OBE Veridicality Research

Veridical OBE Perceptions in a "Standstill" Operation

Neuroscience researcher Dr. Mario Beauregard and colleagues recently reported a 2008 case of veridical (real, verified) perceptions in a patient undergoing a deep hypothermic cardiocirculatory arrest or "standstill" operation similar to Pam Reynolds' operation in 1991.

The 31-year-old patient J.S. underwent emergency surgical correction of an aortic dissection. She did not see or talk to members of the surgical team. It was not possible for her to see the machines behind the head section of the operating table as she was wheeled into the operating room. J.S. was given general anesthesia and her eyes were taped shut. In an out-of-body experience (OBE) during the operation, J.S. reported feelings of peace and joy and seeing a bright light. From a vantage point above, she reported seeing a nurse passing surgical instruments to the cardiothoracic surgeon and seeing anesthesia and echography machines located behind her head. Beauregard and his colleagues **verified that her descriptions were accurate**, confirmed by the surgeon who operated on her.

University of Montreal researchers Mario Beauregard, Évelyne Landry St-Pierre, Gabrielle Rayburn and Philippe Demers recently

published a letter to the editor in the journal *Resuscitation,* reporting a retrospective study at Hôpital Sacré-Coeur, a research hospital affiliated with the university, of cases of deep hypothermic cardiocirculatory arrest from 2005-2011. Of 70 possible cases, a total of 33 patients responded with completed questionnaires and three patients (9%) reported conscious mental activity during the hypothermic procedure.

These hypothermic procedures are similar to "standstill" operation used with Pam Reynolds Lowery in 1991, resulting in Reynolds' profound near-death experience with veridical visual and auditory perceptions which has been widely analyzed and debated.

One case is particularly noteworthy. In 2008, 31-year-old patient J.S. underwent emergency surgery to correct an ascending aortic dissection, a very serious condition, using deep hypothermic cardiocirculatory arrest. Quoting from the researchers' report:

"J.S. did not see or talk to the members of the surgical team, and it was not possible for her to see the machines behind the head section of the operating table, as she was wheeled into the operating room. J.S. was given general anesthesia and her eyes were taped shut. J.S. claims to have had an out-of-body experience (OBE). **From a vantage point outside her physical body**, she apparently “saw” a nurse passing surgical instruments to the cardiothoracic surgeon. She also perceived anesthesia and echography machines located behind her head. **We were able to verify that the descriptions she provided of the nurse and the machines were accurate (this was confirmed by the cardiothoracic surgeon who operated upon her)**. Furthermore, in the OBE state J.S. reported feelings of peace and joy, and seeing a bright light."

The researchers caution that it cannot be determined with certainty whether the subjective experience reported by J.S. occurred precisely during the 15-minute cardiocirculatory arrest. "Nonetheless, the tantalizing case of J.S. raises a number of perplexing questions. For this reason, we hope that it will stimulate further research with regard to the possibility of conscious mental activity during cardiocirculatory arrest."

Book by Mario Beauregard and Denyse O'Leary: *The Spiritual Brain: A Neuroscientist's Case for the Existence of the Soul*

Interview with Mario Beauregard.

Reference:

Beauregard, M., St-Pierre, E. L., Rayburn, G., and Demers, P. (January 2012). Conscious mental activity during a deep hypothermic cardiocirculatory arrest? *Resuscitation*, *83*(1), e19.

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Having undertaken a five year prospective research project into NDEs I know how difficult it is to verify the OBE component. At the Intensive Therapy Unit (ITU) where I conducted the research I put symbols on top of the cardiac monitor at each patient's bedside. These monitors were mounted on the wall and were approx 7 feet off the ground. The symbols were also concealed behind ridges that sat on the top of the monitor. This ensured that the only way in which the symbols could be viewed was from an out of body perspective.

Below are some of the factors that I had to take into account:

- Prior to undertaking the research I explained the forthcoming research to a random sample of 100 people (consisting of hospital staff and visitors). Then I asked them what symbol they would expect to see on top of the monitor. When deciding on what

symbols to create I deliberately did not use anything that any of the random sample had said they expected to see.

- Following the recommendation of previous research conducted by Professor Janice Holden in the 1980's I made the symbols as attractive and visible as possible by mounting them on brightly colored day-glow paper. I hoped that the bright colors would attract the attention of any patient who may be out of their body.
- When I did a pilot study I realized that my colleagues were very curious about the symbols and in my absence many of them had climbed up on ladders to view them. This in itself could have invalidated the research especially if my colleagues had discussed the symbols within earshot of any patient – if a patient had reported an OBE, it could be a mind model constructed from what the patients heard the staff talking about. So I had to renew all of the symbols and spoke to each staff member and explained the importance of them not knowing what the symbols were. I showed them the previous symbols that I had to replace and their curiosity was satisfied and they no longer had the need to climb on ladders.
- Every week I had to dust each symbol to make sure there was no dust to obscure the symbol and to adhere to infection control. This was done during a night shift to minimize attention. At this time I rotated the symbols to a different monitor – I covered each symbol with a piece of card so that I didn't know which symbol was on which monitor therefore reducing the possibility that I could have telepathically transmitted the symbol to the patient if one claimed to have viewed it.

In my research eight patients reported an out of body type experience but none of them reported the hidden symbol. The reasons for this were the varying qualities of the OBEs reported.

Some patients floated to locations opposite to where the symbols were situated. Some did not rise high enough out of their body and

some were simply more concerned with what was going on with their body.

There were two patients who reported an OBE where they were high enough and in the correct location to view the symbols but they were not looking on the top of the monitor. One of those patients remarked that if he knew before his OBE that there was a hidden symbol there he would have looked at it and told me what it was.

Obviously, if patients report OBEs then if the actions of the staff present were reported then this could be verified by interviewing the staff present.

However, all that being said it is still worth persevering with this research because I have also come across people who reported an OBE anecdotally (not patients in my hospital research). Some were able to ‘float’ around the room at will – one lady was a nurse and she was looking at her cardiac monitor. There are also similar reports in the literature.

So the most important point I realized having conducted this research was that OBEs are of varying qualities and quite rare. It was incredibly hard work to undertake the research project. In the five years of my research there were only two OBEs that were of sufficient quality to actually view the symbol. During those five years approximately 7000 patients were admitted to ITU. Hence to accumulate convincing results will take a very long time, many thousands of patients and a lot of patience from the researchers.

So when the results are considered at surface value it may be wrongly assumed that the OBE veridicality research is producing negative results when in fact it is not – it is simply far too early to yield good quality OBEs in sufficient quantities. I predict it could take at least 20 years of continuous research to get any satisfying

results. All results from the AWARE study will contribute greatly to our understanding of consciousness.