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Commentary on "The Reality of Death Experiences" by Ernst Rodin

The near death experience (NDE) has recently been popularized through the publication of Dr. Raymond Moody, Jr.'s book, *Life After Life* (3). Three and one half years ago, my skepticism of Moody's findings led me into a study designed to evaluate the results published in *Life After Life*. Persons known to have survived an episode of unconsciousness (total loss of subjective awareness of environment and self) and physical near death (cardiac arrest, coma, etc.) were systematically interviewed. Sociological and demographic data were collected along with the available medical details of each near death crisis event. Any recollections from the period of unconsciousness were carefully recorded. To date, 107 subjects have been interviewed. The comments which follow draw heavily from this work, which has been presented elsewhere in preliminary form (6, 7).

In the foregoing article, Dr. Rodin presents a case report of his own death experience (5). This experience consisted of the knowledge while under general anesthesia that "It was a metastasis; I have died and now I am free." There were no other sensory experiences, only absolute certainty: "It's over and it's wonderful" (5, p. 259). Dr. Rodin interprets his experience as a delusion and discusses possible explanations for its occurrence.

My work with the NDE has focused on the reports of individuals rendered unconscious at the moment of physical near death. The circumstances of Dr. Rodin's experience do not fit these criteria. Moreover, the content of Dr. Rodin's death experience does not include many of the elements I have found to be common in the NDEs of physically endangered individuals. Thus, it is understandable why Dr. Rodin's interpretation of his own personal experience may not adequately explain many of the additional features of NDEs reported by survivors of true near death crisis events.

For instance, Dr. Rodin suggests that the NDE is the vivid manifestation of a toxic psychosis induced in the oxygen-starved brain of a dying individual. The content of many NDEs, however, differ from what would be expected in a toxic psychosis. Many unconscious and near death individuals have later described a clear visualization of their physical body and surroundings from a detached position of height several feet above the ground (out-of-body experience [OOBE]). When comparisons could be made between the resuscitative events described in the OOBE and the actual situation, remarkable similarities were found. Objects and events sometimes outside the unconscious person's physical visual field were often accurately described in visual detail. The exact sequence of resuscitative measures could also be described as if the episode had indeed been witnessed from a detached position. Thus the content of these out-of-body perceptions closely parallels objective reality—quite unlike the distortions and fantasies of a toxic psychosis.

Others have suggested that this accurate perception of resuscitative events perceived during an OOBE represents the visual reconstruction of auditory perceptions by a *semiconscious* individual recovering from an anoxic brain insult. I find this unlikely, however, since the specific details which are later described include events which transpired immediately prior to cardiopulmonary resuscitation at a time when physiological unconsciousness would appear to be most certain. In addition, these out-of-body perceptions include visual descriptions of undiscussed details quite unlike the verbal recollections later reported by semiconscious or anesthetized individuals (2).

Other NDEs include the sensation of movement into another region or dimension associated with a pattern of visual and mental imagery which cannot be objectively verified. In these accounts, however, there appears to be a striking intersubject consistency. In fact, when each NDE was analyzed on the basis of 10 separate elements, the experience demonstrated no significant ($p > .05$) variation between subject groups broken down according to age, education, type of employment, area of residence, religious affiliation, frequency of church attendance, type of near death crisis event, location of near death crisis event, duration of unconsciousness, and method of resuscitation. This consistency of reports seemingly conflicts with Dr. Rodin's seizure explanation, which states that "the mental content experienced during temporal lobe seizures is dependent upon the life experiences of the individual. It does not arise *de novo*, but is tied to the patient's fears, hopes, and neurotic preoccupations" (5, p. 262).

Finally, Dr. Rodin states in his section on "The Physiology of Dying" that, in the process of dying, "... the final common pathway is anoxia. The mental effects of anoxia are well known and readily reproducible in the laboratory. They differ depending upon the speed with which anoxia occurs, but eventually there is unconsciousness ... As anoxia persists, delusions and hallucinations occur until, finally, complete unconsciousness supervenes" (5, p. 262) If we are to define unconsciousness as the complete loss of awar

ness of environment and self, then man cannot directly experience unconsciousness. Furthermore, unconsciousness cannot consistently be documented using present scientific techniques (*e.g.*, EEG, etc.) (1, 4). Thus, the widespread belief that total unconsciousness is the last event becomes more a theoretical possibility than a scientific truth. To state that "total unconsciousness, as the final stage of dying, is therefore irrelevant" (5, p. 262) merely confuses the issue, since no one has shown through objective scientific research that unconsciousness is indeed the final stage of dying. In fact, many near death survivors have described detailed visual and auditory experiences which have appeared to begin *after* the onset of unconsciousness but *before* the institution of life-saving measures.

To date, I have been unable to find an adequate scientific explanation for the NDE. Continuing speculation on the causes and meaning of the NDE without the support of systematic research is no longer sufficient. If these experiences represent some type of paranormal phenomenon occuring in near death individuals, then it is time we found out about it. If, on the other hand, they are merely the result of some physiological derangement as suggested by Dr. Rodin, then let it be established through the scientific method so that we can move on to other things.

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