

Evidence of Survival of Human Consciousness after Bodily Death
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Magis Center of Reason and Faith

I cite the evidence of near-death experiences with some trepidation, because there are many books written on this subject which are not scientific or based on any clinical, cross-cultural, long term study, but rather on a few anecdotes taken to the extreme. Some of these nonscientific books have rather manipulative agendas, and some are quite cultic in character. These problematic accounts do not mitigate the excellent longitudinal studies that have been carried out by von Lommel *et al*, reported in the prestigious British medical journal *The Lancet*,¹ the two studies carried out by Kenneth Ring on near-death experiences² and his later study of near-death experiences of the blind,³ Dr. Melvin Morse's study of near-death experiences of children (reported in two articles in the American Medical Association's *American Journal of Diseases of Children*⁴), and Raymond Moody's second (more comprehensive) 1988 study.⁵ There are additional longitudinal and methodologically careful studies reported in the *Journal of Near-Death Studies* published by the International Association for Near-Death Studies (peer-reviewed).⁶ I will give a brief summary of the studies of van Lommel, MD, et al; Morse, MD, Ring, Ph.D., et al; and Raymond Moody, MD, et al, mentioned above.

Before proceeding, it may be helpful to report the findings of George Gallup Jr. in a 1982 Gallup Poll.⁷ He discovered that approximately 8 million adults in the United States had had a near-death experience (a significantly large population from which to take accurate samples). The people sampled reported having some of the following ten characteristics, which appear to be unique to near-death experiences:

Out of body	26%
Accurate visual perception	23%
Audible sounds or voices	17%
Feelings of peace, painlessness	32%
Light phenomena	14%
Life review	32%
Being in another world	32%
Encountering other beings	23%
Tunnel experience	9%
Precognition	6%

¹ von Lommel 2001.

² Ring 1980.

³ Ring 1999.

⁴ Morse 1985 and Morse 1986.

⁵ Moody 1988.

⁶ See the website www.iands.org for a complete index of 135 topics concerned with research and longitudinal studies of NDEs.

⁷ See Gallup and Proctor 1982.

I. The van Lommel et al Study

The Lancet (a prestigious international journal of medicine) reported the findings of a longitudinal study of near-death experiences carried out by four researchers in Holland. The study surveyed 344 cardiac patients who were successfully resuscitated after cardiac arrest in ten Dutch hospitals. It compared demographic, medical, pharmacological, and psychological data between patients who reported near-death experiences (hereafter “NDE”) and patients who did not (controls) after resuscitation. In a longitudinal study of life changes after NDE, it compared the groups two and eight years later.⁸

This study found that 62 patients (18% -- roughly one out of every five) resuscitated from cardiac arrest experienced an NDE with some of the characteristics described above. No patients reported distressing or frightening NDEs. The 18% positive response does not necessarily mean that the other 82% did not have an NDE. Some may have been unable to recall it (which may be linked to a variety of factors from age to prolonged CPR) and some may have been unwilling to recount it (for fear of being thought to be unbalanced). This percentage enabled researchers to conclude that the experiences associated with NDEs were *not* caused by physiology alone:

With a purely physiological explanation such as cerebral anoxia for the experience, most patients who have been clinically dead should report one.⁹

The researchers concluded from this:

Our most striking finding was that Near-Death Experiences do not have a physical or medical root. After all, 100 percent of the patients suffered a shortage of oxygen, 100 percent were given morphine-like medications, 100 percent were victims of severe stress, so those are plainly not the reasons why 18 per cent had Near-Death Experiences and 82 percent didn't. If they had been triggered by any one of those things, everyone would have had Near-Death Experiences.¹⁰

Of the 62 patients reporting an NDE, all of them experienced some of the following ten characteristics, according to the following distribution:

- (1) Awareness of being dead (50%)
- (2) Positive emotions (56%)
- (3) Out of body experience (24%)
- (4) Moving through a tunnel (31%)
- (5) Communication with light (23%)
- (6) Observation of colors (23%)

⁸ See van Lommel, *et al* 2001.

⁹ van Lommel, *et al* 2001, p. 2039.

¹⁰ van Lommel, *et al* 2001, p. 2044.

- (7) Observation of a celestial landscape (29%)
- (8) Meeting with deceased persons (32%)
- (9) Life review (13%)
- (10) Presence of border (8%)¹¹

This study also reported corroborative veridical out-of-body experiences. These experiences enabled patients to have sensorial knowledge which they were not able to have through their physical bodies. In other words, if these patients had not been in an “out-of-body” state, they would never have been able to experience the data they accurately reported. In the Dutch study, one man who had been in a deep coma, later told a nurse that he recognized her and saw where she had placed his dentures during resuscitation efforts, and even described the cart into which she placed them.¹² Similarly, Melvin Morse and Kim Clark report that a woman had knowledge of a shoe on a window ledge outside the hospital (not near the room where the patient was resuscitated, but next to a fifth-floor office where she was being interviewed). The psychologist who did the interview (Kim Clark) had to crawl along the ledge outside her window to verify the claim. The shoe was indeed there.¹³ Raymond Moody also reports similar veridical out-of-body experiences,¹⁴ the most frequent of which are people who leave the operating room (after seeing the resuscitation efforts going on) and visit their relatives and friends in hospital waiting rooms (literally moving through walls). One patient reported seeing her young daughter wearing mismatched plaids (which was highly unusual and only knowable if she had actually been in the waiting room). Another woman overheard her brother-in-law talking to a business associate in the hospital waiting room in a very derogatory manner, and was able to report this back to him later. These veridical experiences are evidenced in every major study and help to corroborate the authenticity of the patients’ claims to have been in an out-of-body state (with sensorial capabilities).

These findings have been corroborated by many other studies. One NDE researcher, Janice Holden made a compendium of 107 cases in thirty-nine studies by thirty-seven authors in 2007¹⁵ in which veridical (verifiable) experiences had been reported. She concluded as follows:

“Using the most stringent criterion – that a case would be classified as inaccurate if even one detail was found to not correspond to reality – Holden found that only 8 percent involved some inaccuracy. In contrast, 37 percent of the cases – almost five times as many – were determined to accurate by independent objective source, such as the investigation of research reporting the cases.”¹⁶ The other 55 percent did not involve inaccuracies, but could not be completely independently verified by other sources. It is difficult to believe that this degree of verifiably accurate reporting which occurred at a time when there was no electrical activity in the cortex can be attributed to a bodily function. In view of this fact, as well as the fact that many of the reported incidences reached beyond bodily capabilities of the patient, it is reasonable and responsible to believe that these perceptions (as well as the self-consciousness which

¹¹ van Lommel, *et al* 2001, p. 2041.

¹² van Lommel, *et al* 2001, p. 2042.

¹³ Morse 1990, p. 20.

¹⁴ Moody 1988, pp. 17-20.

¹⁵ Holden 2007, pp. 33-42.

¹⁶ Carter, 2010, p. 217.

accompanied it) existed independently of bodily function, and could therefore, persist after bodily death.

Additionally, patients seem to have been transformed by the experience. This is particularly evident in children who lose the fear of death and are transformed for a lifetime (see below Section II.B). The van Lommel study concludes in this regard:

The process of transformation after NDE took several years, and differed from those of patients who survived cardiac arrest without NDE.¹⁷

II.

Melvin Morse, MD – Study of Near-Death Experiences of Children

Melvin Morse, MD adds to *The Lancet* study by focusing specifically on children, and compares an NDE study group with a large non-NDE control group. Studying children's experiences has four major advantages:

- (1) the vast majority of children have never heard or even had the occasion to hear about near-death experiences (therefore, their accounts cannot be biased by others' reports),
- (2) children generally are not motivated by personal, cultural, or religious agendas (and therefore they are unlikely to report data to help these agendas),
- (3) children are reticent to report near-death experiences (even to their parents) because the experiences are so extraordinary and the children feel the need to "belong" and avoid ridicule, and
- (4) the NDE has transformative effects on the children long after their occurrence.

Morse compared his study group of 12 children spanning ten years (who were resuscitated from cardiac arrest or who had returned from deep comas) with a control group of 121 children who were severely ill but not resuscitated or in deep coma, and an additional control group of 37 children who had received large doses of mind-altering drugs but were also not resuscitated or in deep coma.

None of the 121 children in the control group experienced anything like a near-death experience. In the study group, 8 out of 12 did experience some of the above ten characteristics of NDEs (70%). This variance is so vast that it cannot be explained by coincidence or statistical aberration. Furthermore, the control group who had received mind-altering drugs did not report anything like an NDE. Morse drew two conclusions from this which he presented in two peer-reviewed journal articles (by the American Medical Association¹⁸):

- (1) It is not unusual for children who have been resuscitated during cardiac arrest or have recovered from a deep coma to have some of the characteristics of near-death experiences, and

¹⁷ van Lommel, *et al* 2001, p. 2039.

¹⁸ See Morse 1985 and 1986.

- (2) These experiences were not produced by narcotics, mind-altering drugs, oxygen-deprivation states, or stressed psychological states (and thus, they are not attributable to hallucinations).

Morse also completed another study of the transformation of children and adults by near-death experiences,¹⁹ which is corroborated by van Lommel *et al*²⁰ and Raymond Moody.²¹ He placed particular emphasis on a characteristic which could be measured with a fairly high degree of objectivity – the fear of death. In order to accomplish this, he assembled a group of several psychiatrists, psychologists, and neuro-psychiatrists (as well as student interns and volunteers) to study the transformative effects of near-death experiences in almost 500 patients.²² He used two methods to measure death-anxiety in both the study group and the general population, and concluded as follows:

We discovered that adults who have had near-death experiences as children have a much lower fear of death than people who have not had them. This was true whether they had vivid and wonderful memories of a flower-filled heaven or a brief and fleeting experience of light. Furthermore, the deeper their experience, the less they were afraid of death. This finding is in sharp contrast to people who have come close to death and survived, but were not fortunate enough to have had a near-death experience. They actually had a slightly higher death anxiety than normal. And...people who identify themselves as being intensely spiritual, have the same death anxiety as the general population.²³

This is a significant discovery because it does not seem that we can control our anxiety about death by religious faith alone. It seems that we need something transcendent to come to us – something beautiful, profound, and assuring. This “something” is capable not only of alleviating fear, but also of positively transforming one’s entire outlook and life. Thus, the long-term effects of NDEs can be measured with a fairly high degree of objectivity – and they stand in stark contrast to the general population.

III.

The Kenneth Ring, et al Study of Near-Death Experiences of the Blind

Ring, Cooper, and Tart studied the highly unusual phenomenon of blind people seeing during near-death experiences. As noted above, persons having a near-death experience are able to see (without their physical visual apparatus) – they even have sensorial knowledge of data beyond ordinary physical capabilities (see above, II.A, on corroborative veridical features of out-of-body experiences).²⁴ The Ring *et al* study adds further corroboration to the veridical (verifiable) sensory knowledge of near-death patients studied by van Lommel, Morse, and Moody. Though it is truly significant that *sighted* patients are able to report sensorial data that

¹⁹ See Morse 1992, specifically pp. 64-88 and 89-115.

²⁰ See van Lommel, *et al* 2001, pp. 2043ff.

²¹ See Moody 1988, pp. 33-56.

²² Morse 1992, pp. 30-32.

²³ Morse 1992, p. 66.

²⁴ See Ring, Cooper, and Tart 1999.

occurred while they were unconscious with great accuracy, it is even more significant that *blind* patients are able to do the very same thing *with the same degree of accuracy*.

The high corroborative value of this data moved Ring et al to study 31 blind patients (21 of whom had a near-death experience and 10 of whom had out-of-body experiences only). Of these 31, 14 were blind from birth and evidently had no experience of seeing, and 17 had some experience of seeing *in the past* (though they were blind at the time of their near-death experience or out-of-body experience). Ring summarizes his findings as follows:

Among those narrating NDEs, not only did their experiences conform to the classic NDE pattern, but they did not even vary according to the specific sight status of our respondents; that is, whether an NDEr was born blind or had lost his or her sight in later life, or even (as in a few of our cases) had some minimal light perception only, the NDEs described were much the same. ¶ Furthermore, 80 percent of our thirty-one blind respondents claimed to be able to see during their NDEs or OBEs, and, like Vicki and Brad, often told us that they could see objects and persons in the physical world, as well as features of otherworldly settings.²⁵

Ring et al also found that the quality of perception was quite high among the majority of blind patients who reported seeing during their near-death experience:

How well do our respondents find they can see during these episodes? We have, of course, already noted that the visual perceptions of Vicki and Brad were extremely clear and detailed, especially when they found themselves in the otherworldly portion of their near-death journey. While not all of our blind NDErs had clear, articulated visual impressions, nevertheless enough of them did, so that we can conclude that cases like Vicki's and Brad's are quite representative in this regard.²⁶

What about the 20 percent who reported that they could not remember themselves seeing? There are two explanations: (1) they did not, in fact see anything during their near-death experience, or (2) even though they seem to have had some kind of perception, they did not recognize it as "seeing." Ring comments about the latter phenomenon with respect to one of his patients as follows:

As one man, whom we classified as a nonvisualizer, confessed, because "I don't know what you mean by seeing," he was at a loss to explain how he had the perceptions he was aware of during his NDE.²⁷

Even with this ambiguous group within the study, the results are quite significant, for the 80% who *were* able to report sensorial knowledge were accurately reporting what they could not have seen with their physical bodies. This gives a high degree of credibility to a non-physical existence during a near-death experience. It also indicates that this non-physical existence is in

²⁵ Ring and Valarino 2006, p. 81.

²⁶ Ring and Valarino 2006, p. 81.

²⁷ Ring and Valarino 2006, p. 81.

some way “embodied,” because it not only preserves self-consciousness, memory, intelligence, and self-identity (which belong properly to the “mind”), but also sensorial perception which requires an interaction with the physical world effected by embodiment. This evidence of non-physical survival (with its dimension of non-physical embodiment) is quite probative because it cannot be explained in any other physical (physically embodied) way.

IV. Consistency of Data in Moody, Ring, and van Lommel

In 1978, Dr. Raymond Moody wrote his first study of near-death experiences entitled *Life After Life*. It was based on more than 100 case studies, but left several questions unanswered while revealing the need for a more sophisticated longitudinal study. Between 1978 and 1988, he completed that study after interviewing more than 1,000 patients who had had a near-death experience. He noticed that patients having near-death experiences reported having one or more of the following nine characteristics, (seven of which seem to be unique to NDEs): (1) a sense of being dead, (2) peace and painlessness, (3) the tunnel experience, (4) people of light, (5) the Being of Light, (6) the life review, (7) rising rapidly into the heavens, (8) reluctance to return, and (9) out of body experiences/different time and place.²⁸

Moody’s findings closely correlate with Ring’s and van Lommel’s. Ring divides his study into five *stages* of near-death experiences, while van Lommel divides his findings into ten *features* of near-death experiences. Ring’s stages are as follows:

Peace	60%
Bodily separation	37%
Darkness/tunnel	23%
Light/beings of light	16%
Inner setting/paradise	10%

Notice the correlation with van Lommel’s features²⁹:

Awareness of being dead	50%	(not reported by Ring)
Positive emotions	56%	(compared to Ring’s 60% for what he describes as “peace”)
Out of body experience	24%	(compared with 37% in Ring’s study)
Moving through a tunnel	31%	(compared with 23% in Ring’s study)
Communication with light	23%	(compared with 16% in Ring’s study)
Observation of colors	23%	(not reported by Ring)
Observation of a celestial landscape	29%	(compared with 10% in Ring’s study)
Meeting with deceased persons	32%	(not reported by Ring, but reported by Moody ³⁰)
Life review	13%	(not reported by Ring)

²⁸ Moody 1988, pp. 7-20.

²⁹ van Lommel, *et al* 2001, p. 2041.

³⁰ Moody’s study is significant because it indicates how patients were transformed by these encounters with departed loved ones. See Moody 1993.

Presence of border 8% (not reported by Ring)

Evidently, the larger, more longitudinal study of Dutch patients experienced the tunnel, being/beings of light, and celestial landscapes more often than the smaller, less longitudinal, American group; while the American group experienced out-of-body survival more often. The differences in the data may be explained by the fact that most patients only experienced *some* of the above-mentioned features of near-death experiences.

V. Conclusions Regarding Near-Death Experiences

In sum, there is considerable evidence of nonphysical survival (with some dimension of nonphysical embodiment). The four most important sources of evidence are as follows:

- (1) Among those who could remember having a near-death experience, there is remarkable consistency surrounding ten features of the experience, seven of which are *unique* to near-death experiences, two of which are shared with physical embodiment (positive emotions and perception of colors), and one of which is shared with out-of-body experiences (seeing one's body from above and being capable of trans-material migration) – in van Lommel, Ring, Morse, and Moody).
- (2) Corroborated, veridical, sensorial knowledge by patients who were unconscious (van Lommel, Ring, Morse, and Moody).
- (3) Corroborated, veridical, sensorial knowledge by blind patients who were unconscious (Ring and van Lommel).
- (4) Significantly lower fear of death, particularly by children. (Morse)

The corroborated veridical sensorial knowledge by both sighted and blind patients is very significant because there does not appear to be any physical explanation for these corroborated phenomena, leading to the conclusion that there must be some form of nonphysical conscious existence (including self-consciousness, memory, intelligence, and self-identity), and some survival of nonphysical embodiment (which allows for interaction with the physical world). Van Lommel concludes as follows:

How could a clear consciousness outside one's body be experienced at the moment that the brain no longer functions during a period of clinical death with flat EEG? . . . Furthermore, blind people have described veridical perception during out-of-body experiences at the time of this experience. NDE pushes at the limits of medical ideas about the range of human consciousness and the mind-brain relation. In our prospective study of patients that were clinically dead (flat EEG, showing no electrical activity in the cortex and loss of brain stem function evidenced by fixed dilated pupils and absence of the gag reflex) the patients report a clear consciousness, in which cognitive functioning, emotion, sense of identity, or memory from early childhood occurred, as well as perceptions from a position out and above their 'dead' body.³¹

³¹ van Lommel, et al 2001.

Though this large body of evidence does not constitute a *proof* for *eternal* life (because there is no *guarantee* that this nonphysical survival of consciousness and sensation will last forever), it does give clues to eternal post-mortem survival through what might be called intuitions of the heart. The love of the being of light, the love and joy of departed loved ones, and the perception of paradise, seem to betoken the intention of a loving deity to fulfill our greatest desire, namely, unconditional love and joy with that deity for all eternity. This last point deserves special consideration because in every instance of an encounter with the “being of light” in the studies of van Lommel, et al, Morse et al, Ring et al, and Moody, patients reported the experience to be one of intense love. The following case resembles hundreds of others reported by the above researchers:

I became very weak, and I fell down. I began to feel a sort of drifting, a movement of my real being in and out of my body, and to hear beautiful music. I floated on down the hall and out the door onto the screened-in porch. There, it almost seemed that clouds, a pink mist really, began to gather around me, and then I floated right straight on through the screen, just as though it weren't there, and up into this pure crystal clear light, an illuminating white light. It was beautiful and so bright, so radiant, but it didn't hurt my eyes. It's not any kind of light you can describe on earth. I didn't actually see a person in this light, and yet it has a special identity, it definitely does. It is a light of perfect understanding and perfect love.... And all during this time, I felt as though I were surrounded by an overwhelming love and compassion.³²

This experience of overwhelming love by those who encountered the “being of light” may legitimately provoke the intuition that this being's intention is not only transitory benevolence, but to give unconditional and eternal love (which happens to correspond with the fulfillment of our greatest desire). We will examine this “greatest desire” in Section III, and then examine the similarity between the data of near-death experiences and Christian revelation in Section IV.

References

Carter, Christopher. 2010. *Science and the Near-Death Experience*. (Rochester, Inner Traditions).

³² Moody, 1975 pp. 53-54.

- Gallup, George Jr. and Proctor, William. 1982. *Adventures in Immortality*. (New York: McGraw-Hill).
- Holden, Janice. 2007. "More things in Heaven and Earth: A Response to Near-Death Experiences with Hallucinatory Features" in *Journal of Near-Death Studies* 26, no.1 (Fall 2007): 33-42.
- Moody, Raymond A. 1975. *Life After Life*. (New York: Harper Collins).
- . 1988. *The Light Beyond*. (New York: Bantam Books).
- . 1993. *Reunions: Visionary Encounters with Departed Loved Ones*. (New York: Random House).
- Morse, MD, Melvin. 1990. *Closer to the Light: Learning from the Near-Death Experiences of Children*. (New York: Random House).
- . 1992. *Transformed by the Light*. (New York: Ballantine Books).
- Morse, M.; Castillo, P.; Venecia, D.; et al. 1986. "Childhood Near-Death Experiences." *American Journal of Diseases of Children*, 140, pp. 1110-1113.
- Morse, M.; Connor, D.; and Tyler, D. 1985. "Near-Death Experiences in a Pediatric Population." *American Journal of Diseases of Children*, 139, pp. 595-600.
- Ring, PhD., Kenneth. 1980. *Life at Death: A Scientific Investigation of the Near-Death Experience*. (New York : Coward, McCann & Geoghegan).
- Ring, Kenneth; Cooper, Sharon; and Tart, Charles. 1999. *Mindsight: Near-Death and Out-of-Body Experiences in the Blind*. (Palo Alto, CA: William James Center for Consciousness Studies at the Institute of Transpersonal Psychology).
- Ring, Kenneth, and Valarino, Evelyn Elsaesser. 2006. *Lessons from the Light: What we can learn from the near-death experience*. (New York: Insight Books).
- van Lommel, MD, Pim; van Wees, Ruud; Meyers, Vincent; and Elfferich, Ingrid. 2001. "Near-Death Experience in Survivors of Cardiac Arrest: A Prospective Study in the Netherlands." *The Lancet*. Vol. 358, Issue 9298, pp. 2039-2045.