#### Explanatory Models for Near-Death Experiences

Bruce Greyson, M.D. Emily Williams Kelly, Ph.D. Edward F. Kelly, Ph.D.

Division of Perceptual Studies University of Virginia







# **Birth Memory**

• Pro:

bright light and end of dark tunnel emergence into new world

• Con:

newborns cannot register memories does not account for other NDE features NDEs as common after C-section births



### **Physiological Models**

- Altered blood gases (O<sub>2</sub>, CO<sub>2</sub>)
- Neurochemical models Endogenous opioids Endogenous ketamine analogs
- Neuroanatomic models (limbic system) Temporal lobe epilepsy Temporal lobe stimulation
- REM intrusion

## **Altered Blood Gases**

• Pro:

some features of hypoxia (low  $O_2$ ) some features of hypercarbia (high  $CO_2$ )

• Con:

NDEs occur with normal blood gases NDE-like features rare and isolated NDEs lack most common features of hypoxia and hypercarbia lack of NDEs in hypoxia and hypercarbia

## **Neurochemical Models**

- Pro:
  - similar effects of opioids similar effects of NMDA receptor agents
- Con:

NDEs too short for chemical effect no chemical models for some features most chemical effects frightening, bizarre chemical effects recognized as unreal chemical effects imply functional brain

# **Neuroanatomical Models**

• Pro:

"similarity" to temporal lobe epilepsy, stimulation

• Con:

"similarity" <u>not</u> documented in literature NDE-like effects are fragmentary and isolated epilepsy and stimulation disrupt rather than activate local brain function seizures disrupt memory, produce amnesia

stimulation frightening, bizarre, and dream-like









#### University of Virginia Division of Perceptual Studies

Mail:	P.O. Box 800152 Charlottesville, VA 22908-0152
E-mail:	cbg4d@virginia.edu
Website:	www.healthsystem.virginia.edu/dops