# Near-death experience and out of body phenomenon during torture – a case report

**Maxwell J.F. Cooper, MD***

**Abstract**

A case of a Near Death Experience (NDE) associated with an "Out Of Body" phenomenon in an African man as a result of torture is presented. Although NDEs occur in approximately ten per cent of survivors of cardiac arrest, case reports emerging from the medical examination of torture victims are lacking. This may be due to cultural/linguistic barriers and fear of disbelief. Low NDE incidence during torture would suggest that torture techniques rarely induce the critical brain ischaemia considered necessary to provoke an NDE. Alternatively psychological or physical characteristics of torture may render NDE harder to recall. Proof of low incidence during torture would counter the theory that NDEs are a psychological response to perceived threat of death. NDEs often induce transformational benefits in patients' lives and for this reason the author urges physicians to consider the possibility of NDE amongst torture victims under their care. A request for information about similar cases is made.

*Keywords*: Altered consciousness, torture, crisis, NDE

Near death experience (NDE) is a powerful state of altered consciousness reported following a life-threatening crisis. Commonly reported features include a sense of euphoria, a bright light, "out of body" phenomena, and paranormal or mystical qualities.[1] During an "out of body" experience individuals typically feel as though they are floating on the ceiling and report being able to observe activity below around their physical body.[2] NDE is distinct from the persistent state of de-personalisation reported by many torture survivors in their daily lives. NDE has been described in a wide range of causes, including cardiac arrest, septicaemia, accidents, attempted suicide and electrocution.[3] Notable other causes include head injury and syncope during peril.[1] NDEs have been reported across a wide range of cultures[2,4] and age, including children.[5-9] The phenomenon is ancient[10] and its incidence surprisingly high: in one prospective study, NDE was reported to occur in ten percent of cardiac arrest survivors.[11,12] Three overarching explanations for NDEs have been advanced[12]: A neuro-physiological process associated with the dying brain;[4,10,12] a psychological response to the perceived threat of death;[4,12] and a transcendental or divine experience.[4,12]

An evidence search using Pubmed, Psychlit and Web of Knowledge databases with the terms "out-of-body" or "near-death experience" and "torture" failed to identify existing accounts of NDE reported during the medical examination of torture victims. A professional librarian participated in the

*) University of Glasgow, Great Britain.
mjfcooper@clinmed.gla.ac.uk

evidence search. The patient read this article and gave consent for publication.

## Case study

In 2009 a Black African man in his mid twenties attended for assessment to document alleged torture. He spoke fluent English and his only past medical history of note were symptoms of sleep paralysis. During the interview he described being detained and tortured eight years earlier in Africa to elicit information. He reported being repeatedly taken from a cell into a dedicated torture chamber where he was kicked, punched and beaten with batons and whips. His limbs were bound and he was suspended from the ceiling. During one interrogation a gun was pointed at him at close range. His aggressors were formidable torturers and the patient witnessed the death of another detainee. Scars on the patient's back, arms and legs were consistent with the injuries described. There was no electrocution reported during his torture. As a result of detention and torture, the patient was left with persistent symptoms consistent with Posttraumatic Stress Disorder (PTSD), including nightmares and flashbacks. Whilst recounting one of these interrogations he spontaneously reported a distinct "out of body" phenomenon.

During this NDE he felt himself rising toward the ceiling of the torture chamber and looking down to observe his body being beaten below. There was a "pure white" light and a sound like "an open ocean". He felt as though he had "left suffering behind". At one point he heard familiar, "gentle voices". Images flashed before his eyes, for example of himself as a baby. He also reported visions of future events, for example the birth of his yet unborn first child. In between these "flashes" he continued to see his physical body lying on the floor below being beaten. The bright light then formed a tunnel and he saw his body starting to fade away. The experience ended in his losing consciousness. Although the patient described himself as a Christian there was no overtly religious component to the experience.

Further enquiry was undertaken using the Greyson scale[13,14] (see Table 1). This tool is a recognised measure of NDE depth and categorises the overall quality of an NDE as cognitive, affective or transcendental. Using

**Table 1:** *Greyson Criteria for assessing depth of NDE and qualitative category (in brackets). The Patient Score (x/y) gives the score for this patient (x) and the maximum points potentially achievable (y) for each criterion according to the Greyson scale. A total of more than 7/32 is a "true positive" NDE.*

| Greyson NDE Scale Element[13,14] | Patient Score |
|---|---|
| Altered sense of time (c) | 2/2 |
| Accelerated thought processes (c) | 1/2 |
| Life review (c) | 2/2 |
| Sense of sudden understanding (c) | 0/2 |
| Affective feeling of peace (a) | 1/2 |
| Feeling of joy (a) | 0/2 |
| Feeling of cosmic unity (a) | 1/2 |
| Seeing/feeling surrounded by light (a) | 1/2 |
| Purportedly paranormal vivid senses (p) | 0/2 |
| Purported extrasensory perception (p) | 0/2 |
| Purported precognitive vision (p) | 1/2 |
| Sense of being out of physical body (p) | 2/2 |
| Apparent transcendental sense of an "otherworldly" environment (t) | 0/2 |
| Sense of a mystical entity (t) | 1/2 |
| Sense of deceased/religious spirits (t) | 1/2 |
| Sense of a border/"point of no return" (t) | 0/2 |
| Total Score | 13/32 |

Qualitative category of elements: c = cognitive; a = affective; p = purportedly paranormal; t = apparent transcendental

the scale, this patient's experience was confirmed to be a "true positive" NDE and its dominant quality to be cognitive.

## Discussion

Although NDE has been reported as a result of a range of traumatic injuries, case reports emerging from the medical examination of torture victims are lacking. The torture experienced by the patient in this report was not distinct in technique or severity from that commonly presenting to the author and his colleagues. Whilst in detention, the patient reported only receiving water to drink and denied consuming any food or medication. This effectively eliminates a psychogenic agent as a cause; nevertheless, a causative role for starvation cannot be excluded. A history of symptoms of sleep paralysis was only elicited upon specific enquiry: this common condition has been found elsewhere to be associated with NDE.[1] This patient's NDE occurred eight years prior to the medical examination. Nevertheless, there exists good evidence for the reliability of NDE reports over a period of almost two decades.[15]

Discussion with colleagues experienced in the medical examination of victims of torture failed to identify further cases of NDE. The combined experience of these examiners shows that NDE associated with torture is very rarely reported. This suggests that the incidence of NDE during torture may be considerably less than for other medical crises. A number of reasons could underlie this. First, language, cultural and time barriers may reduce reporting. Second, fear of disbelief is known to prevent disclosure of NDEs, even to close family members.[2] Finally, NDEs may not be specifically sought by examiners. The precise incidence of NDE during torture clearly requires further investigation. The author would welcome being informed of other cases reported to medical examiners of torture victims.

If the postulated low incidence of NDE in torture victims is correct, two explanations may be responsible. First, it is possible that many torture techniques do not lead to a window of critical ischemia of the brain required to trigger an NDE. This may be due to torturers' ingenuity in inflicting pain, usually in increments of severity and often not resulting in death. Second, there may be psychological or physical characteristics of torture that render NDE harder to recall after the event. This might be due to the protracted infliction and diverse nature of injuries sustained in torture. Finally, a genuinely low incidence of NDE in torture would discount one psychological explanation of NDE: as profound fear is always part of torture, a low incidence of NDE in victims would refute the theory that it is a psychological response to perceived threat of death.

One interesting aspect of this case report is ongoing dreams that include powerful visions from the patient's NDE and seemingly revealing future events. This finding may be related to the distressing nightmares and flashbacks experienced in PTSD and supports evidence elsewhere that NDE is associated with increased activity of the arousal system.[1]

It is well known that the experience of an NDE may lead to transformative shifts in patients' personal values and their understanding of the world.[2,16] In the present case the patient reported no longer fearing death and being certain of consciousness reaching beyond bodily death. These are common beliefs following NDE.[2] Positive sequelae such as these suggest that physicians should consider exploring the possibility of NDE amongst torture victims under their care.

References

1. Nelson KR, Mattingly M, Lee SA, Schmitt FA. Does the arousal system contribute to near death experience? Neurology 2006;66:1003-9.
2. Schroter-Kunhardt M. A review of near death experiences. Journal of Scientific Exploration 1993;7:219-39.
3. Beauregard M, Courtemanche J, Paquette V. Brain activity in near-death experiences during a meditative state. Resuscitation 2009;80:1006-10.
4. Blackmore S. Near-death experiences. J R Soc Med 1996;89:73-6.
5. Morse ML. Near death experience in a 7 year old child. Am J Dis Child 1983;137:959-961.
6. Herzog DB, Herrin J T. Near death experiences in the very young. Crit Care Med 1985;13:1075.
7. Serdahely WJ. Pediatric near death experiences. J Near Death Stud 1990;9(1):33-41.
8. Morse ML. Near death experiences of children. J Pediatr Oncol Nursing 1994;11:139-44.
9. Morse ML. Near death experiences and death related visions in children: implications for the clinician. Curr Prob Paediatr 1994;24:55-83.
10. Van Tellingen C. Heaven can wait – or down to earth in real time. Near death revisited. Neth Heart J 2008;16:359-62.
11. Parnia S. Near death experiences in cardiac arrest: visions of a dying brain or visions of a new science of consciousness. Resuscitation 2002;52:5-11.
12. Parnia S, Waller D, Yeates R et al. A qualitative and quantitative study of the incidence, features and aetiology of near death experiences in cardiac arrest survivors. Resuscitation 2001;48:149-56.
13. Greyson B. Near-death encounters with and without near-death experiences: comparative NDE scale profiles. J Near Death Stud 1990;8:151-61.
14. Greyson B. The near-death experience scale: construction, reliability, and validity. J Nerv Ment Dis 1983;171:369-75.
15. Greyson B. Consistency of near-death experience accounts over two decades: are reports embellished over time? Resuscitation 2006;73:407-11.
16. Sutherland C. Changes in religious beliefs, attitudes, and practices following near-death experiences: an Australian study. J Near Death Stud 1990;9:21-31.