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LETTERS TO THE EDITOR

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Journal of Near-Death Studies

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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.

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Editor's Foreword

In this issue, authors explore the nature of consciousness after a near-death experience (NDE) and after death. It is the second of a few transition issues between Dr. Greyson's editorship and my own, comprised of material for which Dr. Greyson oversaw the peer review process, that he accepted, and that I endorsed and edited. Through the material in this issue, we address the broad mission of the International Association for Near-Death Studies that includes attention to NDEs as well as to related phenomena.

In the lead article, novice NDE researcher Farnoosh Nouri and I report the findings from her doctoral dissertation at the University of North Texas. In response to publication of numerous anecdotes and some informal studies of electromagnetic aftereffects of NDEs, in which electrical devices are reportedly much more prone to malfunction in the vicinity of near-death experiencers (NDErs), we conducted a systematic survey. Our results lent support to the notion that such effects are, indeed, greater in the aftermath of NDEs and led us to question how future researchers might measure such effects objectively.

For the next article, veteran NDE researcher Kenneth Ring felt compelled to emerge briefly out of retirement to describe events in the aftermath of the death of a dear friend and veteran NDER, Tom Sawyer. These events involved after-death communication that strongly suggested the ongoing existence and purposeful activities of Tom's consciousness.

Finally, in an exchange of Letters to the Editor, Brian Miller and Denis Purcell discuss the nature of the relationship between consciousness and electromagnetic phenomena as well as the potential to measure the latter. Their exchange furthers discussion from Dr. Nouri's and my article and applies as well to Dr. Ring's, addressing the implications of positive results from such measurements for the hypothesis that consciousness survives physical death.

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Electromagnetic Aftereffects of Near-Death Experiences

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ABSTRACT: Near-death experiencers (NDErs) have reported malfunction of electrical devices in their vicinities (Atwater, 1994; Bonenfant, 2005; Ring, 1992; Ring & Valarino, 2000). In this quantitative, retrospective study we investigated electromagnetic effects among NDErs, people who reported a close brush with death without an NDE, and people who reported never having been close to death but who used their most life-changing event as a past reference point. All participants completed a demographic questionnaire and two versions of the researchers-developed Electromagnetic Experiences Questionnaire: during the past year and before the designated life event. Participants who reported a close brush with death also completed the Near-Death Experience Scale (Greyson, 1983). Participants were adults with equivalent demographics: 36 NDErs, 20 nonNDErs who reported a close brush with death, and 46 people who had not been close to death. Results were a greater incidence of reported electromagnetic effects among NDErs than among participants in the other two groups; that retrospectively reported NDEs, more than close brushes with death or life-changing events, tended to mark an increase in electromagnetic effects; and that more electromagnetic effects were correlated with deeper NDEs. Implications for future research are discussed.

KEY WORDS: near-death experiences; aftereffects; physiological changes; electromagnetic fields; electromagnetic interference.

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One distinct area of physiological aftereffects that near-death experiencers (NDErs) have reported is electromagnetic effects. These effects include malfunctions of electrical devices, both alternating current and direct current (battery-operated), including wrist watches, lights, televisions, radios, computers, appliances, vehicles, and cell phones, in close proximity to NDErs (Atwater, 1994; Bonenfant, 2005; Ring, 1992; Ring & Valarino, 2000). Though early researchers of NDE aftereffects did not mention electromagnetic effects (Grey, 1985; Kason, 1994; Moody, 1975; Ring, 1980, 1984; Sutherland, 1992), more recent investigators and researchers have increasingly reported them (Atwater, 1994; Bonenfant, 2005; Ring, 1992; Ring & Valarino, 2000). One reason may be the time Westerners, who have been the primary NDE research population, began using many electronic devices. For example, quartz watches became available in the early 1970s (Silva, 2007), computers became available to the public during the mid 1980s (Boeree, n.d.), and cell phones gained widespread use during the mid 1990s (Keith, 2004).

Kenneth Ring (1992) reported the first systematic study of electromagnetic effects. In his retrospective research, he compared 74 NDErs with 54 nonNDErs interested in NDEs. His Omega Psychophysical Changes Inventory contained one item related to electromagnetic effects: “I found that electric or electronic devices (e.g., car batteries or electrical system, lights, watches, tape recorders, computers, etc.) more often malfunctioned in my presence than I remember being the case before” (p. 268). Whereas 24 percent of NDErs endorsed the item, only 7 percent of nonNDErs did, a highly statistically significant difference (p. 157). Ring indicated that in this, his third major study of NDEs, he was discovering this “anomaly” for the first time (p. 157).

In looking back at narrative comments his participants had provided, Ring (1992) found several. A 36-year-old female NDEr with a high school education wrote:

Dr. Ring, I have a difficult time as many computers malfunction and lights will blow when I walk under them. This has happened for years, and I tried to ignore that this was happening. I simply cannot wear a watch for long before it breaks down. I went to ... a department store and walked in front of their brand new computer and it quit working... When I [held a fluorescent light in my hands], the entire bulb lit up, like it was turned on. It seemed like there was a lot of static electricity. (Ring, 1992, p. 159; bracketed and deleted material original)
Ring (1992) found that women in his sample more often reported such electrical phenomena than men (p. 160). Nevertheless, one NDEr, a 39-year-old male with a high school diploma whose NDE occurred when he was 22 years old, reported: “When upset lights blow; electrical components malfunction when new” (p. 160).

P. M. H. Atwater provided more narratives from her interviews with NDErs:

Watches do not keep time for me. But mechanical things seem to work, even for no reason.... If I get too close to FM radio frequencies I raise Cain with reception.... Recording equipment won't work for me.... I started dead car batteries with my energy. But as the years go by, my energy field has diminished. Things that were once true are no longer. I lost a lot in order to live in this world. (Atwater, 1994, pp. 139–140)

Jim Knittweis (1997) conducted an informal study to see whether a detectable difference between electrical fields of NDErs and non-NDErs existed. He employed two devices in his tests: a thermistor for testing heat from the participants’ fingers and an electronic electroscope to measure the electron flow. Knittweis tentatively concluded that most NDErs do not show differences in heat or electron flow from their hands compared to nonNDErs; however, NDErs who reportedly have gained healing abilities from their NDEs seem to have more overall heat and electron flow from both hands compared to nonNDErs. Because of the absence of masking in the research design, the absence of a comparison group, and other factors that either were not controlled or were not explained in detail, these results can be considered only suggestive. However, these admittedly suggestive findings do point in the same direction as Ring’s and Atwater’s.

The most extensive testimony currently available is probably that of Rebecca Stephens, a physician and director of the Leaseburg Hospital in Gainesville, Florida. At the 2005 International Association for Near-Death Studies (IANDS) conference presentation titled “Electromagnetic Sensitivity: A Physician’s Experience Following a Childhood NDE”, psychologist Richard Bonenfant featured Dr. Stephens as a case study. Stephens described her experience with her wrist watches: “They either go backwards, they stop, or the watch man knows me that he just has to put a new battery in every couple of months.” Regarding cell phones, Stephens reported:

I have had lots of problems with cell phones not working. I have to have them constantly changed out ... after I had touched the cell phone which is just the borrowed cell phone [I'm using] right now,
because I had to send mine into the shop to get it repaired, it just beeps all day long if I touch it until I turn it off. (Bonenfant, 2005; bracketed material added)

She also described her experience with computers:

[The technology specialists at work] would tell me I had too much static; so, I actually used static mats; I actually have something on my keyboard before I even touch my computer. So, [having] gone through 6 hard drives in 5 years, [my employers] have spent some money on me to make sure I'm not full of EM [electromagnetic] energy; but in the same sense it affects everything that I do. (Bonenfant, 2005; bracketed material added)

As suggestive as these narratives and preliminary studies have been, they have left several questions unanswered or unconfirmed. For example, if asked in greater detail, might nonNDErs report electromagnetic effects as often as NDErs? If NDErs do indeed report electromagnetic effects more frequently, is that increased incidence associated specifically with an NDE or might it be related to coming close to death, whether or not the close brush included an NDE? If NDErs more frequently report electromagnetic effects, has the increase manifested only since the NDE, or might it have preceded the experience? And if only some NDErs report increased electromagnetic effects, what might be the relationship between nature and/or depth of NDEs and increased electromagnetic effects? It was to answer these questions that we undertook this study.

Although people have reported experiences phenomenologically equivalent to NDEs but not during a close brush with physical death (Greyson, 2000), we limited our scope to NDEs pertinent to our research questions: those occurring during illness or injury involving an actual or potential close brush with physical death. The first purpose of this study was to investigate the comparative incidence of electromagnetic effects during the last year before participation in the study among NDErs, people who experienced a close brush with death without an NDE, and people who reported never having experienced a close brush with death and who used a self-identified "most life-changing event" as a reference point in their pasts. The second purpose was to investigate the comparative change in the incidence of electromagnetic effects among the three groups before and after their designated life event (NDE, close brush with death, or life-changing event). The third purpose was to investigate the relationship between the reported overall depth and specific components of the subjective
experiences of people who had a close brush with death – both NDErs and nonNDErs who reported a close brush with death – and their reported incidence of electromagnetic effects.

Method

Participants and Procedure

We defined three research groups of adult participants. NDErs reported memory of psychological events of a paranormal and mystical nature that occurred during a close brush with death that happened at least one year before participating in the study and scored 7 points or higher on the Near-Death Experience Scale (NDE Scale; Greyson, 1983). NonNDErs who reported a close brush with death reported no memory of psychological events during a near-death event that occurred at least one year before participating in the study and scored 6 points or lower on the NDE Scale. People who had not been close to death reportedly had never experienced a near-death event but, for the purpose of comparison, used a self-identified “most life-changing event” that occurred at least one year before participating in the study as a before-and-after past reference point.

Once the study received Institutional Review Board approval, we solicited participants through research announcements to IANDS, including its newsletter and the more than 50 IANDS U.S. local groups for NDErs and people with personal and/or professional interest in NDEs and related experiences; the Association for Death Education and Counseling; the International Society for the Study of Subtle Energies; the Institute of Noetic Sciences; letters to local physicians; a bulk mail message to undergraduate and graduate students in the counseling program of a large southwestern public university; and word of mouth. The announcements stated:

If you are 18 and over, you can contribute to a study that involves effects of various life experiences, including a close brush with death, on people's experiences with electromagnetic devices such as cell phones, TVs, watches, and computers.

We offered a Sony MP3 player to three participants through random drawing at the end of data collection. Participants could complete questionnaires either online or in hard copy delivered and returned by hand or by mail.
The complete set of research materials included a recruitment letter; informed consent form; researcher-created Demographics Form, Close Brush with Death Question Form (CBDQF), Life-Changing Event Question Form (LCEQF), Electromagnetic Effects Questionnaire–Last Year (EMEQ-L) and Electromagnetic Effects Questionnaire–Before Event (EMEQ-B); NDE Scale (Greyson, 1983); and stamped, pre-addressed envelope for those who received the surveys in hard copy. As described below, not all initial respondents completed all forms/instruments.

**Instruments**

We developed the Demographics Questionnaire to collect seven categories of information about participants. We also developed additional instruments and used one established instrument.

*Group assignment instruments.* We developed the CBDQF to make preliminary assignment of respondents to one of the three groups. The first item was: “I have experienced a close brush with death; for example, a life threatening illness or injury in which I either was resuscitated, was expected to die, or was very likely to die.” We directed participants who answered “no” to discontinue the CBDQF and proceed to the LCEQF to identify and describe a life-changing event and the year it occurred and to answer a few items about their transcendental and mystical experiences - the latter to enable follow-up analysis, if indicated, for participants who reported numerous intense transcendental and mystical experiences outside the context of a close brush with death (Jourdan, 1994). Of this group of people who reportedly had not been close to death, those who responded online did not have access to the NDE Scale, and those who responded using hard copy were directed to bypass the NDE Scale.

We asked participants who answered “yes” to the first CBDQF item to answer a further item based on Bruce Greyson’s (1983) definition of an NDE:

> During my close brush with death, I remember a distinct experience of profound psychological events with transcendental features (such as profound peace, out-of-body experience, and/or encountering deceased loved ones) and/or mystical features (such as encountering spiritual entities and/or an all knowing being of light).

We directed both nonNDErs who reported a close brush with death (those who answered “no”) and NDErs (those who answered “yes”) to
complete the NDE Scale. Members of both groups also indicated the year of their designated event and provided a brief description of its circumstances.

_Hypothesis testing instruments._ We used Greyson's (1983) NDE Scale, which he wrote was "clinically useful in differentiating NDEs from organic brain syndromes and nonspecific stress responses, and can standardize further research into mechanisms and effects of NDEs" (p. 369). The NDE Scale consists of 16 questions grouped into four clusters of cognitive, affective, paranormal, and transcendental features of NDEs.

The NDE Scale has high internal consistency, split-half reliability, and test-retest reliability: "Mean scores and standard deviations on the two halves were 7.64 ± 4.22 and 7.38 ± 3.94; the resultant Pearson product-moment reliability coefficient between the two halves was .84, Spearman-Brown corrected to .92" (Greyson, 1983, p. 373). Internal consistency of the entire scale using Cronbach's coefficient alpha was .88. Reliabilities for subscales were .75 for the cognitive component, .86 for the affective component, .66 for the paranormal component, and .76 for the transcendental component. Alpha values of 0.7 and 0.8 are generally considered satisfactory (Nunnally, 1978). According to Greyson (1983; Lange, Greyson, & Houran, 2004), the criterion score of at least 7, one standard deviation below the mean among people who reported an NDE in a near-death encounter, seems a valid cut-off point for determining the presence of an NDE.

We developed the EMEQ to assess the incidence of electromagnetic effects. Based on a review of the relevant literature, we compiled a list of equipment that NDErs had reported to malfunction in their presence. We then narrowed the list to the four devices they seemed to report most frequently: lights, watches, computers, and cell phones. We added a fifth category addressing how a respondent's emotional state influenced the functioning of all devices.

Next we developed two- to five-item subtests for each of the five categories, for a total of 20 items. Within each category were items worded positively, indicating malfunction of electronic devices (for example, "Computers seemed to malfunction when I was nearby"), and negatively, indicating no malfunction (for example, "I never noticed the operation of lamp light, street lights, or other lights being affected by my presence"). We used a 5-point Likert scale from 1 = "strongly disagree" to 5 = "strongly agree;" for the nine items in which it was relevant, we provided one additional choice: 6 = "I have reduced or
stopped my use of [specific devices] because I have had so many problems with them." For computation purposes, we reverse-coded the negative items so that, for all items, high scores indicated malfunction. For the items with an anchor point 6, we treated it as anchor point 5 ("strongly agree") for the positive statements and as anchor point 1 ("strongly disagree") for the negative statements. In addition, in calculating the subtest means in the case of missing data, we used a 75/25 rule (Nunnally, 1978); that is, if a respondent omitted more than 25 percent of the items in a subtest, we did not compute the subtest mean.

We pilot tested the survey for language clarity with five adult readers, two native English speakers and three who spoke English as their second language, and made some wording changes based on their recommendations. Two experts in the field examined face validity: one of us, JH, a scholar with over 20 years of research experience in the field of near-death studies, and the other, Richard Bonenfant, a psychologist with research interest in the area of electromagnetic effects among NDErs. Both experts confirmed the survey had face validity with several minor wording recommendations, many of which are reflected in the final questionnaire. We then piloted the instrument to establish and, if necessary, improve its reliability.

Results

Pilot Study

Twelve volunteers participated in the pilot study: one NDEr, three nonNDErs who reported a close brush with death, and eight people who reportedly had not been close to death. To assess internal consistency of the EMEQ-L, we calculated Cronbach's coefficient alpha for the entire scale and each subscale. Alphas were .94 for the entire scale, .87 for the four items on the Watches subscale, .96 for the four items on the Computers subscale, .76 for the four items on the Lights subscale, .67 for the six items on Cell Phones subscale, and .85 for the two items on the Emotion subscale.

Further analysis revealed that one item in the Lights subscale and three items in the Cell Phone subscale had low inter-item correlations in their respective subscales. After deleting these items (Hair, Black, Babin, Anderson, & Tatham, 2005), the Cronbach's alphas increased for the entire scale to .95, Lights to .85, and Cell Phones to .79.
Because an alpha of .8 or higher is considered to represent very good reliability (Nunnally, 1978), we used the 16-item EMEQ in the main study.

Main Study

Participants. By the time we met our target of at least 20 respondents in each of the three preliminary groups, 110 participants had returned usable data sets. Of these, seven respondents we had assigned to the NDE group scored below 7 on the NDE Scale; we excluded them from further data analysis. Thus, the final participants included 37 NDErs, 20 nonNDErs who reported a close brush with death, and 46 people who reportedly had not been close to death.

Chi-square tests on the seven demographic variables of gender, age, education, ethnicity, residence, country of birth, and religion indicated no significant differences on the data distributions in the three groups; thus, the three groups were demographically similar regarding these variables. Participants were approximately 80 percent female and 20 percent male. They ranged in age from 18 to over 65 years, with approximately two-thirds in the 35–64 years range. Bachelor’s degree and master’s degree holders were somewhat more represented than high school diploma, associate degree, and doctoral degree holders. Caucasians accounted for 85 percent of participants, with African-American, Asian, Hispanic, Native American, and “other” ethnicities also participating. More than 95 percent of participants were United States residents, and approximately 75 percent had been born in the United States, though participants included people born in Australia, Canada, Iran, Mexico, the Philippines, Sweden, Syria, Taiwan, and the United Kingdom. Approximately 45 percent of participants were Christian; others indicated atheism, Buddhism, Islam, Judaism, “other,” or affiliation with both Christianity and at least one other designation.

The nature of participants’ designated events is summarized in Table 1. Thirteen of the 46 people who had not been close to death and one of the 37 NDErs did not respond to this question; their data are included in the “not specified” category.

Time since participants’ designated events is summarized in Table 2. The largest single group of participants in all groups reported their designated events occurred more than 20 years ago.

EMEQ reliability and tests of significance. Regarding the reliability of both versions of the EMEQ, Cronbach’s alpha coefficients for both
Table 1
Nature of Participants' Designated Events

<table>
<thead>
<tr>
<th>Type of event</th>
<th>Near-death experience (n = 37)</th>
<th>Close brush with death (n = 20)</th>
<th>Life-changing event (n = 46)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serious illness</td>
<td>17 (46%)</td>
<td>10 (50%)</td>
<td>1 (2%)</td>
<td>28 (27%)</td>
</tr>
<tr>
<td>Accident-related injury</td>
<td>16 (43%)</td>
<td>4 (20%)</td>
<td>0 (0%)</td>
<td>20 (19%)</td>
</tr>
<tr>
<td>Profound loss</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>10 (22%)</td>
<td>10 (10%)</td>
</tr>
<tr>
<td>Life-threatening event without injury</td>
<td>0 (0%)</td>
<td>6 (30%)</td>
<td>2 (4%)</td>
<td>8 (8%)</td>
</tr>
<tr>
<td>Childbirth or adoption</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>7 (15%)</td>
<td>7 (7%)</td>
</tr>
<tr>
<td>Cardiac arrest</td>
<td>3 (8%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>3 (3%)</td>
</tr>
<tr>
<td>Social adjustment</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>12 (26%)</td>
<td>12 (12%)</td>
</tr>
<tr>
<td>(wedding, divorce, move)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spiritual transformation</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (2%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>Unspecified</td>
<td>1 (3%)</td>
<td>0 (0%)</td>
<td>13 (28%)</td>
<td>14 (14%)</td>
</tr>
</tbody>
</table>

In testing hypotheses, we set the criterion for statistical significance at $p < .05$, except where noted. Regarding the assessment of practical

Table 2
Years Since Participants' Designated Events

<table>
<thead>
<tr>
<th>Years lapsed</th>
<th>Near-death experience (n = 37)</th>
<th>Close brush with death (n = 20)</th>
<th>Life-changing event (n = 46)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–5 years</td>
<td>4 (11%)</td>
<td>5 (25%)</td>
<td>11 (24%)</td>
<td>20 (19%)</td>
</tr>
<tr>
<td>6–10 years</td>
<td>5 (14%)</td>
<td>4 (20%)</td>
<td>10 (22%)</td>
<td>19 (18%)</td>
</tr>
<tr>
<td>11–15 years</td>
<td>2 (5%)</td>
<td>0 (0%)</td>
<td>4 (9%)</td>
<td>6 (6%)</td>
</tr>
<tr>
<td>16–20 years</td>
<td>1 (3%)</td>
<td>1 (5%)</td>
<td>3 (7%)</td>
<td>5 (5%)</td>
</tr>
<tr>
<td>20 or more years</td>
<td>25 (68%)</td>
<td>10 (50%)</td>
<td>18 (39%)</td>
<td>53 (51%)</td>
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total scales and all subscales met Jum Nunnally's (1978) guideline of at least .70 except the Computer EMEQ-L subscale alpha of .64. In assessing construct validity, all subscales were significantly correlated ($p < .001$), indicating convergent validity, and correlations ranged from .46 to .75, indicating discriminant validity.
significance, in the absence of norms for effect size in NDE research, we adopted Cohen's (1988) cautious suggestion for $\eta^2$ minimum thresholds of .01 for small effect, .10 for medium effect, and .25 for large effect. Effect size is the percent of variance accounted for by the independent variable; for example, eta squared of .25 means that 25% of the variance in EME is accounted for by group.

Electromagnetic effects in the last year. We had hypothesized that on the EMEQ-L, NDErs, nonNDErs who reported a close brush with death, and people who reportedly had not been close to death would not differ in either their total scores or subscale scores. The data met the assumptions underlying use of ANOVA (Hinkle, Wiersma, & Jurs, 2003) for randomness/independence and normal distribution, as well as for homogeneity of error variance in five of the six subscales ($p \geq .510$) but not the Watch subscale ($p < .001$).

The data supported rejection of the null hypothesis of no difference among the three groups for all six dependent variables. As Table 3 shows, John Tukey's Honestly Significant Differences (HSD) Post Hoc Test (Maxwell & Delaney, 2004) revealed statistically significant differences between the NDE group and both the comparison groups of nonNDErs who did not report NDEs and those who reportedly had not been close to death, but no significant difference between the two comparison groups. Practical significance ranged from $\eta^2 = .22$ to $\eta^2 = .40$, indicating upper medium to large effects. Thus, although nonNDErs who reported a close brush with death and people who reportedly had not been close to death did not differ in reported frequency of electrical device malfunctions during the last year before the study, NDErs reported significantly more malfunctions than did both of those comparison groups.

Electromagnetic effects before and after the designated event. We had hypothesized that with reference to participants' designated events that occurred at least one year before participation in the study – an NDE, a close brush with death without an NDE, or a reportedly most life-changing event – there would be no difference between the three groups regarding changes in their total EMEQ scores or subscale scores with respect to electromagnetic effects they reported retrospectively before the event (EMEQ-B) versus those they reported during the last (most recent) year (EMEQ-L). Because three of the four devices came into widespread use after some participants' designated events, they had no basis to report electromagnetic effects with those
Table 3
Analysis of Variance for the EMEQ-L

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<td>Light</td>
<td>23.31</td>
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<td>2.91</td>
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<td>Cell phone</td>
<td>17.27</td>
<td>2, 102</td>
<td>&lt; .001</td>
<td>.26</td>
<td>3.53</td>
<td>1.02</td>
<td>2.40</td>
<td>1.10</td>
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<td>Emotion</td>
<td>26.02</td>
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<td>&lt; .001</td>
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**Bold font** indicates significance at p < .05.
*NDErs* = near-death experiencers.
**CBrs** = participants reporting close brush with death without NDE.
***LCErs*** = participants reporting no close brush with death and using a most life-changing event as a past referent.
Table 4
Analysis of Variance for EMEQ-L Gain Scores

<table>
<thead>
<tr>
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<th>NDErs*</th>
<th>CBrs**</th>
<th>LCErs***</th>
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<tr>
<td><strong>F</strong></td>
<td>df</td>
<td>p</td>
<td>n²</td>
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<tr>
<td>Total scale</td>
<td>5.19</td>
<td>2, 101</td>
<td>.007</td>
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<td>Post-hoc tests: NDE &gt; life-changing event (p &lt; .007)</td>
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<tr>
<td>NDE &gt; close brush with death (p &lt; .085)</td>
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<tr>
<td>close brush with death &gt; life-changing event (p = .939)</td>
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<td>Subscales:</td>
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<tr>
<td>Light</td>
<td>6.67</td>
<td>2, 101</td>
<td>.002</td>
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<td>Post-hoc tests: NDE &gt; life-changing event (p &lt; .002)</td>
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<tr>
<td>NDE &gt; close brush with death (p &lt; .040)</td>
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<tr>
<td>close brush with death &gt; life-changing event (p = .936)</td>
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<tr>
<td>Watch</td>
<td>3.60</td>
<td>2, 70</td>
<td>.033</td>
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<tr>
<td>Computer</td>
<td>.38</td>
<td>2, 51</td>
<td>.683</td>
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<td>Cell phone</td>
<td>5.98</td>
<td>2, 40</td>
<td>.006</td>
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<td>NDE &gt; close brush with death (p &lt; .007)</td>
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<td>close brush with death &gt; life-changing event (p = .537)</td>
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<td>Emotion</td>
<td>6.73</td>
<td>2, 101</td>
<td>.002</td>
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<td>Post-hoc tests: NDE &gt; life-changing event (p &lt; .004)</td>
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<tr>
<td>NDE &gt; close brush with death (p &lt; .011)</td>
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<tr>
<td>close brush with death &gt; life-changing event (p = .937)</td>
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Bold font indicates significance at p < .01.

*NDErs = near-death experiencers.

**CBrs = participants reporting close brush with death without NDE.

***LCErs = participants reporting no close brush with death and using a most life-changing event as a past referent.

devices prior to their events. Thus, in testing this hypothesis, we included data for only those participants whose designated events occurred after the following years: electronic watches, 1972; computers, 1984; and cell phones, 1994.

To assess group differences in change scores, we used the gain score approach (Maxwell & Delaney, 2004). The gain scores on all subscales except for the Watch subscale met the normality assumption.

To test the significance of difference in gain scores between the three groups, we calculated analyses of variance (ANOVA); results
appear in Table 4. The homogeneity assumption of the error variance was rejected on all subscales ($p \leq 0.007$) except the Computer subscale ($p = 0.084$) and the Cell Phones subscale ($p = 0.072$). As recommended by Gene Glass, Percy Peckham, and James Sanders (1972), we changed the alpha level to 0.01 to reduce the risk of Type I false positive error.

Four gain scores turned out to be statistically significant: the entire scale and the Light, Cell Phone, and Emotion subscales. Therefore, we rejected the null hypothesis for these four variables but retained it for the Watch and Computer subscales. Tukey's HSD Post Hoc Test showed that: (a) the NDE group gained more electromagnetic effects on the Light and Emotion subscales and entire scale than did the people who had not come close to death; (b) the NDE group gained more on the Cell Phone subscale than did the nonNDErs who had come close to death; and (c) the two comparison groups did not differ in change scores either on the entire scale or any subscale. For statistically significant gain scores, practical significance ranged from $\eta^2 = 0.09$ to $\eta^2 = 0.24$, indicating effects ranging from the upper end of small to the upper end of medium.

Thus, in comparing increases in electromagnetic effects before the designated event versus during the last (most recent) year, whether with regard to the difference overall, specific devices, or the effect of emotional arousal on electromagnetic effects, nonNDErs who reported a close brush with death and people who reportedly had not been close to death consistently did not differ statistically. However, regarding electromagnetic effects overall, electromagnetic effects with lights, and the effect of emotional arousal on electromagnetic effects, NDErs' reported increases were significantly greater than those of people who had not been close to death, but not significantly greater than those of nonNDErs who reported a close brush with death. Regarding cell phones, NDErs' reported increases in electromagnetic effects were significantly greater than those of nonNDErs who reported a close brush with death, but not significantly greater than those of people who had not been close to death. Regarding watches and computers, NDErs' reported increases in electromagnetic effects were not significantly greater than those of either comparison group.

Electromagnetic effects and experience during close brush with death. We had hypothesized that among the combined group of NDErs and nonNDErs who reported a close brush with death, there would be no relationship between the incidence of reported electro-
magnetic effects during the last year, as measured by total EMEQ-L scores, and the reported depth of subjective experience during a close brush with death, as measured by NDE Scale scores. A bivariate Pearson product-moment correlation revealed a significant positive relationship between total EMEQ-L scores and total NDE Scale scores for participants who reported having come close to death \( (r = .595, p < .001) \). Thus, we rejected this null hypothesis. Among all participants who had experienced a close brush with death, those who reported the most electromagnetic effects overall tended also to report deeper NDEs, and those who reported the least electromagnetic effects tended also to report an absence of NDEs.

Further analysis of the correlation of total EMEQ-L scores with each subscale of the NDE Scale also revealed significant positive correlations between the EMEQ-L and the cognitive component \( (r = .536, p < .001) \), affective component \( (r = .577, p < .001) \), paranormal component \( (r = .552, p < .001) \), and transcendental component \( (r = .453, p < .001) \). Thus, participants who reported the most electromagnetic effects during the last (most recent) year tended also to report deeper cognitive, affective, paranormal, and transcendental components of their NDEs, and those who reported the least electromagnetic effects tended also to report an absence of each component in their subjective experiences during their close brushes with death.

Anecdotal data. The EMEQ ended with five open-ended questions about participants' experiences with electromagnetic devices. We asked participants to state how often they had experienced problems with each of the devices (lights, watches, computers, and cell phones) in the past year. We also asked them to state additional comments about their experiences with electromagnetic devices.

Overall, 70% of NDErs reported at least one electromagnetic effect during the year prior to participation in the study, compared to only 20% of nonNDErs who reported a close brush with death and 11% of people who had not been close to death. Depending on the device, the range of electromagnetic effects was 68–70% for NDErs, compared to 10–20% for nonNDErs who reported a close brush with death and 0–11% for people who had not been close to death. In other words, only 30% of NDErs reported no problems with electromagnetic devices, compared to 80% of nonNDErs who reported a close brush with death and 89% of people who had not been close to death. Conversely, NDErs' reports of electromagnetic effects "all the time" during the last year ranged from 16–57%, depending on the
device, whereas the comparison groups' reports ranged from 0–20%. In no case – overall or regarding any individual device – did the two comparison groups report more electromagnetic effects than did the NDErs.

NDErs provided the following additional information. Two NDErs (5%) indicated noticing a difference in types of lights involved in electromagnetic problems. Five NDErs (14%) expressed uncertainty about the source of their problems with cell phones and considered poor service as a possible explanation; and two NDErs (5%) expressed uncertainty about the source of their problems with computers.

Some NDErs reported noticing a relationship between their electromagnetic effects and their physical and emotional states. Examples included increased effects while tired, physically ill, stressed, and even being happier. On the other hand, five NDErs (14%) reported having positive effects on computers and other electromagnetic devices.

Some NDErs also reported problems with electromagnetic devices besides those the EMEQ addressed, including radio, satellite radio, television, videocassette recorder, intercom, vacuum cleaner, fax machine, toaster, airplane, and car battery. In addition, one NDEr (3%) reported sensitivity to other people's negative energy.

One NDEr (3%) reported a decrease in problems with watches and computers, and two (5%) reported a decrease in problems with lights, over time since their NDEs. No NDEr reported an increase in electromagnetic problems over time.

Discussion

Findings of Main Analyses

Our results replicated Ring's (1992) finding that NDErs report significantly more electromagnetic effects than do people who have not had an NDE. Whereas Ring's comparison group was nonNDErs interested in NDEs, ours were nonNDErs who had come close to death and people who had not come close to death and used their most life-changing event as a past reference point. Combining our results, it appears that neither an interest in NDEs, nor one's identified most life-changing event, nor even actually coming close to death without an NDE, is associated with significantly increased reports of electromagnetic effects, but, rather, it is specifically a reported
memory of an NDE. Whether people who have experiences apparently equivalent to NDEs but outside the context of a close brush with death report electromagnetic effects to the same extent as do NDErs remains a question for future research.

Our second finding showed that on all devices combined, as well as each separate device and the effect of emotion on electromagnetic effects, nonNDErs who reported a close brush with death and people who had not been close to death were similar in reporting no significant increase in electromagnetic effects since their respective experiences. Our findings regarding NDErs were equivocal, with NDErs showing a significantly greater change in comparison to the other two groups in some cases but not others.

Regarding this latter finding, it is noteworthy that, in every case, NDErs reported more (though not always significantly more) electromagnetic effects in the last year compared to before their NDEs than did either of the other two groups in relation to their designated events. The reason that the difference did not always reach significance may have been sample size and other confounding factors. Regarding sample size, because digital watches, cell phones, and computers have come into existence only very recently, only participants whose designated events occurred fairly recently could be included in the comparison, and statistical significance is more difficult to achieve with a smaller sample. The fact that every finding of statistical significance was matched by a medium level of practical significance strengthens the likelihood of a greater relationship between increased electromagnetic effects and NDEs than other designated events without an NDE, whether or not those events include a close brush with death. Thus, all factors considered, the findings of this study provide some, but not unequivocal, support for the idea that an increase in electromagnetic effects is related specifically to an NDE.

Our third finding indicates that among people who come close to death, those who report no NDE or very few NDE features are later likely to report no or fewer electromagnetic effects, and among those reporting NDEs, the deeper the NDE, the more electromagnetic effects one is likely to report. Among our sample, this likelihood was associated with each aspect of an NDE: cognitive, affective, paranormal, or transcendental.

NDErs had previously reported perceived changes in the functioning of their brains and entire nervous systems, as well as a decreased
need for sleep, after their NDEs (Ring, 1992; Ring & Valarino, 2000). Ring and other near-death researchers (Bonenfant, 2004; Greyson, 1993; Jourdan, 1994; Kason, 1994) had speculated that electromagnetic changes might reflect an energy shift or transformation that occurs during NDEs. If this were the case, deeper NDEs might be expected to be associated with greater energetic changes, including electromagnetic effects. However, until now, no researcher had studied the relationship between the depth of an NDE and reported incidence of electromagnetic effects. According to the findings in this study, indeed, those who reported memories of deeper NDEs also reported more post-NDE electromagnetic effects. This finding provides support for NDErs’ perceptions of altered nervous system functioning and to near-death researchers’ speculations of a relationship between those alterations and NDEs.

Biophysicists have extensively studied the electromagnetic properties of living organisms. Robert Becker and Gary Selden (1985), for example, produced anesthetic effects on salamanders by running electromagnetic current through their brains, suggesting a relationship between electromagnetic currents, shifts in brain waves, and body awareness. However, the mysteries of electromagnetism have yet to be solved (Becker & Selden, 1985). The human body’s nervous system functioning involves electrical impulses. In addition, an electric field forms around any electric charge, and any flow of electrons sets up a combined electric and magnetic field around the current. Electromagnetic changes are a result of altering the current’s field. Considering this definition of electromagnetic changes, if running electromagnetic current through the brain produces anesthetic effects on salamanders, and if the same electromagnetic laws apply to a salamander’s body and the human body, then a relationship may exist between consciousness and the body’s electromagnetic properties. Moreover, considering the last findings of this study on relationship between reported depth of NDEs and reported electromagnetic aftereffects of NDEs, an electromagnetic shift might occur during an NDE. The findings of this study provide qualified support that clearly justifies researchers to pursue further investigation.

Anecdotal Data and Additional Analyses

In this section, we will discuss anecdotal findings, their convergence with and divergence from quantitative findings in this study and in
the previous literature, and additional analyses. We collected anecdotal findings from participants' responses to open-ended questions at the end of the EMEQ-L and EMEQ-B regarding their frequency of problems with specific electromagnetic devices.

In response to open-ended questions about electromagnetic effects over the last year, NDErs reported a noticeably higher range, both overall and in the case of each device, than did the two comparison groups. These findings support the quantitative results of this study. They also support previous literature on anecdotes of NDErs' electromagnetic effects (Atwater, 1994; Bonenfant, 2005; Ring, 1992; Ring & Valarino, 2000).

In their anecdotal responses, some participants (8% of NDErs, 10% of nonNDErs who reported a close brush with death, and 4% of people who reportedly had not been close to death) expressed doubt as to the origin of their electromagnetic effects, especially regarding cell phone use, in which electromagnetic effects might be the result of the poor quality of the device and/or service. Similarity between the three groups' anecdotal responses about the origin of their electromagnetic effects seems to confirm the assumption of equivalence, but future researchers would still be safest to assess the dimensions of quality of service and user expertise more explicitly. These comments raised our awareness of an assumption with which we undertook this study: that several factors would be equal or equivalent between the three groups. These factors included the quality of products they use, the quality of cell phone service such as the frequency with which a call is dropped due to cell phone tower overload (Brigham Young University News, 2004), the frequency and duration with which participants used the various devices, and the level of participants' expertise in using computers. The three groups may have differed in one or more of these factors of product/service quality, frequency of use, and expertise in use.

Specifically, NDErs may have reported more electromagnetic effects simply because they used less reliable devices than the other two groups; because they used electromagnetic devices more than the other two groups (that is, greater use would lead to greater likelihood of problems); and/or because, in the case of computers, they had less expertise than did the participants in the other two groups (a factor related to frequency of operator problems), rather than because they were more prone to electromagnetic effects following their NDEs. We consider this possibility unlikely. However, to determine clearly the equivalency of these factors, future researchers should ask partici-
pants about the brand of, type of, frequency with which they use, and level of experience/competence in their use of devices, especially cell phones and computers. Of course, these responses would be subject to the same limitations as all self-reported data.

Some NDErs reported noticing a relationship between their physical and emotional states and their electromagnetic effects. For instance, they mentioned more problems with electromagnetic devices when they were tired, physically ill, stressed, and even happier than usual. This information also supports the quantitative data about effects of emotional state on the functioning of electromagnetic devices. The latter reported emotion, happier than usual, suggests it is not a specific emotion but rather emotional arousal in general – a condition often associated with a subjective sense of intensified energy – that is associated with increased electromagnetic effects. Although our scale questions in this regard approached the topic in this way (for example, "If I was emotionally aroused, there was an increase in the malfunction of electromagnetic devices such as lights, watches, computers, and cell phones in my presence"), the question of whether certain emotions and/or levels of emotional arousal are associated with varying levels of electromagnetic effects remains for future investigation.

Some NDErs reported having a positive effect on broken electromagnetic devices but did not relate that effect with their emotional state at the time. This "healing" effect on electronic devices is reminiscent of previous reports of NDErs' increased healing effects on people. Knittweis (1977), in particular, suggested that biological healing powers and the ability to affect electromagnetic devices are related. The ability to have a reparative effect on electromagnetic devices, as well as a possible relationship between that reparative effect and biological healing ability and the possible relationship between that effect and emotional state, are all topics worthy of further investigation.

Another point that emerged from the anecdotal data involved changes in electromagnetic effects in the years following an NDE. Although we did not specifically ask participants to address this topic, a few did so of their own accord. Unlike NDErs in Ring's (1992) study who reported an increase in electrical aftereffects over time, no NDErs in this study mentioned an increase. Instead, 3 percent reported a decrease in problems with watches and computers, and 5 percent reported a decrease in problems with lights over time since their NDEs. This question of how electromagnetic effects might change in
the long-term aftermath of an NDE clearly deserves future investigators' attention.

Upon first studying the quantitative data, we noticed what appeared to be a difference in electromagnetic effects before the designated event, as measured by the EMEQ-B, so we ran an ANOVA to test the significance of difference. Indeed, we found that NDErs retrospectively reported more electromagnetic effects even before their NDEs ($M = 2.68, SD = .73$) than did either nonNDErs who reported a close brush with death ($M = 2.16, SD = .69$) or people who had not been close to death ($M = 1.95, SD = .70$). Though the difference was not significant between the latter two groups, the differences were significant between NDErs and nonNDErs who reported a close brush with death ($p = .025$) and between NDErs and people who had not been close to death ($p < .001$). Wondering what the relationship might be between this finding and the nature of experiences respondents had had during a close brush with death, we took a step further and ran a correlation between the EMEQ-B and NDE Scale scores among the combined group of NDErs and nonNDErs who reported a close brush with death. Indeed, we found that the greater the retrospectively reported electromagnetic effects before the close brush with death, the reportedly deeper an NDE overall ($r = .361, p = .006$) and its affective ($r = .387, p = .003$) and transcendental ($r = .428, p = .001$), but not cognitive ($r = .226, p = .091$) or paranormal ($r = .215, p = .108$), components during a close brush with death.

Several possible dynamics might be at work regarding this finding. First, as previously discussed, NDErs might, as a group, exaggerate their reports of phenomena such as NDEs and electromagnetic effects. However, research comparing NDErs' and nonNDErs' mental health and most personality characteristics has failed to yield differences (Greyson, 2000). Nevertheless, the possibility remains that this particular study may have attracted an unrepresentative group of NDErs prone to exaggeration. We think this explanation unlikely, as we will discuss below.

Two other possible dynamics may be at work. As a result of longitudinal research with couples, Kim Buehlman, John Gottman, and Lynn Katz (1992) found that couples who became distressed later in their relationships unknowingly reconstructed their earlier relationships as more distressed than they actually reported or evidenced it to be at the earlier time. Similarly, NDErs who have been plagued with electromagnetic effects since their NDEs may unknowingly perceive and report their pre-NDE electromagnetic effects to be more
frequent than they actually were at the time. Alternatively, it may be that the more prone to electromagnetic effects a person is to begin with, if the person has a close brush with death, the more likely the person is to have an NDE and the deeper that NDE is likely to be.

This question of causal factors in the dynamics of NDEs and their aftereffects is an important one for future investigators to clarify. If the “reconstruction” hypothesis is supported, then electromagnetic effects actually are not greater prior to the NDE, indicating that something about the NDE itself causes the person to become more prone to electromagnetic effects. Conversely, if the “preexisting sensitivity” hypothesis is supported, then some underlying factor may be causing or contributing to all the observed phenomena: the pre-NDE electromagnetic effects, the NDE and its depth during the close brush with death, and the even greater post-NDE electromagnetic effects. In any case, only longitudinal research is likely to resolve this question, and in the case of NDEs, which are relatively rare and unpredictable, longitudinal research is challenging at best and requires substantial funding at least. An alternative might be to question NDErs’ significant others whose memories of the NDErs’ electromagnetic effects prior to their NDEs might (or might not) be more objective and might (or might not) support one or the other hypothesis.

Limitations of the Study

As with any research, this study involves certain limitations that may limit the validity or generalizability of the results. These factors include the self-selected nature of the participants, the self-reported nature of the data, the retrospective nature of the “before” data, the alpha levels used to test statistical significance, the exclusion of self-identified NDErs who did not meet the NDE Scale criterion and who scored similarly to self-identified nonNDErs, and the small sample size for subtest analysis of the hypothesis regarding change in electromagnetic effects before and after the designated events.

It is important to address the self-selected nature of the sample in this study. It is a possible source of two forms of bias. The surveys were made available to the public through organizations such as IANDS, as well as through physicians, university electronic bulk mail, and word of mouth. Individuals, then, participated in the survey based on personal choice. The sample that chose to participate may not be representative of the populations of which it is a part. In particular,
NDErs who are more willing to participate in research might also somehow be those who have disproportionately high electromagnetic effects. Although we have no reason to think that NDErs more willing to participate in research differ in their electromagnetic effects from those presumably less willing, the possibility remains.

In addition, announcements about the study made reference to the electromagnetic nature of the research, and some NDErs may have been informed of its nature by other participants. Therefore, a disproportionate number of NDErs who had had electromagnetic effects may have chosen to participate in the research, and a disproportionate number who had not may have chosen not to participate, a possibility that would have biased the sample and contributed unduly to the findings. The fact that 25 percent of Ring's (1992) sample reported electromagnetic effects and approximately 67 percent of our sample reported them strengthens this possibility. However, the facts that nearly one third of NDErs in our study reported no problems with electromagnetic devices and that a relationship existed in this sample between reported depth of NDE and frequency of electromagnetic effects suggest that a full and representative range of NDErs participated in the study. In addition, mention of the electromagnetic nature of the study would presumably also have attracted participants to the two comparison groups with higher electromagnetic effects, making the bias equivalent across groups. Together, these considerations indicate that differences in electromagnetic effects between the three groups probably were not the result of this form of self-selection bias. However, at this point this potential bias cannot be assessed and remains a possibility.

Another limitation is the retrospective nature of the “before” data. Quality of memory may deteriorate over time. However, at least in the case of NDErs, research indicates that memory of NDEs does not degrade over time (Greyson, 2007; van Lommel, van Wees, Meyers, & Elfferich, 2001).

Seven self-identified NDErs who did not meet the NDE Scale criterion of 7 or higher and who scored similar to self-identified nonNDErs who reported a close brush with death were eliminated from the NDE group and from the study. This phenomenon of individuals who recall an NDE but do not meet the assessment criterion represents a challenge for researchers (Greyson, 2005). Comparing the EMEQ scores of this category of participants to the scores of NDErs and of nonNDErs who reported a close brush with death, in order to determine
whether their scores most closely resemble those of the NDErs with whom they subjectively identified or those of the nonNDErs who reported a close brush with death with whom they objectively scored on the NDE Scale, presents an intriguing research possibility.

In the process of analysis, we realized that using data from participants who had their designated life-changing events before a device was in use by the general public did not make sense. As previously stated, our hypothesis regarding electromagnetic effects before and after the designated event required participants to have used the specified electromagnetic device before their designated events; therefore, we used only certain participants' data in this analysis. To establish a cutoff year for designated event, we added four years to the year the device became available for general public, and in the analysis we used only the data from participants whose designated event occurred after the cutoff year. The cutoff year for quartz watches was 1973 (Silva, 2007); for computers, 1985 (Boeree, n.d.); and for cell phones, 1995 (Keith, 2004). This process resulted in a smaller sample size that may have yielded a false negative finding of nonsignificance. Fortunately for future researchers, as lapsed time since cutoff years increases, and people continue to have NDEs, this population will increase, thereby increasing potential sample size and making any electromagnetic phenomena that do exist more detectable through statistical analysis.

As is the case with many other studies, factors such as those described in this section may limit the external validity of the findings, that is, the extent to which those findings can be generalized at large to NDErs, nonNDErs who reported a close brush with death, and people who had not been close to death. Except for the issue of small sample size in testing the hypothesis regarding electromagnetic effects before and after the designated event, we consider the other threats to validity possible but unlikely. Because of factors such as the reports of anecdotes in the previous literature and previous research on the personal and mental health characteristics of NDErs compared to nonNDErs, we believe it most likely that our research participants represented their respective populations fairly well and that the results of this study warrant generalization to the population at large.

Suggestions for Future Research

Included in our discussion above are some suggestions for future research. Following are a few other points on this topic.
In this study, we found it challenging to recruit nonNDErs who reported a close brush with death. In the process, it appeared to us that people’s general anxiety about and/or denial of death seemed to make them unwilling or unable to acknowledge a close brush with death. Therefore, we learned to refer not to “a close brush with death” but rather to “any life-threatening experience.” Even then, some nonNDErs who eventually recalled a life-threatening experience did so only after some conversation. We recommend that future researchers use the latter terminology to recruit nonNDErs who have come close to death. We also recommend that researchers be prepared to explore with people self-identified as never having been close to death whether those people actually might have survived some life-threatening experience.

Based on the finding in this study of a significant difference between electromagnetic effects of NDErs compared to nonNDErs both with and without a close brush with death, we recommend that future researchers hypothesize the nature of the energy NDErs appear to be emitting, identify appropriate instrumentation for measuring energy, and conduct research in which energy is directly measured. Specifically, a researcher could identify a specific number of participants in each group – people who had not been close to death, nonNDErs who reported a close brush with death, and deep NDErs – who are equivalent on imagery-related characteristics such as level of psychological absorption. Each would go to a facility where controlled measurement of the hypothesized energy could be made.

The protocol could involve a masked design, whereby participants would be coached not to discuss their NDE-related status and whereby neither the on-site research associate nor the technicians conducting the measurement would know participants’ group assignment. During measurement, the participant would hear a recorded guided experience in which he or she would spend 3 minutes each in the following sequence of unaroused and aroused emotions: calm, frightened/anxious, calm, frustrated/angry, calm, excited/happy, calm. For the calm episodes, each participant could be guided to use one’s own image of a “safest place.” For the emotionally aroused conditions, the participant could be invited to think of a situation during the past year in which he or she felt the most intense target emotion. During these episodes, the recording would provide multisensory prompts to enhance emotional intensity, such as “Feel your [emotion] in your body; for these three minutes, seek to feel it as intensely as possible.
See and hear the images related to this situation that most strongly intensify your feeling. Think the thoughts that most intensify the feeling."

Following the measurements, the energy emitted could be compared among the three groups. Based on the results of the study herein described, NDErs should show a higher baseline emission of energy compared to the other two groups and/or should show a proportionately higher emission during emotional arousal, and lower during emotional calm, compared to the other two groups.

Finally, we are indebted to P. M. H. Atwater for pointing out to us the irony of our using as an incentive for participation in this research MP-3 players, which are electromagnetic devices possibly likely to malfunction when NDErs use them. Obviously, we encourage future researchers to be more cognizant than we were and find a nonelectromagnetic incentive to encourage research participation, especially by NDErs.

**Conclusion**

The results of this study indicated that, among people who, at least a year before, had experienced a close brush with death or, in the absence of a close brush, used a most life-changing event as a past reference point, NDErs reported more problems with electromagnetic devices in the last year than did nonNDErs with or without a close brush with death. Findings were more equivocal but still generally supportive of the notion that the NDE marked the point at which NDErs’ problems with electromagnetic devices increased. Moreover, the deeper an NDE, the greater were the problems with electromagnetic devices. Further research on electromagnetic effects promises to deepen human understanding of the energetic correlates of consciousness.

**References**


The Death and Posthumous Life of Tom Sawyer: A Case Study of Apparent After-Death Communication

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Many readers of this journal will be familiar with the name of Tom Sawyer – not Mark Twain’s fictional character, but an equally memorable and well known near-death experiencer who died of pulmonary fibrosis in April, 2007. Or did he? That, as someone even more famous once wrote, “is the question.”

To start at the beginning, I initially encountered Tom a few months after publishing my first book on NDEs, Life at Death (Ring, 1980). He had come across the book and, having had a powerful and life-changing NDE a couple of years earlier, was eager to talk to me about it.

After a brief telephone conversation, he promised to send me a copy of a cassette he had recorded of his experience, which he had made not long after the event. Once I had had a chance to listen to it, I invited Tom to visit me where I was then living – at what we had come to call “The Near-Death Hotel,” my home near the University of Connecticut (see chapter one of my book, Heading Toward Omega, 1984, for a description), and where quite a few near-death experiencers came to spend time and share their experiences with me and my family in an informal setting.

Tom turned out to be a powerfully-built blonde young man with an engagingly boyish, “aw, shucks” manner. Indeed, his name really seemed to suit him because he actually looked like the kind of “all-American boy” of the sort that Frank Capra might have cast in one of his heartwarming films of the 1940s. Tom had a ready smile, a distinctly “corny” sense of humor, as seemed to befit his working class background (he was for years a heavy-equipment operator for the city of Rochester, New York), and a mouth that wouldn’t quit. As I recall, it
took him nearly two hours that first day to give an account of his NDE, which surprisingly was marked by many long pauses when he would tear up and become so emotional that he couldn’t continue. As Tom repeatedly told us apologetically, in narrating his experience he was actually reliving it and experiencing again all the overwhelming feelings that had originally marked his encounter with death.

During that first year of our acquaintance, I got to know Tom and his family quite well, as we continued to exchange visits, and not long afterward, I wrote about him extensively in my next book, *Heading Toward Omega* (Ring, 1984, see especially pp. 56–59 and 114–120). I don’t need to recapitulate Tom’s NDE here, but to lay the groundwork for what is to follow, I must excerpt just a few words concerning what he said at the end of the original tape that he had sent me when he spoke about his understanding of death in the light (no pun intended) of his NDE:

As a result of that [experience], I have very little apprehension about dying my natural death...because if death is anything, anything at all like what I experienced, it’s gotta be the most wonderful thing to look forward to, absolutely the most wonderful thing. (Ring, 1984, p. 59.)

After those initial encounters with Tom, we had only occasional personal contact (Tom wasn’t a writer—he was a talker!—and this was also before the days of e-mail), but we would still see each other on special occasions, such as when we made a video together, or at conferences where I was speaking when, suddenly, I would run into Tom, not even having had any prior knowledge that he was there (this happened a couple of times when I was lecturing in Europe, example).

And over the years, Tom went on to develop a very sizeable following as a result of the talks and seminars he was asked to give—some of them, according to what I have been told, going on for days at a time with Tom scarcely ever even pausing long enough to take a bathroom break. During these years, his talks reached many ears and affected so many people so profoundly that Tom became something of a guru to those who were drawn to his teachings. Eventually one of these persons, Sidney Saylor Farr, wrote two books about Tom’s life and thought, *What Tom Sawyer Learned from Dying* (Farr, 1993) and *Tom Sawyer and the Spiritual Whirlwind* (Farr, 2000).

During this time, while I continued to hear about Tom’s work, travels, and adventures, my main connection to him was still through
that cassette tape he had originally given to me, which I often played for my NDE classes and workshops, because it was just about the most emotionally compelling account of an NDE, and especially the encounter with the Light, I had in my possession. As a result, Tom’s words, and even the sound of his voice, became indelibly etched in my mind.

Then, early in 2007, I heard from Tom again – this time, uncharacteristically, by e-mail. He wrote to tell me that he was dying.

**The Death of Tom Sawyer**

His first e-mail was vintage Tom, and I will reproduce some of it here just to give readers the sense of the man and the way he communicated:

> Hello, long almost lost, good buddy. Not to waste time, I will say, I am absolutely content, at peace, and ready to make that transition. I am using 15–20 Liters of O2. A huge amount. I have good people (hospice, doctors, etc) helping me. I miss your company. If you would like, I would be receptive to communicate further. I would prefer anything of “length” via e-mail. It’s easier to breathe (tee hee). And, would you be interested in receiving selected pictures and/or paperwork that I am sorting through and (mostly) trashing. It would be the type of stuff that you would like to see and then either keep or throw out. Let me know, my friend.
> – Tom Sawyer

Naturally, I responded immediately and kept in touch with Tom, and others who were close to him, during the ensuing two months prior to his death. Needless to say, these heartfelt exchanges meant a lot to me, and I hope my own notes to him helped to cheer him a bit, though, truth to tell, he seemed to be uncommonly cheerful and at peace up to the very end. Just a few days before Tom died, he sent a package to me containing a beautiful and personally meaningful gift, but he also enclosed with it a letter in which he told me how he had come to express the love to so many people that he had felt when in the Light. One day in 1981, Tom wrote, at an NDE conference at Yale University, the woman with whom I lived at the Near-Death Hotel – my “near-wife, as I jokingly called her – who was a great hugger, gave Tom a hug, and according to him, it was a hug that changed his life. Tom then went on with a long page about his life as a world-class
hugger, and, writing about himself in the third person, concluded his letter with these words:

Tom has hugged thousands of individuals. He has hugged adults, children, and friends and, yes – even enemies. Tom has shared some rare hugs with dying people, Nobel Laureates, garbage men, murderers, and even the Dalai Lama (with whom Tom had a private audience in Dharamsala).

This, Tom said, was one of the best ways he could personally convey to others the essence of what he had experienced while in the Light.

And that was Tom's farewell note to me. A few days later, he was dead.

Afterward, I learned from one of his close friends that his leave-taking was perfectly in character: He was joking with the nurses until almost the very end. And when he told them that he was to die on a certain day (which coincided, perhaps not by chance, with his wife's birthday), they didn't believe him. Nevertheless, when it was his time, he went, presumably with great joy, back to the Light.

A few days after his death, I heard that one of the persons who had been a devoted student of Tom's had decided to set up a Web site in order to provide an opportunity for those who knew and loved Tom to share their memories of and feelings about him. Naturally, I decided to write a little tribute of my own, and in the course of doing so learned that the woman, Kim Wise, who had created the site lived only a few miles from me. As a result, not long afterward, Kim and I had a chance to meet and share with each other our own memories and experiences with Tom. And in short order, we had become very good friends, too, linked as we were through our respective relationships with our mutual friend.

And that was the end of it – or so it seemed. Although Kim and I would still occasionally talk about Tom, our lives soon were coursing through their usual channels. Besides, as I had learned from Kim and some of Tom's other friends, he had specifically advised them that after his death they should not expect to hear anything more from him – he clearly had other plans and would not be in touch.

Therefore, it was with a distinct sense of surprise that more than half a year after Tom's death, I received an e-mail from Kim that began as follows:

I've heard interesting information on our friend, Tom Sawyer. As much as he said that he wouldn't be around, indeed he is! I'm putting
into one document the several emails that relate and will attach them here. We can discuss the next time we speak.

The most provocative of these documents turned out to be a long account that was furnished by the paramedic who just happened to accompany Tom to the hospital the day before his death on April 28, 2007, and who had not known Tom or anything about him before this time. She was to learn a great deal about him after his death, however, but not by the usual means. Her story, which is the real heart of this article but which circles back to the original question I posed in its opening paragraph, follows.

The Apparent After-Death Life of Tom Sawyer

Lynda Cummings Dickerson is a 37-year-old married woman, the mother of five children. Born in Montreal, she has lived for some years in Rochester, New York, the same city where Tom Sawyer had resided. For most of the past 16 years, Lynda has worked as a full time paramedic, though in recent years, because of her busy family life, she has had to cut back and has been able to work only part time. It was in that connection that she had her only encounter with Tom shortly before his death. But after it, she was to have many experiences of Tom that convinced her that he was still very much alive. Never having had anything like this happen to her previously, and being of a skeptical turn of mind, she was psychologically “rocked” by these experiences. She was not only incredulous, but she felt that she “was going crazy.” Fortunately, she soon kept a record of what was happening to her and some months later wrote up an 8,000-word account of her apparent encounters with Tom in his postmortem state. After learning about Sidney Farr’s books concerning Tom, she sent this document to Farr, who forwarded it to Kim Wise, who then sent it on to me.

Much of the rest of this article will draw from Lynda’s account, so it is really her story I will be telling here. However, before beginning this narration, I should say that since reading her document, I have had extensive e-mail and some telephone contact with Lynda, and though I have not yet had a chance to meet her, I personally have no doubt that her account of her experiences can be trusted to be an accurate rendition of what took place in her life following the death of Tom Sawyer.
Lynda began her story with a kind of preface in which she made clear that the events that were about to unfold in her life were definitely not the sort of thing that her pragmatic, down-to-earth approach to the world had prepared her for:

I never had an “experience” like those I have read about, such as “my son’s favorite animal was a fox, and the day after we buried him, a fox ran up to my back door, and I knew it was a message from him.” A nice story, though my skeptic mind can’t help but wonder, in their grief did they not wish to see something?

She then went to provide a little background on who she is and the way she has been used to working as a paramedic:

First, I’m not crazy. I’m a normal mom, with five kids and a bunch of pets. I am constantly busy, have no time for anything for myself and live the same life as every other suburban busy mom. I am currently a part-time paramedic. I had been full-time up until two years ago, working urban and suburban EMS (ambulance) for 16 years. I usually love it. I have unfortunately seen a lot of death, young deaths, older deaths, horrible deaths, and peaceful deaths. I have been involved in a lot of people’s “worst day” of their life. As a protection mechanism, we usually develop a hard outside crusty, skeptical shell. These deaths do not become a part of my life. I can usually forget them by the end of the day; if not that day, the next. By the time I punch out I regularly cannot answer the question “what kind of calls did you have today.” I can’t remember name, address, or family. If I get behind in my documentation, I get all the people confused. I still show compassion, but it is done as soon as the patient is off my gurney. Again, a protection mechanism.

After this introduction, Lynda is ready to tell what happened to her the day she met Tom, an encounter that was clearly uncharacteristic for her in several respects:

The weirdness started on Thursday 4/26/07. I called to work Saturday; the supervisor talked me into Friday also. (This NEVER happens, I’m always too busy for spontaneous stuff and usually can only work on my terms...but hey, I took this shift.)

**Friday 4/27/07.** We were sent to the busiest post (we park the rig and wait for calls around the county). I sat for nearly four hours with no calls. My partner commented several times, this never happens! Our first call four hours into our shift was Tom Sawyer. My partner explained she hates hospice transports; they can be emotionally difficult for her. She was outta luck, it was her turn, and her sob story didn’t sway me. I mentioned I have never had a problem with a hospice job. I guess I just believe the patient is moving to a better
place. I still feel for the family, but at the end of shift, usually at the end of the call – I’m fine.

I didn’t feel any special connection with Tom Sawyer in Tom’s home. Once we got into the rig, my partner started her thing, she recalls Tom from when she was a waitress at Country Village and she would serve him and the Greece town guys. She and Tom joked a bit, we all joked a bit. I started to take over. As I did, I said, “I’ll take this one.” My partner was baffled, “Are you sure?” (In the paramedic world I am the senior partner, and hospices are BLS jobs [basic life support jobs] that would make it my partner’s call; taking such a call is very generous). I couldn’t explain, but I simply had a heavy feeling that I was supposed to. Sounds very corny, even as I write it now. There was no good reason; I had not made any particular “patient bond” or anything. It was just I felt I was supposed to. We started en route, and Tom wanted to talk. He was short of breath, over-exerting himself, but he wanted to talk, so we did. He explained he was a carpenter, had “built” a lot of Rochester. But he was on oxygen, and it was a bit difficult.

Two things about me, I was raised in Montreal; my favorite city in the U.S. is New Orleans. Having been there six times between August, 2001, and two months before Katrina, I have not been back since. When I arrive in New Orleans, I am immediately engulfed in a peaceful feeling of home. I love that city. So we talked about Louisiana [where Tom used to fish with his sons, Todd and Tim]. I asked something about whether he had visited since Katrina, he said yes, in fact, his wife Elaine was there now, celebrating her birthday [and attending] the jazz festival. He said that he and Elaine had talked about what [would] happen if he died on her birthday. He didn’t want to ruin her birthday; he didn’t want that to be the day he died. He said he wanted her to go to the jazz festival. She deserved a break; Elaine loves it there.

He explained he thought he had had a stroke that morning. He’d lost use of his left side; things weren’t working right. He’s had “this” for 10 years, six years of it fighting hard, but not as hard as today. I asked him what “this” was, what disease has brought him here. He explained, pulmonary fibrosis. He explained it was caused by a contaminant in his lungs, like the ash (at the landfill) for 20 years. Or the mercury bath he took in the building off Child and Ames streets in his early twenties, to see if he would be buoyant. He said, probably not a very good decision, but all his own decisions. Free will. He is not a victim. He has led a great life with a great family, and it was all a result of his own free will decisions. He also mentioned how his friend Richard helped him after Elaine left. He was almost choked up that a friend, a buddy, would do that for a friend, he was so appreciative. He explained he had been to Tibet, and how he was to get a private meeting with the Dalai Lama, though he is not a follower. He felt it was an incredible experience.
He talked about Todd and Tim, Elaine, and how proud he was of them. He [had] traveled the world. He fit in so many things, he was proud of that.

We got closer to the hospital; he said he wanted to do this alone. Absolutely no visitors.

He was just so tired. So, so tired of fighting, he wanted to wait to die, but didn't think he could. He hoped Elaine would understand why; he seemed to think she would.

When we got to the room, several nurses walked in with us, like four. That’s unusual. Now hospice nurses are what I believe to be angels on earth, sweet, soft, delicate, and attentive to no end. But you usually only get one, and maybe a tech, not four! I even looked at their name tags to see what the big turnout was for. Was this a VIP I didn't know was a VIP? As I left, I touched him, a long touch on his shoulder, leg, then foot. I wanted to stay. I walked out of the room, and a nurse followed me and asked if I was OK (of course I'm OK. Why wouldn’t I be OK?) And as we walked to the elevator I remarked to my partner, “That was a hard one, my hardest one.” My partner felt it too. At the end of shift we often all get together to shoot the breeze – people compare “good calls” and funny stories. I did mention Tom (not by name); I said simply “I had one of those hospice calls that touches you, that really stays with you.” In the next few days, I told several people about Tom. Again, weird for me as I usually can turn off after a shift.

In the days following, Lynda found that she was still thinking about Tom quite a bit:

I checked the newspaper a few times that week to see if he was in the obits. When I didn’t see him, I remember thinking, maybe Elaine got back in time, maybe he rallied, maybe this isn’t his time. Then: very specifically thinking, why on earth has this man, this regular old patient, taken up so much space in my head? What would be the point if he’s just about to die, or did die? I wish I knew more of him. I thought of visiting him, but recalled he said NO VISITORS.

On Saturday I saw the obits, and found Tom’s. It was a surprise (?) shock (?) it took my breath away for a moment... Again, there are weeks where I know a few people in the obits. I don’t react this way.

This is supposed to be the end of the story. This is the end of the factual, common sense, explainable part of the story.

In fact, it was to be only the beginning of an entirely new story – the beginning of signs, synchronicities, and intimations of Tom Sawyer by which, not to make a joke, Lynda was to become increasingly “spooked,” so much so, as she was frank to admit, she soon comes to feel as if she is in danger of losing her mind altogether. But what Lynda doesn’t know at this point – but what anyone who knew Tom well could attest – is that Tom is starting to manifest to her with all of
his old earthly personality quirks and mannerisms intact. He is, then, still recognizably Tom to anyone who knew him. It was as if—though Lynda doesn't put it this way—she is now "channeling Tom Sawyer." And he wants something from her.

I found out later he died Saturday 4/28—on Elaine's birthday. He was cremated. A "Celebration of Life" would be on Memorial Day weekend. Later, Richard told me he stayed there [at the hospice] for a long time. Richard said that after he left, Tom joked with the nurses. The nurses came in and out, checking on him at 15-minute intervals, and he chose one of the few moments alone, after Richard had left and the nurse was gone, to pass. It was so sudden. When the nurse returned, she thought he was just joking, but he had really passed.

Back to my everyday life. I thought of Tom a lot during the week. Saturday 5/5/07, I moved a lilac air freshener into the bathroom, suddenly at 12:30 a.m. (I don't know why). Sunday was uneventful. Monday when I woke up, I sent everyone off to school and meditated for a few minutes since I was just learning in a class on this. I had to stop, as all I could think of was Tom. When I walked into the bathroom there was a whiff of lilacs, and it made me think of Tom (I don't know why lilacs). What I can only describe as strong, strong feelings, a pressure, and a physical sensation almost. I know it's clichéd, but it felt like someone was there. Like Tom was in the room, slightly behind me over my right shoulder. And my thoughts had answers and feelings I had no business feeling. How do I know this? Why do I feel this so strongly? But it wasn't my worry; I could feel in my belly 'worry' and 'love' for Elaine and their kids. I could distance myself: That was not mine. I do not have any feelings for Elaine or her kids, but in my stomach, in my heart, the love and proudness was initiated, and echoed for them. "Tom, is this how you feel about your family?" It was guttural. It was affirmative. I went through a series of questions that were either positive, negative, and sometimes shown to me. I feel he wanted to get a message to them.

I thought, that is it, I have finally blown a fuse, and I think someone's trying to talk to me. I seriously, seriously was concerned for my mental health. But there was no reason; everything in my life is good, really GREAT. We just moved to a new home, under a bit of stress, but nothing like the crushing stress of three to six years ago (after my divorce), and I survived that. I was concerned. I thought I was going crazy. Somehow my ego had gotten out of control and perhaps I was projecting feelings into this situation.

Then, in my mind's eye, I "saw," "was shown," a picture of a man at 9/11 in a crane, working at the WTC site. The story I had read a while ago was about a hard old construction worker who all of a sudden felt a presence in his cab. He felt the "presence" wanted assistance; he tried to ignore it but it stayed for days. The construction worker did not believe in ghosts, spirits, and this stuff, but it was so strong, so persistent, he too thought he was losing his mind. He talked to his
wife or friend and they decided to at least talk to someone spiritual, who mentioned it could be a spirit who attached himself to him for a reason. I don’t know exactly how it ended, but the crane operator got help from a medium, and long story short, he was on national TV telling everyone how he knew now exactly what happened; the spirit needed his help. He did help it with the help of the medium. The spirit vanished, and all was well. The crane operator knew the spirit was friendly.

So I keep seeing the WTC with huge cranes flashing in my mind. Over and over again, I can picture Tom laughing, joking, smiling, but in good health, unlike how I saw him in his last hours. In fact the picture in my mind was so clear of him healthy, that’s how I picture him. I can feel his sense of humor, as if he was following me through my day and silly comments, or double entendres he found funny (but I didn’t necessarily). He would laugh. I could “feel” his teasing, “rascally” self at times. Certainly nothing that I really saw the day I saw Tom. I started to develop a sense of his and mine. “I didn’t really like that joke, but it’s very funny to Tom.” I could feel his personality. Very strong, very used to getting his way, very precise, organized and planned. After a couple of days I used the word “dogged.” I felt he was with me and at my heels and he was not going to let me get away with just leaving this be. (I would think, “Lynda, you are being crazy, stop thinking of this, period.”) At some points I became so frazzled, from what felt like a sixth child pursuing me. I started talking directly to him at this point. [This was on May, 7, 2007.]

“OK, what if you are really here—why?” After I got the kids to school, I talked aloud. “I feel you are with me, Tom, is this right?” A feeling of calm, peace, and “positive energy.” I haven’t done anything like this, so I am winging it. I had two rocks I picked up. I clearly said, “OK, if this is real and you are here, give me a sign.” What sign? I had a rock in each hand. I said Left hand is YES, Right Hand Rock is NO (I guess I expected nothing to really happen). I was heading to put them in a cup and maybe roll them out or something like a dice, I really didn’t even have a plan, when the left hand rock dropped out, flew out of my hand, to my left. By itself. My very first thought was, clumsy, how did I drop it like that? The very next thought was: THAT WAS YOUR SIGN! I stopped in my tracks. I could feel the discussion. Me: “That’s not really a sign, I just dropped it.” Tom: A joke here of some sort, a feeling of laughter from Tom, like: “are you kidding me? That WAS your sign, and a pretty great sign at that.” These words were not literal, it was a feeling. I continued to deny it, but I could feel him, me: “I need a better sign! Clearer.” And a feeling of “Oh, c’mon give me a break. That WAS YOUR sign, and you need to acknowledge that sign before we continue.” Again NOT literal wording. Now this is part of the funny part, negotiation of sorts. Tom: “That was distinctly your sign, exactly as you wanted it. Exactly as you said it.”

I was spinning. I had to take a break, I researched “After Death Communications,” and it kind of explained I might not be crazy;
others had similar experiences. So I really had to let it sink in. I was chewing this over. I got in the car and my country station had been changed to an 80's station (I always listen to country), the song lyrics were “I am watching you.”

A nursing magazine I subscribe to: The front page is, “What to do if your patient experiences a near-death experience.” I get in the car again, and the song is “holes in the floors of heaven,” or something like that.

My son has a special blanket; it had been missing for at least several days. So we searched at night and the next morning. Nick was upset because he thought it was lost. Everyone went to school. As I was putting away laundry, just before the kids got home, [I found] the blanket was placed precisely, and obviously, at the foot of his bed. If Nick had found it, he wouldn’t have been upset as he went to school – the bigger kids leave for school earlier, so they weren’t there for the search or its replacement. I checked with my husband and he had no idea where it had been, and he didn’t find it. So I asked Tom, I didn’t get a definite “positive” or “negative;” I got a smirk. I do think it was he.

So I talked to him some more. I asked for more signs, and I would be dense to ignore all that. Through questions, I wrote four pages of “things,” specifics for Elaine. Basically: He wanted Elaine to know how much he loved her, they had talked about it, but on the other side “love” is so enormous, it can’t be described, and even though they talked about it he wanted to re-iterate how immense and totally encompassing his love for her and the children was. Their love for him was so much larger and encompassing than he understood and that love helped him be in the wonderful place he is. But he really needed them to know; I had to try to tell them how much he loved them, even though he had tried to tell them. He was so, so very proud of his kids. I could feel it in my stomach, and it echoed my proudness for my kids, almost to the point of bringing me to tears.

Second: He had tried to plan everything and control everything about his death. He wanted Elaine out of town, so he could die without having to have a tough side, and he thought it would ‘hurt’ her less. He thought it would be easier for him as well. What he learned was the love was so great, he now knows he couldn’t control it. That, because of the great enormous love, the grief was inevitable.

At this point, Tom clearly wants Lynda to become his messenger. He needs her to go to Elaine and tell her what Tom so desperately wants his wife to know.

I knew nothing of his other activities, except he had been a carpenter and worked for the town of Greece. I [knew] that as a paramedic I could be putting my career in jeopardy if I contacted his family, that this was just plain, completely crazy and I had to stop.
Tom was so, so persistent, he won. I'd give what I thought he wanted a try, [but first] I had to stop at Barnes and Noble and pick up a book, Allison Dubois's *We Are Their Heaven* [Dubois, 2006]. It explained part of how he felt. The title anyway. I had the book and had already given it away, without completing it, because she talked a lot about dead kids and I couldn't get through it. BUT TOM wanted me to stop by his house, talk to his wife and drop off this book and my notes. I drove there (to their home) the whole time talking to God about me being crazy, and to Tom, if this is really what you want. As I headed over there I knew it was the right thing. As I pulled into the driveway, I said if this were supposed to be, she'd be home. Elaine (who I had not met yet) was not there. I got back in my car, absolutely sure I should drive directly to the psych wing, as I was obviously way insane. I had NOT left the book. As I discussed this with myself, what I had come to recognize as "Tom's presence" showed up (just the feeling, I never "saw" him).

He was what I felt as exasperated, impatient, almost stomping his feet for me to go back, almost like a little kid. It took a little while, but finally I turned around, and figured maybe she was out to lunch and we missed each other. (He wasn't frustrated or mad at me or Elaine; it was as if he was exasperated because he was trying to work these two ends together and it was not coordinating right.) So I go back. I kind of bounced between believing Tom was there communicating, and believing there was no such thing as Tom, and I was having a breakdown. Well, if I am having a breakdown, I might as well complete whatever "adventure" I thought I was having. So I tuned into Tom, returned to the driveway, wrote a note that loosely said "I helped care for Tom in his last 24 hours, if you would like to talk with me, please call me at ----- and if this is in any way uncomfortable, please never mind this and accept my condolence, and God Bless."

She called me within two hours and I was floored. I was just so sure she'd think I was nuts. She said she wanted to meet, but things were so crazy she would call me back "in a few days" and we'd schedule something. Absolutely fine by me, I had done my job. But I could literally feel Tom's exasperation; He wanted us to meet sooner, even now! This is a perfect example of my being able to differentiate between MY FEELINGS (next week was fine with me, I am in no hurry) and HIS FEELINGS of: "I'll settle for that since it's as good as it gets, but I am not thrilled." I said to him, at least I went back, left the book, and didn't chicken out! I am doing the best I can...I felt him pacified.

His presence was sparse and infrequent the next 48 hrs. I felt MUCH better because I could feel him NOT there, which made me feel NOT crazy.

Friday, I was home alone (a rarity in a house of seven people), and I decided to take a slow shower around 5 p.m., a luxury, since normally things are crazy, and I shower in the morning. I am halfway through my shower, literally conditioner in my hair and all soaped up, when I
feel Tom. I feel urgency to get out of the shower, get out now! You are going to miss it! At that point, I am exhausted and I say out loud, "Tom, listen mister, I have been driving myself crazy for days trying to get this right, and right now, I have no kids, no husband, and I have a minute to myself, unless the house is on fire, please just let me take a shower!!" I felt a laugh, like an "all right, I'll give you a break." The urgency decreased, but it still felt like the doorbell was ringing, or someone was waiting for me, so I did conclude my shower instead of lollygagging. "You happy, Tom?" I was joking and talking aloud, I did not actually feel urgency at this point. I got my bathrobe on, hair in a towel, and I walked directly to my cell phone, [and] YOU GUESSED IT: Elaine had just called at 5:04 p.m. and left me a message. I was dizzy I was so affected. I returned her call. We made a specific time and date to meet. I did not go into detail on the phone; she knows I was part of the ambulance crew that took him to the hospital that day. Check with Tom; again he would like it faster but at least the appointment's made. He eases up; I don't feel him much for the next couple of days. In fact, I feel happiness that things are "set."

So I met with her. I started off gently. Explaining exactly what happened in real concrete terms. What we talked about, etc. Then, thinking for sure she would think I am crazy at least, or hurt her more at worst, I decided to plunge, and tell her something weird had been happening. She responded as calmly and reassuringly as if I had said, "I bought new tires." She said, "Go ahead, and tell me what's going on, weird things always happened to Tom." I explained and showed her the pages I wrote. She had a few questions. She answered a few questions. We spoke for an hour and a half, and the only reason we ended was because my kids were with a babysitter. She showed me a picture of Tom healthy. I felt that I recognized him as well in the picture as in my mind's eye. I didn't say anything about that. She explained they had traveled many places. They'd had a good life together. She started off by saying, "I'm not mad at him anymore, I forgive him now (at the time I wasn't sure exactly what for, but through our conversations later she explained). She forgave him for dying without her, for dying on her birthday, and it's what he wanted, so she was no longer mad. (She hadn't wanted to go since he appeared so sick, but he wanted her to go.) She explained quickly, and showed me a picture of Tibet; she proudly mentioned the Dalai Lama. She didn't go into detail. She showed me a picture of herself 15 years ago. She explained that Tom had had a near-death experience, and that landed them on the Oprah show. No other explanation. I did not ask further questions. As I departed, I felt like I had said what Tom wanted without causing distress. We decided we would try to meet again, no specific date. She invited me to the celebration of life for Tom, but I declined.

Her mission complete, Lynda is now ready to take a break, thinking Tom is finally done with her. But she can't help thinking about him
and what has happened to her because of him. And from her conversation with Elaine, she now knows about Tom's near-death experience and the fact that he's been on Oprah. Intrigued, she decides to find out more about this new man in her life:

I took a break. I thought I was done. I tried to turn it all off. Mostly it was off. I was in disbelief, but I felt like something incredible had happened. I don't know what, but it was something. The crane operator flashed often in my head, and I figured I was just supposed to tell Elaine what I did. Mental break for a couple of days. I had told Elaine she could have a copy of my notes, and a few days later I copied the notes and was sitting at the computer. Really, I felt him NOT there during these "break days." I remembered Elaine mentioning Oprah and his near-death experience, so as I sealed the envelope, I typed into Google "Oprah, Tom Sawyer near death." In the top 10, up pops the first page: "What Tom Sawyer Learned From Dying" by Sidney Farr. It was an excerpt from his/your book, which at this point I had no idea existed. The wind was knocked out of me. So far I knew he worked for the town of Greece, he traveled a lot, he had pulmonary fibrosis, and he had touched me like no one else. I was dizzy and nauseous. It was just SO MUCH TO SORT. It's not like it was a book on plumbing or a mystery fiction novel!! It's a book on his last days and beyond, and how he believed in telepathic communication and he's in MY HEAD. I was dizzy and nauseous. It was just SO MUCH TO SORT. It's not like it was a book on plumbing or a mystery fiction novel!! It's a book on his last days and beyond, and how he believed in telepathic communication and he's in MY HEAD. I called up Elaine. She was so cool. I left an almost frantic message. I said, I just came across the book and I was shocked. There was so much to this story, I feel like there's an entire chapter of explanation I have missed. If she felt comfortable, could she call me back? She called back almost immediately. She calmly said, why, yes, there was, and that's why this wasn't weird to her. I wasn't mad of course, but here I am sure I'm insane for a week or two and I am not (at least no more than a bunch of other people). We kept the conversation short. She said I wasn't crazy, and she'd be happy to fill me in on the blanks a bit later as she was very busy — no problem.

That in itself was reassuring. I hung up. I sat, still spinning.

But now that Lynda knows more about Tom and has been at least momentarily reassured that despite her persisting doubts to the contrary, she is not "nuts," she wants to go deeper into this mystery and see where else it might lead. And it is just here that she receives in a most unexpected way the culminating confirmation that what she has been experiencing is no mere delusion, but the real thing:

So I'm trying to figure out what to do next. Some Internet research led me to "spiritualists" and what they believe, and a Rochester "Spiritualist" church. I figured if you can consult a priest or rabbi about spiritual stuff, maybe the boss at this church could help me. I woke up early Sunday, thought of attending, then seriously considered rolling over and going back to bed when Tom expressed
somehow that I needed to go. I attended. It was nice. The format was
talk, meditate, and heal, then “messages.” I wasn’t exactly sure what
this was, but I was guessing, and I was close. Now I’m better figuring
out when Tom was there or when Tom wasn’t. And he was there, I
could feel him over my right shoulder. I wonder can people here see
him? Feel him? Or is this all one big mass hysteria, and I’m nuts?

So to the message part: I’m in the back row, arms and feet crossed,
probably emanating skepticism. I was overwhelmed. Three “student”
mediums go up to the pulpit and give brief messages. None of which I
found to be generic; they were very specific. I do not have a German
grandma happy that I’m learning to cook German dishes, to carry on
traditions, but clearly the woman who received the message felt it
was on the money as she nodded and cried. So one, two, medium
students deliver messages that appear to make sense to those
receiving them. There are 60 to 70 people in the church. I start
talking to Tom, “Listen buddy, I’ve been hopping through quite a bit
of hoops, disrupting my life, trying to figure what you need, please,
please show up, just to let me know I am not crazy, that I am on the
right track.” A third student medium started [but] never looked in my
direction. I feel Tom there and I feel his answer. Laughing at my
impatience, or the way I was talking to him mostly, and I feel him
“say”: “I’m not going through the students, I’m waiting for the Big
Kahuna, the REVEREND herself, then you will believe!” (At this
point I didn’t realize the format, and wasn’t aware that she, Robin
Higgins, the Reverend of this Church, would even deliver messages,
as the time appeared to have run out. We were approaching more an
hour, well over the church services I was used to, but it flew by.) Well,
doesn’t Rev. Higgins start talking. She says before she concludes, she
has a couple of messages: This is it! This is it! She looks to the
opposite side of the room and says, “Sir, may I give you a message?” I
was so disappointed; I didn’t even hear what she said. TOM: “Hang
on, hang on, she’s not done.” Rev. Higgins looks right at me, in the
back row and says, “For you, in the white, I promise if you uncross
your arms and legs and let me feel your heart, I have a message for
you!” She closes her eyes and starts talking: “You have a male energy
standing behind you, he’s free of pain now, and he thanks you for your
help, you helped him in his transition. His hand is on your shoulder
and he shows me that you helped him walk, helped him stand, when
he was too weak to do it himself.” AT THIS POINT SHE BENDS
down, gestures exactly the gestures I did to help lift him, to help him
stand as we had to carry him on a special chair to the gurney because
we could not get the gurney in the house because his son’s boat kind of
blocked the door. Her hand placement was exactly the placement
mine had been as I was on his right side and that would be different
than if I had been on his left. She repeated the gestures and
movement a second time. “He says thank you, and he’s there for you.
But wait, he says to tell you he’s not there all the time. He says to
make sure I tell you that because he says YOU don’t want him there
all the time." She places her hands over her eyes and laughs, "He's joking, laughing, it's important you know he's not 'watching you all the time.' You were worried about that, but he's there when you need him." And she ended "and I leave this with God's blessing." She gave one more message to someone, but I heard not a word.

OK, I believe. I was done. I was shocked. I was spinning like I was in a tornado.

As I left, I spoke to the assistant reverend. I explained, something's going on, and could she help me? Because I don't know what to do with this, or what to do next, and I'm a step away from going crazy. We made an appointment for the next day.

Again, I'll abbreviate. Robin was calm, reassuring. I explained my story at 900 m.p.h. I refer to Tom as a presence. I also referred to him as Tom, but not TOM SAWYER. When I got to the part about finding his book on Google, I pulled out the article/excerpt I had printed out and said "Tom Sawyer..." and handed it to her. She interrupts: "Did you say Tom Sawyer?" Literally, her jaw was open. She stared at me, then the paper, she looked at her assistant who was also there and said: "Tom Sawyer?" Assistant says: "Tom Sawyer?" I said: "Yes, his name is Tom Sawyer, not the Huckleberry Finn guy. The Huckleberry Finn guy isn't talking to me. Tom was a patient of mine, I took him to the hospital, that's his real name!" She repeats, "You are talking about Tom Sawyer. Tom Sawyer is talking to you." Calmly, not in a question format, in a statement format. For the first time in all this I was scared. "What's the matter? What's the matter?" Thoughts ran through my head: "Do they think I am crazy? Have I gone too far?" I wonder how the psych wing looks, and how am I going to explain this to my husband. She resets to her original calm, soothing disposition. Makes direct eye contact, puts her hand on my knee: "We know Tom Sawyer."

Robin says she doesn't personally know Tom, [but] they are both part of IANDS, and she had done a talk, and Tom and she had talked on the phone. And just a few weeks ago Tom wanted to attend her lecture, but his illness was too advanced, so she recorded it for him and sent him a copy. But that's not the only thing.

One of her students, Lois, has been coming in; she feels Spirit and is so moved she cries. She's been feeling him, but wasn't aware he had passed away. Lois drew his blood on a weekly basis, knew him, and was currently reading his/your book. She was thinking he may need help and was going to stop at his house. They were just talking about him yesterday. NOT DONE yet. Two other friends of Tom were going to be attending her all-day mediumship class on Saturday in two weeks. They were mutual friends from IANDS. (I still had no idea what IANDS was but I'd figure that out.) She says, "Tom sent you here because he has opened a door for you, and here's where I can get help to manage this. She said I should attend the mediumship class as it will explain everything, catch me up to speed of sorts, since this is all new to me. She said it was NOT accidental, this was all supposed
to happen. Robin said, Tom is sending me people for this class. Good people who have medium skills. Tom has a very, very strong soul. She called it the beginning of “Spiritual Enfoldment,” and often it felt like insanity, but she filled me in on a whole bunch of stuff that made me feel better. If I was going crazy, there was a whole pile of people who were there waiting for me, who understood me. Just before we ended, I blurted out: “Tom wants to be in your book.” I had no knowledge she was at chapter eight, writing her own book.

I attended the class, learned a whole bunch, Tom didn’t come. In fact since my meeting with Robin, I had felt him hardly at all. Now I started to get nervous – what if that was it, what if he DOESN’T come back? I want him to come back! Robin said he may have done what he had to do and continued on his way now that everything was accomplished. Sometimes that happens, some people will hear from one person, and it never happens again, but she said that’s not what she sees for me – there’s more to come. We just have to manage it so I don’t overload and quit. She said, this is how it started for her, about 15 years ago, but there was no one to tell her it was Spirit and not insanity.

As Robin had inferred, even though Lynda had seemingly come once again to the end of her journey with Tom and was now about to enter into a new stage of her spiritual development, he was not quite done with her:

Memorial Day weekend we were camping (yuck) with friends. I had NOT planned on going to the Celebration of Life; I felt it would be intruding.

Well, Tom had different plans. In fact, my husband now needed to work Sunday, and we’d be back around 12 or 1 p.m. on Sunday instead of Monday. It had been a few days, maybe even a week or two, and I hadn’t felt Tom at all. Now he was there, he wanted me to go. OK, I’ll go. I’ll stop by; it was right near my house. We pulled into town at 1 p.m. The celebration started at 1 p.m., so I hightailed it over there. Rather uncomfortable as I knew no one. Then I saw Lois and Robin. Lois wanted to attend and Robin was there for moral support. The two people in her class next week were there also. I saw Richard again (Richard had been there the day I picked up Tom in the ambulance). Apparently, Richard, Tom’s best buddy, was also all into spiritual stuff. Robin had already talked with Richard and mentioned that Lois and I had had visits, as he was open to this. He was very excited to talk with me, as he had not felt Tom yet. We would talk later, a different day.

Long story short again, I start getting these feelings again while I was there, overwhelming pride in my stomach, so strong. How Tom felt about his kids – Todd knows, but you need to tell Tim, just as I emphasized it for Elaine. Tom wanted me to tell Tim. I thought it wasn’t respectful, that it was intruding. I left.
I was driving down the street when all I could feel was Tom, that's WHY he wanted me there, [for] Richard and Tim. I had to go back and talk to Tim, as I wouldn't have another opportunity. OK then. I turned around, went back, someone pointed him out, but I actually knew who he was the second I saw him. I blurted out what I felt, what I felt Tom wanted me to say. I did not do a good job. Tim must think I am crazy. Tom wasn't thrilled with either my delivery or Tim's reception, as if Tim didn't really hear what I was trying to say but all the right words came out. I did the best I could. End of that.

Long story short, Richard and I met for lunch. I have tons to say to these willing ears. Most importantly, Tom underestimated people's love for him and had tried to control the situation, the grief. As if he and Richard had talked and being on the same page, knowing Tom was moving to a better place. Richard felt he shouldn't be sad. But Richard was sad; he was trying not to be, but he couldn't help it. Tom was saying, "Hey bud, never mind what we discussed, it's OK to grieve and be sad sometime." Tom could really feel Richard's deep love for him. And thank you, but don't let it bring you down for too long. I explained everything to Richard, who only said he believed it WAS a message for him, Elaine and Tim. It made complete sense, even the way I said it, and he believed Tom is guiding me in a specific direction.

Richard then filled me in on lots of stuff that verified things I felt, explained why Tim would get THAT message but not Todd. He filled in so many blanks, shared lots of stories, because so far I only knew little bits. He also gave me a copy of the book. Which was amazing.

Lynda’s last words are now specifically directed to the author of that book, Sidney Farr, who had already devoted so much of her time to Tom and who had, more than anyone else, brought Tom's remarkable life and thought to a larger public:

Your words, explaining how you felt it was time to write that book, sounds as if you may understand some of this. Since then, I've been reading, learning about things I never imagined. Tom pops in and out. I don't feel him often anymore, but the mediumship class I took has led to several other "messages," which apparently have been accurate. Also, I wait until they come to me, so I don't dive bomb them like poor Tim. I've figured out how to sort and turn things on or off.

If any of this is believable to you, I felt there was some stuff from Tom to you as well. If you haven't “felt” it yet yourself, which I'm sure you have. As I read your words, I felt you were one of the people who he wanted me to give this info to - Elaine, Richard, Tim, and you. I'm sorry it took so long, but I can't help but feel there was a reason for the delay, either on my side or yours. I'm doing better at accepting "everything happens for a reason" and "patience." When I started writing this 'story,' it was 5/14/07; it sounds so naive as I reread the
beginning. It was originally aimed at Elaine, and I was describing the beginning before I realized Elaine was open. But it describes how clueless I was. Then I decided to tell the story, and it's time to share it with you. Tom wanted me to write it all out and send it to you now.

The Aftermath: The Widening Circle

After Lynda had made contact with Sidney Farr, it became clear to her that she (Lynda) had more work to do for Tom. In effect, Tom communicated to her that he wanted her to be the instrumentality through which the most important members of his group of loyal followers could be assured of Tom's continued existence, of his great love for them, and of the fact that he wanted them to mobilize themselves to continue to spread his message to a greater audience.

During this time, Lynda would find certain images popping into her head when she felt Tom's presence. One, for example, involved "The Blues Brothers: 'Let's get the Band back together.' I see Dan Ackroyd and John Belushi in black suits and sunglasses." Lynda still has no idea that there is thought to be in the spiritual realm a benevolent group of beings known as The Blue Brotherhood, something of which Tom was aware. And not only that but this brotherhood had actually been consciously invoked by one of Tom's closest friends who feels himself to be spiritually aligned with this group with the aim of assisting Tom to make the transition from life here to whatever may be said to follow physical life. In one of the e-mails sent by this person to Tom shortly before his death, he actually wrote "You are my dear friend and teammate on the Blue-Brothers team." Was it coincidence that Lynda suddenly started to think of the Blues Brothers in connection with Tom? We can only speculate.

In any case, by this time I was in touch with Lynda myself by e-mail. And by then she had become very clear concerning just what it was that Tom wanted her to convey to his most devoted students:

What's this all about? It's time to get the friends moving again. It's time to continue...spreading his message of love...There are enough people [that] if they continue his/their work, it will make a difference. THAT I hear Loud and Clear. Loud and clear is, the friends have had enough of a break, it's time to get crackin'. Each has something to contribute in their own way. Also, he would like his message of love, and how his message has touched and changed people's lives, to be compiled. I am assisting in compilation, I'm helping connect people and make that a smooth transition. There are several camps that
need to work together to make what he wants successful. I might be able to help.

In another e-mail to Sidney, Lynda elaborated on Tom’s message of the continuity of love that she was picking up from him:

Your love and need to care for your loved ones doesn’t just turn off when you change worlds. You still LOVE your people, you don’t just disappear *(From My Fair Lady, “By God, I think she’s got it!” echoes in my brain.)*. You don’t just stop because you are dead, your soul continues to love. Tom not contacting, loving and caring for his loved ones in life would be unnatural. He wouldn’t ever just stop caring for loved ones. He’d never just stop. So his not contacting, touching, loving, watching out for his loved ones NOW would also be unnatural. Some can feel it, some cannot, but he is there.

It was during this period also that Lynda began hearing from and meeting a number of Tom’s closest associates, some of whom had been very struck by the authenticity of the communications she appeared to be transmitting from Tom. It also became apparent during this time both to Lynda and to me that a number of other individuals who had been close to Tom had been feeling his presence and in some cases were already receiving messages similar to those that Lynda had been conveying, particularly about Tom’s apparent wish that his work be continued on earth. Lynda was now communicating regularly by e-mail to Tom’s group and in a note addressed to “Friends of Tom,” she summed up for them what she felt she had been “commissioned” by him to communicate to them:

What it means to me is...about getting everyone up and going. Up and going, involves continuing your personal contribution towards spreading Tom’s message of love on a daily basis, and somehow getting coordinated as a group, if you should choose this mission, to make a big contribution of positive energy that will have an impact on the world. You guys know what he means!

If you’ve always wanted to write a book, teach a class, write an article, paint a picture that you think would contribute to spreading the message, start it now! He wants to tell his stories!! He wants people to know he was a regular guy who had a big impact, and you can have a big impact and show others how THEY can have a big impact. Starting by telling his stories where the door opens for one to be told...So don’t hesitate. Even the smallest of stories can have an impact.

Naturally, I myself had thought about whether I might contribute to this undertaking in some way, particularly by writing something about Tom. I had already begun thinking about this after first reading
Lynda’s original document to Sidney Farr, but it wasn’t long before Lynda herself in some of her subsequent messages both to me and to others was suggesting that this might be Tom’s wish, too. For example, in one of her first notes to me, Lynda remarked that despite her concern about her document being passed on to others, “it’s good that it got to Kim, but he was AIMING for you.” Then, over the next few days, sometimes in distinctly uncanny ways, I began to hear similar messages from several other people, one of whom had no prior knowledge of any of the developments described in this article, all to the effect that Tom wanted me to become involved in “telling his story.” Subsequent e-mails from Lynda only reinforced that impression.

This leads to you...Ken will know what to do next – what Tom’s getting at. Though these other people were to help deliver the message to Ken, these other friends will be needed for the rest of the “project”.

O.K., a simpler way to say this, Lynda would have no reason to just call up and contact Ken. This way, Tom is rallying his troops AND you are back involved...When I say he was aiming for you – he’s back, and it’s time for you all to get working. “Uh,” he “says” he makes me “feel” you “know darn well” what he means. I do not have the frame of reference to understand all that’s involved (yet).

When I specifically ask – “Tom, do you have a message for Ken?” I get the warm smile feeling with a slightly sarcastic “Well, isn’t that enough?”

Then, one night in the midst of all this, I had a dream, which I recounted to Lynda the following morning:

Curiously enough, Lynda (or perhaps not!), last night, fairly early in my sleep cycle, sometime after midnight, I awoke from a very strange experience and remember thinking, “that’s weird.” I’ve lost some of the details now, but as I remember I dreamed that after having got out of my shower at home, I discovered that several things, such as stuff on my desk and computer table had obviously been moved. But since I was alone, I could not figure out — in the dream, I mean — how this had happened. I then found myself fiddling with an old cassette player, trying to dislodge a tape of the kind I had used to record Tom — although I wasn’t thinking then either of Tom or his tape. But suddenly I heard Tom’s voice — distinctly — speaking to me, and as I recall, with some sense of humor. I don’t recall what he was saying, but when I heard his voice, I immediately woke up with a start, which is what prompted me to say “that’s weird.”

To the best of my knowledge, this is the first time I’ve ever dreamed of Tom or heard his voice in my dream. Assuming it was a dream. I don’t necessarily give this experience any paranormal significance
since I was talking and thinking a lot about Tom yesterday, so on the principle of Occam’s razor, a purely psychological explanation would be most probable and parsimonious. But since you had said in your note last night that “Tom was sending me something,” perhaps that was it. Who knows?

All of these oddities and synchronicities as well as Lynda’s communications had by now persuaded me that there was certainly something to all of this and that someone should write it up, perhaps even as a book. Having been retired for some years, I wasn’t eager to take on a book, however, and thought that Sidney Farr would be a far better choice, anyway, given her history with Tom. But when I suggested this, she declined for reasons of health. The ball seemed to be back in my court, and while I temporized, I remained in touch with both Lynda and Kim Wise, pondering my options. Ultimately, ensuing developments with Tom’s group and some of Lynda’s communications suggested that the most feasible writing project for me, at least for now, would involve preparing an article for this Journal. When I proposed this to Lynda, she was very supportive: “A journal article would be just right...We’ll assume those who need to see it will, how about that?” And then later that same day in a follow-up note, she added this, “I’m very happy about an article, and look forward to working with you. I also think Tom is happy about it.”

In her most recent communication to me, on February 10, 2008, Lynda summed up where she was now with all this and what she sensed from Tom about the status of what she had helped put into motion:

Tom has not been so strong as to interrupt my everyday life since December. I, however, will check in at times. Sometimes he is NOT there. Sometimes he is there. When I start working on a project about or for him, often eventually I feel him clearly.

Like right now – he didn’t start it, but as I get writing, I feel him strongly. He’s sending me warm and happy, smiling feelings. I ask, how does he feel about the stuff down here? Is it going in the right direction? I feel a very positive, almost excited vibe. There are several “stokes in the fire.” Ken is one of them and it’s going beautifully. This article will lead to something, which will lead to something. It’s all going as it is supposed to.

Meanwhile, Lynda has come to feel that she has pretty much fulfilled Tom’s charge. She has stimulated his group to become more active again in order to continue in their own way to further Tom’s contributions to the spiritual welfare of humanity, she has reassured
his loved ones and precious friends of how much Tom continues to love and care for them, and of course that he continues, at least for now, to exist as the same Tom Sawyer they knew and loved while he was on this earth. And although Lynda didn’t and couldn’t consciously recognize this, her subjectively compelling encounters with Tom following his physical death serve only to buttress Tom’s own claim about what death is like, as he recounted it following his near-death experience in 1978 when he said in the words I have already quoted:

As a result of that [experience], I have very little apprehension about dying my natural death...because if death is anything, anything at all like what I experienced, it’s gotta be the most wonderful thing to look forward to, absolutely the most wonderful thing. (Ring, 1984, p. 59.)

References

Letters to the Editor

An Objective Correlate of Consciousness

To the Editor:

I am writing in regard to Denis Purcell's proposal of using light sensors and strain gauges to monitor near-death experiences in a laboratory setting (Purcell, 2005). Using a combination of a light-addressable potentiometric sensor (LAPS) – that is, a semiconductor-based chemical sensor with an electrolyte-insulator-semiconductor structure – and a strain gauge to measure deformation of an object, it might be possible to detect consciousness as an electromagnetic field. If this strategy worked, it could validate the electromagnetic field theory of consciousness (McFadden, 2002), which molecular geneticist Johnjoe McFadden argued allows for the survival of consciousness after biological death:

My hypothesis is that consciousness is the experience of information, from the inside. There is a postulate in physics that information is neither created or destroyed – the conservation of information 'law'. It is however just a postulate, nobody has ever proved it. But, if true, it would suggest that awareness (associated with that information) – in some form – might survive death. (McFadden, n.d.)

I suggest that consciousness as an electromagnetic field, when severed from biological death, transcends into a multidimensional realm of various frequencies. At times frequencies merge, such as when radio programs are received on the same channel. This merging might explain the energy orb phenomenon to which Purcell referred (Swanson, 2003), as well as physical materializations known as apparitions that are seen in instrumental transcommunication (ITC) videos.

However, Purcell's proposal poses a dilemma. For example, if an individual sustains clinical death in any setting, it is impossible to know whether that individual had a near-death experience; and in
clinical death there is no way to measure brain activity, as it stops. Because inducing clinical death to test Purcell’s hypothesis would be medically unethical, further exploration of Purcell’s experimental hypothesis would need extensive planning.

In physics, wave-particle duality conceptualizes objects as exhibiting properties of both waves and particles. This concept sheds more understanding on how frequencies function and also, in my opinion, closely validates string theory (Witten, 2003). If Purcell’s hypothesis were ever tested and confirmed, it would take a team of scientists to analyze the recorded data with the possibility of discovering that consciousness transcends as energy with a frequency domain.

References


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Response to Brian Miller

To the Editor:

I thank Brian Miller for his response to my Letter to the Editor, “An Objective Correlate of Consciousness” (Purcell, 2006). Several problems are associated with the electromagnetic theory of consciousness.
First, just because some evidence indicates that consciousness is correlated with an electromagnetic field (EMF), one cannot conclude that it is identical with that field. Consciousness can travel through a Faraday cage, as the experiment by Karlis Osis and Donna McCormick (1980) showed. This phenomenon would not be the case if it were identical with an electromagnetic field. Second, the theory rests on the assumption that the brain produces the electromagnetic field. The case of Pam Reynolds may contradict that assumption: She reported an NDE while under a general anesthetic, with the blood drained from her body, no heartbeat, and presumably a flat electroencephalogram (EEG; Sabom, 1998).

I personally think that saying that consciousness is an epiphenomenon of brain activity is putting the cart before the horse. I, too, am a monist and believe that consciousness is ontologically primary and generates physical reality, including the brain, as a kind of epiphenomenon. Thus, our consciousness would be able to generate an electromagnetic field to interface with the EMF of our brains. This explanation would help to account for the electrical effects seen around near-death experiencers.

The actual relationship between one's consciousness and the purported electromagnetic field around it is not initially as important, however, as the suggestion that such an association might exist. If the correspondence exists, it would provide an objective correlate that could be used to identify one's consciousness and sense it when it was present, at least when the correlation is being sustained.

References


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