The NDE Phenomenon

**Introduction:** Near-Death experience (NDE) is a personal account of the phenomenon associated with death or impending death encompassing multiple sensations including detachment from the body, feelings of levitation, total serenity, security, warmth, the experience of absolute dissolution, and the presence of a light. Historical and contemporary reports of near-death experiences have found that despite numerous culture-specific differences, the nine most frequently recurring NDE elements recur on a general structural level cross-culturally, and demonstrate that this phenomenon is universal. The “afterlife journey” from various cultures including the five ancient civilizations. (Old and Middle Kingdom Egypt; Sumerian and Old Babylonian Mesopotamia; Vedic India' pre-Buddhist China, and pre-Columbian Mesoamerica) All had NDEs and described them in their ancient texts.

**Research Data:** Studies of the NDE, reviewing groups of patients who had this events identified close to 3,500 individual cases between 1975 and 2005. According to surveys 8.9 - 15 % of the world's population reported having had a NDE when at the verge of death. Group models for the NDEs have been divided into the categories of psychological physiological and transcendental explanations and scales to classify the near-death experiences. The NDE is explored using cutting edge science in the US, the West, and Asia with people from different populations who have come close to death, taking place in a clinical setting. All these studies were carried out by some 55 researchers and their teams in medical settings. Contemporary interest in this field of study was originally spurre by the writings of Dr. Raymond Moody followed by the International Association for Near-Death Studies (IANDS) an international organization that encourages scientific research and education on the physical, psychological, social, and spiritual nature and ramifications of near-death experiences. Also, the Institute for the Scientific Study of Consciousness, introduced the study of near-death experiences of the pediatric population to academia. The medical community has been reluctant to address the phenomenon of NDEs, and grant money for research has been scarce. The neurosciences consider the NDE to be a hallucinatory state used by various physiological and psychological factors. Major contributions to the study of the field are the "Weighted Core Experience Index" the "Near-death experience scale" clinically used and brought attention to the near-death experience as a focus of clinical attention to the medical research disciplines. Over the last couple of decades, research has been done in the medical branches of psychology, psychiatry and recently neurology creating the new field of neuro-theology. Cardiac arrest patients (who later reported a NDE) and had a flat EEG with no cortical activity, were involved in this clinical research and other patients who had been resuscitated after being clinically dead, with no pulse, no respiration with fixed dilated pupils The conviction is that these conditions associated with the cessation of brain function, the rapid loss of brainstem activity during cardiac arrest, should make it impossible to sustain lucid processes or form lasting memories. Patients had memories of the time they were unconscious and met the strict criteria used to diagnose near-death experiences. They recalled emotions and visions during their unconscious state, including feelings of peace and joy, time speeding up, heightened senses, lost awareness of body, seeing a bright light, entering another world. Most patients reported positive personality changes after their NDE, primarily in gaining a positive belief system and acquiring other advantages they did not possess before.

**Conclusion:** Research studies that have investigated the cultural differences in NDEs, reported that the content of the experiences do not vary by culture and concluded that the recollection unlike hallucinations were highly structured narratives, easily recalled and clear. Some patients who met the criteria for the true NDE, had higher brain oxygen levels , thus contradicting the notion that lack of oxygen is responsible for these occurrences. Future research of the near-death experience, should focus on devising ways to distinguish between the two main hypotheses relating to this incidences. If a NDE is truly occurring during the period of a flat EEG, and no cortical activity; then modern neuroscience would require serious re-evaluation of the NDE phenomenon.

**Biography**

G. J. LINK is a Self-Employed' Author, Neuroscientist, Karolinska Institute. She completed her Neurorehabilitation Fellowship from the Weill Cornell Medical College of Cornell University, USA. She is currently working as a neuro consultant.

annajordan1502@gmail.com