

GUEST EDITORIAL

When Does Request for Evidence About NDEs Become Harassment?

P. M. H. Atwater, L.H.D.
Charlottesville, VA

Two near-death experiences (NDEs) have brought to the fore something many NDE investigators and researchers, as well as near-death experiencers (NDErs) themselves, have been dealing with: How does one handle the need for verification of an NDE without violating the experiencer's right to live one's life without harassment?

The disappearance of Mellen-Thomas Benedict's brain tumor after his NDE was first revealed in my book, *Beyond the Light* (Atwater, 1994). Prior to that publication, I visited Mellen at his home in North Carolina where I saw before-and-after X-rays that verified his report. After moving numerous times, Mellen lost the X-rays. When he tried to replace them, he learned of the hospital's policy to destroy X-rays after a short time, and both his physician and hospice nurse had long since moved, leaving no forwarding addresses. The extent to which Mellen has been harassed about those X-rays has been excessive and has continued to this day. My validation seems to have made no difference.

A reverse type of harassment is suspected to have occurred with Alex Malarkey (Malarkey, 2010). When six years old, he lay in a coma after a car accident. The coma lasted two months, but his injuries left him paralyzed. According to his father, he subsequently spoke of seeing angels and life beyond this world, convincing his parents that he must have had an NDE. His father wrote the best-selling book, *The Boy Who Came Back from Heaven*, yet his mother began to question

P. M. H. Atwater, L.H.D., has been investigating near-death experiences since 1978, resulting in 15 books, most recently *Dying to Know You: Proof of God in the Near-Death Experience* (2014). Correspondence regarding this editorial should be sent to Dr. Atwater at email: atwater@cinemind.com.

the account, saying, “it isn’t biblical.” This discounting continued to the point that the boy finally recanted his testimony, saying it was all his imagination. As I’ve reviewed the facts in this case, I’ve come to question the immense pressure put on this boy, his parents fighting over the book’s royalties (which led to a divorce), and the whole affair becoming the final “nail in the coffin” for Evangelical Christians to decry that all NDEs are just a person’s imagination and that anyone who wants to know about heaven should just read the Bible. Whenever any dishonesty or misinterpretation may have lain in this case, fortunately-rare cases like this that raise the question of hoax unfortunately, at least for some people, shed doubt on the veracity of any NDE that can’t be verified objectively—and increase the potential for harassing demands for objective evidence.

NDEs are increasingly blurring the lines between vision and fact, science and spirituality, God’s Presence and a physician’s scalpel. In responding to requests for documentation that provides evidence regarding NDEs, where do NDE investigators and researchers, and NDErs themselves, draw the line between reasonable requests and harassment? How much evidence justifies researchers to discuss a given account? Do we have to have signed testimonials by all concerned, as well as the experiencer? Can’t we make the judgment call ourselves once we’ve interviewed experiencers and significant others and seen whatever evidence exists? And with experiencers, how long must they have to “testify” in their defense, as if having an NDE makes them a target for continuous scrutiny?

NDEs are not medical pathology. Rather, the experiences and their pattern of aftereffects constitute in-depth phenomena of wide-ranging dimensions. I have found in my work that relying on questionnaires is not enough. Personal interviews and observations, augmented with time spent with significant others, have made the biggest difference for me. Whatever the protocol used, I have found that the meticulous research done in this field by world-class researchers and physicians since the mid-1970s have more than met the demand that “extraordinary claims require extraordinary evidence.” However, both experiencers and researchers are regularly challenged for the type of proof that exceeds any reasonable standard of inquiry.

Here are a couple of cases I published that make this point graphically.

Margaret Fields Kean was rushed to the hospital with severe phlebitis and died on the operating table. A colorful, lovely world opened up for her during her near-death episode where only peace and uncondi-

tional love existed. While there, she sensed she had a choice to make about staying there or leaving. Her only thought was, "Where could I best be of service?" She was told to become a healer. Among the things that happened after she was resuscitated and while she was still in the recovery room, was that she felt led to "project" into a nearby shuttered isolation room. In there she discovered, as she put it, "A white boy burned black." She sat on his bed, introduced herself by name, and counseled him about his purpose in life. She told him it was okay if he chose to die, for God was loving and he had nothing to fear. Months later, out of the hospital but in a wheelchair, she attended a horse show where her daughter was competing. Her daughter won. Hearing her name announced over the loudspeaker as the mother of the winner, a couple hurried through the crowd to find her. They were the parents of the severely burned boy. Before he had died, he told them about his meeting with Margaret. They were thrilled to finally locate her and thank her for what she had done for their son. *The dying boy had identified her by name, even though the two had never physically seen each other or verbally spoken in any manner, nor had the hospital nurse known that the two had ever communicated, nor had it been possible that she could have known if the isolation room was even occupied when she "projected" inside.* I confirmed the details of this case with Margaret's daughter and several friends who were there present at the horse show.

In 1976, George Rodonaia, a vocal dissident in Tbilisi, Georgia (then part of Russia), was run over twice by a car driven by KGB agents as he was waiting for a taxi to take him to the airport. His wife and two children had already left. Rushed to the hospital, pronounced dead, his body was shoved into a morgue freezer vault. Three days later his body was wheeled over to autopsy where a team of doctors commenced splitting open his lower torso. It is true that no one knows for certain the temperature of that vault. If warmer than claimed, that could explain why his eyes opened during the autopsy three times, convincing the shocked doctors that he was very much alive. I will not recount the whole case here, for it is long. But I can verify one of the events he claimed happened while his body was still in the freezer vault. That event concerned his ability to enter the consciousness of others to find out what they were thinking. He did this with his wife Nino while she was standing in a cemetery picking a spot for his grave. In her mind, she listed eligible bachelors and their qualifications for marriage. After all, she was now a widow with two young children, and she wanted them to have a good father. It took three days after being

rescued from autopsy, for the swelling in his tongue to be reduced enough that he could speak. *The “lists” Nino had made up in her head while standing at the grave—each man, each trait—George recounted to her accurately. This experience so shocked and frightened her that she would have nothing to do with him for a year. When I asked her why she wasn’t happy to have her husband back, she replied: “I had no privacy. We had to learn how to live together again.”* Nino confirmed everything her husband had claimed during my interview with him—including his out-of-body story of visiting the delivery room of the hospital to check on the pregnant wife of one of his friends. She had delivered, but the baby was crying continuously. George, a physician himself, said he scanned the baby as if he was possessed of x-ray vision, spied a broken hip, and “knew” the head nurse had dropped the baby. *Nino verified that the baby was x-rayed after George told fellow doctors what he had seen, the break discovered, the nurse confronted. She admitted what she had done and was fired.* Obviously, I could not fly over to Georgia and check details myself, but I found Nino’s testimony quite convincing and brutally honest about what it was like for her to live once again with a husband she had once thought was dead—who now possessed abilities he never had before.

The near-death accounts I have published were all based not only on interviews and observations with experiencers but also on the testimony of significant others and medical reports whenever possible to obtain. I have never requested signed affidavits, except for “permission to use.” Throughout my books (e.g., Atwater, 1994, 1999/2003, 2007, 2011, 2014), there is case after case from both children and adults that are amazing (some of them infants; one, John Liona, who experienced his episode *inside his mother’s vagina as he was being born*). All of this material is of recorded, published cases, verified to the best of my ability at that point in time—with acknowledgment that not all cases *can* be verified with objective evidence.

In my publications, I have not revealed the identities of all the people I spoke with to verify accounts, nor am I aware of other researchers doing so. The experiencer’s significant others usually remain anonymous by request. In some of my accounts, it was the experiencer who refused to allow name use, even though full cooperation was obtained for me to investigate his or her testimony.

I believe the majority of NDErs and near-death researchers have more than met the demand for “extraordinary proof.” Yet harassment continues. Researchers can sometimes get a little jaded about this phenomenon, yet for the experiencer, continual harassment, even for

years afterward, can be painful. I suspect this is why many experiencers, as well as their significant others, prefer to remain nameless.

Today, producers of television documentaries and talk shows seem to strongly favor those that happened in a hospital where equipment readouts and nursing staff can be shown and quoted. The outgrowth of this depiction creates a media myth that in order for an NDE to be “real” it has to happen this way. Not true. The vast majority of cases are not connected to surgery or to heart problems or even happen in a hospital. The public is being “fed” something that isn’t true because hospital cases seem more dramatic, are easier to film, and add credibility. Is it the same with the proverbial “tunnel”? In the first scientific survey done of NDEs by Gallup Poll in 1982, only 9% of the experiencers polled mentioned anything about a tunnel. Tunnel reports increased after the media sensationalized Raymond Moody’s (1975) first book *Life After Life*, yet even today they do not occur that often, anywhere in the world. Tunnels are signature features of NDEs only in the minds of the media and those who believe whatever the media declares. Where is evidence versus harassment here? Does the media define what an NDE is or do the researchers of the phenomenon?

Under the heading of “There’s not much we can do about any of this” is the need for NDE investigators and researchers to first recognize that the conundrum exists and then to be more forthcoming about how and with whom we verify accounts. Perhaps some type of note or announcement to the media could be posted online at the International Association for Near-Death Studies (IANDS) website, with the help of individual researchers. This action might cut down on some of the harassment issues, along with offering “a word to the wise” for experiencers who choose to speak up about what happened to them.

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