

CAN EXPERIENCES NEAR DEATH FURNISH EVIDENCE OF LIFE AFTER DEATH?*

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ABSTRACT

Most people who have a near-death experience (NDE) say that the experience convinced them that they will survive death. People who have not had such an experience, however, may not share this conviction. Although all features of NDEs, when looked at alone, might be explained in ways other than survival, there are three features in particular that we believe suggest the possibility of survival, especially when they all occur in the same experience. These features are: enhanced mental processes at a time when physiological functioning is seriously impaired; the experience of being out of the body and viewing events going on around it as from a position above; and the awareness of remote events not accessible to the person's ordinary senses. We briefly report one such case, and we also briefly describe two additional such cases in which the remote events apparently seen were verified by other persons.

The unusual experiences that have come to be known over the past two decades as near-death experiences have been reported for many years, both in personal accounts and in scientific studies published in professional journals and books.

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One of the most notable observations about these experiences has been that those who have them almost invariably believe that they have had a glimpse of life after death, and they are convinced that they will survive death when it finally comes (Ring, 1984). Most of them, however, are unable to specify the source of their belief; they often say that the experience is ineffable.

Without pressing those who have such experiences to identify their persuasive ingredients, we may ask what elements in them might influence people who have *not* had such an experience to agree that they provide at least some evidence for the survival of personal consciousness after death. We suggest that a combination of three features of near-death experiences should have some suggestive power in this matter.

The first and most common of these three features is enhanced mentation. In a previous study of fifty-eight persons for whom we were able to obtain medical records documenting their physical condition at the time of the near-death experience, we found that forty-two (72%) reported that they had experienced an enhanced level of cognitive or sensory functioning during the near-death experience (Owens, Cook, & Stevenson, 1990). Of these persons, twenty-six (62%) were in fact close to death, by which we mean that they would probably have died without prompt medical intervention. The enhanced mentations reported included increased speed, logic, and clarity of thought, overall visual and auditory clarity, vividness of colors, and control of cognition.¹ A more recent analysis of cases in our collection has yielded similar results: out of all 237 cases for which we have medical documentation, 159 persons (67%) reported that one or more of these sensory or cognitive functions had been enhanced during the near-death experience. Of these, ninety-two (58%) had been close to death (according to our definition, mentioned above, of that state). Perhaps even more interesting is the finding that, among the 130 patients who had been close to death, 120 (92%) reported that their sensory and cognitive functioning had been either normal or enhanced, despite their seriously impaired physiological condition.

The second feature is that of perceiving one's physical body (and, often, events going on in its immediate vicinity) as from a different position in space, most commonly as if looking down on the body from above and sometimes from one side. Among the 237 cases in our collection for which we have medical records, 121 persons (51%) reported this feature; 50 percent of these persons had been near death, 50 percent had not.

The third feature is that of extrasensory perception, that is, perceiving verifiable events outside the normal range of the physical senses. Although cases having this feature are not common, their numbers are not insignificant (Cook, Greyson, & Stevenson, 1998).

¹To this list we may add the rush of involuntary memories reported by some persons having unusual experiences near death (Stevenson & Cook, 1995). The numbers given in this paragraph, however, do not include persons reporting this feature.

When taken singly, each of the three features we have mentioned is open to an explanation other than the survival of consciousness after death. First, episodes of enhanced mentation occur in other conditions, such as during periods of creativity, manic episodes, or while a person is under the influence of mescaline and some other drugs. It is surprising, however, to hear reports of enhanced—or even of normal—mentation from persons who were ostensibly unconscious and often close to death; one would expect the cognitive functioning of such persons to be absent, seriously impaired, or at best diminishing. Nevertheless, some common factor may eventually be shown to stimulate the cognitive processes of persons in a wide variety of physiological conditions, although no such factor adequately accounting for all near-death experiences has yet been identified. As for the experience of looking down on one's body from above, this might be explained as an hallucination generated by psychological or somatic conditions associated with illness or injury (Blackmore, 1982; Palmer, 1978). Finally, experiences of extrasensory perception, like enhanced cognition, are reported to have occurred to many persons who were in good health and far from being near death. Although no adequate explanation—normal or paranormal—has yet been proposed for such experiences, the explanation may not require a component of human personality capable of surviving bodily death.

When, however, we consider the occurrence of the three features *together*, and have to begin invoking different explanations for the different features, we should ask whether a single hypothesis—that consciousness can function independently of the physical brain and body—might be better able to explain all these features. Elsewhere we have published reports of fourteen cases having all three of these features (7 taken from published reports and 7 taken from cases in our own collection), and we have provided references to other such cases (Cook, Greyson, & Stevenson, 1998). To illustrate the kind of cases to which we refer, we present here a brief report of another such case.

CASE OF LAURA GAINES (PSEUDONYM)

We learned of this case in January 1996, when Mrs. Gaines wrote to us and sent an account of her experience after reading about our research in a newspaper article. She filled out several of our questionnaires, giving additional information about herself and her experience, and a member of our staff also interviewed her about her experience in May 1997. In the summer of 1927, when Mrs. Gaines was twelve years old, she was taken to a small clinic to have her tonsils removed. Shortly after being given ether, Mrs. Gaines had an experience that included many of the elements commonly reported in near-death experiences, such as going down a tunnel toward a bright light and being in a place of great peace. After what seemed to her a long time, she thought about her body, and she then found herself near the ceiling of the operating room, looking down at the doctor and two nurses working on her body, apparently with some concern. She next

thought about her mother, who was supposed to be in the waiting room of the clinic, and she then seemed to pass through the walls and see her mother sitting in a chair that had been moved from the waiting room to the hall outside the recovery room. She tried to communicate with her mother, who was crying, but she was not able to do so; and so she returned to the operating room, where the doctor and nurses now seemed to be completing the surgery. The next thing she knew, she was regaining consciousness in her hospital bed.

Mrs. Gaines did not tell anyone about her experience immediately, fearing that no one would believe her. She never told the doctors and nurses about her experience, but some time after she had returned home (Mrs. Gaines could not remember exactly when) she asked her mother why she had moved her chair out of the waiting room into the hallway. Her mother wondered how she had known this, but said that the surgery was taking longer than she had been told it would, she had a feeling something was wrong, and so she had moved so that she could see when they brought her daughter out of surgery.

Because the experience happened so long ago, we have not been able either to corroborate what her mother was doing during the surgery or to obtain any medical records; but Mrs. Gaines said that her mother told her that she had hemorrhaged and had had heart failure on the operating table.

Like many people who have had experiences of this kind, Mrs. Gaines has a strong opinion about the nature of her experience: "I don't know the explanation, but this I know. The real me is a spirit that lives in this body, and that spirit will live on when my physical body dies." Most other people who have experienced these particular three features while near death have similarly concluded that consciousness is not wholly dependent on the body and may survive its death. No other explanation can yet account adequately for all three of these features taken together.

We should be cautious, nevertheless, of accepting this explanation unless the claim of extrasensory perception can be independently corroborated and verified. By this we mean that other persons have confirmed that the person having the experience told them, soon after the experience, about the events perceived and that an independent investigator has confirmed that the remote events occurred as the patient described them. For many years, occasional reports from people who claim to have witnessed remote events while ostensibly unconscious have been published, and some of these people also claim, as Mrs. Gaines did, to have later verified the remote events themselves (for references to some such cases, see Cook, Greyson, & Stevenson, 1998). Unfortunately, most of the experiences were, like Mrs. Gaines's, not reported or written down until many years after their occurrence, and in few of them has the claim of extrasensory perception been verified by an independent observer (for some of these few exceptions, see Clark, 1984; Owens, 1995; Ring & Lawrence, 1993). Recently, however, we have learned about two important new cases in which corroboration and verification of the person's report has been possible.

The first case was investigated by Dr. Michael Sabom, a cardiologist in Atlanta (Sabom, 1998). In this case, in August 1991 the patient, Pam Reynolds (a pseudonym), underwent a radical procedure involving complete induced cardiac arrest, deep hypothermia, and barbiturate cerebral protection for the surgical removal of a giant basilar artery aneurysm (Spetzler et al., 1988; Williams, Rainer, Fieger, Murray, & Sanchez, 1991). At the time the aneurysm was removed, Ms. Reynolds's core body temperature was 60 degrees Fahrenheit, her heart was stopped, an electroencephalogram (EEG) showed no brain wave activity, there was no brain stem (including auditory) response, and all blood had been drained from her brain. Ms. Reynolds reported that, shortly after the surgery began, she heard a buzzing sound, felt herself leaving her body, and then found herself watching the surgery as if she were sitting on the surgeon's shoulder. In particular, she accurately described the unusual bone saw the neurosurgeon was using and some remarks made by the cardiac surgeon. Details of what she described were subsequently confirmed both by the neurosurgeon and by the cardiac surgeon's postoperative notes. In addition to this out-of-body experience, which occurred early in the surgical procedure, Ms. Reynolds also reported experiencing many other features frequently reported in connection with near-death experiences, including a tunnel-like vortex, an unusually bright light, and the presence of several deceased loved ones who spoke to her and sent her back to her body. These features of her experience seem to have occurred at about the time the aneurysm was removed, when complete cardiac arrest and suppression of EEG activity had occurred. Moreover, at this time—a time when she could, by all technical criteria, be considered “dead”—Ms. Reynolds was “the most aware that I think I have ever been in my life.”

The second case was investigated by one of us (B.G.) and has been reported by us in more detail elsewhere (Cook, Greyson, & Stevenson, 1998). The patient, Al Sullivan, reported that, during a 1998 emergency quadruple bypass operation, he seemed to be out of his body and watching the surgery in progress. One of the surgeons seemed to be “flapping his arms as if trying to fly.” Both the surgeon and the cardiologist in this case confirmed to B.G. that the surgeon had been making these unusual movements during the surgery. The surgeon explained that, to keep his hands from touching any surface between the time he “scrubs in” and the time he actually begins the surgery, he has developed the habit of holding his hands against his chest and pointing with his elbows to give instructions to other persons in the operating room. The cardiologist confirmed that Mr. Sullivan had described this unusual behavior to him shortly after regaining consciousness following the surgery. As in the case of Ms. Reynolds described above, Mr. Sullivan's near-death experience also included many other features, including traveling through a dark space, seeing a tunnel and an unusual bright light, and meeting deceased loved ones.

Some people might object that in both of these cases (unlike that of Mrs. Gaines) the verifiable events described took place in the operating room and therefore

within the patient's normal sensory range. Some patients do report experiencing auditory sensations while under general anesthesia, although such cases seem to be rare (Moerman, Bonke, & Oosting, 1993; Trustman, Dubovsky, & Titley, 1977). Nevertheless, in both of these cases, normal auditory processes as the source of the patient's knowledge seem to be ruled out. (For a discussion of persisting auditory perception as an explanation for near-death experiences in general, see Sabom, 1982.) Both Ms. Reynolds and Mr. Sullivan described visual events that could not have been perceived or inferred by auditory means: Ms. Reynolds described the appearance of the unusual bone saw used by her surgeon, Mr. Sullivan described the unusual flapping motions made by his surgeon. In addition, Ms. Sullivan's ears were blocked by small molded speakers inserted into her ears to monitor the auditory nerve center in her brain stem. (Her auditory and brain stem response was absent during the removal of the aneurysm, but not at the time the neurosurgeon began cutting into her skull or at the time the cardiac surgeon made the remarks Ms. Reynolds reported having heard.)

Cases such as these, in which the person's claim to have perceived events inaccessible to his or her normal senses has been corroborated and verified, are still quite rare; but we believe that cases having all three of the features that we have described could provide evidence suggestive of the survival of consciousness after death, if new cases can be found and adequately investigated shortly after they occur. Of particular importance also would be the identification and investigation of more cases such as that of Pam Reynolds, in which complex, vivid sensory and cognitive activity was apparently occurring at a time when virtually all brain activity had ceased. We emphasize, however, that near-death experiences can provide only *indirect* evidence of the continuation of consciousness after death: because the persons having these experiences have lived to report them, they were therefore not dead, however close they may have been to that condition. Nevertheless, near-death experiences of the type we have described, together with other kinds of experiences suggesting survival after death (see, e.g., Gauld, 1982; Stevenson, 1987; Stevenson, 1997), provide convergent evidence that warrant our taking seriously the idea that consciousness may survive death.

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