BOOK REVIEW

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The nature of death and awareness of one’s own mortality, momenti mori, are often-challenging to conceptualize. The author of Opening Heaven’s Door: Investigating Stories of Life, Death, and What Comes After provided an objective and insightful perspective on death and dying and highlighted how comforting transpersonal experiences surrounding death—including nearing-death awareness, near-death experiences, and after-death communication—can be for the dying and the grieving. In many respects this book has made a courageous contribution to the literature, as many individuals who have had perceived spiritual experiences, or what Pearson referred to as ‘uncanny experiences,’ remain silent for fear of ridicule. With this book, Pearson seemed to be conveying that both healthcare professionals and family and friends of the dying and deceased who understand such experiences surrounding death are particularly empowered to “live and let live” regarding them.

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Patricia Pearson is the author of both fiction and non-fiction books. Currently residing in Canada, she continues to pursue her writing and journalism career. Pearson promoted the importance of understanding, or at least recognizing, uncanny experiences surrounding death in order to support those going through the grieving process. The book is divided into seven chapters that take the reader through a progressive and cumulative journey as *Opening Heaven’s Door* cascades through case depictions of illness, dying, grief, and, of course, examples of uncanny experiences that both family members and health care professionals have reported. This material is followed by acknowledgements and detailed notes including references and an index.

The book commenced with a very descriptive overview of Pearson’s own family examples of dying and death. The vivid nature of the text draws the reader into emotionally captivating examples of the death of her father and later her sister in palliative care from breast cancer. Prior to her sister’s death, her sister described an uncanny experience in the hour of their father’s death. This uncanny experience left an imprint on the family that was dismissed and discredited when Pearson relayed this information to a University friend. Reflecting on this experience, Pearson highlighted how in many respects grieving is socially fractured (p. 13) and how it can, in some people, induce a sense of awkwardness, particularly in Western culture. Indeed, “there is pain in loss, and then—in our culture—there is further pain in the silence borne by fear of being dismissed or ridiculed” (p. 15). Out of a desire to alleviate or at least reduce this pain, Pearson decided to write this book.

Pearson also provided detailed case examples of health care professionals’ awareness of the spiritual beliefs of patients dying in palliative care and the uncanny experiences of the terminally ill. Pearson was particularly interested in why people hallucinate prior to death and what constitutes a deathbed vision or phenomenon. To expand, Pearson provided the following observation by a nurse working in palliative care: “Within roughly seventy-two hours of the end of their lives, many dying people in hospice settings begin to speak in metaphors of journey. They are not being *euphemistic*. They are far beyond the task of making everyone feel better” (p. 22). Further, Pearson cited David Kessler, former chair of the Hospital Association of Southern California Palliative Care Transitions Committee (p. 23). He reported with regard to journey metaphors that dying patients often refer to an earthly journey: “People talk about packing their bags or looking for their tickets—they don’t mention chariots descending from heaven or traveling to eternity in some other manner” (p. 23). She also cited
Elisabeth Kübler-Ross (1982) who noted how, for example, “Suddenly, someone will bid you farewell when you are thinking that death will arrive soon” (p. 27). Indeed, patients are often more aware of the timing of their own deaths compared to the prognosis provided by healthcare professionals.

Importantly, Pearson distinguished between terminal restlessness and nearing death awareness. The following observation by a nurse working in a UK hospice, exemplified this discernment:

“When they have a high temperature they see things and it’s an anxiety-based thing... whereas with the end of life experience it’s like a process and once they have experienced it, they move onto a different level. It’s like a journey” (p. 32).

Pearson tackled the question of, “What is a sensed presence?” (p. 89), via a number of case descriptions that illustrated the visual and auditory hallucinations people had experienced of the deceased. Despite the varied presenting case descriptions, an element of unity and cohesion pervades the reported uncanny experiences. Pearson suggested that, “Somehow, the universe connects us and consoles us. The dying reassure us—and are reassured” (p. 82).

Pearson also discussed an explanatory gap whereby neuroscientists have strived to reductionistically attribute unexplained phenomena to the brain and behavior. Indeed, she noted neuroscientific theories on sleep paralysis that have aimed at providing a better understanding of the elements of hallucination and sensed presence, such as those of Clark (1999) and Cheyne (2003). However, Pearson concluded that the brain itself remains as mysterious as the deepest fathoms of our oceans and the vastness of space (p. 95).

Pearson included research conducted by psychologist Carlos Alvarado, a specialist in near-death experiences (p. 142). We found this inclusion particularly insightful, especially with reference to the Near-Death Experience Scale developed by psychiatrist Bruce Greyson (1983). Pearson linked case examples referencing ”being absorbed into the light” or being drawn to “a bright light” to the role meditation and prayer have in altering states of consciousness. The case examples intrinsically capture the feelings and sensations of those who have had a near-death experience. Pearson provided a balanced and eclectic overview of the possible causes of near-death experiences, including both psychological and biological perspectives, such as those offered by Wackermann (2004), Alvarado and Zingrone (2008), Boska (2009), Greyson (2011), and Brusewitz and Parker (2013). Pearson (2014) acknowledged that despite the wealth of information and knowledge...
she acquired while writing this book, sometimes the most simplistic explanation is the most apt. She therefore succinctly stated via the words of Rabindranath Tagore in 1913, “Death is not extinguishing the light; it is only putting out the lamp because the dawn has come” (p. 179). Further reading on near-death experiences included the research of Rick Strassman (2000) and subsequent research thereafter (Barker, Borjigin, Lomnicka, & Strassman, 2013) investigating DMT, the pineal gland, and near-death experiences, including altered states of consciousness.

Pearson (2014) highlighted the necessity for both health care professionals and the family system, during episodes of nearing-death phenomena, to listen and try to understand the communications being relayed by the dying person rather than to simply dismiss the behavior as being delusional or as a consequence of the terminal illness or medication. Further, culturally varied examples of this sensed presence are important to acknowledge when working with the family system. Indeed, “we need to accept what the bereaved—and the terrorized and the stranded—do or don’t see. They are entitled to forge their own meanings” (Pearson, 2014, p. 114).

This book highlights the supportive communications between the living and dead and how healing these communications can be during the grieving process. Pearson discussed a venue wherein a medium, John Holland, had relayed details from the deceased to the audience. Pearson interpreted these details as being messages from her sister, as they were personal to her. Pearson found this experience reassuring and began to reflect upon what she referred to as “this genuine fidelity” (p. 193) of receiving messages from her sister. For example, “When I lay in bed some weeks after she’d died and asked in messed up anguish for a sign that she was alright, I found a single vivid pink bloom—not a bud, but a ridiculous, time-lapse bloom—on a long dead plant in the hallway” (p. 193). Embracing these messages, Pearson acknowledged that, “We can’t know what comes next, what beauty or terror or hero’s journey, but we can draw our own intuitive wisdom about how to live from what we hear and see” (p. 196).

The book concluded with a very emotionally comforting statement: “When the dying leave, it’s like a footprint in the sand that needs to be filled in. Where the water rushes in, there love rushes in” (p. 196). These words are potentially powerful for the many people who will experience the sadness and grief of losing a loved one; acknowledging the messages thereafter can be very reassuring.

In conclusion, this book is not an easy read, not because of a lack of
interest or clarity of text but because of the moving case illustrations provided. Without these case studies, this book would have provided a superficial overview of uncanny experiences surrounding death. It is therefore an excellent read as the text provides an opportunity for the reader to explore, relate to, and address the issues discussed. This is a contemporary book and an essential read for anyone interested in experiences surrounding death. It is not an academic book, but that was not its intention. It could certainly, however, supplement and support the development of academic material on this subject in the context of, for example, group discussion. From a healthcare perspective, it is an essential read for those supporting families and patients in palliative care and other end-of-life circumstances and for the families themselves. Cultural considerations and beliefs surrounding life and death are critical in the development of best practice. Even the health professional who remains skeptical does well to take this point into consideration.

References


