Quite commonly, bystanders at the death of someone else emphatically report co-living the dying experience of that other person. I first heard such a shared death experience from one of my professors of medicine, who was also a practicing physician, in December 1972.

This doctor had the unfortunate duty of trying to resuscitate her own mother, who died despite the resuscitation effort. She told me that when she felt her mother die, she found herself floating out of her body and viewing the scene from above. She saw her own physical body and the now-deceased body of her mother down below. She said, “As I was trying to get my bearings,” (her exact words) she became aware of her mother, “now in spirit form” (again, her exact words) alongside her.

She said her goodbyes to her mother, who receded into an intensely brilliant, white light. The physician saw figures emerging from the light as though to greet the spirit of her dying mother. The physician recognized some of the figures as deceased relatives and friends of her mother’s. However, she did not recognize the others and assumed that they were loved ones of her mother who had died before she herself had been born.

My professor saw the spirit of her mother reunited with the figures, whereupon they appeared to be drawn back into the light. Then the light was gone. The way the light vanished reminded her of the way in which the lens of a camera closes in a spiral. She found herself back in her own physical body, standing beside the deceased body of her mother.

When I wrote my book *Life after Life* in 1974, my professor’s account was all I knew of shared death experiences. However, as I lectured on near-death experiences throughout the late 1970s and into the 1980s, I heard more stories. These were almost exclusively reported by medical personnel—doctors or nurses who attended the dying. In the late 1980s and into the 1990s, though, I began to hear more and more such accounts from relatives or friends who had been present at a death.

I can only conjecture that a concurrent change in medical practice is at least a partial explanation for this shift. In the 1970s, it was standard hospital procedure for doctors and nurses to preside over death. They would gently escort dying patients’ families away from the scene. The rationale, as I recall, was that witnessing a death would be overwhelming for the families, and trained medical professionals were better prepared to handle the experiences. That model began to change in the 1980s, and nowadays doctors and nurses encourage family members to be there with dying patients until the end. This change in the medical profession helps explain why I hear shared death experiences from the families of people who died.

However, I am still at a loss to explain another puzzle. I began to talk about shared death experiences in the late 1980s and mentioned them in print as well. I would discuss the subject when television crews came to interview me about near-death experiences. But when the interviews appeared on television, my remarks on shared death experiences had been cut from...
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Sigmund Freud and Ludwig Wittgenstein, among other great thinkers, pointed out that we have an inbuilt resistance or inability to imagine our own death. For many, death is an unwanted, frightening, or even terrifying prospect.

We don’t want to think about the possibility of our own death, and for most of us, death is something that happens to someone else.

Similarly, near-death experiences intrigue us because they happen to another person. That other person gets out of the body, speeds through a passageway, enters a brilliant light, communicates with deceased loved ones, sees life pass in a sweeping, panoramic review, and then returns to the body. The rest of us can participate safely and vicariously in the adventure without being directly involved. Listening to narratives of near-death experiences, we can maintain a safe distance from the troubling idea of death. Psychologically, near-death experiences can be inspiring and engender hope.

Shared death experiences, however, raise different issues. Perhaps we are unable to imagine our own death. Imagining ourselves at the death of someone else is a somewhat easier proposition. Hence, we can imagine ourselves having a shared death experience, and that makes the prospect of death somehow more real. I suspect this is why shared death experiences remain in the shadows, while near-death experiences have become widely known all over the world.

Shared death experiences are now showing signs of emerging into the public consciousness in the United States and Europe. This development has the potential to revolutionize rational inquiry into life after death. The first step toward that goal is to delineate the main characteristics of shared death experiences. Then the implications for investigating the question of an afterlife will become obvious.

Raymond A. Moody, Jr, MD, PhD, is well-known internationally as a leading authority on near-death experiences. His seminal work on the topic, Life after Life, has sold more than thirteen million copies. For more information on his work, visit www.lifeafterlife.com.