

Dying to Heal: A Neglected Aspect of NDEs

“We may be about to rediscover that dying is not such a bad thing to do after all.”

—Lewis Thomas, MD¹

Samuel Taylor Coleridge (1772-1834), the English Romantic poet, wrote, “If a man could pass through Paradise in a dream, and have a flower presented to him as a pledge that his soul had really been there, and if he found that flower in his hand when he [awakes]—Aye, what then?”²

Coleridge’s scenario is not hypothetical. On the edge of death, millions of people have passed through what seems to them a paradise. This phenomenon has been known as a near-death experience, or NDE, since psychiatrist Raymond Moody’s 1975 book *Life After Life* sparked a revolution in popular attitudes toward the afterlife.³ On recovering, most NDEers report being awed by an idyllic experience of intense peace and joy. And they awaken from their paradisiacal passage with reminders that are far more meaningful than Coleridge’s flower in the hand. These tokens of paradise involve permanent life-changing perceptions and behaviors such as the absence of the fear of death, a greater appreciation for the preciousness of life, higher self-esteem, greater love and compassion for others, a heightened sense of meaning and purpose, a desire to learn, elevated spirituality, greater ecological sensitivity and planetary concern, being

more creative and intuitive, and a sense of oneness with all life.

The prevalence of NDEs varies widely in surveys. According to a 1982 Gallup poll, around eight million Americans claim to have experienced an NDE.⁴ Of those individuals who come close to death, anywhere from 5% to 30% of them report an NDE.^{5(pp104,105)} The phenomenon is ancient. Fragmentary reports have appeared in the art and literature of all ages, such as the legend of Er in Plato’s *The Republic*, written around 300 BC. In Plato’s report, a warrior named Er dies in battle. When the bodies of the dead are collected 10 days later, Er’s body has not decomposed. He awakens two days later on his funeral pyre and describes his journey into the sky in the afterlife. Accompanied by many companions, he experienced wondrous feelings, a rainbow shaft of light brighter than anything he had ever seen, and met many deities.⁶

HEALING FOLLOWING NDEs

There is an aspect of NDEs that should evoke the greatest interest in medicine, but which has gone almost unnoticed: in some cases, the disease that nearly caused the individual to die has vanished on awakening, or does so soon thereafter.

An example is Mellen-Thomas Benedict, a stained glass artist who experienced near-death in 1982. Benedict was dying from an inoperable brain tumor. He was offered chemotherapy but declined, wanting to maintain as high a quality of life as possible in the time he had left. Having no health insurance he entered hospice care,

which lasted about 18 months. He woke up one morning around 4:30 AM and knew this was the day he would die. He told his hospice nurse, and they agreed that she would leave his dead body undisturbed for at least six hours, because he had read that “all kinds of interesting things happen when you die.”⁷ Suddenly he experienced being outside his body. He had a sense of panoramic vision and saw a magnificent shining light, the most beautiful thing he had ever seen. It seemed a conduit to the Source or the Higher Self. “I just went into it,” he said later, “and it was just overwhelming. It was like all the love you’ve ever wanted, and it was the kind of love that cures, heals, regenerates.”⁷ Then the light turned into an exquisitely gorgeous mandala of human souls. He felt all his negative judgments and cynical attitudes about his fellow human beings giving way toward a view that was equally hopeful and positive. He conversed with the Great Light. He rode a stream of consciousness through the galaxy and glimpsed the entire universe. He felt he was in pre-creation before the Big Bang. His consciousness expanded to infinity. It was revealed to him that there is no death, only immortality. With this assurance, the entire process then reversed itself and he returned to his body.⁸

His hospice nurse found Benedict without vital signs. For an hour and a half she could not detect any pulse, blood pressure, or heart sounds, even with an amplified stethoscope. She honored their agreement and left his body alone. Then Benedict suddenly awakened. On seeing

the light outside, he tried to get up and go to it, falling out of bed. The nurse heard a clunk and found him on the floor.

Within three days he was feeling normal, yet happier than he had ever felt in his life. He was discharged from hospice. Three months later a friend suggested that he return to his physician to be tested again. Benedict resisted; he was afraid of getting bad news. He eventually complied and a follow-up brain scan was done. As his physician looked at the before-and-after scans, he said, "Well, there is nothing here now."

Benedict responded cheerfully, "Really, it must be a miracle?"

"No," the unimpressed doctor said, "these things happen. They are called spontaneous remission[s]."

"But . . . I was impressed," Benedict said wryly, "even if no one else was."⁷

TOUGH-MINDEDNESS OR INTELLECTUAL COWARDICE?

What happened? Benedict believed his end-stage brain tumor disappeared as a result of the loving, regenerative healing power he experienced during his NDE. His physician, on the other hand, saw it as an unpredictable fluke that can be a part of the natural course of any disease. As one of my medical school professors remarked about a case of terminal cancer that went away without treatment, "We see this." But what, exactly, is "this"? Such breezy dismissals have all the explanatory power of saying that what happens, happens. Some physicians are actually resentful of these marvelous phenomena. I know of one incident in which a woman with retinitis pigmentosa mysteriously experienced a complete cure after visiting a lay healer, only to be angrily banished by her ophthalmologist from his practice. He screeched that such a thing was impossible, that there is no such thing as miracles, and that he never wanted to see her again.

Why are some physicians repelled by these incidents? The reason, I believe, is that these cases are such a radical challenge to a physician's worldview that they are often perceived as a personal affront. Throughout a lifetime, we come to identify with our worldview so thoroughly that we essentially *become* our worldview. Our worldview is one of the main sources of stability in our life. When our ingrained concepts of how the world works are chal-

lenged, we resist the threat in an effort to preserve our steadiness and sense of self. To do otherwise is to become painfully mired in the cognitive dissonance that can occur when one's worldview goes haywire. It is not surprising, therefore, that many physicians adopt a skeptical attitude toward NDEs. But as philosopher and parapsychology researcher John Beloff, of the University of Edinburgh, stated, "Skepticism is not necessarily a badge of tough-mindedness; it may equally be a sign of intellectual cowardice."⁹ And as the American philosopher C.J. Ducasse observed:

For there is likely to be just as much wishful thinking, prejudice, emotion, snap judgment, naïveté, and intellectual dishonesty on the side of orthodoxy, of skepticism, and of conservatism, as on the side of hunger for and belief in the marvelous. The emotional motivation for irresponsible disbelief is, in fact, probably even stronger—especially in scientifically educated persons, whose pride of knowledge is at stake—than is in other persons the motivation for irresponsible belief. In these matters, nothing is so rare as genuine objectivity and impartiality of judgment . . . to get at the truth . . .¹⁰

BE AFRAID—BE VERY AFRAID

Resistance to unexplained healing surfaced in the case of Ann O'Neill, a four-year-old girl with acute lymphocytic leukemia at the University of Maryland Hospital in Baltimore in 1952. At the time, her disease was 100% fatal. She was covered with infected sores, had temps of 104°F, and was so close to death she had been given last rites. An aunt had stitched a beautiful yellow silk burial gown. Her feisty mother, however, was not willing to give up. With the help of several nuns, she bundled up her weak, somnolent daughter against the rain, took her from the hospital, and drove her to a cemetery. There she laid Ann on the tomb of Mother Elizabeth Ann Seton, a revered Catholic nun who died in 1821. Mother Seton had already been credited with a miracle, the 1935 cure of a New Orleans nun suffering from pancreatic cancer. Ann's mother and the nuns prayed for a healing while Ann lay on the tomb. Days later, when she was taken back to the hospital for new blood tests, there was no trace of leukemia. Nine years later, Dr Sidney Farber, the famous

Harvard pediatric pathologist, examined Ann as part of the Church's deliberations over whether to declare her case a miracle. A bone marrow biopsy was done to make sure there was no lingering leukemia; it was normal. Farber is on record as stating there was absolutely no question about the original diagnosis.¹¹ The Church declared Ann an authentic miracle.

Dr Milton Sacks, who treated Ann, was one of the leading hematologists in the United States. He never wrote up the case for publication. In an interview, he said, "The only reason that this [case] has not been written up . . . is that I have been afraid to."¹¹ He did not elaborate.

Afraid of what? I suspect Dr Sacks feared for his reputation. What would his colleagues think of him if he got too close to so-called "miracle cures" following prayer? To this day these phenomena are considered a third rail, so highly charged as to be untouchable. The failure to publish these cases means that we almost certainly underestimate their prevalence.

WHEN NDEs MEET CONVENTIONAL THERAPY

Sometimes NDEs precede spectacular responses to conventional therapy. When they do so, the therapy itself is nearly always given credit for healing and the NDE is brushed aside.

Consider the case of Anita Moorjani, a young ethnic Indian woman from Hong Kong, who had carried a diagnosis of Hodgkin's lymphoma for more than three years.¹² She chose to avoid chemotherapy during this entire period. During a three-week period in 2006, however, her condition began rapidly to deteriorate. She developed pleural effusions, required oxygen, could not eat, became wheel-chair dependent, developed oozing skin lesions, and eventually could not open her eyes or get out of bed. When her husband took her to the hospital, blood tests showed that her major organs were shutting down, and scans revealed that lymphoma masses had spread throughout her body. Her oncologist, irritated that Anita had declined chemotherapy for three years and instead had experimented with herbs and other unconventional treatments, huffed, "It's too late, there is nothing I can do," and gave her 36 hours to live.

Another oncologist was assigned to Anita at her family's insistence. He agreed

to do his best but also gave no hope for survival. As chemotherapy infusions were begun, Anita drifted in and out of consciousness. She felt her spirit leaving her body. Then she had an out-of-body experience in which she saw and heard conversations between her husband and the physicians taking place outside her room, down a hallway 40 feet away. When she described the conversation in detail to her husband, he was shocked; she could not possibly have acquired this information from her bed through normal means. Then she “crossed over” to another dimension in which she felt engulfed by love and surrounded by other beings. The clarity and understanding she experienced were indescribable. She felt her purpose was to remain in her body and to “live heaven on earth” using her newfound knowledge. She was made to understand that her body would heal very quickly—not within weeks or months, but days. As soon as she made her choice to remain alive on earth, she began to wake up. Her doctors announced good news: function was returning to her major organs. She recovered rapidly, as predicted in her NDE. A bone-marrow biopsy revealed no evidence of lymphoma. Although she had massively enlarged lymph nodes on entering the hospital, now the surgeon had difficulty finding a node big enough to biopsy. The biopsy was eventually done, however, and proved normal. Although she had been told her skin lesions would require skin grafting, they healed rapidly without surgery. Further blood tests were unremarkable. When a full-body scan appeared normal, her physicians did not believe it and insisted on repeating it, with the same result. Four years later she remains cancer free.

Anita’s physicians marked it all down to a dramatic response to chemotherapy. But *why* was she ultrasensitive to chemotherapy? Anita felt the assurances of healing she encountered during her NDE were important. Besides, chemotherapy could not explain her out-of-body comprehension of the remote conversation between her husband and her physicians.

Could Anita’s response have been influenced by the beliefs she acquired during her NDE? There is evidence this might be the case.

In a well-documented event in the 1950s,¹³ a man with far-advanced lym-

phoma heard of the unproved drug Krebiozen and convinced his physician, Dr Bruno Klopfer, to admit him as a subject in a clinical trial of the drug. Although his condition was perilous—he was bedridden and gasping for air—Klopfer agreed, although he believed the man would be dead in two weeks. But within 10 days after receiving Krebiozen, the man’s tumors shrank dramatically, “like snowballs on a hot stove” according to Klopfer. He was discharged from the hospital and resumed his usual activities, including flying his plane. Two months later, when discouraging information about the drug circulated in the media, the man returned to the hospital with an enlargement of his tumors and a deterioration in his clinical status. Klopfer, believing the situation was serious enough to justify extreme measures, chose to tell him a phony story—that the first batches of Krebiozen had deteriorated during storage, but that he had obtained a superrefined, double-strength version of the drug. Instead of the drug, Klopfer gave the man injections of sterile water. Believing he was receiving the new-and-improved version of the drug, his tumors shrank dramatically once again and he resumed his normal activities. His health continued for several months until another news report announced that nationwide tests had definitively shown Krebiozen to be worthless as a cancer treatment. Two days after hearing the report, the man died. The case remains a classic demonstration that belief alone can shrink tumor masses and can have life-or-death consequences.

THE CHALLENGE TO MATERIALISM

Mellen-Thomas Benedict’s case suggests that an NDE can trigger recovery from a lethal disease without any conventional treatment. Anita Moorjani’s case suggests that NDEs may potentiate the healing effects of conventional therapies. How common are these phenomena? No one knows, as mentioned. As the Ann O’Neill saga reveals, there is a tendency for physicians to hide from healing by not publishing dramatic cases for which there is no accepted explanation, particularly when “powers of the mind,” spirituality, or prayer are involved.

Ignoring these phenomena is shameful, because this sacrifices a potentially rich source for understanding the nature of

consciousness and how healing happens. Instead of denying these events, we should embrace them. As Edward F. Kelly, research professor in the Department of Psychiatric Medicine at the University of Virginia, states, “[These NDE] phenomena . . . are important precisely because they challenge so strongly the current scientific consensus; . . . they not only *invite* but should *command* the attention of anyone seriously interested in the mind.”^{14(pxxxvii)} Or in healing.

The ultimate significance of NDEs, of course, goes beyond whether or not they promote physical healing. They suggest that some aspect of consciousness transcends dependence on the material brain and body. As Edward F. Kelly and colleagues¹⁴ state in their landmark book *Irreducible Mind*:

The central challenge of NDEs lies in asking how these complex states of consciousness, including vivid mentation, sensory perception, and memory, can occur under conditions in which current neurophysiologic models of the production of mind by brain deem such states impossible. This conflict between current neuroscientific orthodoxy and the occurrence of NDEs under conditions of general anesthesia and/or cardiac arrest is head-on, profound, and inescapable. In our opinion, no future scientific or philosophic discussion of the mind-brain problem can be fully responsible, intellectually, without taking these challenging data into account.^{14(p421)}

Near-death experiences are one of the most powerful challenges to mind-body materialism that exists, and that is perhaps the main reason why they are so vigorously ignored and ridiculed. But the evidence against materialism is, of course, not limited to NDEs; it is varied and profound, as I and others have discussed in this journal on many occasions.¹⁵⁻¹⁸ Philosopher Neal Grossman, of the University of Illinois at Chicago summarizes the current situation:

Materialism—the belief that consciousness is produced by or is the same thing as the physical brain—is one of those beliefs that have already been proved false by science. However, although science has in fact al-

ready established that consciousness can exist independent of the brain and that materialism is therefore empirically false, it will take another generation before these facts are recognized by mainstream academia. Old paradigms never go gently into the night: they go screaming and kicking. And the defenders of materialism today are indeed screaming and kicking ever more loudly, perhaps because of total lack of evidential support for their respective ideology. . . . Today the collective evidence is conclusive: I know of no responsible investigator who has concluded otherwise. . . . The situation for the materialist is logically the same as that of the creationist. Both materialist and creationist must ignore, debunk, and ridicule the scientific findings that have refuted their beliefs.^{19(ppx,xi)}

We can expect NDE-associated healings to continue being ignored and ridiculed, just as Grossman describes. But facts do not cease being facts just because they are ignored. Thus, one day, when our understanding of healing is more complete, the knowledge we've gleaned from NDE-related healings will probably occupy a very high place. A sick and dying brain cannot account for the extraordinary clarity, complexity, and memory of the NDE experience. A dying brain produces chaotic, confused thoughts, if any thought at all. During an NDE, mental faculties are enhanced; in a dying brain, they are diminished. Nothing in contemporary neuroscience suggests otherwise, although desperate attempts have been made to explain the NDE by invoking material factors such as hypoxia, hallucinations, drugs, and so on. But as many investigators have demonstrated,^{5(pp150-215),14(pp374-385),20} these "explanations" are failures, and that is one rea-

son why philosopher Grossman emphatically declares materialism a bankrupt ideology.^{19(ppix-xvi)} (For further discussion of these issues, see my review of philosopher Chris Carter's book *Science and the Near-Death Experience* in this issue on page 115.^{5(pp150-215)})

Throughout history, the fear of death has caused more suffering than all the physical diseases combined. Near-death experiences are a cure for this suffering because they suggest that consciousness transcends the dying brain and body. Near-death experiencers learn this during their experience, and they return with the permanent absence of the fear of death and the certainty of immortality.

As the flap over NDEs and NDE-associated healings continue, we might console ourselves with the lighthearted advice of Sogyal Rinpoche, author of *The Tibetan Book of Living and Dying*: "Not to worry. We shall all die successfully."²¹

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