

# AN EXPLANATION OF MY RESEARCH METHODOLOGY

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No one can validate a near-death experience except the one who experienced it. The thrust, then, of near-death research is to identify elements and patterns of occurrence, aftereffects and implications, in an attempt to understand how and why the phenomenon happens and what can be learned from it - especially as concerns an examination of existence and the prospect of life after death.

Research on the phenomenon goes back over a century, but didn't take root as a scientific discipline of its own standing until after Raymond A. Moody, Jr., M.D., coined the term "near-death experience" and published his first book, "Life After Life," in 1975. Kenneth Ring, Ph.D., by verifying Moody's work scientifically in 1980 with the book "Life At Death," opened the flood gates of inquiry for serious professionals.

I entered the picture in November of 1978, after having visited with Elisabeth Kubler-Ross, M.D., and learning from her that what I had experienced the year before had an official name and description. She never mentioned Raymond Moody or his book, nor did I hear of either until several years later when Kenneth Ring bought my self-published rendering, "I Died Three Times in 1977," and located me via telephone. (This initial effort has since been "resurrected" and is available over my website at [www.pmhatwater.com](http://www.pmhatwater.com) or from YOU CAN Change Your Life, P. O. Box 7691, Charlottesville, VA 22906-7691.)

After an overnight stay, Ring was excited to discover that independently I had been researching the near-death experience and its aftereffects and had amassed a great deal of material. A few months later at his invitation I became a columnist for "Vital Signs Magazine," a publication of the International Association For Near-Death Studies, and began to share some of the observations I had made - observations that later became the book "Coming Back To Life."

To understand my approach to research, you need to realize that my "agenda" is a little different than most others in the field. My job, as I was shown during my third near-death experience, is to bring clarity and perspective to the phenomenon and to "test" the validity of its revelation. Never has it been my interest or intent to verify or challenge anyone else's work. As "the fates" would have it, however, my findings have in deed become a challenge to the generally accepted "classical model."

I am a field worker whose primary specialty is interviews and observation analysis. I cross-check everything I do at least four times with different people in different parts of the country,

as a way to ensure that any bias I may have as a near-death survivor will not "cloud" my perception. Questionnaires for me are auxiliary, used only to further examine certain aspects of near-death states. All of my work is original and first-hand. Whenever possible I also interview "significant others" as well as experiencers. This effort has been a full-time profession for me since 1978, in addition to regular employment that "paid for groceries."

Since the type of studies I do requires a great deal of time and money, it became important that I find work that would enable me to maintain hours convenient for research while cutting overhead "to the bone." This I accomplished for six and a half years as a psychic counselor on the nation's largest 900 psychic telephone line. Although I was warned that such employment would tarnish my credentials, I felt I had no other choice. Never did I operate as a "fortune teller." My goal then and still is to use my intuitive abilities in a manner that inspires people to help themselves. Yes, I continue to give intuitive readings but now on an appointment basis. What began out of necessity has become a path of service.

To date, I have interviewed over 3,000 adult experiencers (700 in greater depth) and 277 child experiencers. These figures do not include the "significant others" I have questioned. Numbers double if you consider the interviews I conducted between 1966 and 1976 when I was determined to find out everything I could about altered states of consciousness, mystical and transformational states of mind. I had a spontaneous kundalini break through earlier that had re-ordered my sense of reality and I wanted to further explore the process and learn how other people experienced it. From this desire I created the organization, Inner Forum, which eventually incorporated with the State of Idaho as a non-profit metaphysical organization devoted to educational pursuits. Inner Forum served the public for a total of seven years.

Why all this effort for so many decades?

I'm naturally curious plus, since my first memory as a toddler, I have had a need to discover the difference between what is true and what seems to be true. (My mother says I was impossible to raise.)

My interview style is straight forward. I ask open-ended, dumb questions such as, "What happened to you?" If I want to know more, I signal that intent with forward body movement, a tilt of my head, a smile, and the incredibly magical word, "and...." I was trained to ask questions in this manner by my police-officer father. He was quite explicit about this, saying, "In a car accident, you cannot use the word 'car' until the witness does." Hence, when interviewing near-death survivors, I would never say "light" or "dark" or anything else until they first used the term. The experiencer determined how I used language -by the way he or she responded to my questions. To obtain greater detail, I learned to avoid telling anyone I was a researcher, and to rely more on non-verbal facial expressions and body postures than on words. I did not just listen, always I "watched," while keenly aware of feelings and sensations. The "dance" we humans engage in as we relate one to another is quite revealing.

My research methodology, then, is not anecdotal dependent, but, rather, an amalgam of interview/observation/questionnaire approaches - empirical in the sense that I maintained a strict code of objectivity. I wanted to examine the near-death phenomenon (both the experience and its aftereffects) from 360 degrees, positive and negative, to see what was really there. Anything less, to my way of thinking, would run the risk of self deception.

Many of my subjects were attendees at talks I gave. Others heard about what I was doing and called or wrote and asked to take part. A number responded to ads or announcements I had placed in national newspapers and magazines. But the bulk of those I studied simply "appeared." It was miraculous the way that happened. To get a sense of how this manifested, one of the jobs I held required constant travel and that meant I was exposed to all kinds of people in all manner of situations daily. . . taxi cab drivers, seat mates on airplanes, travelers of varied types, customers, construction workers, truck drivers, folks in elevators and at lunch counters. . . the majority of them turned out to be fellow experiencers. Either they'd say something or I would. That's all it took. It's as if these people were waiting for someone like me to "pop" into their lives so they could "unload," share their episode and what was still happening to them in an environment that was "safe."

Some professionals label the way I work "heuristic," and define that term as "stimulating interest as a means of furthering investigations, encouraging the individual to make discoveries for him or herself, open-ended discoveries." As such, heuristic research consists of six phases:

- 1) initial engagement - preparatory for interaction.
- 2) immersion into topic - question from all angles and all dimensions.
- 3) incubation - retreat to study and clarify, expand base.
- 4) illumination - breakthrough into deeper meanings.
- 5) explication - re-examine focus, draw out, search.
- 6) culmination - arrive at creative synthesis through knowledge of data, new perspectives.

Refer to the book, "Heuristic Research" by Clark Moutakas for more information about this type of approach (Sage Publications, Inc., Newbury, CA 1990). Although the heuristic method fits well with how I conduct myself, the protocol of a police investigator more exactly describes how I work.

I altered my style somewhat with children, though, and as follows:

- \* no parents were allowed when I was with the kids.

- \* same eye-level contact was maintained throughout interview.
- \* changing body postures were used to elicit response more often than what would be normal for me.
- \* replaced note taking with a gentle sincerity and steady focus.
- \* encouraged them to share their feelings- as well as their memories.
- \* opened myself to sense the "wave" of consciousness they "ride" so I could "see" through their eyes.

Parents were interviewed, too, as I wanted to know their point of view and whether or not they might have applied any pressure on their child by "making a big deal of it." This is important, as children are capable of slanting their stories to match the emotional expectations of their Parents. If I suspected such a compromise had been made, I would retire the account to the "dust bin." I rejected about fifteen percent of the interview opportunities I had with children for this reason. Fascination with "out-of-the-mouth-of-babes" reports can mislead more readily than enlighten.

Here is an example of why I make such a statement: after telling me about a long and involved interaction between herself and angels and Jesus and God, the little girl I was interviewing went on to proudly proclaim that everything she experienced during her near-death scenario was exactly what the nun had taught her in the Catholic school she attended, and wasn't it wonderful that she was able to prove that the nun was right. Her parents then uttered "Amen," and marched her away. This interview session was a "wake-up call" for me, and I promptly changed how I worked with kids because of it.

For "Children of the New Millennium," I sought out individuals who remembered having had a near-death experience between birth and the age of fifteen. Of the those who qualified, nearly half were of teen or adult age by the time we met. The older child experiencers enabled me to track the aftereffects throughout the various life stages. My racial mix was 12% Blacks (American and Canadian), 23% Latinos (Hispanics, Argentines, and Colombians), 5% Asians (Malasian and Chinese), and 60% Whites (American, Canadian, French, English, and Ukraine).

Fifty-two agreed to fill out a lengthy and intense questionnaire: forty-four of them had a near-death episode by their fifteenth birthday (the majority before the age of seven), four had an unusually dramatic death dream, the remaining four met the profile of a child near-death experiencer yet could not remember undergoing any such event. As is typical for me, the questionnaire was supplemental, used only to give me a different. "lens" for re-evaluating my initial findings.

The most frequent cause of death in my study was drowning, followed by suffocation and

minor surgery (tonsillectomies, injury from accidents). Overall, however, 42% of my cases can be traced to some form of parental or sibling abuse. The most common of the four types of near-death states experienced by those who participated was the Initial Experience (76%), which consists of only a few basic elements. Still, regardless of brevity, the full spread of aftereffects ensued. This suggests to me that complexity is no determinant of the intensity or impact of a near-death state. In fact, intensity alone seems to be the major factor, rather than imagery or length of scenario or exposure to "subjective light."

In my previous books, I had stated that small children never experienced the extreme range of scenario-types as do adults. My work in producing "Children of the New Millennium" proved me wrong: 3% were Unpleasant and/or Hellish (the youngest only nine days old); but of the 2% Transcendent, each had reached puberty before they "died."

That nine-day-old "died" during surgery to remove an abscess from a severe staph infection. To this date, she still vividly remembers people dressed in long white robes surrounding her bubble-like enclosure and a huge bright light overhead (imagery that seems to depict an operating room and medical staff) - except that she also saw herself when older receiving treatment from a goose-necked ray lamp, and hearing a powerful voice say she must work with him or die. She agreed out of fear but once verbal repressed the whole episode after being ignored or chastised each time she spoke of it. She did indeed require health treatments via a lamp when older; and, after many years of confusing struggle, had another near-death experience at the age of twenty-eight, a scenario that duplicated what she experienced when nine days old. This time, she accepted the guidance of "Inner Stranger," as she came to call "the voice," and became a professional psychic/psychologist dedicated to the value of therapeutic counseling utilizing intuitive feedback. Her life has steadily improved since.

This case is a sobering reminder that not all near-death scenarios are friendly and bathed in unconditional love. They can be judgmental, some with an element of cruelty to them, especially those that come from Asia and various indigenous cultures. What I've found with childhood cases, however, is the unmistakable presence of a "critical parent" image. . . one that instructs, demands, informs, threatens, predicts, and, in general, focuses on the do's and don'ts the child must respect in order to fulfill his or her reason for living (what some call "destiny"). While adult experiencers face their "misdeeds" during the past-life review segment of their episode and make "course corrections" later on because of what they were shown or relived, the young are sometimes lectured "for their own good" by a being who "gives orders" or "cares."

I do not use the standard double-blind/control group method most professionals do in my research of near-death states, because I don't trust it. Initial screening based on this standard style, whether in person or by mail, is dependent upon questions that use terms in advance of the experiencer's response and "lead" in the sense of how certain questions tend to inspire certain answers. Most of these question formats have the same antecedent, geared to proving or disproving a single "acceptable" model.

Certainly, when everyone uses the same research style and instruments, better and more accurate comparisons can be made. And this is desirable on one level. But, what if the original work was incomplete or perhaps biased in the sense of "preference" - either the researcher's or that of the experiencer? consciously - or subconsciously?

No criticism intended here, for I know how sincere and diligent both experiencers and researchers are and how difficult it is to maintain objectivity. Nevertheless, we need to admit that:

- \* no allowance was made during the early years in the field of near-death studies for inquiries about unpleasant and/or hellish experiences, or, for brief episodes that had little if any imagery.
- \* experiencers who had problems accepting or integrating their episode were in essence "ignored."
- \* the full spread of psychological and physiological aftereffects went unrecognized for more than a decade.
- \* children's scenarios were assumed to be the same as adults, their responses similar, until my study indicated otherwise.
- \* attempted suicides afterward were completely "missed."
- \* correlations between life experiences and what was met in the near-death scenario, the sense that what happened was "needed," were generally bypassed in favor of the notion that near-death states were a distinctly "separate" phenomenon.
- \* negative aspects and responses received short shrift as compared to the positives.
- \* the three distinctly different types of subjective light were "lost" in a rush to declare near-death states as experiences of brilliant bright light or "light experiences."

\* The "tunnel" component is not that common and hardly constitutes a "signature" of the experience;

even the "classical model" as established by early research is not all that classical.

Both the "preference factor" (seeing in the experience what we want) and the "pathological approach" (thinking it something we can dissect like heart disease), fail utterly to address the complex dynamic known as "the near-death experience."

Today, in almost every discipline, previous studies are being over turned or revamped, not because past authors were inept, but because their research base was not broad enough to adequately cover their field of inquiry. Since I've already mentioned heart disease, let me use it as an example. We now know that the original model for the treatment of heart disease was faulted - its primary source came from work done on men. When women were finally studied separately, vast differences were uncovered in how each sex reacted - which led to the creation of a more efficient and effective model.

I am not suggesting that near-death states are in any way a pathology, but I am saying that the same premise applies. . . we need as researchers to broaden our base. Few people realize that Sigmund Freud, the founder of psychoanalysis, formulated his theories while treating only twenty-two people. That humankind is ennobled and spiritual by nature was lost in his investigation of the dark, animalistic urges these twenty-two people exhibited. The same as what occurred with heart disease, a model of limited parameters was accepted as true for all. Over the years since, more people have been hurt than helped by the distortions in Freud's theories.

Near-death studies have been caught in an identical situation - a tendency to over-rely on a single approach based on singular types of measurement. Empirical research can actually be conducted utilizing a number of different modalities, and I count mine as one of them. Past discoveries in the field of near-death studies are praiseworthy, but observer/analysts like myself are needed to track a myriad of details control-group studies cannot address. If we are ever to understand the near-death phenomenon, we must examine it from 360 degrees. Anything less is unacceptable.

Example: why do we keep relying on medical verification of the phenomenon from patients in surgical wards when, neither with adults nor children, is the principle venue "death during surgery?" The decision to do this was a reasonable one during the early years of research, but modern hospitals are turning more and more to the use of a new drug that causes amnesia (supposedly for relief from painful memories). Are near-death cases on the decline, as a recent study indicates, or, are the patients simply unable to remember because of the new drug? If we must continue seeking experiencers within hospital confines, why aren't we "hanging out" in emergency wards? The majority of cases with children, for instance, come from drownings,

suffocation, and accidents (minor surgery, not major surgery).

To be fair, the control-group method of research developed about one hundred years ago as a reliable way to study the effect of a single agent acting upon a single illness that might have a single cause. That method becomes ineffectual when exploring complex issues that may have variable causes - like transformations of consciousness. A good reference for an illuminating discussion of the pitfalls inherent in standard research models is "Scientific Literacy and the Myth of the Scientific Method," Henry H. Bauer, University of Illinois Press, Urbana, IL 1992. Bauer makes the point that scientific accomplishments are often tied to the politics of "prevailing consensus," and that "textbook science" cannot by its very nature convey either the value of the empirical process or the appropriate attitude necessary for such investigation.

Charles Tart, Ph.D. terms such abuse "scientism." Tart, internationally known for his experiments that explored altered state of consciousness, and as one of the founders of transpersonal psychology, is the author of two classics in the field of consciousness studies: "Altered States of Consciousness," reissued by Harper San Francisco, San Francisco, CA 1990; and "Transpersonal psychologies -also reissued only this one under Harper, New York City, 1992. According to Tart, the job of science is to give us information in order that we can make sense of life experiences. Scientism, on the other hand, states in rigid and dogmatic terms what reality is and should be. He identifies a true skeptic as one who searches for truth, withholding the temptation to establish finality, and "pseudo-skeptics" as those who insist on only one path to truth and only one reality. Tart reminds us that science evolved from philosophy, and depends on open inquiry.

I hope this explanation of how I do research has been informative and useful. Anyone can duplicate what I have done if they are willing to use police investigative techniques and are trained in recognizing non-verbal cues in body language. A summary of my work that encompasses my theory of "brain shift" - that near-death states may engender a structural, chemical, and functional change in the brain - is available as the research report, "Brain Shift / Spirit Shift: A Theoretical Model Using Research on Near- States to Explore the Transformation of Consciousness," on my website or in printed form directly from me -use my box number in Charlottesville, Virginia, to query for more information should you not have access to a computer).

I am not quite finished with what I agreed to do in death, but I have "stayed the course" for over twenty years regardless - and that feels good to say. My husband and I were married in 1980, so he has shared in both the criticism and praise aimed my way. His loving support is of the caliber that makes all things possible. Experiencers speak of angels. I married mine.