes, 1980, 1981, 1982-83; Noyes and Kletti, 1972). This demographic distinction is significant, because Noyes stated that belief in imminent death is sufficient to trigger an NDE. Later research refuted this (Greyson, 1990; Morse and Perry, 1990). Melvin Morse showed that a life-threatening illness is insufficient to cause NDEs; he postulated that hallucinations of detachment may be a prelude to the NDE, but that the NDE only begins at "death proper."

Other researchers have stressed that out-of-body experiences resemble the depersonalization experiences found in dissociative disorders, such as the splitting during trauma or the onset of multiple personality disorder (for example, Serdahely, 1992). In such cases, the person's awareness seems to detach itself from the body, viewing events from above, although independent verification of a true out-of-body vantage point is not part of these records. The separate sensation may be only wishful thinking. Moreover, a large number of these accounts involve fantasy experiences or other distractions to draw the individual's attention away from the painful events going forward (Ross, 1989). The dissociative states of some syndromes are clearly experienced as being unreal, of feeling "as if," quite unlike the hyperreality of the NDE out-of-body experience (American Psychiatric Association, 1994). Furthermore, people diagnosed with dis-

sociative disorders are not necessarily reliable reporters of their experience. Their condition involves significant memory loss, and, as a group, they exhibit a higher level of suggestibility and hypnotizability than the normal population. To date, the research suggests only a tenuous relationship between dissociative disorders and NDEs.

One of the weightier arguments, originally based on Wilder Penfield's reports of electrical stimulation to certain brain sites, postulates that anatomical structures associated with the Sylvian fissure of the right temporal lobe create certain near-death phenomena (Morse, Venecia, and Milstein, 1989; Saavedra-Aguilar and Gómez-Jeria, 1989). Champions of the right temporal lobe, including Morse, who is hardly skeptical of NDEs, have employed a wide variety of techniques, including psychoactive drugs, oxygen deprivation, and epileptic seizures, to create altered states resembling NDEs, including the sensation of leaving the body. But the findings deserve qualification.

First, these arguments rely on the unsubstantiated assumption that the right temporal lobe somehow continues to function after other measurable brain activity has ceased. In other words, it is somehow supposed to be virtually the last part of the brain to die. Second, the experimental results come from live patients producing measurable brain waves under conditions that may or may not resemble what occurs at death. Saying that the Sylvian fissure is capable of producing certain percepts under special conditions during life is very different from assuming that that part of the brain dominates consciousness after death and that it functions in the same manner. Many NDE survivors have no measurable brain activity, often for an extended period of time. The gross alterations in consciousness represented by the merest variation in the frequency and amplitude of brain waves suggest that the cessation of all measurable EEG activity should have a dramatic effect. There is no way to know whether this effect would resemble what occurs in any state of measurable activity.

Third, the entire argument is based on Penfield's findings regarding the artificial activation of anatomical structures, yet Penfield (1975) stated clearly that his electrical stimulation of the brain created sensations that were not perceived as real, but "as if." Subjects did not sense themselves participating in the activities they were envisioning, but were aware of two streams of experience: one in the surgical room and a second they were seeing, which was usually the memory of a real past event, not a totally new experience. They re-

ported that the memories felt artificial, mechanical and forced. Paul MacLean (1990) cautioned that this kind of artificial stimulation creates equally artificial responses that are unlikely to match real-life experience. In contrast, people who experience NDEs say they are "more real" than material life.

And finally, the veridical out-of-body experiences clearly are not hallucinations, that is, purely mental events such as the ones created by Sylvian fissure stimulation, because *something* really *does* leave the body after death. Verified reports, such as the ones presented here, are technically impossible as eyewitness accounts in the literal sense, either because the subject's eyes are closed or damaged, or because the events described are not within the visual field of the subject's body. These verified reports are not hallucinations. To cite one more example of verified remote viewing, in two independent cases at different locations, survivors found their consciousness had drifted up to the roof tops of the hospitals where their bodies were being resuscitated (Ring and Lawrence, 1993). And, in as odd a coincidence as imaginable, both people just happened to see abandoned shoes on those roofs. Their detailed descriptions of the shoes and their locations were independently verified by people who had to climb out onto the roofs because the shoes were not otherwise visible.

To summarize all of the above, none of the psychologically or physiologically based arguments holds up well for the out-of-body phase of near-death phenomena, primarily because they are conclusions extrapolated from research on other states: their parallels with near-death conditions are tenuous at best; and none explains all the data. Neither nonlocal nor local theories for the source of consciousness can account for out-of-body phenomena. To date, traditional medical explanations for the out-of-body portion of near-death experiences must be considered as speculative and inconclusive as the more radical notion that some as-yet-unexplained physically transcendent dynamic is at work.

Nevertheless, the evidentiary aggregate lends weight to the view that *something* extraordinary is going on during the prenatal and postmortem periods of the life span. Pre-birth and after-death out-of-body consciousness appear to share a relative independence from the body and brain. Their psychology is remarkably similar, though they differ in the apparently greater ability of the near-death consciousness to move to locations remote from the body and to transmit messages or sensory impressions to the living, and the absence of a co-conscious source in the body. Except for the last, these capabilities

may, in fact, be shared by the transcendent source of prenatal consciousness, though this correlation awaits further research. The noetic parallels between these two states are shown in Table 1.

The similarities between these two states are striking. While it could be argued that much of the prenatal data reflects the phe-

**Table 1**  
**Comparison of Pre-Birth and Post-Death Consciousness**

	<i>Pre-Birth</i>	<i>Post-Death</i>
Attitude toward life:	Necessary but unpleasant Obligation to be born incarnate	Necessary; not as pleasant as the spiritual realm Obligation to return to incarnate life
Self boundaries:	Real, but not physical except as related to fetal body Transcendent self has no body but is spatially located in, and limited to, an area around the mother's body Includes fetal body, sometimes viewed as alien	Real, but not physical in the ordinary sense Transcendent self is not substantial; form fits expectations. Located for a period limited to vicinity of body, loved ones, or places the subject wishes to "visit" Includes dead body, now regarded as alien and coarse
Perception of temporality:	Timeless present	Timeless present Some time distortion
Concept of other:	Fully mature Insightful, telepathic knowledge of others' minds; compassionate Records and processes information without emotional loading or neurotic projection	Fully mature Insightful, telepathic knowledge of others' minds; compassionate Records and processes information without emotional loading or neurotic projection

**Table 1**  
**Continued**

	<i>Pre-Birth</i>	<i>Post-Death</i>
Locus of control:	External	External
Level of abstraction:	Spatiotemporal boundaries appear to be Newtonian, but the source of consciousness can operate outside some physical boundaries	Spatiotemporal boundaries appear to be Newtonian, but the source of consciousness can operate outside some physical boundaries
Options for action:	Be born or self-abort	Return to life or die
Correct action:	Be born despite pain and repugnance	Return to life

nomenology of the altered states that produced the material, that is relevant only for adult regression accounts, but not for the spontaneous reports by children, and this argument does not hold up for the near-death memories, which are obtained from adults in normal states. Arguments that fetal awareness is conditioned at the cellular level by the mother's physiology cannot account for near-death experiences. And the arguments advanced to account for the mature, ego-centric neurological and psychological decay of the NDEs have no counterpart in fetal awareness, according to developmental psychology and anatomy. The traditional positions are inadequate to account for the data, and in the aggregate, the findings suggest that some unknown source of awareness transcends the physical limits of the body, as currently understood, at the extremes of human life.

### References

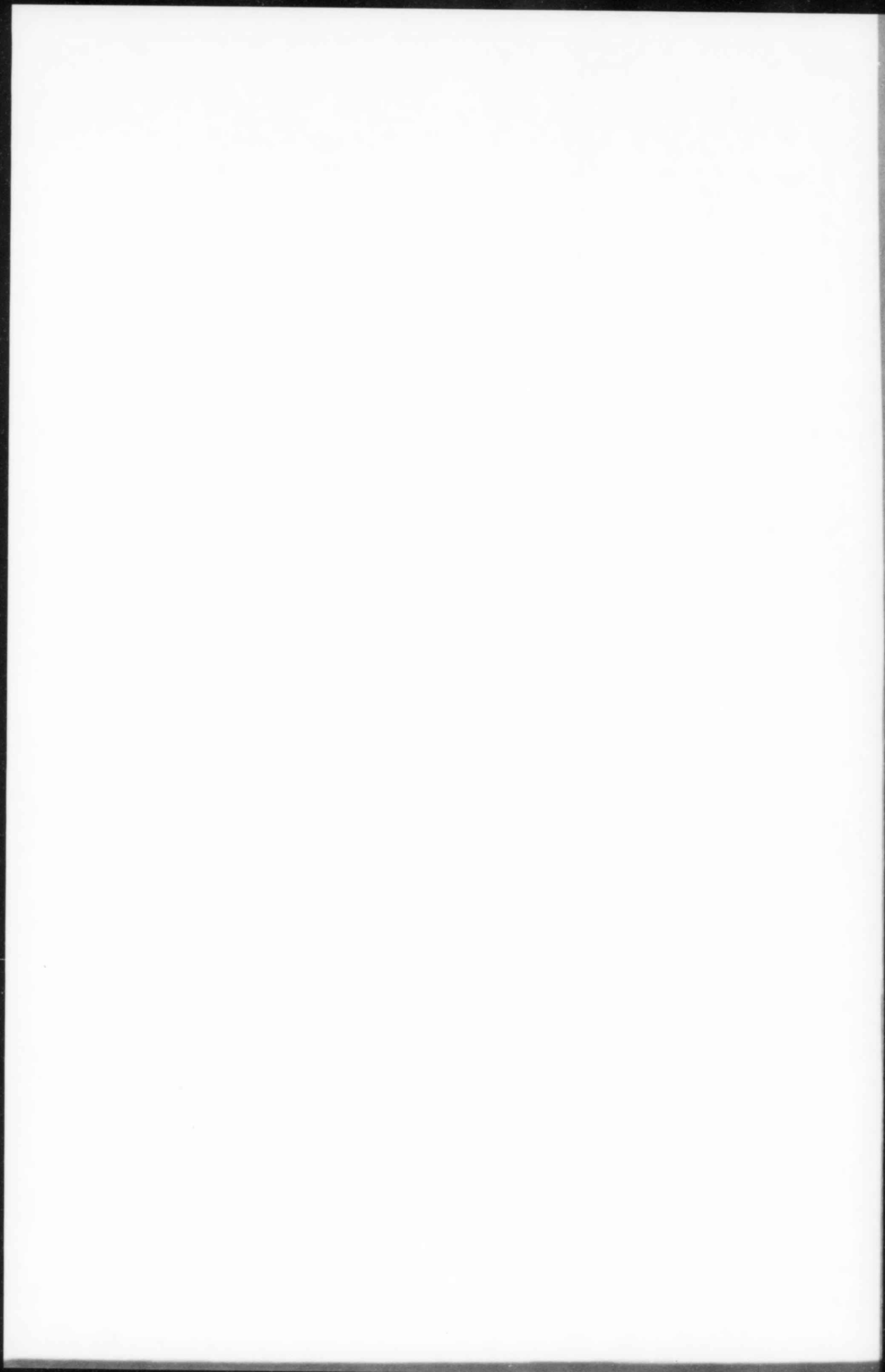
- Achterberg, J. (1985). *Imagery in healing: Shamanism and modern medicine*. Boston, MA: Shambhala.
- Achterberg, J. (1994). Healing images and symbols in nonordinary states of consciousness. *ReVision* 16(4), 148-156.

- Alcock, J. E. (1981). Psychology and near-death experiences. In K. Frazier (Ed.), *Paranormal borderlands of science* (pp. 153-169). Buffalo, NY: Franklin Book Co.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (4th ed.)*. Washington, DC: American Psychiatric Press.
- Anand, K. J. S., and Hickey, P. R. (1987). Pain and its effects in the human neonate and fetus. *New England Journal of Medicine*, 317(21), 1321-1329.
- Baden, M. M., and Hennessee, J. A. (1989). *Unnatural death: Confessions of a medical examiner*. New York, NY: Random House.
- Blackmore, S. J. (1993). Near-death experiences in India: They have tunnels too. *Journal of Near-Death Studies*, 11, 205-218.
- Bloom, F. E., Lazerson, A., and Hofstadter, L. (1985). *Brain, mind, and behavior*. New York, NY: Freeman.
- Blum, T. (Ed.). (1993). *Prenatal perception, learning and bonding*. Seattle, WA: Leonardo.
- Bower, T. G. R. (1977). *Primer of infant development*. San Francisco, CA: Freeman.
- Broughton, R. S. (1991). *Parapsychology: The controversial science*. New York, NY: Ballantine.
- Buchheimer, A. (1987). Memory—Preverbal and verbal. In T. R. Verny (Ed.), *Pre- and perinatal psychology: An introduction*. (pp. 52-66). New York, NY: Human Sciences Press.
- Carr, C. (1993). Death and near death: A comparison of Tibetan and Euro-American experiences. *Journal of Transpersonal Psychology*, 25, 59-110.
- Chamberlain, D. B. (1981). Birth recall in hypnosis. *Birth Psychology Bulletin*, 2(2), 14-18.
- Chamberlain, D. B. (1987). Consciousness at birth: The range of empirical evidence. In T. R. Verny (Ed.), *Pre- and perinatal psychology: An introduction* (pp. 69-90). New York, NY: Human Sciences Press.
- Chamberlain, D. B. (1988a). *Babies remember birth: And other extraordinary scientific discoveries about the mind and personality of your newborn*. Los Angeles, CA: Tarcher.
- Chamberlain, D. B. (1988b). The mind of the newborn: Increasing evidence of competence. In P. Fedor-Freybergh and M. L. V. Vogel (Eds.), *Prenatal and perinatal psychology and medicine: Encounter with the unborn, a comprehensive survey of research and practice* (pp. 5-22). Park Ridge, NJ: Parthenon.
- Chamberlain, D. B. (1990). The expanding boundaries of memory. *Pre- and Peri-Natal Psychology Journal*, 4(3), 171-189.
- Cheek, D. B. (1974). Sequential head and shoulder movements appearing with age regression in hypnosis to birth. *American Journal of Clinical Hypnosis*, 16, 261-266.
- Cheek, D. B. (1975). Maladjustment patterns apparently related to imprinting at birth. *American Journal of Clinical Hypnosis*, 18, 75-82.
- Cheek, D. B. (1986). Prenatal and perinatal imprints: Apparent prenatal consciousness as revealed by hypnosis. *Pre- and Peri-Natal Psychology Journal*, 1(2), 97-110.
- Cheek, D. B. (1992). Are telepathy, clairvoyance and "hearing" possible in utero? Suggestive evidence as revealed during hypnotic age-regression studies of prenatal memory. *Pre- and Peri-Natal Psychology Journal*, 7(2), 125-137.
- Dennett, D. (1991). *Consciousness explained*. Boston, MA: Little, Brown.
- Dossey, L. (1989). Where in the world is the mind? *Advances*, 6(3), 38-47.
- Eccles, J. C. (1989) *Evolution of the brain: Creation of the self*. London, England: Routledge.
- Flavell, J. H. (1985). *Cognitive development (2nd ed.)*. Englewood Cliffs, NJ: Prentice-Hall.
- Gabriel, M., and Gabriel, M. (1992). *Voices from the womb*. Lower Lake, CA: Aslan.
- Galluscio, E. H. (1990). *Biological psychology*. New York, NY: Macmillan.

- Greenough, W. T. (1987). Experience effects on the developing and mature brain: Dendritic branching and synaptogenesis. In N. A. Krasnegor, E. M. Blass, M. A. Hofer, and W. P. Smotherman (Eds.), *Perinatal development: A psychological perspective* (pp. 195-221). New York, NY: Academic Press.
- Gregory, R. L. (Ed.). (1987). *The Oxford companion to the mind*. New York, NY: Oxford University Press.
- Greyson, B. (1985). A typology of near-death experiences. *American Journal of Psychiatry*, 142, 967-969.
- Greyson, B. (1990). Near-death encounters with and without near-death experiences: Comparative NDE scale profiles. *Journal of Near-Death Studies*, 8, 151-161.
- Grof, S. (1985). *Beyond the brain: Birth, death and transcendence in psychotherapy*. Albany, NY: State University of New York Press.
- Grof, S., and Bennett, H. Z. (1990). *The holotropic mind: The three levels of human consciousness and how they shape our lives*. San Francisco, CA: HarperSanFrancisco.
- Hunter, R. C. A. (1967). On the experience of nearly dying. *American Journal of Psychiatry*, 124, 122-125.
- Janov, A. (1970). *The primal scream*. New York, NY: Delta.
- Janov, A. (1983). *Imprints: The lifelong effects of the birth experience*. New York, NY: Coward-McCann.
- Josephson, B., and Pallikari-Viras, F. (1991). Biological utilization of quantum nonlocality. *Foundations of Physics*, 21, 197-207.
- Laing, R. D. (1982). *The voice of experience*. New York, NY: Pantheon.
- Lieberman, M. (1963). Early developmental stress and later behavior. *Science*, 141, 824.
- Longman, A. J., Lindstrom, B., and Clark, M. (1988). Sensory-perceptual experiences of bereaved individuals: Additional cues for survivors. *American Journal of Hospice Care*, 5(4), 42-45.
- MacLean, P. D., and Rosenfeld, A. H. (1976). *The archaeology of affect*. (U.S. Government Document 017-024-00549-5).
- MacLean, P. D. (1990). *The triune brain in evolution: Role in paleocerebral functions*. New York, NY: Plenum.
- Milbourne, C. (1979). *Search for the soul: An insider's report on the continuing quest by psychics and scientists for evidence of life after death*. New York, NY: Crowell.
- Mitchell, J. L. (1981). *Out-of-body experiences: A handbook*. Jefferson, NC: McFarland.
- Moody, R. A. (1975). *Life after life*. Covington, GA: Mockingbird.
- Moody, R. A. (1977). *Reflections on life after life*. St. Simon's Island, GA: Mockingbird.
- Moody, R. A., and Perry, P. (1988). *The light beyond*. New York, NY: Bantam.
- Morse, M., and Perry, P. (1990). *Closer to the light: Learning from the near-death experiences of children*. New York, NY: Villard.
- Morse, M., and Perry, P. (1992). *Transformed by the light: The powerful effect of near-death experiences on people's lives*. New York, NY: Villard.
- Morse, M. L., Venecia, D., and Milstein, J. (1989). Near-death experiences: A neurophysiological explanatory model. *Journal of Near-Death Studies*, 8, 45-53.
- Noyes, R. J. (1980). Attitude change following near-death experiences. *Psychiatry* 43, 234-242.
- Noyes, R. J. (1981). The encounter with life-threatening danger: Its nature and impact. *Essence*, 5, 21-32.
- Noyes, R. J. (1982-3). The human experience of death or, what can we learn from near-death experiences? *Omega*, 13, 251-259.
- Noyes, R., and Kletti, R. (1972). The experience of dying from falls. *Omega*, 3, 45-52.
- Penfield, W. (1975). *The mystery of the mind: A critical study of consciousness and the human brain*. Princeton, NJ: Princeton University Press.
- Pert, C., Ruff, M., Weber, R. J., and Herkenham, M. (1985). Neuropeptides and their receptors: A psychosomatic network. *Journal of Immunology*, 135, 820s-826s.

- Pfister, O. (1930). Shockdenken und Shockphantasien bei höchster Todesgefahr. *International Zeitschrift für Psychoanalyse*, 16, 430-455.
- Pribram, K. H. (1971). *Languages of the brain: Experimental paradoxes and principles in neuropsychology*. Englewood Cliffs, NJ: Prentice-Hall.
- Pribram, K. H. (1991). *Brain and perception: Holonomy and structure in figural processing*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Raikov, V. L. (1980). Age regression to infancy by adult subjects in deep hypnosis. *American Journal of Clinical Hypnosis*, 22, 156-163.
- Radin, D., and Nelson, R. (1989). Evidence of consciousness-related anomalies in random physical systems. *Foundations of Physics*, 19, 1499-1514.
- Restak, R. M. (1979). *The brain: The last frontier*. Garden City, NY: Doubleday.
- Restak, R. M. (1984). *The brain*. New York, NY: Bantam.
- Restak, R. M. (1986). *The infant mind*. New York, NY: Doubleday.
- Ring, K. (1980). *Life at death: A scientific investigation of the near-death experience*. New York, NY: Coward, McCann and Geoghegan.
- Ring, K. (1984). *Heading toward omega: In search of the meaning of the near-death experience*. New York, NY: Morrow.
- Ring, K., and Lawrence, M. (1993). Further evidence for veridical perception during near-death experiences. *Journal of Near-Death Studies*, 11, 223-230.
- Rodabough, T. (1985) NDEs: Examination of the supporting data and alternative explanations. *Death Studies*, 9, 95-113.
- Ross, C. (1989). *Multiple personality disorder: Diagnosis, clinical features, and treatment*. New York, NY: Wiley.
- Rossi, E. L. (1990). From mind to molecule: More than a metaphor. In J. K. Zeig, and S. Gilligan (Eds.), *Myths, methods, and metaphors* (pp. 445-472). New York, NY: Brunner/Mazel.
- Saavedra-Aguilar, J., and Gómez-Jeria, J. (1989). A neurobiological model for near-death experiences. *Journal of Near-Death Studies*, 7, 205-222.
- Sabom, M. (1982). *Recollections of death: A medical investigation*. New York, NY: Harper and Row.
- Serdahely, W. J. (1992). Similarities between near-death experiences and multiple personality disorder. *Journal of Near-Death Studies* 11, 19-38.
- Siegel, R. K. (1977, October). Hallucinations. *Scientific American*, pp. 53-78.
- Siegel, R. K. (1980). The psychology of life after death. *American Psychologist*, 35, 911-931.
- Spehlmann, R. (1981). *EEG primer*. New York, NY: Elsevier.
- Tart, C. T. (Ed.). (1972). *Altered states of consciousness*. Garden City, NY: Doubleday/Anchor.
- Tart, C. T. (1983). *States of consciousness*. El Cerrito, CA: Psychological Processes.
- TenDam, H. (1990). *Exploring reincarnation*. London, England: Penguin.
- Tomatis, A. A. (1987). Ontogenesis of the faculty of listening. In T. R. Verny (Ed.), *Pre- and perinatal psychology: An introduction* (pp. 23-35). New York, NY: Human Sciences Press.
- Tronick, E., and Adamson, L. (1980). *Babies as people: New findings on our social beginnings*. New York, NY: Collier.
- Van Husen, J. E. (1988). The development of fears, phobias and restrictive patterns of adaptation following attempted abortions. *Pre- and Peri-natal Psychology Journal*, 2(3), 179-185.
- Veldman, F. (1982, November 11). Life welcomed and affirmed. *The St. Cloud Visitor*, Newspaper of the Catholic Diocese of St. Cloud, Minnesota, Vol. LXXI.
- Verny, T., and Kelly, J. (1982). *The secret life of the unborn child*. New York, NY: Delacorte.
- Wambach, H. (1981). *Life before life*. New York, NY: Bantam. (Original work published 1979)

- Wade, J. (1996). *Changes of mind: A holonomic theory of the evolution of consciousness*. Albany, NY: State University of New York Press.
- Whitton, J. L., and Fisher, J. (1986). *Life between life*. New York, NY: Warner.
- Zaleski, C. (1987). *Otherworld journeys: Accounts of near-death experience in medieval and modern times*. New York, NY: Oxford University Press.



## BOOK REVIEW

Beverly A. Brodsky  
Philadelphia, PA

**Jewish Views of the Afterlife**, by **Simcha Paull Raphael**. Northvale, New Jersey: Jason Aronson, Inc., 1994, 474 pp, \$40.00, hb; and 1996, \$30.00, pb.

If you think there are no Jewish traditions about life after death and the phenomena of the near-death experience (NDE), this book will make an important addition to your library. *Jewish Views of the Afterlife* contains extensive research on many texts showing a complex skein of Jewish views on life after death. Its sources include the Bible, the Apocrypha, rabbinic teachings, medieval philosophy and legends, and the mystical traditions of the Kabbalah and Hasidism. The author, Simcha Paull Raphael, also synthesizes premodern mystical Jewish philosophy with the emerging postmodern disciplines of transpersonal psychology, consciousness research, and near-death studies.

Nearly 15 years in the making, this book spans 4,000 years of Jewish thought. It is encyclopedic in its depth of coverage and makes an excellent reference in the field of Jewish studies and thanatology. Each chapter is outlined in detail in the "Contents" section in the front of the book and summarized at the end, which allows the reader to scan the tome and focus on topics of interest.

This book proves beyond all doubt that, despite a deep strain of ambivalence toward the dead dating from the early Biblical period, Jewish belief in the continuation of life was universal in all but the last century. Philosophy evolved from the Biblical vision of resting in an amoral realm called Sheol; to elaborate vistas of postmortem judgment, heaven (Gan Eden), and hell (Gehenna); followed by com-

---

Beverly A. Brodsky is Vice-President of Delaware Valley Near-Death Studies. Reprint requests should be addressed to Mrs. Brodsky at 8879 Alton Street, Philadelphia, PA 19115.

munal resurrection in the World to Come (*Olam Ha-Ba*), where the Messiah will unite soul and body of the faithful. The complex and often conflicting beliefs culminated in late medieval mystical traditions.

Why, then, don't more people outside the small Orthodox and Jewish Renewal community know about this rich eschatological tradition? Raphael explains that in our own century Jewish belief was dimmed by modernity's ridicule of the supernatural and blackened out in the communal horror following the Holocaust. A rationalistic philosophical bias has led to a paucity of translation from the source material into English, the language of the majority of the world's Jews. Most modern Jews are alienated from a traditional understanding of the nature of God, humankind's purpose, and life's destiny. A Gallup poll taken in 1965 (detailed in a table on page 29 of this book) showed that only 17 percent of American Jews believed in life after death, compared with 78 percent of Protestants and 83 percent of Catholics. It is beyond the scope of this review to explain or judge this development, but I simply note it as the prime result of the inaccessibility, until now, of these data.

After reviewing historical beliefs, Raphael focuses on a fascinating period from the 12th through the 16th centuries, when ancient mystical teachings were first recorded. These were esoteric and theosophical beliefs that had previously been passed on from teacher to disciple, starting around 70 A.D. in the early Rabbinic period. Ironically, this corpus, which came to be called the Kabbalah, developed during the same period as the rationalistic Judaism of Moses Maimonides.

*The Zohar* (1956), a primary Kabbalistic text, provides a clear description of the dying process and postmortem destiny of the soul. This book, only partially translated into English as of this writing, is a major source of information about the afterlife. It describes the dying process in a manner similar to that described in *The Tibetan Book of the Dead* (Fremantle and Trungpa, 1975). There can be a period of torment in which the four corners of the earth "indict the dying" (p. 295), as in the Tibetan view of the four elements—earth, air, water, and fire—dissolving as a person is released from the body. For the prepared sage, though, the transition can be as smooth as "taking a hair out of milk" (p. 371), allowing a person to die consciously and without fear.

There are many correlations with familiar features of the NDE. The dying person meets with family ancestral guides and Adam; is

welcomed by angels of protection, judgment, and death; has his or her life's deeds judged; passes through the Cave of Machpelah at the tomb of the Patriarchs; and is received by an aspect of divinity called the *Shekhinah*, God's indwelling presence, which is without form and cloaked in a glorious robe of pure light. Like the compelling radiance of the light seen in NDEs (Moody, 1975; Ring, 1980, 1984), the lure of this transcendent being is irresistible for those whose time has come: "No man dies before he sees the *Shekhinah*, and because of its deep yearning for the *Shekhinah* the soul departs in order to see her" (p. 288, citing *The Zohar*, 1956, III, 88a).

We see, then, correspondences to many elements in near-death literature: visions of the departed, a dark tunnel-like entrance, angels, a being of light, and the life review. The mystical literature reveals the feelings accompanying the journey, which are those of great joy and ecstasy at these reunions and welcome by divine beings, or of horror and pain over "sins" or errors in one's conduct during life.

Deathbed visions are only the first stage. They are followed by the separation from the physical body, called the *hibbut ha-kever*. Translated as "pangs of the grave," this is similar to the out-of-body experience, but more extensive in both scope and time. It includes a period of from three to seven days postmortem, in which the soul revisits the people and places it frequented during life. This is a common time for mourners to see or sense apparitions of their loved ones, as Melvin Morse pointed out (Morse and Perry, 1994).

The second stop after death is at a place called Gehenna, similar to purgatory rather than hell. Raphael believes its purpose is to unburden negative feelings over the life just lived and achieve emotional purification. The sojourn here lasts no longer than a year. The literature describes many grisly tortures meted out here in an "eye-for-an-eye" style justice as expiation for sins committed during life. Through torment and despair as well as purgation in fire and snow, the soul is cleansed of all of its impurities.

Next the being ascends to a heavenly realm with two levels: Lower and Upper Gan Eden (Garden of Eden), which correspond to increasingly supernal realms of paradise: "The disembodied soul encounters the light of Gan Eden by dipping in what is called the River of Light, or *nehar dinur*" (p. 309).

Visionary tours of Gan Eden from Medieval religious stories, or midrash, describe seven heavens, guarded by myriads of angels, some beautiful and others terrible to see, in which all beings, enraptured by the love and truth (Torah) of God, dwell in the midst of dazzling

splendor and radiance. The accounts describe as many as seven realms, surrounded by three walls each, and are secured by gates that are guarded by multitudes of angels. The *Masekhet Gan Eden*, or Tractate of Gan Eden, offers stirring descriptions:

Thus says Rabbi Joshua ben Levi: Gan Eden has two gates of carbuncle, and sixty myriads of ministering angels keep watch over them. Each of these angels shine like the radiance of the heavens. When the righteous person approaches them, the angels remove from him the clothes in which he had been buried, and clothe him with eight clouds of glory. . . . And in every corner there are sixty myriads of ministering angels singing with sweet voices, and the tree of life and its flowering branches stands in the middle and overshadow [sic] all of Gan Eden; and it has fifteen thousand tastes, and each one unique. (pp. 186-187)

This sublimity is also not eternal. Beyond Eden, the fourth and final level is a spiritual world called *Tzror ha-hayyim*, the "bundle of the living" or "storehouse of souls" (p. 392). In this holy celestial abode the highest grade of the soul is swept up into divine oneness and perfection: "If the Transit Stage of Upper Gan Eden may be described as 'seeing God,' this Transit Stage is the one of 'being with God'" (p. 392).

The story does not end here, however. An ancient, deep current in popular Judaism teaches that people experience reincarnation, or *gilgul*. It is from the fourth world that the individual is selected to be reborn. Midrashic literature claims that two angels foretell all the tasks the soul will confront during this new life, including the rewards and punishment for one's behavior, and transmit knowledge of all things. However, before birth one of the angels touches the baby on the nose, erasing this memory (pp. 393-394).

The four postmortem levels correspond to the four types of NDEs reported by P. M. H. Atwater (1994) and the four stages in Stanislav Grof's cartography of spiritual emergence (Grof and Bennett, 1993; Grof and Halifax, 1977). Atwater characterized NDEs as initial, hellish, heavenly, or transcendent; while Grof classified mystical journeys into four stages, corresponding to the fetus's prenatal bliss, agonies during labor, and transcendence following release from torment after birth. Grof called these the Basic Perinatal Matrices (BPMs): BPM I is ecstasy and unity, BPM II is expulsion from paradise, BPM III is the death-rebirth struggle, and BPM IV is the death-rebirth experience in which the ego is dissolved and original bliss is regained (Grof and Bennett, 1993).

In Hindu scriptures there are also four levels, but only three bodies for the soul (Yogananda, 1974). Lowest is the physical, followed by the astral level, in which higher emotions are expressed. Next comes the causal, an almost purely mental or intellectual level, culminating in cosmic unity with the Infinite. The fourth stage does not require a body or any sort of individuation. This is similar to the deepest stage of Kenneth Ring's core experience, in which the person sheds his or her identity to melt into the oneness of the being of light (Ring, 1984).

Similarly, Raphael describes three basic levels of the soul in Jewish mystical tradition that correspond to the three Hindu bodies: *Nefesh*, or vegetative, which suffers in the grave; *Ruah*, or emotional, which enters Gehenna and Lower Gan Eden; and *Neshamah*, or higher mind, which enters Upper Gan Eden. The spiritual essence or *Hayyah* returns to the source, while a fifth, intermediary level, *Ye-hidah*, enters the womb, where it presumably undergoes the four pre-birth stages described by Grof.

There are similarities also to Emanuel Swedenborg's (1984) depiction of heaven as a place in which people and the angels who surround them radiate their inner qualities. Beauty there is soul-deep, coming as it does from the person's core. Different levels of heaven and hell are chosen by the person him- or herself, based on what he or she genuinely loves: God or self. Chapter 57 in Swedenborg's *Heaven and Hell* is, indeed, entitled: "The Lord does not cast anyone into Hell; rather, the person himself does" (p. 452). Similarly, the writings cited in Raphael's book emphasize that there are many levels to Gehenna and Gan Eden, where places are assigned based on the person's worthiness.

Raphael's book shows that Judaism affirms clearly that mind itself is undying, even after the brain shuts down, with universal divine consciousness being the primary and final destination after the flimsy garment of embodied life is shuffled off by an immortal spirit. This is similar to the message implied by NDEs and visions of deceased loved ones seen by the bereaved. Furthermore, like the message of the radiant NDE to the unprepared or supposedly unworthy, there is a happy ending for everyone in mystical Jewish tradition. All souls complete the emotional and mental aspects of their personality and ascend to the spiritual source. The tradition of *gilgul*, or reincarnation, gives people other chances to return to embodied life to grow in wisdom and compassion and to evolve into a purified state suitable for permanent residence in the numinous realms.

The doctrine of transmigration of souls, once widely held by both Christians and Jews, was first declared to be heresy by the Church Fathers in the Second Council of Constantinople in 553 A.D. (Grof and Bennett, 1993). The Jewish gnostic belief in reincarnation became popular from the 12th century onward and persists in certain circles, such as the Orthodox Lubavitchers, today. It has been out of mainstream currency for so long that modern Jewish thought doesn't even bother to discount it.

Raphael makes the final point that he concurs with Grof that the postmortem teachings of the world's sacred writings depict the state of consciousness people encounter during and after death:

In other words, as Rabbi Zalman Schachter-Shalomi often explains, "eschatology equals psychology"—*metaphoric depictions of the various psychological states of experienced reality by the disembodied consciousness after death.* (p. 363, italics in original)

Using a Kabbalistic framework, and referring to familiar NDE landmarks along the way, Raphael weaves the stages described earlier into a coherent model covering the transition from life to death to transcendence to rebirth. He concludes with a provocative plan for educating rabbis, educators, counselors, and Jewish funeral directors about this important message and integrating its "soul guiding" (p. 401) message into contemporary Judaism. Using the model of conscious dying practiced by 19th century Hasidic rabbis, death becomes a time of joy and reunion rather than fear: "This world is like a vestibule before the World to Come, and death is the gateway between the two worlds, the door into the heavenly spheres" (p. 341).

Indeed, literature from the world's religions agrees with accounts of NDEs and deathbed visions that nobody dies alone. If one can live with divine love and awareness in everyday life, death will come as a familiar companion, rather than as a dark, hooded stranger. Not surprisingly, the most consistent change following an NDE is the loss of fear of death (Moody, 1975; Ring, 1980, 1984). Acceptance of death would mean a profound and healing change in the experience of death, mourning, and health care, particularly in America and other Western, skeptical cultures.

I have concerns, though, about Raphael's proposal to transform the Jewish experience of dying and mourning. He glosses over the controversy that may arise due to conflicting beliefs drawn from earlier ideas, painstakingly covered in the early chapters, about Judgment Day, the coming of the Messiah, and the timing of individual versus

collective escathology. I doubt that all students of the faith will agree with his conclusions. The secrecy shrouding Jewish mysticism has successfully kept it hidden until very recently, and the conflicting views held by most proponents of modern Judaism, rooted as it is in Maimonides' scholasticism, sets up a strong opposing viewpoint. This is paralleled by the conflicting beliefs held by modern scientists and physicians about spiritual versus natural causes of the NDE. These contrasting viewpoints on human destiny are rooted in competing epistemological paradigms that will not soon be reconciled. However, I admire Raphael's feat in articulating an alternate *zeitgeist*, and I offer this more as a caution than a criticism.

For 50 years the Jewish people have lived with the rage and shock of surviving Adolf Hitler's Final Solution. Modern Jews hear naturalistic homilies at funerals claiming that the deceased live on in their loved ones' memories and through their children. This offers no consolation for grief over martyrs who died together, erasing from this world both the memories and descendants. Daily headlines prove that the world's people have not learned the futility of ethnic and religious hatred. Seeing death as "a window and not a wall," as Raphael insists (p. 402), is the greatest antidote to personal and collective grief over the horror of genocide. By providing Jewish sources of meaning in death, the Western world's oldest religious tradition proves that it still offers meaning in life.

Moreover, Raphael's book adds a Jewish voice to the cacophony of other traditions that avow that life continues. It clearly shows that Jewish belief in life after death and many elements of the NDE is older and deeper than contemporary doubts.

### References

- Atwater, P. M. H. (1994). *Beyond the light: What isn't being said about the near-death experience*. New York, NY: Birch Lane.
- Fremantle, F., and Trungpa, C. (1975). *The Tibetan book of the dead: The great liberation through hearing in the Bardo*. Boston, MA: Shambhala.
- Grof, S., and Bennett, H. L. (1993). *The holotropic mind: The three levels of consciousness and how they shape our lives*. New York, NY: HarperCollins.
- Grof, S., and Halifax, J. (1977). *The human encounter with death*. New York, NY: Dutton.
- Moody, R. A. (1975). *Life after Life*. Covington, GA: Mockingbird Books.
- Morse, M., and Perry, P. (1994). *Parting visions: Uses and meanings of pre-death, psychic, and spiritual experiences*. New York, NY: Villard.
- Ring, K. (1980). *Life at death: A scientific investigation of the near-death experience*. New York, NY: Coward, McCann, and Geoghegan.

- Ring, K. (1984). *Heading toward omega: In search of the meaning of the near-death experience*. New York, NY: Morrow.
- Swedenborg, E. (1984). *Heaven and hell*. New York, NY: Swedenborg Foundation.
- Yogananda, P. (1974). *Autobiography of a yogi*. Los Angeles, CA: Self-Realization Fellowship.
- Zohar, *The*. (1956). (Trans. by H. Sperling and M. Simon). London, England: Soncino.

# OMEGA—Journal of Death and Dying

Editor: **ROBERT KASTENBAUM**

Assoc. Editor: **KENNETH J. DOKA**

Providing multidisciplinary studies and perspective on dying, death, bereavement, suicide, and other lethal behaviors for over **two decades.**

## MANAGING EDITOR

MARILYN WILSON

## EDITORIAL BOARD

JEAN QUINT BENOLIEL  
ALBERT C. CAIN  
LAWRENCE G. CALHOUN  
SILVIA SARA CANETTO  
GEORGE DOMINO  
JOSEPH A. DURLAK  
NORMAN L. FARBEROW  
HERMAN FEIFEL  
VICTOR FLORIAN  
ROBERT FULTON  
EARL A. GROLLMAN  
GERALD GRUMAN  
DENNIS KLASS  
RONALD KOENIG  
MYRA BLUEBOND  
LANGNER  
LAWRENCE LeSHAN  
DAN LEVITON  
DAVID LESTER  
BRIAN L. MISHARA  
RUSSELL NOYES  
C.M. PARKES  
VANDERLYN R. PINE  
RICHARD SCHULZ  
BERNARD SPILKA  
MARGARET S. STROEBE  
WOLFANG STROEBE  
DAVID K. SWITZER  
DONALD TEMPLER  
AVERY D. WEISMAN

## AIMS AND SCOPE:

*OMEGA: Journal of Death and Dying* brings insight into terminal illness; the process of dying, bereavement, mourning, funeral customs, suicide. Fresh, lucid, responsible contributions from knowledgeable professionals in universities, hospitals, clinics, old age homes, suicide prevention centers, funeral directors and others, concerned with thanatology and the impact of death on individuals and the human community.

*OMEGA* is a rigorously peer-refereed journal. Drawing significant contributions from the fields of psychology, sociology, medicine, anthropology, law, education, history and literature, *OMEGA* has emerged as an internationally recognized forum on the subject of death and dying. It will serve as a reliable guide for clinicians, social workers, and health professionals who must deal with problems in crisis management, e.g., terminal illness, fatal accidents, catastrophe, suicide and bereavement.

## SUBSCRIPTION INFORMATION:

Sold as a 2 volume group - 8 issues yearly.

ISSN: 0030-2228

Rates: \$200.00 Institutional, \$59.00 Individual

Postage & handling: \$13.00 U.S. & Canada,

\$23.50 elsewhere

—Complimentary sample issue available upon request—

## Baywood Publishing Company, Inc.

26 Austin Avenue, Amityville, NY 11701 / (516) 691-1270 Fax (516) 691-1770

Orderline—call toll-free (800) 638-7819

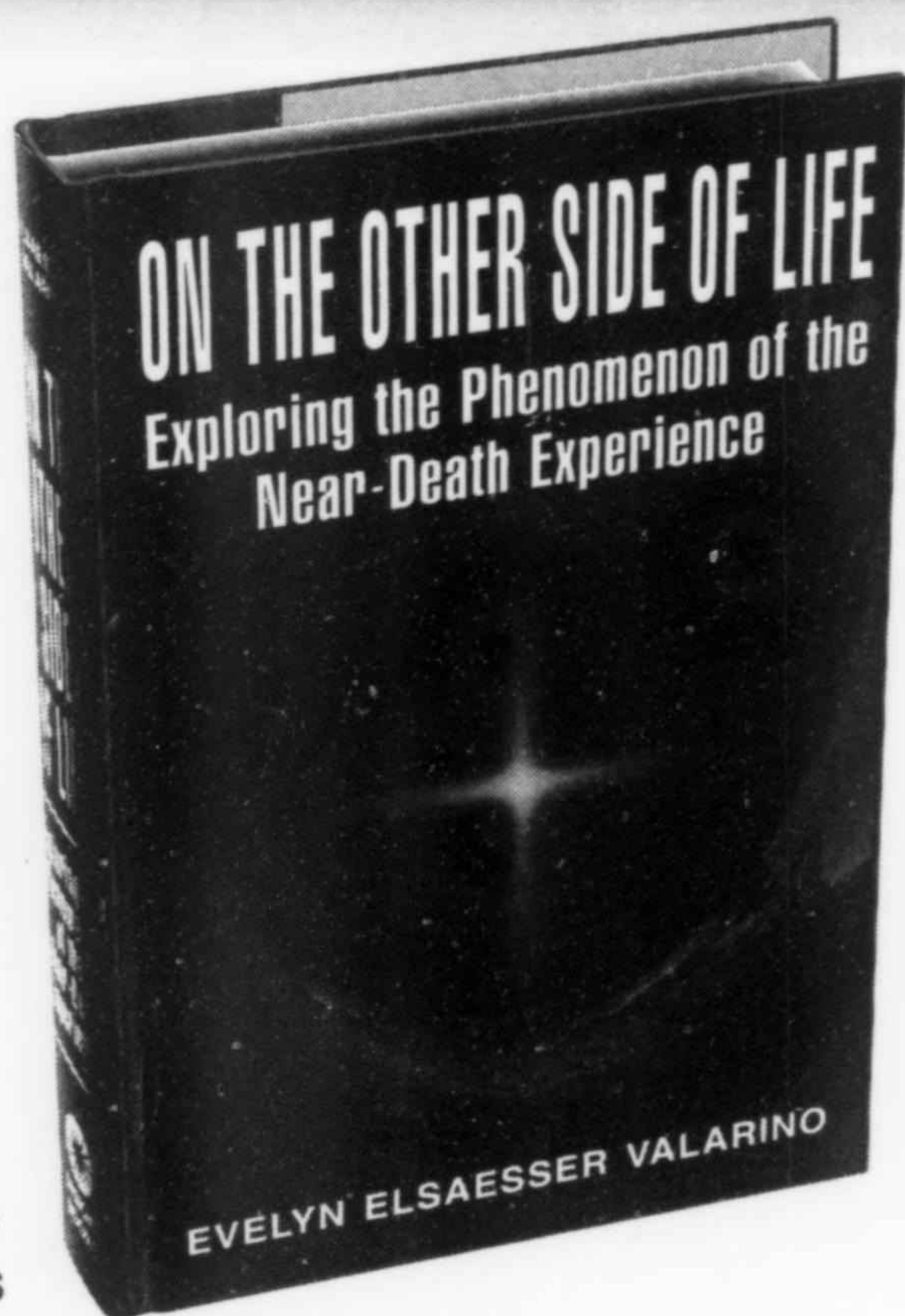
e-mail: baywood@baywood.com web site: <http://baywood.com>

# Probe the Ultimate Secrets of Life and Death

*"A refreshing and stimulating look at a subject that has been trampled by hype and innuendo....probing and insightful questions posed to a multidisciplinary panel of experts **unmask the veiled secrets** of the NDE as never before."*

—Michael B. Sabom, M.D.,  
Author, *Recollections of Death:  
A Medical Investigation*

**On the Other Side of Life** presents the phenomenon of the near-death experience (NDE) in a systematic and analytic way that directly addresses the intriguing nature of this fascinating event. Evelyn Elsaesser Valarino, an expert in the history of NDE, sets up a forum with distinguished investigators and scholars in the fields of psychology, biology, physics, neurophysiology, theology, and philosophy.



Evelyn Valarino infuses the book with disarming intellectual honesty that will leave a lasting impression on anyone willing to open up to the possibility of life after death.

0-306-45561-7/353 pp./1997/\$29.95  
(\$35.94 outside US & Canada)



INSIGHT BOOKS

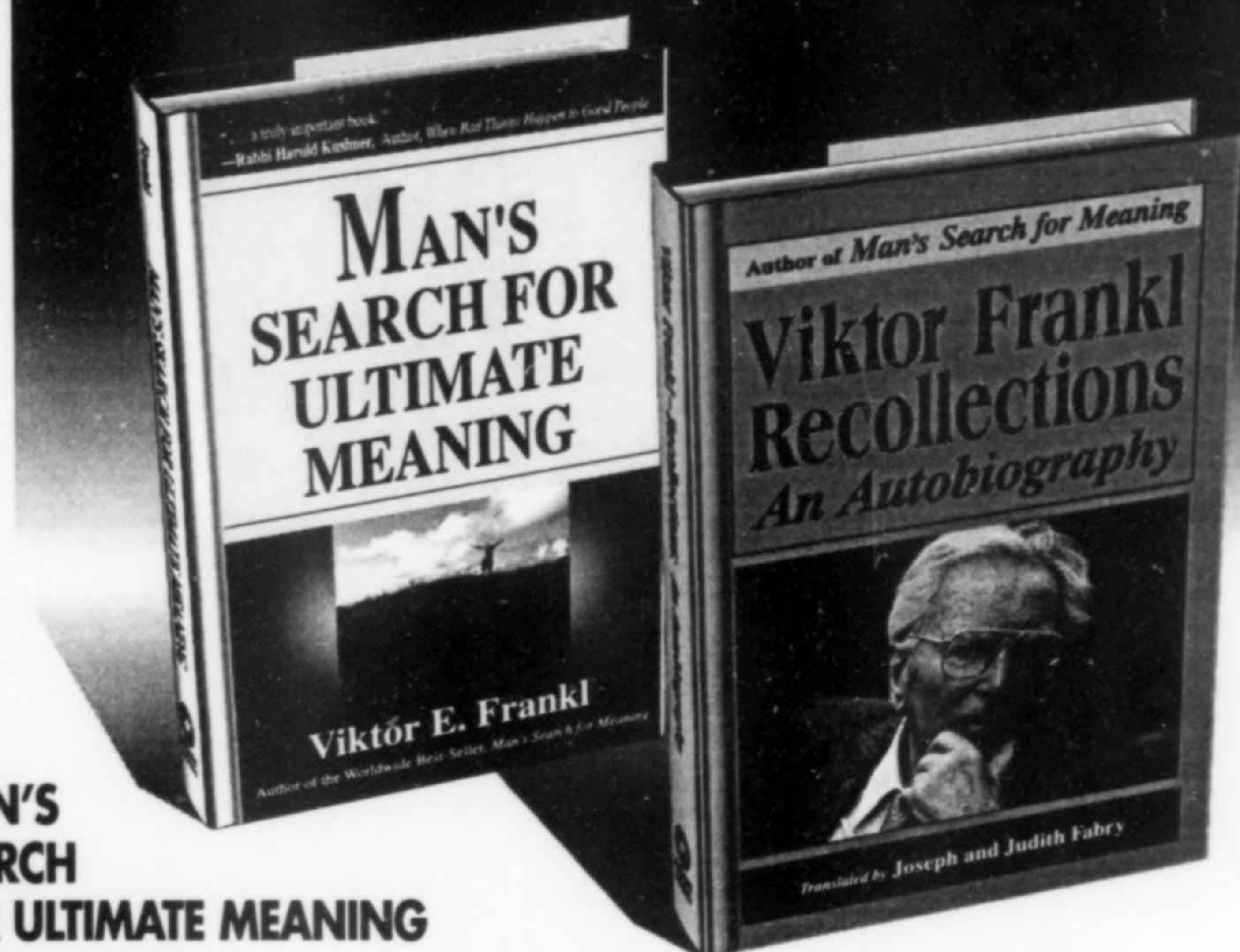
**PLENUM PUBLISHING CORPORATION**

233 Spring Street, New York, NY 10013-1578

e-mail: [info@plenum.com](mailto:info@plenum.com) • <http://www.plenum.com>

(212)620-8000 or (800)221-9369

# Inspirational Works of Remembrance and Hope



## MAN'S SEARCH FOR ULTIMATE MEANING

Viktor E. Frankl

*"One of the great souls of our time shares with us the distilled wisdom of a lifetime of personal and professional experience in this truly important book."* —Rabbi Harold Kushner, Author, *When Bad Things Happen to Good People*

Dr. Frankl brilliantly demonstrates that it is possible for mankind to find, and actualize, profound meaning in daily life, and to turn personal tragedy into triumph.

0-306-45620-6/194 pp./1997/\$24.95

Insight Books offers its condolences to the family of the late Dr. Viktor Frankl (1905-1997) — a man whose message of hope and survival will remain timeless.

## VIKTOR FRANKL-RECOLLECTIONS An Autobiography

Viktor E. Frankl

*"[This] sketch of his past invites us to embrace Frankl the man and to study his work."*

—Michael Berenbaum,  
President & CEO, Survivors of the Shoah  
Visual History Foundation

For the first time, Dr. Frankl, author of the classic — *Man's Search for Meaning* — describes his childhood and youth, his harrowing experiences in four concentration camps, and his encounters with some of the most famous figures of our time.

0-306-45410-6/143 pp./52 ill./1997/\$24.95

Book prices are 20% higher outside US & Canada.

(212)620-8000 or (800)221-9369  
e-mail: [info@plenum.com](mailto:info@plenum.com)  
<http://www.plenum.com>



**Insight Books**  
Plenum Publishing Corporation  
233 Spring Street, New York, NY 10013-1578

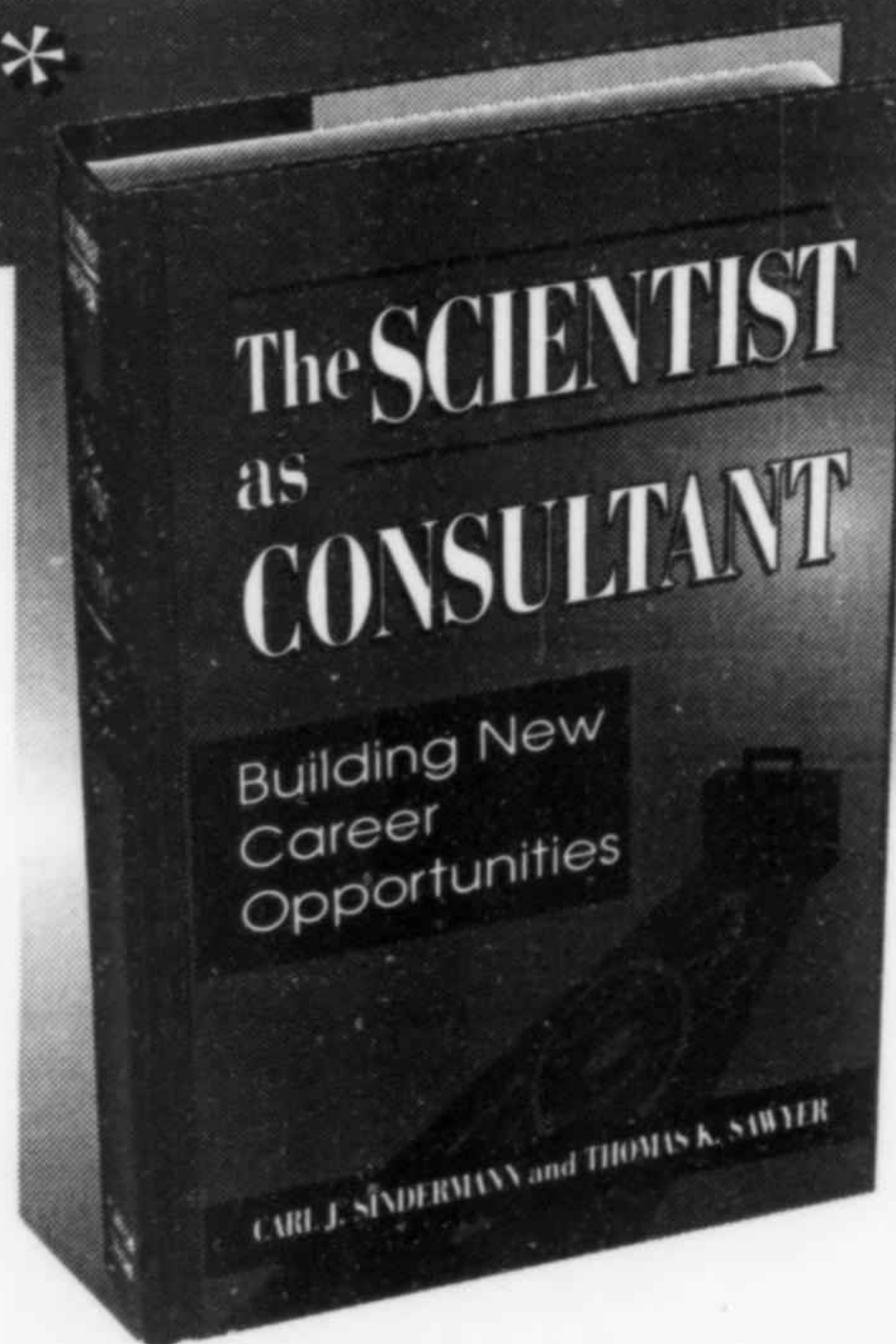
# A Must! \*

## THE SCIENTIST AS CONSULTANT

Building New Career Opportunities

by Carl J. Sindermann and  
Thomas K. Sawyer

"Whether the career is right for you or not, the book is **an excellent guide** to help you decide. The section on managing scientists is excellent—a 'must' for department heads as well as industrial managers....**Stuffed with useful comments and guidance**.... It is an excellent guide to a fascinating career choice."  
—Nature\*



**At a time** when funding for worthy projects is difficult to come by, *The Scientist as Consultant* provides essential insights and invaluable advice to any scientist that may be considering consulting as another career possibility.

*The Scientist as Consultant* answers clearly and in straightforward language all the tough questions:

- How do you organize a scientific consulting group?
- How do you amass start-up funds?
- How do you obtain clients?
- How do you make the transition from a part-time to a full-time practice?
- What is the strategy behind a project that will satisfy both the consultant and the client?
- What type of person succeeds in consultancy, and why?

Regardless of your specialty, and whether your interest lies in seeking out possibilities as an individual practitioner, becoming part of a small consulting group, or joining a megaconsultant corporation, *The Scientist as Consultant* is a timely and comprehensive book that will open new professional horizons.

0-306-45637-0/356 pp./ill./1997/\$29.95 (\$35.94 outside US & Canada)

PLENUM PUBLISHING  
CORPORATION  
233 Spring Street  
New York, NY 10013-1578



(212) 620-8000 / (800) 221-9369  
LOG ON . . . WITH PLENUM!  
<http://www.plenum.com>  
e-mail: [info@plenum.com](mailto:info@plenum.com)

The index and/or table of contents has been removed and photographed separately within this volume year.

For roll film users, this information for the current volume year is at the beginning of the microfilm. For a prior year volume, this information is at the end of the microfilm.

For microfiche users, the index and/or contents is contained on a separate fiche.



## INSTRUCTIONS TO AUTHORS

**THE JOURNAL OF NEAR-DEATH STUDIES** encourages submission of articles in the following categories: research reports; theoretical or conceptual statements; papers expressing a particular scientific, philosophic, religious, or historical perspective on the study of near-death experiences; cross cultural studies; individual case histories with instructive unusual features; and personal accounts of near-death experiences or related phenomena.

**GENERAL REQUIREMENTS:** Logical organization is essential. While headings help to structure the content, titles and headings within the manuscript should be as short as possible. Do not use the generic masculine pronoun or other sexist terminology.

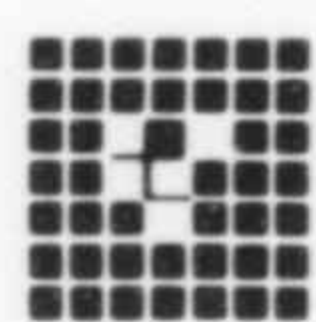
**MANUSCRIPTS** should be typed on one side of the page only, and double spaced throughout. A margin of at least one inch should be left on all four edges. Except under unusual circumstances, manuscripts should not exceed 20, 8½ × 11" white pages. Send manuscripts to: Bruce Greyson, M.D., Division of Personality Studies, Department of Psychiatric Medicine, Box 152, University of Virginia Health Sciences Center, Charlottesville, VA 22908.

**TITLE PAGE** should contain the names of the authors, as well as their academic degrees, affiliations, and phone number of senior author. A name and address for reprint requests should be included. A footnote may contain simple statements of affiliation, credit, and research support. Except for an introductory footnote, footnotes are discouraged.

**REFERENCES** should be listed on a separate page and referred to in the text by author(s) and year of publication in accordance with the style described in the Publication Manual of the American Psychological Association, 3rd Edition, 1983. Only items cited in manuscripts should be listed as references. Page numbers must be provided for direct quotations.

**ILLUSTRATIONS** should be self-explanatory and used sparingly. Tables and figures must be in camera-ready condition and include captions.

**PERSONAL-COMPUTER DISKS:** After a manuscript has been accepted for publication and after all revisions have been incorporated, manuscripts may be submitted to the Editor's Office on **personal-computer disks**. Label the disk with identifying information—kind of computer used, kind of software and version number, disk format and file name of article, as well as abbreviated journal name, authors' last names, and (if room) paper title. Package the disk in a disk mailer or protective cardboard. **The disk must be the one from which the accompanying manuscript (finalized version) was printed out.** The Editor's Office cannot accept a disk without its accompanying, matching hard-copy manuscript. Disks will be used on a case-by-case basis—where efficient and feasible.



**HUMAN SCIENCES PRESS, INC.**

233 Spring Street, New York, New York 10013-1578