



## Near-death Experiences

The British Telegraph of 7 October 2014 carried the following story: First hint of “life after death” in biggest ever scientific study. The newsworthy claim of the article was: “Southampton University scientists have found evidence that awareness can continue for at least several minutes after clinical death.” Reporting on the same study, the German Spiegel Online of 9 October 2014 suggests that awareness continued in cases where there was no longer any brain activity possible. Both reports refer to a recently published study, *AWARE — AWAREness during REsuscitation — A prospective study* led by Sam Parnia, currently professor in pulmonary and critical care medicine at the State University of New York, claiming the reality of nonlocal consciousness during clinical death (2014). This follows on a study of near-death experiences (NDEs) just more than a decade earlier when a group of Dutch scholars led by cardiologist Pim van Lommel (see 2001) made a similar claim.

The term near-death experience (NDE) was coined in 1975 to describe a pattern of experiences encountered by severely sick patients who reported a variety of exceptional features. These included experiences of being out of their bodies, travelling to heavenly realms, floating out of their bodies, seeing a bright light while going through a tunnel, encountering deceased relatives, reporting a life review, and the like. Eventually a list of fifteen features were identified that characterise these experiences.



*Image credit: Dreamstime*

For two reasons it is a misnomer. One is that not a single patient experienced all the features and not a single feature occurred in all people claiming such experiences. In other words, there is not a single identifiable syndrome that can be labelled a NDE based on these features. Secondly, once the term and the features became known, it turned out that many people experience similar sets of features without being severely sick or close to death. Today it is well-known that pilots undergoing training report similar sets of features due to G-force induced loss of consciousness. Also the intake of several drugs (such as LSD and ketamine) induce the same set of experiences.

As the literature grew, it became apparent that the majority of people claiming similar sets of experiences were not close to death or severely ill. It is often reported by people experiencing trauma, such as rape victims, or by people thinking their lives were endangered. In other words, someone does not need to be impaired to experience a so-called NDE — the belief of danger can trigger the same neural mechanisms to experience these features.

There is one category of NDEs that receives special research interest because of the possible implications that can be drawn from it. That is, people experiencing a NDE during a heart attack or cardiac arrest. While by far the majority of cardiac arrest patients do not survive, there is a rather small percentage lucky ones who receive CPR in time. A very small percentage of such people (like a small percentage of other severely sick patients), do report such experiences. What make cardiac arrest patients special in this regard is that in theory (and reality), for a period of time such patients do not have sufficient blood supply to their brains. The implication is that they experience NDEs (travel out of their bodies, encounter with deceased entities and persons, etc) while ostensibly they have no normal brain function. The inference from this is that their consciousness indeed functions independently from an operational brain. Since such people often report about their out-of-body experiences which include detailed reports about their resuscitation while allegedly perceiving everything from a position close to the ceiling of the room, it is claimed that such experiences indeed proof that consciousness can exist independently from a brain and body. This is often used to support traditional beliefs about a "soul" and something like life after death. If veridical observations can indeed be made in such instances, they provide a serious challenge for science.

There are a number of problems with this line of thinking. One is that the assumption that the experience takes place when there is no blood flow to the brain is not secured. Experiences which include even a life review are reported in cases of falling from mountains or people who jumped from a high bridge. Clearly, a few seconds is sufficient for the brain to generate such experiences, even a whole life review. Another problem is that despite claims of veridical perceptions during such out-of-body experiences, there is to date no adequate data to support them. Tests where targets were placed in cardiac hospitals where cardiac arrest is to be expected, has to date not provided a single verified perception. Add to that, that the anecdotal reports about veridical perceptions do not withstand critical analyses. There simply is no secure evidence that anybody in such circumstances indeed obtained information about external locations or events while they were impaired.



*Image credit: Dreamstime*

While there is no reliable evidence that consciousness can exist, travel and perceive outside a body and brain, there is little doubt that under numerous circumstances many people have such perceptual experiences. And calling them hallucinations is not adequate because they point towards the deeper structure of what we call consciousness or better, being conscious. Being conscious about our “selves,” our “bodies” and the outside world is a complex process. In fact, each instance depend on extremely complex multileveled processes. To illustrate it with the experience of our bodiness. It is a central feature of consciousness to experience ourselves as being someone with or in a body. The experience of bodiness is not given with the physical body but depends on a whole range of components. For example, a certain level of sensory stimulation on the body is necessary for the brain to own the body. Experiments in isolation tanks illustrate that once sensory stimulation is terminated, most people after a few hours will experience out-of-bodiness (floating out of their bodies). The connection between self and body is also illustrated by means of many neuroscientific experiments where people under all sorts of circumstances experience out-of-bodiness. For example, visual illusions of one’s own body can cause this experience. As said above, the intake of drugs have similar effects.

All of this points towards the fact that our everyday experience of ourselves and our bodies depends on a range of interconnected processes and mechanisms. In fact, what we take as normal, ordinary everyday experiences are in terms of how they are constructed, nothing different from these alternative experiences. Put differently, experiencing a self and one’s own bodiness is no less hallucinatory than any of these extraordinary experiences. The same mechanisms and processes that enable ordinary embodiment and self experience are at work in different ways with out-of-body experiences. In a real sense they are just alternate ways in which being conscious is constructed.

What is said about out-of-bodiness is true of all the other experiences that make up the so-called NDE. There are good explanations for each of the components of the experiences be it the bright light or tunnel experience or encounter with deceased relatives. They all depend on the normal ways in which perception, engagement and interaction with people and the world take place. They do not depend on any extraordinary mechanism or process (or reality) but are based on the ordinary way in which human beings as biological organisms are being conscious of themselves and the world.

"NDEs are perfectly explainable as normal and natural reactions of the neurobiological and culturally situated organism, called man and woman"

NDEs are perfectly explainable as normal and natural reactions of the neurobiological and culturally situated organism, called man and woman. NDEs consist of clusters of experiences that hang together when human bodies, brain and organisms are put under certain constraints, be that bodily through sickness, chemically through drugs or psychologically because of the ideas we have (for example, the belief that one's life is threatened).

Author: PF Craffert

Published on [theCSF.xyz](https://theCSF.xyz) on 1 July 2022

**The Next CSF Article:**

The Secrets of Christianity's Success (by JJ Brits), scheduled to be published on 15 July 2022