Are Near Death Experiences Real?
(And If So, What Are They Good For?)

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"But was it real? Dr. Morse?" Chris, age 8, had nearly drown when his family's car plunged over a bridge and into the freezing waters of a river near Seattle. His father was trapped in the car and died. His mother and brother miraculously swam to safety. A passer by dove repeatedly to the sunken car, and finally brought Chris's limp body to the surface. He was flown by helicopter to a nearby hospital and ultimately survived.

He said: First the car filled up with water, and everything went all blank. Then I died. I went into a huge noodle. It wasn't like a spiral noodle, but it was very straight. When I told my Mom about it, I told her it was a noodle, but it must have been a tunnel, because it had a rainbow in it. Noodles don't have rainbows in them.

I was pushed along by wind, and I could float. I saw two tunnels in front of me, a human tunnel and an animal tunnel. First I went in the animal tunnel, and a bee gave me honey.

Then I saw the human heaven. It was like a castle, not all broken down, just a regular castle. As I looked at it, I heard some music. It was very loud, and it stuck in my head."

Although prior to his near death experience, Chris had little interest in music, since his near drowning, his mother bought him a keyboard and he has taught himself to play the heavenly music he heard.

NOT CULTURAL MYTHS

Chris clearly saw something he thought was real. The image of a rainbow in a noodle is so unique; it is unlikely to have its source in our cultural psychology. I had certainly never heard of one before. But was it really real?
Chris's question goes right to the heart of the problem, as is typical for a child. As he pointed out, if his experience was real, then "you'll have to tell all the old people, so they won't be afraid to die".

Are near death experiences actually the dying experiences, the result of normal brain function at the point of death? Or, are they the result of brain dysfunction creating a hallucination triggered by the biological stresses of dying, drugs, and a lack of oxygen to the brain?

Near death experiences involve the perception of another reality superimposed over this one. This "other reality" frequently is a spiritual one involving the existence of a loving god. There is clearly a sense of a persistence of consciousness after the death of the body. If near death experiences are "real", then clearly it is possible that this other reality is real and even our destination after death. Furthermore, if near death experiences are real, then any entire class of currently trivialized spiritual visions such as after death communications, shared dying experiences and premonitions of death are most likely also real.

CLINICAL RESEARCH

Our study, done at Seattle Children's Hospital concluded that near death experiences are in fact the dying experience. We studied 26 critically ill children and found that 24 of them reported being conscious while dying, and having some sort of conscious experience. Typically that involved the perception of a loving light, a "light that had good things in it".

We studied over 100 control children who were also treated with medications, had a lack of oxygen to their brain, were intubated and mechanically ventilated in the scary intensive care unit, and who also thought they were going to death. They, however, were seriously ill and not truly near death. None of these patients reported being conscious while dying or having a spiritual experience.

Michael Sabom, an Atlanta cardiologist, found that 43% of cardiac arrest patients had NDEs. Patients with long complicated resuscitations were more likely to have NDEs. He also found that patients who had NDEs frequently could accurately describe their own resuscitation in detail. In contrast, control group of patients who had cardiac arrests but no NDEs could not describe their own resuscitation with any accuracy.
STORIES

I researched many stories which clearly document that there is a paradoxical return of consciousness to the brain, at the point of death. For example, Olga Gearhardt was a 63 year old woman awaiting a heart transplant. A severe virus attacked her heart tissue. Finally her pager went off and she was called to the University of California Center for surgery. Her entire family went with her, except for her son-in-law, who stayed home.

Although the transplant was a success, at exactly 2:15 am, her new heart stopped beating. It took the frantic transplant team three more hours to revive her. Her family was only told in the morning that her operation was a success, without other details.

They called her son-in-law with the good news. He had his own news to tell. He had already heard it. At exactly 2:15 am, while he was sleeping, he awoke to see his mother in law at the foot of his bed. She told him not to worry, that she was going to be alright. She asked him to tell her daughter (his wife). He wrote down the message, and the time and fell asleep again.

Later, when Olga regained consciousness, her first words were "did you get the message?".

The story demonstrates that the near death experience is a return to consciousness at the point of death, when the brain is dying. She was able to communicate telepathically with her son-in-law, when she seemed comatose and he asleep.

Paul Perry and I thoroughly researched her story. Every detail had objective verification. We even saw the scribbled note. Such stories have been similarly well documented for over 100 years. Meyers classic text "Human Personality and Its Survival After Death" meticulously documents hundreds of such stories.

STORIES ARE NOT ENOUGH

Stories, however, are not enough. They are convincing to those who witness them, but lose their power when told and retold. I have documented dozens of such
stories, but they will not convince any skeptic of the reality of near death experiences.

**EXPERIMENTAL RESEARCH**

Science demands verifiable evidence which can be reproduced again and again under experimental situations. Jim Whinnery, of the National Warfare Institute, thought he was simply studying the effects of G forces on fighter pilots. He had no idea he would revolutionize the field of consciousness studies by providing experimental proof that NDEs are real.

The pilots were placed in huge centrifuges and spun at tremendous speeds. After they lost consciousness, after they went into seizures, after they lost all muscle tone, when the blood stopped flowing in their brains, only then would they suddenly have a return to conscious awareness. They had "dreamlets" as Dr. Whinnery calls them.

These dream-lets are similar to near death experiences. They often involved a sense of separation from the physical body. A typical dream-let involved a pilot leaving his physical body and traveling to a sandy beach, where he looked directly up at the sun. The pilot remarked that death is very pleasant.

**NOT ONLY WHILE DYING**

The experiences do not only occur to dying dysfunctional brains. The Journal of the Swiss Alpine Club, in the late 1800s, reported 30 first hand accounts of mountain climbers who fell from great heights and lived. The climbers reported being out of their physical body, seeing heaven, having life reviews, and even hearing the impact of their bodies hitting the ground. They were not seriously injured.

Yale University Pediatric Cancer specialist Dianne Komp reports that many dying children have near death experiences, without evidence of brain dysfunction. Their experiences often occurred in dreams, prayers, or visions before death. One boy stated that Jesus had visited him in a big yellow school bus and told him he would die soon. Others heard angels singing or saw halos of light.
The American Journal of Psychiatry, in 1967, reported the experiences of two miners trapped for days in a mine. They were never near death and had adequate food and water. They said that mystical realities opened before them in the tunnels. They also said a third miner who seemed real to them helped them to safety, but disappeared when they were rescued.

NDEs ACKNOWLEDGE REALITY

Near death experiences are not a denial of reality, as is often seen in drug or oxygen deprivation induced hallucinations. There are not the distortions of time, place, body image and disorientations seen in drug induced experiences. They instead typically involve the perception of another reality superimposed over this one. For example, one young boy told him the "god took me in his hands and kept me safe" while medics were frantically trying to revived his body after a near drowning. He said and understood everything that happened to him, but simply perceived something we usually don't perceive at other times in our lives.

German psychiatrist Michael Schroeter, in his extensive review of all published near death research states there is no reason to believe that NDEs are the result of psychiatric pathology or brain dysfunction.

NOT "FEAR" DEATH EXPERIENCES

They can occur in very young children, too little to have a fear of death to react to, infants who have no internal defense mechanisms against the concept of death. Doctors at Massachusetts General Hospital report that an 8 month old had an NDE after nearly dying of kidney failure. As soon as she could talk, at age two, she told her parents of going into a tunnel into a bright light. Psychiatrists Gabbard and Twemlow report of a 29 month old who bit into an electric cord and nearly died. He told his mother he went into a room with a nice man. There was a bright light on the ceiling. He wanted to know if I wanted to go home, or come play with him".

The conventional medical explanation is that these are not real perceptions but rather hallucinations caused by the short circuiting of a dying brain. The Russian near death researcher Vladimir Negovsky studied hundreds of soldiers who nearly died in battle. He concluded that "the fact that different people in different countries can recall similar images seen by them during dying or resuscitation does
not prove life after death. It can be explained by the dynamics of the disintegrating brain."

Calling near death experiences "hallucinations" implies that they are not real perceptions of another reality. There is no reason for this other than a disbelief that there are other realities to perceive.

**AT LEAST THREE REALITIES**

I recently discussed these issues with theoretical physicists at the National Institute of Discovery Science. This is a consciousness think tank of national renown scholars in their individual fields. They explained to me that science states that reality is made of tiny nuclear particles, so tiny that it is unclear if they are actually matter or simply patterns of energy. All of the fundamental particles in this universe have at least two counterparts which have been documented as being "real".

These particles last for only a fraction of a second in this reality, yet they comprise the elemental building blocks of reality. In theory, there are at least three possible universes comprised of the three basic sets of subatomic particles.

Furthermore, again in theory, there is one possible universe which is called the Omega Point, in which there is no time or space, and all possible universes coexist. This is why physicists such as Ernest Schroedinger said "if you are not shocked by quantum physics, then you do not understand it".

Olaf Swenson may have seen such a timeless spaceless "Omega Point" when he nearly died of a botched tonsillectomy at age 14. He states that "suddenly I rolled into a ball and smashed into another reality. The forces that brought me through the barrier were terrific. I was on the other side. I realized that the boundary between life and death is a strange creation of our own mind, very real (from the side of the living), and yet insignificant."

Olaf felt he was floating in a universe with no boundaries. "I had total comprehension of everything. I stood at the annihilation point, a bright orange light." As I felt my mind transported back to my body, I thought, please let me remember this new theory of relativity.
Certainly the information that Olaf gained during his NDE was real. He has gone on to develop over 100 patents in molecular chemistry based on the information from his NDE.

CONSCIOUS UNIVERSE?

The universe may well be a conscious universe. Many modern scientists no longer believe in a randomly generated universe from some sort of primal dust. Nobel prize winning molecular biologist Christian de Duve describes the universe as one which has a cosmic imperative to develop conscious life. The very structure of molecules which make up living creatures dictates that conscious life will evolve.

Astrophysicist Fred Hoyle agrees that the fundamental laws of the universe, which govern the creation of planets, suns and galaxies again seems to imply that conscious life will be the end result of those universal laws. Evolutionary biologist Rupert Sheldrake goes even further, stating that there are morphic forms, patterns of energy which first exist in the universe, when then result in life.

If this is true, then it would apply to the other two universes made of the other two sets of elementary subatomic particles. Angels, devils, UFOs, and God now seem less like fairy tales and more likely to be perceptions of conscious beings in other realities predicted by modern science. Near death experiences may simply be the clinical counterparts to what experimental physicists have found in the laboratory.

ON A ROCKET SHIP TO THE MOON

When Todd died after falling into a neighbors swimming pool, moments before he died, he came out of coma, looked at his Mom, and said "the moon, the moon, I am on a rocket ship to the moon." She asked me if he was just having a hallucination.

I told her that the most scientific answer based on the evidence is that he was able to share with her his dying experience.

That was important to this Mom. It made her horrible grief perhaps a fraction more bearable. It made her anger at an irrational universe which would cause a child to die a fraction less, Her son's vision implied to her that he was going somewhere after death.
Such visions, dreams, and intuitions have enormous power to heal. Currently, our society trivializes such experiences and dismisses them as fantasies of dysfunctional brains or the mind's safety net against grief. They are real experiences, as real as any other human perception. We only have to listen to them to understand them. They often contain the seeds needed to heal grief and to understand death.

SAVINGS IN HEALTH CARE COSTS ARE REAL

My physician friends often ask me of what use is near death research. I answer them in a way they can understand. If we really understood that from a scientific standpoint these experiences are "real", meaning that they are a normal function of the human brain at death, we could cut health care costs in this country by at least 20%. That is the amount we irrationally spend in the last few days of patients' lives, using expensive medical technology to appease our own fears of death at the expense of human dignity.

At the very least, near death research teaches us not to be afraid to die. Frequently, dying is accompanied by visions of people we love. Often there is no perception of the painful events going on in the body. One child said it best when she said "while they were sticking me with needles and stuff, I was safe with God".

Near death experiences have the power to become a cultural ice breaker with a resulting healing of our societal fear of death. I predict that when we institutionalize the understanding that the near death experience is, indeed, the dying experience, we will see a healthy withering away of unnecessary medical interventions at death.