

AFTER, by Bruce Greyson, M.D. About Near Death Experiences  
A Book Report by David G. Schwartz, M.D. Part I  
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So what do near-death experiences (NDE's) have to do with our general health? First, it is important for health professionals caring for people who have almost died, to understand that these experiences are real. They need to recognize that these patients are very surprised to have these experiences and that they will often not be understood by others. They may feel isolated and may feel reluctant to discuss their experience with other people. Health professionals need to be open to having their patients tell about it, as a part of their care.

Second, it is important for us who have not had these events, to learn from these people. It can open up whole new perspectives about what health and well-being are, and what a health-promoting lifestyle is.

Third, what we learn from these people can lead us to learn to have many of the benefits and the awareness they have, without having to almost die.

People who study NDE's have their lives greatly improved, much as the people who actually have the NDE's. In my view, these benefits accrue to having a healthier life. The spiritual and emotional benefits can improve all aspects of life, from a holistic health perspective.

Dr. Greyson studied NDE's for 40 plus years, and has provided a comprehensive overview of these phenomenal occurrences. He did extensive research to prove that these experiences are real, that they cannot be dreams, hallucination, hypoxic phenomena, contrived stories made up by patients, or any other cause, the explanation for which presumes to disprove these occurrences.

This is a very important book for people to read and to not just take my reporting. Reading the exact detailed experiences of people is necessary to get the full impact of what NDE's are, and makes fascinating reading.

Many people have heard of the neurosurgeon, Dr. Eben Alexander's NDE, and his books, Proof of Heaven, Living in a Mindful Universe, and others. He is one of thousands who belong to organizations of NDE survivors, connected with IANDS, the International Association For Near Death Studies. Dr. Greyson describes this as a journey into uncharted territory, and asks, "How do we know what is real?"

He first stumbled onto this phenomenon when an unconscious patient (Holly) told him, after she revived, about a conversation he had with her friend down the hall, while she herself was unconscious, and that he had had a spaghetti stain on his tie. She said all this before she had any conversation with her friend. How could she possibly have heard and seen such things in her unconscious state? This befuddled his understanding, and he filed it away in his memory bank as an unsolved mystery, until he met Dr. Raymond Moody many years later, in 1976, at the University of Virginia. At that time, Dr. Moody's book, Life After Life, had just come out. Dr. Moody was the first to describe the term Near Death Experience in English, and Dr. Moody was inundated with letters from readers who had had NDE's. Dr. Moody turned to Dr. Greyson for help. This was the first that Dr. Greyson recognized that this was a whole new area of study, that may be able to explain the "Holly" phenomenon. Dr. Moody was in training as a psychiatrist, where Dr. Greyson was teaching psychiatry. With colleagues at other universities, he established IANDS. He then, over the next 45 years, studied over a thousand

questionnaires that he had asked people with NDE's to complete, and he also studied accounts of such experiences throughout history, including in Greek and Roman times.

He remained as scientific as possible in his studies to go over every detail for the critics.

When you read his book, you could find this scientific discussion a bit boring if you are already convinced of the reality of NDE's, but reading the stories of people is riveting. It is important that we recognize his valuable research to prove to the skeptics these things are real. So what follows here is some of the scientific rigor he had to use to make this phenomenon credible, and able to withstand hard scientific scrutiny.

When a brain is deprived of oxygen, we would not expect exceptional clarity of thought. Experiencers reported that their thoughts came much faster, clearer, and more logical than usual. Bill was sent flying from an exploding aircraft, and while unconscious and considered to be dead by the triaging emergency personnel, had a whole life review, remembering in clear detail every event from childhood to the present. He was told that his work in this world was not done, and that he had to go back.

Several experiencers reported having long, complex thoughts, reasoning, and strategizing, compressed into a few seconds. Albert von St. Gallen Heim described his 65 foot fall down a mountain. What he felt in 5-10 seconds could not be described in 10 times that length of time. This sense of slowing or stopping of time, moving forward or backward in time, or timelessness, was common among the experiencers. Many people reported much more vivid vision and hearing than usual.

How could any of these experiences be the product of an impaired brain?

A quarter of the participants in his research reported a life review, re-experiencing past events in vivid detail, and *as if they were still happening*. The life review often helped people understand previous traumas and abuse and to make changes in their lives to find meaning, and to find closure to loss, defeat, conflict, and guilt.

Dr. Greyson studied 1600 patients admitted to coronary care, 116 of whom had cardiac arrest. Ten per cent of the cardiac arrest patients reported NDE's. Also 1% of others who did not have full cardiac arrest also had NDE's.

One of the first things people say is that there are no words to describe the experience. One said, "Try to draw an odor with crayons." So they use familiar concepts to describe it metaphorically, so the description varies according to one's culture and previous life experiences. Many people describe going through a tunnel, but people from countries devoid of tunnels may describe a cave. A truck driver called it a "tailpipe." One person said music was the only thing that could describe the feelings of peace that never left. The description of memories are flattened, simplified and symbolic.

Dr. Greyson felt as if he needed more training on medical research skills, and he took a position on the faculty of the University of Michigan to study scientific rigor and solid research protocols. In the 1980's he developed the NDE Scale to standardize the definition of an NDE. He found 80 features most often mentioned in the literature, narrowed down by statistical analysis to the 16 most common features, including changes in thinking, emotions, extraordinary perceptions, and "otherworldly" experiences, like seeing deceased loved ones, etc., or religious figures.

Twenty years after he had developed the scale, he asked 2 skeptical scholars who had no interest in NDE's to apply complicated statistical tests to his data. Their analysis confirmed the validity of his scale for men and women, people of all ages, and across many cultures.

In 1979 he and Ian Stevenson at the University of Virginia, with whom he had been collaborating for many years, jointly published an article in *JAMA*, which suggested that NDE's could shed some light on continuation of consciousness after death. The article noted that almost all the experiencers became convinced that some part of them will live on after death, sometimes with their experience counteracting their precious beliefs about the afterlife and their previous religious beliefs.

The *JAMA* article brought him into the spotlight. An orthopedic surgeon wrote a letter to the editor contending that the discussion of NDE's had no place in a medical journal but belonged to study of religion. Dr's Greyson and Stevenson rebutted the letter, stating that these experiences are definitely of medical value, since they change patients beliefs about dying, their lifestyles, and their attitudes toward medical treatment. Doctors would like to know about these changes, especially since doctors know very little about the physiological changes that take place in the serious illnesses and injuries that give rise to NDE's. Both letters were published in *JAMA*, and no further comments followed.

Five years into his position at U. of M., the chairman of the department told him that the medical school was pleased with his teaching and clinical work, but what counted most for promotion and tenure was research, (which was narrowly defined as controlled laboratory experiments), not anecdotes. Studying NDE's did not lend itself to such experiments. The chairman believed in NDE's, and in fact, his father had one, but he said that that is not something they can explain or study. (I would add, *at his institution*). This in spite of the fact that "anecdotes" have been the source of most scientific hypotheses. I would also add that 1 or 2 anecdotes or case studies may not have much statistical significance, but thousands of similar anecdotes constitute a body of evidence that has statistical significance. This same argument has been used against a lot of herbal, nutritional, and other "alternative" medical treatments by the narrow, rigid requirements of double-blind, randomized, controlled trials. The latter is needed for toxic drugs, but for safer treatments, thousands of years of "anecdotal" evidence for traditional herbal medicine should be given credibility. This same narrow-minded discounting of NDE research is not science. Science blows up old paradigms, is curious about new data, and is disruptive to ways of thinking that wants to keep the status quo.

Also many fields of accepted scientific study like astronomy, geology, evolutionary biology, and paleontology cannot be studied with controlled experiments. The *British Medical Journal* published a tongue-in-cheek article that concluded that there is no scientific evidence supporting the use of parachutes for people who jump out of airplanes because there have been no randomized controlled studies, and all we have is *anecdotal* evidence.

So he had to decide whether to stay at U. of M. and do research on things other than NDE's and to relinquish his purpose, or to leave. He decided to go back to UVA and join Ian Stevenson to study NDE's. The University of VA has been fairly open minded to studying paranormal phenomena, and does research on parapsychology in the Division Of Perceptual Studies, in the Dept. of Psychiatry and Neurobehavioral Sciences, and has studied evidence for reincarnation.

Dr. Greyson felt as if he needed to address the issue of mental illness, since people sometimes are accused of being mentally ill after an NDE. They are often referred for psychiatric help after they shared their NDE experience with their doctors. One patient was warned by the nurse to stop talking

about the NDE, or be referred to psychiatry. This reflects more about the attitude of the health professional rather than on the patient's condition. Dr. Greyson found that people who had NDE's had no more characteristics of mental illness than the general population. They had flashbacks of the events surrounding the close brush with death, but they did not find the flashbacks uncomfortable, in contrast to people with PTSD (Post-Traumatic Stress Disorder), who try to forget or avoid the flashbacks. People with mental illness also had no more or less NDE's than the general population. Those who had NDE's had less psychological distress about the event than people who had similar close brushes with death and had no NDE. The NDE seemed to protect against a lot of the psychological distress from the event. One person who was prone to having hallucinations, described the NDE as a very real experience in contrast to the unreality of his experiences with hallucinations. Also people hearing voices during the NDE's described them as soothing, or comforting, and had positive influences on their relationships, in contrast to the voices they heard in their schizophrenic hallucinations, which were distressing or threatening, and had a negative influence on their relationships.

Episodes of mental illness tend to recur over time, and the memories of those events tend to fade over time. In contrast, the memories of an NDE, which occurs only once, remain "realer than real," and don't fade over time, retaining the vividness and richness of detail. People with mental illness usually do not want to remember the psychotic episodes, nor to share them with others. People with NDE's like to go over the memories repeatedly and to share them with others.

In Part II next month, we review the discoveries, experiential details, and life changes that occur with people who have near death experiences, and the fascinating enhancement of their lives here on earth. Stay tuned.