

Abstract

This essay attempts to answer whether near-death experiences (NDEs) are compelling evidence for an afterlife. The essay is divided into five parts. The introduction will focus on explaining NDEs and establishing what constitutes evidence. Secondly, pinpointing the moment of death. Thirdly, viewing arguments on NDEs being evidence for the existence of an afterlife. Fourthly, showing scientific explanations of NDE rather than subjective beliefs. Finally, answering the thesis question of this essay: are NDEs compelling evidence for an afterlife?

Keyword: NDE, OBE, death, religion, Long, Satori, evidence

Questioning whether there is an afterlife has been argued amongst religions and atheists alike. However, near-death experiences (NDE) are a viable nominee to prove the existence of an afterlife. Skepticism towards taking NDEs seriously in the academic field is still dominant (Hufford, 2005, p. 22). Nonetheless, major studies were undertaken to understand the phenomenon. It is reported that in our time, 20% of people who were close to dying experienced this phenomenon. (Greyson, 2015, p. 775). They come back from death with novel experiences that they could not have encountered while alive. Throughout the essay, I would like to argue that NDE is not compelling evidence for the existence of an afterlife.

Similar NDEs are prevalent across different cultures, religions and geographies (Shushan, 2018-09-27, p. 2). Minor inconsistencies can be found; however, similarities outweigh inconsistencies. According to Long, Shusan, and Greyson, these elements of NDE are commonly reported by numerous subjects worldwide: (I) People seeing their own “corpses” or out-of-body experience (OBE), (II) Seeing a bright light (tunnel), (III) Experiencing peace, (IV) Having an encounter

with departed family members or dead figures, (V) Recounting and evaluating their own life, (VI) “Positive” transformation of the person after revival (Long, 2014, p.11-12; Shushan, 2018-09-27, p. 1-2; Greyson, 2015, p.776).

Skeptics of NDE tend to argue that the experiences of individuals are subjective and muddled with cultural/religious beliefs, and there is no method to examine the presented stories with empirical evidence. However, Donald E. Brown argues that through abstract thought and conjectural reasoning, divinatory practices, rituals and beliefs in intangible things could be considered “human universals” (Shushan, 2018-09-27, p. 9). Moreover, Weinstock argues that evidence is deliberate conscious institutionalized human activity activated by choices based on values (Weinstock, 2010, p. 6). Therefore, such experiences cannot be disregarded since it is human nature to have them and that would qualify them to be evidence for a shared cultural experience by Weinstock's definition.

However, even religious and indigenous communities require ‘reasonable’ evidence for certain entities to be integrated into their belief systems (Shushan, 2018-09-27, p. 9-10). For example, a man claimed to be Christ in the Indian Shaker Church but was dismissed for the lack of ‘reasonable’ evidence. The Native American religious revitalization movement also dismissed prophecies they had in NDEs, because they were not manifested later. (DU BOIS & BUCKLEY, 2007, p. 144-145). Subjective experiences can be emotional, biased and non-objective. This means that no matter how similar, NDEs remain subjective phenomena that cannot be used as evidence. Furthermore, non-NDE supporters can claim that there are scientific explanations for the similarities between NDEs; both psychological and physiological.

Defining death

Defining death is the first task at hand. In our current time, for a person to be declared dead, it must be clinical. According to Collins dictionary “clinically dead” means “*having no respiration, no heartbeat, and with no contraction of the pupils when exposed to a strong light.*”

(collinsdictionary.com, 2020). Additionally, the criteria for declaring a person dead varies. In U.S.A., generally death occurs when the circulatory and respiratory systems are non-functional, while for the U.K., the ceasing of brain stem is enough for a person to be considered dead (Luper, 2019).

There are two main approaches when defining death, the whole-brain approach and the higher-brain approach. The higher brain is composed of the cerebrum and cerebellum. The cerebrum focuses on consciousness, while cerebellum focuses on movement and coordination. The lower brain has the medulla which contains the brainstem that focuses on the respiration system (DeGrazia, 2016).

The whole-brain approach indicates that the entirety of the brain holds life. In this approach, if a person is in a vegetative state and can breathe, they are not considered dead. This is because the whole-brain is not dead even if the higher brain is damaged. This definition of death is considered adequate because it can be applied to all living creatures (DeGrazia, 2016).

The higher-brain approach focuses on consciousness rather than the whole-brain. Any person who can retain consciousness (e.g. in a reversible coma) is alive even if not aware. Therefore, death in this approach is the inability to retrieve consciousness. Unlike the whole-brain approach, this approach has not been endorsed by medical institutions but rather academic scholars (DeGrazia, 2016; Engelhardt Jr. & Spicker, 2012, p. 166 & 185). When comparing the two approaches, the whole-brain approach is more credible due to its wide usage by institutions

(DeGrazia, 2016) and is an accepted criteria for majority of organisms. Therefore, I am using it for the rest of the essay to consider a person dead.

Arguments supporting NDEs as evidence for an afterlife

There are nine arguments that use NDEs as evidence for an afterlife; Lucid death, out of body experiences (OBE), blind sight, conscious when not possible, life playback, reunion, children experiencing NDE, world-wide consistency, and changed lives (Long, 2014, p. 372; Long, 2010, p. 58-65).

While most people forget their lucid dreams (dreams when the person knows they are dreaming), NDErs find their experiences quite memorable and vivid. Therefore, NDEs are most likely not lucid dreams, rather realities. In fact, when 1,122 NDErs were surveyed whether they felt ‘higher level of consciousness’ during an NDE, 74.4% replied that they did. When asked to elaborate on their heightened senses, the most common term mentioned was “aware” (Long, 2014, p.373). Moreover, according to the research, NDEs follow up after a cardiac arrest occurs (Schwaninger, Eisenberg, Schechtmen, Weiss, 2002, p. 1-3; Grayson, 2003, p. 2-3). Cardiac arrest patients are usually amnesic or oblivious after the experience, similarly, lucid dreams are forgetful (Long, 2010, p. 98), therefore, the NDEs experienced by patients after cardiac arrest cannot be lucid dreams.

The second argument is OBE. Many NDErs who go through OBE upon cardiac arrest witness the complete detailed resuscitation of their own bodies from various angles in the room (Parnia, & Fenwick, 2002, p. 9). A study comparing cardiac arrest patients who experienced NDE and those who did not, asked them to describe the resuscitations of their bodies; and patients who had NDE gave more accurate descriptions than others. Moreover, Dr. Holden studied 89 cases in

published articles and books in which 92% are found to be accurately describing their resuscitation in OBE (Long, 2014, p. 373-374; Satori, 2020). Furthermore, some gave descriptions for objects that they couldn't have seen or were unlikely to see from where their supposedly 'dead' bodies' POVs. (Greyson, 2015, p. 782). An example is one man undergoing surgery who saw his surgeon doing flapping gestures from different POVs. When recounting the story, the surgeon was amazed by the accuracy of the report and admitted that they have been giving instructions to other medical staff (Kelly et al., 2000, p.399).

Blind people cannot see, yet, they too can experience NDEs vividly. The third argument is that people who are born blind and had NDEs, describe vivid scenes with rich colors and report increasing sense of sight without strain or the ability to see all around them clearly. It is argued due to the many reported cases (Ring & Cooper, 1997, p. 101-110 & 2008), NDE with the blind cannot be biologically explained (Long, 2014, p. 375). One example of this is the case of Marta who was legally blind and at the age of five and went through an NDE upon drowning. During her NDE, she later recounted how she saw trees, mountains, and other natural elements (NDERF, 2010).

The fourth argument is consciousness when not possible. For example, upon administration of anesthesia when lucid dreams are impossible (White & Alkire, 2003, p. 409), patients have visions then can only be explained as NDEs. Additionally, if a cardiac arrest is added, the chances for these visions being lucid dreams are dimmer, so it is argued that people who are under such circumstances have NDEs (Long, 2010, p. 98).

The fifth argument is life-review. NDErs who report reviewing their lives, mostly do it through a third person perspective with heightened awareness and emotions. Long interviewed 617 NDErs, and 88 of which experienced a life-review. He concluded that they did not have unrealistic

content and there were no significant errors or ulterior motives to their stories (Long, 2014, p. 376). One example is Melinda who went through an NDE that included a full-life review. She recounts how she saw every good and ill action she has done to every person (NDERF, 2020).

The sixth argument is meeting dead family members. According to Dr. Emily Kelly's research on NDEs involving meeting dead people, only 4% from the 74 NDE cases she studied experienced the dead relatives they met as if they are still alive (Kelly, 2001, p. 240-245). Long did a similar study where 84 cases were interviewed and found out only 4% experience dead relatives as people who are alive. He concludes that this is consistent with Dr. Kelly's research (Long, 2014, p. 124).

Some children have NDEs and report upon maturity (Greyson, 2015, p.778). Even children who are too young to fully grasp religious or cultural concepts of death can experience NDEs. An investigation comparing 26 NDEing children as young as five and three years old to adult NDErs, found that children's NDEs are similar to those of adults (Long, 2014, p. 377). This indicates that NDEs can happen prior to developing religious or cultural beliefs and thereby supports the seventh argument.

When comparing non-Jewish/Christian NDEs that were translated into English, the similarities found reported NDEs in the western hemisphere were striking, (Long, 2014, p. 378). This is also the case with various indigenous religions (Shushan, 2018-09-27, p.4). Furthermore, a study done in Iran regarding Muslim NDEr with a subject of 30 participants found out that 64% of them experience the same elements of NDE (Fracasso et al., 2014, p. 266). This illustrates that NDEs cannot be based on culture or religion.

The most common consequence of an NDE is a changed perspective on life, which is the ninth argument. Dr. Lommel conducted a study of cardiac arrest patients where he divided them into NDErs and non-NDErs. Eight years later NDErs were interviewed and were found to have had permanent changes of beliefs, removal of fears of death, new-found empathy and acceptance of others (Van Lommel, van Wees, Meyers, & Elfferich, 2001, p. 2039 & 2043-2044). A.J. Ayer went through an NDE that completely changed his belief system. Similarly, John Wren-Lewis was an atheist who believed mysticism to be a neurosis, went through an NDE and emerged a new man who later became a perennial philosopher (Shushan, 2018-09-27, p. 6). This suggests that not only do NDEs occur in a variety of religious and cultural beliefs, they also affect and alter those beliefs.

There is a common thread in these nine arguments; all of them are recorded observations of subjective experiences. None of them can be replicated in a lab or inserted into a hypothesis. Therefore, as much as they are interesting arguments, they are not definitive evidence.

Possible Scientific Explanations for Some NDE Elements

Hume denies that there are any miracles from supernatural or spiritual entities. Hume's argument is that rationality for science is objective while testimonies of miracles or supernatural entities tend to be subjective. Therefore, without empirical evidence, supernatural beliefs cannot be rationalized (Hume, 1748, p.59 – 60). Hume argues that miracles/supernaturals are contradictory to the natural law, accordingly, the claim to see a supernatural phenomenon is more likely a lie or self-deception based on folk stories rather than evidence (p. 61). A century later, the belief in supernatural entities according to psychoanalysis turned out to be a neurotic defense (Hufford, 2005, p. 22). Hufford argues that when individuals with cross-cultural supernatural beliefs (ex.

Angels, demons) experience sleep paralysis, it confirms an existing belief or create a new belief for them. When REM sleep gets interrupted, malignant presence is sensed; Hufford argues that this malignant presence has multiple causes depending on the person's knowledge or culture (p. 33-42).

There are attempts to scientifically explain OBE. Depersonalization happens when a person loses their sense of identity resulting in feeling detached from the body. However, NDErs state that what they feel is a reality, while depersonalization experiencers describe it as a "dream-like" experience. Similarly, Dissociation is another disorder involving the sensation of detachment as a defense mechanism of the brain, and it is triggered by a high amount of stress. OBE is also attributed to Autoscopy where a person hallucinates and has an OBE from one perspective, however, NDE induced OBE is distinguished by having multiple POVs (Greyson, 2015, p.778). Furthermore, seizures in the temporal lobe (higher brain) cause stimulation that allows a person to feel like they are leaving their body. The temporal lobe seizures can cause other reactions such as fear, hallucination and seeing distorted human body sizes, this might explain other elements of NDEs (Jansen, 1989, p. 780). Seizures focus mostly on one part of the brain, other parts remain functional, therefore, according to the whole-brain approach of death, upon seizures a person might not be dead but rather simply hallucinating.

The peace after an NDE and the positive transformation is argued to be a defense mechanism from the brain. Upon death, the brain passes through high stress; to relieve itself, the brain jolts consciousness with pleasurable hallucination and peaceful fantasies. Defense mechanisms are especially valid under Cerebral hypoxia. When the brain is not receiving enough oxygen for its vital sections, de-stressing becomes mandatory; resulting in releasing endorphins that give

peaceful hallucinations (Greyson, 2015, p.779-780; Carr & Prendergast, 1981; Blackmore, 1996). When oxygen does not reach the brain, this does mean the whole-brain is dysfunctional. Therefore, it can be probable the person is not dead when going through an NDE.

Tunnel experiences occur near death when the brain alters consciousness. In such circumstances, neurons are being rapidly fired throughout the brain turning a normal state of consciousness into an altered state of consciousness that gives a simulation of light (Blackmore & Troscianko, 1989, p. 16-17). Additionally, Hypercarbia happens when the carbon dioxide in the bloodstream that reaches the brain is higher than the oxygen. It results in hallucinations and is usually associated with seeing dead people and having visions of light tunnels (Blackmore, 1996; Meduna, 1950). Rapid increase in neurons and higher dosage of carbon dioxide in the brain does not mean the whole-brain is dead.

Specific medications and drugs are also plausible scientific explanations for seeing dead people. However, it is contested that majority of people under the effects of said drugs tend to hallucinate living persons on while NDErs see deceased people. These drugs, such as Ketamine and Phencyclidine, play a major role in creating the required hallucinations when patients are near death (Jansen, 1989).

Conclusion

Assuming every NDE phenomenon can be explained, science has yet to justify the similarities prevalent across different cultures and geographies. Assuming I am a believer in an afterlife who believes some things cannot be answered by science, subjective stories cannot be considered evidence since NDEs can be scientifically explained as individual cases. Assuming I am not a believer in an afterlife who believes science can answer everything, using science to discredit NDE as cognitive imaginations does not explain the consistency of common NDE similarities. I conclude that this gray area has yet to be answered either empirically or rationally. However, for something to be considered a compelling evidence, it requires consistent replication or a functional hypothesis and NDEs are subjective experience that cannot be duplicated to test a hypothesis, therefore, an NDE phenomenon cannot be constituted as evidence for an afterlife.

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