Viewing Guide for The Day I Died: The Mind, the Brain, and Near-Death Experiences

INTRODUCTION

This Viewing Guide provides information to help you get the most out of *The Day I Died: The Mind, the Brain, and Near-Death Experiences.* The contents in the guide will enable you to prepare your audience before using the program and present follow-up activities to reinforce the program's key learning points.

This one-hour documentary, produced by the British Broadcasting Corporation (BBC), presents several in-depth case studies as well as the most current research on near-death experiences (NDEs). People who have had near-death experiences (NDErs) often describe their NDEs as vivid and real glimpses into existence beyond the physical body, and, as a result, these people often are profoundly changed. Near-death experiences provide unique insights into the relationship between the mind and the brain—insights that have the potential to revise the scientific view of the nature of consciousness and to revolutionize ideas about the very nature of existence.

LEARNING OBJECTIVES

After viewing the program, viewers will be able to:

- Describe the modern history of NDEs.
- Explain various circumstances in which NDEs occur.
- Discuss various features of NDEs.
- Describe characteristics of people who have NDEs.
- Discuss common aftereffects of NDEs on the lives of NDErs.
- Identify leading researchers in the field of near-death studies.
- Explain the difference between retrospective and prospective research as it applies to research on NDEs.
- Discuss recent prospective studies of NDEs.
- Describe the current prevailing scientific view of the relationship between the mind and the brain.
- Explain how anecdotal reports and research findings of veridical perception during NDEs indicate a possible revision of the prevailing scientific view of the mind-brain relationship.
- Analyze the skeptics' perspective on the issue of the mind-brain relationship in light of anecdotal reports and research findings on NDEs.
- Explain the place of NDEs and the question of the mind-brain relationship within the history of science.

EDUCATIONAL STANDARDS

This program correlates with the National Standards for behavioral studies and for science (Source: www.mcrel.org).

Behavioral Studies

Learning and behavior:

• Knows that different people have different experiences.

Individual development and identity:

• Understands that various factors (e.g., interests, capabilities, values) contribute to the shaping of a person's identity.

Science

Understands the nature of scientific knowledge:

- Knows that scientific explanations must meet certain criteria to be considered valid (e.g., they must be consistent with experimental and observational evidence about nature, make accurate predictions about systems being studied, be logical, respect the rules of evidence, be open to criticism, report methods and procedures, make a commitment to making knowledge public)
- Understands how scientific knowledge changes and accumulates over time (e.g., all scientific knowledge is subject to change as new evidence becomes available; some scientific ideas are incomplete and opportunity exists in these areas for new advances; theories are continually tested, revised, and occasionally discarded)
- Knows that from time to time, major shifts occur in the scientific view of how the world works, but usually the changes that take place in the body of scientific knowledge are small modifications of prior knowledge

Understands the nature of scientific inquiry:

- Understands the use of hypotheses in science (e.g., selecting and narrowing the focus of data, determining additional data to be gathered; guiding the interpretation of data)
- Knows that, when conditions of an investigation cannot be controlled, it may be necessary to discern patterns by observing a wide range of natural occurrences
- Knows that conceptual principles and knowledge guide scientific inquiries; historical and current scientific knowledge influence the design and interpretation of investigations and the evaluation of proposed explanations made by other scientists
- Knows that investigations and public communication among scientists must meet certain criteria in order to result in new knowledge and methods (e.g., arguments must be logical and demonstrate connections between natural phenomena, investigations, and the historical body of scientific knowledge; the methods and procedures used to obtain evidence must be clearly reported to enhance opportunities for further investigation)

Understands the scientific enterprise:

• Knows that throughout history, many scientific innovators have had difficulty breaking through accepted ideas of their time to reach conclusions that are now considered to be common knowledge.

PROGRAM OVERVIEW

Through interviews and reenactments, this program presents brief narratives by nine adult NDErs, both male and female and representing all three races; in-depth case studies of four adult Caucasian NDErs from both the UK and U.S.; interviews with physicians and leading NDE researchers in the U.S. and Europe; an interview with the leading skeptic in the field of near-death studies; and descriptions of the two most

recent large-scale prospective studies of NDEs, both in Europe. The thesis of the program—that NDEs may provide evidence that the brain is not a *producer of the* mind but is a *receiver and transmitter of the* mind—is introduced early in the program and reiterated throughout, relating the narratives, interviews, and reenactments to the thesis.

MAIN TOPICS

Topic 1: Introduction to the NDE

The program begins with some brief NDE narratives by five adults, both male and female, from the UK. They each describe an aspect of their near-death experience.

Topic 2: Statement of Program Thesis

Netherlands MD, Pim van Lommel, states the thesis that will be explored in the program: that the brain is not, as dominant science currently asserts, the *producer of* consciousness, but rather is a *receiver and transmitter of* consciousness that exists independent of the brain.

Topic 3: The Modern History of NDEs

Beginning with the 1975 book *Life after Life* by the American, Raymond Moody, MD, the modern history of NDEs is described.

Topic 4: The Contents of Near-Death Experiences.

The contents of NDEs are explored through description of the *NDE Scale* developed by prominent American researcher Bruce Greyson, MD, of the University of Virginia interspersed with brief illustrative narratives by four American adult NDErs representing three races.

Topic 5: A Typical NDE: In-depth Case Study of Heather Sloan Englishwoman Heather Sloan describes the NDE she experienced years ago during complications arising from an ectopic pregnancy. Her experience included an out-of-body experience, immersion in a light that was "pure love, pure perfection," a life review, and a jolting return to the body.

Topic 6: Prospective NDE Research in the UK

Sam Parnia, MD, of the UK, explains the difference between prospective and retrospective research and describes his research group's prospective study of cardiac arrest patients. One of Parnia's co-investigators, Peter Fenwick, MD, reiterates the thesis of the program regarding the relationship of the brain and the mind.

Topic 7: Skeptical Perspective on NDEs.

Susan Blackmore, PhD, the most prominent NDE skeptic, discusses her theory about NDEs and her questions regarding the program thesis.

Topic 8: Prospective NDE Research in the Netherlands

Van Lommel describes his large-scale prospective study in the Netherlands, including an intriguing anecdote of veridical perception—perception the NDEr reports having occurred while the NDEr was presumably physically incapable of such perception (for example, while comatose), but that later is verified to be accurate.

Topic 9: Veridical Perception in NDEs: In-depth Case Study of Pam Reynolds The most compelling case of veridical perception, that of Pam Reynolds, is depicted through reenactment of her radical surgery to correct a brain aneurysm and through her

narrative. Commentary is provided by her cardiologist, Michael Sabom, MD, of Atlanta, Georgia, himself a prominent NDE researcher, and her neurosurgeon, Robert Spetzler, MD, of the Barrow Neurological Institute in Phoenix, Arizona.

Topic 10: A Quantum Physics Theory of NDEs

Professor Stuart Hammeroff discusses his quantum physics theory of NDEs involving microtubules in the brain.

Topic 11: Changed Lives: In-depth Case Studies of Gordon Allen and Vicki Noratuk The profound aftereffects of NDEs are illustrated through an in-depth case study of Gordon Allen of Seattle, WA. Then Vicki Noratuk, an American blind from birth, provides a detailed and emotional narrative of her NDE in which, for the first time, she was able to see—an experience that further illustrates the veridical nature of some NDE out-ofbody experiences and the impact of NDEs on experiencers' subsequent lives.

Topic 12: NDEs and the History of Science

Dr. Parnia closes with a brief statement about the nature of change in the history of science—how what was true yesterday is no longer true today—and how research into NDEs may provoke just such a revolution in science and in humans' understanding of the very nature of ourselves and of existence.

FAST FACTS

- 1. NDEs are distinct subjective experiences with paranormal and mystical features that some people report having had during a close brush with death or other circumstances of actual or threatened physical death or psychological dissolution.
- 2. Circumstances of NDEs include illness, injury (car accidents, combat), suicide, deep meditation, and extreme psychological stress such as profound grief.
- 3. Near-death experiences have been reported throughout history but became a focus of attention in modern times when resuscitation technology enabled people in unprecedented numbers to survive a close brush with death.
- 4. In prospective hospital research, about 12% of people who survived cardiac arrest reported an NDE.
- 5. NDEs have been reported by people of both sexes and of all ages, races, socioeconomic levels, educational levels, belief systems, life histories, and personality characteristics.
- 6. At the same time that every NDE is unique to each individual, NDEs also share certain common patterns.
- 7. Most NDEs are predominantly pleasurable experiences that can include any combination of several features in any order, including a peaceful, floating sensation; an out-of-body experience; transcendental environments of extraordinary beauty; encounters with deceased loved ones and other spiritual entities; rapid movement through a tunnel or void; encounter with an all-knowing, all-loving being of light; a life review; a sense of access to any and all information in the universe; a decision about whether to return to the physical body; and a voluntary or involuntary return to the physical body.
- 8. There is no clear answer yet as to why some people report NDEs whereas other people in apparently the same circumstances don't, or why the vast majority of NDEs are pleasurable whereas an apparently small minority are distressing.

- 9. After pleasurable NDEs, people typically report and exhibit profound changes, including a complete absence of fear of death, a greater appreciation for life, a greater sense of meaning in life, less concern with materialism or fame, more sensitivity to and concern for other people, changes in religious and spiritual beliefs and practices, and increased paranormal abilities.
- 10. NDErs whose NDEs resulted from a suicide attempt virtually never attempt suicide again, because they reportedly learned in their NDEs that their lives have purpose and that painful life circumstances, no matter how difficult, are to be dealt with rather than escaped.
- 11. Some NDErs exhibit veridical perception: They report that during the phase of their NDEs in which they were observing the physical world from the out-of-body vantage point, they perceived specific events—events that presumably were impossible to perceive or deduce from the vantage point of their physical bodies yet were later verified to be accurate.
- 12. Veridical perception has been reported in numerous anecdotes, enough to suggest a revision of the current prevailing scientific view of the relationship between the mind and the brain. That possible revision may be solidified or abandoned as a result of systematic research currently underway in hospitals in the U.S. and Europe.

VOCABULARY TERMS

mystical: Inner, subjective experiences of non-physical environments and communion with non-physical entities such as deceased persons and/or other spiritual beings including deity/dieties. Mystical experiences sometimes, but only rarely, involve veridical perception.

near-death experience (NDE): a distinct subjective experience with paranormal and mystical features that some people report after a close brush with death or other circumstances of actual or threatened physical death or psychological dissolution.

near-death experiencer (NDEr): Someone who reports having had a near-death experience.

paranormal: Physical world experiences of veridical information about, or influence on events in, the physical world without the use of known physical mechanisms such as sensory perception or reasoning. Types of paranormal experiences include:

after-death communication: Experiencing communication with someone deceased who was personally known to the experiencer.

clairaudience: Hearing events "in the mind's ear" that are out of physical hearing range.

clairvoyance: Seeing events "in the mind's eye" that are out of physical visual range.

out-of-body experiences: Perceiving from a subjective vantage point apart from the physical body.

precognition: Knowing in advance that an event will occur.

psychokinesis: Causing action in the physical world through mental influence alone.

telepathy: Knowing what someone else is thinking or experiencing.

prospective: Referring to research in which all known cases in a given time frame can be identified and studied. In prospective hospital research on NDEs, the researchers, over the course of a specific time period that might range from several months to a few years, try to include in their study every patient shown by hospital records to have experienced cardiac and respiratory arrest during that time period.

retrospective: Referring to research in which a researcher studies self-reported NDErs that the researcher identified through advertising, word of mouth, or pre-existing records.

veridical: Verifiable; accurate; able to be shown to correspond to physical reality.

PRE-PROGRAM DISCUSSION QUESTIONS

- 1. What do you know about near-death experiences? What feelings and beliefs do you have about them? How do they compare with your current ideas about the dying process and the nature of death?
- 2. What are some examples from history when ideas were at first believed but then later were disbelieved? What are some examples when ideas were at first disbelieved but then later believed? How did people come to change their minds about these ideas?
- 3. What do you think is the prevailing scientific view of the relationship between the brain and the mind? What does science say happens to the mind and consciousness when someone dies and their brain stops functioning? What do you believe or wonder about this view?
- 4. What would need to happen for scientists to become convinced that the brain does not produce the mind and consciousness, but that the mind and consciousness exist independent of the brain—that the living brain interacts with the mind, but that the mind and consciousness exist even when the brain is not functioning? What possible circumstances could support this idea?
- 5. A range of 10-15 degrees Centigrade translates to what range of degrees Farenheit?
- 6. When surgeons do surgery on the brain, they have to cut into the skull with a cranial saw. On a piece of blank paper, sketch a cranial saw—even if you are completely guessing. In fact, indicate whether you don't remember ever having seen a cranial saw, and your sketch is a total guess, or that you have seen this instrument, and your sketch is your best memory of what you saw. Below your sketch, write a brief description, including its size and what familiar object from your daily life it most reminds you of.

POST-PROGRAM DISCUSSION QUESTIONS

- 1. What information about near-death experiences themselves was new, and perhaps even surprising, to you?
- 2. What technological development in the late 20th century enabled NDEs to occur much more frequently than even before?

- 3. In what kind of circumstances do NDEs occur? How many people who go through such circumstances actually report having had an NDE?
- 4. Who has NDEs, that is, people of what age, sex, race, life history, belief system, and personality characteristics?
- 5. What are some of the features of NDEs; what does the experience itself consist of?
- 6. How do people feel after their NDEs? What effects do NDEs have on people?
- 7. Which of the case studies of NDErs—Heather Sloane, Pam Reynolds, Gordon Allen, or Vicki Noratuk—did you find the most interesting, and why?
- 8. How does all this information on NDEs compare to what you have known, believed, thought, and/or wondered up to now about the process of dying and the condition of death?
- 9. Have you, or has anyone you know, had an NDE? How do you feel about the possibility of having an NDE some day?
- 10. What are some possible explanations about how NDEs occur? Based on what was presented in the program, what explanations seem more or less plausible?
- 11. What is the difference between retrospective and prospective research on NDEs?
- 12. What are the possible advantages and disadvantages of each kind of research?
- 13. What is "veridical perception" during NDEs?
- 14. Why are some scientists particularly focused on veridical perception during NDEs particularly regarding what it indicates about the relationship between the mind and the brain?
- 15. What difference does it make—for individuals, societies, and the world—whether we believe, on the one hand, that the brain produces the mind, and when the brain dies, the mind discontinues, or, on the other hand, that the brain interacts with the mind, but that the mind exists independent of the brain, so that when the brain dies, the mind continues to exist and function?

GROUP ACTIVITIES

Cranial Saw Sketch

Invite several people—or everyone—in the audience to show their cranial saw sketch to the rest of the group and share their description. How many of the drawings that were guesses came very close to the cranial saw used in Pam Reynolds' surgery? What does this finding say about the likelihood that Pam could have guessed the description of the saw? (Thanks to Chuck Swedrock of Rochester, NY, for this idea.)

Analogies

Ask the group to think of devices that serve as analogies for the two models of the relationship between the mind and the brain.

- ? In one type, the device actually *produces* some commodity, and when the device is destroyed, the commodity is no longer produced. Examples include the machines that made 45 rpm records—or the records themselves.
- ? In the other type, the device *receives and transmits* some commodity, such that, even if the device is destroyed, the commodity still exists. Examples include televisions or, better yet, cell phones; transmissions continue even if the broken or destroyed TV or cell phone can no longer receive or transmit them.

Then invite each participant to imagine that (s)he is from a primitive culture and sees a

TV turned on or hears a voice on a cell phone for the first time.

- ? What would (s)he likely conclude about what is *producing* what (s)he sees and hears on the TV or what (s)he hears on the cell phone? **[Suggested answer:** The device itself is the producer.]
- ? What do you *know* about what is actually producing those things? [Suggested answer: The device receives and, in the case of the cell phone, also transmits, information that exists independent of the device]
- ? How do these analogies relate to the two models of the relationship between the brain and the mind?

Veridical NDE

Inform the group that most NDErs have reported that, in the out-of-body phase in which they're perceiving the physical world, their consciousness is located at the ceiling, looking down on the area surrounding their physical body.

Invite the group to design a hospital study intended to try to "capture" a veridical NDE. They must keep in mind that NDEs can't be predicted—but there might be certain locations in the hospital where they're most likely to occur. Also, the exact location of an NDEr's consciousness can't be predicted; how can the study design allow for this fact? After the group has come up with their design, ask: In a culture dominated by the scientific (and medical) view that the brain produces consciousness, what resistance might a researcher encounter who wants to implement a hospital study like this? How might the researcher advocate for the study to be conducted?

Additional Questions

Invite the group to generate a list of questions they still have about NDEs and/or about the relationship of the brain and the mind.

ADDITIONAL RESOURCES

Websites

• The International Association for Near-Death Studies (IANDS), the only organization dedicated to balanced inquiry about NDEs and to the mission of building global understanding of near-death and near-death-like experiences through research, education and support. IANDS publishes the only scholarly journal on NDEs, the quarterly *Journal of Near-Death Studies;* a quarterly newsletter, *Vital Signs;* a variety of informational brochures; and an *Index* of periodical literature on CD-ROM for scholarly researchers. IANDS holds an annual conference, and the organization promote local support and interest groups called "Friends of IANDS" (FOIs)—about 45 in the U.S. and 10 international—one of which may meet near you. IANDS offers a team of experts to attend local venues to provide programs for the public and continuing education programs for professionals. It was IANDS who advocated (obviously, successfully!) for *The Day I Died to* be made available for purchase. Information about, and narratives of, NDEs, and information about IANDS' services, can be found at:

www.iands.org or by calling 860-882-1211.

• Other websites of interest:

Probably the most extensive website on NDEs is at: <u>www.near-death.com</u> Another website with many NDE narratives is that of the Near-Death Experience Research Foundation: <u>www.nderf.org</u>

<u>Books</u>

Numerous books have been written about NDEs: autobiographical, theoretical, and research-based. Among these, IANDS recommends (listed in a roughly suggested order that may vary depending on the reader's particular needs or interests):

Ring, K., & Valarino, E. E. (1998). *Lessons from the light: What we can learn from the near-death experience.* Portsmouth, NH: Moment Point Press. The most recent, and probably last, book by one of the foremost near-death researchers. Addresses what non-NDErs can learn from the NDE.

Greyson, B. (2000). Near-death experiences. In E. Cardeña, S. J. Lynn, & S. Krippner (Eds.), *Varieties of anomalous experience: Examining the scientific evidence*. Washington, DC: American Psychological Association. Excellent chapter on NDEs by a foremost NDE researcher who is a psychiatrist and the long-time editor of the *Journal of Near-Death Studies*. Also excellent chapters on NDE-related phenomena such as out-of-body experiences, psi experiences, lucid dreaming, past life experiences, and mystical experiences.

Bailey, L. W., & Yates, J. (Eds.). (1996). *The near-death experience: A reader.* New York: Routledge. Comprehensive overview. Cases and interpretations from writers representing various academic disciplines.

Kason, Y. (2000). *Farther shores: Exploring how near-death, kundalini and mystical experiences can transform ordinary lives.* Toronto: HarperCollins. Comprehensive description of the varieties of potentially spiritually transformative experiences, their aftereffects, and suggestions for coping. The author, an NDEr who describes her experience in the book, is also a researcher and an MD.

Blackmore, S. (1993). *Dying to live: Science and the near-death experience*. London: Grafton/HarperCollins. Explains NDEs as a product of brain function. Readers are encouraged also to visit <u>www.near-death.com/experiences/articles001.html</u> for a critique of Dr. Blackmore's skeptical perspective.

A more complete recommended reading list, including books on more specialized topics such as children's NDEs and distressing NDEs, and on related experiences such as after-death communication, can be found in the *Selected Bibliography of Near-Death Experiences* at <u>www. iands. org/brochures. htm I</u>

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