

Is 'Heaven is for Real' for real?
An Orthodox Reflection on Near-Death Experiences: Week Two
"Evidence of the Afterlife"
by Jeffery Long, MD
(the largest study of NDEs to-date)

Nine Lines for Evidence of the Afterlife:

- 1) "Lucid Death" - People remain conscious at times when consciousness should be scientifically impossible (unconscious states near death or after clinical death)...and can recount experiences they observed. These experiences are highly organized and lucid...unlike hallucinations or dreams. During this time, NDEers often report heightened senses, especially sight.
- 2) "Out of Body" - People report the experience of their consciousness leaving their physical bodies. During this time, things are observed that are later verified by others (things that the person having the NDE should not have been conscious of or able to see). Often, the NDEers report seeing their own body from "outside", along with attempts at resuscitation and conversations taking place around the body.
- 3) "Blind Sight" - People born blind or blind from infancy (with no memory of sight) report having the sense of sight during their NDEs. Often, these NDEers understandably have difficulty verbally describing this experience because they have no conception of the sense of sight. They nonetheless experience it. The blindness returns when their consciousness returns to the physical body.
- 4) "Impossibly Conscious" - People report vivid out-of-body-experiences and NDEs while under general anesthesia. This is medically impossible. In the very rare cases that a patient wakes up during general anesthesia due to too little anesthesia (which occurs in 1 to 3 in 1,000 patients), the experience is extremely fragmented, disjointed, painful, and frightening...the opposite of what is reported in NDEs.
- 5) "Perfect Playback" - People report experiencing a full review of their entire lifetime in extremely vivid detail (some report seeing only the highlights of their life). This is a visual experience, yet the person is also able to feel the emotions and see the outcomes of their own actions in the lives of those around them. This review brings back long-forgotten details that the person retains after the NDE is over. The amount of information/memories during this life review are experienced by the person in a span of time far too short for the human brain to be capable of physically processing it. This life review often brings about positive changes in life and behavior.
- 6) "Family Reunion" - People report meeting dead relatives (the vast majority of NDEers report meeting dead loved ones; the majority of those experiencing dreams or hallucinations report meeting living loved ones). Sometimes, people report meeting a person they didn't know but felt close to, only to find out after their NDE that this person was a relative unknown to them. Several report seeing a loved one during an NDE who they believed to be living, only to later find out that the relative had died at the same time as the NDEer had their experience.
- 7) "From the Mouths of Babes" - Children report experiencing many classic NDE points, being too young to understand an NDE or to have much religious training. Young

childrens' NDEs are statistically indistinguishable from adult NDEs. This is strong evidence that NDE experiences are not forms of "suggestion" or learned behavior.

8) "Worldwide Consistency" - The researcher reports that the "core NDE experience" is the same worldwide, independent of cultural or religious differences. Seemingly insignificant differences between different cultures' NDEs are alluded to in 'Evidence of the Afterlife'. However, another large, earlier study we will look at later in the class points to more significant divergence in this area.

9) "Changed Lives" - People report that the NDE has significantly changed their life. People generally describe themselves as more loving and generous, less anxious, no longer afraid of death, and more "spiritual" after their NDE (studies also show that vivid dreams and hallucinations do not produce long-remembered memories or sensations, nor significant life changes). Seemingly miraculous healing and recoveries often occur immediately following an NDE. Some report returning with borderline psychic abilities (the ability to foretell things before they happen or to be able to "read" people and better understand others' emotional/mental state).

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Contemporary Interpretation of NDEs and the Traditional Christian Worldview

*The soul is immortal and can exist independently of the body

*The soul survives physical death...this includes consciousness, memory, sense perception, and personality

*There is another realm beyond what our bodily senses perceive

*Other intelligent beings of a spiritual nature exist in this other realm

*There is a guiding principle governing the universe and its inhabitants, and this principle is personal in nature (i.e., "God")

*In the words of Dr. Jeffrey Long, the "universe is guided by a vastly loving intelligence"; or, in the words of the Apostle John, "God is love"

Contemporary Interpretation of NDEs and the Secular-Humanist Influence

*Modern secular-humanist ideologies tend to reduce all religions to a universal "core" of shared beliefs, attributes, and goals...which in reality do NOT exist!

*Individuals are not held accountable or responsible after the soul departs from the body...in other words, there is NO judgment!

*There is much talk of "changed lives" and "love"...but there is NO talk of virtue, sacrifice, sin, or repentance!

*The soul / consciousness / individuality survives physical death and is destined for a wonderful afterlife simply because it exists...NOT because of its freely determined relationship with God!

*That which can be empirically tested, measured, quantified, etc, is not only real...but TRUE!

*“Our Strange Hybrid”
The contemporary worldview of NDE researcher*

The soul, retaining its consciousness and individuality, survives the death of the body (historically, a specifically Christian teaching) and is destined for an afterlife in a “heavenly” realm - independent of any responsibility for the actions freely chosen during its earthly life, its relationship with Christ, its struggle against sin, or its acquiring of virtue as commanded in the Christian gospel - saved by the loving and personal God conceived of uniquely in Christianity...Who has been liberated from a Christian understanding of doctrine, salvation, and His Son Jesus...for an eternal enjoyment of divine love and development toward self-realization irrespective of the pursuit of Christlikeness, repentance, humility, or holiness.

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“Blind Sight”

Vicki was blind from shortly after birth due to receiving too much oxygen in her incubator. Vicki saw for the first time in her life during two near-death experiences. One NDE occurred when she was 12 (due to complications from appendicitis); the other NDE occurred when Vicki was 22 (due to severe injuries sustained during an automobile accident). After these NDEs, Vicki remained blind. The visual experience of her second NDE was more vivid and detailed.

As Vicki’s second NDE began, she was in “stunned awe” above her body in the emergency room, watching the medical personnel trying to save her. After she calmed down, she had a very detailed and highly visual NDE:

“I knew it was me....I was pretty thin then. I was quite tall and thin at that point. And I recognized at first that it was a body, but I didn’t even know that it was mine initially. Then I perceived that I was up on the ceiling, and I thought, ‘Well, that’s kind of weird. What am I doing up here?’ I thought, ‘Well, this must be me. Am I dead?...I just briefly saw this body, and...I knew that it was mine because I wasn’t in mine.’”

[Vicki was married and wearing rings, but of course had never seen them. Here are her recollections of her rings.]

“I think I was wearing the plain gold band on my right finger and my father’s wedding ring next to it. But my wedding ring I definitely saw....That was the one I noticed the most because it’s unusual. It has orange blossoms on the corners of it.

[What is so remarkable about Vicki’s recollection of these visual impressions is that she had never before understood the concept of vision.]

“This was the only time I could ever relate to seeing and to what light was, because I experienced it.”

*Corroborated Case of Conscious Perception Outside of the Body During a NDE
from 'Near Death, Explained' by Mario Beauregard posted in Salon, April 21, 2012*

The Case of Maria, the Migrant Worker

Some skeptics legitimately argue that the main problem with reports of OBE [out-of-body-experience] perceptions is that they often rest uniquely on the NDEr's testimony—there is no independent corroboration. From a scientific perspective, such self-reports remain inconclusive. But during the last few decades, some self-reports of NDErs have been independently corroborated by witnesses....One of the best known of these corroborated veridical NDE perceptions—perceptions that can be proven to coincide with reality—is the experience of a woman named Maria, whose case was first documented by her critical care social worker, Kimberly Clark.

Maria was a migrant worker who had a severe heart attack while visiting friends in Seattle. She was rushed to Harborview Hospital and placed in the coronary care unit. A few days later, she had a cardiac arrest but was rapidly resuscitated. The following day, Clark visited her. Maria told Clark that during her cardiac arrest she was able to look down from the ceiling and watch the medical team at work on her body. At one point in this experience, said Maria, she found herself outside the hospital and spotted a tennis shoe on the ledge of the north side of the third floor of the building. She was able to provide several details regarding its appearance, including the observations that one of its laces was stuck underneath the heel and that the little toe area was worn. Maria wanted to know for sure whether she had “really” seen that shoe, and she begged Clark to try to locate it.

Quite skeptical, Clark went to the location described by Maria—and found the tennis shoe. From the window of her hospital room, the details that Maria had recounted could not be discerned. But upon retrieval of the shoe, Clark confirmed Maria's observations. “The only way she could have had such a perspective,” said Clark, “was if she had been floating right outside and at very close range to the tennis shoe. I retrieved the shoe and brought it back to Maria; it was very concrete evidence for me.”

This case is particularly impressive given that during cardiac arrest, the flow of blood to the brain is interrupted. When this happens, the brain's electrical activity (as measured with EEG) disappears after 10 to 20 seconds. In this state, a patient is deeply comatose. Because the brain structures mediating higher mental functions are severely impaired, such patients are expected to have no clear and lucid mental experiences that will be remembered. Nonetheless, studies conducted in the Netherlands, United Kingdom, and United States have revealed that approximately 15 percent of cardiac arrest survivors do report some recollection from the time when they were clinically dead. These studies indicate that consciousness, perceptions, thoughts, and feelings can be experienced during a period when the brain shows no measurable activity.

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The Case of Pam Reynolds

In 1991, Atlanta-based singer and songwriter Pam Reynolds felt extremely dizzy, lost her ability to speak, and had difficulty moving her body. A CAT scan showed that she had a giant artery aneurysm—a grossly swollen blood vessel in the wall of her basilar artery, close to the brain stem. If it burst, which could happen at any moment, it would kill her. But the standard surgery to drain and repair it might kill her too.

With no other options, Pam turned to a last, desperate measure offered by neurosurgeon Robert Spetzler at the Barrow Neurological Institute in Phoenix, Arizona. Dr. Spetzler was a specialist and pioneer in hypothermic cardiac arrest—a daring surgical procedure nicknamed “Operation Standstill.” Spetzler would bring Pam’s body down to a temperature so low that she was essentially dead. Her brain would not function, but it would be able to survive longer without oxygen at this temperature. The low temperature would also soften the swollen blood vessels, allowing them to be operated on with less risk of bursting. When the procedure was complete, the surgical team would bring her back to a normal temperature before irreversible damage set in.

Essentially, Pam agreed to die in order to save her life—and in the process had what is perhaps the most famous case of independent corroboration of out of body experience (OBE) perceptions on record. This case is especially important because cardiologist Michael Sabom was able to obtain verification from medical personnel regarding crucial details of the surgical intervention that Pam reported. Here’s what happened.

Pam was brought into the operating room at 7:15 a.m., she was given general anesthesia, and she quickly lost conscious awareness. At this point, Spetzler and his team of more than 20 physicians, nurses, and technicians went to work. They lubricated Pam’s eyes to prevent drying, and taped them shut. They attached EEG electrodes to monitor the electrical activity of her cerebral cortex. They inserted small, molded speakers into her ears and secured them with gauze and tape. The speakers would emit repeated 100-decibel clicks—approximately the noise produced by a speeding express train—eliminating outside sounds and measuring the activity of her brainstem.

At 8:40 a.m., the tray of surgical instruments was uncovered, and Robert Spetzler began cutting through Pam’s skull with a special surgical saw that produced a noise similar to a dental drill. At this moment, Pam later said, she felt herself “pop” out of her body and hover above it, watching as doctors worked on her body.

Although she no longer had use of her eyes and ears, she described her observations in terms of her senses and perceptions. “I thought the way they had my head shaved was very peculiar,” she said. “I expected them to take all of the

hair, but they did not.” She also described the Midas Rex bone saw (“The saw thing that I hated the sound of looked like an electric toothbrush and it had a dent in it ...”) and the dental-drill sound it made with considerable accuracy.

Meanwhile, Spetzler was removing the outermost membrane of Pamela’s brain, cutting it open with scissors. At about the same time, a female cardiac surgeon was attempting to locate the femoral artery in Pam’s right groin. Remarkably, Pam later claimed to remember a female voice saying, “We have a problem. Her arteries are too small.” And then a male voice: “Try the other side.” Medical records confirm this conversation, yet Pam could not have heard them.

The cardiac surgeon was right—Pam’s blood vessels were indeed too small to accept the abundant blood flow requested by the cardiopulmonary bypass machine, so at 10:50 a.m., a tube was inserted into Pam’s left femoral artery and connected to the cardiopulmonary bypass machine. The warm blood circulated from the artery into the cylinders of the bypass machine, where it was cooled down before being returned to her body. Her body temperature began to fall, and at 11:05 a.m. Pam’s heart stopped. Her EEG brain waves flattened into total silence. A few minutes later, her brain stem became totally unresponsive, and her body temperature fell to a sepulchral 60 degrees Fahrenheit. At 11:25 a.m., the team tilted up the head of the operating table, turned off the bypass machine, and drained the blood from her body. Pamela Reynolds was clinically dead.

At this point, Pam’s out-of-body adventure transformed into a near-death experience (NDE): She recalls floating out of the operating room and traveling down a tunnel with a light. She saw deceased relatives and friends, including her long-dead grandmother, waiting at the end of this tunnel. She entered the presence of a brilliant, wonderfully warm and loving light, and sensed that her soul was part of God and that everything in existence was created from the light (the breathing of God). But this extraordinary experience ended abruptly, as Reynolds’s deceased uncle led her back to her body—a feeling she described as “plunging into a pool of ice.”

Meanwhile, in the operating room, the surgery had come to an end. When all the blood had drained from Pam’s brain, the aneurysm simply collapsed and Spetzler clipped it off. Soon, the bypass machine was turned on and warm blood was pumped back into her body. As her body temperature started to increase, her brainstem began to respond to the clicking speakers in her ears and the EEG recorded electrical activity in the cortex. The bypass machine was turned off at 12:32 p.m. Pam’s life had been restored, and she was taken to the recovery room in stable condition at 2:10 p.m.