

THE REALITY OF DEATH EXPERIENCES: A REPLY TO COMMENTARIES.  
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Having reviewed the commentaries on my paper "The Reality of Death Experiences", all of which were published in the May 1980 issue of the Journal of Nervous and Mental Disease, I felt it best to write a response to place my views in perspective. The original experience as described took place in the spring of 1953 and the blissfulness is not a retrospective falsification, but occurred right then and there. My wife, who witnessed the comatose individual whose breathing was labored and stertorous and whose color was ashen gray, can testify even today to the fact that my first words on coming to were "Let me die, let me die," I had experienced my heaven and I wanted no part of this earth! These details are important in regard to Dr. Garfield's article in the May 1979 issue of Anabiosis, where it is assumed that outward appearance of the individual during coma reflects inner changes. On basis of my own situation, I can say that this is not necessarily so. Outwardly I was in terrible shape; inwardly I had never been better off. The axiom "Believe only half of what you see and nothing of what you hear" is therefore eminently sound.

After having recovered not only from the initial shock of being condemned to this planet for another unknown stretch of time, but also from the procedure which had been of a major nature, I was forced to come to grips with the etiology of the event. Similar to the patients reported by Dr. Moody, (1) I regarded the experience as sacred and a matter to be discussed only with my wife.

Yet life moves on and I continued with my professional work, especially the elucidation of mind-brain relationships. My studies have included various states of altered consciousness, drowsiness, dreams, hypnosis, ingestion of phencyclidine (angel dust), marijuana, LSD; and the process of dying in children who have suffered irreversible brain damage and were therefore on total life support systems.

In addition, my special interest in the field of epilepsy not only brought me in contact with periodical altered mental functions during which the patient is not necessarily "obfuscated", but also allowed me to do animal experimentations in an attempt to elucidate the factors which produce epileptic seizures. I was vastly impressed how similar to humans, cats and rats reacted to the injection of a convulsant agent, not only in terms of the actual seizure but also as to what one may call the psychologic antecedents as expressed by overt behavior.

This convinced me that the gulf between the animal and ourselves is not nearly as vast as we are fond of believing, and that valid inferences, at least in terms of brain function, can be made across species.

Inasmuch as some of the experiments were acute, requiring a conscious but paralyzed animal that had to be maintained on artificial respiration, the opportunity presented itself to serendipitously acquire information on anoxia at the termination of the study. We merely discontinued the respirator and observed in detail what happens to the EEG and multiple unit activity in various brain structures. Obviously, I have no idea what the cat was thinking at the time, but I do know that the physiology of dying is the same in man and cat.

Another important event to be mentioned was a documentary that dealt with the havoc created by the experimental detonation of an atomic device on one of the Pacific islands. Among other disasters, turtles had lost their sense of direction and instead of heading toward the ocean, they kept crawling up on the interminable beach and then in utter exhaustion started swimming motions in the sand. My God, I said to myself, he thinks he's now in heaven, he has reached the water! This was, to me at least, the first demonstration of a Fata Morgana in a non-human.

My position briefly is that out-of-the-body experiences (OOBEs) and NDEs exist, and are subjectively real events to the individual, but their nature is not clear. They do not provide proof of an afterlife and they are independent rather than dependent variables. OOBEs occur in absence of near-death, and NDEs occur without OOBEs. I do not say that all OOBEs and all NDEs are anoxic in nature. I do say that all human beings will undergo as part of the true and final dying process, unless death is instantaneous, hypoxia initially and then anoxia. Hypoxia leads to errors in judgment, which is experimentally verifiable in the laboratory, and anoxia leads to unconsciousness which is likewise experimentally verifiable. These statements I regard as facts. The rest is speculation at this time and not objectively verifiable.

Now as to specifics. Some of the commentators have pointed out that my assumption that the Buddhist will not meet the Virgin Mary or Jesus and the Christian will not be bothered by the apparitions of the Bardo Thoedol is erroneous, because research has shown that the NDEs are transcultural. I therefore consulted the literature references given in the commentaries and the only transcultural study mentioned is that by Osis and Haraldsson. (2)

Although the authors felt that they had proved the insignificance of cultural determinants, their actual case reports do not only prove that my intuition was correct, but also that subjective and objective reality are vastly different matters. I am convinced that the authors are intellectually honest, but the figures they present do not necessarily bear out their conclusions. Furthermore, their questionnaire was constructed in a way to minimize rather than maximize cultural differences.

I would suggest that the scientifically inclined members of the Association carefully re-read *At the Hour of Death* and try to first reconstruct the statistics and then review the anecdotes in the light of potential cross-cultural differences rather than similarities.

Since I, myself, am not immune to subjective reality, we have a test case. A document, an objective reality; exists that can be examined and let us see what subjective conclusions are being reached. My own are as follows: 1) "Afterlife experiences" based on the pilot study as well as the cross-cultural study are in the minority rather than majority: 2) The experiences themselves do not prove the existence of an afterlife: and 3) Anecdotal as well as statistically significant cultural differences exist.

In the pilot project, 10,000 questionnaires were sent. Only 640 were returned (6.4%). These 640 individuals reported 35,540 observations. Of these 35,540 observations, there were 1,318 "apparitions" (3.7%): 884 "visions" (2.45%): and 753 "mood elevations". (2.1 %).

In the transcultural study, 5,000 U.S. questionnaires yielded 1,004 returns (20.0%). The Study in India had to be conducted on a personal basis and brought 704 filled-in questionnaires. From this total of 1,708 returned questionnaires, there were "apparitions or hallucinations of persons" in 591 (34.6%): "Deathbed visions primarily of surroundings" in 112 (6.5%); "a rise in mood to serenity or elation" in 174 (10.1%). Total experiences are, therefore, 877 or 53%.

This number is, however, in all probability inflated as to occurrence of "some death-related events" because the three groups are not mutually exclusive but overlap. It may well be appropriate to cut it by at least one-third since they are rare in isolation, but can occur in this manner, as in my own situation, which would fall into the group of "rise of mood or elation". Subtracting the presumed one-third, one reaches a figure of 36 %.

This leaves us with an approximate two-thirds majority where no such evidence exists. All the rest of Osiris and Haraldsson's book deals with the vocal minority, the most important sub-group is the mood-related one because the sensation of heaven is after all what we want and that must by definition be better than what we experience on a daily basis. This blessing occurs, however, in only 10 %. I regard this as a very important observation. It is not mentioned in the book in these terms, and I am therefore recommending that it be carefully evaluated.

This low incidence of mood elation encountered in the Osiris and Haraldsson study is extremely important in two ways: 1) If it were the rule rather than exception, Reverend Jim Jones would have been correct in ordering what we call "The Guyana Massacre", because if death is the highest good, then we must ask ourselves why we should keep fussing around in this "valley of tears": and 2) I am quite concerned about Dr. Ring's (3) position in regard to the Center for the Dying Person.

I agree with him as well as Dr. Moody (1) and Dr. Kuebler-Ross (4) that the dying process should be made easier and unresolved conflicts should be worked through. I disagree, however, with the intent of telling the dying what is in store for them. "Dying individuals need know what it is like to die." "In fact our role would be participants in a sacred rite of passage, marking the transition from life to a greater life." These two sentences indicate to me that Dr. Ring has left the realm of science behind, in this particular endeavor, and is acting on religious faith.

For the sake of truth, we must admit that no one knows what death is because no one has returned from the state of Lazarus, who according to St. John, was already dead four days "and stinketh." The person who comes back from rigor and livor mortis is the person to be interviewed and examined. Everybody else falls into the group of what is called in the German language "*scheintot* i.e. seemingly dead.

The reportedly flat EEGs, taken as evidence for brain death in Dr. Schoonmaker's study (5) should be verified by professional electroencephalographers. I have written to Dr. Schoonmaker to send me samples but several months have elapsed and there has been no reply.

For the sake of science, I request once more in this article that representative samples be made available which can be submitted not only to me but also the officers of the American EEG Society so that an independent evaluation by the most competent people in the field can be performed. It is after all a matter of life and death, as Dr. Ring has correctly pointed out in his commentary on my paper.

An assumption that having seen dead relatives or "otherworldly figures" indicates that they indeed come from some other external reality, made by Osis and Haraldsson, is unfounded. The statement that "medical factors were not operative" is likewise unjustified when one confines oneself, as the authors did, to the exclusion of drug effects, temperature elevation, obvious renal disease, etc. Alterations in brain function that profoundly affect mental activity can be extremely localized and very subtle as any neurophysiologist knows. The authors deserve to be congratulated for their efforts, but they do need better medical advice than was available to them.

As far as the significant cross-cultural differences are concerned, let me first relate a few of the anecdotes given. In India, the Indian conception of heaven was seen rather than the Christian one of "pearly gates and streets of gold." "In India, the person is usually authoritatively called or even taken away by force." "Western patients did not see personification of death, quite a few Indians did." In India, religious figures come, including "yam doots", which have never been observed by a Westerner. In the West, the messengers consist mostly of close relatives.

What brought a smile to my lips was the Indian lady who went to heaven on a cow while the American lady went in a taxi. The difference between where the individuals met the "other-worldly figures" was highly significant statistically. "Americans placed the messengers in 'heavenly surroundings' (total hallucinations). Indians saw them right in their sick rooms (apparitional hallucinations). One Indian doctor quibbled: "our deities made house calls, yours demand an office visit  $P = .0002$ ."

We are, however, still left with cross-cultural similarities that may appear startling. My personal inclination is to agree with Dr. Sagan, (6) as expressed in the Amniotic Universe, that these may be partial recapitulations of the birth experience. This is common to all of humanity and although not consciously remembered, may well have a recrudescence in what we regard as our final hours or minutes.

The Western mind seems to have considerable difficulty in placing subjective internal reality on an equal footing with externally generated sensations. When this is combined with the specifically American penchant to create euphemisms for unpleasant aspects of life, it is readily understandable why my statement that the mental content of our last moments will result from a toxic psychosis is so unpalatable.

It has to be toxic, from my viewpoint, because there are bound to be significant alterations from the norm in terms of blood gases, electrolytes, and neurotransmitters. It was stated in some of the commentaries that I reject the idea of my experience having been "a glimpse of the beyond." For the record; my attitude is that it could have been, but there is no scientific evidence that it was and furthermore, because it happened once, there is no guarantee that it will have to happen again. As a human being I love to believe that it was "a preview of coming attractions." As a scientist, I must say that all bets are off because this unique set of circumstances may not recur.

What we must guard against at all times is what may be called the all or none thinking that is so prevalent in our society. Let me give a few examples: 1) A reasonable assumption is: E.S.P phenomena exist under certain circumstances and can be demonstrated more frequently in some individuals than in others. Popular conclusion: everybody has E.S.P. powers and can put them to use. 2) Suggestive evidence for reincarnation has been produced in some individuals. Popular conclusion: everybody will be reincarnated and 3) Phenomena exist which may be regarded as "glimpses of the beyond." Popular conclusion: we don't die.

These are total non-sequiturs. So is the famous butterfly theory. Fact: A butterfly which for some reason or another, is regarded as a more desirable insect than others, develops from a chrysalis - Assumption: human life is the chrysalis stage of a higher form of being. Fact: not all chrysalises develop into butterflies, some die as a Chrysalis, others develop into moths and within the group of butterflies, there are also considerable varieties of beauty. Question: What happens to the butterfly when it dies? Question: Why is our embryonic life not analogous to the chrysalis and why are we not already moths or butterflies?

The fact that I regard my own experience and the NDEs of others as subjective rather than objective reality need not be demeaning. On the contrary, this thinking is totally in line with Buddhist philosophy which repeats over and over in the Bardo Thoedol that it is "thine own consciousness" that produces the phenomena experienced during dying and on the after-death plane. It is also in complete agreement with Christian teaching that, "The kingdom of heaven is within you".

Although, as I said in my paper, we will have no voluntary control over our mental processes during the critical final moments of life, we can prepare ourselves for them, not just as suggested in the projected Center for the Dying Person, but more importantly in day-to-day living. It is a reasonable assumption that if we face life with its vicissitudes, fearlessly and in honesty, we will not be afraid of death. If at the end of each day we can say to ourselves, friends, relatives and neighbors: I have lived by the golden rule and spent this day in the most useful manner; why should we fear confrontation with our deity?

Unless one is pathologically narcissistic, the idea that human existence is no different from the rest of nature, namely: forever growing and at the same time decaying and changing, need not be too disturbing. For all I know, our individual component parts just get recycled throughout the universe and if this happens to be the only truth, so be it. In conclusion, I believe that the Association can do a great deal of good if it would

honestly address itself to the scientific collection and analysis of NDEs and the monitoring of the true dying process. It should do so, however, objectively, i.e., without preconceptions, and questionnaires should be constructed in a way that take control groups into account. The relevant data should be submitted to the top scientists in the country in their respective fields for independent assessment. This could be done on a voluntary basis rather than fee for service, thereby cutting down on cost. I, myself, am happy to serve as consultant for the areas of neurology, psychiatry, and electroencephalography.

It is my belief that there may well be other genuinely interested scientists in the community who would be willing to help, but who do not want to make thanatology their main endeavor. This is the way it should be, because whenever we start deriving our livelihood entirely from the results of our scientific work, rather than additional service functions, there is a tremendous unconscious temptation to slant data. This is not only true for E.S.P. research, but is a pervasive human characteristic as the Sloane Kettering scandal showed.

To remain unbiased, which is difficult at best, there must be no other reward than that of subjective gratification which accompanies the search for truth. I regard the work of the members of the Association as highly important, but I am making a very definite plea that they adhere to the highest standards of science so that their results will withstand objective evaluation.

#### References

Moody, R.A.: Commentary on "The Reality of Death Experiences: A Personal Perspective" by Ernst Rodin. *J. Nerv. Ment. Dis.*, 168: 264-5. 1980.

Osis, K. and Haraldsson, E.: *At the Hour of Death*, Avon Books New York, 1977

Ring, K.: "Psychologist Advocates Establishment of Center for Dying Based on Near-Death Research Information" *Anabiosis*, Vol. 1:7-8, 1979.

Kuebler-Ross, E.: Death: The Final Stage of Growth. Prentice-Hall, Englewood Cliffs, N.J., 1975.

Schoonmaker, F.: "Denver cardiologist discloses findings after 18 years of near-death research" Anabiosis Vol 1: 1-2,1979

Sagan, C.: Broca's Brain. Random House. Pub., New York, 1979