

Dr. Melvin Morse studies kids who have died and come back to life. Can science prove that their visions are something more than hallucinations? *By Randall Sullivan*

IN SEARCH OF THE DEAD

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ON AN AUTUMN EVENING IN 1998, STARING AT HIS OWN REFLECTION IN THE mirror of a hotel room in New Jersey, twenty-three-year-old John Borcharding spoke for the first time about the most important event of his life. That was when he died – or nearly died – and met God. ✕ It happened in Carmel, California. Borcharding had gone for a walk on the beach when he suddenly went into profound anaphylactic shock, the result of an allergic reaction to walnuts he had eaten earlier at a party. The God he met shortly before sunset that day walked up to him wearing a red shirt and Doc Marten boots, telling me, "You can have any of them," Borcharding recalls. "When I looked at God just like the ones Borcharding had on. In fact, God looked just like him at first but then began to take on aspects of his sister and mother, then of his best friend, Shawn, and his girlfriend, Stephanie, "with a little bit of the last sunset I ever saw, and of the last tears I ever cried, and of the last hamburger I ever ate," as Borcharding recalls it today. God spread his whole life out in front of him in a three-dimensional grid, the future as well as the past. Borcharding could see even his potential futures, chains of events connected one after the other, until the number of possibilities seemed infinite. "And God's

alinity – at least as we know it – Borcharding

his living staging laser-light shows for the likes of X-Files creator Chris Carter. "So I sat down in front of the mirror and I said, 'I'm going to tell myself what happened.' Because the longer I kept it inside, the more it was disturbing me."

Dr. Melvin Morse, a Seattle pediatrician who has studied near-death experiences for twenty years, has a name for what John Borcharding was suffering from: post-traumatic bliss syndrome. "You've had a deeply spiritual experience that has no cultural support," says Morse. "The only answer you're going to get from the scientific community is that you're crazy, because the only words they have to describe these experiences in medical literature are terms of pathology like 'disassociation' and 'hallucination.' So people are desperate to connect, to tell what happened. Yet even when they learn that tens of thousands – probably hundreds of thousands – of other people have had near-death experiences, they still feel isolated."

A short, round, perpetually disheveled man of forty-nine, Morse looks vaguely like a junior high school student using specta-

When he woke up the next day in an intensive-care unit, Borcharding wanted to tell people about meeting God, but he feared they would think he'd lost his mind. So he kept quiet. After he was released from the hospital, though, he kept meeting strangers who seemed familiar: He'd seen them in the future he had been shown on the beach. And he was overwhelmed by the feeling that he knew what was going to happen to them.

"This one evening I just couldn't take it anymore," says Borcharding, who makes

So Borcharding stood up and started walking. At least, that's what he thought he was doing, marching into a gathering darkness that he imagined was dusk. In reality – at least as we know it – Borcharding



PHOTO ILLUSTRATION BY MATT MAHURIN

...a fake beard to pass himself off as an... In fact, he has accomplished more... perhaps any single individual in bridg... the gap between the scientific skeptics, religious fundamentalists and New Age pseudomystics who dominate the study of near-death experiences. By analyzing the memories of children who have survived resuscitation at the point of death, Morse has tried to use the scientific method to authenticate a phenomenon that most scientists dismiss as nothing more than hallucinations or chemical blips in the brain. "He's a big-picture visionary," says Dr. Bruce Greyson, the Carlson Professor of Psychiatry at the University of Virginia.

Morse's achievements have come at a price. Opponents have questioned his fitness to practice medicine, funders have curtailed his research, and his medical partners once asked him to leave their practice. But Morse remains fascinated by the results that he and other researchers have obtained, especially from the very young. "The adult near-death experience is cluttered by cultural references and contaminated by the need for validation," he says. "But in kids, it's pure. Kids don't repress the memory or fear the ridicule that might come from talking about it. They give you what they remember: nothing more, nothing less."

Jessie Lott was only nine when her heart stopped. She later told Morse that she had seen her dead grandmother. Now twenty-four, Lott hasn't forgotten a single detail of that encounter, including what it felt like. "I was never more alive than when I was dead," she says. "I still feel that way, and I refuse to be ashamed of it."

More people would feel that way, says Morse, "if they understood that, unlike scientists, science itself actually supports the reality of near-death experiences."

IN THE SPRING OF 1981, Morse was twenty-eight and working as a pediatric resident with a research fellowship funded by the National Cancer Institute. His academic credentials—including a medical degree from George Washington University—had not prepared him for a ten-year-old girl who came to him from the bottom of a swimming pool. Pretty, blond Crystal Merzlock arrived at the hospital in her hometown of Pocatello, Idaho, in a coma after spending at least twenty minutes underwater. Bill Longhurst, the lanky physician who received Crystal in the emergency room, quickly summoned Morse, the only doctor at the hospital who had performed a significant number of resuscitations. "Thank God you're here!" Longhurst said when Morse rushed in.

Crystal's pupils were fixed and dilated, Morse recalls, and she had no gag reflex. A CAT scan showed massive swelling of her brain. A machine was doing her breathing, and her blood pH was extremely acidotic, a clear indication of imminent death.

Morse taped the girl's unblinking eyes shut and permitted her Mormon family to form a "circle of prayer" around the bed where she lay. "We knew there was little else we could do at that point," he says.

Morse was amazed when Crystal survived, emerging from her coma a week later with full brain function. But his worldview was profoundly altered by the first thing she said when she saw him. "Look," Crystal told her mother. "There's the doctor that the tall, thin doctor told, 'Thank God you're here!'" Morse figured that somebody had told her

to Jesus. Crystal drew a picture of what she saw there, including what looked like an infant with a big red dot on its chest. "She said that was her baby brother and that she had met him when Jesus let her see the future," says Morse. "Her mother was pregnant at the time. Crystal said she had understood that her baby brother was going to be born with some sort of problem and that her mother was going to need her help in taking care of him."

Several months later, Crystal's mother gave birth to a son with an enlarged heart.



Dr. Morse and a patient. At left: A drawing by Crystal Merzlock, who said she returned from heaven to help her unborn brother.



what happened. But then Crystal added, "He put the tube up my nose."

That riveted him. "I was trained to nasally intubate down in San Francisco, but in the Northwest nobody does that. They orally intubate, just like you see on TV. So I thought, 'How does she know that?'"

Crystal described with astonishing accuracy the emergency room, which she had never seen. "She had the right equipment, the right number of people—everything was just as it had been that day," says Morse. She also told Morse that she met a woman who took her to heaven and introduced her

Suddenly, the research that Morse had been performing for the National Cancer Institute seemed "quite boring." He persuaded the institute to consider funding a study of near-death experiences in children. Then he heard about a clinical social worker in Seattle who had been interviewing resuscitated patients. Morse decided to seek her out.

"One day this young pup of a doctor came into my office, introduced himself as Melvin Morse and briefly explained what he had in mind," says Kimberly Clark Sharp. "I thought, 'Where did you come from?' He was obviously very bright, though. I realized right away that we might make a good team."

Sharp owed her own fascination with the visions of dying patients to a middle-aged Mexican migrant worker named Maria. In April 1977, doctors resuscitated Maria after she went into cardiac arrest. When Sharp was called in to see Maria later that day, the woman insisted she had floated above the room, witnessing her own resuscitation. She then proceeded to describe what had happened while she was unconscious with haunting exactitude, down to the paper from the EKG that had piled up on the floor. But it was the tennis shoe that changed not only Sharp's mind but also her life.

It was a blue men's tennis shoe, as Maria described it, well-worn, scuffed around the little-toe area, with one end of the lace caught under the heel. She had seen the

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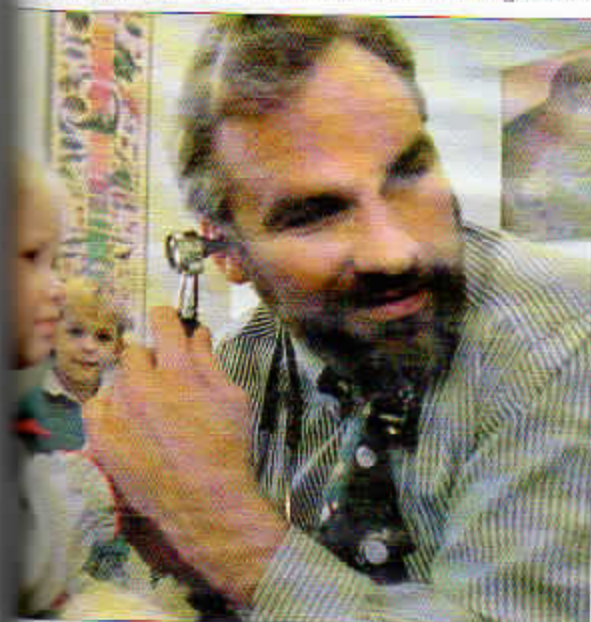
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shoe at eye-level, Maria said, as she trav-
eled around the hospital while she was un-
conscious. She spotted it—"literally eyeball
to eyeball," Sharp recalls—on a ledge three
or four stories aboveground. Maria insist-
ed that someone find the shoe. "She was ab-
solutely adamant," says Sharp. The social
worker went from room to room. Just out-
side a third-floor window, far from Maria's
room, in a spot that could not have been
seen from anywhere outside the building,
Sharp found a blue men's tennis shoe with
one lace under its heel.

"That was the clincher for me," she says.
"I knew nothing would ever be the same."
The next morning, a parade of doctors,
nurses and technicians stopped by Maria's
room to see the blue tennis shoe, which she
displayed on a table next to her hospital bed.
One after another reached out to touch the
shoe, as if it were some sort of religious relic.
"They all knew Maria had been lying on beds
and connected to tubes and wires since the
moment she arrived," Sharp says. "They
knew there was no physical way she could
have seen or known about that tennis shoe."

Sharp soon found herself compulsively
interviewing other resuscitated patients.
"All I knew," she says, "was that some very
strange and seemingly spiritual things
seemed to happen to some people when they
were about to die." By the time Morse con-
tacted her, Sharp had formed a chapter of the
International Association for Near-Death
Studies, the leading membership organiza-
tion for those who have experienced visions.
Together, the pair began working on what
would become known as the Seattle Study.



Dr. Morse and a patient. At left: A drawing by
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study that had not ex-
isted a decade earlier.
The first public consid-
eration of "near-death
experiences" came in
1975, when a medical student named Ray-
mond Moody published a book titled *Life
After Life*. Based on his interviews of resus-
citated patients, Moody described the com-
mon elements of a near-death experience: a
sensation of serenity, separation from the
body, entrance into a dark tunnel, a vision
of light, the appearance of family members
who offer help. Though the scientific and
academic communities dismissed it as
"anecdotal," *Life After Life* sold more than
13 million copies in at least thirty languages.

That same year, microprocessors began
being used to monitor the heartbeats of hos-
pital patients. Doctors and nurses, who in
the past had generally learned that a patient's
heart had stopped by discovering the ca-
daver, were now alerted instantly. The num-
ber of resuscitations exploded, and by the
mid-1980s, national polls indicated that tens
of thousands of Americans believed they
had experienced a separation of their minds
from their bodies at the point of death. It
wasn't until Morse delivered the results of
his Seattle Study, however, that the medical
and scientific communities realized how
many of these "emergency-room mystics," as

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The study focused on critically ill kids at Children's Hospital in Seattle during a fifteen-year period. Of twenty-six children who came close to dying, all but two reported near-death experiences that correlated with the descriptions provided by Moody. But of 121 "control patients" who were less ill but still needed tubes or ventilators to revive them, not one reported a near-death experience. In other words, it wasn't enough to simply be unconscious to have visions. "That was our most important finding," Morse says. "Only those who are actually near death have near-death experiences, which strongly suggests that these are not psychological or even simple physiological events."

Morse and his team also discovered that near-death experiences did not fit neatly into the patterns cut by Moody but instead seemed to be almost idiosyncratic in nature. Eight-year-old Chris Eggleston, who had been trapped inside his family's car when it plunged into a river, recalled going into a "huge noodle" and entering an "animal tunnel," where a bee gave him honey and took him to heaven. Michelle Whisen emerged from a diabetic coma to describe finding herself about a foot above her head, where two tall doctors showed her a green button she could push to wake up. Eleven-year-old

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Prepared to be hailed for what he considered a major breakthrough in the study of a fundamental human condition, Morse instead found himself scorned by a scientific community that saw him as a turncoat. Scientists dismissed his findings as "exaggerated" and "emotional." Children's Hospital, whose administrators had lauded his re-

search, it was amusing how many people embraced this idea: Many of the children who have reported passing through a tunnel during a near-death experience were born by C-section.

"The so-called skeptics have actually added very little to this field," says Morse. "Their lack of intellectual rigor is truly shocking. They consistently make their results fit their theory, which is the exact opposite of the scientific method."

Still, there are few scientific studies that Morse can cite to bolster his own case. One, by German psychiatrist Michael Schröter-

nity reflects his research because doctors don't like to talk about death as a positive experience. "There's a feeling that people come to us to keep living," he says, "that if death is treated as a result that isn't necessarily negative, then we may not do all we can to avoid it." In one case, a nine-year-old named Cory Protzler had been undergoing chemotherapy for leukemia. Each time he came near death, Cory would cheerfully describe a place he said he had visited called Summerland. It had a rainbow bridge and a crystal castle. Other children who had died of cancer were there, waiting for him. Finally, Cory said he wanted to stop his treatments so he could die and go to Summerland for good. His doctors let him go home, and he died in his mother's arms, on Mother's Day.

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As powerfully as such stories moved him, Morse was determined to retain his identity as a man of science. "I was very ambitious, and I wanted to make sure I produced a study that would hold up under the most stringent peer review," he says. Morse refused to accept volunteers for his study, fearing it would attract those inclined to make up stories. He reviewed the medical records of each patient, documenting the drugs they took, the anesthesia used on them and the level of oxygen in their blood. His team of med students combed the medical literature in search of reports of drug use, psychological states or oxygen-deprivation that might produce hallucinations similar to near-death experiences. By the time he published his results in the *American Medical Association's American Journal of Diseases of Children*, Morse felt he was on solid ground in asserting that his findings had "eliminated the theory that near-death experiences are the result of drugs or sleep deprivation or

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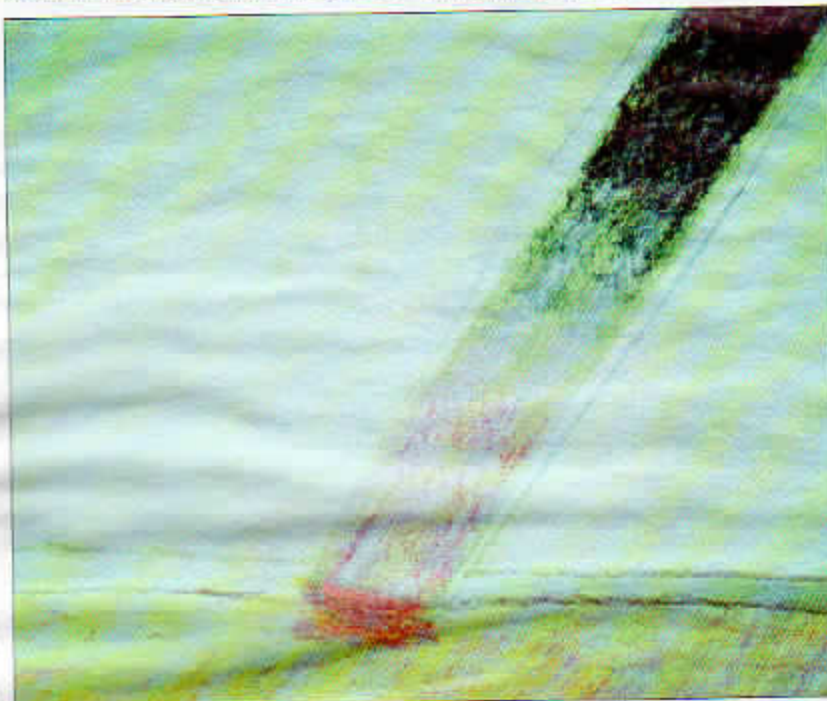
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One boy says he went through a tunnel to a land where he could "double-jump with God."

Kunhardt, used psychiatric profiles to demonstrate that people who report near-death experiences are neither fantasy-prone nor mentally ill. Another, by Dr. James Whinnery of the U.S. Naval Air Warfare Center, revealed that volunteers subjected to extreme gravitational forces experienced startlingly vivid "dreamlets" that often haunted them for years. "I recently spoke with one flight surgeon," says Whinnery, "a man I really respect, who said that for fourteen years he has been thinking every day about this beautiful lady he met in the light while he was unconscious. He said he keeps looking for her everywhere he goes, expecting to meet her around the next corner, searching for her face every time he's in a crowd. If nothing else, that tells you how memorable these experiences are, and how unlike anything else that happens to people."

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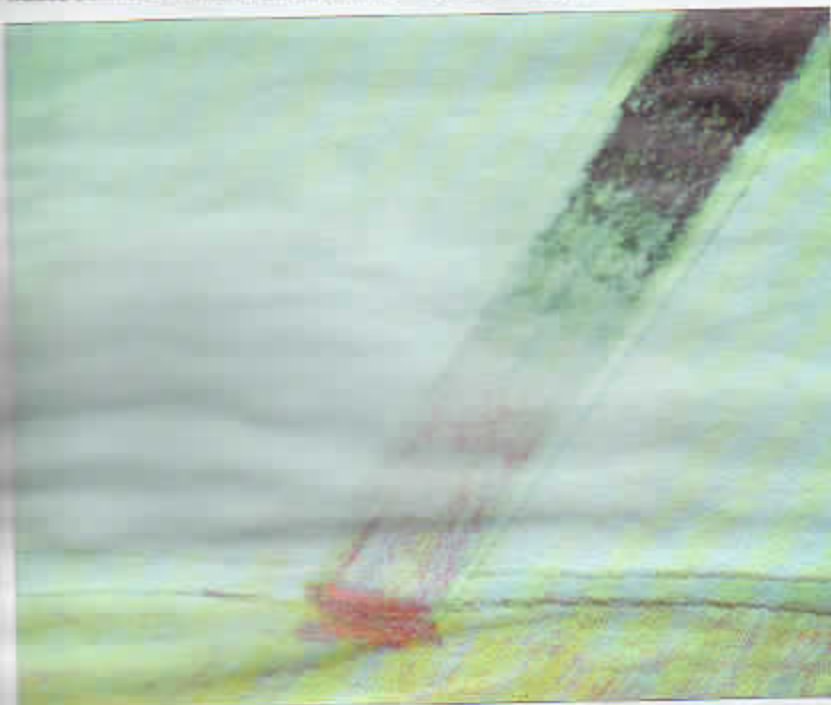
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That kind of talk hasn't made things easier for Morse. Indeed, as his research has progressed, he has increasingly provoked the scientific community by emphasizing the spiritual aspects of near-death experiences. Morse was raised in Washington, D.C., as a nonobservant Jew and refuses to accept the existence of God. Yet he doesn't dismiss accounts of faith healing, and he has written about his attempts to induce a spiritual vision "through mental exercises commonly known as prayer." After that admission, rumors began circulating about Morse's "instability," and prominent physicians questioned whether he could deliver good patient care. Though he was eventually selected by his fellow physicians as one of America's top pediatricians, Morse says he endured a "miserable" two years.

Even admirers of Morse's work say he sometimes blurs the line between science and spirituality. "As a researcher, he tends to freely speculate on the possible implications of near-death experiences for the practice of medicine and for humanity," says Greyson, the University of Virginia professor. "That kind of speculation requires one to imagine far beyond the limits of the data. Therefore, I look on some of Melvin's ideas not as established facts but rather as provocative proposals that stimulate others to gather the data required to test them."

Morse himself wonders more and more about where exactly the boundaries of his inquiry lie. "I admit that the older I get, the more important the spiritual dimension of this is to me; I won't lie to you about that."



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