

Incredible!

Based on the incredible true story ...

Colton, not yet four years old, told his parents he left his body during the surgery – and authenticated that claim by describing exactly what his parents were doing in another part of the hospital while he was being operated on. He talked of visiting heaven and relayed stories told to him by people he met there whom he had never met in life, sharing events that happened even before he was born. He also astonished his parents with descriptions and obscure details about heaven that matched the Bible exactly, though he had not yet learned to read.

Yes, this is ‘incredible’. If true as described, it is evidence for mind beyond the body; for paranormal ability on the verge of death. The story matches what some Christians would love to believe about a glorious heaven in which, as Colton himself puts it, ‘Nobody is old and nobody wears glasses’. Even atheists living in this unfair world may sometimes wish that goodness will eventually be rewarded and evil punished. These, and many other factors, may explain why *Heaven is For Real* (Burpo, 2010) was a No. 1 *New York Times* bestseller, sold 10 million copies within a few years and had a major movie made about it.

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The book was written by Colton Burpo's pastor father and a Christian journalist. The excerpt above comes from the back cover. Even this extract rings warning bells for me. The word 'exactly' is often a giveaway, as it was in the Wilmot case (Chapter 5, page 71–77). Did little three-year-old Colton see 'exactly' what his parents were doing at the time? We cannot tell. Assuming he reported his experience as truthfully as he could, he left his body, spoke with angels and told his father, 'You were in a little room by yourself praying, and Mommy was in a different room and she was praying and talking on the phone' (Burpo, 2010, p.61). Neither of these actions is remotely surprising for a pastor and his wife in a time of crisis and there is no indication that the little boy gave any further description of the rooms or 'exactly' what his mother was doing. As for his descriptions 'exactly' matching the Bible, he couldn't read but his mother and father read Bible stories to him at bedtime.

In 2015 the young author of another Christian heaven story, Alex Malarkey, recanted the tale he had told in *The Boy Who Came Back from Heaven* (2010), describing the angels who took him to heaven after a terrible car crash. Left paralysed, he later admitted he had invented the story to get attention – 'I did not die. I did not go to heaven' – and as a result Christian bookshops all over America withdrew copies. In the furore, Colton Burpo, now fourteen, reaffirmed the truth of his own account. He may indeed have been telling his story as accurately as he could but there is no real evidence of supernatural perception and none to confirm his brain state at the time. For that kind of evidence we need better attested cases.

Maria and the shoe

My first attempt to find such evidence was inspired by the famous story of Maria and the tennis shoe. Kimberly Clark was a social worker in the critical care unit of a Seattle hospital when she met her first NDEr (Clark, 1984, Clark Sharp, 1995). Maria was a migrant worker visiting friends in the city when she had a severe heart attack, was brought into hospital at night by ambulance and then, a few days later, had a cardiac arrest. Later that day, Clark found Maria agitated

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and wanting to talk. She said that when the doctors and nurses were trying to resuscitate her she had found herself 'looking down from the ceiling at them working on my body' (Clark, 1984, p.242). Clark dismissed this on the grounds that Maria had been in the hospital for some time and would have known what the room and the procedures looked like. Since hearing is the last sense to go, she reasoned, Maria might have heard what was going on.

Her opinion changed when Maria told her that she'd been distracted by something on a ledge over the emergency room driveway. She found herself outside, 'thought her way' up, and saw a tennis shoe on a third-floor ledge at the north end of the building. So Clark set off to find it. From outside she couldn't see much at all so she 'began going in and out of patients' rooms and looking out their windows, which were so narrow that I had to press my face to the screen just to see the ledge at all' (p.243). Finally, she found the shoe and brought it back, concluding, 'My vantage point was very different from what Maria's had to have been for her to notice that the little toe had worn a place in the shoe and that the lace was stuck under the heel . . . The only way she would have had such a perspective was if she had been floating right outside and at very close range to the tennis shoe . . . it was very concrete evidence for me' (p.243).

What impresses me now, more than thirty years on, is how badly Clark wanted this confirmation and why. She describes thoroughly rational thoughts about what Maria could and could not have known about the emergency room, doctors and equipment there. But her only alternative to this being a 'real' NDE (i.e. Maria's spirit left her body) was to say that Maria 'confabulated'. In other words, it was either 'real' or Maria was making it up. She did not have, as we do now, any explanation of how Maria's NDE could have been absolutely realistic and life-changing even though her spirit never actually floated outside the hospital windows.

Remember, this was the early 1980s, not long after the term NDE was coined, and most people knew nothing about OBEs or NDEs. There were no TV programmes, no radio discussions and certainly no Internet. Indeed, the main thrust of Clark's article, entitled

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'Clinical interventions with near-death experiencers', concerns how to help fearful patients and their families. In this context, and given that apparent choice, I can understand why Clark wanted that evidence. Add to that her own later comment that, 'I was doubting Maria's account because I had not dealt with my own NDE' (Sharp, 2007, p.248) and we can imagine the importance of the evidence to her.

Sadly, people seem to get stuck in that same false dichotomy today and without the excuse they had then. Time and again I read people claiming that OBEs or NDEs are not 'real' unless there is concrete evidence. They seem unable to grasp the possibility that everything we ever experience in life is because of what our brains and bodies are doing and OBEs are no different – they are just a much more remarkable and strange manifestation of what it is to be a conscious human being. But I must get back to Maria's shoe and the 'concrete evidence' . . .

At the time I tried to find out more by writing to Clark via her publishers but despite several attempts I received no response. I wanted to know whether Maria had described the worn patch and the lace under the heel before Clark found the shoe. She certainly does not say so in the article. To be 'concrete evidence' for anyone other than Clark, we need some record of the conversation before the shoe was found. That would be convincing indeed, as it would if Maria had drawn a sketch of the shoe or told other people about it beforehand. Less convincing, but still helpful would be if Maria could later confirm what happened. But as far as I know she left the hospital and was never traced again. Above all, the whole story is told by just one person, Clark herself. And however truthful Clark tried to be, one person's story is not enough to challenge our entire understanding of the world.

Ring declared the story of Maria and the shoe one of the most convincing cases on record (Ring & Lawrence, 1993). Others repeated the story, often distorting it in weird ways. In Morse's bizarre version which, as far as I can tell is baseless, Clark opens the window of Maria's room. Seeing no shoe and with Maria insisting it was round the corner, 'Courageously, Clark crawled onto the ledge of her fifth-floor window and around the corner. There sat a shoe, just as Maria

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had described' (Morse, 1990, p.19). This version, too, is repeatedly cited as evidence for life after death (Varga, 2011).

Other researchers did more thorough investigations than I had. In an article, delightfully subtitled 'Waiting for the other shoe to drop' (Ebborn et al., 1996), two young students, Ebborn and Mulligan, visited the hospital, placed a shoe on a similar ledge and tried to see how difficult it was to see. Although there were building works going on at the time, they could easily see it and when they returned to the hospital a week later someone had removed it. So presumably it was quite conspicuous. They also had no difficulty either placing a shoe on the ledge or seeing it from the inside without, like Clark, having 'to press my face to the screen just to see the ledge at all'.

Many years later, Keith Augustine (2007a) included Maria's shoe in his critical survey of paranormal claims in the *Journal of Near-death Studies*. Clark Sharp (as she became) responded with 'The other shoe drops' (Sharp, 2007), castigating him for basing his analysis, 'not on my original description of the case but rather on a distorted account in a magazine written by two college students who misrepresented the facts and made unwarranted assumptions to support their beliefs'. That does sound shoddy, but that magazine was *Skeptical Inquirer*, which is a respected journal even if biased towards sceptical investigations. Arguments can get quite heated when such deep beliefs are under scrutiny.

In this rebuttal Sharp makes much of the fact that the actual shoe appeared in a TV programme and only when this resurfaced some years later did she remember the Nike logo on the side. But this adds absolutely nothing to the case because we have no knowledge, even from Clark herself, of how Maria described the shoe *before* Clark went to retrieve it. After all this time I guess I can only reach the same conclusion about Maria's shoe as I did in *Dying to Live*: 'fascinating but unsubstantiated' (1993a, p.128).

Pam Reynolds

I chose to write about Maria's shoe in such detail because it was the first case that piqued my interest. Since then the most famous case is

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undoubtedly that of Pam Reynolds who, back in 1991, reported an apparently veridical OBE after her brain was cooled and her heart deliberately stopped to remove an aneurysm from her brain. This has attracted more debate than any other, both constructive and pointless, since its first publication by Michael Sabom (1998). Some excellent recent reviews discuss what she actually said, what happened in the operating theatre, the state of her brain at the time and whether any experiences or memory would be expected in the circumstances (Augustine, 2007a, Woerlee, 2005 a, b, 2011, French, 2009, Palmer, 2009).

In the end, as so often happens, this case comes down to one question – when did her OBE occur? Was it when there was no activity being recorded from her brain or was it before or after this state? Augustine (2007a) constructed a helpful timeline based on Sabom's original text, which seems to show that her OBE happened well before her induced cardiac arrest, when she was anaesthetised but not clinically dead, a conclusion then challenged by Sabom (2007). Personally, I am most impressed by the view of John Palmer, a parapsychologist and believer whom I have known since the 1980s. Even he concludes, 'we cannot be confident that any of these experiences in fact occurred during the part of the procedure in which Pam was clinically dead' (Palmer, 2009, p.166).

Timing is critical. So how could Pim van Lommel and his team write, in that most respected peer-reviewed journal, *The Lancet*, 'this patient proved to have had a very deep NDE, including an out-of-body experience, with subsequently verified observations *during the period of the flat EEG*' (my italics, van Lommel et al., 2001, p.2044)? Whatever the truth of the Pam Reynolds' case, this claim about verification is untrue.

Are any other claims in this important paper also untrue? Remember, this paper presented the results of one of the best and most carefully conducted prospective studies of NDEs ever done and then jumped to what seem to be completely unwarranted conclusions about 'Endless consciousness'. Are there more problems to come?

The teeth in the drawer

'During the pilot phase in one of the hospitals, a coronary-care-unit nurse reported a veridical out-of-body experience of a resuscitated patient' (van Lommel et al., 2001, p.2041). We might have expected van Lommel and his colleagues to be a little more cautious, perhaps saying 'a purported veridical OBE' or 'an apparently veridical OBE' before actually checking its veridicality, but here is a little oddity, a small point but a rather telling one for assessing the value of this work.

I guess anyone reading the statement about the nurse would assume that this 'veridical OBE' occurred during the pilot phase, and perhaps even in the same hospital. I certainly assumed this the first few times I read it. But they do not actually say this: they say that during the pilot phase a 'nurse reported a veridical OBE'. What is not clear from van Lommel's report, and was uncovered later by others, is that the events took place in 1979. Since data collection for the study didn't begin until nine years later, in 1988, it makes more sense to take the statement literally, i.e. the nurse merely *reported*, during the pilot study, something that had happened a long time before.

It later emerged that this case was described in a Dutch magazine in 1991, not by the nurse involved, but by someone who had heard it second-hand (Craffert, 2015). Add to this that the major interview with the nurse was not done until after this was published, and indeed twenty-nine years after the events occurred (Smit, 2008), and the case already begins to look a little shaky for one that is meant to shatter scientific opinion and 'induce a huge change in the scientific paradigm in western medicine' (van Lommel, 2006, p.148).

So here's the story. A comatose man was found in a meadow by passers-by and brought into the cardiac unit, where artificial respiration was started. When trying to intubate him, the nurse removed his dentures and put them on the crash cart. It took about an hour and a half for the patient to gain sufficient heart rhythm and blood pressure to be moved and he was still intubated, ventilated and comatose. More than a week later the nurse met him again for the first time since his resuscitation, and to his surprise the man immediately said, 'Oh, that

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nurse knows where my dentures are,' and proceeded to describe the cart and the sliding shelf on which the nurse had put them.

Van Lommel uses this story of 'Dentures man', as he became known, to back up his claim for 'endless consciousness' and memory outside the brain. He uses it not only in this article but elsewhere too, writing, 'The story of the dentures that were removed and stored during a resuscitation, which was published in *The Lancet* and told earlier, is inexplicable to most scientists' (van Lommel, 2010).

Of course it is inexplicable if it were true as told – but is it? That is the question no one can answer for sure and, like the Maria and Pam Reynolds' cases, this one has been amply debated (Craffert, 2015, French, 2005, Smit, 2008, Woerlee, 2010, Smit & Rivas, 2010). What was his brain state during resuscitation, both in the ambulance and in hospital? Could his hypothermia have contributed to preserving brain activity? Exactly when were the dentures removed? What did the crash cart really look like and how close was his description? Could he have heard the nurse's apparently distinctive husky voice during the resuscitation and recognised him that way? So long after the events consensus on any of these questions is impossible.

What are we to conclude about 'Dentures man'? Rudolf Smit (2008) tried to 'set the record straight' and provided the most thorough account of the story so far. Smit is no avowed sceptic but an NDE researcher and co-author of *The Self Does Not Die: Verified Paranormal Phenomena from Near-Death Experiences* (Rivas et al., 2016). Yet he concluded, 'this case cannot constitute definitive proof of continuation of consciousness, let alone survival of death. But it does provide corroborating testimony that something extraordinary happened at the time, an event that should not be dismissed out of hand as a ridiculous story made up by naïve believers' (Smit, 2008, p.61).

There are two interesting things about this conclusion. The first is that even this case, so often trumpeted as evidence for consciousness beyond the brain and used by van Lommel for that purpose, does not stand up to careful scrutiny. The second is that it reveals, even as late as 2008, that people still tend to think in terms of just two opposing possibilities – that either the story is true as told and is therefore

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amazing evidence for souls, life after death or consciousness without the brain, or is made up.

The most likely truth in this as in so many other famous cases is neither of these. It is that 'Dentures man' really did have an out-of-body experience, really did seem to see the room from up near the ceiling and described it as faithfully as he could but this, like every other OBE we know about, was caused by the state of his body and brain; not by his spirit leaving his body. Yes, it was 'something extraordinary' and no, it wasn't 'made up by naïve believers' but nor is it evidence for the soul.

Van Lommel's unwarranted reliance on this old case set me looking more carefully into his famous *Lancet* paper. And there I found more serious problems with his attempts to convince us that consciousness can leave the brain and that 'mainstream scientists' and 'materialists' are all wrong. I will point out just four.

(1) *The Lancet* paper states, 'blind people have described veridical perception during out-of-body experiences at the time of this experience' (2001, p.2044). This is a bold claim that van Lommel repeats elsewhere (e.g. 2009, p.179) without giving any references to how contentious this claim has been (Irwin, 1987). It goes back at least to 1967 and a lecture given by Elisabeth Kübler-Ross (1967) but she was heavily criticised for not publishing any cases to back up her claims. I was therefore terribly excited when, in 1991, I read what sounded like a perfect case; the story of a blind woman called Sarah who had seen in minute detail the doctors who were trying to revive her, their clothes, what they said and even the scribbles on the board outside. I wrote immediately to the author of *Recovering the Soul* (Dossey, 1989), hoping to find out more and maybe even to contact Sarah herself (Blackmore, 1993). Apparently Kenneth Ring did the same and we both got the same answer: Dossey had made it up!

Dossey's reasoning was all too common in this field. He wrote, 'My reasons for composing her were to dramatically illustrate the key features of non-local ways of knowing – ways that seem (to me) fully documented in the experiences of diverse numbers of human beings'

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(Dossey, 1991). In other words, he was so sure it was true that he was willing to make up a story, presented as a real case, to illustrate his beliefs.

I wrote to Ring, who was as troubled by this as I was and tried to find other cases but failed. He wrote back, 'In short, as much as this is the lore of NDEs, there has never, to my knowledge, been a case of a blind NDEr reported in the literature where there was a clear-cut or documented evidence of accurate visual perception during an alleged OBE (And you can quote me.) I wish there were such a case' (Ring, 1991). Ring eventually went on to make a serious study of thirty-one accounts of OBEs and NDEs in the blind (Ring & Cooper, 1997, Ring & Cooper, 2008).

This threw up some fascinating insights into the mental worlds of the blind. Sighted people sometimes imagine that a blind person must stumble around in blackness as they themselves would with a blindfold on, but this is not so. Blind people have rich spatial awareness based on sound, touch and other senses, and a body schema just like anyone else, which means they can also have an OBE like anyone else. They can experience OB feelings and vestibular sensations, have life reviews, feel joy and love, and, if their primary visual cortex remains undamaged (for example, if only their eyes or optic nerve are damaged), experience tunnels and lights. This is because hyperactivity in visual cortex will still produce the wonderful bright light and the tunnel as it would with anyone else. Maybe this explains what seems to be a remarkable statement from one of Ring's NDErs, 'This was the only time I could ever relate to seeing and what light was, because I experienced it.' Ring interpreted his findings in terms of 'transcendental awareness', but I think they tell us more about the mental worlds of the blind.

(2) The second problem is how badly van Lommel misrepresents current understanding of the mind. He writes, 'For decades, extensive research has been done to localize consciousness and memories inside the brain, so far without success' (2009, p.180). He made this identical statement in 2004 and continues to repeat it (in 2006, 2011a and b).

This is ridiculous because few researchers would ever try to 'localise consciousness'; even those who are searching for the neural

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correlates of consciousness do not expect to find a specific location. Consciousness is not that sort of thing (Blackmore, 2010). As for memory, progress has been stunning and the mechanisms underlying the formation, storage and retrieval of memory are being understood in ever more detail – but you cannot say that memory is ‘localized inside the brain’ other than by pointing to the many areas involved in different aspects of memory processing, such as the hippocampus, prefrontal cortex and parts of the parietal and temporal lobes.

(3) With similar seeming confidence van Lommel writes, ‘We cannot measure what we think or feel. There are no known examples of neural-perceptual matches, and hence reasons to doubt the truth of the “matching content” doctrine’ (2009, p.181). Van Lommel is a retired cardiologist, not a neuroscientist, so he cannot be expected to know about all the latest research but he might be expected to know that he does not know and so avoid making such ignorant claims.

The fact is that with fMRI (functional magnetic resonance imaging) and the massive computing power now available it is possible to do exactly what he says we cannot do – find out what is going on in someone’s head. At the Gallant Lab at the University of California at Berkeley, scientists recorded hours of scan data while subjects were watching videos (Nishimoto et al., 2011) and created a huge ‘dictionary’ relating the shapes, edges and movements in the videos to activity at several thousand points in the viewer’s brain. When they then showed a new video to the same person they could reconstruct what he was seeing. The computational power required was vast and early reconstructions hazy but they were recognisable as the scenes in the video and are getting better all the time. A similar method has been applied to people sleeping inside a scanner and woken from REM sleep so as to create a video revealing what they are dreaming about (Horikawa et al., 2013). Van Lommel is simply wrong yet he has gone on repeating this same claim again and again (2009, 2011 a and b, 2013).

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(4) Perhaps most troubling is what seems like a throwaway remark van Lommel makes when discussing the work of Parnia and Fenwick (Parnia et al., 2001 and again repeated in several articles). He writes, 'They found in their study that 11 per cent reported an NDE: 6.3 per cent reported a core NDE, and 4.8 per cent a superficial NDE. They write that the NDE-reports suggest that the NDE occurs during the period of unconsciousness. This is a surprising conclusion in their view' (2009, p.179).

I was puzzled because I couldn't remember Parnia and Fenwick finding any such evidence. So I checked. What they actually say is, 'Some patients do appear to have obtained information which they could not have obtained during unconsciousness ^[35]' (Parnia et al., 2001, p.154). Please note the superscript ^[35] – Parnia and Fenwick are not referring to their own collection of NDEs but to a popular book by Michael Sabom called *Recollections of Death*, published nearly twenty years before. Van Lommel should make this clear and not distort other people's work to make his own case.

Some of these tiny details may seem tedious but I keep delving because I so badly want to know whether people really can see without a functioning brain; it would be so important if they could. But I have found nothing yet to convince me. I agree with OBE researcher Jason Braithwaite, who, after a thorough and scathing review of van Lommel's work, concludes, 'Despite its impact in NDE circles, the van Lommel et al. study provides no evidence that human consciousness survives bodily death; it 'poses no serious challenge at all to current neuroscientific accounts of the NDE' (Braithwaite, 2008, p.15). I would add that Pim van Lommel has misrepresented both neuroscience in general and other people's work in particular to bolster his own dubious theory. He is doing a serious disservice both to scientists and to everyone else and has no justification for saying, 'Obviously, during NDE enhanced consciousness is experienced independently from the normal body-linked waking consciousness' (van Lommel, 2009, p.179, and identically in 2006, 2011b, and 2013, p.25). There is nothing obvious about this repeated claim. But could he still be right – and could we find out?

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AWARE

First hint of “life after death” in biggest ever scientific study.

Daily Telegraph, 7 October 2014

Back in the 1980s, when I first began research into NDEs, I wrote a novel. It was terrible and never published, but the story revolved around a scientist who, rather like van Lommel, was totally convinced that consciousness could exist outside the body and determined to prove it. His innocent young research assistant fell in love with him (of course!) only to discover that he was cheating on his results, this unenviable situation being based on my own horrible experiences of uncovering fraud in ESP experiments (Blackmore, 1987a, 1996). I mention this only because my fictional scientist placed targets above the beds of cardiac patients, hoping they might have an OBE, see the target words or numbers, and so prove his theory.

I was not the first to think of this idea. It is the obvious way to test claims of veridical perception during NDEs but at that time it seemed impossible. Now it is not only possible but has been done in a huge, multi-national study lasting four years (2008–12) called ‘AWARE; AWAreness during REsuscitation’ (Parnia et al., 2014). This is the prospective study I referred to in which nearly half of cardiac arrest survivors had memories of some kind, 9 per cent experienced NDEs, 2 per cent recalled “seeing” and “hearing” actual events related to their resuscitation’ and ‘One had a verifiable period of conscious awareness during which time cerebral function was not expected’ (Parnia et al., 2014, p.1799). The results were published to a flurry of media excitement and exaggeration, like the headline above from one of Britain’s top broadsheets.

The main aims of the study, as described in the academic paper, were to explore the relationships between awareness during CPR (cardiopulmonary resuscitation) and the cognitive deficits and post-traumatic stress suffered by some survivors of cardiac arrest. However, the researchers also looked for ‘objective verification of claims of awareness’ – in other words, they wanted to find out whether any patient who had an OBE could observe something that was impossible for them to see while lying on the bed.

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They installed between fifty and one hundred shelves in each of fifteen hospitals where they thought CPR might be needed and on each one placed a single image of national or religious symbols, people, animals and major newspaper headlines. These could be seen only from a position close to the ceiling. Why they chose these varied images they do not explain, nor how they were chosen. I know from all my years in parapsychology that the correct randomisation of targets is crucial and often the weakest link in experimental designs: targets must be chosen randomly to avoid using popular targets more often or creating other opportunities for lucky guessing. They also fixed a triangle on the underside of the shelves to test whether patients had their eyes open during CPR. Any with memories of visual or auditory awareness were invited for a further in-depth interview.

Sadly, this resulted in only two patients and both suffered ventricular fibrillation in areas of the hospital that had no shelves. So the researchers couldn't even test whether anyone saw the images. However, they report in detail the NDE of one 57-year-old man who described watching events from the top corner of the room: 'He accurately described people, sounds, and activities from his resuscitation [. . .]. His medical records corroborated his accounts and specifically supported his descriptions and the use of an automated external defibrillator' (Parnia et al., 2014, p. 1802). In the interview the man described talking to the nurse, feeling pressure on his groin and then seeing, up in the corner of the room, a woman beckoning him. He felt that she knew him and was there for a reason and 'the next second, I was up there, looking down at me, the nurse, and another man who had a bald head' (Parnia et al., 2014, p. 1803). The next thing he remembers is waking up, feeling quite euphoric.

The authors conclude, 'our verified case of VA (visual awareness) suggests conscious awareness may occur beyond the first 20–30 s after CA (cardiac arrest) . . . The case indicates the experience likely occurred during CA rather than after recovery from CA or before CA' (p. 1803). They go on, 'similar experiences have been categorized using the scientifically undefined and imprecise term of out of body

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experiences (OBE's), and further categorized as autoscapy and optical illusions' (p. 1803), rejecting the idea that the man's experiences were hallucinations on the grounds that they corresponded with reality.

Yet this whole description sounds to me exactly what you would expect of an OBE in which the man could still hear and feel what was going on and incorporate it into a bird's-eye view. The critical question is whether his brain was active enough to have supported and then recalled an OBE. The authors believe not because the events took place more than twenty or thirty seconds into the three-minute period without heartbeat. Yet this is exactly the time at which those unexpected bursts of activity were reported in dying patients (Chawla et al., 2009). My guess would be that during that brief period his brain was active but was sufficiently disturbed to create a displaced body schema and hallucinations such as the woman beckoning him. But of course there was no EEG or other measure to tell us for sure.

I have such mixed feelings about the AWARE project. On the one hand it was a most ambitious and difficult study to undertake and I can only congratulate the authors on all their hard work. This is exactly the kind of study we need if we are ever to find out whether NDErs really can see things that would be invisible to their physical eyes and I hope they will continue. On the other hand I am frustrated by the way this single case has been made out to be evidence for life after death.

In a footnote, Parnia et al. say that if large numbers of patients with the ability to observe events from above consistently fail to identify the images this would suggest the experiences were some kind of illusion. I agree. My simple prediction is that, if the experiment is repeated with adequate controls, no patient will ever be able to see the image. I do hope we'll have the chance to find out.

What do NDErs really see?

These claims of true perception would be so important if true that they have beguiled me as well as everyone else into failing to ask the opposite, but equally pertinent, question – do people see *untrue* things during NDEs? The answer is, of course, a resounding yes.

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Whenever veridical observations are claimed they are typically mixed in with a far greater number of invented or imagined things. We know that already. Fox saw his beloved Elsie and two exam questions but most of what he saw in a lifetime of astral projection was wrong. Monroe got the details of Tart's house wrong, Apsey got his mother's position wrong, the Canadian architect saw non-existent houses in Fulham. Even in the case just described, the patient saw a woman beckoning to him from the top corner of the room. Clearly she was not really there. And if you argue that she was a ghost or spirit appearing in the actual room, then why do so many NDErs meet living, not dead, people beckoning them into a tunnel or telling them it is not their time to die?

Peter and Elizabeth Fenwick (1995) collected 350 NDE reports, in which 14 per cent met living people and others had details that were wrong, such as a woman who saw her own heart lying beside her body during an operation when in fact it remained inside. Morse (1994) describes a young boy who saw his living playmates on the other side of a river, and Keith Augustine (2007b) elaborates on this point, giving many examples of NDErs seeing things that are not there, missing things that are, experiencing clearly hallucinatory imagery and meeting fictional characters.

Then there's my own experience all those years ago. Vicki's room looked convincingly real, as did Oxford city and the surrounding countryside, but the only details I was able to check up on proved to be wrong. I think, now, that everything I saw was a product of my own life experience and a functioning brain. Everything looked as I expected because what I saw was based on what I expected.

The fact is we don't hear about the many mistakes nearly as much as the very, very few details that turn out to be correct. This is obvious, really: when someone has an NDE they may, and often do, fear no one will believe them or even that they are going mad. So they understandably emphasise any small details that were correct and these tales are told and retold by their family and friends, getting into popular books and even into the scientific literature. The result is a total distortion of the truth. As far as I can see, the answer is clear: lots of people have

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NDEs and OBEs with wonderful visions of places, scenes and people, but there is no reliable evidence that they have actually seen anything at a distance or that consciousness survives beyond death.

I will admit that I find this terribly depressing – not that death is the end of me and my little personal consciousness but the misuse of the evidence. The trouble with NDE research, and the main reason I find it depressing, is the levels of emotional commitment. Or perhaps that's too polite a way of putting it. Let me say instead that the trouble with NDE research is how unwilling people are to change their minds in the face of the evidence. I know this is hard to do but it is the absolutely most fundamental tenet of scientific inquiry. You invent a hypothesis, ask a question, devise a way to answer it and then base your understanding of the world on that answer.

I know how hard this is because I've had to do it myself, and do it big time (Blackmore, 1996). After my dramatic experience my original hypothesis was clear: *obviously* my soul or astral body or spirit had left its body and gone travelling. I was totally and completely convinced and that's why I can understand why others are too. Yet I was wrong and I had to change my mind. Now I ask different questions – I don't ask whether there is consciousness beyond the brain but how modern science can help me understand what really happened.

It's time, at last, to go back to 1970.