

**Glimpses of Eternity** by Raymond Moody with Paul Perry. New York: Guideposts, 2010. 183 pp. \$19.99 (paperback). ISBN 9780824948133.

### Shared Death Experiences: A New Class of Anomalous Experiences

For the originality of his first works, Raymond Moody gained considerable celebrity more than 35 years ago; since then he has tried to reach the same success again by following different routes. After the publication of volumes which did not receive the same public favor—such as those on the healthy effects of laughter and on the therapeutic power of psychomanteum-induced hallucinations—he started a new research path with *Glimpses of Eternity*, focusing on a kind of anomalous experience, the *shared death experience*, which was never systematically treated by the psychological nor parapsychological literature.

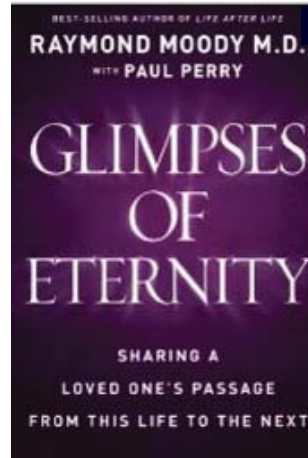
A Shared Death Experience (SDE) occurs when someone who is watching at the bedside of a dying person experiences abnormal and unexplainable feelings unrelated to those of the dying person. Sometimes an “energy flow” or a blurred “mist” from the body of the dying person is perceived. Out-of-body experiences are also reported, as well as the mental vision of the dying person or of moments of his/her life, similar to the life reviews reported in Near-Death Experiences (NDEs). Any of the elements may occur separately or together.

According to Moody, a thorough analysis of the reported SDEs allows us to define at least seven identifying elements: *geometrical change* in the space that the dying person and the witness occupy, the vision of a *mystic light*, the perception of harmonious and comforting *music*, *out-of-body experiences*, a *shared life review*, contact with a *supernatural space*, *mist*. However, different classification criteria for the materials presented may be conceived. For example, elements such as the *energy shock* after contact with the person, a *tunnel* ending in light, and the identification of an insuperable *boundary* may be also included. However, Moody’s work represents only the first stage of research on this issue, so probably it is too early for establishing fixed modalities for selecting and analyzing relevant experiences.

A very remarkable detail is that only the assisting person, who is in good physical and psychological condition, has had this kind of abnormal experience. In this element—which Moody aptly outlines—lies the difference between SDEs and NDEs, and this prevents the explanation of the phenomenon by brain function decline or the effects of drugs and other psychoactive substances, as has been described sometimes for NDEs.

In his work, Moody reports or cites 50 SDE cases he came in contact with, but only 41 of them are detailed enough to be analyzed. Out of all the reported experiences, 6 (15%) involved more than one person assisting

someone's death, while in the other 35 cases (85%) the experience occurred to one person, who subsequently informed the author. As regards people who experience an SDE, here referred to as "percipients," 60% were women and 40% men. And the number of deaths among men was similar to that among women. This differs from classical parapsychological experiences, where higher rates of women are registered among the percipients and higher rates of men among the dying persons (Schouten 1979, 1981, 1982). Relations between percipients and dying persons are of some interest: In 60% of cases, they are close family members (parents, partners, children, siblings), in the other cases they are connected by other family relationships (i.e. grandparents and grandchildren) or by professional/social connections (e.g., doctor-patient). Again, these data partially differ from those related to other kinds of parapsychological experiences (Williams 2011), but the lack of reference data on how often people die on their own, close to their loved ones or to acquaintances, makes it impossible to give statistical significance to the "familiarity" variable.



Notwithstanding Moody's small sample, data about the *nature of death* occurring in relation to SDEs are more definite. In 9 cases no precise information exists, 26 deaths (81% of the evaluable sample) occurred after a disease, and only 6 cases (19%) were sudden and unexpected deaths. Such data are opposite to every other kind of parapsychological experience, from telepathic impressions and postmortem apparitions to reincarnation-like experiences (Haraldsson 2003, 2009, Rinaldi & Piccinini, n.d., Stevenson 1990). To better understand the phenomenon, it is useful to search for information about the circumstances when an SDE occurs. From the reported accounts, it appears that a high number of people who experienced an SDE had sat up by the dying person's bedside for a long time (even days) and that SDEs mostly occur during the night, probably when the percipient is tired, sleepy, or asleep. Furthermore, it appears that in cases of sudden death the SDE is mostly characterized by definite and recognizable apparitional images, whereas, when the end arrives after a disease, coenesthetic alterations, undefined sensations, visions of the afterworld, and life reviews are mostly reported. Although Moody does not outline these difference, which have to be verified on larger samples, they are very interesting and may orient us toward explanations.

After describing the main features of SDEs, Moody focuses his attention

on a number of historical reports “of the same kind”, i.e. crisis and postmortem apparitions. This is one of the weaknesses of his work, since SDEs as he defines them in the first chapters are quite different from what is commonly considered parapsychological apparitions. According to Moody, the anomalous perception that a relative or an acquaintance is dying or has died apart from the percipient represents *anyway* a shared death experience; but such a conceptual extension is not appropriate, for at least three reasons. The main trait separating SDEs from crisis apparitions is the *distance* between the percipient and the dying person, nonexistent in the first case, remarkable and essential in the second one. Also, the involved *death* appears to be different: In SDEs it mostly occurs after a disease, in the other cases it is often sudden and unexpected. Finally, SDEs are *qualitatively* different from classical apparitions, since they include elements such as shared *life review* or perception of transcendent voices and scenes, which are not reported in apparitional experiences. More, it seems important to highlight that, different from what Moody states, the deathbed visions he found, for example in the work of William Barrett (1926), do not have the fundamental feature of being experienced by healthy people near to a dying person, as it happens in SDE cases.

Nevertheless, Moody’s proposal to analyze historical documents is an interesting one, since reports of SDEs, overlooked at the time of publication, may be found and could both corroborate current observations and increase the number of cases to be analyzed. From this perspective, the first aim of the research could be the large series of psychical and spiritualist journals of the nineteenth and early twentieth centuries, when readers’ accounts were published. It could also be of interest to reanalyze some case collections, such as those included in the works of William Harrison (1879), Gurney, Myers, and Podmore (1886), Joy Snell (1920), Eleanor Sidgwick (1922), Ernesto Bozzano (1943, 1947), and other authors. In a recent review of the anomalous experiences that appear to be induced or favored by death, Michael Nahm (2011) showed how “psychical stories” preserved in historical archives could be fruitfully reexamined by using modern classification and analysis criteria.

Moody considers SDEs as perceptions or contacts with a real afterlife. He believes that experiencers really enter a supernatural dimension and that, as a consequence, their reports should be considered as *true stories*, more reliable and sound than those provided by NDErs, because they involve sane and healthy persons. It is almost needless to say that this is the second weakness of his work, since to follow him the reader has to be yet inclined to believe in the afterlife and in transcendent phenomena. Really, if SDEs were real contacts, they should be more common and, chiefly, they should represent the same supernatural realm, whereas there are as many descriptions as there are people who provide them.

Since in many cases, at the moment of the experience, the percipients were at the bedside of a dying or a dead person, the stories seem to have a psychological dimension. Prolonged sensory deprivation, cognitive and perceptive alterations occurring during the night, poor sleeping, and negative feelings appear to be the natural ground for this kind of experience. At the same time, SDEs have a deep impact on the persons involved, often leading to existential change and to a reassuring conviction of the survival of bodily death.

Due to their *transforming* effect and to the other characteristics yet mentioned, SDEs should constitute an interesting field of inquiry for psychologists and parapsychologists. On the one hand, psychology could explain how and why SDEs originate, the reason behind their different phenomenological aspects, the consequences they exert on the psychological structure of percipients, which are the more common after-effects, and so on. On the other hand, parapsychology should understand, for example, how and why those experiences are *shared* in that way, how they are related to the beliefs of perceivers, whether they are associated with other anomalous experiences, why some people have them, especially when close relationships with the dying are lacking, and why the percipients may experience them only once and not every time they are in similar situations with the dying.

For all of this, appreciation is to be expressed to Moody, who proposed a new research field that, even if it probably will not have the same public favor as NDEs, still is an interesting area for inquiries, both for the general knowledge it could produce and for the answers it could give to the people involved in SDEs.

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