**AI Judges**

**ChatGPT – Reasoning mode**

Below is the application of the Veridical Near-Death Experiences Scale (vNDEScale) to **Stephanie Arnold’s case**, using only information from the Methods and Results of Woollacott (2024). Ratings are 1–4 (lowest to highest evidential strength), with explanations and citations.

| Criterion | Rating | Explanation |
| --- | --- | --- |
| **1. Timing of investigation**(interval between NDE and veridical investigation) | **3**(3–12 months) | Hypnotic regression sessions began a few months after her May 30, 2013 NDE, placing the start of investigation within 3–12 months of the event . |
| **2. Physical state of non-responsivity**(unconsciousness documented) | **4**(documented unconsciousness) | The NDE occurred during a medically induced coma and cardiac arrest, both documented in her medical record . |
| **3. Cardiac/respiratory arrest or cessation of brain activity** | **4**(documented arrest) | Clinical records verify she was clinically dead (flatline for 37 s) and suffered AFE with DIC . |
| **4. Third-person verification** | **4**(>1 source) | Over a dozen perceptions were corroborated by multiple clinicians (Drs. Lim, Higgins, Levitt, Park), her husband, nanny and nurse Jessica . |
| **5. Possible physical explanation** | **4**(extremely unlikely) | Perceptions (e.g., floating out of OR, events in separate rooms, crash-cart malfunction) could not have arisen from sensory cues or inference . |
| **6. Number of verified perceptions** | **4**(>7) | Table 3 lists 14 independently verified items from her regression sessions . |
| **7. Erroneous perceptions** | **4**(none) | No reported perception was later found to be false—all 14 verified accurately . |
| **8. Clarity of verified perceptions** | **4**(clearer than normal) | Descriptions were highly detailed (body position, EKG tap, dialogue, room layout)—more precise than ordinary perception . |

**Total score:** 3 + 4 + 4 + 4 + 4 + 4 + 4 + 4 = **31**

**Evidential strength:**  
Score 27–32 with criterion 4 ≥ 3 → **Strong evidential strength**.

Below is the application of the Veridical Near-Death Experiences Scale (vNDEScale) to **Bettina Peyton’s case**, using only information from the Methods and Results of Woollacott & Peyton (2020). Ratings run 1–4 (lowest to highest evidential strength), with brief explanations and citations.

| Criterion | Rating | Explanation |
| --- | --- | --- |
| **1. Timing of investigation**(interval between NDE and veridical investigation) | **4**(< 3 mo) | Peyton reported the precise events to her anesthesiologist and obstetrician immediately upon awakening in ICU—within days of her March 24, 1988 NDE—so investigation began < 3 months after the event . |
| **2. Physical state of non-responsivity**(unconsciousness documented) | **4**(documented unconsciousness) | The NDE occurred under general anesthesia with taped-shut eyes and during cardiac arrest, all documented in her medical record . |
| **3. Cardiac/respiratory arrest or cessation of brain activity** | **4**(documented arrest) | Clinical notes verify she suffered cardiac arrest (heart stopped for several minutes) and was being actively resuscitated . |
| **4. Third-person verification** | **4**(> 1 source) | Six veridical perceptions (e.g., “Just go for it” to anesthesiologist, senior surgeon clamping aorta) were each confirmed by multiple staff (anesthesiologist, obstetrician, senior surgeon) . |
| **5. Possible physical explanation** | **4**(extremely unlikely) | Events (e.g., visual perceptions with eyes taped, remote aorta clamp) could not have arisen from sensory cues or inference . |
| **6. Number of verified perceptions** | **3**(4–7 items) | Table 2 documents six independently verified perceptions during her NDE . |
| **7. Erroneous perceptions** | **4**(none) | None of her reported perceptions were later found to be false—all six were accurate . |
| **8. Clarity of verified perceptions** | **4**(clearer than normal) | Descriptions were exceptionally detailed (e.g., finger-print whorls, precise dialogue, room layout)—more precise than ordinary waking perception . |

**Total score:** 4 + 4 + 4 + 4 + 4 + 3 + 4 + 4 = **31**

**Evidential strength:**  
Score 27–32 with criterion 4 ≥ 3 → **Strong evidential strength**.

## **vNDEScale Assessment of Patient B (the **Dentures Case from van Lommel’s Study**)**

**Case Reference**: Smit, R. H. (2008). Corroboration of the Dentures Anecdote Involving Veridical Perception in a Near-Death Experience. Journal of Near-Death Studies, 27(1), 47–61.

**Subject**: Male patient (“B”) involved in a widely cited near-death experience (NDE) during cardiac arrest, originally reported by cardiologist Pim van Lommel et al. in The Lancet (2001), and further investigated in-depth by Rudolf H. Smit.

### **vNDEScale Scoring Summary**

| Criterion | Rating | Explanation |
| --- | --- | --- |
| **1. Timing of Investigation** | 2 | Investigation began over 10 years after the NDE, with interviews in 1994 (15 years later). |
| **2. Physical State of Non-Responsivity (Unconsciousness)** | 4 | Patient was clinically dead: no pulse, no breathing, no pupillary reflex; corroborated by medical personnel. |
| **3. Cardiac, Respiratory, or Brain Arrest** | 4 | Documented cardiac arrest, with cessation of respiration and intensive resuscitation efforts. |
| **4. Third-Person Verification** | 4 | Eyewitness nurse (T.G.) gave detailed, corroborated accounts; interviewed in 1994 and again in 2008. |
| **5. Possible Physical Explanation** | 4 | No plausible sensory or inferential basis for the patient’s observations; he had no prior exposure to the room or staff. |
| **6. Number of Verified Perceptions** | 3 | Between 4–7 distinct veridical perceptions described (e.g., cart description, dentures, personnel identification). |
| **7. Erroneous Perceptions** | 4 | No erroneous perceptions documented. |
| **8. Clarity of Verified Perceptions** | 4 | Observations were highly specific and precise (e.g., layout of resuscitation room, unique cart, staff actions). |

### **Total Score**: **29 / 32**

### **Evidential Strength Category**:

**Strong Evidential Strength (Fourth Quartile)**  
This case meets the threshold for the highest level of evidential strength as defined by the Veridical Near-Death Experiences Scale (vNDEScale), with a score in the top quartile and a **rating of 4** on Criterion 4 (Third-Person Verification).

Based on a detailed reading of the **Methods and Results** sections of Sartori et al. (2006) and applying the **Veridical Near-Death Experiences Scale (vNDEScale)**, here is the assessment of the ****60-year-old Caucasian male p**atient** featured in the study:

## **vNDEScale Assessment: Sartori’s 60-Year-Old Male Patient**

### **1. Timing of Investigation**

**Rating: 3**  
Explanation: The NDE was reported **immediately** upon the patient regaining consciousness and formally documented through **interviews shortly thereafter**, with follow-up interviews occurring up to five years later. This fulfills the criteria for relatively prompt documentation.

### **2. Physical State of Non-Responsivity**

**Rating: 3**  
Explanation: The patient was **deeply unconscious**, unresponsive to **verbal commands and deep painful stimuli**, and had **closed eyes** during the episode. However, there was no full cardiac arrest, which reduces this rating by one point.

### **3. Cardiac, Respiratory, or Brain Arrest**

**Rating: 2**  
Explanation: The patient experienced a **serious medical crisis** involving **multi-organ failure**, **respiratory compromise**, and **brief supraventricular tachycardia**, but **did not suffer full cardiac arrest**. Hence, the rating falls in the midrange.

### **4. Third-Person Verification**

**Rating: 4**  
Explanation: Key elements of the patient’s out-of-body experience (e.g., eye exam by consultant, cleaning of the mouth with pink sponge and suction catheter, physiotherapist nervously peeking around the curtain) were **verified by the medical staff** present, including the nurse (author Sartori herself), the physiotherapist, and medical documentation.

### **5. Possible Physical Explanation**

**Rating: 3**  
Explanation: The authors ruled out plausible physiological explanations such as **drug effects**, **low oxygen**, and **hypercarbia**, though **mild confounding factors** (e.g., some awareness of the unit layout, high CO₂ levels) were present. The explanation remains mostly unsatisfactory, so a near-maximal score is warranted.

### **6. Number of Verified Perceptions**

**Rating: 3**  
Explanation: The patient accurately described at least **3–5 specific veridical perceptions**:

* The consultant checking his pupils and commenting on reactivity.
* The nurse cleaning his mouth with what he described as a “pink lollipop.”
* The physiotherapist hiding behind the curtain but checking in.
* Multiple people present in the room and their actions.

### **7. Erroneous Perceptions**

**Rating: 3**  
Explanation: The patient **slightly misquoted** the consultant’s words (“There’s life in the eye” vs. “They’re reacting but unequal”), and described the sponge as a “long pink lollipop,” which was an approximation. These minor inaccuracies slightly reduce the rating.

### **8. Clarity of Verified Perceptions**

**Rating: 4**  
Explanation: Despite being unconscious, the patient gave **vivid, precise, and confidently recalled** details, even distinguishing between his NDE and morphine-induced hallucinations, which he described as “dreamlike” and clearly different.

### **Total Score: 25 / 32**

### **Evidential Strength Level:**

**Moderate to Strong Evidential Strength (Upper Third Quartile)**  
The case scores high on third-party verification and clarity, but lacks full physiological arrest, which slightly reduces the total.

Based on the **Veridical Near-Death Experiences Scale (vNDEScale)** and the information from the **Rivas & Smit (2013)** report about **Dr. Lloyd Rudy’s patient**, here is a full application of the scale:

### **vNDEScale Application: Dr. Rudy’s Patient**

#### **1. Timing of Investigation**

**Score: 1 – After more than 5 years following the NDE**

* The case occurred in the late 1990s or early 2000s. The investigation and public reporting happened in 2011–2013.

#### **2. Physical State of Non-Responsivity (Unconsciousness)**

**Score: 4 – Documented unconsciousness**

* The patient had no heartbeat, no blood pressure, and no respiration for ~20–25 minutes. This was confirmed by both surgeons and clinical monitors.

#### **3. Cardiac, Respiratory, or Brain Arrest**

**Score: 4 – Documented cardiac or respiratory arrest**

* The patient was declared dead by the surgical team. The heart-lung machine and anesthesia were turned off. Monitoring showed no cardiac activity, and flatlines were visible on multiple devices.

#### **4. Third-Person Verification**

**Score: 4 – Documented verification from more than one third-person source**

* Two surgeons (Dr. Rudy and Dr. Amado-Cattaneo) independently confirmed the accuracy of the patient's perceptions post-revival. One confirmed it via YouTube, and another in written communication with researchers.

#### **5. Possible Physical Explanation**

**Score: 4 – Extremely unlikely for perceptions to have a conventional physical explanation**

* The patient described specific visual details (e.g., doctors’ positions, Post-it notes on a monitor), while unconscious with closed or taped eyes, and during a time when he was clinically dead and surrounded by surgical equipment.

#### **6. Number of Verified Perceptions**

**Score: 2 – 2 or 3 verified perceptions**

* Verified perceptions include:
  1. Dr. Rudy and Dr. Cattaneo standing in the doorway with arms folded.
  2. The anesthesiologist rushing back in.
  3. Post-it notes stacked on the monitor.

#### **7. Erroneous Perceptions**

**Score: 4 – No erroneous perceptions**

* Both surgeons confirmed that the patient’s descriptions matched the actual events during the period of clinical death. No inaccuracies were reported.

#### **8. Clarity of Verified Perceptions**

**Score: 4 – Clearer and more precise than most normal physical perceptions**

* The patient's account included precise spatial details, body language, and layout (e.g., monitor locations and the Post-it note sequence) that surprised the surgical team.

### **Total Score: 27**

#### **Evidential Strength:**

**Fourth Quartile – Strong evidential strength** (score of 3 or 4 on criterion 4)

### **Summary:**

Dr. Rudy’s patient's case achieves **a total score of 27 out of 32** on the vNDEScale, placing it in the **highest category of evidential strength**. This supports the classification of this case as one of the most compelling and rigorously corroborated examples of a veridical near-death experience.

Based on the **Veridical Near-Death Experiences Scale (vNDEScale)** and the information provided in the **Beauregard et al. (2012)** report about **patient **J.S.****, here is a complete scoring and explanation for each criterion:

### **vNDEScale Application: Case of J.S.**

#### **1. Timing of Investigation**

**Score: 2 – From 1 to 5 years following the NDE**

* The event occurred on **October 26, 2008**. The study was published in 2012, and interviews took place after completed questionnaires were returned. This places the investigation within approximately **1–4 years** after the event.

#### **2. Physical State of Non-Responsivity (Unconsciousness)**

**Score: 4 – During documented unconsciousness**

* J.S. was under **general anesthesia with taped eyes**, and undergoing **deep hypothermic cardiocirculatory arrest (DHCA)**—a condition involving **total cessation of brain activity and blood flow**. This was medically documented.

#### **3. Cardiac, Respiratory, or Brain Arrest**

**Score: 4 – Documented cardiac or respiratory arrest**

* The cardiocirculatory arrest lasted **15 minutes** during surgery. This is **documented**, and by the nature of DHCA, both **heart and brain functions were deliberately stopped**.

#### **4. Third-Person Verification**

**Score: 3 – Documented verification from one third-person source**

* The **cardiothoracic surgeon** confirmed that J.S.’s descriptions of the **nurse**, **machines**, and operating room details were **accurate**.

#### **5. Possible Physical Explanation**

**Score: 4 – Extremely unlikely for perceptions to have a conventional physical explanation**

* J.S. had her **eyes taped shut**, was under **general anesthesia**, and did **not meet or see the surgical team or room layout** beforehand. Her visual perceptions of equipment and staff, seen from a disembodied vantage point, are not explainable by normal sensory means.

#### **6. Number of Verified Perceptions**

**Score: 2 – 2 or 3 verified perceptions**

* Verified perceptions include:
  1. A **nurse passing instruments** to the surgeon.
  2. The **anesthesia** machine.
  3. The **echography** machine.

#### **7. Erroneous Perceptions**

**Score: 4 – No erroneous perceptions**

* According to the surgeon, **all elements described by J.S. matched** the actual configuration and events. There is **no mention of any inaccuracies**.

#### **8. Clarity of Verified Perceptions**

**Score: 3 – As clear and precise as normal physical perceptions**

* The report indicates her **descriptions were detailed and accurate**, but does not explicitly state that they were **"clearer"** than normal perceptions.

### **Total Score: 26**

### **Evidential Strength Classification**

* **Third Quartile (21–26): Moderate evidential strength**

Though the case is strong, especially in terms of physiological documentation and third-person verification, it does not score in the top quartile due to:

* Slight delay in timing of investigation.
* Verification by only **one** external source.
* A limited number of veridical details reported.

### **Conclusion**

J.S.'s case scores **26 out of 32** on the vNDEScale, placing it in the **high end of the Moderate evidential strength category**. It remains a notable example of a veridical near-death experience occurring under stringent medical conditions involving **complete cardiocirculatory arrest**.

Here is the application of the Veridical NDE Scale (vNDEScale) to the **4** whose case is described in Parnia et al. (2014):

| Criterion | Rating (1–4) | Rationale |
| --- | --- | --- |
| **1. Timing of investigation**(time between NDE and its investigation) | **4**(<3 months) | He was interviewed in-hospital (between 3 days and 4 weeks post-arrest). |
| **2. Physical state of non-responsivity**(did perceptions occur during documented unconsciousness?) | **4**(documented unconsciousness) | During CPR he had a Glasgow Coma Score of 3/15 with no eye, motor or verbal responses, as verified in the medical record. |
| **3. Cardiac/respiratory arrest or cessation of brain activity**(were perceptions during documented arrest?) | **4**(documented arrest) | He suffered ventricular fibrillation and underwent CPR with AED shocks, all documented in the medical chart. |
| **4. Third-person verification**(corroboration by ≥1 credible source) | **3**(one documented source) | His ability to describe the AED’s “shock the patient” prompts, the presence of the nurse and the blue-scrubbed responder was confirmed by review of the medical records and staff accounts. |
| **5. Possible physical explanation**(could perceptions be accounted for by sensory cues or inference?) | **4**(extremely unlikely) | No shelf-mounted images were present in that area, and the vantage-point “from the ceiling” could not be physically seen or inferred. |
| **6. Number of verified perceptions**(count of uniquely verified items) | **2**(2–3 items) | At least three distinct elements were independently verified: the AED voice prompt, the pressure on his groin (nurse’s compressions), and identification of the blue-scrubbed responder. |
| **7. Erroneous perceptions**(were any reported perceptions later shown false?) | **4**(no erroneous perceptions) | All of his reported perceptions were later confirmed; none proved inaccurate. |
| **8. Clarity of verified perceptions**(how clear were the memories?) | **4**(clearer than normal) | He provided vivid, precise details (e.g., scrubs color, voice wording, spatial layout) beyond typical recall. |

**Total score: 4 + 4 + 4 + 3 + 4 + 2 + 4 + 4 = 29**

A total of **29** places this case in the **fourth quartile (27–32) with strong evidential strength**, given the high score on third-person verification (criterion 4 = 3).

Below is the application of the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **1** as described by Cook, Greyson, & Stevenson (1998):

| Criterion | Rating (1–4) | Rationale |
| --- | --- | --- |
| **1. Timing of investigation**(time between NDE and its investigation) | **1**(>5 years) | Her NDE occurred in 1930 but was first investigated via correspondence and interview in 1961—31 years later . |
| **2. Physical state of non-responsivity**(unconsciousness documented) | **4**(documented unconsciousness) | The surgeon and nurses declared her “dead,” elevated and dropped the mattress to restart her heart, all recorded in her medical and operative notes . |
| **3. Cardiac/respiratory arrest** | **4**(documented arrest) | The physician’s order to jar her chest to restart cardiac activity demonstrates a documented cessation of heart function . |
| **4. Third-person verification** | **3**(one documented source) | A nurse later confirmed that, upon looking out her window, the Christmas tree and drying sheets were indeed there . |
| **5. Possible physical explanation** | **4**(extremely unlikely) | The vantage-point “from the ceiling” and visual details of a window four storeys down could not be inferred or seen by a supine patient . |
| **6. Number of verified perceptions** | **2**(2–3 items) | Two distinct veridical items: the “Christmas tree” on the balcony and the “area of sheets flapping” . |
| **7. Erroneous perceptions** | **4**(no erroneous perceptions) | All reported details (tree, sheets) were later confirmed; none proved inaccurate . |
| **8. Clarity of verified perceptions** | **4**(clearer than normal) | She recalled precise, vivid details (tree, sheets) despite being clinically “dead,” indicating exceptionally clear memory . |

**Total score: 1 + 4 + 4 + 3 + 4 + 2 + 4 + 4 = 26**  
A score of **26** places this case in the **third quartile (21–26), indicating moderate evidential strength** on the vNDEScale.

Below is the application of the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **Jean Morrow** (1956), based on the Illustrative Cases section in Cook, Greyson & Stevenson (1998):

| Criterion | Rating (1–4) | Rationale |
| --- | --- | --- |
| **1. Timing of investigation**(time between NDE and its investigation) | **1**(>5 years) | Mrs. Morrow’s experience occurred in 1956 but was first reported to the investigators only in 1991—35 years later. |
| **2. Physical state of non-responsivity**(did perceptions occur during physical non-responsivity?) | **2**(diminished/altered consciousness) | Her blood pressure had dropped precipitously during surgery, but there is no medical documentation of full unconsciousness; perception likely arose in a state of profound hemodynamic compromise. |
| **3. Cardiac/respiratory arrest or cessation of brain activity** | **2**(abnormal function, not arrest) | She experienced severe hypotension and panic among staff but there is no record of cardiac or respiratory arrest. |
| **4. Third-person verification** | **1**(none) | Attempts to corroborate her report of seeing her mother smoking in the waiting room failed; no witness could be located. |
| **5. Possible physical explanation** | **4**(extremely unlikely) | The view “from the ceiling” of the OR and of distant events (mother smoking) could not have been obtained by any normal sensory cue or logical inference. |
| **6. Number of verified perceptions** | **1**(<1 item) | No elements of her account were independently verified, so the count of verified items is effectively zero. |
| **7. Erroneous perceptions** | **1**(all unverified) | There is no information on any errors in her report; without verification, this is scored at the lowest level. |
| **8. Clarity of verified perceptions** | **4**(clearer than normal) | She provided vivid, detailed recollections (e.g., overheard phrases, spatial layout) far exceeding typical postoperative recall. |

**Total score: 1 + 2 + 2 + 1 + 4 + 1 + 1 + 4 = 16**

A total of **16** places this case in the **second quartile (15–20): Low evidential strength** on the vNDEScale.

Below is the application of the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **1**, as reported by Cook, Greyson, & Stevenson (1998):

| Criterion | Rating (1–4) | Rationale |
| --- | --- | --- |
| **1. Timing of investigation**(interval between NDE and its investigation) | **1**(>5 years) | Her accident occurred when she was 16 (≈1973) but she was first interviewed in May 1990—about 17 years later |
| **2. Physical state of non-responsivity**(perceptions during documented unconsciousness) | **1**(no documentation) | Medical records note uncertainty about any loss of consciousness; she was conscious on hospital arrival |
| **3. Cardiac/respiratory arrest**(perceptions during documented arrest) | **2**(abnormal function only) | She suffered a neck sprain with displacement but no cardiac or respiratory arrest is recorded |
| **4. Third-person verification**(corroboration by ≥1 credible source) | **1**(none) | She declined permission to contact her parents—no independent corroboration of seeing them at the ski lodge |
| **5. Possible physical explanation**(could perceptions be inferred or cued?) | **4**(extremely unlikely) | Seeing her parents reading a notice on a board ~½ mile away could not have been inferred or heard from her vantage point |
| **6. Number of verified perceptions**(count of independently verified items) | **1**(<1 item) | No elements of her account were ever verified |
| **7. Erroneous perceptions**(any reported details later shown false?) | **1**(all unverified) | With no verification, none can be judged accurate or inaccurate—default to lowest score |
| **8. Clarity of verified perceptions**(vividness of memories) | **4**(clearer than normal) | She described her entire accident and rescue sequence “as if…an observer,” with unusually vivid, continuous recall |

**Total score: 1 + 1 + 2 + 1 + 4 + 1 + 1 + 4 = 15**

A score of **15** places Jennifer Edwards’ case in the **second quartile (15–20)**, indicating **low evidential strength** on the vNDEScale.

**Mrs Raso**

| Criterion | Rating (1–4) | Rationale |
| --- | --- | --- |
| **1. Timing of investigation**(interval between NDE and its investigation) | **3**(3–12 months) | Mrs. Raso first described her experience to physicians in 1961—approximately one year after the August 15, 1960 event—placing it within the 3–12 month window. |
| **2. Physical state of non-responsivity**(perceptions during documented unconsciousness) | **4**(documented unconsciousness) | The medical record reports that she “became unconscious” during her embolic crisis at 5:00 a.m. on August 15, 1960. |
| **3. Cardiac/respiratory arrest**(perceptions during documented arrest) | **2**(abnormal but not arrested) | Her collapse followed a pulmonary embolism with loss of consciousness, but there is no documentation of true cardiac or respiratory arrest. |
| **4. Third-person verification**(corroboration by ≥1 credible source) | **3**(one credible source) | Her aunt (an RN) was overheard saying “She was such a good little mother,” and her husband later confirmed that statement in writing. |
| **5. Possible physical explanation**(could perceptions be explained by sensory cues?) | **2**(some elements could be cued) | The door to her room was open, making it plausible she could hear her aunt’s voice normally—suggesting at least partial sensory access to that detail. |
| **6. Number of verified perceptions**(count of independently verified items) | **1**(<2 items) | Only one element of her account (“good little mother”) was independently corroborated. |
| **7. Erroneous perceptions**(any reported details later shown false?) | **4**(no errors) | There are no indications that any of her verified perception was later disproven. |
| **8. Clarity of verified perceptions**(vividness of memories) | **4**(clearer than normal) | She recalled her aunt’s exact words and conversational context with exceptional precision. |

**Total score: 3 + 4 + 2 + 3 + 2 + 1 + 4 + 4 = 23**  
A score of **23** places Mrs. Peggy Raso’s case in the **third quartile (21–26)** on the vNDEScale, indicating **moderate evidential strength** for veridical perception.

Below is the application of the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **Stefan von Jankovich** (1964), based on the Illustrative Cases in Cook, Greyson & Stevenson (1998):

| Criterion | Rating (1–4) | Rationale |
| --- | --- | --- |
| **1. Timing of investigation**(interval between NDE and its investigation) | **1**(> 5 years) | His accident occurred in September 1964; the first systematic interview by Stevenson took place in September 1992—28 years later . |
| **2. Physical state of non-responsivity**(perceptions during documented unconsciousness) | **4**(documented unconsciousness) | He suffered multiple fractures, was judged “dead,” and had no voluntary responses; medical and police reports note he was clinically non-responsive and that his heart had stopped for over 5 minutes . |
| **3. Cardiac/respiratory arrest**(perceptions during documented arrest) | **4**(documented arrest) | The physician’s report explicitly states his heart had ceased beating and an intra-cardiac injection of adrenaline was used to restart it . |
| **4. Third-person verification**(corroboration by ≥ 2 credible sources) | **4**(two or more sources) | His account of: 1) the specific doctor administering the adrenaline, 2) the critical man’s thoughts, 3) the red commercial vehicle’s name/location, and 4) the silent prayers was confirmed by police archives, the physician’s report, and later personal meetings (e.g., tracing and questioning the woman from Tessin) . |
| **5. Possible physical explanation**(could perceptions be inferred or cued?) | **4**(extremely unlikely) | From his supine position on the road he could not have seen or inferred the truck’s signage or the specific silent prayers of a passerby . |
| **6. Number of verified perceptions**(count of uniquely verified items) | **4**(4–6 items) | Independently verified items include: the doctor’s identity and actions, the critical man’s thoughts, the red vehicle’s name/location, and the content of the woman’s silent prayers . |
| **7. Erroneous perceptions**(any reported details later shown false?) | **4**(no erroneous perceptions) | None of his detailed observations were later disproven. |
| **8. Clarity of verified perceptions**(vividness of memories) | **4**(clearer than normal) | He provided exceptionally vivid, detailed recollections of auditory, visual, and even “thought” perceptions from above his body . |

**Total score: 1 + 4 + 4 + 4 + 4 + 4 + 4 + 4 = 29**

A score of **29** places this case in the **fourth quartile (27–32)** of the vNDEScale, indicating **strong evidential strength** for veridical perception during his near-death experience.

Below is the application of the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **Rose Heath,** based on Cook, Greyson & Stevenson’s illustrative account:

| Criterion | Rating (1–4) | Rationale |
| --- | --- | --- |
| **1. Timing of investigation**(interval between NDE and investigation) | **1**(> 5 years) | The experience occurred circa 1915, but was not learned about by the investigator until 1970—over 55 years later . |
| **2. Physical state of non-responsivity**(perceptions during documented unconsciousness) | **2**(diminished/altered consciousness) | Described as occurring “during an apparent crisis” of scarlet fever; no clinical documentation of full unconsciousness is available . |
| **3. Cardiac/respiratory arrest**(perceptions during documented arrest) | **2**(abnormal function only) | Although she was critically ill, there is no record of true cardiac or respiratory arrest . |
| **4. Third-person verification**(corroboration by ≥ 1 credible source) | **3**(documented source) | Her vision of her cousin in full uniform—whom she knew only as missing—was later confirmed by comparison with a photograph seen years afterward . |
| **5. Possible physical explanation**(could perceptions be cued/inferred?) | **4**(extremely unlikely) | Having been abroad throughout WW I, she had never seen that uniform style; accurate details could not have been inferred . |
| **6. Number of verified perceptions**(count of independently verified items) | **2**(2–3 items) | Two distinct veridical elements: recognition of her cousin and the specific uniform detail (cross vs. regiment name) . |
| **7. Erroneous perceptions**(any reported details later shown false?) | **4**(no erroneous perceptions) | No aspect of her account was ever shown to be incorrect. |
| **8. Clarity of verified perceptions**(vividness of memories) | **4**(clearer than normal) | She provided unusually vivid, precise recollections of visual details despite the severity of her illness . |

**Total score: 1 + 2 + 2 + 3 + 4 + 2 + 4 + 4 = 22**

A score of **22** places Rose Heath’s case in the **third quartile (21–26)** of the vNDEScale, indicating **moderate evidential strength** for veridical perception during her near-death experience.

Below is the application of the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **Al Sullivan**, as described in Cook, Greyson, & Stevenson (1998):

| Criterion | Rating (1–4) | Rationale |
| --- | --- | --- |
| **1. Timing of investigation**(interval between NDE and its investigation) | **2**(1–5 years) | His NDE occurred January 18, 1988, and was first reported to investigators at a meeting in 1990—approximately 2 years later . |
| **2. Physical state of non-responsivity**(perceptions during documented unconsciousness) | **4**(documented unconsciousness) | Medical records indicate he received both a local anesthetic for intra-aortic balloon insertion and then general anesthesia, rendering him deeply unconscious during the bypass surgery . |
| **3. Cardiac/respiratory arrest**(perceptions during documented arrest) | **2**(abnormal function only) | He experienced arrhythmia (“heart started to beat irregularly”) but there is no record of full cardiac or respiratory arrest . |
| **4. Third-person verification**(corroboration by ≥2 credible sources) | **4**(two or more sources) | Both Dr. Anthony LaSala and Dr. Hiroyoshi Takata independently confirmed (in 1997) that Dr. Takata habitually “flapped” his elbows in the OR and that Sullivan reported this immediately post-op . |
| **5. Possible physical explanation**(could perceptions be inferred or cued?) | **4**(extremely unlikely) | No normal sensory cues could account for perceiving elbow-flapping from above his body while under general anesthesia . |
| **6. Number of verified perceptions**(count of uniquely verified items) | **1**(<2 items) | Only one distinct element was independently verified: the surgeon’s characteristic elbow-flapping . |
| **7. Erroneous perceptions**(any reported details later shown false?) | **4**(no erroneous perceptions) | None of his reported observations were ever contradicted; all proved accurate . |
| **8. Clarity of verified perceptions**(vividness of memories) | **4**(clearer than normal) | He recalled the unusual gesture with exceptional precision immediately upon regaining consciousness . |

**Total score: 2 + 4 + 2 + 4 + 4 + 1 + 4 + 4 = 25**

A total of **25** places this case in the **third quartile (21–26)** of the vNDEScale, indicating **moderate evidential strength** for veridical perception during his near-death experience.

Based on the **Veridical Near-Death Experiences Scale (vNDEScale)** and the details provided in ****Case One**** of the Ring & Lawrence (1993) study, here is a full evaluation using the scale:

### **vNDEScale Application to Case One**

**Case Summary:**  
A woman at Hartford Hospital in 1985 had a near-death experience (NDE) during resuscitation. She described floating above her body, rising through several floors, and seeing the Hartford skyline from the roof. She noticed a red shoe on the hospital roof. A skeptical resident later found the shoe in the exact location she described.

#### **1. Timing of Investigation**

* The NDE occurred in 1985.
* The report was documented in a 1992 letter following an interview, roughly **7 years after the event**.
* **Score: 1** (More than 5 years after the NDE)

#### **2. Physical State of Non-Responsivity**

* She was undergoing **resuscitation**, strongly implying **apparent unconsciousness**.
* No explicit clinical documentation is mentioned, only the nurse's report.
* **Score: 3** (Apparent unconsciousness)

#### **3. Cardiac or Respiratory Arrest or Cessation of Brain Activity**

* The patient was resuscitated, implying at least **cardiac arrest**, though again not documented with medical records.
* **Score: 3** (Apparent cardiac/respiratory arrest)

#### **4. Third-Person Verification**

* A **skeptical resident found the red shoe** on the roof after hearing the woman’s account.
* This verification is **reported in a letter and confirmed in an interview**.
* **Score: 3** (Documented verification from one third-person source)

#### **5. Possible Physical Explanation**

* The roof and red shoe would not be visible from inside the hospital, and she was unconscious.
* No way she could have seen it before.
* **Score: 4** (Extremely unlikely for perceptions to have conventional physical explanation)

#### **6. Number of Verified Perceptions**

* Only one item was verified: the **red shoe on the roof**.
* **Score: 1** (One verified perception)

#### **7. Erroneous Perceptions**

* No erroneous perceptions were reported.
* **Score: 4** (No erroneous perceptions)

#### **8. Clarity of Verified Perceptions**

* Her description was detailed: **location, color, and context (view of skyline, red object)**.
* The nurse reported she was impressed by the clarity.
* **Score: 4** (Clearer and more precise than most normal physical perceptions)

### **Total Score: 23**

### **Evidential Strength Category:**

* **Third quartile (21–26): Moderate evidential strength**

### **Conclusion:**

Case One scores **23/32**, indicating **moderate evidential strength**. The strongest elements were the clarity and improbability of the perception, verified by an independent witness. The main limiting factor was the **long delay (7 years)** between the NDE and its investigation. If the investigation had occurred closer to the event, the score would be higher.

Here is a detailed evaluation of from Ring & Lawrence (1993) using the **Veridical Near-Death Experiences Scale (vNDEScale)**:

### **Case Two Summary**

In the summer of 1982, a nurse (Joyce Harmon) was involved in resuscitating a woman at Hartford Hospital. The next day, the patient identified her by the **plaid shoelaces** she was wearing during the resuscitation—a detail not visible under normal conditions and known only from the time of apparent unconsciousness.

### **vNDEScale Rating for Case Two**

#### **1. Timing of Investigation**

* The experience occurred in 1982, and the first documentation was through a personal communication dated **August 28, 1992**—**10 years later**.
* **Score: 1** (More than 5 years after the NDE)

#### **2. Physical State of Non-Responsivity**

* The patient was undergoing **resuscitation**, implying **apparent unconsciousness**. The nurse described the patient as having “died.”
* **Score: 3** (Apparent unconsciousness)

#### **3. Cardiac or Respiratory Arrest or Cessation of Brain Activity**

* The patient was being **resuscitated**, indicating at least **apparent cardiac arrest**, but again, no formal documentation.
* **Score: 3** (Apparent cardiac/respiratory arrest)

#### **4. Third-Person Verification**

* The nurse herself is the **documented source**, offering the account years later.
* There's no second corroborating source, but her statement is detailed and personally signed.
* **Score: 3** (Documented verification from one third-person source)

#### **5. Possible Physical Explanation**

* The patient identified the **plaid shoelaces** the nurse wore—an unusual detail, not likely visible from the patient’s position during unconsciousness.
* **Score: 4** (Extremely unlikely for perceptions to have conventional physical explanation)

#### **6. Number of Verified Perceptions**

* Only **one verified perception**: the **plaid shoelaces**.
* **Score: 1** (One)

#### **7. Erroneous Perceptions**

* No erroneous perceptions were reported.
* **Score: 4** (No erroneous perceptions)

#### **8. Clarity of Verified Perceptions**

* The detail was specific and unexpected ("You're the one with the plaid shoelaces!").
* The nurse reported being shocked by how clear and specific the memory was.
* **Score: 4** (Clearer and more precise than most normal physical perceptions)

### **Total Score: 23**

### **Evidential Strength Category:**

* **Third quartile (21–26): Moderate evidential strength**

### **Conclusion:**

Case Two, like Case One, scores **23 out of 32**, falling into the **moderate evidential strength** range. The case is compelling due to the specificity and improbability of the perception (plaid shoelaces) and the fact it was reported directly to the verifying nurse shortly after the event. Its main limitation is again the **long delay before formal investigation** and **lack of clinical documentation**.

Here is a full application of the **Veridical Near-Death Experiences Scale (vNDEScale)** to ****Case Three**** from Ring & Lawrence (1993).

### **Case Three Summary**

In the late 1970s, a man in the emergency room of Hartford Hospital suffered cardiac arrest. While respiratory therapist **Sue Saunders** was assisting with resuscitation (administering oxygen with a mask), he was flatlined and unresponsive. Later, in the ICU, the patient commented on her **yellow smock** and that she had something over her face while giving him oxygen—details he could not have known if unconscious.

### **vNDEScale Rating for Case Three**

#### **1. Timing of Investigation**

* The experience occurred in the **late 1970s**, and the first documented communication from Saunders was in **August 1992**—over a decade later.
* **Score: 1** (More than 5 years after the NDE)

#### **2. Physical State of Non-Responsivity**

* The patient had **flatlined** and was being **resuscitated**, indicating **apparent unconsciousness**.
* **Score: 3** (Apparent unconsciousness)

#### **3. Cardiac or Respiratory Arrest or Cessation of Brain Activity**

* The electrocardiogram was **flat**, which implies **cardiac arrest**, though not supported by formal clinical documentation in the article.
* **Score: 3** (Apparent cardiac/respiratory arrest)

#### **4. Third-Person Verification**

* Saunders, the respiratory therapist involved, reported this event in detail via **direct communication**.
* No additional third-party documentation or witnesses are cited.
* **Score: 3** (Documented verification from one third-person source)

#### **5. Possible Physical Explanation**

* The yellow smock and the mask would not have been visible to the patient, who was reportedly flatlined and unresponsive.
* **Score: 4** (Extremely unlikely for perceptions to have conventional physical explanation)

#### **6. Number of Verified Perceptions**

* Two verified perceptions:
  1. **Yellow smock**
  2. **Something over Saunders' face (mask) while administering oxygen**
* **Score: 2** (2 or 3 verified perceptions)

#### **7. Erroneous Perceptions**

* No erroneous perceptions were reported.
* **Score: 4** (No erroneous perceptions)

#### **8. Clarity of Verified Perceptions**

* The patient described two distinct and accurate details. The therapist noted she got goosebumps upon hearing them, indicating vividness and impact.
* **Score: 4** (Clearer and more precise than most normal physical perceptions)

### **Total Score: 24**

### **Evidential Strength Category:**

* **Third quartile (21–26): Moderate evidential strength**

### **Conclusion:**

Case Three scores **24 out of 32**, placing it firmly in the **moderate evidential strength** category. It is compelling for its dual accurate perceptions made during apparent cardiac arrest, confirmed by a direct witness. As with the other cases, its limitations stem from the **lack of formal clinical documentation** and the **long interval before investigation**.

**Mistral Medium 3**

Sure, let's apply the Veridical Near-Death Experiences Scale (vNDEScale) to **Stephanie Arnold's case** based on the information provided in the study.  
  
Veridical Near-Death Experiences Scale (vNDEScale) Application  
  
1. Timing of Investigation  
- Rating: 4 - less than three months following the NDE  
- Explanation: Stephanie Arnold's NDE was investigated shortly after her cardiac arrest during the birth of her second child on May 30, 2013. The hypnotic regression sessions, which revealed detailed memories of her NDE, began a few months after the event.  
  
2. Physical State of Non-Responsivity (Unconsciousness)  
- Rating: 4 - during documented (verified by written clinical documents) unconsciousness  
- Explanation: Stephanie was clinically dead for 37 seconds and was in a medically induced coma for six days following her cardiac arrest. Her unconscious state is well-documented in medical records.  
  
3. Cardiac, or Respiratory Arrest or Cessation of Brain Activity  
- Rating: 4 - documented (verified by written clinical documents) cardiac or respiratory arrest or cessation of brain activity  
- Explanation: Stephanie experienced cardiac arrest due to an amniotic fluid embolism (AFE), which is documented in her medical records.  
  
4. Third-Person Verification  
- Rating: 4 - documented (e.g., available interview by a credible source) verification from more than one third-person source  
- Explanation: Multiple medical personnel, including Dr. Grace Lim, Dr. Nicole Higgins, Dr. Julie Levitt, and others, verified the events and details Stephanie described during her hypnotic regression sessions.  
  
5. Possible Physical Explanation  
- Rating: 4 - extremely unlikely for perceptions to have conventional physical explanation  
- Explanation: Stephanie's perceptions during her NDE, such as seeing events in the operating room and elsewhere while clinically dead, cannot be explained by physical sensory cues or logical inference.  
  
6. Number of Verified Perceptions  
- Rating: 4 - more than 7  
- Explanation: Stephanie reported multiple verified perceptions, including seeing her daughter Adina playing with a blood pressure cuff, observing the medical team's actions during her cardiac arrest, and perceiving her husband Jonathan getting off a plane in Chicago.  
  
7. Erroneous Perceptions  
- Rating: 4 - no erroneous perceptions  
- Explanation: There is no indication of erroneous perceptions in Stephanie's account. All her reported perceptions were verified by credible sources.  
  
8. Clarity of Verified Perceptions  
- Rating: 4 - clearer and more precise than most normal physical perceptions  
- Explanation: Stephanie's descriptions of her NDE were detailed and vivid, indicating a high level of clarity in her perceptions.  
  
Total Score Calculation  
- Total Score: 32 (sum of the ratings for each criterion)  
- Level of Evidential Strength: Fourth quartile (27-32) - Strong evidential strength, with a score of 3 or 4 on criterion 4.  
  
Summary  
Stephanie Arnold's case demonstrates strong evidential strength according to the vNDEScale. Her detailed and verified perceptions during her NDE, along with the documentation and third-person verification, support the authenticity and evidential strength of her experience.

Let's apply the Veridical Near-Death Experiences Scale (vNDEScale) to **Bettina Peyton's case** based on the information provided in the study by Woollacott and Peyton (2020).  
  
Veridical Near-Death Experiences Scale (vNDEScale) Application  
  
1. Timing of Investigation  
- Rating: 4 - less than three months following the NDE  
- Explanation: Bettina Peyton's NDE was investigated shortly after her cardiac arrest during the birth of her third child in March 1988. The interview and assessment were conducted in January 2014, but the initial investigation and discussions with medical personnel occurred shortly after the event.  
  
2. Physical State of Non-Responsivity (Unconsciousness)  
- Rating: 4 - during documented (verified by written clinical documents) unconsciousness  
- Explanation: Bettina was under general anesthesia and experienced cardiac arrest during her surgery. Her unconscious state and cardiac arrest are well-documented in medical records.  
  
3. Cardiac, or Respiratory Arrest or Cessation of Brain Activity  
- Rating: 4 - documented (verified by written clinical documents) cardiac or respiratory arrest or cessation of brain activity  
- Explanation: Bettina experienced cardiac arrest during her surgery, which is documented in her medical records.  
  
4. Third-Person Verification  
- Rating: 4 - documented (e.g., available interview by a credible source) verification from more than one third-person source  
- Explanation: Multiple medical personnel, including her anesthesiologist and the senior surgeon, verified the events and details Bettina described during her NDE.  
  
5. Possible Physical Explanation  
- Rating: 4 - extremely unlikely for perceptions to have conventional physical explanation  
- Explanation: Bettina's perceptions during her NDE, such as seeing events in the operating room while clinically dead, cannot be explained by physical sensory cues or logical inference.  
  
6. Number of Verified Perceptions  
- Rating: 4 - more than 7  
- Explanation: Bettina reported multiple verified perceptions, including seeing the anesthesiologist's actions, the surgical procedures, and the senior surgeon clamping her aorta.  
  
7. Erroneous Perceptions  
- Rating: 4 - no erroneous perceptions  
- Explanation: There is no indication of erroneous perceptions in Bettina's account. All her reported perceptions were verified by credible sources.  
  
8. Clarity of Verified Perceptions  
- Rating: 4 - clearer and more precise than most normal physical perceptions  
- Explanation: Bettina's descriptions of her NDE were detailed and vivid, indicating a high level of clarity in her perceptions.  
  
Total Score Calculation  
- Total Score: 32 (sum of the ratings for each criterion)  
- Level of Evidential Strength: Fourth quartile (27-32) - Strong evidential strength, with a score of 3 or 4 on criterion 4.  
  
Summary  
Bettina Peyton's case demonstrates strong evidential strength according to the vNDEScale. Her detailed and verified perceptions during her NDE, along with the documentation and third-person verification, support the authenticity and evidential strength of her experience.

Let's apply the Veridical Near-Death Experiences Scale (vNDEScale) to the patient described in the study **by Smit (2008**), based on the information provided in the Methods and Results sections.  
  
Veridical Near-Death Experiences Scale (vNDEScale) Application  
  
1. Timing of Investigation  
- Rating: 4 - less than three months following the NDE  
- Explanation: The investigation of the patient's NDE was conducted shortly after the event, as the patient recognized the nurse who had removed his dentures during the resuscitation process when he saw him again in the hospital.  
  
2. Physical State of Non-Responsivity (Unconsciousness)  
- Rating: 4 - during documented (verified by written clinical documents) unconsciousness  
- Explanation: The patient was clinically dead when he was brought into the hospital. He had no pulse, was not breathing, and showed signs of post-mortem lividity. His eyes were closed, and he showed no pupillary reflexes, indicating a lack of brain activity.  
  
3. Cardiac, or Respiratory Arrest or Cessation of Brain Activity  
- Rating: 4 - documented (verified by written clinical documents) cardiac or respiratory arrest or cessation of brain activity  
- Explanation: The patient was in a state of cardiac arrest and was clinically dead when he was brought into the hospital. The resuscitation process lasted for about an hour and a half before he showed signs of life.  
  
4. Third-Person Verification  
- Rating: 4 - documented (e.g., available interview by a credible source) verification from more than one third-person source  
- Explanation: The nurse who removed the patient's dentures (T.G.) verified the patient's account of the events during the resuscitation process. Additionally, the patient's detailed description of the resuscitation room and the people present was corroborated by the medical staff.  
  
5. Possible Physical Explanation  
- Rating: 4 - extremely unlikely for perceptions to have conventional physical explanation  
- Explanation: The patient's perceptions during his NDE, such as seeing the resuscitation room and the actions of the medical staff, cannot be explained by physical sensory cues or logical inference, as he was clinically dead and unconscious during the event.  
  
6. Number of Verified Perceptions  
- Rating: 4 - more than 7  
- Explanation: The patient reported multiple verified perceptions, including seeing the nurse removing his dentures, the resuscitation room, the medical staff, and the crash cart. He also described the appearance of the people present and the events that took place during the resuscitation.  
  
7. Erroneous Perceptions  
- Rating: 4 - no erroneous perceptions  
- Explanation: There is no indication of erroneous perceptions in the patient's account. All his reported perceptions were verified by credible sources, including the nurse and the medical staff.  
  
8. Clarity of Verified Perceptions  
- Rating: 4 - clearer and more precise than most normal physical perceptions  
- Explanation: The patient's descriptions of his NDE were detailed and vivid, indicating a high level of clarity in his perceptions. He was able to accurately describe the resuscitation room, the people present, and the events that took place.  
  
Total Score Calculation  
- Total Score: 32 (sum of the ratings for each criterion)  
- Level of Evidential Strength: Fourth quartile (27-32) - Strong evidential strength, with a score of 3 or 4 on criterion 4.  
  
Summary  
The patient's case demonstrates strong evidential strength according to the vNDEScale. His detailed and verified perceptions during his NDE, along with the documentation and third-person verification, support the authenticity and evidential strength of his experience.

Let's apply the Veridical Near-Death Experiences Scale (vNDEScale) to the **60-year-old Caucasian** man described in the study by Sartori et al. (2006), based on the information provided in the Methods and Results sections.  
  
Veridical Near-Death Experiences Scale (vNDEScale) Application  
  
1. Timing of Investigation  
- Rating: 4 - less than three months following the NDE  
- Explanation: The investigation of the patient's NDE was conducted shortly after the event, as the patient reported his experience immediately upon regaining full consciousness.  
  
2. Physical State of Non-Responsivity (Unconsciousness)  
- Rating: 4 - during documented (verified by written clinical documents) unconsciousness  
- Explanation: The patient was deeply unconscious with his eyes closed and was not responding to verbal command or deep painful stimuli during the time he reported experiencing the NDE.  
  
3. Cardiac, or Respiratory Arrest or Cessation of Brain Activity  
- Rating: 3 - apparent (inferred or reported verbally by the clinicians) cardiac or respiratory arrest or cessation of brain activity  
- Explanation: The patient's condition deteriorated rapidly, and he was put back to bed for fear of an ensuing cardiac arrest. He was deeply unconscious, and his condition was critical, but there is no explicit mention of documented cardiac or respiratory arrest.  
  
4. Third-Person Verification  
- Rating: 4 - documented (e.g., available interview by a credible source) verification from more than one third-person source  
- Explanation: The patient's account of his NDE was verified by the nurse (Penny Sartori) and the physiotherapist who were present during the events he described. The consultant who reviewed him at the time of his experience also documented the events in the patient's medical notes.  
  
5. Possible Physical Explanation  
- Rating: 4 - extremely unlikely for perceptions to have conventional physical explanation  
- Explanation: The patient's perceptions during his NDE, such as seeing the nurse cleaning his mouth and the physiotherapist's behavior, cannot be explained by physical sensory cues or logical inference, as he was deeply unconscious and his eyes were closed during the event.  
  
6. Number of Verified Perceptions  
- Rating: 3 - 4 to 7  
- Explanation: The patient reported several verified perceptions, including seeing the nurse cleaning his mouth, the physiotherapist's behavior, and the consultant examining him. He also described the events and people present during his NDE.  
  
7. Erroneous Perceptions  
- Rating: 4 - no erroneous perceptions  
- Explanation: There is no indication of erroneous perceptions in the patient's account. All his reported perceptions were verified by credible sources, including the nurse, physiotherapist, and consultant.  
  
8. Clarity of Verified Perceptions  
- Rating: 4 - clearer and more precise than most normal physical perceptions  
- Explanation: The patient's descriptions of his NDE were detailed and vivid, indicating a high level of clarity in his perceptions. He was able to accurately describe the events and people present during his NDE.  
  
Total Score Calculation  
- Total Score: 28 (sum of the ratings for each criterion)  
- Level of Evidential Strength: Fourth quartile (27-32) - Strong evidential strength, with a score of 3 or 4 on criterion 4.  
  
Summary  
The patient's case demonstrates strong evidential strength according to the vNDEScale. His detailed and verified perceptions during his NDE, along with the documentation and third-person verification, support the authenticity and evidential strength of his experience.

Let's apply the Veridical Near-Death Experiences Scale (vNDEScale) to **Dr. Lloyd Rudy's patient** described in the study by Rivas and Smit (2013), based on the information provided in the Methods and Results sections.  
  
Veridical Near-Death Experiences Scale (vNDEScale) Application  
  
1. Timing of Investigation  
- Rating: 4 - less than three months following the NDE  
- Explanation: The investigation of the patient's NDE was conducted shortly after the event, as the patient described his experience to Dr. Rudy and Dr. Cattaneo within 10 days to two weeks after the surgery.  
  
2. Physical State of Non-Responsivity (Unconsciousness)  
- Rating: 4 - during documented (verified by written clinical documents) unconsciousness  
- Explanation: The patient was clinically dead and pronounced dead on the operating table. His eyes were taped shut, and he showed no signs of life for approximately 20-25 minutes.  
  
3. Cardiac, or Respiratory Arrest or Cessation of Brain Activity  
- Rating: 4 - documented (verified by written clinical documents) cardiac or respiratory arrest or cessation of brain activity  
- Explanation: The patient experienced cardiac arrest and was pronounced dead. The monitoring equipment showed no heartbeat, no blood pressure, and no respiratory function for approximately 20-25 minutes.  
  
4. Third-Person Verification  
- Rating: 4 - documented (e.g., available interview by a credible source) verification from more than one third-person source  
- Explanation: The patient's account of his NDE was verified by Dr. Lloyd Rudy and Dr. Roberto Amado-Cattaneo, who were both present during the surgery and the subsequent events. They confirmed the accuracy of the patient's perceptions and the details he described.  
  
5. Possible Physical Explanation  
- Rating: 4 - extremely unlikely for perceptions to have conventional physical explanation  
- Explanation: The patient's perceptions during his NDE, such as seeing Dr. Rudy and Dr. Cattaneo standing in the doorway and the Post-it notes on the monitor, cannot be explained by physical sensory cues or logical inference, as he was clinically dead and his eyes were taped shut during the event.  
  
6. Number of Verified Perceptions  
- Rating: 3 - 4 to 7  
- Explanation: The patient reported several verified perceptions, including seeing Dr. Rudy and Dr. Cattaneo standing in the doorway, the anesthesiologist running back in, and the Post-it notes on the monitor. He also described the events and details of the operating room.  
  
7. Erroneous Perceptions  
- Rating: 4 - no erroneous perceptions  
- Explanation: There is no indication of erroneous perceptions in the patient's account. All his reported perceptions were verified by credible sources, including Dr. Rudy and Dr. Cattaneo.  
  
8. Clarity of Verified Perceptions  
- Rating: 4 - clearer and more precise than most normal physical perceptions  
- Explanation: The patient's descriptions of his NDE were detailed and vivid, indicating a high level of clarity in his perceptions. He was able to accurately describe the events, details, and people present during his NDE.  
  
Total Score Calculation  
- Total Score: 30 (sum of the ratings for each criterion)  
- Level of Evidential Strength: Fourth quartile (27-32) - Strong evidential strength, with a score of 3 or 4 on criterion 4.  
  
Summary  
The patient's case demonstrates strong evidential strength according to the vNDEScale. His detailed and verified perceptions during his NDE, along with the documentation and third-person verification, support the authenticity and evidential strength of his experience.

Let's apply the Veridical Near-Death Experiences Scale (vNDEScale) to the **Case One** described in the study by Ring and Lawrence (1993), based on the information provided in the Methods and Results sections.  
  
Veridical Near-Death Experiences Scale (vNDEScale) Application  
  
1. Timing of Investigation  
- Rating: 4 - less than three months following the NDE  
- Explanation: The investigation of the patient's NDE was conducted shortly after the event, as the patient described her experience to Kathy Milne, the nurse, who then shared the account with others.  
  
2. Physical State of Non-Responsivity (Unconsciousness)  
- Rating: 4 - during documented (verified by written clinical documents) unconsciousness  
- Explanation: The patient was unconscious and undergoing resuscitation during the time she reported experiencing the NDE.  
  
3. Cardiac, or Respiratory Arrest or Cessation of Brain Activity  
- Rating: 3 - apparent (inferred or reported verbally by the clinicians) cardiac or respiratory arrest or cessation of brain activity  
- Explanation: The patient was undergoing resuscitation, indicating a critical condition, but there is no explicit mention of documented cardiac or respiratory arrest.  
  
4. Third-Person Verification  
- Rating: 3 - documented (e.g., available interview by a credible source) verification from one third-person source  
- Explanation: The patient's account of her NDE was verified by Kathy Milne, the nurse who heard the patient's description of the red shoe on the roof and later confirmed its presence.  
  
5. Possible Physical Explanation  
- Rating: 4 - extremely unlikely for perceptions to have conventional physical explanation  
- Explanation: The patient's perception of the red shoe on the roof during her NDE cannot be explained by physical sensory cues or logical inference, as she was unconscious and undergoing resuscitation.  
  
6. Number of Verified Perceptions  
- Rating: 1 - one  
- Explanation: The patient reported one verified perception, which was the red shoe on the roof of the hospital.  
  
7. Erroneous Perceptions  
- Rating: 4 - no erroneous perceptions  
- Explanation: There is no indication of erroneous perceptions in the patient's account. The reported perception of the red shoe was verified by the nurse.  
  
8. Clarity of Verified Perceptions  
- Rating: 4 - clearer and more precise than most normal physical perceptions  
- Explanation: The patient's description of the red shoe on the roof was detailed and vivid, indicating a high level of clarity in her perception.  
  
Total Score Calculation  
- Total Score: 24 (sum of the ratings for each criterion)  
- Level of Evidential Strength: Third quartile (21-26) - Moderate evidential strength.  
  
Summary  
The patient's case demonstrates moderate evidential strength according to the vNDEScale. Her detailed and verified perception during her NDE, along with the documentation and third-person verification, support the authenticity and evidential strength of her experience.

Let's apply the Veridical Near-Death Experiences Scale (vNDEScale) to the **Case Two** described in the study by Ring and Lawrence (1993), based on the information provided in the Methods and Results sections.  
  
Veridical Near-Death Experiences Scale (vNDEScale) Application  
  
1. Timing of Investigation  
- Rating: 4 - less than three months following the NDE  
- Explanation: The investigation of the patient's NDE was conducted shortly after the event, as the patient described her experience to Joyce Harmon, the nurse, the day after the resuscitation.  
  
2. Physical State of Non-Responsivity (Unconsciousness)  
- Rating: 4 - during documented (verified by written clinical documents) unconsciousness  
- Explanation: The patient was unconscious and undergoing resuscitation during the time she reported experiencing the NDE.  
  
3. Cardiac, or Respiratory Arrest or Cessation of Brain Activity  
- Rating: 3 - apparent (inferred or reported verbally by the clinicians) cardiac or respiratory arrest or cessation of brain activity  
- Explanation: The patient was undergoing resuscitation, indicating a critical condition, but there is no explicit mention of documented cardiac or respiratory arrest.  
  
4. Third-Person Verification  
- Rating: 3 - documented (e.g., available interview by a credible source) verification from one third-person source  
- Explanation: The patient's account of her NDE was verified by Joyce Harmon, the nurse who was present during the resuscitation and heard the patient's description of her plaid shoelaces.  
  
5. Possible Physical Explanation  
- Rating: 4 - extremely unlikely for perceptions to have conventional physical explanation  
- Explanation: The patient's perception of Joyce Harmon's plaid shoelaces during her NDE cannot be explained by physical sensory cues or logical inference, as she was unconscious and undergoing resuscitation.  
  
6. Number of Verified Perceptions  
- Rating: 1 - one  
- Explanation: The patient reported one verified perception, which was the plaid shoelaces worn by Joyce Harmon.  
  
7. Erroneous Perceptions  
- Rating: 4 - no erroneous perceptions  
- Explanation: There is no indication of erroneous perceptions in the patient's account. The reported perception of the plaid shoelaces was verified by Joyce Harmon.  
  
8. Clarity of Verified Perceptions  
- Rating: 4 - clearer and more precise than most normal physical perceptions  
- Explanation: The patient's description of the plaid shoelaces was detailed and vivid, indicating a high level of clarity in her perception.  
  
Total Score Calculation  
- Total Score: 24 (sum of the ratings for each criterion)  
- Level of Evidential Strength: Third quartile (21-26) - Moderate evidential strength.  
  
Summary  
The patient's case demonstrates moderate evidential strength according to the vNDEScale. Her detailed and verified perception during her NDE, along with the documentation and third-person verification, support the authenticity and evidential strength of her experience.

Let's apply the Veridical Near-Death Experiences Scale (vNDEScale) to the **Case Three** described in the study by Ring and Lawrence (1993), based on the information provided in the Methods and Results sections.  
  
Veridical Near-Death Experiences Scale (vNDEScale) Application  
  
1. Timing of Investigation  
- Rating: 4 - less than three months following the NDE  
- Explanation: The investigation of the patient's NDE was conducted shortly after the event, as the patient described his experience to Sue Saunders, the respiratory therapist, a couple of days after the resuscitation.  
  
2. Physical State of Non-Responsivity (Unconsciousness)  
- Rating: 4 - during documented (verified by written clinical documents) unconsciousness  
- Explanation: The patient was unconscious and undergoing resuscitation during the time he reported experiencing the NDE.  
  
3. Cardiac, or Respiratory Arrest or Cessation of Brain Activity  
- Rating: 3 - apparent (inferred or reported verbally by the clinicians) cardiac or respiratory arrest or cessation of brain activity  
- Explanation: The patient was undergoing resuscitation, indicating a critical condition, but there is no explicit mention of documented cardiac or respiratory arrest.  
  
4. Third-Person Verification  
- Rating: 3 - documented (e.g., available interview by a credible source) verification from one third-person source  
- Explanation: The patient's account of his NDE was verified by Sue Saunders, the respiratory therapist who was present during the resuscitation and heard the patient's description of her yellow smock.  
  
5. Possible Physical Explanation  
- Rating: 4 - extremely unlikely for perceptions to have conventional physical explanation  
- Explanation: The patient's perception of Sue Saunders wearing a yellow smock during his NDE cannot be explained by physical sensory cues or logical inference, as he was unconscious and undergoing resuscitation.  
  
6. Number of Verified Perceptions  
- Rating: 1 - one  
- Explanation: The patient reported one verified perception, which was Sue Saunders wearing a yellow smock.  
  
7. Erroneous Perceptions  
- Rating: 4 - no erroneous perceptions  
- Explanation: There is no indication of erroneous perceptions in the patient's account. The reported perception of the yellow smock was verified by Sue Saunders.  
  
8. Clarity of Verified Perceptions  
- Rating: 4 - clearer and more precise than most normal physical perceptions  
- Explanation: The patient's description of the yellow smock was detailed and vivid, indicating a high level of clarity in his perception.  
  
Total Score Calculation  
- Total Score: 24 (sum of the ratings for each criterion)  
- Level of Evidential Strength: Third quartile (21-26) - Moderate evidential strength.  
  
Summary  
The patient's case demonstrates moderate evidential strength according to the vNDEScale. His detailed and verified perception during his NDE, along with the documentation and third-person verification, support the authenticity and evidential strength of his experience.

To apply the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **Linda McKnight**, we need to evaluate each criterion based on the information provided in the study. Here's how we can rate each criterion:  
  
1. Timing of investigation:  
 - The NDE occurred in 1930, and the investigation started in 1961.  
 - Rating: 1 (after more than 5 years following the NDE)  
  
2. Physical state of non-responsivity (unconsciousness):  
 - Linda McKnight was unconscious and had to be revived by medical personnel.  
 - Rating: 4 (during documented unconsciousness)  
  
3. Cardiac, or respiratory arrest or cessation of brain activity:  
 - There is no explicit mention of cardiac or respiratory arrest, but she was unconscious and required resuscitation.  
 - Rating: 3 (apparent cardiac or respiratory arrest or cessation of brain activity)  
  
4. Third-person verification:  
 - The nurse confirmed the presence of a Christmas tree on the balcony below and the drying area of sheets.  
 - Rating: 3 (documented verification from one third-person source)  
  
5. Possible physical explanation:  
 - Linda McKnight perceived details that she could not have seen from her physical position in the hospital bed.  
 - Rating: 4 (extremely unlikely for perceptions to have conventional physical explanation)  
  
6. Number of verified perceptions:  
 - Two verified perceptions: the Christmas tree on the balcony and the drying area of sheets.  
 - Rating: 2 (2 or 3)  
  
7. Erroneous perceptions:  
 - There is no mention of erroneous perceptions.  
 - Rating: 4 (no erroneous perceptions)  
  
8. Clarity of verified perceptions:  
 - The perceptions were clear and vivid, as she could describe them in detail to the nurse.  
 - Rating: 4 (clearer and more precise than most normal physical perceptions)  
  
Total Score Calculation  
  
Summing up the ratings:  
1. Timing of investigation: 1  
2. Physical state of non-responsivity: 4  
3. Cardiac, or respiratory arrest or cessation of brain activity: 3  
4. Third-person verification: 3  
5. Possible physical explanation: 4  
6. Number of verified perceptions: 2  
7. Erroneous perceptions: 4  
8. Clarity of verified perceptions: 4  
  
Total score: 1 + 4 + 3 + 3 + 4 + 2 + 4 + 4 = 25  
  
Level of Evidential Strength  
  
The total score of 25 falls into the third quartile (21-26), indicating moderate evidential strength.

To apply the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **Jean Morrow**, we need to evaluate each criterion based on the information provided in the study. Here's how we can rate each criterion:  
  
1. Timing of investigation:  
 - The NDE occurred in 1956, and the investigation started in 1991.  
 - Rating: 1 (after more than 5 years following the NDE)  
  
2. Physical state of non-responsivity (unconsciousness):  
 - Jean Morrow was unconscious due to blood loss and low blood pressure.  
 - Rating: 4 (during documented unconsciousness)  
  
3. Cardiac, or respiratory arrest or cessation of brain activity:  
 - There is no explicit mention of cardiac or respiratory arrest, but she was unconscious and required medical intervention.  
 - Rating: 3 (apparent cardiac or respiratory arrest or cessation of brain activity)  
  
4. Third-person verification:  
 - There is no documented third-person verification available in the text.  
 - Rating: 1 (no third-person verification)  
  
5. Possible physical explanation:  
 - Jean Morrow perceived her mother smoking in the waiting room, which was later confirmed by her mother.  
 - Rating: 4 (extremely unlikely for perceptions to have conventional physical explanation)  
  
6. Number of verified perceptions:  
 - One verified perception: her mother smoking in the waiting room.  
 - Rating: 1 (one)  
  
7. Erroneous perceptions:  
 - There is no mention of erroneous perceptions.  
 - Rating: 4 (no erroneous perceptions)  
  
8. Clarity of verified perceptions:  
 - The perception was clear and vivid, as she could describe it in detail.  
 - Rating: 4 (clearer and more precise than most normal physical perceptions)  
  
Total Score Calculation  
  
Summing up the ratings:  
1. Timing of investigation: 1  
2. Physical state of non-responsivity: 4  
3. Cardiac, or respiratory arrest or cessation of brain activity: 3  
4. Third-person verification: 1  
5. Possible physical explanation: 4  
6. Number of verified perceptions: 1  
7. Erroneous perceptions: 4  
8. Clarity of verified perceptions: 4  
  
Total score: 1 + 4 + 3 + 1 + 4 + 1 + 4 + 4 = 22  
  
Level of Evidential Strength  
  
The total score of 22 falls into the third quartile (21-26), indicating moderate evidential strength.

To apply the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **Jennifer Edwards**, we need to evaluate each criterion based on the information provided in the study. Here's how we can rate each criterion:  
  
1. Timing of investigation:  
 - The NDE occurred around 1973 (17 years before the investigation in 1990).  
 - Rating: 1 (after more than 5 years following the NDE)  
  
2. Physical state of non-responsivity (unconsciousness):  
 - Jennifer Edwards was conscious but described being in an observer state above her body.  
 - Rating: 2 (during diminished consciousness)  
  
3. Cardiac, or respiratory arrest or cessation of brain activity:  
 - There is no explicit mention of cardiac or respiratory arrest, but she had a neck sprain with some displacement.  
 - Rating: 2 (abnormal cardiac, respiratory, or brain activity)  
  
4. Third-person verification:  
 - There is no documented third-person verification available in the text.  
 - Rating: 1 (no third-person verification)  
  
5. Possible physical explanation:  
 - Jennifer Edwards perceived her parents reading a notice on the skiers' announcement board, which was about half a mile away.  
 - Rating: 4 (extremely unlikely for perceptions to have conventional physical explanation)  
  
6. Number of verified perceptions:  
 - One verified perception: her parents reading a notice on the skiers' announcement board.  
 - Rating: 1 (one)  
  
7. Erroneous perceptions:  
 - There is no mention of erroneous perceptions.  
 - Rating: 4 (no erroneous perceptions)  
  
8. Clarity of verified perceptions:  
 - The perception was clear and vivid, as she could describe it in detail.  
 - Rating: 4 (clearer and more precise than most normal physical perceptions)  
  
Total Score Calculation  
  
Summing up the ratings:  
1. Timing of investigation: 1  
2. Physical state of non-responsivity: 2  
3. Cardiac, or respiratory arrest or cessation of brain activity: 2  
4. Third-person verification: 1  
5. Possible physical explanation: 4  
6. Number of verified perceptions: 1  
7. Erroneous perceptions: 4  
8. Clarity of verified perceptions: 4  
  
Total score: 1 + 2 + 2 + 1 + 4 + 1 + 4 + 4 = 19  
  
Level of Evidential Strength  
  
The total score of 19 falls into the second quartile (15-20), indicating low evidential strength.

To apply the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **Peggy Raso**, we need to evaluate each criterion based on the information provided in the study. Here's how we can rate each criterion:  
  
1. Timing of investigation:  
 - The NDE occurred in 1960, and the investigation started in 1987.  
 - Rating: 1 (after more than 5 years following the NDE)  
  
2. Physical state of non-responsivity (unconsciousness):  
 - Peggy Raso was unconscious and required medical intervention.  
 - Rating: 4 (during documented unconsciousness)  
  
3. Cardiac, or respiratory arrest or cessation of brain activity:  
 - She had a pulmonary embolism and was treated symptomatically.  
 - Rating: 3 (apparent cardiac or respiratory arrest or cessation of brain activity)  
  
4. Third-person verification:  
 - Her husband confirmed some details of the conversations and events.  
 - Rating: 3 (documented verification from one third-person source)  
  
5. Possible physical explanation:  
 - Peggy Raso perceived events and conversations that occurred outside her room and visual range.  
 - Rating: 4 (extremely unlikely for perceptions to have conventional physical explanation)  
  
6. Number of verified perceptions:  
 - Multiple verified perceptions: conversations, actions of medical staff, and family reactions.  
 - Rating: 4 (more than 7)  
  
7. Erroneous perceptions:  
 - There is no mention of erroneous perceptions.  
 - Rating: 4 (no erroneous perceptions)  
  
8. Clarity of verified perceptions:  
 - The perceptions were clear and vivid, as she could describe them in detail.  
 - Rating: 4 (clearer and more precise than most normal physical perceptions)  
  
Total Score Calculation  
  
Summing up the ratings:  
1. Timing of investigation: 1  
2. Physical state of non-responsivity: 4  
3. Cardiac, or respiratory arrest or cessation of brain activity: 3  
4. Third-person verification: 3  
5. Possible physical explanation: 4  
6. Number of verified perceptions: 4  
7. Erroneous perceptions: 4  
8. Clarity of verified perceptions: 4  
  
Total score: 1 + 4 + 3 + 3 + 4 + 4 + 4 + 4 = 27  
  
Level of Evidential Strength  
  
The total score of 27 falls into the fourth quartile (27-32), indicating strong evidential strength, with a score of 3 on criterion 4.

To apply the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **Stefan von Jankovich**, we need to evaluate each criterion based on the information provided in the study. Here's how we can rate each criterion:  
  
1. Timing of investigation:  
 - The NDE occurred in 1964, and the investigation started in 1992.  
 - Rating: 1 (after more than 5 years following the NDE)  
  
2. Physical state of non-responsivity (unconsciousness):  
 - Stefan von Jankovich was unconscious and required medical intervention.  
 - Rating: 4 (during documented unconsciousness)  
  
3. Cardiac, or respiratory arrest or cessation of brain activity:  
 - His heart had been arrested for more than 5 minutes.  
 - Rating: 4 (documented cardiac or respiratory arrest or cessation of brain activity)  
  
4. Third-person verification:  
 - He traced and met the woman who prayed for him and confirmed details with her.  
 - Rating: 4 (documented verification from more than one third-person source)  
  
5. Possible physical explanation:  
 - Stefan von Jankovich perceived events and thoughts of people around him while unconscious.  
 - Rating: 4 (extremely unlikely for perceptions to have conventional physical explanation)  
  
6. Number of verified perceptions:  
 - Multiple verified perceptions: thoughts and actions of people around him, including the praying woman.  
 - Rating: 4 (more than 7)  
  
7. Erroneous perceptions:  
 - There is no mention of erroneous perceptions.  
 - Rating: 4 (no erroneous perceptions)  
  
8. Clarity of verified perceptions:  
 - The perceptions were clear and vivid, as he could describe them in detail.  
 - Rating: 4 (clearer and more precise than most normal physical perceptions)  
  
Total Score Calculation  
  
Summing up the ratings:  
1. Timing of investigation: 1  
2. Physical state of non-responsivity: 4  
3. Cardiac, or respiratory arrest or cessation of brain activity: 4  
4. Third-person verification: 4  
5. Possible physical explanation: 4  
6. Number of verified perceptions: 4  
7. Erroneous perceptions: 4  
8. Clarity of verified perceptions: 4  
  
Total score: 1 + 4 + 4 + 4 + 4 + 4 + 4 + 4 = 29  
  
Level of Evidential Strength  
  
The total score of 29 falls into the fourth quartile (27-32), indicating strong evidential strength, with a score of 4 on criterion 4.

To apply the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **Rose Heath**, we need to evaluate each criterion based on the information provided in the study. Here's how we can rate each criterion:  
  
1. Timing of investigation:  
 - The NDE occurred around 1915, and the investigation started in 1970.  
 - Rating: 1 (after more than 5 years following the NDE)  
  
2. Physical state of non-responsivity (unconsciousness):  
 - Rose Heath was seriously ill and unconscious.  
 - Rating: 4 (during documented unconsciousness)  
  
3. Cardiac, or respiratory arrest or cessation of brain activity:  
 - There is no explicit mention of cardiac or respiratory arrest, but she was seriously ill.  
 - Rating: 3 (apparent cardiac or respiratory arrest or cessation of brain activity)  
  
4. Third-person verification:  
 - There is no documented third-person verification available in the text.  
 - Rating: 1 (no third-person verification)  
  
5. Possible physical explanation:  
 - Rose Heath perceived her deceased cousin in uniform, which was later confirmed by a photograph.  
 - Rating: 4 (extremely unlikely for perceptions to have conventional physical explanation)  
  
6. Number of verified perceptions:  
 - One verified perception: her cousin in uniform.  
 - Rating: 1 (one)  
  
7. Erroneous perceptions:  
 - There is no mention of erroneous perceptions.  
 - Rating: 4 (no erroneous perceptions)  
  
8. Clarity of verified perceptions:  
 - The perception was clear and vivid, as she could describe it in detail.  
 - Rating: 4 (clearer and more precise than most normal physical perceptions)  
  
Total Score Calculation  
  
Summing up the ratings:  
1. Timing of investigation: 1  
2. Physical state of non-responsivity: 4  
3. Cardiac, or respiratory arrest or cessation of brain activity: 3  
4. Third-person verification: 1  
5. Possible physical explanation: 4  
6. Number of verified perceptions: 1  
7. Erroneous perceptions: 4  
8. Clarity of verified perceptions: 4  
  
Total score: 1 + 4 + 3 + 1 + 4 + 1 + 4 + 4 = 22  
  
Level of Evidential Strength  
  
The total score of 22 falls into the third quartile (21-26), indicating moderate evidential strength.

To apply the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **Al Sullivan**, we need to evaluate each criterion based on the information provided in the study. Here's how we can rate each criterion:  
  
1. Timing of investigation:  
 - The NDE occurred in 1988, and the investigation started in 1990.  
 - Rating: 3 (from 3 to 12 months following the NDE)  
  
2. Physical state of non-responsivity (unconsciousness):  
 - Al Sullivan was under general anesthesia and unconscious during the surgery.  
 - Rating: 4 (during documented unconsciousness)  
  
3. Cardiac, or respiratory arrest or cessation of brain activity:  
 - He was undergoing emergency coronary bypass surgery, indicating severe cardiac issues.  
 - Rating: 4 (documented cardiac or respiratory arrest or cessation of brain activity)  
  
4. Third-person verification:  
 - His observations were confirmed by Dr. LaSala and Dr. Takata.  
 - Rating: 4 (documented verification from more than one third-person source)  
  
5. Possible physical explanation:  
 - Al Sullivan perceived the surgeon flapping his elbows, which was confirmed as a habitual behavior by the surgeon.  
 - Rating: 4 (extremely unlikely for perceptions to have conventional physical explanation)  
  
6. Number of verified perceptions:  
 - One verified perception: the surgeon flapping his elbows.  
 - Rating: 1 (one)  
  
7. Erroneous perceptions:  
 - There is no mention of erroneous perceptions.  
 - Rating: 4 (no erroneous perceptions)  
  
8. Clarity of verified perceptions:  
 - The perception was clear and vivid, as he could describe it in detail.  
 - Rating: 4 (clearer and more precise than most normal physical perceptions)  
  
Total Score Calculation  
  
Summing up the ratings:  
1. Timing of investigation: 3  
2. Physical state of non-responsivity: 4  
3. Cardiac, or respiratory arrest or cessation of brain activity: 4  
4. Third-person verification: 4  
5. Possible physical explanation: 4  
6. Number of verified perceptions: 1  
7. Erroneous perceptions: 4  
8. Clarity of verified perceptions: 4  
  
Total score: 3 + 4 + 4 + 4 + 4 + 1 + 4 + 4 = 28  
  
Level of Evidential Strength  
  
The total score of 28 falls into the fourth quartile (27-32), indicating strong evidential strength, with a score of 4 on criterion 4.

To apply the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **J.S.**, we need to evaluate each criterion based on the information provided in the study. Here's how we can rate each criterion:  
  
1. Timing of investigation:  
 - The NDE occurred in 2008, and the investigation started between 2005 and 2010.  
 - Rating: 3 (from 3 to 12 months following the NDE)  
  
2. Physical state of non-responsivity (unconsciousness):  
 - J.S. was under general anesthesia and unconscious during the surgery.  
 - Rating: 4 (during documented unconsciousness)  
  
3. Cardiac, or respiratory arrest or cessation of brain activity:  
 - She underwent deep hypothermic cardiocirculatory arrest (DHCA).  
 - Rating: 4 (documented cardiac or respiratory arrest or cessation of brain activity)  
  
4. Third-person verification:  
 - Her descriptions of the nurse and the machines were confirmed by the cardiothoracic surgeon.  
 - Rating: 4 (documented verification from more than one third-person source)  
  
5. Possible physical explanation:  
 - J.S. perceived details of the surgical environment that she could not have seen from her physical position.  
 - Rating: 4 (extremely unlikely for perceptions to have conventional physical explanation)  
  
6. Number of verified perceptions:  
 - Two verified perceptions: the nurse passing surgical instruments and the anesthesia and echography machines.  
 - Rating: 2 (2 or 3)  
  
7. Erroneous perceptions:  
 - There is no mention of erroneous perceptions.  
 - Rating: 4 (no erroneous perceptions)  
  
8. Clarity of verified perceptions:  
 - The perceptions were clear and vivid, as she could describe them in detail.  
 - Rating: 4 (clearer and more precise than most normal physical perceptions)  
  
Total Score Calculation  
  
Summing up the ratings:  
1. Timing of investigation: 3  
2. Physical state of non-responsivity: 4  
3. Cardiac, or respiratory arrest or cessation of brain activity: 4  
4. Third-person verification: 4  
5. Possible physical explanation: 4  
6. Number of verified perceptions: 2  
7. Erroneous perceptions: 4  
8. Clarity of verified perceptions: 4  
  
Total score: 3 + 4 + 4 + 4 + 4 + 2 + 4 + 4 = 29  
  
Level of Evidential Strength  
  
The total score of 29 falls into the fourth quartile (27-32), indicating strong evidential strength, with a score of 4 on criterion 4.

To apply the Veridical Near-Death Experiences Scale (vNDEScale) to the case of the **57-year-old man** described in the study, we need to evaluate each criterion based on the information provided in the study. Here's how we can rate each criterion:  
  
1. Timing of investigation:  
 - The NDE occurred during the study period (2008-2012), and the investigation was conducted shortly after the event.  
 - Rating: 4 (less than three months following the NDE)  
  
2. Physical state of non-responsivity (unconsciousness):  
 - The man was unconscious during cardiac arrest and CPR.  
 - Rating: 4 (during documented unconsciousness)  
  
3. Cardiac, or respiratory arrest or cessation of brain activity:  
 - He suffered ventricular fibrillation (VF) and was in cardiac arrest.  
 - Rating: 4 (documented cardiac or respiratory arrest or cessation of brain activity)  
  
4. Third-person verification:  
 - His descriptions were corroborated by medical records and the presence of specific medical personnel and equipment.  
 - Rating: 4 (documented verification from more than one third-person source)  
  
5. Possible physical explanation:  
 - The man perceived events and activities from his resuscitation that he could not have seen from his physical position.  
 - Rating: 4 (extremely unlikely for perceptions to have conventional physical explanation)  
  
6. Number of verified perceptions:  
 - Multiple verified perceptions: people, sounds, activities, and the use of an automated external defibrillator (AED).  
 - Rating: 4 (more than 7)  
  
7. Erroneous perceptions:  
 - There is no mention of erroneous perceptions.  
 - Rating: 4 (no erroneous perceptions)  
  
8. Clarity of verified perceptions:  
 - The perceptions were clear and vivid, as he could describe them in detail.  
 - Rating: 4 (clearer and more precise than most normal physical perceptions)  
  
Total Score Calculation  
  
Summing up the ratings:  
1. Timing of investigation: 4  
2. Physical state of non-responsivity: 4  
3. Cardiac, or respiratory arrest or cessation of brain activity: 4  
4. Third-person verification: 4  
5. Possible physical explanation: 4  
6. Number of verified perceptions: 4  
7. Erroneous perceptions: 4  
8. Clarity of verified perceptions: 4  
  
Total score: 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 = 32  
  
Level of Evidential Strength  
  
The total score of 32 falls into the fourth quartile (27-32), indicating strong evidential strength, with a score of 4 on criterion 4.

**Gemini 2.5 Pro**

Veridical Near-Death Experience Scale Applied to **Stephanie Arnold's Case**

The Veridical Near-Death Experiences Scale (vNDEScale) has been applied to the case of Stephanie Arnold, as described in the study "Near-death experience: memory recovery during hypnosis" by Marjorie Woollacott. The following analysis is based on the information provided in the Methods and Results sections of the study. The vNDEScale assesses the evidential strength of perceptions during Near-Death Experiences (NDEs) based on eight criteria, each rated from 1 (lowest evidential strength) to 4 (highest evidential strength). If information for a specific criterion is unavailable, it is rated as 1.

Here is the application of the scale to Stephanie Arnold's NDE:

1. Timing of Investigation **NDE Occurrence:** May 30, 2013. **Investigation Initiation:** Stephanie Arnold began hypnotic regression sessions "a few months after the cardiac arrest" to retrieve memories of the event. The author of the study, Marjorie Woollacott, contacted Stephanie Arnold later, with the recorded interview for the study taking place on July 11, 2023. The initial recovery of memories through hypnosis, which included veridical aspects, occurred within a few months. **Rating:** 4 (less than three months following the NDE). **Rating Explanation:** The investigation of veridical aspects through hypnotic regression began a few months after the NDE in 2013.

2. Physical State of Non-Responsivity (Unconsciousness) **Stephanie's State:** Stephanie Arnold experienced cardiac arrest and was clinically dead for 37 seconds. She was subsequently placed in a medically induced coma for 6 days. Her perceptions occurred during this period of non-responsivity. The study notes her cardiac arrest and mentions her being "clinically dead". **Rating:** 4 (during documented [verified by written clinical documents] unconsciousness). (Assuming clinical documentation of cardiac arrest and induced coma serves as documentation of unconsciousness). **Rating Explanation:** Stephanie Arnold experienced cardiac arrest and a medically induced coma. The study refers to her being "clinically dead for 37 s".

3. Cardiac, or Respiratory Arrest or Cessation of Brain Activity **Stephanie's Condition:** Stephanie Arnold had a cardiac arrest. She was clinically dead for 37 seconds. **Rating:** 4 (documented [verified by written clinical documents] cardiac or respiratory arrest or cessation of brain activity). (Assuming cardiac arrest is clinically documented). **Rating Explanation:** The study clearly states Stephanie Arnold experienced cardiac arrest and was clinically dead for 37 seconds.

4. Third-Person Verification **Verification Details:** Multiple perceptions recalled by Stephanie Arnold under hypnosis were verified by hospital staff and her husband. Table 3 in the study lists 14 specific perceptions and their verifications by multiple sources including Dr. Lim, Dr. Higgins, Dr. Levitt, Dr. Hyo Park, Nurse Jessica, Tessie (the nanny), and Stephanie's husband, Jonathan Arnold. These verifications were obtained through recorded interviews. **Rating:** 4 (documented [e.g. available interview by a credible source] verification from more than one third-person source).**Rating Explanation:** Multiple perceptions were verified by several individuals including medical personnel and family, with these verifications documented through recorded interviews.

5. Possible Physical Explanation **Nature of Perceptions:** Many of Stephanie's recalled perceptions occurred while she was unconscious and pertained to events outside the possible range of her physical senses. Examples include: Seeing her daughter Adina playing in a separate room. Observing details of the operating room, such as the location of Dr. Higgins at the foot of the table, Dr. Lim's unplanned presence, and another doctor performing the delivery. Perceiving her husband exiting a plane in Chicago. Dr. Higgins stated it would have been "impossible for her to know" certain events. **Rating:** 4 (extremely unlikely for perceptions to have conventional physical explanation). **Rating Explanation:** Many of the verified perceptions, such as events in a different room or a distant city, and specific actions and conversations of medical staff while she was unconscious, could not be accounted for by sensory cues or logical inference.

6. Number of Verified Perceptions **Count of Perceptions:** Table 3 in the study lists 14 distinct verified perceptions. These include observations about people (Dr. Lim, Dr. Higgins, Dr. Hyo Park, her daughter Adina, her husband Jonathan), objects (EKG monitor, BP cuff, crash carts), environmental characteristics (location of people in OR, events in a separate room/city), and events (conversations, specific medical actions, her daughter's play, her husband's actions). **Rating:** 4 (more than 7). **Rating Explanation:** There were 14 documented and verified perceptions reported in Table 3 of the study.

7. Erroneous Perceptions **Accuracy:** The study emphasizes the verification of her recalled perceptions. There is no mention in the provided text of any perceptions recalled during hypnosis that were later found to be inaccurate. Table 3 lists verified perceptions. **Rating:** 4 (no erroneous perceptions). **Rating Explanation:** The provided text highlights the accuracy and verification of the recalled perceptions, with no mention of erroneous ones.

8. Clarity of Verified Perceptions **Clarity Details:** Stephanie Arnold recalled events "in great detail" during hypnotic regression. Her descriptions included specific actions, locations of individuals, and verbatim conversations (e.g., Dr. Levitt saying, "This can't be happening" ). Dr. Lim confirmed that Stephanie's physical reaction on the couch during hypnosis (thrusting her chest forward) was "pretty much almost exactly what I saw" during the actual event. Dr. Levitt confirmed "Exactly as it happened, you recounted it in detail" regarding the C-section and subsequent events. **Rating:** 4 (clearer and more precise than most normal physical perceptions). **Rating Explanation:** The recalled perceptions were detailed and specific, and their accuracy was confirmed by witnesses who described them as exact recollections of the events. Summary of vNDEScale Scores for Stephanie Arnold:

|  |  |
| --- | --- |
| **Criterion** | **Rating** |
| 1. Timing of investigation | 4 |
| 2. Physical state of non-responsivity (unconsciousness) | 4 |
| 3. Cardiac, or respiratory arrest or cessation of brain activity | 4 |
| 4. Third-person verification | 4 |
| 5. Possible physical explanation | 4 |
| 6. Number of verified perceptions | 4 |
| 7. Erroneous perceptions | 4 |
| 8. Clarity of verified perceptions | 4 |
| **Total Score** | **32** |

**Level of Evidential Strength:** Based on a total score of 32, Stephanie Arnold's NDE falls into the **Fourth Quartile (27-32)**, indicating **High evidential strength** according to the vNDEScale.

This detailed application of the vNDEScale to Stephanie Arnold's case, based on the provided study, demonstrates a high level of evidential strength for the veridical perceptions experienced during her NDE.

Veridical Near-Death Experience Scale Applied to **Bettina Peyton's Case**

The Veridical Near-Death Experiences Scale (vNDEScale) has been applied to the case of Bettina Peyton, MD, as described in the study "Verified account of near-death experience in a physician who survived cardiac arrest" by Woollacott and Peyton. The analysis is based on information primarily from the Methods and Results sections of this study.

The vNDEScale assesses the evidential strength of perceptions during Near-Death Experiences (NDEs) using eight criteria. Each criterion is rated from 1 (lowest evidential strength) to 4 (highest evidential strength). If information for a specific criterion is unavailable, it is rated as 1.

Here is the application of the scale to Bettina Peyton's NDE:

1. Timing of Investigation

• NDE Occurrence: March 24, 1988.

• Investigation Initiation: Bettina Peyton wrote notes about her NDE "during the years after her NDE". As soon as the endotracheal tube was removed after her surgery in 1988, she recounted events to her obstetrician and anesthesiologist. The formal interview with Marjorie Woollacott for the study occurred on January 23, 2014. However, her immediate post-event recall and communication to medical staff are key.

• Rating: 4 (less than three months following the NDE).

• Rating Explanation: Bettina Peyton recounted her veridical perceptions to the medical staff immediately after her endotracheal tube was removed, which would be within hours or days of the NDE in March 1988.

2. Physical State of Non-Responsivity (Unconsciousness)

• Bettina Peyton's State: The NDE occurred while she was under general anesthesia for a Caesarean section. During the operation, she experienced a cardiac arrest, and her "heart has stopped". Her eyes were taped shut.

• Rating: 4 (during documented [verified by written clinical documents] unconsciousness). (Assuming general anesthesia and cardiac arrest are clinically documented as states of unconsciousness).

• Rating Explanation: The NDE occurred during general anesthesia and subsequent cardiac arrest, which are documented states of profound unresponsiveness. Her eyes were also taped shut.

3. Cardiac, or Respiratory Arrest or Cessation of Brain Activity

• Bettina Peyton's Condition: She experienced a cardiac arrest. Her heart stopped, and CPR was initiated. Her heart was stopped for eight minutes.

• Rating: 4 (documented [verified by written clinical documents] cardiac or respiratory arrest or cessation of brain activity). (Assuming cardiac arrest is clinically documented).

• Rating Explanation: The study clearly states that Bettina Peyton experienced a cardiac arrest where her "heart has stopped", and it was restarted after eight minutes.

4. Third-Person Verification

• Verification Details: Several of Peyton's perceptions were verified by medical staff. Table 2 in the study lists these perceptions and notes their verification. For instance, the anesthesiologist confirmed hearing her telepathic instruction, "Just go for it!". The Chief of Obstetrics and Gynecology was surprised she had seen him enter the room and clamp her aorta. The obstetrician and anesthesiologist acknowledged on a local TV program that something extraordinary and scientifically inexplicable had happened.

• Rating: 4 (documented [e.g. available interview by a credible source] verification from more than one third-person source).

• Rating Explanation: Multiple perceptions were verified by several medical professionals, including her obstetrician, anesthesiologist, and the Chief of Obstetrics and Gynecology, with these verifications documented in the study and acknowledged publicly by some.

5. Possible Physical Explanation

• Nature of Perceptions: Peyton's perceptions occurred while she was under general anesthesia, with her eyes taped shut, and during cardiac arrest. Her perceptions included detailed observations of the operating room, the actions and words of the medical team (some of which were telepathic communications she initiated that were received), and the arrival and actions of the Chief of Obstetrics. These could not be explained by normal sensory input. The study notes "she had seen things that didn’t seem physiologically possible".

• Rating: 4 (extremely unlikely for perceptions to have conventional physical explanation).

• Rating Explanation: Given her state of general anesthesia, taped eyes, and cardiac arrest, her detailed and accurate perceptions of the operating room events and staff actions are not attributable to sensory cues or logical inference.

6. Number of Verified Perceptions

• Count of Perceptions: Table 2 in the study lists six distinct categories of verified perceptions:

1. Telepathic communication to the anesthesiologist ("Just go for it!"), which he heard and acted upon.

2. Seeing several units of blood on the IV pole, anesthesiologist to her right hunched over her arm inspecting IV line.

3. Seeing anesthesiologist slam fist into button on wall (calling a code).

4. Seeing surgeon performing hysterectomy.

5. Seeing catheter inserted in right jugular vein, and anesthesiologist trying to insert line in her R wrist, then going for elbow and succeeding.

6. Seeing white-haired senior surgeon in scrubs enter room, walk to her side, reach into blood-filled abdomen, and clamp aorta shut (without gloves). The study summary also states "six perceptions during cardiac arrest that were verified by hospital personnel".

• Rating: 3 (4 to 7).

• Rating Explanation: The study explicitly lists and confirms six distinct verified perceptions in Table 2 and the text.

7. Erroneous Perceptions

• Accuracy: The study focuses on the verified perceptions and does not mention any perceptions recalled by Bettina Peyton that were found to be inaccurate. Table 2 lists verified perceptions.

• Rating: 4 (no erroneous perceptions).

• Rating Explanation: The study details only accurate, verified perceptions, with no indication of any erroneous ones being reported by Peyton.

8. Clarity of Verified Perceptions

• Clarity Details: Peyton described her perceptions with significant detail. For example, she saw the "fingerprint whorls on the tips of his fingers" of the senior surgeon, noting he had "forgone surgical gloves". She recounted the anesthesiologist's specific actions with the arterial line and her internal urging which he confirmed hearing. She had "vivid recall of what had happened" immediately upon waking.

• Rating: 4 (clearer and more precise than most normal physical perceptions).

• Rating Explanation: Her recalled perceptions were highly detailed and specific, including fine details like fingerprint whorls and the internal experience of communication, and were vividly recalled and confirmed by medical staff.

Summary of vNDEScale Scores for Bettina Peyton:

Criterion Rating

1. Timing of investigation 4

2. Physical state of non-responsivity (unconsciousness) 4

3. Cardiac, or respiratory arrest or cessation of brain activity 4

4. Third-person verification 4

5. Possible physical explanation 4

6. Number of verified perceptions 3

7. Erroneous perceptions 4

8. Clarity of verified perceptions 4

Total Score 31

Level of Evidential Strength: Based on a total score of 31, Bettina Peyton's NDE falls into the Fourth Quartile (27-32), indicating High evidential strength according to the vNDEScale.

This application of the vNDEScale to Bettina Peyton's case, based on the provided study, shows a high level of evidential strength for the veridical perceptions she experienced during her NDE and cardiac arrest.

Veridical Near-Death Experience Scale Applied to **Van Lommel's Patient** (The "Dentures Case")

The Veridical Near-Death Experiences Scale (vNDEScale) has been applied to the case of the patient (referred to as Patient B in the Smit 2008 paper) whose NDE involving misplaced dentures was famously reported by Pim van Lommel and colleagues. This analysis is based on the information provided in Rudolf H. Smit's 2008 paper, "Corroboration of the Dentures Anecdote Involving Veridical Perception in a Near-Death Experience", particularly drawing from the interview with the nurse (referred to as T.G.) who attended the patient.

The vNDEScale evaluates the evidential strength of NDE perceptions across eight criteria, each rated from 1 (lowest) to 4 (highest). A rating of 1 is given if information for a criterion is unavailable.

Here's the application of the scale to Patient B's NDE:

1. Timing of Investigation

• NDE Occurrence: The exact date is not specified in the Smit (2008) paper, but the event occurred prior to an initial article by Meijers in August 1991. The patient (B.) was a 44-year-old man.

• Investigation Initiation: Patient B recounted his experience to Nurse T.G. "more than a week" after the event when T.G. met him on the cardiac ward. Nurse T.G. was subsequently interviewed in detail by Ap Addink on February 2, 1994. The recounting by the patient to the nurse is the most direct "investigation" of the patient's veridical claims.

• Rating: 4 (less than three months following the NDE).

• Rating Explanation: The patient communicated his veridical perceptions to the nurse (T.G.) who was directly involved in the resuscitation and the handling of the dentures, a little over a week after the NDE. This falls well within the "less than three months" timeframe for the highest rating.

2. Physical State of Non-Responsivity (Unconsciousness)

• Patient B's State: Patient B was found cyanotic and comatose in a meadow. Upon arrival at the hospital, he had no pulse, was not breathing, and seemed clinically dead. He showed post-mortem lividity, was ice cold, and had no pupillary reflexes whatsoever. Nurse T.G. stated, "Truly, the man was brought in more dead than alive" and "He was in such a bad condition that he was unconscious in any case". His eyelids were closed except during pupil checks, which showed no reaction. He remained comatose until transferred to the ICU after about an hour and a half of CPR.

• Rating: 4 (during documented [verified by written clinical documents] unconsciousness). (Assuming clinical records would corroborate the nurse's detailed account of no pulse, no breathing, no pupillary reflexes, and cyanosis upon admission and during initial CPR).

• Rating Explanation: The patient was comatose, had no pulse, was not breathing, and showed no pupillary reflexes when the NDE perceptions (including the removal of dentures) occurred. Nurse T.G.'s testimony provides strong evidence of profound unconsciousness.

3. Cardiac, or Respiratory Arrest or Cessation of Brain Activity

• Patient B's Condition: The patient had no pulse and was not breathing upon arrival at the hospital. Extensive CPR, including heart massage and defibrillation, was performed for about an hour and a half before a sufficient heart rhythm and blood pressure were restored. He was described as "clinically dead". No pupillary reflexes were observed.

• Rating: 4 (documented [verified by written clinical documents] cardiac or respiratory arrest or cessation of brain activity). (Assuming clinical records would document the cardiac and respiratory arrest).

• Rating Explanation: The patient was in cardiac and respiratory arrest ("no pulse, was not breathing" ) when the perceptions took place. He also exhibited signs consistent with cessation of brain activity (no pupillary reflexes ).

4. Third-Person Verification

• Verification Details: The primary verification comes from Nurse T.G. Patient B, upon seeing T.G. more than a week later, stated, "Oh, that nurse knows where my dentures are", and then accurately described T.G. removing the dentures and placing them on the specific crash cart, detailing its bottles and a sliding drawer (which T.G. clarifies was an already extended sliding shelf/wooden plate ). Patient B also correctly described the small resuscitation room and the appearance of those present, including T.G.. T.G. confirmed these details based on his own actions and observations during the resuscitation when the patient was comatose. The crash cart was also described as unique in the hospital.

• Rating: 3 (documented [e.g. available interview by a credible source] verification from one third-person source).

• Rating Explanation: The detailed verification comes from one primary third-person source, Nurse T.G., whose interview forms the basis of Smit's paper. While van Lommel's original article mentions "nurses and doctors", Smit's corroboration focuses on T.G.'s testimony confirming the patient's account.

5. Possible Physical Explanation

• Nature of Perceptions: Patient B's perceptions occurred while he was clinically dead, with no pulse, no breathing, no pupillary reflexes, and closed eyelids (except for checks). He accurately described the actions of T.G. with his dentures, the specific appearance and location of the unique crash cart (which he had never seen before, as it was his first hospital admission ), the details of the resuscitation room, and the appearance of the staff. He observed these events from an out-of-body perspective, "from above" or from a corner of the room.

• Rating: 4 (extremely unlikely for perceptions to have conventional physical explanation).

• Rating Explanation: Given his documented state of clinical death and profound coma, there is no conventional sensory way he could have observed and recalled these specific details, including the unique crash cart and the nurse's actions.

6. Number of Verified Perceptions

• Count of Perceptions: The study details several distinct verified perceptions:

1. Identifying Nurse T.G. (whom he had not consciously seen before) as the one who knew about his dentures.

2. Nurse T.G. removing the dentures from his mouth.

3. The dentures being placed on a specific cart.

4. Accurate description of the cart having "all these bottles on it" and a "sliding drawer underneath" (clarified by T.G. as a wooden sliding plate that was already extended). This cart was unique in the hospital.

5. Perceiving himself lying in bed from above.

6. Observing nurses and doctors busy with CPR.

7. Correct and detailed description of the small resuscitation room.

8. Correct description of the appearance of those present, like Nurse T.G..

9. Observation of T.G. performing heart massage on him.

10. Feeling the pain of the heart massage despite being comatose. (While a subjective feeling, its occurrence during deep coma is notable).

• Rating: 4 (more than 7).

• Rating Explanation: At least 8-9 distinct and specific environmental and event-related perceptions were verified by Nurse T.G.

7. Erroneous Perceptions

• Accuracy: The Smit (2008) paper, which is a detailed corroboration, does not mention any erroneous perceptions reported by Patient B. All reported perceptions relevant to the veridical aspects of the NDE were confirmed by Nurse T.G.. The paper does note a discrepancy between van Lommel's original report (patient afraid they would stop CPR) and T.G.'s interview (patient wanted them to stop due to pain and feeling alive), but this relates to the patient's emotional state/desires during the NDE, not the veridicality of his perceptions of external events.

• Rating: 4 (no erroneous perceptions).

• Rating Explanation: Regarding the physical details observed and later recounted by the patient, there is no mention of any inaccuracies in the Smit (2008) paper.

8. Clarity of Verified Perceptions

• Clarity Details: Patient B provided specific details. He didn't just say his dentures were taken; he identified the specific nurse, the action, the specific cart (unique to the hospital ), and details about the cart ("all these bottles on it and there was this sliding drawer underneath", later clarified as a wooden plate by T.G. ). He described the resuscitation room in detail and the appearance of the staff. Nurse T.G. was "flabbergasted" by the accuracy and detail of the patient's recall. The patient described the events "matter-of-factly, so down-to-earth".

• Rating: 4 (clearer and more precise than most normal physical perceptions).

• Rating Explanation: The patient's recall was remarkably detailed and accurate, including specific features of a unique piece of equipment and precise actions of the staff, all perceived while he was clinically dead. Nurse T.G.'s astonishment underscores the clarity and precision.

Summary of vNDEScale Scores for Van Lommel's Patient (Patient B):

Criterion Rating

1. Timing of investigation 4

2. Physical state of non-responsivity (unconsciousness) 4

3. Cardiac, or respiratory arrest or cessation of brain activity 4

4. Third-person verification 3

5. Possible physical explanation 4

6. Number of verified perceptions 4

7. Erroneous perceptions 4

8. Clarity of verified perceptions 4

Total Score 31

Level of Evidential Strength: Based on a total score of 31, Patient B's NDE (the "dentures case") falls into the Fourth Quartile (27-32), indicating High evidential strength according to the vNDEScale.

Here is an application of the Veridical Near-Death Experiences Scale (vNDEScale) to the **case of the 60-year-old Caucasian man** described in the study "A Prospectively Studied Near-Death Experience with Corroborated Out-of-Body Perceptions and Unexplained Healing" (VeridicalNDE\_Sartori06), based on the information in the Methods and Results sections.  
  
Application of the vNDEScale  
  
The vNDEScale assesses the evidential strength of perceptions during Near-Death Experiences (NDEs) across eight criteria, each rated from 1 (lowest evidential strength) to 4 (highest evidential strength).  
  
1. Timing of investigation  
Scale: The period between the NDE and the initiation of the investigation of its veridical aspects.  
Rating: 4 (less than three months following the NDE)  
Rating Explanation: The patient reported his experience ("I died and I watched it all from above") via a letter board as soon as he regained full consciousness, approximately three hours after the event, while still on a ventilator[cite: 550, 551, 553]. The senior author (P.S.) then explained her research and obtained written consent shortly thereafter. The in-depth interview was conducted once he was no longer dependent on the ventilator and had regained his voice[cite: 556, 557]. This indicates the investigation of veridical aspects began almost immediately, well within the "less than three months" timeframe.  
  
2. Physical state of non-responsivity (unconsciousness)  
Scale: The timing of the perception(s) relative to the experiencer's state of consciousness.  
Rating: 4 (during documented [verified by written clinical documents] unconsciousness)  
Rating Explanation: The case report states that "By the time he was put into bed he was deeply unconscious, his eyes were closed, and he was not responding to verbal command or deep painful stimuli"[cite: 539]. The patient's experience was thought to have occurred while he was unconscious in an intensive therapy unit (ITU)[cite: 499]. The events reported happened at a time when he was deeply unconscious with his eyes closed, and these events were verified by the nurse and physiotherapist and documented in the patient's medical notes by the consultant[cite: 526, 527]. This aligns with documented unconsciousness.  
  
3. Type of third-person verification  
Scale: The nature of corroboration for the reported perceptions.  
Rating: 4 (corroborated by at least two independent witnesses)  
Rating Explanation: The patient's account of his Out-of-Body Experience (OBE) contained "many veridical elements that were corroborated by the medical team attending his medical emergency"[cite: 500]. Specifically, "These events have been verified by the nurse and physiotherapist who were present, and they were also documented in the patient's medical notes by the consultant who reviewed him at the time of his experience"[cite: 527]. This indicates corroboration by at least three individuals (nurse, physiotherapist, and the consultant via medical notes).  
  
4. Independence of third-person verifiers  
Scale: The degree of independence of the individuals who corroborated the NDE perceptions.  
Rating: 3 (mostly independent)  
Rating Explanation: The verifiers were the senior author and nurse (P.S.), a physiotherapist, and a consultant anesthetist[cite: 524, 527, 698]. While P.S. was conducting the research, the physiotherapist and the consultant were primarily involved in the patient's direct medical care during the crisis. The consultant, in particular, "entered the ITU for the first time that day, just as the patient's condition deteriorated"[cite: 698]. While not entirely disconnected from the hospital environment where research might be known to occur, the physiotherapist and consultant appear to have acted in their professional roles during an emergency, making their corroboration largely independent of the research itself. The study also notes that P.S. was the patient's nurse at the time of the NDE[cite: 524].  
  
5. Prior knowledge of verified perceptions  
Scale: The extent to which the experiencer could have known about the perceived events through normal sensory input or prior information.  
Rating: 3 (some known)  
Rating Explanation: The patient had been in the ITU for eight days and was familiar with its general layout and routine procedures[cite: 694]. He knew his nurse[cite: 711]. However, several specific perceptions were unlikely to be known:  
 He correctly identified the consultant anesthetist (whom he had not seen that morning prior to losing consciousness) as the one shining a light in his eyes[cite: 706, 707].  
 He described the physiotherapist's specific nervous behavior of hiding and peeking around the curtains[cite: 583], which was corroborated.  
 He described the nurse using a "long, pink lollipop" to clean his mouth, which corresponded to a long suction catheter (not the usual choice) and a pink oral sponge[cite: 584, 715, 718].  
 While general awareness of ITU procedures is expected, these specific details about personnel not previously encountered that day or unusual procedural choices suggest some perceptions were beyond prior knowledge.  
  
6. Number of verified perceptions  
Scale: The quantity of distinct, accurate perceptions reported by the experiencer that were later verified.  
Rating: 3 (4 to 7)  
Rating Explanation: The study highlights several distinct veridical perceptions:  
 1. The consultant (not a familiar junior doctor) shining a light in his eyes[cite: 697, 706].  
 2. The consultant's remark about his eyes (interpreted as "There's life in the eye," while the actual words were "Yes, they're reacting, but unequal" – the action and general meaning were perceived)[cite: 702, 703].  
 3. The nurse (P.S.) cleaning his mouth[cite: 584, 709].  
 4. The specific nature of the objects used for mouth cleaning ("long, pink lollipop" corresponding to a long suction catheter and a pink oral sponge)[cite: 584, 715, 719].  
 5. The physiotherapist panicking/looking nervous[cite: 582].  
 6. The physiotherapist hiding behind the curtains and intermittently poking her head around to check on him[cite: 583].  
 These constitute at least 6 distinct verified perceptions of actions and details related to the medical staff and procedures during his period of unconsciousness.  
  
7. Erroneous perceptions  
Scale: The number of perceptions reported that were found to be inaccurate.  
Rating: 3 (1 to 3 erroneous perceptions)  
Rating Explanation:  
 One partially erroneous perception was his report of the consultant's words as "There's life in the eye"[cite: 702]. The actual statement was, "Yes, they're reacting, but unequal"[cite: 702]. The study notes this was "inaccurate, although this highlighted his interpretation of what was said and was a good comprehension of what the consultant meant"[cite: 703]. So, the gist was understood, but the exact wording was not correct.  
 The patient did not recall viewing the hidden symbol placed as part of the prospective study[cite: 528]. This is a lack of perception rather than an erroneous perception of something he claimed to see.  
 Therefore, there appears to be primarily one instance of a partially inaccurate reported detail among the veridical claims about the resuscitation scene.  
  
8. Clarity of verified perceptions  
Scale: The clarity and precision of the experiencer's reported verified perceptions and their memory of them.  
Rating: 4 (clearer and more precise than most normal physical perceptions)  
Rating Explanation: The patient provided an "extremely accurate account of the events occurring during the OBE"[cite: 526]. He was adamant about his perceptions, for instance, stating about seeing the nurse clean his mouth, "Well, I could see that, as plain as I can see you now"[cite: 657]. He described the NDE as "real; there's no doubt in my mind" and "as if it happened yesterday; I'll never forget it," clearly distinguishing it from hallucinations he had previously experienced with morphine, which he knew "weren't real"[cite: 662, 668, 669]. The vividness and conviction suggest perceptions that were at least as clear as, if not clearer than, normal consciousness for those specific details.  
  
Total Score and Level of Evidential Strength  
  
Criterion 1: 4  
Criterion 2: 4  
Criterion 3: 4  
Criterion 4: 3  
Criterion 5: 3  
Criterion 6: 3  
Criterion 7: 3  
Criterion 8: 4  
  
Total Score: 4 + 4 + 4 + 3 + 3 + 3 + 3 + 4 = 28  
  
According to the vNDEScale (Version 18/05/2025) scoring interpretation provided in "vNDEScale.pdf":  
First quartile (8-14): Very Low evidential strength  
Second quartile (15-20): Low evidential strength  
Third quartile (21-26): Moderate evidential strength  
Fourth quartile (27-32): High evidential strength  
  
Level of Evidential Strength: With a total score of 28, this case falls into the Fourth quartile, indicating High evidential strength.  
  
This application suggests that, according to the vNDEScale, the near-death experience of the 60-year-old Caucasian man in the Sartori et al. (2006) study has a high level of evidential strength for its veridical components.

Applying the Veridical Near-Death Experiences Scale (vNDEScale) to Dr. Lloyd Rudy’s patient:

**1. Timing of investigation:** The period of time between when the NDE occurred and when the investigation of veridical aspects of the NDE was initiated.

* **Rating: 1** (after more than 5 years following the NDE)
* **Rating explanation:** The NDE occurred sometime in the late 1990s or early 2000s. Dr. Rudy was interviewed about the case in June 2011, and the researchers Rivas and Smit contacted Dr. Amado-Cattaneo for follow-up in January 2013. This is significantly more than 5 years after the event. For example, if the NDE occurred in 2002, the investigation by Rivas and Smit began roughly 9-11 years later.

**2. Physical state of non-responsivity (unconsciousness):** The timing of the perception(s), indicating whether they occurred during physical non-responsivity.

* **Rating: 4** (during documented (verified by written clinical documents) unconsciousness)
* **Rating explanation:** Dr. Rudy reported that the patient was pronounced dead and had "no heartbeat, no blood pressure" with the "echo showing no movement of the heart" for "close to 20-25 minutes". He explicitly mentioned that "that machine that records the blood pressure, and the pulse... continued to run the paper out onto the floor" and "the VCR-tape [for the trans-esophageal echo-probe] continued to run". Dr. Amado-Cattaneo confirmed the patient had "no life, no physiologic life, no heart beat, no blood pressure, no respiratory function whatsoever" for "close to 20 minutes or more". He also stated, "We could see a flat line, the monitor was on but not recording electrical activity in the heart... The same with the ultrasound scan placed inside the esophagus, we saw no heart activity for the 20 minutes or so, machine still on". This indicates the unconsciousness and lack of vital signs were documented by clinical monitoring equipment at the time.

**3. Cardiac, or respiratory arrest or cessation of brain activity:** The timing of the perception(s), indicating whether they occurred during cardiac or respiratory arrest or cessation of brain function.

* **Rating: 4** (documented (verified by written clinical documents) cardiac or respiratory arrest or cessation of brain activity)
* **Rating explanation:** As detailed above, Dr. Rudy and Dr. Amado-Cattaneo reported that monitoring machines (ECG, arterial line, trans-esophageal echo) showed no heartbeat, no blood pressure, and no heart movement for approximately 20-25 minutes. The anesthesiologist had also turned off the ventilator. This constitutes documented cardiac and respiratory arrest.

**4. Third-person verification:** Accuracy of the perceptions verified by at least one credible source besides the near-death experiencer.

* **Rating: 4** (documented (e.g. available interview by a credible source) verification from more than one third-person source)
* **Rating explanation:** The patient's veridical perceptions were verified by two credible third-person sources:
  + Dr. Lloyd Rudy (the cardiac surgeon) in a videotaped interview.
  + Dr. Roberto Amado-Cattaneo (the assistant cardiac surgeon) through a public online comment and email correspondence with the researchers. Both doctors confirmed the accuracy of the patient's described perceptions of the operating room events.

**5. Possible physical explanation:** The nature of the perception was such that it could be accounted for through physical sensory cues or logical inference.

* **Rating: 4** (extremely unlikely for perceptions to have conventional physical explanation)
* **Rating explanation:** The patient was clinically dead, with no recorded heartbeat or respiration for an extended period. His eyes would have been closed and likely taped shut during surgery, as per standard procedure confirmed by Dr. Amado-Cattaneo. The patient described specific visual details, such as Dr. Rudy and Dr. Cattaneo standing in the doorway with folded arms, and seeing Post-it notes on a monitor, which Dr. Rudy confirmed were his phone messages that had accumulated during the surgery and thus could not have been known to the patient beforehand. These perceptions are extremely unlikely to be accounted for by sensory cues or logical inference.

**6. Number of verified perceptions:** Number of verified persons, objects, environment characteristics or events perceived.

* **Rating: 3** (4 to 7)
* **Rating explanation:** The patient reported several distinct verified perceptions:
  1. Seeing Dr. Rudy and Dr. Cattaneo standing in the doorway.
  2. Observing their arms were folded.
  3. Noting that they were talking.
  4. Seeing the anesthesiologist come running back into the room (after Dr. Rudy had called for him ).
  5. Seeing "all of these Post-its sitting on this TV screen".
  6. Describing accurately what the Post-it notes represented (a string of phone calls for Dr. Rudy that had accumulated during the operation). This amounts to 6 distinct verified perceptions.

**7. Erroneous perceptions:** Number of persons, objects, environment characteristics or events that the experiencer reported having perceived during the NDE yet were later found to be inaccurate perceptions.

* **Rating: 4** (no erroneous perceptions)
* **Rating explanation:** Dr. Amado-Cattaneo stated, "I do not believe he said anything that we questioned as being real, we thought all along his description was quite accurate regarding things he said he saw or heard". The Rivas and Smit article also notes, "Neither Rudy nor Cattaneo indicated that the patient reported any erroneous content".

**8. Clarity of verified perceptions:** Clarity of the experiencer's reported verified perceptions and the memory of them.

* **Rating: 3** (as clear and precise as normal physical perceptions)
* **Rating explanation:** The patient described specific details such as Dr. Rudy and Dr. Cattaneo standing in a particular location (doorway), their posture ("arms folded"), their activity ("talking"), the specific objects (Post-it notes on a TV screen), and the meaning of those objects. Dr. Rudy was "astounded" by the accuracy of the description, and Dr. Amado-Cattaneo confirmed the description was "quite accurate". This suggests a level of clarity and precision comparable to normal physical perceptions.

Total score:

1 + 4 + 4 + 4 + 4 + 3 + 4 + 3 = 27

Level of evidential strength:

The total score is 27. According to the vNDEScale interpretation, a score in the fourth quartile (27-32) with a score of 3 or 4 on criterion 4 indicates Strong evidential strength.

Criterion 4 (Third-person verification) was rated as 4. Therefore, this case has a Strong evidential strength.

Applying the Veridical Near-Death Experiences Scale (vNDEScale) to patient J.S.:  
  
1. Timing of investigation: The period of time between when the NDE occurred and when the investigation of veridical aspects of the NDE was initiated.  
Rating: 2 (from 1 to 5 years following the NDE)  
Rating explanation: J.S.'s NDE occurred on October 26, 2008[cite: 10]. The retrospective study covered patients from 2005 to 2010, and J.S. was interviewed after returning a questionnaire as part of this study[cite: 6, 9]. The letter detailing the study was submitted in September 2011[cite: 33]. This places the interview (investigation) likely between late 2008 and early 2011. If the interview took place, for example, in 2010, it would be approximately 1.5 to 2 years after the NDE, fitting the "from 1 to 5 years" category.  
  
2. Physical state of non-responsivity (unconsciousness): The timing of the perception(s), indicating whether they occurred during physical non-responsivity.  
Rating: 4 (during documented (verified by written clinical documents) unconsciousness)  
Rating explanation: J.S. was given general anesthesia for her surgery, and her eyes were taped shut[cite: 14]. General anesthesia is a documented state of unconsciousness, which would be part of her medical record for the surgery. The out-of-body experience (OBE) occurred "At one point during surgery"[cite: 14, 15].  
  
3. Cardiac, or respiratory arrest or cessation of brain activity: The timing of the perception(s), indicating whether they occurred during cardiac or respiratory arrest or cessation of brain function.  
Rating: 2 (abnormal cardiac, respiratory, or brain activity)  
Rating explanation: J.S. underwent deep hypothermic cardiocirculatory arrest (DHCA) for 15 minutes during her surgery[cite: 21]. This is a period of documented cardiac arrest. However, the study explicitly states, "Here it cannot be determined with certainty whether the subjective experience reported by J.S. occurred precisely during the cardiocirculatory arrest"[cite: 20, 21]. Since the perceptions occurred "At one point during surgery" [cite: 14, 15] but not definitively during DHCA, it must have occurred during a period of at least "abnormal cardiac, respiratory, or brain activity" due to general anesthesia, surgical intervention, and potentially cardiopulmonary bypass.  
  
4. Third-person verification: Accuracy of the perceptions verified by at least one credible source besides the near-death experiencer.  
Rating: 3 (documented (e.g. available interview by a credible source) verification from one third-person source)  
Rating explanation: J.S. reported seeing a nurse passing surgical instruments and perceived anesthesia and echography machines located behind her head[cite: 15, 16]. The accuracy of these descriptions was verified by the cardiothoracic surgeon who operated on her[cite: 17]. This verification by one credible source (the surgeon) is documented in the published research letter[cite: 17].  
  
5. Possible physical explanation: The nature of the perception was such that it could be accounted for through physical sensory cues or logical inference.  
Rating: 4 (extremely unlikely for perceptions to have conventional physical explanation)  
Rating explanation: J.S. was under general anesthesia with her eyes taped shut[cite: 14]. It was reportedly not possible for her to see the machines behind the head section of the operating table before the surgery[cite: 13]. Her accurate visual descriptions of a nurse's actions and the specific machinery and its location [cite: 15, 16, 17] are therefore extremely unlikely to have been derived from normal sensory input or logical inference.  
  
6. Number of verified perceptions: Number of verified persons, objects, environment characteristics or events perceived.  
Rating: 2 (2 or 3)  
Rating explanation: The verified perceptions include:  
 1. The accurate description of a nurse passing surgical instruments to the cardiothoracic surgeon[cite: 15, 17].  
 2. The accurate description of anesthesia machines located behind her head[cite: 16, 17].  
 3. The accurate description of echography machines located behind her head[cite: 16, 17].  
 This totals 3 distinct verified perceptions.  
  
7. Erroneous perceptions: Number of persons, objects, environment characteristics or events that the experiencer reported having perceived during the NDE yet were later found to be inaccurate perceptions.  
Rating: 4 (no erroneous perceptions)  
Rating explanation: The study reports that J.S.'s descriptions of the nurse and the machines were verified as accurate[cite: 17]. There is no mention of any reported perceptions being found inaccurate.  
  
8. Clarity of verified perceptions: Clarity of the experiencer's reported verified perceptions and the memory of them.  
Rating: 3 (as clear and precise as normal physical perceptions)  
Rating explanation: J.S. provided "descriptions" of the nurse and machines that were accurate enough to be verified by the surgeon[cite: 17]. This suggests that the perceptions were clear and precise, comparable to normal physical perceptions, to allow for such specific verification.  
  
Total score:  
2 + 4 + 2 + 3 + 4 + 2 + 4 + 3 = 24  
  
Level of evidential strength:  
The total score is 24. According to the vNDEScale:  
A score of 21-26 falls into the Third Quartile, indicating Moderate evidential strength[cite: 62].  
The score on criterion 4 (Third-person verification) is 3.

The Veridical Near-Death Experiences Scale (vNDEScale) has been applied to the case of the **57-year-old man** described in the AWARE study by Parnia et al. (2014), based on the information provided in the Methods and Results sections of the study.  
  
The vNDEScale is designed to assess the evidential strength of perceptions during Near-Death Experiences (NDEs) based on criteria such as the timing of the investigation, the physiological state of the experiencer, third-person verification, and the characteristics of the perceptions themselves. [cite: 1, 2] Each criterion is rated from 1 (lowest evidential strength) to 4 (highest evidential strength). If information for a specific criterion is unavailable, it is rated as 1. [cite: 1]  
  
Below is the application of the vNDEScale to the specified case study:  
  
Case Study: A 57-year-old man who experienced a cardiac arrest and reported observing events from the top corner of the room, accurately describing people, sounds, and activities from his resuscitation. His medical records corroborated these accounts, including the use of an automated external defibrillator (AED), suggesting a period of conscious awareness during cardiac arrest and CPR. [cite: 2]  
  
vNDEScale Application:  
  
1. Timing of investigation:  
 Scale: 1 (after more than 5 years), 2 (from 1 to 5 years), 3 (from 3 to 12 months), 4 (less than three months). [cite: 1]  
 Case Information: The AWARE study conducted interviews with cardiac arrest survivors. In-hospital interviews took place between 3 days and 4 weeks after the cardiac arrest. For patients interviewed after discharge, the time to telephone interviews was between 3 months and 1 year. [cite: 2] The 57-year-old man was one of two patients who experienced specific auditory/visual awareness and was contacted for a further in-depth interview. [cite: 2] The exact timing of his in-depth interview relative to the NDE is not specified beyond this window.  
 Rating: 3 (Assuming the in-depth interview occurred within the 3 to 12 months timeframe for post-discharge interviews, or sooner if it was an in-hospital follow-up).  
 Rating Explanation: The study describes interviews occurring up to a year post-event. [cite: 2]  
  
2. Physical state of non-responsivity (unconsciousness):  
 Scale: 1 (during normal consciousness), 2 (during diminished or altered consciousness), 3 (during apparent unconsciousness), 4 (during documented unconsciousness). [cite: 1]  
 Case Information: The patient experienced a cardiac arrest. [cite: 2] The study states that "no patient demonstrated clinical signs of consciousness during CPR as assessed by the absence of eye opening response, motor response, verbal response whether spontaneously or in response to pain (chest compressions) with a resultant Glasgow Coma Scale Score of 3/15". [cite: 2] The man's perceptions occurred during his resuscitation. [cite: 2]  
 Rating: 4  
 Rating Explanation: The patient had a Glasgow Coma Scale Score of 3/15 during CPR, indicating documented unconsciousness. [cite: 2]  
  
3. Cardiac, or respiratory arrest or cessation of brain activity:  
 Scale: 1 (normal cardiac and respiratory function), 2 (abnormal cardiac, respiratory, or brain activity), 3 (apparent cardiac or respiratory arrest or cessation of brain activity), 4 (documented cardiac or respiratory arrest or cessation of brain activity). [cite: 1]  
 Case Information: The patient suffered a ventricular fibrillation (VF) cardiac arrest. [cite: 2] Medical records confirmed the cardiac arrest. [cite: 2]  
 Rating: 4  
 Rating Explanation: The patient had a documented ventricular fibrillation cardiac arrest. [cite: 2]  
  
4. Third-person verification:  
 Scale: 1 (no third-person verification), 2 (undocumented third-person verification), 3 (documented verification from one third-person source), 4 (documented verification from more than one third-person source). [cite: 1]  
 Case Information: The man "accurately described people, sounds, and activities from his resuscitation." His "medical records corroborated his accounts and specifically supported his descriptions and the use of an automated external defibrillator (AED)." [cite: 2]  
 Rating: 3 (Potentially 4, but the text explicitly mentions medical records as the corroborating source. It is implied that the "people, sounds, and activities" would involve multiple elements verifiable by different staff, but "medical records" is cited as the documented verification source).  
 Rating Explanation: His accounts were corroborated by medical records. [cite: 2]  
  
5. Possible physical explanation:  
 Scale: 1 (perceptions might be accounted for by sensory cues), 2 (perception cannot be accounted for by sensory cues, but might be accounted for by logical inference), 3 (unlikely that perceptions could have conventional physical explanation), 4 (extremely unlikely for perceptions to have conventional physical explanation). [cite: 1]  
 Case Information: The man described "observing events from the top corner of the room" and had "explicit recall of 'seeing' and 'hearing' actual events related to [his] resuscitation." [cite: 2] This occurred during a period when "cerebral function was not expected." [cite: 2]  
 Rating: 4  
 Rating Explanation: The patient perceived events from a vantage point inconsistent with his physical state during cardiac arrest when cerebral function is not expected. [cite: 2]  
  
6. Number of verified perceptions:  
 Scale: 1 (one), 2 (2 or 3), 3 (4 to 7), 4 (more than 7). [cite: 1]  
 Case Information: He "accurately described people, sounds, and activities from his resuscitation." [cite: 2] Table 2 (Recollection #1) of the study provides quotes: "up in (the) corner of the room there was a (woman) beckoning me... I was up there, looking down at me, the nurse, and another man who had a bald head... He was quite a chunky fella... He had blue scrubs on, and he had a blue hat... I can remember vividly an automated voice saying, 'shock the patient, shock the patient'". [cite: 2] Verifiable elements could include: (1) the presence of the nurse, (2) the presence of the bald man, (3) the man's chunky build, (4) the man wearing blue scrubs, (5) the man wearing a blue hat, (6) the automated voice saying "shock the patient, shock the patient," (7) the use of an AED.  
 Rating: 3 (Based on the explicit details provided, at least 4-7 distinct, verifiable perceptions seem present).  
 Rating Explanation: The patient recalled multiple specific details about personnel, their appearance, and equipment/procedures. [cite: 2]  
  
7. Erroneous perceptions:  
 Scale: 1 (all erroneous), 2 (4 to 7 erroneous), 3 (1 to 3 erroneous), 4 (no erroneous perceptions). [cite: 1]  
 Case Information: The study states he "accurately described people, sounds, and activities." [cite: 2] There is no mention of erroneous perceptions for this specific case.  
 Rating: 4 (Assuming no erroneous perceptions were reported or identified, as the study highlights the accuracy of his descriptions).  
 Rating Explanation: The study emphasizes the accuracy of his recall. [cite: 2]  
  
8. Clarity of verified perceptions:  
 Scale: 1 (unclear or vague), 2 (less clear or precise than normal), 3 (as clear and precise as normal physical perceptions), 4 (clearer and more precise than normal). [cite: 1]  
 Case Information: The patient "accurately described people, sounds, and activities" and had "explicit recall of 'seeing' and 'hearing' actual events." The description in Table 2 is quite detailed (e.g., "chunky fella," "blue scrubs," "blue hat," specific automated voice phrase). [cite: 2] He also stated, "I can remember vividly an automated voice saying..." [cite: 2]  
 Rating: 3 (The description suggests clarity comparable to normal perception, and "vividly" suggests at least this level).  
 Rating Explanation: The patient reported vivid and explicit recall of events. [cite: 2]  
  
Summary of Ratings:  
  
Timing of investigation: 3  
Physical state of non-responsivity: 4  
Cardiac, or respiratory arrest or cessation of brain activity: 4  
Third-person verification: 3  
Possible physical explanation: 4  
Number of verified perceptions: 3  
Erroneous perceptions: 4  
Clarity of verified perceptions: 3  
  
Total Score: 3 + 4 + 4 + 3 + 4 + 3 + 4 + 3 = 28  
  
According to the vNDEScale, a total score of 28 falls into the Fourth Quartile (27-32), indicating High evidential strength. [cite: 1]

Veridical Near-Death Experience Scale Applied to the Case of **Linda McKnight**  
  
The Veridical Near-Death Experiences Scale (vNDEScale) has been applied to the case of Linda McKnight, as described in the "Illustrative Cases" section of the study "Do Any Near-Death Experiences Provide Evidence for the Survival of Human Personality after Death? Relevant Features and Illustrative Case Reports" by Cook, Greyson, and Stevenson (1998).  
  
The vNDEScale assesses the evidential strength of perceptions during Near-Death Experiences (NDEs) based on criteria including the timing of investigation, the experiencer's physiological state, third-person verification, and the nature of the perceived information. Each criterion is rated from 1 (lowest evidential strength) to 4 (highest evidential strength). If information for a specific criterion is unavailable in the provided text, it is rated as 1.  
  
Below is the application of the vNDEScale to the case of Linda McKnight:  
  
Case Information (Linda McKnight from Cook et al., 1998 - Illustrative Cases):  
Linda McKnight (a pseudonym) was a 25-year-old woman who had an NDE in 1972 during childbirth complicated by eclampsia and cardiac arrest. She reported an out-of-body experience (OBE) where she floated above her body and observed the resuscitation efforts. She accurately described details of the room, the actions of the medical staff (including a specific doctor performing cardiac massage and another administering oxygen), and conversations. Notably, she reported seeing a red blanket covering her in the delivery room, which she disliked, and later, in the intensive care unit (ICU), she saw a nurse drop a syringe and heard another nurse comment on it. She also reported seeing her parents in the hospital waiting room, observing their attire and conversation. These details were later corroborated by the medical staff and her parents. The case was investigated by one of the authors (EWC) approximately 15 years after the event, with access to some medical records.  
  
vNDEScale Application:  
  
1. Timing of investigation:  
 Scale: 1 (after more than 5 years), 2 (from 1 to 5 years), 3 (from 3 to 12 months), 4 (less than three months).  
 Case Information: The NDE occurred in 1972, and the investigation by EWC took place approximately 15 years later.  
 Rating: 1  
 Rating Explanation: The investigation was initiated more than 5 years after the NDE.  
  
2. Physical state of non-responsivity (unconsciousness):  
 Scale: 1 (during normal consciousness), 2 (during diminished or altered consciousness), 3 (during apparent unconsciousness), 4 (during documented unconsciousness).  
 Case Information: Linda McKnight experienced eclampsia leading to cardiac arrest during childbirth. She reported her OBE perceptions occurring during resuscitation efforts.  
 Rating: 4  
 Rating Explanation: Cardiac arrest implies documented unconsciousness.  
  
3. Cardiac, or respiratory arrest or cessation of brain activity:  
 Scale: 1 (normal cardiac and respiratory function), 2 (abnormal cardiac, respiratory, or brain activity), 3 (apparent cardiac or respiratory arrest or cessation of brain activity), 4 (documented cardiac or respiratory arrest or cessation of brain activity).  
 Case Information: The case description explicitly states she had a "cardiac arrest."  
 Rating: 4  
 Rating Explanation: Documented cardiac arrest.  
  
4. Third-person verification:  
 Scale: 1 (no third-person verification), 2 (undocumented third-person verification), 3 (documented verification from one third-person source), 4 (documented verification from more than one third-person source).  
 Case Information: Her perceptions were corroborated by medical staff (regarding resuscitation details, the red blanket, the dropped syringe incident) and her parents (regarding their presence, attire, and conversation in the waiting room). The study mentions access to "some medical records."  
 Rating: 4  
 Rating Explanation: Documented verification from multiple third-person sources (medical staff, parents, and some medical records).  
  
5. Possible physical explanation:  
 Scale: 1 (perceptions might be accounted for by sensory cues), 2 (perception cannot be accounted for by sensory cues, but might be accounted for by logical inference), 3 (unlikely that perceptions could have conventional physical explanation), 4 (extremely unlikely for perceptions to have conventional physical explanation).  
 Case Information: She perceived events in the delivery room (from an out-of-body perspective), the ICU (dropped syringe), and the hospital waiting room (parents' conversation and attire) while she was unconscious and undergoing resuscitation or in critical condition.  
 Rating: 4  
 Rating Explanation: Observing events in different locations (including a separate waiting room) while physically incapacitated makes a conventional physical explanation extremely unlikely.  
  
6. Number of verified perceptions:  
 Scale: 1 (one), 2 (2 or 3), 3 (4 to 7), 4 (more than 7).  
 Case Information: Verified perceptions include: (1) doctor performing cardiac massage, (2) another doctor administering oxygen, (3) red blanket, (4) nurse dropping a syringe in ICU, (5) another nurse commenting on it, (6) parents in the waiting room, (7) parents' attire, (8) parents' conversation. This counts as at least 8 distinct verified perceptions.  
 Rating: 4  
 Rating Explanation: More than 7 verified perceptions.  
  
7. Erroneous perceptions:  
 Scale: 1 (all erroneous), 2 (4 to 7 erroneous), 3 (1 to 3 erroneous), 4 (no erroneous perceptions).  
 Case Information: The case report emphasizes the accuracy of her detailed recollections and their corroboration. There is no mention of erroneous perceptions.  
 Rating: 4  
 Rating Explanation: The provided information suggests no erroneous perceptions.  
  
8. Clarity of verified perceptions:  
 Scale: 1 (unclear or vague), 2 (less clear or precise than normal), 3 (as clear and precise as normal physical perceptions), 4 (clearer and more precise than normal).  
 Case Information: She reported specific details like the color of a blanket, the actions of specific doctors, a dropped syringe, and the content of a conversation. This suggests clarity comparable to normal physical perception.  
 Rating: 3  
 Rating Explanation: The perceptions were reported with detail and clarity, suggesting they were at least as clear and precise as normal physical perceptions.  
  
Summary of Ratings for Linda McKnight:  
  
Timing of investigation: 1  
Physical state of non-responsivity: 4  
Cardiac, or respiratory arrest or cessation of brain activity: 4  
Third-person verification: 4  
Possible physical explanation: 4  
Number of verified perceptions: 4  
Erroneous perceptions: 4  
Clarity of verified perceptions: 3  
  
Total Score: 1 + 4 + 4 + 4 + 4 + 4 + 4 + 3 = 28  
  
According to the vNDEScale, a total score of 28 places this case in the Fourth Quartile (27-32), indicating High evidential strength, despite the long delay in investigation. The scale notes that a score in the Fourth Quartile with a score of 1 or 2 on criterion #1 (Timing of investigation) is "High evidential strength, but with major concerns on the timing of the investigation."

## Veridical Near-Death Experience Scale Applied to the Case of **Jean Morrow**

## The Veridical Near-Death Experiences Scale (vNDEScale) has been applied to the case of Jean Morrow (a pseudonym), as described in the "Illustrative Cases" section of the study "Do Any Near-Death Experiences Provide Evidence for the Survival of Human Personality after Death? Relevant Features and Illustrative Case Reports"1 by Cook, Greyson, and Stevenson (1998).

## The vNDEScale is designed to assess the evidential strength of perceptions during Near-Death Experiences (NDEs). It uses criteria such as the timing of the investigation, the experiencer's physiological state, third-person verification, and the characteristics of the perceptions. Each criterion is rated from 1 (lowest evidential strength) to 4 (highest evidential strength). If information for a specific criterion is unavailable in the provided text, it is rated as 1.

## Below is the application of the vNDEScale to the case of Jean Morrow: Case Information (Jean Morrow from Cook et al., 1998 - Illustrative Cases): Jean Morrow was a 42-year-old woman who, in 1980, had a severe asthma attack leading to respiratory arrest. During this period, she reported an out-of-body experience (OBE) where she observed resuscitation efforts. She accurately described the unusual appearance of the resident physician's hair (parted in the middle and slicked down in a way she had not seen before), the specific actions of the medical team, and the presence and actions of her husband in a nearby solarium, including him looking at a newspaper and then putting his head in his hands. These observations were later confirmed by the resident physician and her husband. The case was investigated by one of the authors (BG) within a few weeks of the event.

## **vNDEScale Application:**

## **Timing of investigation: Scale:** 1 (after more than 5 years), 2 (from 1 to 5 years), 3 (from 3 to 12 months), 4 (less than three months). **Case Information:** The NDE occurred in 1980, and the investigation by BG took place "within a few weeks." **Rating:** **4**

## **Rating Explanation:** The investigation was initiated less than three months after the NDE.

## **Physical state of non-responsivity (unconsciousness):**

## **Scale:** 1 (during normal consciousness), 2 (during diminished or altered consciousness), 3 (during apparent unconsciousness), 4 (during documented unconsciousness). **Case Information:** Jean Morrow experienced a severe asthma attack leading to respiratory arrest. Her OBE perceptions occurred during resuscitation. **Rating:** **4** **Rating Explanation:** Respiratory arrest implies documented unconsciousness. **Cardiac, or respiratory arrest or cessation of brain activity: Scale:** 1 (normal cardiac and respiratory function), 2 (abnormal cardiac, respiratory, or brain activity), 3 (apparent cardiac or respiratory arrest or cessation of brain activity), 4 (documented cardiac or respiratory arrest or cessation of brain activity). **Case Information:** The case description explicitly states she had a "respiratory arrest." **Rating:** **4** **Rating Explanation:** Documented respiratory arrest.

## **Third-person verification: Scale:** 1 (no third-person verification), 2 (undocumented third-person verification), 3 (documented verification from one third-person source), 4 (documented verification from more than one third-person source). **Case Information:** Her perceptions about the resident physician's hair and the resuscitation were confirmed by the physician. Her observations of her husband's actions in the solarium were confirmed by her husband. **Rating:** **4** **Rating Explanation:** Documented verification from more than one third-person source (resident physician and her husband).

## **Possible physical explanation: Scale:** 1 (perceptions might be accounted for by sensory cues), 2 (perception cannot be accounted for by sensory cues, but might be accounted for by logical inference), 3 (unlikely that perceptions could have conventional physical explanation), 4 (extremely unlikely for perceptions to have conventional physical explanation). **Case Information:** She perceived details of the resuscitation room from an out-of-body perspective and events in a separate solarium (her husband's actions) while she was undergoing resuscitation for respiratory arrest. **Rating:** **4** **Rating Explanation:** Observing events in a separate room (solarium) and specific, unusual details (physician's hair) while physically incapacitated makes a conventional physical explanation extremely unlikely.

## **Number of verified perceptions: Scale:** 1 (one), 2 (2 or 3), 3 (4 to 7), 4 (more than 7). **Case Information:** Verified perceptions include: (1) resident physician's unusual hair appearance (parted in the middle, slicked down), (2) specific actions of the medical team (general corroboration mentioned), (3) husband in the solarium, (4) husband looking at a newspaper, (5) husband putting his head in his hands. This is at least 5 distinct verified perceptions. **Rating:** **3** **Rating Explanation:** Between 4 to 7 verified perceptions are clearly detailed.

## **Erroneous perceptions: Scale:** 1 (all erroneous), 2 (4 to 7 erroneous), 3 (1 to 3 erroneous), 4 (no erroneous perceptions). **Case Information:** The case report highlights the accuracy of her confirmed observations. There is no mention of erroneous perceptions. **Rating:** **4 Rating Explanation:** The provided information suggests no erroneous perceptions.

## **Clarity of verified perceptions: Scale:** 1 (unclear or vague), 2 (less clear or precise than normal), 3 (as clear and precise as normal physical perceptions), 4 (clearer and more precise than normal). **Case Information:** She reported specific details like the physician's hairstyle and her husband's sequential actions. This indicates clear and precise perceptions. **Rating:** **3** **Rating Explanation:** The perceptions were reported with specific details, suggesting they were at least as clear and precise as normal physical perceptions.

## **Summary of Ratings for Jean Morrow:**

## Timing of investigation: **4**

## Physical state of non-responsivity: **4**

## Cardiac, or respiratory arrest or cessation of brain activity: **4**

## Third-person verification: **4**

## Possible physical explanation: **4**

## Number of verified perceptions: **3**

## Erroneous perceptions: **4**

## Clarity of verified perceptions: **3**

## **Total Score:** 4 + 4 + 4 + 4 + 4 + 3 + 4 + 3 = **30**

## According to the vNDEScale, a total score of **30** places this case in the **Fourth Quartile (27-32)**, indicating **High evidential strength**.

Okay, I will apply the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **Jennifer Edwards** as described in the "VeridicalNDE\_Cook98.pdf" study.  
  
vNDEScale Application to Jennifer Edwards Case  
  
1. Timing of investigation: The period of time between when the NDE occurred and when investigation of veridical aspects of the NDE was initiated.  
Rating: 1  
Rating explanation: The NDE occurred when Ms. Edwards was 16 years old[cite: 294]. The investigation by I.S. (Ian Stevenson) began when she was 33, approximately 17 years later[cite: 294]. This is "after more than 5 years following the NDE"[cite: 5].  
  
2. Physical state of non-responsivity (unconsciousness): The timing of the perception(s), indicating whether they occurred during physical non-responsivity.  
Rating: 2  
Rating explanation: According to medical records, there was "some uncertainty about whether she had at any time lost consciousness, at least from an onlooker’s perspective"[cite: 301]. However, Ms. Edwards reported that she "never lost consciousness" but experienced events "as if I was above as an observer"[cite: 302]. This suggests "diminished or altered consciousness" rather than documented or apparent unconsciousness[cite: 7].  
  
3. Cardiac, or respiratory arrest or cessation of brain activity: The timing of the perception(s), indicating whether they occurred during cardiac or respiratory arrest or cessation of brain function.  
Rating: 1  
Rating explanation: The case describes a neck sprain with some displacement, and she was kept in the hospital overnight for observation[cite: 298, 299]. There is no mention of cardiac or respiratory arrest or cessation of brain activity. This aligns with "normal cardiac and respiratory function"[cite: 11].  
  
4. Third-person verification: Accuracy of the perceptions verified by at least one credible source besides the near-death experiencer.  
Rating: 1  
Rating explanation: Ms. Edwards was "reluctant to allow us to contact her parents, who might have been able to provide important corroboration of her claim to have seen them reading a notice on the skiers’ announcement board"[cite: 309, 310]. Therefore, there was "no third-person verification" of her paranormal perception[cite: 14].  
  
5. Possible physical explanation: The nature of the perception was such that it could be accounted for through physical sensory cues or logical inference.  
Rating: 3  
Rating explanation: Ms. Edwards claimed to see her parents reading an announcement board about half a mile away from where her physical body lay[cite: 305, 308]. If her physical body was at the accident site and her parents at the base of the mountain, it is "unlikely that perceptions could have conventional physical explanation"[cite: 16]. However, without verification, the possibility cannot be entirely ruled out.  
  
6. Number of verified perceptions: Number of verified persons, objects, environment characteristics or events perceived in the physical environment... during the period(s) of physical non-responsivity.  
Rating: 1  
Rating explanation: The key perception (parents at the announcement board) was not verified[cite: 309, 310]. Most other described perceptions were of events in her immediate vicinity while she felt like an observer above[cite: 302, 303]. As there is no verification of the distant perception, and the immediate ones could be debated regarding their "veridical" nature without corroboration of her state, this defaults to "one" (or effectively none verified in a paranormal sense)[cite: 21]. If we consider her reported observation of her parents and the announcement as one potential perception, it remains unverified.  
  
7. Erroneous perceptions: Number of persons, objects, environment characteristics or events that the experiencer reported having perceived during the NDE yet were later found to be inaccurate perceptions.  
Rating: 4  
Rating explanation: The text does not state that any of Ms. Edwards's perceptions were found to be inaccurate. Therefore, "no erroneous perceptions" were reported[cite: 24].  
  
8. Clarity of verified perceptions: Clarity of the experiencer's reported verified perceptions and the memory of them.  
Rating: 3 (Provisional, as perceptions are unverified but clearly stated)  
Rating explanation: Ms. Edwards "remember[s] everything that happened after that [the accident] but it was as if I was above as an observer"[cite: 302]. She described seeing her parents, their alarmed look, and the announcement board[cite: 305, 306, 307]. This suggests the memory is "as clear and precise as normal physical perceptions"[cite: 27]. However, these perceptions are not verified.  
  
Total score:  
1 (Timing) + 2 (Physical state) + 1 (Cardiac/respiratory arrest) + 1 (Third-person verification) + 3 (Possible physical explanation) + 1 (Number of verified perceptions) + 4 (Erroneous perceptions) + 3 (Clarity) = 16  
  
Level of evidential strength:  
The total score is 16.  
According to the vNDEScale:  
First quartile (8-14): Very Low evidential strength  
Second quartile (15-20): Low evidential strength   
Third quartile (21-26): Moderate evidential strength  
Fourth quartile (27-32): Moderate evidential strength, with score of 1 or 2 on criterion 4 OR Strong evidential strength, with score of 3 or 4 on criterion 4.   
  
The score of 16 falls into the Second quartile (15-20): Low evidential strength.  
Additionally, the score for criterion 4 (Third-person verification) is 1.

Okay, I will apply the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **Peggy Raso**, as described in the "VeridicalNDE\_Cook98.pdf" study.  
  
1. Timing of investigation: The period of time between when the NDE occurred and when investigation of veridical aspects of the NDE was initiated.  
Rating: 1  
Rating explanation: The NDE occurred on August 15, 1960[cite: 314]. Mrs. Raso wrote to I.S. (Ian Stevenson) in 1987, and he promptly responded, with her detailed account reaching him in May 1987. This is a gap of nearly 27 years, which is "after more than 5 years following the NDE".  
  
2. Physical state of non-responsivity (unconsciousness): The timing of the perception(s), indicating whether they occurred during physical non-responsivity.  
Rating: 3  
Rating explanation: On August 15, 1960, at 5:00 a.m., Mrs. Raso "suddenly became cyanotic and had severe chest pain. She became unconscious". The medical records state she was "outwardly unconscious". This would be "apparent (inferred or reported verbally by the clinicians) unconsciousness", as the medical record describes her state.  
  
3. Cardiac, or respiratory arrest or cessation of brain activity: The timing of the perception(s), indicating whether they occurred during cardiac or respiratory arrest or cessation of brain function.  
Rating: 2  
Rating explanation: Mrs. Raso "suddenly became cyanotic and had severe chest pain," and it was "felt that she had thrown another pulmonary embolism". While severe, the medical records obtained were "meager regarding her condition when she collapsed" and did not explicitly document cardiac or respiratory arrest. This points towards "abnormal cardiac, respiratory, or brain activity" due to the pulmonary embolism and cyanosis.  
  
4. Third-person verification: Accuracy of the perceptions verified by at least one credible source besides the near-death experiencer.  
Rating: 3  
Rating explanation: Mrs. Raso reported hearing her aunt, Judy (an RN), say, "She was such a good little mother". Her husband, Leno, confirmed in writing in February 1990 that Judy had made this statement. This is "documented (e.g. available interview by a credible source) verification from one third-person source".  
  
5. Possible physical explanation: The nature of the perception was such that it could be accounted for through physical sensory cues or logical inference.  
Rating: 2  
Rating explanation: Mrs. Raso perceived events from a "vantage point near the ceiling". She heard her aunt and husband talking in the hall outside her room; the door to her room was open. While her husband did not believe she could have seen or heard him normally, the open door makes normal hearing a possibility for conversations in the immediate hallway. However, she also reported hearing a doctor at the nurses' station (50 feet away) being told she had died and his reply that he would call her mother. It is "unlikely that she would have heard normally comments made at the nurses’ station". Her perception of the doctor at the nurses' station "cannot be accounted by sensory cues, but might be accounted for by logical inference" (e.g., she might have known this doctor was a family friend and might be called). The conversation with her aunt and husband is more ambiguous due to the open door. Overall, this leans towards a rating where some perceptions might have conventional explanations while others are less likely to, fitting "perception that cannot be accounted by sensory cues, but might be accounted for by logical inference".  
  
6. Number of verified perceptions: Number of verified persons, objects, environment characteristics or events perceived in the physical environment... during the period(s) of physical non-responsivity.  
Rating: 1  
Rating explanation: One specific perception was verified: Her husband confirmed that Mrs. Raso’s aunt, Judy, said, "She was such a good little mother". This counts as "one" verified perception.  
  
7. Erroneous perceptions: Number of persons, objects, environment characteristics or events that the experiencer reported having perceived during the NDE yet were later found to be inaccurate perceptions.  
Rating: 4  
Rating explanation: The case description does not mention any of Mrs. Raso's perceptions being found to be inaccurate. Therefore, "no erroneous perceptions".  
  
8. Clarity of verified perceptions: Clarity of the experiencer's reported verified perceptions and the memory of them.  
Rating: 3  
Rating explanation: The verified perception (her aunt's statement) was specific: "She was such a good little mother". Mrs. Raso's account of her experience, including this detail, was detailed and seemingly clear when she recounted it years later. This suggests the clarity was "as clear and precise as normal physical perceptions".  
  
Total score:  
1 (Timing) + 3 (Physical state) + 2 (Cardiac/respiratory arrest) + 3 (Third-person verification) + 2 (Possible physical explanation) + 1 (Number of verified perceptions) + 4 (Erroneous perceptions) + 3 (Clarity) = 19  
  
Level of evidential strength:  
The total score is 19.  
According to the vNDEScale:  
First quartile (8-14): Very Low evidential strength   
Second quartile (15-20): Low evidential strength   
Third quartile (21-26): Moderate evidential strength   
Fourth quartile (27-32): Moderate evidential strength, with score of 1 or 2 on criterion 4 OR Strong evidential strength, with score of 3 or 4 on criterion 4.  
  
The score of 19 falls into the Second quartile (15-20): Low evidential strength.  
However, criterion 4 (Third-person verification) has a score of 3.  
The scale notes for the Fourth Quartile: "Strong evidential strength, with score of 3 or 4 on criterion 4".  
Since the score of 19 is in the second quartile, but the rule for strong evidential strength specifically mentions "Fourth quartile (27-32)... Strong evidential strength, with score of 3 or 4 on criterion 4", a score of 19 with a criterion 4 score of 3 would still be classified according to its quartile.  
  
Therefore, with a total score of 19, the level of evidential strength is Low evidential strength.

Okay, I will apply the Veridical Near-Death Experiences Scale (vNDEScale) to the case of **von Jankovic**h, as described in the "VeridicalNDE\_Cook98.pdf" study. **vNDEScale Application to Stefan von Jankovich Case**

**1. Timing of investigation:** The period of time between when the NDE occurred and when investigation of veridical aspects of the NDE was initiated.

**Rating:** 1

**Rating explanation:** The NDE occurred in 1964. Mr. von Jankovich published his book about the experience in 1984. One of the authors (I.S.) met with him in September 1992. The investigation by the paper's authors began 28 years after the event, which is "after more than 5 years following the NDE".

**2. Physical state of non-responsivity (unconsciousness):** The timing of the perception(s), indicating whether they occurred during physical non-responsivity.

**Rating:** 4

**Rating explanation:** After the car crash, Mr. von Jankovich suffered multiple fractures and was knocked unconscious. Physicians at the scene judged him to be dead. The physician’s report noted his heart had been arrested for more than 5 minutes. This indicates "documented (verified by written clinical documents) unconsciousness".

**3. Cardiac, or respiratory arrest or cessation of brain activity:** The timing of the perception(s), indicating whether they occurred during cardiac or respiratory arrest or cessation of brain function.

**Rating:** 4

**Rating explanation:** The physician’s report noted that Mr. von Jankovich’s heart had been arrested for more than 5 minutes. One of the doctors decided to try an injection of adrenalin directly into his heart, which had stopped beating. This is "documented (verified by written clinical documents) cardiac or respiratory arrest or cessation of brain activity".

**4. Third-person verification:** Accuracy of the perceptions verified by at least one credible source besides the near-death experiencer.

**Rating:** 2

**Rating explanation:** Mr. von Jankovich recognized the doctor who visited him in the hospital and asked why he gave him the "devilish injection". The doctor was nonplussed and asked how he knew him. This interaction, reported by von Jankovich, implies the doctor was surprised by the recognition. He also sought out and met the woman who prayed for him, verifying details like her having a red vehicle and a daughter of a certain age. However, these verifications are reported by von Jankovich himself years later to I.S.. The paper states I.S. learned about these verifications 28 years after the accident, and Mr. von Jankovich could no longer remember where the witnesses lived for independent verification by I.S.. This makes it "undocumented third-person verification" from the perspective of the researchers collecting the case, as they did not directly interview the corroborating witnesses.

**5. Possible physical explanation:** The nature of the perception was such that it could be accounted for through physical sensory cues or logical inference.

**Rating:** 3

**Rating explanation:** Mr. von Jankovich reported perceiving people around his body, their conversations, and even their thoughts while he felt himself hovering above the accident site. He perceived a doctor giving him an injection, noting his Swiss German accent with a Bernese and Italian inflection. He also perceived a woman silently praying, including specific prayers. He also claimed to have seen the name and town on the side of the woman's commercial vehicle, which he later used to trace her. The paper comments that if this detail about tracing the woman via the vehicle is accurate, it "would be paranormal" as it's unlikely he could have read it from his supine position. Given these types of perceptions, it is "unlikely that perceptions could have conventional physical explanation".

**6. Number of verified perceptions:** Number of verified persons, objects, environment characteristics or events perceived in the physical environment... during the period(s) of physical non-responsivity.

**Rating:** 3

**Rating explanation:** According to Mr. von Jankovich's account to I.S.:

He recognized the doctor in the hospital who gave him the injection. He identified the woman who prayed for him based on details like her red commercial vehicle with a name and town on it, and her daughter's age. He recognized the censorious man from the accident scene when he later went to his office. The woman confirmed she prayed for the dead man. These constitute several (4 to 7) pieces of information that Mr. von Jankovich reported he verified.

**7. Erroneous perceptions:** Number of persons, objects, environment characteristics or events that the experiencer reported having perceived during the NDE yet were later found to be inaccurate perceptions.

**Rating:** 4

**Rating explanation:** The case description does not report any of Mr. von Jankovich's perceptions as being found inaccurate. Therefore, "no erroneous perceptions".

**8. Clarity of verified perceptions:** Clarity of the experiencer's reported verified perceptions and the memory of them.

**Rating:** 3

**Rating explanation:** Mr. von Jankovich's reported memories of the events he perceived from above were detailed, including the doctor's actions, his accent, the woman's prayers, the details on her vehicle, and the thoughts of an onlooker. He reported these details with confidence years later. This suggests the clarity was "as clear and precise as normal physical perceptions".

Total score: 1 (Timing) + 4 (Physical state) + 4 (Cardiac/respiratory arrest) + 2 (Third-person verification) + 3 (Possible physical explanation) + 3 (Number of verified perceptions) + 4 (Erroneous perceptions) + 3 (Clarity) = 24

Level of evidential strength: The total score is 24. According to the vNDEScale: First quartile (8-14): Very Low evidential strength Second quartile (15-20): Low evidential strength Third quartile (21-26): Moderate evidential strength Fourth quartile (27-32): Moderate evidential strength, with score of 1 or 2 on criterion 4 OR Strong evidential strength, with score of 3 or 4 on criterion 4.

The score of 24 falls into the Third quartile (21-26). The score for criterion 4 (Third-person verification) is 2. Therefore, the level of evidential strength is Moderate evidential strength.

Based on the Veridical Near-Death Experiences Scale (vNDEScale) [cite: 1] and the information provided in the "Illustrative Cases" section for **Rose Heath** in "Do Any Near-Death Experiences Provide Evidence for the Survival of Human Personality after Death?", here is an application of the scale:  
  
**Case: Rose Heath**  
  
1. Timing of investigation: The period of time between when the NDE occurred and when investigation of veridical aspects of the NDE was initiated. [cite: 4]  
Rating: 1  
Rating explanation: The NDE occurred probably around 1915, during World War I[cite: 449]. I.S. (Ian Stevenson) learned about the case in 1970[cite: 449]. This is a period of approximately 55 years, which is "after more than 5 years following the NDE"[cite: 5].  
  
2. Physical state of non-responsivity (unconsciousness): The timing of the perception(s), indicating whether they occurred during physical non-responsivity. [cite: 6]  
Rating: 3  
Rating explanation: Mrs. Heath was "seriously ill with scarlet fever" and experienced an "apparent crisis in her illness". Her recollection of "looking down, from about ceiling height, onto a bed on which lay a very emaciated body" with doctors and nurses around suggests she was physically non-responsive at that time[cite: 454, 455]. This is "apparent (inferred or reported verbally by the clinicians [or in this instance, by the experiencer's account of the circumstances]) unconsciousness"[cite: 7].  
  
3. Cardiac, or respiratory arrest or cessation of brain activity: The timing of the perception(s), indicating whether they occurred during cardiac or respiratory arrest or cessation of brain function. [cite: 9]  
Rating: 2  
Rating explanation: The case states Mrs. Heath was "seriously ill with scarlet fever" and experienced an "apparent crisis in her illness". While there is no specific documentation of cardiac or respiratory arrest, this description implies "abnormal cardiac, respiratory, or brain activity" rather than normal function[cite: 11]. A rating of 1 would apply if there were no information or normal function[cite: 3, 11].  
  
4. Third-person verification: Accuracy of the perceptions verified by at least one credible source besides the near-death experiencer. [cite: 12]  
Rating: 1  
Rating explanation: Mrs. Heath reported seeing her deceased cousin, Alvin Adams, and details of his uniform, which she stated were "confirmed by a photograph of him I saw some years later" and that she "checked up later and found that what I had seen was correct"[cite: 452, 460]. This verification was conducted by the experiencer herself. The scale requires verification by a source \*besidesthe NDEr[cite: 12]. Therefore, this is "no third-person verification" according to the scale's criteria[cite: 14].  
  
5. Possible physical explanation: The nature of the perception was such that it could be accounted for through physical sensory cues or logical inference. [cite: 16]  
Rating: 3  
Rating explanation: Perceptions included seeing her cousin (whom she knew was missing but not confirmed dead) and specific details of his uniform (type of uniform, a cross instead of regiment name) that she claimed she did not know previously. While his death might have been inferred (as he was missing in war), the specific uniform details were unlikely to be known through sensory cues or logical inference if her account is accurate. Her out-of-body perception of seeing her "very emaciated body" with medical staff around it, while in a state of "apparent crisis" also points away from conventional explanation. Thus, it is "unlikely that perceptions could have conventional physical explanation"[cite: 16].  
  
6. Number of verified perceptions: Number of verified persons, objects, environment characteristics or events perceived in the physical environment...during the period(s) of physical non-responsivity. [cite: 17]  
Rating: 3  
Rating explanation: The following distinct perceptions were reported by Mrs. Heath and claimed by her to be veridical:  
 1. Her cousin, Alvin Adams, was dead (event/status)[cite: 452].  
 2. Alvin Adams was wearing a uniform (object associated with person)[cite: 452].  
 3. The specific type of uniform worn at the time (object characteristic)[cite: 452].  
 4. The uniform had a cross where the name of his regiment was expected (object characteristic)[cite: 453].  
 5. Her own body, seen from above, was very emaciated (object characteristic in environment)[cite: 454].  
 6. White-coated doctors were around her bed (persons in environment)[cite: 455].  
 7. Nurses were around her bed (persons in environment)[cite: 455].  
 This totals 7 verified items. The scale for 4 to 7 items is a rating of 3[cite: 21].  
  
7. Erroneous perceptions: Number of persons, objects, environment characteristics or events that the experiencer reported having perceived during the NDE yet were later found to be inaccurate perceptions. [cite: 23]  
Rating: 4  
Rating explanation: The case report for Rose Heath does not mention any perceptions that were later found to be erroneous. Therefore, the rating is "no erroneous perceptions"[cite: 24].  
  
8. Clarity of verified perceptions: Clarity of the experiencer's reported verified perceptions and the memory of them. [cite: 26]  
Rating: 3  
Rating explanation: Mrs. Heath's account includes specific details, such as the cross on the uniform and seeing her "very emaciated body"[cite: 453, 454]. She refers to her "vivid recollection"[cite: 454]. This suggests her perceptions were "as clear and precise as normal physical perceptions"[cite: 27].  
  
Total score:  
1 + 3 + 2 + 1 + 3 + 3 + 4 + 3 = 20  
  
Level of evidential strength:  
The total score of 20 falls into the Second quartile (15-20), which corresponds to Low evidential strength[cite: 29].

Based on the Veridical Near-Death Experiences Scale (vNDEScale) and the information provided in the "Illustrative Cases" section for **Al Sullivan** in "Do Any Near-Death Experiences Provide Evidence for the Survival of Human Personality after Death?", here is an application of the scale:

**Case: Al Sullivan**

**1. Timing of investigation:** The period of time between when the NDE occurred and when investigation of veridical aspects of the NDE was initiated.

* **Rating: 2**
* **Rating explanation:** Mr. Sullivan's NDE occurred on January 18, 1988. B.G. (one of the paper's authors and a vNDEScale author) learned about the case when Mr. Sullivan attended a meeting in 1990. Mr. Sullivan also wrote his account in 1990. This means the investigation by the researchers was initiated approximately 2 years after the NDE, which falls into "from 1 to 5 years following the NDE". Mr. Sullivan did report his perceptions to his cardiologist immediately after the surgery, but the scale typically refers to when external investigation begins.

**2. Physical state of non-responsivity (unconsciousness):** The timing of the perception(s), indicating whether they occurred during physical non-responsivity.

* **Rating: 4**
* **Rating explanation:** The NDE occurred during an emergency coronary bypass operation while Mr. Sullivan was under general anesthesia. The text explicitly states he was "under general anesthesia and, at least to observers, unconscious" and that "medical records indicate that in the operating room he was... given a general anesthetic so that the surgery itself could begin". This constitutes "documented (verified by written clinical documents) unconsciousness".

**3. Cardiac, or respiratory arrest or cessation of brain activity:** The timing of the perception(s), indicating whether they occurred during cardiac or respiratory arrest or cessation of brain function.

* **Rating: 4**
* **Rating explanation:** The perceptions occurred during a quadruple bypass surgery. Such a procedure typically involves the use of a heart-lung machine and cardioplegia (the intentional and temporary cessation of cardiac activity). Mr. Sullivan perceived his chest cavity open and his heart being operated on. This state of controlled cessation of normal heart function would be documented in written clinical (surgical) records, fulfilling the criterion for "documented (verified by written clinical documents) cardiac or respiratory arrest or cessation of brain activity" (in terms of normal cardiac function).

**4. Third-person verification:** Accuracy of the perceptions verified by at least one credible source besides the near-death experiencer.

* **Rating: 4**
* **Rating explanation:** Mr. Sullivan reported seeing his surgeon, Dr. Takata, "flapping his elbows as if trying to fly". This was verified by:
  + Dr. LaSala (cardiologist), who confirmed to B.G. that Mr. Sullivan told him this shortly after surgery and that this is a peculiar habit of Dr. Takata.
  + Dr. Takata (surgeon), who confirmed to B.G. that this is a regular habit of his. This is "documented (e.g. available interview by a credible source) verification from more than one third-person source".

**5. Possible physical explanation:** The nature of the perception was such that it could be accounted for through physical sensory cues or logical inference.

* **Rating: 4**
* **Rating explanation:** Mr. Sullivan was deeply anesthetized and unconscious during the surgery. His perception of Dr. Takata's idiosyncratic "elbow flapping" occurred while his chest was open. The authors state, "we are unaware of any normal sensory means by which the deeply anesthetized and unconscious Mr. Sullivan could have learned about the peculiar behavior of the surgeon". The possibility of him observing this before full anesthesia was also deemed unlikely given the context he described (seeing his own open chest). This makes it "extremely unlikely for perceptions to have conventional physical explanation".

**6. Number of verified perceptions:** Number of verified persons, objects, environment characteristics or events perceived in the physical environment...during the period(s) of physical non-responsivity.

* **Rating: 2**
* **Rating explanation:** The verified perceptions from his OBE during surgery include:
  1. Dr. Takata's peculiar habit of "flapping his elbows".
  2. The observation of two other surgeons working on his leg (for vein harvesting for the bypass graft) at the same time his chest surgery was ongoing. These are two distinct, verified perceptions. This corresponds to a rating of 2 ("2 or 3" perceptions).

**7. Erroneous perceptions:** Number of persons, objects, environment characteristics or events that the experiencer reported having perceived during the NDE yet were later found to be inaccurate perceptions.

* **Rating: 4**
* **Rating explanation:** The case report does not mention any perceptions concerning the operating room environment or events that were later found to be inaccurate. The veridical elements reported were corroborated. Thus, "no erroneous perceptions".

**8. Clarity of verified perceptions:** Clarity of the experiencer's reported verified perceptions and the memory of them.

* **Rating: 3**
* **Rating explanation:** Mr. Sullivan provided a detailed account of his experience, including the "clear sensation of leaving his body", the surgeon's specific actions, seeing his chest open, and other surgeons working on his leg. His written account from 1990 was also detailed. This suggests perceptions that were "as clear and precise as normal physical perceptions".

Total score:

2 + 4 + 4 + 4 + 4 + 2 + 4 + 3 = 27

Level of evidential strength:

A total score of 27 falls into the Fourth quartile (27-32).

According to the scale:

* "Moderate evidential strength, with score of 1 or 2 on criterion 4."
* "Strong evidential strength, with score of 3 or 4 on criterion 4." Since Mr. Sullivan's score for criterion 4 (Third-person verification) is 4, the level of evidential strength for this case is **Strong evidential strength**.

Based on the Veridical Near-Death Experiences Scale (vNDEScale) and the information provided for "**Case One**" in "Further Evidence for Veridical Perception During Near-Death Experiences" by Ring and Lawrence[cite: 1], here is an application of the scale:

**Case: Case One** (Unnamed woman, reported by Kathy Milne)  
  
1. Timing of investigation: The period of time between when the NDE occurred and when investigation of veridical aspects of the NDE was initiated.  
Rating: 4  
Rating explanation: The NDE occurred in 1985[cite: 51]. The experiencer described seeing a red shoe on the hospital roof[cite: 54, 56]. A skeptical resident, upon hearing the account from nurse Kathy Milne, went to the roof "later that day" and found the red shoe[cite: 59, 60, 61]. This investigation of the veridical aspect occurred less than three months (indeed, likely the same day or very soon after) following the NDE.  
  
2. Physical state of non-responsivity (unconsciousness): The timing of the perception(s), indicating whether they occurred during physical non-responsivity.  
Rating: 3  
Rating explanation: The experiencer was a woman "who had been resuscitated"[cite: 52]. She reported floating over her body and viewing "the resuscitation effort"[cite: 53]. Being in a state requiring resuscitation implies unconsciousness. This information is relayed by a nurse (Kathy Milne) who was aware of the patient's resuscitation, suggesting "apparent (inferred or reported verbally by the clinicians) unconsciousness"[cite: 112].  
  
3. Cardiac, or respiratory arrest or cessation of brain activity: The timing of the perception(s), indicating whether they occurred during cardiac or respiratory arrest or cessation of brain function.  
Rating: 3  
Rating explanation: The patient "had been resuscitated"[cite: 52]. Resuscitation is performed in situations of cardiac or respiratory arrest. This indicates "apparent (inferred or reported verbally by the clinicians) cardiac or respiratory arrest or cessation of brain activity"[cite: 116].  
  
4. Third-person verification: Accuracy of the perceptions verified by at least one credible source besides the near-death experiencer.  
Rating: 3  
Rating explanation: The experiencer's perception of a red shoe on the hospital roof was verified by a skeptical resident[cite: 59, 61]. The resident had a janitor take him to the roof, and he returned with the red shoe[cite: 60, 61]. This account of verification by the resident (a third person) was documented in a letter from nurse Kathy Milne to investigator Kenneth Ring[cite: 53, 62]. This constitutes "documented (e.g. available interview by a credible source) verification from one third-person source"[cite: 119].  
  
5. Possible physical explanation: The nature of the perception was such that it could be accounted for through physical sensory cues or logical inference.  
Rating: 4  
Rating explanation: The patient was undergoing resuscitation and described floating up through hospital floors to above the roof, where she saw the shoe[cite: 53, 54, 56]. Given her physical state (requiring resuscitation), it is "extremely unlikely for perceptions to have conventional physical explanation" via normal sensory means[cite: 121].  
  
6. Number of verified perceptions: Number of verified persons, objects, environment characteristics or events perceived in the physical environment...during the period(s) of physical non-responsivity.  
Rating: 1  
Rating explanation: The single, specifically verified perception was the "red shoe" on the hospital roof[cite: 56, 61]. While she also saw the Hartford skyline[cite: 54], the unique and confirmed item was the shoe. This counts as "one" verified perception[cite: 126].  
  
7. Erroneous perceptions: Number of persons, objects, environment characteristics or events that the experiencer reported having perceived during the NDE yet were later found to be inaccurate perceptions.  
Rating: 4  
Rating explanation: The account provides no indication that any of the experiencer's reported perceptions related to the veridical claim (the shoe on the roof) were found to be inaccurate. The perception was confirmed. Therefore, "no erroneous perceptions"[cite: 129].  
  
8. Clarity of verified perceptions: Clarity of the experiencer's reported verified perceptions and the memory of them.  
Rating: 3  
Rating explanation: The perception was of a "red object" that "turned out to be a shoe"[cite: 55, 56]. This description, though simple, was specific enough ("red shoe") to be clearly identified and verified. It suggests the perception was "as clear and precise as normal physical perceptions"[cite: 132].  
  
Total score:  
4 + 3 + 3 + 3 + 4 + 1 + 4 + 3 = 25  
  
Level of evidential strength: A total score of 25 falls into the Third quartile (21-26), which corresponds to Moderate evidential strength according to the vNDEScale.

Applying the Veridical Near-Death Experiences Scale (vNDEScale) to Case Two from the study "Further Evidence for Veridical Perception During Near-Death Experiences" by Kenneth Ring and Madelaine Lawrence[cite: 30, 31]:  
  
**Case Two Summary:**  
In the summer of 1982, Joyce Harmon, an ICU nurse, was wearing a new pair of plaid shoelaces on her first day back from vacation. [cite: 94, 95] She participated in resuscitating a female patient whom she did not know. [cite: 96] The next day, the patient saw Nurse Harmon and said, "Oh, you're the one with the plaid shoelaces!" adding, "I saw them... I was watching what was happening yesterday when I died. I was up above." [cite: 97, 99] Nurse Harmon was astonished, as she recalled the new shoelaces. [cite: 98] Nurse Harmon recounted this event to Kenneth Ring on August 28, 1992. [cite: 97]  
  
vNDEScale Application:  
  
1. Timing of investigation: The period of time between when the NDE occurred and when investigation of veridical aspects of the NDE was initiated. [cite: 4]  
Rating: 1 (after more than 5 years following the NDE) [cite: 5]  
Rating explanation: The NDE occurred in the summer of 1982. [cite: 94] The investigation that forms the basis of the published account (Kenneth Ring's interview with the witness, Joyce Harmon) was initiated on August 28, 1992[cite: 97], which is approximately 10 years after the NDE.  
  
2. Physical state of non-responsivity (unconsciousness): The timing of the perception(s), indicating whether they occurred during physical non-responsivity. [cite: 6]  
Rating: 3 (during apparent (inferred or reported verbally by the clinicians) unconsciousness) [cite: 7]  
Rating explanation: The patient was undergoing resuscitation by Nurse Joyce Harmon at the time of the NDE. [cite: 96] The patient stated the perception occurred "when I died". [cite: 99] This indicates apparent unconsciousness, verbally reported by the clinician (Nurse Harmon) who was present.  
  
3. Cardiac, or respiratory arrest or cessation of brain activity: The timing of the perception(s), indicating whether they occurred during cardiac or respiratory arrest or cessation of brain function. [cite: 9]  
Rating: 3 (apparent (inferred or reported verbally by the clinicians) cardiac or respiratory arrest or cessation of brain activity) [cite: 11]  
Rating explanation: The patient was being "resuscitated"[cite: 96], and stated the experience happened "when I died"[cite: 99]. Resuscitation procedures are typically initiated during cardiac or respiratory arrest. This implies apparent arrest, based on the verbal report of the clinician involved (Nurse Harmon).  
  
4. Third-person verification: Accuracy of the perceptions verified by at least one credible source besides the near-death experiencer... documented through such sources as published testimony, interview, and/or medical records. [cite: 12]  
Rating: 3 (documented (e.g. available interview by a credible source) verification from one third-person source) [cite: 14]  
Rating explanation: The patient's perception of "plaid shoelaces" was verified by Nurse Joyce Harmon (a credible third-person source, an ICU nurse). [cite: 95, 97, 99] This verification is documented via a personal communication (interview) with Kenneth Ring, as reported in the VeridicalNDE\_Ring93 study. [cite: 97]  
  
5. Possible physical explanation: The nature of the perception was such that it could be accounted for through physical sensory cues or logical inference. [cite: 16]  
Rating: 4 (extremely unlikely for perceptions to have conventional physical explanation)  
Rating explanation: The patient reported perceiving the nurse's plaid shoelaces while "up above" during resuscitation, stating she "died". [cite: 96, 99] Nurse Harmon confirmed these were new shoelaces worn for the first time that day, and the patient did not know her prior to this event. [cite: 95, 96] This context makes a conventional physical explanation (e.g., prior sighting, normal sensory perception during resuscitation from that vantage point) extremely unlikely.  
  
6. Number of verified perceptions: Number of verified persons, objects, environment characteristics or events perceived... [cite: 17]  
Rating: 2 (2 or 3) [cite: 21]  
Rating explanation: The verified perceptions are: (1) the nurse was wearing shoelaces, and (2) the shoelaces were specifically "plaid". [cite: 97, 99] This constitutes two distinct verified details about the object.  
  
7. Erroneous perceptions: Number of persons, objects, environment characteristics or events that the experiencer reported having perceived during the NDE yet were later found to be inaccurate perceptions. [cite: 23]  
Rating: 4 (no erroneous perceptions) [cite: 24]  
Rating explanation: The account of Case Two in the VeridicalNDE\_Ring93 paper details only the perception of the plaid shoelaces, which was verified. [cite: 97, 99] No erroneous perceptions related to this NDE are mentioned in the provided text.  
  
8. Clarity of verified perceptions: Clarity of the experiencer's reported verified perceptions and the memory of them. [cite: 26]  
Rating: 3 (as clear and precise as normal physical perceptions) [cite: 27]  
Rating explanation: The patient's statement, "Oh, you're the one with the plaid shoelaces!"[cite: 97], is reported as a direct and specific recognition. The term "plaid" indicates a clear and precise visual detail, comparable to normal physical perception.  
  
Total score calculation:  
1 (Timing) + 3 (Non-responsivity) + 3 (Arrest) + 3 (Verification) + 4 (Physical Explanation) + 2 (Number of Perceptions) + 4 (Erroneous Perceptions) + 3 (Clarity) = 23  
  
Level of evidential strength:  
The total score is 23. According to the vNDEScale scoring guidelines[cite: 29]:  
First quartile (8-14): Very Low evidential strength  
Second quartile (15-20): Low evidential strength  
Third quartile (21-26): Moderate evidential strength  
Fourth quartile (27-32): Moderate evidential strength (with score of 1 or 2 on criterion 4) OR Strong evidential strength (with score of 3 or 4 on criterion 4).  
  
Since the total score of 23 falls within the third quartile, Case Two has a Moderate evidential strength according to the vNDEScale.

Applying the Veridical Near-Death Experiences Scale (vNDEScale) to Case Three from the study "Further Evidence for Veridical Perception During Near-Death Experiences" by Kenneth Ring and Madelaine Lawrence:

**Case Three Summary:**

In the late 1970s, Sue Saunders, a respiratory therapist, was involved in resuscitating a man in his 60s in the emergency room whose electrocardiogram had gone flat and who was being shocked repeatedly without success. Saunders was trying to give him oxygen. A couple of days later, in the ICU, the patient told Saunders, "You looked so much better in your yellow top," and elaborated, "Yeah, I saw you. You had something over your face and you were pushing air into me. And I saw your yellow smock." Saunders confirmed she had been wearing a yellow smock and a mask while working on him when he was unconscious and without a heartbeat. This account was communicated by Saunders to Kenneth Ring on August 28, 1992.

**vNDEScale Application:**

**1. Timing of investigation:** The period of time between when the NDE occurred and when investigation of veridical aspects of the NDE was initiated.

* **Rating: 1** (after more than 5 years following the NDE)
* **Rating explanation:** The NDE occurred in the "late 1970s". The investigation documented in the published study (Kenneth Ring's interview with the witness, Sue Saunders) was initiated on August 28, 1992, which is more than a decade (well over 5 years) after the NDE.

**2. Physical state of non-responsivity (unconsciousness):** The timing of the perception(s), indicating whether they occurred during physical non-responsivity.

* **Rating: 3** (during apparent (inferred or reported verbally by the clinicians) unconsciousness)
* **Rating explanation:** The patient's electrocardiogram had reportedly "gone flat", he was undergoing repeated shocks without result, and the witnessing respiratory therapist (Sue Saunders) confirmed he was "unconscious" during the resuscitation efforts when the NDE is presumed to have occurred. This indicates apparent unconsciousness, reported verbally by a clinician.

**3. Cardiac, or respiratory arrest or cessation of brain activity:** The timing of the perception(s), indicating whether they occurred during cardiac or respiratory arrest or cessation of brain function.

* **Rating: 3** (apparent (inferred or reported verbally by the clinicians) cardiac or respiratory arrest or cessation of brain activity)
* **Rating explanation:** The patient's electrocardiogram was reported as "flat", and Sue Saunders, the respiratory therapist present, stated he was "without a heartbeat" during the resuscitation. This description, reported verbally by a clinician, indicates apparent cardiac arrest.

**4. Third-person verification:** Accuracy of the perceptions verified by at least one credible source besides the near-death experiencer... documented through such sources as published testimony, interview, and/or medical records.

* **Rating: 3** (documented (e.g. available interview by a credible source) verification from one third-person source)
* **Rating explanation:** Sue Saunders (a respiratory therapist, thus a credible source involved in the event) verified the accuracy of the patient's perceptions: her yellow smock, that she wore a mask ("something over your face"), and that she was "pushing air into me". This verification is documented through an interview with K. Ring, as published in the study.

**5. Possible physical explanation:** The nature of the perception was such that it could be accounted for through physical sensory cues or logical inference.

* **Rating: 4** (extremely unlikely for perceptions to have conventional physical explanation)
* **Rating explanation:** The patient was reportedly unconscious, with a flat ECG and no heartbeat, while resuscitation efforts were underway. His detailed perceptions of the therapist's yellow smock, mask, and the specific action of her "pushing air into me" are extremely unlikely to be attributable to conventional physical sensory input or logical inference, given his critical medical state.

**6. Number of verified perceptions:** Number of verified persons, objects, environment characteristics or events perceived... during the period(s) of physical non-responsivity.

* **Rating: 3** (4 to 7)
* **Rating explanation:** The verified perceptions include: (1) Sue Saunders was present ("I saw you" ); (2) she was wearing a yellow smock/top; (3) she had "something over your face" (a mask); and (4) she was "pushing air into me". This totals four distinct verified items.

**7. Erroneous perceptions:** Number of persons, objects, environment characteristics or events that the experiencer reported having perceived during the NDE yet were later found to be inaccurate perceptions.

* **Rating: 4** (no erroneous perceptions)
* **Rating explanation:** The published account of Case Three details several specific perceptions, all of which were reported as verified. No erroneous perceptions from this NDE are mentioned in the text.

**8. Clarity of verified perceptions:** Clarity of the experiencer's reported verified perceptions and the memory of them.

* **Rating: 3** (as clear and precise as normal physical perceptions)
* **Rating explanation:** The patient's statements ("You looked so much better in your yellow top," "You had something over your face and you were pushing air into me. And I saw your yellow smock." ) describe specific visual details (color of clothing, presence of a mask) and actions, indicating perceptions that were as clear and precise as normal physical observations.

Total score calculation:

1 (Timing) + 3 (Non-responsivity) + 3 (Arrest) + 3 (Verification) + 4 (Physical Explanation) + 3 (Number of Perceptions) + 4 (Erroneous Perceptions) + 3 (Clarity) = 24

Level of evidential strength:

The total score is 24. Based on the vNDEScale scoring guidelines:

* First quartile (8-14): Very Low evidential strength
* Second quartile (15-20): Low evidential strength
* **Third quartile (21-26): Moderate evidential strength**
* Fourth quartile (27-32): Moderate evidential strength (with score of 1 or 2 on criterion 4) OR Strong evidential strength (with score of 3 or 4 on criterion 4).

With a total score of 24, Case Three is assessed as having **Moderate evidential strength** according to the vNDEScale.