

Chris Carter's reply to Woerlee:

I would like to thank Gerry for reviewing my book; the opportunity to respond provides me with the opportunity to clear up several mistakes and misconceptions that he has been busy trying to spread among those new to the field.

Following Gerry's example, I will be polite in my introduction, and start with a compliment: unlike many of his fellow "skeptics", Gerry appears to have actually read my book before reviewing it. This is commendable behavior.

However, Gerry appears to have understood little of what he read. I will deal with his criticisms in the order in which they appear in his review.

Gerry wrote:

"We read that: `The theory of production is therefore not a jot more simple or credible in itself than any other conceivable theory. It is only a little more popular.'(K555). Does the author mean to tell us that materialism is more popular than dualism? Strange... Studies show that about 70% of people believe the soul is the source of consciousness. Dualism is actually more popular. Skeptical materialists such as I are a minority group." [emphasis added]

The surprising words above are "Does the author mean to tell us...". If Gerry had read that passage with any degree of care, he would have easily realized that the words are not my own, but come from a quote from the celebrated philosopher-psychologist William James, from his famous Ingersoll Lecture of 1898. The full quote is:

"The theory of production is therefore not a jot more simple or credible in itself than any other conceivable theory. It is only a little more popular. All that one need do, therefore, if the ordinary materialist should challenge one to explain how the brain can be an organ for limiting and determining to a certain form a consciousness elsewhere produced, is to ask him in turn to explain how it can be an organ for producing consciousness out of whole cloth. For polemic purposes, the two theories are thus exactly on a par."

As James mentioned, the theory that the mind produced the brain was probably "a little more popular" among scientists in 1898, in the days before modern physics when most working scientists were still under the sway of classical physics, which we know today to be grossly incorrect. Gerry is correct though, in pointing out that today "skeptical materialists" are a minority group, and this seems to be true not only among the general public, but also

among physical scientists as well as modern consciousness researchers. (Evans, 1973; Wagner, 1979; Whitehead, 2004, p. 70)

Gerry wrote:

"At location K569 he states that the physical brain filters consciousness. This is an imprecise and sloppy statement ... The brain filters sensory inputs, otherwise it would be flooded by neural noise etc ... Moreover, it is not consciousness that is filtered, but sensory inputs. ... The brain does modulate the level of consciousness, but does not filter it. For example, a person may be sleepy, i.e have reduced consciousness, but have normal mental function. - Properties of mind, such as enhanced mentation, memory, personality, etc are properties of "mind", not consciousness. Consciousness makes these properties of mind possible. There is no mind without consciousness. And the brain does filter or modify these properties of mind, eg a person may be fully conscious, but delirious [sic] due to the effects of drugs and disease upon the brain."

Some may consider the above to be simply splitting hairs over definitions, but I consider the remarks simply wrong. It is true that the brain filters perceptions, as illustrated by the fact that a mother, sleeping in a room filled with noise from traffic outside, may be suddenly awakened from deep sleep by a cry from her baby. But functions and properties of the mind - such as memories, thoughts, and clarity of thought - may also be blocked or reduced by the filtering effect of brain upon consciousness.

Gerry wrote in the above that "a person may be sleepy, i.e have reduced consciousness, but have normal mental function" and "a person may be fully conscious, but delirious due to the effects of drugs and disease upon the brain."

Does he really believe that a sleep-deprived driver can "have

normal mental function" and that a disoriented drunk or a person with dementia "may be fully conscious"? One shudders at the implications of taking these statements seriously.

In my book I quote from several philosophers in support of the view that the brain works as a filter. For instance, in Aldous Huxley's book *The Doors of Perception*, Huxley describes and reflects on his experiences with the drug mescaline, experiences that led him to the view that the role of the brain and nervous system is eliminative rather than productive. Like Bergson and Schiller before him, Huxley came to accept the theory that the brain functions as a sort of two-way filter, normally shutting out perceptions, memories, and thoughts not necessary for the survival and reproduction of the organism.

In support of these ideas in my book I mention cases of **terminal lucidity**, in which dying patients suffering from severe mental illness or a brain disease suddenly seem to regain full consciousness and lucidity, becoming their normal selves again shortly before death. Such cases make perfect sense if the purpose of the brain is to selectively inhibit consciousness and memory to those thoughts and memories of utilitarian value to the organism. These experiences can be interpreted as the activity of mind disengaged, or in the process of disengaging, from the restrictions of a material brain. (those interested in a detailed

examination of several such cases should see the article listed below by evolutionary biologist Michael Nahm).

As astronomer David Darling puts it, "we are conscious not because of our brain, but in spite of it."

Gerry writes:

"This brings us to the matter of enhanced mental processes reported by NDE-ers. At location K4162, just as throughout this book, he says that materialism cannot explain the phenomenon of enhanced conscious awareness. But no figures are presented telling us that enhanced conscious awareness occurs in between 19% (Lommel 2001) to 75% (Jeffrey Long 2010) of NDE experiences, (depending upon definition and type of NDE study). This means it is in no way a universal feature of NDEs. Therefore to call this a true manifestation of the unfettered conscious mind is poor logic."

The fact that enhanced mental processes are not reported by all NDE'rs does not imply that materialism can explain the phenomenon of enhanced conscious awareness. Accurate out-of-body perception is not reported by all NDE'rs either; but concluding from this fact that this feature is not a true manifestation of the unfettered conscious mind is poor logic indeed.

Gerry writes:

"Carter treats us to a very superficial discussion of the neurophysiology of memory, richly larded with quotes from (mostly aged or dead) prominent figures, who say they do not understand how memory is stored in the brain."

This is disingenuous sophistry: in my "superficial discussion" neuroscientists are not quoted as merely saying that "they do not understand how memory is stored in the brain." Rather, they say that from experiments with animals they can find no evidence of memory traces in the brain, leading one researcher to the untestable conclusion that "memory seems to be stored both everywhere and nowhere in particular."

Gerry continues

"Finally he invokes the very unproven "morphic fields" of Sheldrake to "prove" that memory is extracorporeal. He ends with the almost triumphant statement: "... the theory of memory traces has become a metaphysical theory, and the theory of formative causation, with its notion of extracerebral memories, is the remaining scientific alternative!"(K1854). Carter uses an unproven theory as proof of the location of memories to counter a materialist theory which has considerable modern neurophysiological proof. Curious, but understandable when writing for believers with preconceived ideas."

If Gerry understood the nature of science, he would know that scientific theories can never be proven correct, yet a single counter-instance can prove them false. For example, the (simple) scientific theory "all swans are white" can never be proven true;

neither ten nor ten thousand white swans logically implies that the next swan we see will be white. However, a single black swan logically proves the theory false.

The utter failure to locate the storage site of memories in the brain has led to the assumption that "memory is stored everywhere in the brain and nowhere in particular," thereby rendering the theory of memory traces untestable and hence unscientific. By contrast, I mention several easily testable - and to some extent already tested - predictions of Sheldrake's theory of morphic fields. This is what I meant when I wrote that Sheldrake's testable theory is the remaining scientific alternative.

Note that contrary to Gerry, the materialist theory does not have "considerable modern neurophysiological proof"; rather, in the continuing absence of any direct evidence, it remains more a matter of faith than of fact.

Gerry writes:

"Quantum mechanics is often invoked as an explanation for anything not understood by all believers in the immaterial nature of the conscious mind. The reasoning apparently goes; 'If you cannot explain it, throw in some quantum mechanical magic.' This book is no exception. My only reaction is a weary sigh." Then, without a shred of evidence, he adds "Nearly all physicists knowledgeable in this field have to work hard at suppressing impolite hysterical laughter when presented with the ideas of believers in the quantum mechanical nature of the NDE."

In the first place, in my chapter on "Physics and Consciousness" I do not "throw in some quantum mechanical magic" to promote the "quantum mechanical nature of the NDE." Instead, I take great pains to explain in detail how the 18th century scientific case for the ancient philosophy of materialism was based upon the classical physics of Isaac Newton. This theory has been known to be fundamentally and grossly incorrect since the earliest years of the twentieth century, and so any materialist theory based upon it must also be fundamentally flawed.

Classical physics has been superseded by the quantum theory, and in my chapter I discuss the famous interpretation of quantum mechanics developed by mathematician John von Neumann and physicist Eugene Wigner. Von Neumann was one of the most important intellectual figures of the twentieth century, and his friend Eugene Wigner was awarded the Nobel prize for his work in physics. In my book I argue that this theory is by far the most rigorous and logical interpretation of the quantum facts. The von Neumann/Wigner interpretation makes quantum mechanics an inherently dualistic theory - that is, it requires the existence and action of a non-physical mind - and the several respected academic physicists that I quote in support of this interpretation do not seem to be "suppressing hysterical laughter."

Carrying on in his tendentious fashion, Gerry writes,

"The same tired old and discredited arguments are used." At no point does he try to show how my arguments are "discredited."

Readers of my book will know that the second section is devoted to discrediting "tired old" materialist explanations of the NDE, such as oxygen deprivation, excessive carbon dioxide, temporal lobe seizures, and so forth.

Gerry writes:

"At K2824, a sentence states that patients can 'sometimes elect to undergo cardioversion,...' What nonsense! The cardiologist determines which treatment is the best for the patient. After all, that is his/her expertise."

[COMMENT, DOUGLAS MONROE: Dr. Woerlee, I was last year diagnosed with a non life-threatening A.F. --- and I saw 2 specialists. BOTH specialists educated me on the ablation procedure, told me of the % risks and success rate THEN each offered me the choice of undergoing the procedure or not. It certainly is an option--- and Carter is right-on here]

That section in my book discusses research by cardiologist Michael Sabom. My cardiologist friends tell me that cardioversion is usually an elective procedure, to be delivered mostly for rhythmic disturbances of the heart that are not life threatening, such as atrial fibrillation, or ventricular tachycardia. The patients need a short-working anaesthesia because the electric shock is very painful. Except in emergency situations, it most certainly requires patient consent, and in that ordinary sense, it is indeed "elective."

Gerry writes:

"At K3873 is a strange sentence written by Pim van Lommel, a cardiologist. The man of the 'missing dentures' case was discharged from hospital after having been resuscitated from a cardiac arrest caused by a myocardial infarction. Here we read the cardiologically nonsensical sentence: '4 weeks later he left the hospital as a healthy man.' A person who has had a large myocardial infarction has a scarred and damaged heart. The reason for such a heart infarct is coronary artery disease, and the fact that this man had an infarct and died two years after admission is proof that this was very likely the cause. So this man was far from healthy at discharge. A very curious statement for a cardiologist to make."

If Gerry had carefully this section, he would know that this "strange sentence" was not a statement by van Lommel, but rather was part of a quote - translated from Dutch - by the nurse on duty that night. The quote appeared in an article written by van Lommel.

Regarding the famous case of the missing dentures, Gerry tells us that "I wrote an extensive article on this very subject published in the Summer 2010 "Journal of Near-death Studies." True, but what he does not tell us is that the points in his article were easily and clearly refuted by Rudolf Smit and Titus Rivas, in the very same issue of the Journal of Near-Death Studies.

Gerry writes:

"K4463, relates the end of the story of the well-known deathbed vision of a woman dying in the Mother's Hospital, London, England during 1926. ... This woman was dying of heart failure. ... And then Chris Carter tells us something really surprising; 'Apparently the young woman "saw" something she found so appealing that she was willing to give up her life and her own baby!'. Really... So it appears this woman had the choice of not dying. Interesting Mind over matter, miraculous cure of your own heart failure! Please don't tell the patients in my hospital that they can choose not to die or be sick, otherwise I'll be out of work!"

It should be clear from an unbiased reading of this account that nowhere is it implied that this young woman died by choice. Merely, she was eagerly willing to accept her fate. I am frankly astonished that Gerry does not understand the difference between acceptance and choice.

Gerry writes:

"Then we come to the well known Pam Reynolds case. ... Carter, among others talks about the impossibility of hearing when the 100 dB clicks were administered ... He quite correctly states that Pam Reynolds made absolutely no mention of hearing these clicks. But just as many others before him, Carter ignores the basic stimulus parameters of the clicking sounds, as well as the nature of the consequent auditory evoked response signal (which facts actually reveal how she could hear sounds). Instead he, as have many others have before him, seems to liken this sound to a continuous 100 dB sound such as music. But these clicks are not the same as music, and the report of Pam Reynolds clearly tells us she could hear. She awoke to the sound of a "natural D" (K3930). Pam was a musician, and many such persons have natural pitch. ... This fact together with the stimulus parameters reveals how she could hear the sounds of speech etc."

Gerry's attempt to dismiss this case is truly desperate. During the operation not only was Pam under heavy anesthetic, but her eyes were taped shut and her ears were blocked by small molded speakers. The speakers continuously played 100 decibel clicks into her ears at a rate of 11.3 per second (100 decibels is about the level a symphony orchestra plays at full volume). As long as Pam's brain stem was still functioning, these clicks would evoke sharp spikes on the electrogram.

Ordinary conversation is at around 60 decibels, and the 100 decibel clicks were 10,000 times more intense than that. In her testimony, Pam neither mentions hearing loud clicks nor struggling to hear through them.

Pam's neurosurgeon Dr. Robert Spetzler added this testimony:

"At that stage in the operation nobody can observe, hear in that state. And I find it inconceivable that the normal senses, such as hearing, let alone the fact that she had clicking modules in each ear, that there was any way for her to hear through normal auditory pathways."

However, Gerry tries to convince us that of course she could hear; he writes:

"the report of Pam Reynolds clearly tells us she could hear. She awoke to the sound of a "natural D" (K3930). Pam was a musician, and many such persons have natural pitch. ... This fact together with the stimulus parameters reveals how she could hear the sounds of speech etc."

What he does not mention is that Pam's experience of hearing and seeing began as she felt herself leaving her body:

"The next thing I recall was the sound: It was a natural D. As I listened to the sound, I felt it was pulling me out of the top of my head. The further out of my body I got, the more clear the tone became. I had the impression it was like a road, a frequency that you go on. . . . I remember seeing several things in the operating room when I was looking down. It was the most aware that I think I have ever been in my entire life. . . . I was metaphorically sitting on Dr Spetzler's shoulder. It wasn't like normal vision. It was brighter and more focused and clearer than normal vision. . . . There was so much in the operating room that I didn't recognize, and so many people."

Her detailed report of conversation and observed activity in the operating theatre was later verified as accurate by members of the operating team.

At last, we come to Gerry's final point:

"Then a last bit of nit-picking ... A skeptic with even a basic knowledge of body structure and function also rejects belief in telepathy and clairvoyance. These are paranormal sensory abilities which the experiences of the blind, the deaf, and gambling casinos teach us simply do not exist."

Let us first deal with Gerry's remark that "A skeptic with even a basic knowledge of body structure and function also rejects belief in telepathy and clairvoyance." Well, two surveys of over 500 scientists in one case and over 1,000 in another were made in the 1970's. Both surveys found that the majority of respondents considered ESP "an established fact" or "a likely possibility": 56% in one and 67% in the other. (Evans, 1973; Wagner and Mary Monet, 1979. Note that in the former study only 3% of natural scientists considered ESP "an impossibility", compared to 34% of psychologists.)

But his final point is more relevant to my first book, which will be re-released in Spring 2012 with a new publisher under the new title Science and Heresy (publisher chose to rename it, I did not). Suffice to say here that abilities such as telepathy and clairvoyance are not only reported in anecdotal accounts from virtually all cultures in recorded history, but their existence has been established in repeatable experiments conducted in laboratories all over the developed world over the past 100 years.

In my book I even mention several academic skeptics conceding that the experimental evidence was already convincing by 1950.

Skeptics of psychokinesis are fond of pointing out that there are well-established laboratories for testing PK in Reno, Las Vegas, and Monte Carlo. So, could PK be used to beat the odds in the casinos? Not likely. The PK effects observed in the laboratories are simply far too weak. Physicist Nick Herbert (1993, pp. 195-8) has calculated that the odds in favor of the house on even the most favorable casino games are about 100 times larger than most of the deviations from chance observed in the PK experiments. Even the most gifted micro-PK subjects do not even come close to displaying results that would allow them to consistently beat the house.

Regarding the experiences of the blind and the deaf: whether or not the blind and the deaf have greater telepathic abilities than the unimpaired is an empirical matter. As such, the issue can only be settled by experiment and observation, and not by a priori arguments. At this time there have been no experiments to test this matter so the question remains unanswered.

Conclusion:

Since writing this reply, I have since learned that "Gerry" is in fact Gerald Woerlee, fanatical materialist and militant atheist, author of the book *The Unholy Legacy of Abraham*.

Why are there so many "skeptics" such as Gerald Woerlee eager to debunk not just reports of psychic phenomena, but also phenomena such as the near death experience?

As I discuss in my first book *Science and Heresy*, this militant opposition is something peculiar to Western societies, and it is basically due to the historical conflict in the West between secular and religious members of society.

Genuine skepticism plays an important role in science; but genuine skepticism involves the suspension of belief, not the refusal of belief. So, individuals such as Woerlee are not genuine skeptics, but rather pseudo-skeptics strenuously defending the theory of materialism from the data which refute it. As Karl Popper stressed, science progresses with the refutation of theories; it follows from this that defending a theory by strenuously denying the data which refute it must be one of the defining characteristics of pseudo-science.

Essentially, as I argued in my first book, this debate is not

primarily about evidence. Rather, the debunkers and deniers are defending an out-moded world view in which psychic phenomena and out-of-body experiences are simply not allowed to exist. It is essential to realize that most of the deniers and phony-skeptics are militant atheists and secular humanists. For various reasons, these people have an ideological agenda which is anti-religious and anti-superstitious. One of the main pillars of their opposition to religion and superstition is the doctrine of materialism: that is, the doctrine that all events have a physical cause, and that the brain therefore produces the mind. If they conceded the existence of psychic abilities, and of the NDE as a genuine separation of mind from body, then this pillar of their opposition to religion would crumble. Hence, their dogmatic denial of the evidence that proves materialism false.

When I wrote the first edition of my book *Science and the Near Death Experience* I had never heard of Woerlee. However, in the second edition of my book - due out soon - I have added a section entirely devoted to Woerlee's criticisms of the dentures case mentioned earlier. Ironically, Woerlee's determined debunking of this case has made this case even more impressive. For if it were not for his strident opposition, then certain medical facts concerning this case may never have been published, medical facts that reveal the extreme implausibility of any materialistic

explanation.

I am glad that Woerlee did not like the first edition of my book. He will like the second edition even less.

Chris Carter

References

Carter, Chris (2010). "Persistent Denial: a Century of Denying the Evidence". In *Debating Psychic Experience*, edited by Stan Krippner and Harris Friedman. New York: Preager Publishing.

Evans, Christopher, 1973. "Parapsychology-what the questionnaire revealed", *New Scientist*, 25, January 1973, page 209.

Herbert, Nick, 1993. *Elemental Mind: Human Consciousness and the New Physics*. New York: Penguin Books.

Nahm, Michael (2009). "Terminal Lucidity in People with Mental Illness and other Mental Disability." *Journal of Near-Death Studies*, 28 (2), 47-61

Smit, R. H. (2008). "Corroboration of the dentures anecdote involving veridical perception in a near-death experience." *Journal of Near-Death Studies*, 27, 47-61.

Smit, R. H. and Rivas, T. (2010). "Rejoinder to 'Response to Corroboration of the dentures anecdote involving veridical perception in a near-death experience.'" *Journal of Near-Death Studies*, 28 (4), 193-205.

TG. (2008). "Commentaar op Woerlee door A-verpleegkundige TG [Commentary on Woerlee by registered nurse TG]." *Terugkeer*, 19(4), 8.

Wagner, Mahlon, and Mary Monnet, 1979. "Attitudes of College Professors Toward Extra-Sensory Perception," *Zetetic Scholar*, 1979, 5, pages 7-16.

Whitehead, C. 2004. *Everything I Believe Might Be a Delusion*. *Whoa! Tucson 2004: Ten years on, and are we any nearer to a Science of Consciousness?* *Journal of Consciousness Studies* 11 (12), 2004, 68-88.

Woerlee, G. M. (2004). "Cardiac arrest and near-death experiences." *Journal of Near-Death Studies*, 22, 235-249.

Woerlee, G. M. (2010). "Response to `Corroboration of the dentures anecdote involving veridical perception in a near-death experience.'" *Journal of Near-Death Studies*, 28 (4), 181-191.

Woerlee's final reply:

Thank you for the extensive response to my criticism of your book. I find the answers interesting but revealing of the same "will to believe" as revealed in the book under discussion. Some points do require a reply.

1. The article of Smit and Rivas in the Summer 2010 edition of the JNDS was in no way an adequate reply to my analysis of the article in the same edition of the JNDS. It was extremely poorly argued, ignoring pertinent facts stated by the male nurse. They even begin by explicitly ignoring the technical medical aspects of the event as too technical. They also ignored the fact that the male nurse also stated that some people recovered consciousness during cardiac massage. I refer you to the English translation of the manuscript at the Merkawah website at:

<http://www.merkawah.nl/images/stories/trnursetg.pdf> . Read my article carefully, as well as that of Smit and Rivas, compare it with the facts in the transcript, and you will find my article explains the facts of the case better. This was even implicitly admitted by the male nurse in his commentary, where he stated that this case taught him that an apparently unconscious person may be conscious. This is no news to anesthesiologists who always take this possibility into account.

2. As regard the Pam Reynolds case. I have an extensive web page on this matter, and have published articles in 2004 and 2005 clearly revealing her to have simply been aware during anesthesia. That other opinions persist can only be attributed to a lack of knowledge of the drugs used during general anesthesia, the effects of general anesthesia, and the manifestations of awareness during this state. For those interested, I have an extensive website devoted to matters such as the various types of awareness during general anesthesia at:

<http://anesthesiaweb.org/awareness.php>

This brings us to the matter of the deafening 100 dB clicking sounds. I have half finished an article on this very matter. This article uses known and proven neurophysiology to clearly demonstrate how Pam Reynolds was able to hear these sounds, music and conversations.

3. As to the matter of OBEs, these are the subject of considerable serious neurophysiological research. They are not due to separation of some immaterial conscious mind from the body.

4. Paranormal abilities. I clearly disposed of the reality of these phenomena in two books: "Mortal Minds" and "The Unholy Legacy of Abraham". As mentioned earlier. The roulette wheel in casinos is proof neither PK or other psi abilities exist. Casinos have data from untold billions of turns of the wheel. In Nevada, they are obliged to balance these wheels, and they do this, because they earn money from honest wheels. And their earnings are precisely what chance predicts, and the numbers of times the wheel lands on a "0" or a "00" is also what chance predict. The fact that many scientists propose an open mindedness or actual belief in PSI abilities is a manifestation of ignorance to which they are just as prone as all others. To say that most scientists who know little of how PSI is studied, believe in the reality of PSI, is much like saying 100,000 lemmings can't be wrong.

5. Hypoxia is not the only cause of NDEs. In fact is is only one of them, true the most common cause, but still only one of several ultimately resulting in the diffusely defined syndrome called the NDE. If interested I have an extensive teaching page on the

subjective and objective effects of hypoxia:

<http://anesthesiaweb.org/hypoxia.php>

6. Other matters such as the study of consciousness and quantum mechanics are such lengthy and exhaustive subjects that these can be left to the judgement of future texts. But my opinions remain unchanged.

7. I will be interested in your comments on my work in the revised edition of your book. Criticism is an enjoyable tool aiding my studies, and greatly appreciated by me. It reveals weaknesses in arguments, and generates new insights. I hope you will be as pleased with my forthcoming book "Narcothymia" in which I clearly demonstrate that deathbed experiences, OBEs and NDEs are proof that consciousness and mind are products of brain function, and not properties of a separable immaterial conscious mind.

References:

Woerlee, G.M. (2004). Pam Reynolds: Ein Nahtodeserlebnis aus der Sicht eines Anästhesisten. *Skeptiker*, 4, 144-150.

Woerlee, G.M. (2005a). An Anaesthesiologist examines the Pam Reynolds story; Part 1: Background considerations. *The Skeptic*, 18, 14-17.

Woerlee, G.M. (2005b). An Anaesthesiologist Examines the Pam Reynolds Story; Part 2: The Experience. *The Skeptic*, 18, 16-20.