

Five Arguments Regarding the Objectivity of NDEs¹

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ABSTRACT

This paper identifies and examines five arguments most relevant for assessing the objective status of near-death experiences (NDEs). They are provisionally labeled: (1) the argument from universality (what does the widespread similarity of NDEs actually show?); (2) the argument from privacy (how strong are appeals based upon privileged access to our own unusual experiences?); (3) the argument from nonexplainability (how adequate are medical models, e.g., oxygen depletion, urged in support of various hallucinatory hypotheses?); (4) the argument from empirical verification (what could show that an individual observed his own near-death and recovery in an emergency room?); (5) the argument from flat electroencephalograms (EEGs) (if flat EEGs could be correlated temporally with NDEs, would hallucinatory hypotheses be ruled out?). It is shown that these arguments vary considerably in their inductive force, ranging from very low (#1) to very high (#5). The method of analysis is conceptual rather than empirical. That is, if a sufficient number of cases of a certain type are collected, which explanatory hypotheses tend to be ruled out and which tend to be supported? The thrust of the analyses is in support of an objectivist interpretation of the near-death experience.

INTRODUCTION

Research into near-death phenomena is sufficiently well developed to render worthwhile a critical analysis of certain patterns of argumentation. In this paper I identify five such lines of argument that can be urged in support of an objectivist interpretation of near-death experiences (NDEs). I shall dub the five arguments as follows: (1) the argument from universality; (2) the argument from privacy; (3) the argument from nonexplainability; (4) the argument from empirical verification; (5) the argument from flat electroencephalograms (EEGs).

Each of these arguments is perhaps worthy of a detailed critical examination in a single essay. However, I have a more limited objective, namely, to assess their comparative strengths vis-à-vis each

other and an objectivist interpretation of NDEs. How far does each take us towards a commitment to that interpretation? I have selected these five arguments because they appear to me to be the most relevant and provocative for assessing the defensibility of an objectivist interpretation. Apart from this consideration, several other criteria played a role in selection. The argument from universality is the most widely presumed line of argument leading to objectivism in both the professional and popular literature. The argument from privacy is never cited in work by researchers in the field, but it is probably the first and foremost argument that philosophical dualists would bring to bear on the issue. And since dualism is strongly though, I think, mistakenly suggested by objectivism (Woodhouse, 1981), I include it here. The arguments from nonexplainability and from empirical verification are the two lines to be distilled from the most recent research in near-death phenomena. The argument from flat EEGs is potentially the most powerful argument in the cause of objectivism, if and when significant correlations between NDEs and flat EEGs are forthcoming.

Let me begin with a word of clarification: NDEs are (trivially) "real" simply by virtue of the fact that they occur. It is, of course, the interpretation that we give to the experience itself that is the focal point of the controversy. Thus an *objectivist* interpretation is that persons in some cases of severe trauma in fact float out of their bodies, observe various goings on, and experience a painless peacefulness. A *subjectivist* interpretation is that this scenario in fact does not happen. It only seems to occur because of the curious tricks that the brain is capable of playing on us. NDEs are nothing more than an unusual form of projective hallucination. Thus our title question is now rephrased as "What could prove the truth of the objectivist interpretation?" Let me state at the outset that my sympathies are with the objectivist interpretation, although I, like most other researchers, have serious reservations about the individual interpretations persons may place on their experience, e.g., that Smith encountered the Virgin Mary.

It is not the job of the philosopher to speculate on the course of empirical investigation, although few of us can resist the temptation occasionally to do so. Thus the issues with which we shall be concerned are issues of principle, not empirical fact. The strategy is roughly as follows. Given that the facts are such and such or *might* be such in the future, which logical moves are opened up and which are precluded? Thus when I ask the reader to suppose that some seemingly improbable, or even bizarre, state of affairs is the case,

it is primarily for purposes of clarification and for testing the limits of a certain line of argumentation, irrespective of who is or is not committed to the argument.

THE ARGUMENT FROM UNIVERSALITY

Not everyone who approaches that indefinable point near death has the near-death experience. Most persons in fact do not, or if they do, they do not remember it. (It is an area worthy of further investigation to determine why so many persons now have such recollections and are now reporting them. Were they there all along? Or has there been an actual increase in numbers of persons having the near-death experience over the past decade?) Those that do have an NDE undergo a process that is now described in terms of a standard set of core features: (1) floating out of one's body and observing or hearing various events in one's immediate environment, such as the emergency room, from a vantage point distinct from one's body; (2) "moving" in darkness or a gray misty fog that may become clearer; (3) encountering deceased loved ones, spirit guides, or a "being of light"; (4) moving toward a white light, though never passing through it; (5) experiencing great calmness and peacefulness, which sometimes carries over to one's resuscitation; (6) experiencing a sense of timelessness; (7) experiencing a "life review" or in a few rare cases a "life preview," followed by a decision to return to this life (Moody, 1975; Ring, 1980; Sabom, 1982).

Worth emphasizing here is that not all seven features characterize all NDEs, and it has yet to be determined which are necessary for, which are sufficient for, and which are jointly necessary and sufficient for the occurrence of an NDE. I would propose, for example, that floating out of one's body at a point near physical death is both necessary and sufficient, and that experiencing peacefulness is neither necessary nor sufficient for an NDE. We do not need to have an exact definition of NDEs in order to proceed with the analysis of the arguments. However, for a clearer focus, we may consider each of the arguments as being most critically relevant to floating out of one's body and less relevant, in varying degrees, for the remaining features.

The argument from universality is, by implication, so obvious in the standard sympathetic treatments of near-death experiences (Moody, 1975; Ring, 1980; Sabom, 1982) that it does not appear to require a straightforward formulation. Its simplest variation is this: a sufficiently large number of persons have had an experience

that is characterized by a sufficient number of core features, which necessarily includes at least floating out of one's body. Therefore, we should opt for an objectivist interpretation. What distinguishes the argument from universality is not that everyone has exactly the *same* experience, there being instead strong overlapping family resemblances. Rather, with the exception of "hellish" experiences reported by one researcher (Rawlings, 1978), there appears to be an absence of contrary experiences. Thus not all NDEs may involve seeing a white light, but no one reports seeing blue or green lights. The argument is, of course, reinforced with growing bodies of data that indicate the NDE is not significantly correlated with standard demographic or cultural categories such as age, sex, religious belief, etc.

This argument has, if anything, only a weak inductive force that derives from the assumption that something cannot be a hallucination if it is experienced in sufficiently similar form by a large number of persons: hallucinations are erratic and vary greatly from one person to the next, while NDEs do not. But this assumption is mistaken, since clearly there are situations in which thousands of persons have had sufficiently similar hallucinations brought on, say, by ingesting LSD or mescaline. But if the assumption is mistaken, why does it seem to carry weight in the argument from universality? It does so only, I suggest, because we have not yet connected the NDE to a common cause. Indeed, we cannot even say that life-threatening trauma approaching a state of irreversible physical death is the cause of an NDE, since if it were, we should expect everyone in such a state to have one.

We shall examine the question of causes more carefully in another section. However, a word needs to be said about the growing body of data that demonstrates a lack of any significant correlation between NDEs and standard social and demographic factors such as sex, race, or religion. It is tempting to attach too much significance to this data, in particular, to the assumption that a noncorrelation somehow would generate more weight for an objectivist interpretation. But why should it? If it turned out that only Jewish women over the age of fifty had NDEs, we would be no closer to a subjectivist interpretation. Such a correlation would be interesting, but the question of the "reality" of the experience would still be open.

What, then, do we make of the argument from universality? First, it does not demonstrate the truth of the objectivist interpretation. Rather, it gives us a good reason for taking NDEs seriously and thus it *raises* the issue between subjectivists and objectivists; it does not come down on one side or the other. For if there were only a few

such experiences, they would no doubt be written off to limbo. Secondly, the argument from universality establishes a necessary condition for the truth of the objectivist interpretation. For the objectivist account, it seems, could not be correct were there an extreme diversity in the accounts of near-death experience.

THE ARGUMENT FROM PRIVACY

Of the many analyses of the concept of the privacy of experience conducted in the philosophical literature over the past few decades (Alston, 1971), two defensible senses remain. First, to know one's experience privately is to know it directly or immediately such that it would be unnecessary for one to infer the existence of that experience on the basis of any observation. I do not conclude, for example, that I am in pain based upon my observation of my pain-like behavior. This sense is relatively noncontroversial. In a second sense, to know one's experience privately is to know it incorrigibly such that oneself in principle is in the best position to know what one is experiencing. I could be mistaken in my belief that I am experiencing X, but you could not show me that I am. If I am in pain, the physician who can find no physical basis for the pain cannot override my belief. If a sophisticated EEG machine from the year 2100 indicated that I was not thinking of the number 10 when I knew myself to be thinking of that number, we would conclude that the machine was undergoing a temporary malfunction. It is this second, and relatively more debated, sense of privacy that concerns us here.

Briefly, then, the argument from privacy is not that we cannot be mistaken about the interpretation of our experiences, for we sometimes clearly are. And on occasion my interpretation may be no better than yours. Was it really love that I felt or just a sense of reinforced dependency? Was it the Virgin Mary I encountered in my NDE or just a look-alike form? Rather, the argument from privacy applies to the "bare, given contents" of my experience—the core, if you will. In this sense, one might say "I know I experienced some light, human-like form, no matter who or what it was." But the argument does not even preclude the possibility of being mistaken in this more restricted sense. Rather, as applied to NDEs (or any other experience), each person is in the best position to know what he or she has experienced, since no person has access to that experience the way that person does.

The argument from privacy is not used by any NDE researcher in

support of objectivism, although I venture to suggest that assumptions about the privacy of experience underlie most sympathetic treatments of the topic. However, it is a standard weapon in the arsenal of the philosophical dualist, who believes that the only way we can account for the unobservability of our experiences by other persons (as opposed to their neurophysiological correlates) and for each person's "privileged access" to his own experiences is to suppose that they are in principle nonphysical entities—part of the dimension of "mind." With this theory of human nature, it is comparatively easy for the dualist to embrace objectivism with respect to NDEs. It is therefore to the advantage of the scientific objectivist who tends to see NDEs as supporting dualism (e.g., Sabom, 1982) to understand the implications of dualist (or "Cartesian") epistemology as well as its metaphysics.

It is useful to remind ourselves just how cut off we are in principle from others' experiences, and that our knowledge of them is indirect and mediated by others' body language, appearance, verbal and physical behavior, and neurophysiological states, not to mention our own mind-sets and belief systems. Getting at those experiences, in cases where there is some question, can be a very circuitous process. But this is all we can do. It was all Penfield (1958) could do when he asked his subjects to report from their private worlds what they were experiencing as he electrically stimulated portions of their brains. For any investigator to claim that he knows what is really transpiring within another's experience, particularly when it is so unusual and the investigator has not shared a similar experience, and to embrace or reject the contents of that experience with a wave of the hand, is to suppose that the walls of privacy can be broken when in fact they cannot.

What, then, does the argument from privacy show us? Certainly it does not prove the truth of the objectivist interpretation. Rather, when it is conjoined with the argument from universality, it ought to undermine the tendency to adopt prematurely a subjectivist interpretation. When hundreds of persons sincerely report having had a characteristic NDE, and, furthermore, many of those persons have had prior hallucinatory experiences and claim that "this time" they were experiencing "the real thing," the argument from privacy, properly understood, merely guarantees them their day in court.

THE ARGUMENT FROM NONEXPLAINABILITY

We come now to the question of causes. In medical science, to

explain X is usually tantamount to providing a cause for X. Hence, to find the cause of NDEs would be to explain them. In its simplest form, the argument from nonexplainability asserts that there is no known medical model capable of accounting for NDEs, causally or otherwise, hence we ought to take them essentially for what they are purported to be by an objectivist interpretation. The underlying assumption here, of course, is that as soon as such a model is forthcoming, the truth of subjectivism would follow. There are two parts to this argument that invite examination. First, do we have the desired medical model? Second, assuming we did, would this demonstrate the truth of subjectivism?

Sabom (1982) examines in some detail various proposed medical explanations of the near-death phenomenon. The kinds of claims he examines and the logic he uses bear some elucidation. To begin, he examines both causal claims and identity claims. A causal claim would be of the form that an NDE was produced by, say, oxygen deprivation. An identity claim would be of the form that an NDE "is nothing more than" or is the same as, say, a sense of autoscopic depersonalization. Both types of claims fall under the general heading of a medical model or explanation.

The logic Sabom uses in examining various proposed explanations is clear and effective. It is a variant of procedures first articulated by John Stuart Mill, which have come to be called "Mill's Canons of Induction." First, we draw up a list of all of the symptoms that result from the cause proposed or that accompany a particular pathology. Then we draw up a list of the various features of the near-death experience. Finally, we compare the two lists to determine how much overlap there is between the features in question. With respect to NDEs there appears to be no case with more than 50 percent overlap with known medical models, and most are considerably less than that. In many cases the proposed medical explanation simply ignores many features of the NDE, such as the patient's out-of-body perception of events in the emergency room. Sabom's procedure is not as formalized as I have portrayed it. But it is very effective in showing just how far we are from providing a medical explanation for the NDE.

Proponents of an objectivist interpretation of the NDE draw support from the failure of medical science to provide an adequate explanation. However, as Sabom himself points out, it is always possible that we shall find such an explanation. Suppose, then, that we do find an explanation. Logically, where would this put us? To begin, it is not at all clear what form such an explanation could take, given

the extreme diversity of descriptive features of the NDE. But being able to predict this would of course still leave us without a clear understanding how such bizarre phenomena could grow out of a simple change in the electrochemical status of one's neural system.

What would the discovery of a triggering mechanism prove with respect to objectivist and subjectivist interpretations of the NDE? I suggest that it would prove very little. For from the fact that we have discovered the cause of X, it does not follow that X is in any sense "unreal." It would not show, for example, that persons did not, after all, leave their bodies during an NDE. It would merely show that one of the necessary conditions for their doing so had been activated. In principle, this is all that could follow from such a discovery. In summary, then, just as the nonexistence of a suitable medical explanation for NDEs does not lend much support to an objectivist interpretation, so the existence of such an explanation does not demonstrate the truth of a subjectivist interpretation.

THE ARGUMENT FROM EMPIRICAL VERIFICATION

A distinctive aspect of Sabom's (1982) work is his pioneering attempt to correlate claims made by subjects stemming from the out-of-body phase of their experience with verifiable conditions in the room at the time of their NDE. The fact that patients who otherwise have no knowledge of cardiopulmonary resuscitation or surgical procedures accurately describe in retrospect such procedures is, I think, highly suggestive. But it will hardly convince even a mild skeptic. Let us, then, jump to an idealized case in order to determine just how far this line of reasoning might take us.

Suppose that three complete strangers undergo surgery in adjoining rooms, undergo cardiac arrest within seconds of each other, and defying laws of probability, have a near-death experience. Suppose, further, that each is blind and only semi-literate. Immediately upon recovering consciousness, each is interviewed separately by a near-death researcher. Each claims to have "seen" two other human-like forms hovering around in adjacent rooms, although none knows at the time of the interview of the existence of the other two persons. Each describes in great detail at least a dozen specific and comparatively distinctive features of each of the three rooms. Their descriptions overlap almost completely. They may report, for example, that a nurse in #3 was missing the fourth finger on her right hand; that the dials on the machine in #2 read 36, 98, 41, and 22, in that order left to right; that a tube on a heart pump in #1 broke and had

to be replaced; and that room #1 had only four medical personnel, whereas #3 had nine. We can multiply such examples at will. Of course, we are not even close to such specificity in current research, as Sabom would be the first to point out. But if we were to approach such a point of specificity, we would conclude with good reason that information had been obtained by genuinely nonnormal means.

However, there are a variety of candidates for sources of non-normally obtained information. There is nothing to prevent us from supposing that the above information was obtained by a type of retro-clairvoyance, or that it was obtained clairvoyantly at the time and then later recalled. Retro-clairvoyance is undoubtedly not a very palatable option for most medical scientists. For some, however, it may be more palatable than supposing that the patients were literally out of their bodies. It turns out, though, that its strength in this regard is also its weakness. For the hypothesis of retro-clairvoyance does not do justice to the reported experience of literally floating up from one's body, all the while retaining spatio-temporal continuity, and perceiving events in the physical environment. Moreover, typical instances of clairvoyance do not involve this experience of moving, a fact brought out, for example, in recent experiments with "remote viewing" (Targ and Puthoff, 1977). In summary, then, the hypothesis of ESP does not explain the most pervasive feature of the NDE.

The possibility of verifying a large number of empirical claims stemming from the autoscopic part of the near-death experience provides the strongest argument for an objectivist interpretation of those we have surveyed. However, it is at this juncture that near-death research begins to overlap with standard experiments involving out-of-body experiences conducted, for example, under the auspices of the American Society for Psychical Research (Osiris and McCormick, 1980). And it is more likely that the kind of empirical verification sought will be forthcoming—if it is to be forthcoming—under controlled conditions using gifted subjects repeatedly. Thus, for example, if it can be shown that a person could "leave the body," travel to another room, bring back information from that room, and both intentionally and unintentionally trigger certain measuring devices while there, then we would have a body of corroborative evidence that, even though it has nothing to do with near-death experiences *per se*, would lend weight to the objectivist interpretation of the NDE, inasmuch as OBEs are a pervasive feature of the NDE.

The argument from empirical verification intersects with the argument from nonexplainability in the following variant of a typical

skeptical challenge, suggested by Ronald Siegel's widely discussed article in *The American Psychologist* (1980). Cocaine users, for example, sometimes believe themselves to be having out-of-body experiences as they float around their homes. This seems quite real to them. In fact, some of their perceptions may match parts of their environment, e.g., chairs in other rooms. Of course, much of what they seem to see is a hallucination. And since we know them to be hallucinating, there is no need to suppose they are having out-of-body experiences in order to account for those few perceptions that may be correct.

So many persons in the medical/scientific community habitually think like this when confronted with claims of near-death experiences, and not without some good reasons, that it takes some intellectual effort to penetrate the poor logic it incorporates. To begin, if a cocaine or any drug user were to make detailed and correct observations about a comparatively strange setting, and he or she did this from a distance while under the influence, then we would, indeed, require an explanation of how this was accomplished; one doesn't hallucinate what is in fact the case. An OBE, for all its difficulties, is at least an attempt to provide the explanation. Secondly, near-death experiencers in *the out-of-body phase of the NDE* simply do not report the sorts of fanciful perceptions that the cocaine or LSD user typically reports. Refutation by disanalogy and guilt by association do not work here. To be sure, correct perceptual claims made while in an altered state of consciousness do not provide validation for any hallucinatory elements. By the same token, however, the existence of some hallucinatory elements does not undermine the truth of those perceptual claims that are independently verifiable. These two aspects stand or fall independently of each other.

THE ARGUMENT FROM FLAT EEGs

There are few, if any, documented cases of flat EEGs occurring with an individual who later reported an NDE. To date, no researcher, therefore, has used this argument. However, since it is potentially the most powerful argument in the cause of objectivism, let us determine just what this line of argument in principle could establish. Suppose, for example, that we have at least several hundred cases on file. The argument would then be that since individuals who hallucinate emit some brain-wave pattern, and there are in these few hundred cases no brain waves, then the patients in these cases reporting NDEs cannot have been hallucinating. And if the sub-

jectivist interpretation is thereby ruled out, the objectivist interpretation is greatly strengthened.

Several points about this argument require elucidation. To begin, it assumes that we could establish an exact correlation between the time of the NDE and the time of the flat EEG. Since we have to rely upon patient testimony in part to do this, about the best we could hope for would be expressed in the following scenario: Jones experiences himself floating up from his body and "looking" around the emergency room. He sees the clock reading 10:01 with the second hand on the 6. He is mystified by his surroundings and altered state of consciousness. He looks at the EEG printout and sees that the lines have gone flat. The time is 10:03. Medical personnel are frantically attempting to resuscitate him. He feels no pain. He looks at the clock again, seeing 10:04. Thirty seconds later, he is in fact revived. Research later indicates that Jones underwent a period characterized by both flat EEGs and EKGs within the time frame he reported.

The defender of a subjectivist interpretation may point out that from the fact that our instruments are not picking up brain wave activity, it does not follow that there is none. He naturally will wish to insist that there must be some such activity. Given that there is corresponding brain wave activity with every form of hallucination, this move is clearly *ad hoc*, that is, conjectured merely to save a hypothesis in the light of evidence to the contrary. At the very least, however, the burden of proof now shifts to the subjectivist to provide evidence for such "hidden" neuro-electrical activity.

I do not wish to stipulate that flat EEGs are a necessary condition of near-death experiences, since the latter often occur without the former. Rather, I am proposing that *if* a near-death experience can be correlated with a flat EEG, then the objectivist interpretation is thereby strengthened. For presumably one cannot hallucinate with no brain wave activity. (Indeed, it might gain some minimal measure of support if we could correlate a very distinctive, even unique, pattern of brain waves with the NDE. But their form is not for a philosopher to speculate about.)

CONCLUSION

The five arguments we have examined vary greatly in their logical force and in the kinds of conclusions they can or cannot support. I hope to have introduced some measure of clarity in this regard. Individually they do not demonstrate the truth of the objectivist interpretation, although the arguments from empirical verification

and flat EEGs hold the best prospects in this regard. Nor when taken collectively do they prove the truth of the objectivist interpretation. But proof of an absolute type is found only in pure logic and mathematics, not in science. For any given set of facts, there are an indefinitely large number of theoretical explanations that can be rendered consistent with that set. However, they are not equally confirmable. We begin to close in on the truth, so to speak, by eliminating those alternatives that appear unable to explain what they are supposed to. We proceed in science by finding the best theories for the facts known at that time. If we continue to find and develop large numbers of case histories that provide content to the arguments presented in this paper, there will come a point (perhaps involving a paradigm shift in our conception of human nature) where the burden of proof will shift from the objectivist (where it now rests) to the subjectivist, who now enjoys the intellectual and even emotional security of having large numbers of medical/scientific colleagues on his side. If this happens, we shall not necessarily have a proof for the objectivist side. However, we shall have a situation in which the subjectivist interpretation becomes less and less probable. Old theories fade away and new ones usually face an uphill battle. But this is, after all, what scientific progress is partly about.

NOTE

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