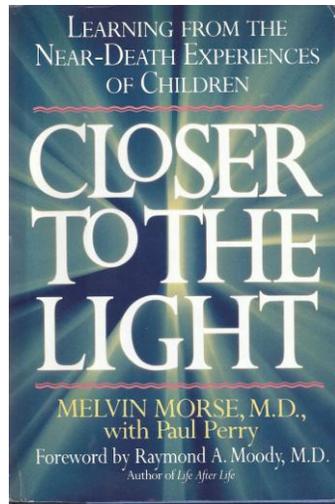


Closer to the Light
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I stood over Katie' lifeless body in the intensive care unit and wondered whether this little girl could be saved. A few hours earlier she had been found floating face down in a YMCA pool. No one knew how long she had been unconscious or exactly what had happened to cause her to lose consciousness. One of the lifeguards guessed that some boys playing along side the pool had accidentally knocked her into the water. Someone else mentioned to the police that maybe she had bumped her head on the bottom of the pool and had lost consciousness that way. It could even have been an epileptic seizure, I thought.

I didn't really expect to find out what had happened. The machines to which she was now hooked up told a grim story. An emergency CAT scan showed massive swelling of the brain. She had no gag reflex. An artificial lung machine was breathing for her. In the blunt jargon of emergency room physicians, she was a train wreck. Looking back even now, I would guess that she had only a ten percent chance of surviving.

I was the doctor who resuscitated her in the emergency room after the accident in the pool. I was serving my internship in pediatrics in a small town in Idaho and would be starting my residency a few months later in Seattle. I had previously been doing research on brain tumors and at a national conference had presented a paper on the effects of chemotherapy on childhood leukemia. In between the world of academia studies and "rat brain" research, in which I tested the effects of various medicines on white rats, I wanted to sandwich in some practical medicine. Medicine probably doesn't get more practical than poor Katie's case. She was one of the sickest children I had ever cared for.

Despite all of our best efforts, I was sure she was going to die. Still we tried everything we could think of.

THE CIRCLE OF PRAYER

One episode with Katie remains vivid in my mind even today. I was trying to thread a small catheter into one of her arteries so we could get an exact reading of the oxygen in her blood. The procedure, call arterial catheterization, is particularly difficult and bloody since an incision into an artery is required.

I explained the procedure to her father and told him that he and the other family members might want to wait in the hall until the line was inserted. He consulted with his wife and the others and came back with another suggestion. He asked if they could hold a pray vigil around her bed while I threaded the device into her artery. Why not? I thought. She's going to die anyway. Maybe this will help them cope with their grief.

The family held hands around her bed and began to pray. Katie lay flat and lifeless as breathing machines and monitors beeped and buzzed and several IV tubes gave her fluids and medication. Two nurses and a respiratory therapist were with me. One push of the needle and blood began spurting from the arterial line. We all did our jobs quickly and nervously. It seems now that the calmest people in the room were the members of Katie's family. As the blood spurted out, they began praying out loud.

How can they be so calm? I thought. Isn't it obvious that she is going to die?

Three days later she made a full recovery.

Her case was one of the those medical mysteries that demonstrate the power of the human organism to rebound. People sometimes cross the threshold of death only to return in full health. Why it happens is impossible to say. But it happened with Katie, whose neurological testing showed she had made a full recovery.

When she was feeling well enough, I had her come in for a follow-up examination. One of the things I wanted to know was what she remembered about her near drowning. The answer was important to the type of treatment she would receive as an out patient. Had she been hit on the head? Had someone held her under the water. Had she blacked out or experienced a seizure? Without knowing exactly what had happened, there was a chance that she could have another blackout or seizure.

I marveled at Katie when she came into the office. She was a pretty a girl with long blond hair and a shy, frightened manner. Her eyes revealed an intelligence that hadn't been dimmed by the deprivation of oxygen to the brain that always accompanies drowning. There was nothing abnormal in her walk or mannerism. She was just another nine-year old kind.

THE HEAVENLY FATHER

Katie clearly remembered me. After introducing myself, she turned to her mother and said, "That's the one with the beard. First there was this tall doctor who didn't have a beard, and then he came in." Her statement was correct. The first into the emergency room was a tall, clean shaven physician named Bill Longhurst.

Katie remembered more. "First I was in the big room, and then they moved me too a smaller room where they did X-rays on me." She accurately noted such details as having "a tube down my nose," which was her description of nasal intubation. Most physicians intubate orally, and that is the most common way that it is represented on television.

She accurately described many other details of her experience. I remembered being amazed at the events she recollected. Even though her eyes had been closed and she had been profoundly comatose during the entire experience, she still "saw" what was going on. I asked her an open-ended question: "What do you remember about being in the swimming pool?"

"Do you mean when I visited the Heavenly Father," she replied. Whoa, I thought. "That's a good place to start. Tell me about meeting the Heavenly Father."

"I met Jesus and the Heavenly Father," she said. Maybe it was the shocked look on my face or maybe it was shyness. But that was it for the day. She became very embarrassed and would speak no more.

I scheduled her for another appointment the following week. What she told me during the our next week meeting changed my life. She remembered nothing about the drowning itself. Her first memory was of darkness and the feeling that she was so heavy she couldn't move. Then a tunnel opened and through that tunnel came "Elizabeth"

Elizabeth was "tall and nice" with bright, golden hair. She accompanied Katie up the tunnel, where she saw her late grandfather and met several other people. Among her "new friends" were two young boys---"souls waiting to be born"----- named Andy and Mark, who played with her and introduced her to many people.

At one point in the voyage, Katie was given a glimpse of her home. She was allowed to wander throughout the house, watching her brothers and sisters play with their toys in their rooms. One of her brothers was playing with a GI Joe, pushing him around the room in a jeep. One of her sisters was combing the hair of a Barbie doll and singing a popular rock song. She drifted into the kitchen and watched her mother preparing a meal of roasted chicken and rice. Then she looked into the living room and saw her father sitting on the couch staring quietly ahead. She assumed he was worrying about her in the hospital.

Later, when Katie mentioned this to her parents, she shocked them with her vivid details about the clothing they were wearing, their positions in the house, even the food her mother was cooking.

Finally, Elizabeth-who seemed to be a guardian angel to Katie-took her to meet the Heavenly Father and Jesus. The Heavenly Father asked if she wanted to go home. Katie cried. She said she

wanted to stay with him. Then Jesus asked her if she wanted to see her mother again. "Yes," she replied. Then she awoke.

It took her almost an hour to tell her story. She was extremely shy, but told her tale in such a powerful and compelling way that I believed her implicitly. Throughout the telling of her experience, she drew pictures of the people she had met while in "heaven." Elizabeth was drawn as a pleasant, smiling stick figure with white clothing. Mark and Andy looked like drawings of ordinary schoolmates. Clearly, this had been a fun event for a child so young. She didn't yet have a concept of religious or mystical experience. She was aware that something had happened that she didn't quite understand.

I didn't understand it either. I began to investigate.

First I went to the nurses in the intensive care unit, who told me that the first words out of her mouth when she awoke were "Where are Mark and Andy?" She asked for them repeatedly throughout her convalescence.

Then I probed her family's religious beliefs. I wanted to see if she had been heavily indoctrinated with belief in guardian angels and tunnels to heaven.

The answer from her mother was an emphatic no. She was a middle-of-the-road Mormon. She believed in the afterlife and attended Sunday school regularly, but no one in the family espoused a belief in spirit guides or tunnels to heaven. These things simply never came up in the family's religious teachings. In fact, I could find little similarity between Katie's experience and any of her religious teachings.

For instance, two years before Katie's experience, when her grandfather had died, Katie had been told by her mother that death was like sending someone on a long boat ride: friends and family can go to the edge of the water, but they must stay on land while the boat floats away. Her mother had described the soul as "the hand in the glove." When a glove has a hand in it, it is alive and moving. After the hand is removed, the glove looks the same but doesn't move.

No one in the family had mentioned anything that would trigger the images that came to Katie at the brink of death. My curiosity grew. I recounted the experience for Dr. Chris Robinson, a chief resident at the hospital and also a devout Mormon. From him, I learned the Mormons believe in Christ and an afterlife, but not in spirit guides and guardian angels. They also have no scriptural reason to believe that heaven is a place you get to by going through a tunnel.

I spent hours talking with her parents, trying to discover any factors in her upbringing that could have influenced her experience. I couldn't find any.

My deepest instinct told me that nothing in Katie's experience was "taught" to her before the near drowning. Her experience was fresh, not recalled memory.

I began looking through the medical literature.

A NEAR-DEATH EXPERIENCE

A search of the medical literature revealed little besides a name for what had happened to Katie. It was called "the near-death experience" (NDE).

The name for this phenomenon was coined by Dr. Raymond Moody in his 1975 book, *Life After Life*. Near-death experience, or NDE, is used to describe a mystical experience that happens to people who almost die.

A poll conducted by the George Gallup organization found in an extensive survey an estimated eight million near-death experiences in 1982. Needless to say, these are very controversial events. Some say that NDEs are just dramas created by the mind in a state of panic. Others say that they are glimpses into the next world.

Researchers such as Raymond Moody and Kenneth Ring assume that only those who cross death's door have vivid trips up tunnels or see long dead relatives and Beings of Light. Other researchers, including psychologist Ron Siegel, believe that NDE's are visions on by drugs or "dissociative hallucinatory activity of the brain."

What we now know as near-death experiences have been reported since the beginning of recorded history. In the New Testament (2 Cor. 12:1-4), Paul describes one that he had. And Pope Gregory the Great in the sixth century collected these experiences as proof of life beyond. Carol Zaleski, a prominent Harvard theologian, finds near-death experiences in Greek, Roman, Egyptian, and Near Eastern myths and legends. I was fascinated to read in her book, *Otherworld Journeys*, that some cultures see death as a journey whose final goal is the recovery of one's true nature. It wasn't until 1975, when Dr. Raymond Moody published his findings, that anyone realized there was a pattern to the experiences. Something mystical and unearthly happened to many people who had almost died.

According to Moody, a full-blown near-death experience happens something like this: A person, say, has a heart attack in his living room. The chest pain is excruciating, and he passes out. What seems like moments later, he awakens to find himself floating above his body, where he watches the paramedics administering CPR. He tries to stop them, but it becomes obvious that they can't hear him.

Suddenly, a tunnel appears to this disembodied spirit. He finds himself zooming up it with the whooshing sound of speed in his ears. His trip ends in a garden of rich green plants, one that is glowing with unearthly light. He looks at his own hands and realizes that he too is composed of light. People approach him. They are glowing too. Some of them look familiar. There's Uncle George, who died twenty years ago. And Aunt Mabel. Even Grandfather is here in radiant glory. All of them are happy to see this visitor, feelings they are able to express nonverbally with their warmth. These glowing personages pale in comparison to what comes next. A master Being of Light appears. Some call him "God," other "Allah," and others "The man." Whoever he is, he is so bright and loving that the visitor feels drawn to him.

With more love and caring than this visitor had ever felt from anyone on earth, the master Being of Light engulfs him with his presence, taking him on a three-dimensional review of his life. Not only does he see everything he has done to anybody, but he feels everything as well. In addition to experiencing the way he felt when it happened, the visitor knows how it felt to the other person. This sensory barrage is accompanied by a moral commentary from the Being of Light, who compassionately communicates to the person what he did right and wrong and indicates things he might do in the future.

The problem is that the person wants this experience to go on forever. He doesn't want to leave the Being of Light's bosom. He tells this to the Being, but is given no choice. He must return.

Suddenly, he feels himself sucked back into his own body, where he becomes a changed person. The type-A behavior that made him edgy, angry workaholic is now gone.

Replacing these traits is a thirst for knowledge, feelings, and expression of love that astonishes the people who know him.

COLLECTOR OF TALES

Moody first learned about NDEs when he was twenty years old and studying for his doctorate in philosophy at the University of Virginia. While studying philosophical issues related to death, his professor told him about a psychiatrist in town who had been pronounced dead of double pneumonia and then successfully resuscitated. While he was "dead," the doctor later said, he'd had the remarkable experience of passing through a tunnel and seeing Beings of Light. Moody filed the story away in his memory and went on with his studies. In 1969, he finished his doctorate and began teaching at his alma mater. After conducting a class dealing with the afterlife, Moody was approached by a student who had almost died in an automobile accident the year before. The student told Moody a baffling tale that almost mirrored the psychiatrist's experience he had heard when he was a student.

Moody told the two stories to his students. They, in turn, shared tales of aunts, uncles, grandparents, and friends who'd had similar experiences during their brushes with death. By the time he entered medical school, in 1972, Moody had compiled eight case studies from people he describes as "solid and reliable."

In medical school, he was able to find more cases. It soon became clear to him that near-death experiences were much more common than he had expected. "In any group of thirty," says Moody, "I can find someone who has had one or knows someone who has had one."

TRADITIONAL VIEW QUESTIONED

Katie intrigued me. The more time I spent with her, the more I questioned the traditional medical approach to this issue. Basically, medicine didn't acknowledge the existence of these experiences. Although something had happened to one of my patients---something so real that it was having lasting, positive effects upon her---I could find scant mention of the near-death

experience in medical journals. I had to turn to Moody's book, which was outside the medical mainstream, to find out what happened to my patient.

After my experience with Katie, I decided to do something no other medical doctor had done. I published a description of Katie's NDE in a medical journal. To my knowledge, this was the first description of a near-death experience in a child. I wanted other pediatricians to know that children had such experiences. My main motivation was to get doctors to contemplate the meaning of these experiences so they could help patients understand the dying process. I thought nothing could be more universal than the psychological events of dying.

In 1983 my article was published in the American Journal of Diseases of Children. I almost stopped my inquiry there. Then I remembered what Moody had said in his second book, Reflections on Life After Life. He wrote that if anyone were to research the topic with an open mind he would be convinced of the reality of near-death experiences. He recognized that his work was not scientific, but was merely an examination of a collection of personal anecdotes.

It was then that I decided to do more than write one article. I felt challenged by Dr. Moody's bold assertions, especially by his claim that these experiences were universal to all human beings.

Many questions began to pop into my mind:

* Do children have NDEs that are different from those of adults? Since children aren't yet "culturally polluted," some people claim that they don't have near-death experiences or that those do have are very different. Katie's NDE was similar to those of adults. But what about other children.

As a professor of mine at George Washington University said, "Children don't lie." Of course they lie about doing their homework or cleaning their rooms. By this she meant that in the context of a severe illness they would probably not fabricate such stories. In addition, they would most likely not have heard about the phenomenon of the near-death experience. Studying children would give me an opportunity to deal with a pure population. I could find no research similar to this in the medical journals.

* Does one need to be near death to have an NDE? Some people say that these are merely hallucinations of a frightened mind and can occur to people who aren't near death. Others have assumed that NDEs can be caused by the drugs we give patients or even by their profound fear of the intensive care unit. I found myself wanting to know the answer to this question. I designed a study to unravel the puzzle because I found no study remotely resembling this in the medical literature.

* Is there an area of the brain that produces near-death experiences? This was the most exciting question of all. Dr. Moody asserts that these experiences happen in all human beings. If so, perhaps there is an area of the brain that is genetically programmed to create these experiences. Why would such an area be there? We could only attempt to answer that question. Finding it would have exciting implications for understanding the experience.

* Have the researchers missed any traits? Is there anything else that happens during a near-death experience that the researchers didn't discover? My positions on the staffs of two major hospitals would give me access to raw data. I could talk with patients right after NDEs happened.

* How did NDEs affect children after they became adults? NDEs are known to be transformative experiences that greatly change attitudes in the people who have them. I wanted to know if children who have them are changed throughout their lives?

No research existed to answer that question.

BLUNTING FEAR OF FAILURE

In treating Katie, I discovered a significant gap in the medical literature. I also discovered another, more disturbing gap. Although death and dying are now the province of the physician, most aren't comfortable with the subject. They regard death as a sign of personal failure, final confirmation of the limitations of medicine. Many of us use our professional knowledge as a buffer against death, a way to blunt our own anxieties.

It should have come as no surprise when Katie's experience was greeted with some skepticism and doubt by my colleagues. Most of the doctors I talked to thought her experience was a freak hallucination that I embellished. Some of my friends implied that I was probably hallucinating as well and took to whistling the theme to *The Twilight Zone* whenever I would bring up the subject.

Many of my medical colleagues thought that near-death experiences shouldn't be dignified by scientific investigation. Quite frankly, many of them felt that the subject had received too much exposure in supermarket tabloids to be taken seriously by medical science. Anything reported in tabloid newspapers that ran such articles as "I Dated Bigfoot" could not be taken seriously, they reasoned.

I feel that medical science had tried to sweep the near-death experience under the carpet for other reasons. I think it raises the question of whether there is life after death, a question that defies the rigid objectivity hammered into us in medical school. It is easy to dismiss NDEs as "supernatural" or to put them into the same category as UFO sightings.

The physicians' attitudes on near-death experiences must have been apparent to their patients. Although I spoke to psychiatrists and psychologists about Katie's NDE, few of them had ever heard an experience being described by a patient.

Even the head of psychiatry was skeptical. He had a nationwide reputation from his work on death and dying. He helped me search the literature and to structure studies I was considering. But still he was doubtful.

"Mel, Katie's experience is a complete fascinoma," he declared one day in his office after reading her case study. "A case like this has never been reported before. Children don't have near-death experiences.

The nursing staff had a different response. They told of many similar experiences occurring among their patients. Perhaps the difference was in how they treated their patients. Where the doctors were generally brusque and hurried, the nurses spent more time talking and listening. All of this made me more curious.

Maybe I was driven by Katie's deep sincerity when she told of the miraculous journey she had taken. Maybe the driving factor was Raymond Moody's bold assertion that if someone were to conduct a scientific study it would confirm his findings that NDEs do exist. I vowed to conduct scientific studies that would shed light on these so-called spiritual journeys.

Most of all, I wanted to know what had happened to Katie?

END OF CHAPTER ONE

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