

## WHAT BRINGS YOU HERE?

WHAT BRINGS you here?

I ask this question of every person who steps through the door because they have come to talk about death—the most universal of all human experiences yet the most difficult to discuss.

In modern culture, we have an uneasy relationship with death. Our language is populated with phrases such as “fear of death and dying.” Promoters of fitness regimens, grooming and beauty tricks, and cosmetic procedures tout their ability to help us “turn back the clock,” the implicit message being that we can hold off life’s inevitable end. Modern medical science is even more explicit: medicine frequently makes our best efforts to resist death the main reason for having hope. Aggressive medical procedures that prolong human life are often seen as a testament to our love for another person—we talk about “miracle cures” and “one-in-a-million chances.” Many

of us, including a significant number in the medical profession, feel guilt at the thought of someone dying. Our most common condolence phrase when someone has died is “I’m sorry for your loss.”

And make no mistake, it is a profound loss. Leaving life, leaving loved ones and friends, is both sad and scary. No matter how many of us believe in a benevolent afterlife—and survey after survey suggests that the vast majority of us, about 80 percent, do—it is completely understandable to be highly apprehensive. Even worse, it is death that chooses us, frequently without warning. And for the last couple of years, death has been everywhere. The devastating losses from the Covid-19 pandemic have suddenly visited grief upon many of us, including those who had previously thought that they had ample time remaining to spend with those whom they love.

But as much as we may struggle with death, many of us struggle even more with grief. For years, as a culture, it has been routine for many of us, including medical professionals, to place a clock on grief. After a set amount of time has passed, we encourage the bereaved to “move on” with their lives, or, somewhat less politely, we suggest that the moment has come for them simply “to get over it.”

For the people who come to me, those are deeply unsatisfying answers. And they are to me as well. I would like to humbly suggest that the time has come to rethink our approach to death. To do that, I’m going to ask you to suspend everything you know or think you know about the end of life.

For more than twenty years, I’ve been talking to people about death and the end of life, from the loss of newborn babies to young adults in their prime to elderly parents. There have been natural deaths and traumatic deaths—accidents, overdoses, suicides—deaths from disease, deaths from old age. Yet all of these conversations have had

one theme in common: a connection felt by the living person to the deceased at or around the moment of death. These are all healthy, vital people who continue to live active lives. But for a moment, they were linked to another human being during a time of ultimate passage.

I started identifying these moments as “shared crossings,” and what they tell us is that none of us is leaving this earth alone. Each of us can and will be guided on our journey. How can I be certain of that? Because more and more, those who remain among the living have seen it, have felt it, and a few have even joined their loved ones for part of their journey to the afterlife.

These shared crossing links take many forms: Some people may visualize the departing person in some way; others frequently experience a variety of sensations or sense the presence of other energy forces or even loved ones who have previously departed. They may glimpse bright light and even tunnels; they may feel they are part of the journey or remain rooted to the earth. What they share in common are the power of the experience and the unusual strength of the memory, and frequently an overwhelming sense that time as they know it has stopped. Many also report a deep sense of simply “knowing,” without having any idea where that knowledge came from. In a significant number of cases, the living person had no idea that the death was imminent and did not learn of their loved one’s or friend’s passing until later.

The more I spoke with individuals who had experienced a shared crossing event, the more I also noticed repeating patterns. A woman in West Virginia and a woman in Australia with deeply similar experiences around the loss of a baby. A grown daughter in California and a grown daughter in Pennsylvania; a woman in

Alabama and a man in Spain. None had met, yet each spoke a common language. Again and again, I found that this moment of shared connection that they had experienced also changed their lives and how they chose to live them in unexpected ways. It provided insight. It provided closure. It made end-of-life decisions easier. It eased grief.

Consider this story from Gail O., a grown woman in Florida:

“I was with my dad, and we were having grilled cheese sandwiches—he thought that the hospital made the best grilled cheese sandwiches.” Suddenly her dad began to have a seizure. Gail screamed for help, and as the medical team descended, a nurse escorted her to a small room down the hallway. Inside, there was a desk and a couple of chairs. Gail remembers sitting down and “then, quite unexpectedly, I was actually in two places at once. I was sitting in that little hospital waiting room, but I was also outside on this incredibly beautiful day. There was a breeze, a country lane, and even birds singing! I didn’t see anyone, but I knew I wasn’t alone—I had this feeling that I was on a journey and I was escorting someone somewhere. And it didn’t matter where the journey ended, because it was such a beautiful day.” Gail turned at a slight bend in the road, and “we came to this huge gate. Behind the gate was this gigantic mansion. I had the impression that this place was like some sort of country club or a special meeting place. And then I heard voices saying, ‘Hurry! Hurry! We have to hurry! Walter’s coming and he’s almost here!’

“My father’s name was Walter.”

Walter went by “Wally” with his friends and coworkers. But his deceased parents, aunts, and uncles had always called him Walter. As Gail looked toward the mansion, “There they were, rushing around

in preparation for something important. People were bringing in flowers, they were setting tables and placing down tablecloths.” She could even hear the clink of china. “It was this amazing experience that felt like some guest of honor was on the way.”

Then Gail recalls, “I felt this presence go through the gate—it was my dad! I wanted to go with him, but I just knew that I wasn’t allowed to. I looked around, and then, immediately, there I was, back in that little room.” She had remained completely awake and aware, just present both there and on her journey.

“The very next minute a doctor came in. He looked very sad, and said, ‘I’m sorry, he’s gone.’ And I said, ‘It’s okay. He went to the party!’ And that’s how clear it was to me. The doctor just gave me a funny look and walked out. But I knew what had happened. I had gone part of the way to heaven with my dad.”

Gail’s experience is not unique, and it has a name. We call them “shared death experiences,” a phrase popularized by Dr. Raymond Moody in his book *Glimpses of Eternity* (2011). We define an SDE as occurring when a person dies and a loved one, family member, friend, caregiver, or bystander reports that they have shared in the transition from life to death or have experienced the initial stages of entering an afterlife with the dying.

But these experiences are not new. For thousands of years, people near death have reported a range of vivid visions, seeing a benevolent light, or glimpsing previously deceased loved ones. Research studies conducted since the 1960s have repeatedly suggested that these end-of-life experiences occur among more than 50 percent of the dying. Medical science has tried to explain this phenomenon by speculating that it is the result of various physical breakdowns in the brain, whether from oxygen deprivation, blood

flow interruptions, serotonin receptors, or activation of the primitive fight-or-flight response.

But SDEs are very different. They occur to individuals who are nowhere near physical death themselves. And while some of these experiences, like Gail's with her father, happen at a moment of medical crisis or when the living person is in the room with the dying person, many others occur when the experiencer is far away and often does not even know that death is imminent or that their loved one or friend has died. In fact, these remote SDEs appear to be more common than ones where the living and dying are side by side. Science, as we understand it, cannot yet explain away or physiologically account for SDEs.

So, what can?

That question lies at the heart of this book. As director of the Shared Crossing Project, I have had the privilege of being able to review and study more than eight hundred separate SDE cases. Our research suggests that a benevolent afterlife awaits us all at the other side of death's door. But do not feel that you need to take my word for it. In these pages, you will find the remarkable stories of people who have shared the passage surrounding death with another human being. I will explore what these transformative experiences mean for the end of life, for care, and for grieving and healing. In the process, I hope to change some of the ways that you have come to conceive of and understand death. You may even find that you or someone you know has had a shared death experience, but possibly lacked the words to identify or describe what occurred.

Above all, though, it is my hope that this exploration can help to guide all of us in ways to prepare for a good death, at any stage of life.