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ARTICLE

Near-Death Experiences are Caused by the Separation of Consciousness from the Body: An NDE Scale Analysis

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HIGHLIGHTS

New analysis of survey data suggests that near-death experiences are profound subjective perceptions caused by the separation of a person's consciousness from their physical body.

ABSTRACT

Near-death experiences (NDEs) cannot be defined merely as a collection of phenomenal features. An accurate definition needs to describe what NDEs essentially are, that is, what *lies behind* the phenomenal features. The definition would describe what happens in the experience to account for the different features; this can only be fully described in the context of an *underlying theoretical framework*. In this paper, we propose the mind entity framework, which holds that a human being is a nonmaterial mind united with the physical body. In an NDE, the mind, or seat of consciousness, separates from the body and operates independently of it until the mind returns to and reunites with the body. From this framework, we identified the nine NDE features from the 16 features of the NDE Scale (Greyson, 1983) that specifically imply the separation of the mind from the body. The five most prevalent of these "separation" features accounted for 98.8% of NDEs in a sample of NDE accounts in the IANDS Experience Registry (N=565). The prevalence of these five "essential" NDE features was repeated in three other large NDE datasets published in the last 20 years. Therefore, an NDE can be defined as a profound subjective experience caused by a person's consciousness separating from their physical body.

KEYWORDS

Near-death experience definition; out-of-body experience; separation of consciousness from the body; near-death experience scale; near-death-like experience.

INTRODUCTION

What would you say to a journalist who wants a soundbite answer to "What is a near-death experience (NDE)?" Would you simply list the different NDE features? In our view, a phenomenon cannot be defined in terms of its phenomenal elements or features. The definition can be expressed only in terms of the phenomenon's *underlying framework*, that is, the conceptual structure that de-

scribes what *lies behind* the phenomenal features. What is happening during an NDE that gives rise to the NDEr's phenomenal experience? The phenomenal features that fit the framework are *essential*, while other features would be derivative or even incidental features. The collection of the *essential* features can be considered the archetype of the phenomenon.

In this paper, we present a theoretical framework that explains the phenomenon of near-death experiences

in terms of the *separation of consciousness from the physical body*. We then apply this framework to NDE data derived from NDE Scale results (Greyson, 1983). We propose that the “essential” and “derivative” features of NDEs confirm the validity of this framework as an explanation of the phenomenon.

The Problem of Defining NDEs

Throughout the initial years of NDE research, NDEs were described and analyzed based on their phenomenal features. The initial researchers created more or less formalized lists of NDE features.

Raymond Moody (1975, 1978): The Core Near-Death Experience

NDEs were first described by Raymond Moody in 1975 based on his interviews with approximately 150 subjects. Their cases fell into three categories (Moody, 1975, pp. 16–18):

- the experiences of persons who were resuscitated after having been adjudged or pronounced clinically dead by a doctor;
- the experiences of persons who came very close to physical death from an accident, a severe injury, or illness, or
- the experiences of persons who, as they died, told them to people who were present who later related the content of the death experience.

Moody focused his study on 50 first-hand reports in the first two categories. From these cases, he developed a list of 15 elements (pp. 25–107) which included:

- elements of the NDE *per se*: hearing the news, feelings of peace, the noise, the tunnel, out-of-body perceptions, meeting deceased persons or spiritual beings, the Being of Light, the life review, the border or limit, and coming back;
- elements representing aftereffects: ineffability, telling others, effects on the NDEr’s life, and new views of death; and
- the element of corroboration of perceptions during the NDE.

Three years later, Moody (1978, pp. 5–6) restated the “theoretically complete model experience” comprising these elements in a narrative form:

A man is dying, and as he reaches the point of greatest physical distress, he hears himself pronounced dead by his doctor. He begins to hear an uncomfortable noise, a loud ringing or buzzing,

and at the same time, he feels himself moving very rapidly through a long tunnel. After this, he suddenly finds himself outside of his own physical body but still in the immediate physical environment, and he sees his own body from a distance as though he is a spectator. He watches the resuscitation attempt from this unusual vantage point and is in a state of emotional upheaval.

After a while, he collects himself and becomes more accustomed to his odd condition. He notices that he still has a “body,” but one of a very different nature and with very different powers from the physical body he has left behind. Soon, other things begin to happen. Others come to meet and to help him. He glimpses the spirits of relatives and friends who have already died, and a loving, warm spirit of a kind he has never encountered before—a being of light—appears before him. This being asks him a question, non-verbally, to make him evaluate his life and helps him along by showing him a panoramic, instantaneous playback of the major events of his life. At some point he finds himself approaching some sort of barrier or border, apparently representing the limit between earthly life and the next life. Yet, he finds that he must go back to the Earth, that the time for his death has not yet come. At this point, he resists, for by now, he is taken up with his experiences in the afterlife and does not want to return. He is overwhelmed by intense feelings of joy, love, and peace. Despite his attitude, though, he somehow reunites with his physical body and lives.

Later, he tries to tell others, but he has trouble doing so. In the first place, he can find no human words adequate to describe these unearthly episodes. He also finds that others scoff, so he stops telling other people. Still, the experience affects his life profoundly, especially his views about death and its relationship to life.

In addition, Moody introduced four new elements: the vision of knowledge, cities of light, a realm of bewildered spirits, and spiritual rescues, bringing the total to nineteen (Moody, 1978, pp. 9–28).

Ken Ring (1980): The Weighted Core Experience Index (WCEI)

NDE researcher Ken Ring (1980, pp. 27–38) conducted the Connecticut Study in which 102 subjects were interviewed who had come close to death or been resusci-

Table 1. Components and Weights for the Core Experience Index

Component	Description	Weight
1	Subjective sense of being dead	1
2	Feeling of peace, painlessness, pleasantness	1 or 2 based on level of affect
3	Sense of bodily separation	1 or 2 based on level of affect
4	Sense of entering a dark region	1 or 2 based on level of affect
5	Encountering a presence/hearing a voice	3
6	Taking stock of one's life	3
7	Seeing, or being enveloped in, light	2
8	Seeing beautiful colors	1
9	Entering into the light	4
10	Encountering visible "spirits"	3

tated from clinical death as a result of a serious illness, accident, or suicide attempt and could subsequently be interviewed. The interviews included a series of probing questions designed to determine the presence or absence of the various components of the "core experience" described by Moody. Ring constructed a near-death experience index, which was essentially a weighted measure of the "depth" of the experience. The score for a particular element was weighted based on the degree Ring himself ascribed to that element's contribution to the overall "depth" of an NDE. This scale, the WCEI (Weighted Core Experience Index, pp. 32–33), is shown in Table 1.

The WCEI score can range from 0 to 29. Ring and two other researchers rated the taped recording of each subject's interview based on a detailed rating schedule (Ring, 1980, pp. 275–279). At least two of the three judges had to agree for a feature to be scored. If a person's score was *less than six*, the experience was adjudged as not qualifying as a "core experience." Scores *between six and nine* were designated "moderate experiences" and those *ten and above* as "deep experiences." Of the 102 subjects, 26% were deep experiencers, 22% were moderate experiencers, and 52% were non-experiencers. The range of WCEI scores from the Connecticut Study's 102 subjects was 0 to 24. Ring stated the motivation for having a scale for NDEs:

... If we are to progress in our understanding of these core experiences, beyond the descriptive and anecdotal level already available in Moody's and Kübler-Ross's writings, it will be necessary to bring some conceptual order and statistical comparisons to bear. (p. 38).

Bruce Greyson (1983): The NDE Scale

In 1983, Bruce Greyson introduced the NDE Scale to assist researchers' investigations into the mechanisms

and effects of NDEs and their features, who otherwise were impeded by the lack of quantitative measures of the NDE and its components. In his recent book, Greyson (2021) described the process in general terms:

I realized we needed a way to put [NDE researchers] on the same page when talking about near-death experiences. This was a challenge. In addition to the personal biases of different researchers, each of us was acting in relative isolation, unaware of who else might be studying NDEs or how others were defining the experience. I wanted to bring some logical order to the study of this experience.

To tackle this problem, I developed the NDE Scale in the early 1980s as a way to standardize what we mean by the term "near-death experience." I started with a list of the eighty features most often mentioned in the literature on NDEs, and sent this list to a large sample of experiencers. Then, through a series of repeated assessments by experiencers and other researchers, with the help of statistical analyses, whittled the scale down to a more manageable list of sixteen features (p. 54).

From Greyson's questionnaire results, representing 74 NDEs, the 33 features most commonly mentioned were selected and reworded into a preliminary 3-point scale questionnaire. The NDErs rated whether the feature was present, questionable/atypical, or definitely absent. Several statistical analyses based on prevalence and cross-correlations, plus further consolidations, reduced the 33 features to the present 16-item NDE Scale, grouped into four "components"—Cognitive, Affective, Paranormal, and Transcendental—each with four related features. Internal consistency and reliability of the resultant scale were confirmed with further statistical tests.

The NDE Scale thus has sixteen features, each rated as 0, 1, or 2 points, giving a total score between 0 and 32. The cut-off point of one standard deviation below the mean would require a score of 7 or higher to establish the presence of an NDE.

In 2004, the NDE Scale was formally validated as a scale using the Rasch statistical method (Lange et al., 2004). Greyson considered the NDE Scale scores helpful in comparing research across different investigators, assuring them that they are investigating the same experience (Greyson, 2021, p. 54).

Importantly for the present analysis, Greyson stated, "The scale may also be used as a dependent measure, to test hypotheses regarding causes and mechanisms of NDEs" (Greyson, 1983, p. 375).

Limitations of Defining NDEs in Terms of Elements or Features.

In 1999, Greyson pointed out that defining NDEs via a list of features or some measure derived from a scale based on those features is problematic. He stated, "Since we do not have a dichotomous diagnostic test for NDEs, researchers define NDEs by scales summing characteristic elements, a circular definition that uses intervening variables in place of NDEs themselves and begs questions of different elements' sensitivity and specificity for NDEs" (Greyson, 1999, abstract). Greyson concluded that a list of features or a scale derived from the list are not an adequate definition of NDEs.

Explanatory Models of NDEs

Once NDEs became well-known and characterized by their features, scientists and philosophers tried to provide an explanation for NDEs. These explanations focused on various psychological or physiological explanatory models (Greyson et al., 2009, pp. 213–234). Greyson et al. found that the physiological and psychological models all fail because they focus only on selected NDE features or aspects of NDE phenomena. They do not address *all* features and aspects of NDEs. In every case, Greyson and other researchers found clear counterexamples of NDEs that did not fit the explanatory model. Indeed, Greyson et al. acknowledged that NDEs occur even when the NDEr is not near death:

The major features associated with NDEs can occur in a wide variety of conditions in which the person is clearly *not* near death. However, despite the wide variety of physiological and psychological conditions under which NDEs occur, many such experiences clearly *do* occur when the

brain is severely impaired. (p. 214).

One explanatory model, for example, proposes that NDEs are caused by hypoxia (lowered oxygen levels) or anoxia because these conditions have produced hallucinations. However, NDEs occur *without* anoxia or hypoxia, as in non-life-threatening illnesses, falls, or other near-accidents. Furthermore, the experiential phenomena associated with hypoxia are only *superficially* similar to NDEs, and the *primary* symptoms of acceleration-induced hypoxia do not occur in NDEs. "Clearly, anoxia is neither a necessary nor a sufficient condition for NDEs to occur" (p. 218).

Greyson et al. concluded that these models were inadequate:

The real challenge of explanatory models of NDEs lies in examining how complex consciousness, including thinking, sensory perception, and memory, can occur under conditions in which current physiological models of mind deem it impossible (Kelly, Greyson, & Kelly, 2007). This conflict between neuroscientific orthodoxy and the occurrence of NDEs under conditions of general anesthesia or cardiac arrest is profound and inescapable. If scientific discourse on the mind-brain problem is to be intellectually responsible, it *must* take these data into account. Only when researchers approach the study of NDEs with this question firmly in mind will we progress in our understanding of NDEs beyond unsatisfactory neuroscientific conjectures. Similarly, only when neuroscientists examine current models of mind in light of NDEs will we progress in our understanding of consciousness and its relation to the brain. (Greyson et al., 2009, p. 234).

A Common Proximate Cause of All NDEs

We have argued elsewhere (Mays & Mays, 2015) that an explanation of NDEs must account for *all* aspects of anomalous NDE phenomena:

An adequate scientific explanation of the *cause* of NDEs needs to account for *all* cases, or *nearly all* cases, of NDEs. The explanation also needs to account for cases in which the cause is present, but no NDE occurs. ... Indeed, if NDEs can occur in cases with no identifiable, unique physiological or psychological antecedent but with equal intensity and content as NDEs occurring in the antecedent condition of clinical death, then the

cause of NDEs per se can't be any particular known physiological or psychological condition. The commonality of intensity and content in NDEs—feeling separated from the body, seeing or feeling surrounded by a brilliant light, entering an unearthly world, and so on—under a wide range of conditions suggests that a *common state of consciousness* occurs during NDEs. The common state of consciousness suggests that there is a common proximate or immediate cause of the experience. (pp. 130–131).

A study at the University of Liège, Belgium (Charland-Verville et al., 2014) compared NDE reports resulting from life-threatening events to NDE-like experiences occurring after non-life-threatening events, such as during sleep, fainting, meditation, drug or alcohol use, etc. Surprisingly, the results showed *no significant difference* in either NDE content or NDE intensity between the near-death-like experiencers (NDLErs) and the so-called “real” NDErs. The average NDE score in the study was comparable for both groups. The NDE content cannot distinguish whether the person—at that time—was perfectly healthy or in cardiac arrest: They are the *same experience*. The study results strongly suggest that NDEs are a common altered state of consciousness that can be triggered by *many different types* of prior conditions or may indeed have no apparent triggering event. In turn, the altered state of consciousness in all NDEs—feeling separated from the body, seeing a brilliant light, entering an unearthly world—suggests that there is a *common proximate or immediate cause* of the experience. For us, the common proximate cause is the separation of the NDEr's consciousness from the body. (Mays & Mays, 2021, pp. 25–26).

Given this evidence, *all* out-of-body experiences (OBEs) count as *near-death-like* experiences, provided the other features of the experience contribute to a score of 7 or greater on the NDE Scale.

Our Approach to Defining NDEs

Our approach is first to examine phenomenal consciousness *in detail* as manifested during NDEs. Consciousness is subjective awareness. So, which phenomenal features give clues about the NDEr's consciousness? How is the NDEr's consciousness different from ordinary consciousness?

From understanding the unusual aspects of the NDEr's experience of consciousness during an NDE, we can formulate a framework that explains the phenomenon as a whole. From the framework, we can then identify

the “essential” features in the NDE Scale, which can then be used to define NDEs.

A FRAMEWORK FROM THE NDEr'S PHENOMENAL CONSCIOUSNESS

The Apparent Separation of Consciousness from the Physical Body

Probably the foremost difference from ordinary consciousness is the NDEr's experience of apparent separation from the physical body, during which the center of awareness is outside the physical body. There are numerous reported cases during NDEs of verified, accurate (veridical) perceptions of the physical realm while out of the body, especially while the brain is nonfunctional (Holden, 2009). Over 80 cases of verified veridical perceptions are documented in Rivas et al. (2023, pp. 1–189). Here are three relevant cases:

The Case of Al Sullivan

Al Sullivan had emergency cardiac bypass surgery, during which his eyes were taped shut, and he was anesthetized. A surgical drape over his head blocked any possible physical perception of the surgeon, Dr. Takata. During the surgery, Sullivan experienced floating above his body and looking down at the surgery. He noticed that Takata seemed to be “flapping” his arms as if to fly. Immediately after he had recovered, Sullivan told his cardiologist, Dr. LaSala, of this unusual behavior. Takata had the habit of placing his hands on his chest to avoid contaminating them and pointing with his elbows when he needed to direct his surgical assistants. Both LaSala and Takata could not explain how Sullivan could have known of this behavior, with Sullivan being under deep anesthesia, with his physical eyesight blocked, and Takata's behavior involving no sound or touch—perceivable only through a visual process (Cook et al., 1998; Rivas et al., 2023, Case 1.5; see also a video re-enactment in NDEAccounts, n.d.).

In this case, Sullivan accurately described seeing Dr. Takata's idiosyncratic movements while he was under total anesthesia, with his eyes taped shut and his head behind a surgical drape. Sullivan immediately told cardiologist LaSala about Takata's unusual movements, whose response was, “Who told you that?” Sullivan responded that he *had seen it himself* from above his body in the operating room during his NDE. But Sullivan should not have been able to perceive the surgeon's movements. The doctors have no explanation for this. Takata said in an interview, “Frankly, I don't know how this case can be accounted for. But since this really happened, I have to accept it as a fact. I think we should always be humble to

accept the fact.” (Rivas et al., 2023, p. 11).

A skeptic can object to the case of Al Sullivan because Sullivan was “merely” under anesthesia, and there are cases of “anesthesia awareness” in which the patient is aware during surgery but cannot move or speak. In Sullivan’s case, Takata’s movements were unusual, *purely visual* events that could not be seen because Sullivan’s eyes were taped shut and were behind a surgical drape blocking the sight of the operating area. There was no way for Sullivan to perceive Takata’s flapping arms, even if Sullivan were completely awake with his eyes open, because his vision would have been blocked by the surgical drape. (Mays & Mays, 2021, p. 6).

The Case of Lloyd Rudy’s Patient

Skeptics can also object because Sullivan wasn’t close to death during the operation—his brain was still functioning, even though he was unconscious under anesthesia. They say there might be some currently unknown brain function that would support such perceptual abilities. However, there are dozens of cases of verified veridical perceptions during an NDE occurring *during cardiac arrest* when all brain function has ceased. Take the case of Lloyd Rudy’s patient:

Cardiac surgeon Lloyd Rudy operated on a patient to replace a heart valve. After the surgery, Rudy could not get the patient off the heart-lung machine and restart his heart. After numerous failed attempts to wean him off the machine, the patient was declared dead. The life-sustaining machines were turned off, except for the heart echo probe and other monitoring instruments. The patient had no heartbeat, no blood pressure, and no respiration for at least 20–25 minutes. During this time, Rudy and assistant surgeon Roberto Cattaneo stood in the OR doorway in their short-sleeve shirts, discussing how they might have done the procedure differently. The patient’s heart spontaneously started beating again and developing blood pressure. Rudy called the surgical team back, and they eventually resuscitated the patient, who remained in a coma for two days in the ICU. The patient recovered with no neurological deficit and later reported having an NDE and floating above the scene in the OR. He recounted several accurate veridical perceptions during this time. In particular, he reported seeing the two surgeons standing and talking in the OR doorway in their shirt sleeves, with their arms folded, and seeing Post-It notes stuck together

in a chain on a computer screen. The notes were telephone messages for the doctors that had been added after the surgery started.

Rudy commented, “He described the scene—things that there’s no way he could know. ... So what does that tell you? Was that his soul up there? ... It always makes me very emotional.” Cattaneo also commented, “The patient’s description of his experience is as Dr. Rudy described it word by word. People should interpret this according to their own beliefs, these are the facts.” In a later interview, Cattaneo remarked, “My role was that of assistant surgeon. I was in the case from beginning to end. I did witness the entire case and everything that my partner Dr. Rudy explained in the video. I do not have a rational scientific explanation to explain this phenomenon. I do know that this happened. This patient had close to 20 minutes or more of no life, no physiological life, no heartbeat, no blood pressure, no respiratory function whatsoever and then he came back to life and told us what you [hear] on the video. He recovered fully. ... This was not a hoax, no way, this was as real as it gets. ... One can believe what one wants to believe but this in my mind is a miracle unexplainable by current scientific knowledge” (Rivas et al., 2023, Case 3.11; see also the video of Dr. Rudy’s interview, American Academy for Oral Systemic Health, 2011).

The evidence is clear that Rudy’s patient had died. There was no heartbeat, no blood pressure, and no respiratory function for 20–25 minutes, as indicated by the monitors that had been left on. The doctors pronounced the patient dead and told his wife that he had died. The patient’s chest was closed up briefly and prepped for a postmortem exam.

When the heart stops, there is no blood flow to the brain. The brain’s electrical activity and brain function that are dependent on this blood flow cease after 10–20 seconds (Mays & Mays, 2008, pp. 9–10). Yet Lloyd Rudy’s patient experienced a vivid NDE while his heart had completely stopped. Although his eyes were taped shut, he later reported perceiving veridical details of the doctors and the OR, which were later verified by the two surgeons. The unusual, purely visual events the patient perceived included the two doctors standing in the OR doorway in their shirt sleeves, and the Post-It notes stuck to the computer screen. These perceptions occurred from a vantage point near the ceiling during the time there was no brain electrical activity.

How could a patient with no brain function have accurate perceptions from a location outside the physical body? This case and many others similar to it (Rivas et al., 2023) suggest that the perceptual, cognitive, and memory aspects of the mind can operate outside the body, independent of brain function. (Mays & Mays, 2021, pp. 6–7).

The Case of Laurin Bellg’s Patient, Howard

A skeptic can object that Dr. Rudy’s patient was in the same room as the two surgeons and may have had some perceptions from residual brain function, even after 20 minutes. However, there are numerous cases in which the NDEr perceives unusual objects and events at a distance from the physical body—in an adjacent room, down the hallway, on another floor of the building, or hundreds of miles away. Take the following case:

Critical care physician **Laurin Bellg’s patient Howard** suffered a cardiac arrest while recovering from surgery in the ICU. Bellg was the physician in charge during the resuscitation. Howard was completely unconscious but was resuscitated by several defibrillation shocks and was put on a ventilator.

Howard related that he shot out of the top of his head, “I’m looking down on my body and it feels like I’m bobbing and bouncing against the ceiling.” With the thought that maybe he was to go somewhere, “I felt myself rising up through the ceiling and it was like I was going through the structure of the building. I could feel the different densities of passing through insulation. I saw wiring, some pipes and then I was in this other room. It looked like a hospital but ... it was very quiet ... like there was no one there. There were [people in beds that] looked like mannequins and they had IVs hooked up to them but they didn’t look real. In the center was an open area that looked like a collection of workstations with computers.”

Right above his ICU room is a nurse-training center with simulated hospital rooms, with medical mannequins on some of the beds, and in the center, a collection of workspaces with computers. Dr. Bellg and the attending nurse were astonished at the accuracy of Howard’s description because the presence of the nurse training center was not generally known, even by non-nursing staff.

Howard continued, “I wasn’t there long before I got jerked back to my body with a jolt and

then floated up again. As I floated up this time, I heard someone say, ‘Turn up the juice’ and then ‘Okay, charge.’ ... Then I saw the things they put on your chest to shock you like you see on TV, and I saw my body jump right after someone said, ‘Everybody clear.’” These perceptions were all completely accurate. Howard was jerked back on the first defibrillation shock. As Bellg recounted, the first shock had not worked and “right away I said, ‘Let’s turn up the juice. ... Okay, charge.’”

Howard’s heart was finally brought back to normal rhythm. He was intubated and remained under sedation for several days after the resuscitation. When he was finally weaned off the ventilator, he was able to talk and related a number of additional veridical details of the resuscitation, for example, Bellg’s specific comments when putting the intubation tube in (Bellg, 2015, pp. 33–43; Rivas et al., 2023, Case 3.33).

Howard’s numerous veridical visual and auditory perceptions occurred during cardiac arrest and resuscitation while his heart was still stopped. They were verified immediately after his ventilator was removed, in his first telling, including accurate details of unusual objects—in the training center on the floor above the ICU—which were clearly out of his physical line of sight. Notably, Howard reports feeling “the different densities of passing through insulation.” NDErs frequently report easily floating above their physical body, bobbing against the ceiling, and easily moving through solid objects such as walls and ceilings, sometimes feeling a slight resistance or a change in density in the process. (Mays & Mays, 2008, pp. 21, 33; Mays & Mays, 2021, pp. 7–8).

What do These Cases Mean?

The evidence from these three cases—and many additional cases of veridical NDEr perceptions—support the idea that some part of the human being—the mind or spirit—has actually separated from the physical body and has perceived events in the physical realm from a vantage point outside the body while the brain was fully anesthetized or was completely inactive. The perceptions occur in real-time and are completely accurate. In these cases, no physical explanations hold up to scrutiny. (Mays & Mays, 2021, pp. 24–25).

The experiences in the NDE—the perceptions of the physical realm—*are real*—for the following reasons:

- The NDEr’s perceptions of the physical realm are *veridical*; that is, they are accurate and have been verified by a credible third party (Rivas et al., 2023).

- The veridical perceptions occur from the NDEr's reported *vantage point outside* the physical body, generally from above, near or bobbing against the ceiling. The NDEr can be distant from the NDEr's body: down the hall, on a different floor, or many miles away:

NDEr Tony Meo: During emergency open heart surgery while out of town some 1,250 miles from his home, Tony Meo's heart stopped for 30 minutes. During his OBE NDE, he thought about his wife and found himself in the surgical waiting room and saw her on the phone crying. Then "he thought he 'just wanted to go home to Florida' and suddenly he was there! While home in Florida he 'saw' all of the mail which had been taken in by the housesitter, strewn all over the dining room table." He saw a Danish office supply catalog lying there. In the transcendental part of his NDE, Tony had a life review and was asked if he wanted to go back. Tony said yes because his wife, Pat, and his family needed him. After he had recovered, Tony and Pat returned home. They found that Tony had "accurately described all of the letters, bills, junk mail, and magazines," including the Danish catalog, which they had never written away for (Rivas et al., 2023, Case 2.12; Rommer, 2000, pp. 5-7).

- The objects or events accurately perceived are unusual or idiosyncratic—Al Sullivan's doctor flapping his arms; Lloyd Rudy's patient seeing the two surgeons in their shirt sleeves in the OR doorway and the chain of Post-It notes; Howard examining the nurse-training center. The NDEr's description is frequently of a detailed, purely visual event or an unusual object. The events or objects are unfamiliar to the NDEr and are unlikely to be guessed or inferred from the circumstances.
- These purely visual perceptions could not have occurred by physical sight—they were beyond the reach of physical senses, either because physical sight was blocked (Al Sullivan's and Rudy's patient's eyes were taped shut; and Howard's training center was on the floor above), or the unusual events occurred while brain function had stopped (Rudy's patient and Howard were both in cardiac arrest).
- Often, the veridical perceptions are immediately disclosed by the NDEr, such that they could not have been told to the NDEr by someone else or a memory that the NDEr subconsciously fabricated from information acquired later.
- The timing of specific idiosyncratic events reported by

the NDEr can establish what the NDEr's level of brain function was. In some cases, it is clear—beyond a reasonable doubt—that the perceptions could not have been produced by the brain, yet the NDEr correctly identified the sequence and details of the unfolding event. For example, several NDErs have been able to accurately describe the *start* of their resuscitation procedure after cardiac arrest; Lloyd Rudy's patient accurately described the two doctors standing in the OR doorway after he had been declared dead for at least 20 minutes and before his resuscitation had started.

Because the NDEr's perceptions are verified as accurate, the NDEr's experiences in the physical realm are real. The fact that the NDEr's perceptual viewpoint—the line of sight—is reported outside the physical body strongly suggests that the NDEr's mind (subjective awareness) or consciousness has somehow separated from the body during the NDE and is in a different location. The fact that NDErs have accurate perceptions without the mediation of the brain suggests that the mind operates independent of the body. (Mays & Mays, 2021, pp. 8-9).

Consciousness is a Separate Aspect of the Person Independent of the Body, a Mind Entity

Numerous aspects of an NDE show *how the NDEr's consciousness functions* independently of the physical body as a separate entity.

During an NDE, the NDEr's Awareness Functions as a Cohesive Unit, an Entity

There are definite perceptions of *leaving the body*, which are frequently accompanied by a hissing, whirring, or whooshing sound and occasionally by tingling throughout the body (Mays & Mays, 2008, p. 18). At the beginning of his NDE, Tibor Putnoki was in intensive care for heart problems. He felt gradually intensifying pain and constriction in his head and chest. With a sharp crack, he suddenly felt weightless and free of pain (Putnoki, 2016, pp. 77-78).

The mind appears to be a *cohesive unit* during an NDE. NDErs' reports indicate that *all* of their normal cognitive faculties are active during the NDE. NDEr perceptions include all normal *sense faculties*: sight, hearing, and, less frequently, touch, smell, and taste. Perceptions of physical objects and events are accurate. NDErs are fully *self-aware* and retain all of their prior knowledge. Their *thoughts* are clear and reasoned (e.g., Howard wondered whether maybe he should "go somewhere"). NDErs exhibit the normal range of *feelings* (e.g., peace, love, joy, wonder, bewilderment, fear, frustration, irritation). Their

intentions are immediately fulfilled (e.g., Tony Meo “just wanted to go home” and suddenly he was back in Florida). During their NDE, NDErs nearly always recall *existing memories* of prior life events; and during their NDE, new vivid memories of *their NDE* are formed. The NDEr’s self separates and reunites with the physical body as a unit. (Mays & Mays, 2021, pp. 9–10).

There is Continuity of Consciousness Through Separation and Return, Including Repeated Separations and Returns.

The NDEr’s self-conscious awareness remains intact while out-of-body. NDErs feel themselves to be the same person throughout the experience. The continuity of self-conscious awareness is demonstrated in cases in which the NDEr shifts from out-of-body to in-body repeatedly, like a yo-yo. Here are two cases:

NDEr Joe McMoneagle reported that during his NDE from convulsions, he was out of his body observing his friend trying to revive him. Finding no pulse, his friend struck him in the chest periodically—not as in CPR, which was not widely practiced at the time, in 1970.

Not finding [a pulse, my friend] began to violently strike me in the chest, cursing me to breathe with each punch. The interesting thing I experienced through all of this was that every time he struck me in the center of the chest, I would feel a *click* and find myself looking up through my physical eyes into his. This would immediately be followed by another distinct *click*, and once more I would be out of my body and looking down at him from above. After 10 minutes of this, I was beginning to feel like a yo-yo. *Click—pain, click—no pain, click—pain, click—no pain, click ...* and so forth and so on. As he continued striking me in the chest, I began screaming at him with my mind while in the out-of-body state to *stop this nonsense, can’t you see I’m dead, leave me alone!* Until eventually he did stop and I remained outside of my body (McMoneagle, 1997, pp. 30–31).

Orthopedist Mary Neal drowned in a river during a kayaking trip. Her body was severely injured as the force of the water ripped her out of the kayak. Her kayaking friends retrieved her body—after 30 minutes underwater—and started CPR. In her NDE, she rose out of her body and was greeted by deceased relatives and other spiritual companions. As she proceeded on a path to heaven, she could look down on her kayaking friends trying to resuscitate her body on the riverbank.

My body looked like the shell of a comfortable old friend, and I felt warm compassion and gratitude for its use. ... I heard [my friends] call to me and beg me to take a breath. I loved them and did not want them to be sad, so I asked my heavenly companions to wait while I returned to my body, lay down, and took a breath. Thinking that this would be satisfactory, I then left my body and resumed my journey home. [Her kayaking friends kept beckoning to her to come back and take a breath.] Each time ... I felt compelled to return to my body and take another breath before returning on my journey. This became tiresome and I grew quite irritated with their repeated calling. ... Before we could go inside [the hall, my spiritual companions] ... turned to me and explained that it was not my time to enter the hall; I had not completed my journey on Earth, had more work to do, and must return to my body. ... [T]hey returned me to the river bank. I sat down in my body and gave these heavenly beings, these people who had come to guide, protect, and cheer for me, one last, longing glance before I lay down and was reunited with my body. I became aware of my body and opened my eyes to see the faces of [my friends] looking down at me (Neal, 2012, pp. 72–75).

It is important to note that the transitions in and out of the body were triggered by *repeated external events*. Joe McMoneagle was repeatedly catapulted back to his body each time his friend violently struck him in the center of his chest. Mary Neal was drawn back to her body by the compassion she felt for her friends when they repeatedly pleaded with her to take a breath.

We can infer that the momentary resumption of the heartbeat can compel the NDEr back to their body. Joe McMoneagle briefly reunited with his body when he was struck in the chest. Laurin Bellg’s patient Howard “got jerked back to [his] body with a jolt” on the first defibrillation shock and then floated up again. Other NDErs appear to be drawn to return to the body out of the ties of love and compassion for others—Mary Neal for her kayaking friends and Tony Meo for his wife and his family.

Throughout these cases, the NDEr experiences a continuity of consciousness, but their perspective changes from out-of-body to in-body. The body momentarily starts to function again: Joe was briefly looking up through his physical eyes and Mary was able to lay down in her body, take a breath, and then resume her heavenly journey.

Throughout the NDEr’s experience of the separation

of their mind from the body and its return to the body, the mind holds a continuity of *wakeful self-awareness*. The unity of the mind is demonstrated most clearly in these cases of *repeated* transitions in and out of the body. Because there is a seamless transition of consciousness in leaving the body and then returning, it is evident that mediation by the brain does not alter the identity or unity of the mind. (Mays & Mays, 2021, pp. 10–11).

The NDEr's Out-of-Body Awareness Contrasts to the Person's in-Body Awareness in Ordinary Consciousness

There is a stark contrast between one's experience of the "out-of-body mind" in an NDE and the "in-body mind" in ordinary consciousness (Mays & Mays, 2008, pp. 28–31).

Loss of physical pain and disabilities. In the out-of-body state, NDErs feel *no bodily pain*, even when painful medical procedures are being performed on their physical body. Prior *physical defects or disabilities* such as blindness, deafness, lameness, or missing limbs are absent in most NDErs. NDErs who are blind or visually impaired, including those blind from birth, reported being able to see while out-of-body during their NDEs, and in some cases, their perceptions were independently corroborated (Ring & Cooper, 1999, pp. 97–120).

So, in the NDEr's experience, the mind appears to operate as if it has been freed from the normal constraints of the physical body, with loss of pain and disabilities, feelings of weightlessness, sharpness of perceptions, clarity of thought, and instantaneous response to volition, as with NDEr Tony Meo traveling 1,250 miles back to this home.

Enhanced perceptions and memory, a heightened sense of reality. When out-of-body, NDErs also experience *enhanced visual perceptions, enhanced memory formation, and a heightened sense of reality*:

- During the out-of-body state, vision appears to be a *special form of perception*. NDErs report a kind of "wraparound" vision involving *simultaneous 360°* vision on all sides of an object, *through* it, and *within* it, or "vision from everywhere." NDE researcher **Jean-Pierre Jourdan** cited the account of French NDEr J.M.:

I was surprised that I could see at a 360° angle: I could see in front and behind me, I could see underneath, I could see far away, I could see up close and also transparently. I remember seeing a stick of lipstick in one of the nurses' pockets. If I wanted to see inside the lamp which illuminated the room, I'd manage to do so, and all of this instantly, as soon as I wanted to. ... I could see, *all*

at once, a green plaque with white letters saying, 'Manufacture de Saint Etienne [a city in France].' *The plaque was under the edge of the operating table, covered up by the drape I was lying on. I could see with multiple axes of vision, from many places at once. This is the reason why I saw this plaque under the operating table, from a completely different angle, since I was up there by the ceiling and I still managed to see this plaque located under the table, itself covered by a sheet. When I wanted to check this, the surgeon and I realized the plaque was actually there and read 'Manufacture d'armes de Saint Etienne'* (Jourdan & Smythies, 2019, p. 83).

Jourdan proposed that the unusual qualities of visual perception in NDEs suggest that the NDEr perceives the physical world "from a point located in an additional dimension—and therefore *external to normal human space-time*. ... [A] distinctive five-dimensional *spatiotemporal* perspective seems to be the case in NDEs." (Jourdan & Smythies, 2019, p. 86).

- NDErs' *memories of the events of their NDEs* are very vivid and are indelible upon returning to the body. Their accounts don't fade and are not embellished over time, even after decades (Greyson, 2007). Three separate studies of NDEr memories (Moore & Greyson, 2017; Palmieri et al., 2014; Thonnard et al., 2013) showed that NDErs remember being actively involved in the events and actually perceiving the phenomena. When recalling their NDE, the NDEr "relives" the experience. The memories formed of the NDE are more vivid—more real—than memories of real events.
- Finally, the general consensus among NDErs is that their experiences while out-of-body are *much more real than experiences of ordinary reality*:

A man who rolled his car over at the age of 21 said, 'I have no doubt that this experience was real. It was vastly more real than anything we experience here.' A woman who attempted suicide at the age of 31 said, 'This was more real than anything on Earth. By comparison, my life in my body had been a dream.' And a woman who, at the age of 25, bled out during a surgical procedure when the surgeon accidentally cut an artery noted: 'What happens during an NDE happens in the realm of truth, in the true reality, and what happens here on Earth is just a dream' (Moore & Greyson, 2017, pp. 121–122).

These enhanced capabilities evidently occur when

the NDEr's out-of-body mind is not constrained by brain function. The enhanced vision—seeing accurately from all directions at once and seeing *through* objects—is certainly not possible with physical vision. In the referenced studies, the characteristics of the memories formed in NDEs were found to be amplified compared to memories formed in ordinary consciousness of real events, which suggests that the NDE memory *formation* was not tied to brain function.

An adult mind in a child's body. A surprising number of people who had their NDEs during infancy or early childhood report that they were “adults” during their NDEs (Mays & Mays, 2008, p. 19). Most people reporting an NDE or NDE-like experience from this early age describe the experience from an adult perspective, similar to having an adult mind in a child's body. For example, NDE investigator P. M. H. Atwater quotes from the case of Vicky:

I remember being able to leave my body, fly around the room, and being pulled back into my body. ... [My dad would] tickle me under my chin. It made me laugh so hard I would fly up through the top of my head and out of my body. From the ceiling I'd look back at my little body on the couch. ... I could see my mom in the kitchen ironing something on the ironing board. I could see the whole house while soaring around. ... While I was out I wanted to stay out, but something always pulled me back. It was as if there were two parts of me. One aspect was me as the baby. And the other aspect was me with an adult mind. While I was out of my body I was me—but older, wiser, much more knowledgeable. When I returned to my baby body, it was as if I forgot that other aspect of myself (Atwater, 2019, pp. 35–36).

NDE-like experiences such as Vicky's can occur even when the person is not near death but scores on the NDE Scale as valid NDE. In Vicky's case, she described being out-of-body, having perceptions out of the line of physical sight, and being forced to return to her body. Most significantly, she described her out-of-body mind as being a fully mature, adult mind that was an older, wiser, and more knowledgeable version of herself. These qualities were lost when returning to her body. Vicky's in-and-out experience is reminiscent of Joe McMoneagle's yo-yo-like experience.

That physical body wasn't me! When NDErs report seeing *their own physical body*, they view it differently: Their body is not part of who they are. They typically view

their body with disinterest, disdain, or even disgust. Their physical body generally appears as an empty shell, like an old discarded coat. For Mary Neal, her body “looked like the shell of a comfortable old friend.”

When NDErs experience their *return to the physical body*, the contrast between their expanded out-of-body mind and the coarse physical body becomes even more obvious. Their expanded mind needs to be squeezed back into the body. Consider NDEr Erica McKenzie's experience as her out-of-body mind rejoined her physical body:

It was my body but I also knew the real me was not attached to that body. I honestly didn't think I could shove myself back into what had once felt so familiar, but now I identified as foreign. I knew reintegrating was going to be overwhelming and painful. That body wasn't me! ... It was too confining and claustrophobic to even consider trying to stuff myself inside it. There must be another solution, but I couldn't think of one. ... In a split second, I was shoved back into my limp body like a hand in a glove, only the glove was too small. Each part of my spiritual body squeezed its way into my physical counterpart. I could feel my spiritual big toe fit back into the spot of my physical big toe along with each one of my fingers, my hands, feet, arms and legs. My body felt heavy and confined as if I'd been zipped inside a jacket two sizes too small. All the feelings attached to my sick and exhausted body assaulted my spiritual one. My chest hurt along with the rest of me. This was an enormous letdown from the light-filled vastness of Spirit I had just experienced. It wasn't me at all! I had lived as a multidimensional being, basking in the love of God's presence only to be forced back into the stark reality of a 3-dimensional body. How could I possibly go back to that? (McKenzie, 2015, pp. 98–100).

When NDErs experience being reunited with the physical body, pain returns. *Each time* Joe McMoneagle was reunited with his body, he felt tremendous pain, but he felt no pain while out-of-body. Any prior physical disabilities also return.

On return to the body, the NDEr typically feels heaviness, fatigue, and physical sluggishness. Compared to experiences during an NDE, the physical body evidently dampens and dulls thinking and perceptions and constrains movement. Erica McKenzie's body felt heavy and confined, and her pain returned when her “spiritual body” was shoved back into and reintegrated with her “3-dimensional body.” So, the NDEr experiences their con-

sciousness—their mind—coming back to the limitations of their physical body. (Mays & Mays, 2021, pp. 11–13).

The Mind Appears to be a Separate Entity From the Physical Body and Appears to be the Essence of the Person.

NDErs experience that their *entire being* separates from the physical body and then returns to the body. During their experience, they view their physical body as *separate from themselves*—like an empty shell, and yet their *identity—their mind or self-awareness*—continues *intact* before, during, and after the NDE.

During an NDE, the NDEr’s sense of “self” derives from various aspects of the experience:

1. They know they exist with all of their cognitive faculties, without the physical body.
2. They know they are the same person who lives in or out of the physical body.
3. They know they are the agent of their actions, feelings, and thoughts. During the NDE, they can choose, and their intentions are immediately fulfilled.

All aspects of their mind or self are still consciously present to them *throughout* their NDE—their senses, thoughts, feelings, intentions, and memories. Thus, NDErs experience their mind as the *essence* of their being, *independent* of the physical body. “That physical body wasn’t me at all!” (Mays & Mays, 2021, p. 14).

Summarizing the Evidence of the Mind as a Separate Entity

The experiences of NDErs strongly suggest that a person’s mind is a *separate entity* that is independent of the physical body and separates from the body during an NDE.

- NDErs experience that their *entire being* separates from the physical body. All aspects of their mind act as a *cohesive unit* and are consciously present to them throughout their NDE—their senses, thoughts, feelings, intentions, and memories.
- Throughout the NDEr’s separation of their mind from the body and its return to the body, their mind is continuously *self-aware*. This continuity of the mind is particularly clear in cases of *repeated* transitions in and out of the body.
- The stark contrast between the “out-of-body mind” in an NDE and the “in-body mind” includes a sense of freedom from physical constraints, the loss of physical pain and disabilities, feelings of weightlessness, sharpness of perceptions, clarity of thought, and instantaneous response to volition. There are enhanced

capabilities of perception and memory formation and the view that their physical body is not their real self. During some infant and early childhood NDEs, NDErs later report their out-of-body experience was from an adult perspective.

The contrast with the out-of-body mind becomes clearer with the return to the body: the NDEr feels squeezed painfully back into the physical body, with the return of heaviness, fatigue, pain, and disabilities, as well as dulled thinking, perception, and volition.

- NDErs experience their mind as the *essence* of their being, independent of the physical body. They are the *same person* when out-of-body as within their physical body. (Mays & Mays, 2021, pp. 14).

The Separate Mind Entity is Objectively Real

Still, skeptics can object to the fact that all of this evidence is from the NDErs’ *subjective* experiences. We can’t see the NDEr’s out-of-body mind, and the mind appears to be nonmaterial—it easily passes through solid objects, like ceilings and walls. So, is the subjective experience of the nonmaterial mind *objectively* real? Is there *objective evidence* of the existence of the nonmaterial mind entity?

We can take a subjective phenomenon to be *objectively real* if it can be observed by others. There are several lines of evidence from NDEs that the nonmaterial mind is objectively real.

The NDEr Can be Seen by Animals

The NDEr’s out-of-body “body” can evidently be seen by animals. Here is an archetypal case:

The Case of Jerry Casebolt. Jerry Casebolt experienced an NDE at age seven. He died during surgery, left his body, and was met by a “Light Being.” Toward the end of his NDE, he floated over a school playground located just north of the hospital. There were lots of children playing outside there. Jerry recounts his NDE in the third person as a boy named Gary Caldwell:

A German Shepherd dog was playing with the children. Gary [i.e., Jerry] floated down to investigate. The dog sensed his presence and playfully barked at him. ... Gary floated down and positioned himself just a few inches above where the dog could jump. He teased the animal by staying just out of reach. The dog barked and jumped up at Gary. As the dog became more excited, the children took notice. One small girl began to cry. ... The dog continued to wag his tail excitedly, barking and jumping crazily up at Gary. Gary laughed. He was having a good time

like any seven-year-old kid should. The Light Being did not share in the humor of the moment. It stopped this 'childish' diversion and hauled Gary back to the top of the hospital roof as it transmitted, 'You are causing the other children to be frightened' (Corcoran, 1996, p. 81).

In a personal communication, Jerry told us that he and the dog "looked into each other's eyes; I was moving up, down and to the sides; we moved together like a dance."

The NDEr Can be Seen by Other People

An "apparitional" NDE is a particular event in an NDE in which the out-of-body NDEr visits and communicates in some way with a living person, and *both* accounts of the encounter are subsequently verified to be *consistent* with one another.

The Case of Olga Gearhardt. In 1989, Olga Gearhardt underwent heart transplant surgery. All of her family came to the hospital to await the outcome, except her son-in-law, who could not be at the hospital. The heart transplant was successful, but at 2:15 a.m., her new heart stopped beating, and it took 4 hours to resuscitate her heart and then longer still for her to recover consciousness. The son-in-law, who was sleeping at home, awoke at exactly 2:15 a.m., and Olga was standing at his bedside. At first, the son-in-law thought the operation simply had not taken place, and she had somehow come to his house instead. "It was as though she was standing right there," he later reported. He asked her how she was. She replied, "I am fine. I'm going to be all right. There is nothing for any of you to worry about." She asked him to tell her daughter (his wife), and then she disappeared as suddenly as she had appeared. The son-in-law wrote down the time and exactly what was said, and he went back to sleep. Much later, when Olga regained consciousness, her first words were, "Did you get the message?" Olga later reported that she had left her body and had tried but was unable to communicate with the family members, who were all asleep in the hospital waiting room, so she went to the son-in-law, with whom she succeeded in communicating. NDE researchers Melvin Morse and Paul Perry thoroughly verified these details, including the note the son-in-law had scribbled (Rivas et al., 2023, Case 7.3).

In apparitional NDEs, the in-body person typically perceives the NDEr as physically present. Olga's son-in-law thought that Olga was physically present in his bedroom; he assumed the surgery had been postponed.

The NDEr Can be Seen by Other NDErs

In cases of *multiple simultaneous NDEs*, two or more people have an NDE at the same time. The NDErs see each other out-of-body and can converse with one another.

The case of the Hotshot firefighters. One case of multiple NDEs happened to an elite 20-person fire-fighting group called Hotshot, who were battling a wilderness fire on a steep slope at the top of a mountain in 1989. The group was caught by shifting winds, and they were quickly engulfed in an inferno of flames.

One by one the men and women fell to the Earth suffocating from lack of oxygen. They were reduced to crawling on their hands and knees while they attempted to get back up the hill to a safer area. ... Jake [(John Hernandez), the crew boss,] found himself looking down on his body which was lying in a trench. ... Jake felt completely at peace. As he looked around Jake saw other fire-fighters standing above their bodies in the air. One of Jake's crew members had a defective foot which he had been born with. As he came out of his body Jake looked at him and said: 'Look, Jose, your foot is straight.' ... All of the crew escaped and the only visual evidence on them of what they had been through was a few singed hairs. Jake said that in comparing accounts of their different episodes the men and women were astonished that they had each undergone some type of near-death experience (Gibson, 1999, pp. 128–131).

The case of May Eulitt and her two friends. Another case of multiple simultaneous NDEs is described by May Eulitt from Oklahoma. In the late afternoon, May and her two close friends, James and Rashad, were chopping corn stalks for fodder. A rainstorm started, and the three hurried to finish the last wagon load. When they reached the metal gate, James opened the gate, and May leaned over from the wagon to pull him up but slipped. In the wagon, Rashad grabbed May's other arm just as a bolt of lightning struck the gate.

[I]t exploded around us with a such an incredible brightness that it felt as if we were being sucked directly into the sun. The next thing we knew, all of that was gone, and we were all in a large room or hall made of dark stone. ... I just felt peaceful, floating along there in the gloom with my two friends in the great, dark hall. The stately walls of this place loomed above us ... I remember thinking that it would have suited King Arthur. It was at that point that I realized that the three of us were united in thought and body. We were holding hands just as we had been when the lightning struck, but our minds were connected as well. Images of Arthur came

to me from James and Rashad and I could see the same images that they were seeing (Eulitt & Hoyer, 2001, p. 108).

In both of these cases of simultaneous NDEs, the NDErs could see and interact with one another. During the NDE, Jake saw Jose's foot and remarked to him that his defective foot was now straight. May, James, and Rashad saw each other and could experience what each of the others was experiencing. Each NDEr's out-of-body "body" was objectively visible to the other NDErs. (Mays & Mays, 2021, pp. 14–17).

What do These Cases Mean?

Jerry Casebolt's nonmaterial body was seen by the German shepherd, who jumped up and followed Jerry's movements as he playfully taunted him. Olga Gearhardt's son-in-law saw her nonmaterial body as though she was standing right there. The 20-person Hotshot team saw each other standing above their physical body during their simultaneous NDEs. Jake remarked that Jose's defective foot looked straight. May Eulitt and her two friends saw and communicated with each other during their experiences together in another realm.

- In each of these cases, the NDEr's out-of-body mind was objectively present to others.
- In the apparitional NDEs, the NDEr appeared to the other person with a normal physical body. There are a total of eight apparitional cases in Rivas et al. (2023, pp. 233–246).
- The NDEr's "body" has a location in space and a perspective. The NDEr appears to the NDEr himself and to others to be 3-dimensional.

The NDErs' vivid subjective experiences while out-of-body, coupled with the corresponding objective corroboration of their out-of-body "body" by others, demonstrate that the NDEr mind entity is a real thing, a real being. The separate mind entity really exists.

THE SEPARATION OF CONSCIOUSNESS AS A POSSIBLE DEFINITION OF NDES

Given the foregoing theoretical framework and NDE evidence, a fundamental feature of an NDE is the *separation of the person's consciousness as an entity from the physical body*. To validate this feature as the essential NDE feature that defines an NDE, we analyzed the 16 NDE features contained in the Greyson (1983) NDE Scale in the following steps:

1. From the phenomenology of NDEs outlined in the previous sections, we selected the 16 NDE Scale features

that directly or indirectly imply the separation of the NDEr's consciousness from the physical body. This process divides the scale features into "separation" features and "incidental" features in the NDE that are likely to occur in other paranormal experiences as well as in NDEs.

2. Order the selected "separation" features by *prevalence* based on a large sample of NDE scores.
3. Determine empirically the minimum set of the separation-related features that are present in all, or nearly all, of the NDE cases. This process divides the separation-related features into the "essential" features, at least one of which must be present for the NDE to satisfy the proposed definition, and non-essential "derivative" features which may also occur in NDEs. The presence of any one of the *essential* elements should be sufficient to classify the experience as an NDE.
4. Validate the separation-related features by calculating the *pairwise prevalence* of these features with one another, that is, how often the two features are reported together in NDEs. This process provides a measure of the *coherence* among the separation-related features.
5. Further, validate the essential and derivative separation-related features by comparing the *rank prevalence order* of these features with NDE Scale datasets published in other studies. This process provides a level of confidence that the separation-related features are reasonably consistent across other NDE Scale results, particularly where the NDE Scale has been translated into other languages and used in other countries and cultures.

APPLYING NDE PHENOMENA TO THE NDE SCALE FEATURES

Step 1: Select NDE Scale Features Implying Separation of Consciousness From the Body

Many phenomenological aspects of NDEs indicate that the NDEr's center of awareness has separated from the physical body.

Selecting the "Separation" Features

Based on the fundamental NDE Scale feature of the separation of consciousness from the body (N12), we selected the following nine phenomenological features that, in combination with N12 and other features in the list, imply the separation of consciousness from the body. All of these features occur together with other NDE features. If a feature does not directly imply a separation of consciousness from the body (e.g., N3 Life review or N11 Life preview), it almost invariably occurs with other fea-

tures that do (e.g., N12 Separation from the body or N15 Encounter deceased or religious spirits). The entire set of NDE features should be considered as a whole to determine if the experience occurred while out of body.

- N12. Did you feel separated from your body? (Out-of-body experience). This is the basic NDE feature related to consciousness separation.
- N10. Did you seem to be aware of things going on elsewhere, as if by extrasensory perception (ESP)? (Veridical out-of-body perceptions). This feature occurs when the NDEr is aware of events in the physical environment that could not be perceived with their ordinary senses, indicating that the NDEr's consciousness is out-of-body.
- N13. Did you seem to enter some other, unearthly world? (Transmaterial realm). This feature occurs during or after a transition of awareness beyond the immediate physical environment, for example, through a tunnel or into outer space, and implies being out-of-body.
- N8. Did you see or feel surrounded by a brilliant light? (Transmaterial entity or realm). Being surrounded by or seeing a brilliant light of mystical or other-worldly origin implies the NDEr's awareness is either beyond the physical environment or is out of body in the presence of a Being of Light.
- N14. Did you seem to encounter a mystical being or presence, or hear an unidentifiable voice? (Transmaterial entity). Similar to N8, this feature implies the NDEr heard a voice clearly of mystical or unearthly origin or encountered a mystical being while out of body.
- N15. Did you see deceased or religious spirits? (Transmaterial entities). Seeing deceased or religious spirits during an NDE usually occurs in conjunction with other of the NDE features in this list, which do imply being out of the body.
- N3. Did scenes from your past come back to you? (Life review). A life review usually occurs in conjunction with other of the NDE features in this list, which do imply being out of body.
- N11. Did scenes from the future come to you? (Life preview). A life preview usually occurs in conjunction with other of the NDE features in this list, which do imply being out of the body.
- N16. Did you come to a border or point of no return? (Returning from the Transmaterial realm). Encountering a border, or point of no return, or being "sent back" implies that the NDEr's awareness has been out of body.

Examining the Non-Separation or "Incidental" Features

We propose that the remaining seven phenomenological features of the NDE Scale are *incidental* elements; they are subjective aspects of the experience and serve to reinforce the assessment of the experience being an NDE but are not essential in themselves. These incidental features appear to involve perceptions related to oneself and the sense of one's personal continuity of consciousness.

- N1. Did time seem to speed up or slow down?
- N2. Were your thoughts speeded up?
- N4. Did you suddenly seem to understand everything?
- N5. Did you have a feeling of peace or pleasantness?
- N6. Did you have a feeling of joy?
- N7. Did you feel a sense of harmony or unity with the universe?
- N9. Were your senses more vivid than usual?

These features can occur *alone*, under circumstances of paranormal experiences with *no separation-related features*, for example, in some cases of dreams, mind-altering drugs, deathbed visions, cortical electrical stimulation, kundalini experiences, meditation, or enlightenment experiences, so they do not help to differentiate NDEs from other paranormal experiences. If separation-related features occur during another kind of paranormal experience, such as seeing deceased relatives, the occurrence is usually in the context of the process of dying or in the presence of a person who is dying. Such experiences may thus qualify as an NDE or as a related experience like a shared death experience. An OBE with *no other* separation-related features counts as an NDE, provided the other features of the experience contribute to a score of 7 or greater on the NDE Scale.

"Essential" and "Derivative" Features

Many of the nine NDE features that we selected based on our conceptual framework occur together. Some sets of these features are "essential." The rest of the features among the nine can also be considered "derivative," that is, if the experience includes an essential feature, it will most likely include one or more of the other features. For example, N12 (separation from the body) is probably "essential," because it appears in about 82% of NDEs in our NDE dataset (described in the next section), whereas N3 (life review) appears in only 27% of NDEs and thus is derivative. In other words, a life review is not likely to occur in an NDE by itself without at least one of the essential features.

Because NDEs are a coherent experience among people of all national and ethnic backgrounds, we propose that there is a *minimum set of essential features* that define

all NDEs in general, regardless of the NDEr’s national or ethnic background.

Step 2: Order the Separation-Related Features by Prevalence

If our conceptual framework is correct, the essential features will be among the nine NDE features that fit the framework (N3, N8, and N10 to N16). Furthermore, the essential features will be the most prevalent features in any set of NDE Scale results and will include all, or nearly all, NDE cases in the set.

Therefore, the set of essential features can be found empirically from a sufficiently large set of NDE Scale results by considering the most prevalent features in descending order until nearly all the NDEs are included. As the next most prevalent feature is added, the combined set will have a cumulative prevalence encompassing a greater percentage of the NDE cases. Ultimately, nearly all NDEs will be included. The remaining NDE cases that were not yet included in this process can then be examined individually.

We used a dataset of 565 NDE Scale results from the IANDS Experience Registry (IANDS, 2023) collected from 2016 to the present (N=565; 351 females [62%]; age at NDE 30 ± 16 years; time since NDE 20 ± 18 years). The NDE scores ranged from 7 to 31.

Table 2 lists the nine NDE features that fit our conceptual framework of an NDE, such as the separation of

the mind entity from the body, listed in decreasing order of individual prevalence. Starting with the first feature, N12 appeared in 460 accounts with a prevalence of 81.4%. We then calculated the number of additional accounts that were added to the cumulative list. For example, by adding N14 accounts, an additional 76 accounts were added to the cumulative total. Together, the two features have a cumulative prevalence of 94.9%. This process was repeated seven more times to complete the table.

Step 3: Select the “Essential” and “Derivative” Separation-Related Features

The top five NDE features, ending with N16, accounted for 558 of the 565 NDEs (98.8% prevalence). After N16, the next two features, N15 and N10, did not add any additional accounts to the cumulative total. This result means that all the accounts containing these features were already included in the prior tallies. Because these features occurred with one or more of the five most-prevalent features, these less-prevalent features generally occur only in combination with at least one of the most-prevalent features.

We also noted that the less-prevalent features had a prevalence at or under 50%. Thus, the top five features can be considered the essential features of an NDE. Some combination of these five features accounted for all but seven NDEs (1.2% of the dataset).

Table 2. Prevalence of Separation-Related NDE Scale Items (N=565)

Scale Item	Scale Question	Accts with this Item	Individual Prevalence	-----Cumulative Prevalence-----		Added to Total	Cumulative Accounts	Remaining Accounts	Feature Partition
N12	Separated from your body? Encounter a	460	81.4%	81.4%	N12 only	460	460	105	
N14	mystical being or presence?	420	74.3%	94.9%	N12+N14	76	536	29	Prevalent features
N13	Enter some other, unearthly world?	418	74.0%	97.2%	N12+N14+N13	13	549	16	(Essential)
N8	Surrounded by a brilliant light?	387	68.5%	98.4%	N12+N14+N13+N8	7	556	9	
N16	Border or point of no return?	334	59.1%	98.8%	N12+N14+N13+N8+N16	2	558	7	
N15	Deceased or religious spirits? Aware of things	284	50.3%	98.8%	N12+N14+N13+N8+N16+N15	0	558	7	Rarer
N10	going on elsewhere (ESP)?	196	34.7%	98.8%	N12+N14+N13+N8+N16+N15+N10	0	558	7	derivative features
N3	Scenes from your past?	152	26.9%	99.1%	N12+N14+N13+N8+N16+N15+N10+N3	2	560	5	(Not essential)
N11	Scenes from the future?	146	25.8%	99.3%	N12+N14+N13+N8+N16+N15+N10+N3+N11	1	561	4	



The final two features—dealing with scenes from past and future events (N3 and N11)—accounted for three additional NDE accounts. That left four remaining NDEs, which had NDE scores ranging from 8 to 12. Two of the four accounts were not actually NDEs—one was a shared death experience, and one was a dream of a deceased relative at the time of the relative’s passing. The other two accounts were unclear (an experience of euphoria after a serious injury and two brief out-of-body perceptions during a coma).

Step 4: Validate the Separation-Related Features by Calculating Their Pairwise Prevalences

We calculated the prevalence of pairs of the nine NDE separation-related features (Table 3) to determine the degree to which features appear together in NDEs. The five essential features appear together with one another between 64% and 46% of the time in NDE accounts. For example, N12 (separated from the body) appears together with N14 (encountered a mystical being) in about 61% of the NDEs in the dataset (344 accounts). The five essential features are typically strung together in the NDE narrative in a logical sequence (e.g., “I floated out of my body and saw my lifeless body below me. An angelic being next to me took me to a great hall where I saw a panoramic review of the events of my life.”).

The essential features are also paired with the four less common NDE features from 48% to 18% of the time. While these features are not “essential” *per se*, they demonstrate the richness, variety, and nuance of the experiences (e.g., “I saw my sister in her kitchen wearing a bright red sweater. That was unusual for her. She later confirmed that she wore that sweater the afternoon of my accident.”).

The Table 3 results validate our original assertion that these features each occur together with other NDE features and that if a feature does not directly imply separation of consciousness from the body (e.g., N3 Life review or N11 Life preview), it almost invariably occurs with other features that do.

Step 5: Validate the Separation-Related Features by Comparing the Rank Prevalence Order From Other Studies

To validate our analysis, we compared the IANDS Registry dataset results with three other published NDE Scale datasets (Table 4) taken from Lange et al. (2004), Charland-Verville et al. (2014), and Martial et al. (2020). We compared the *rank prevalence orders* of the nine selected NDE features of each of these datasets. Each feature in an NDE dataset is given a rank based on the prevalence of that feature in the dataset—the most prevalent feature is assigned rank 1; the next most prevalent feature is assigned rank 2; and so on.

All four datasets show remarkable consistencies with each other:

- N12 (separated from the body) is ranked 1 in all four datasets.
- The four least prevalent, “non-essential” features (N15, N10, N3, and N11) are ranked 6, 7, 8, and 9 respectively in all four datasets.
- N16 (border or point of no return) is also reasonably consistent among all four datasets with a rank of 4 or 5.
- The remaining features (N14, N13, and N8) have a mixture of different ranks, mostly ranks 2, 3, and 4.

Table 3. Pairwise Prevalence of NDE Separation-Related Features

Scale Item	Scale Question	Prevalence with N12	Prevalence with N14	Prevalence with N13	Prevalence with N8	Prevalence with N16	Feature Partition
N12	Separated from your body?	100.0%	60.9%	63.5%	57.9%	52.0%	Prevalent features (Essential)
N14	Encounter a mystical being or presence?		100.0%	58.8%	56.5%	48.5%	
N13	Enter some other, unearthly world?			100.0%	55.0%	48.3%	
N8	Surrounded by a brilliant light?				100.0%	46.2%	
N16	Border or point of no return?					100.0%	
N15	Deceased or religious spirits?	41.8%	44.6%	48.3%	39.1%	34.9%	Rarer derivative features (Not essential)
N10	Aware of things going on elsewhere (ESP)?	30.3%	29.4%	27.6%	26.2%	25.1%	
N3	Scenes from your past?	24.6%	23.0%	21.9%	21.4%	19.5%	
N11	Scenes from the future?	22.8%	22.3%	20.9%	20.9%	17.5%	

Table 4. Comparison of Rank Prevalence Order of Related Scale Items From Three Other Studies

Scale Item	Scale Question	IANDS Exp. Reg. N=565	Lange et al. N=203	Charland-Verville et al. N=190	Martial et al. N=403	Feature Partition
N12	Separated from your body?	1	1	1	1	
N14	Encounter a mystical being or presence?	2	4	5	5	Prevalent features (Essential)
N13	Enter some other, unearthly world?	3	2	3	2	
N8	Surrounded by a brilliant light?	4	3	2	3	
N16	Border or point of no return?	5	5	4	4	
N15	Deceased or religious spirits?	6	6	6	6	Rarer derivative features (Not essential)
N10	Aware of things going on elsewhere (ESP)?	7	7	7	7	
N3	Scenes from your past?	8	8	8	8	
N11	Scenes from the future?	9	9	9	9	

This variation in the rank order of individual features, particularly in the middle range of prevalences, is not uncommon when comparing different samples of NDEs. Among features with nearly identical prevalences, the rank order can depend on the specific *sample* of NDEs in a dataset. For example, in the IANDS Registry dataset, N14 and N13 have 420 and 418 accounts, respectively. A slightly different sample of NDEs in the dataset could flip the rank order of those two features. Large shifts in rank order when comparing different datasets may be due to factors other than sampling differences, such as nuances in the meaning of a feature when it is translated into another language.

DISCUSSION

Incidental NDE Features

Our analysis establishes two partitions of the NDE Scale items into “essential” features, comprising the most prevalent scale items that fit the conceptual framework of the separation of the mind from the body and the less prevalent or “derivative” features fitting the framework. The remaining seven scale items form a third class or partition of NDE features (Table 5) that are prevalent but incidental to the conceptual framework.

These features describe feelings the NDEr had (peace, joy, and harmony/unity), the qualities of their senses (vivid senses, time sped up, and thoughts sped up), and the experience of epiphany (a sudden understanding of everything). All of these features can occur in ordinary consciousness, but NDErs state that these incidental features are many times more intense than in ordinary consciousness: the reality experienced in an NDE is “realer than ordinary waking experience.”

While these incidental features are generally very prevalent in NDEs, they do not serve to differentiate

NDEs from other types of paranormal experiences, which may have some or many of these features—also with heightened intensity—for example, occurring with dreams, mind-altering drugs, deathbed visions, mystical experiences, etc.

Validation of NDE Scale Translations

The rank order of the NDE features can be helpful in comparing different datasets to identify differences in NDEs in different nationalities and cultures. However, we propose that it would be important *first* to validate the NDE Scale when it is translated into another language. We suspect that differences that may appear between, say, English-speaking NDErs and French-speaking or Chinese-speaking NDErs may be due more to *subtle nuances in the translation* of the scale questions than in the actual differences in the NDE experience itself.

For example, we noted that the rank order of scale item N14 (Encounter a mystical being or presence?) is much lower in the two French-language NDE Scale re-

Table 5. Prevalent but Incidental NDE Features

Scale Item	Scale Question	Accounts with this Item (N=565)	Individual Prevalence	Feature Partition
N5	Feeling of peace or pleasantness?	484	85.7%	
N1	Time speed up or slow down?	476	84.2%	
N9	Senses more vivid than usual?	446	78.9%	Prevalent features (Incidental)
N7	Harmony or unity with the universe?	428	75.8%	
N6	Feeling of joy?	426	75.4%	
N4	Suddenly seem to understand everything?	355	62.8%	
N2	Thoughts speeded up?	238	42.1%	



Table 6. Comparison of Rank Prevalence of a Dataset Using a Chinese NDE Scale Translation

Scale Item	Scale Question	Lai et al. N=51 count	Lai et al. N=51 prevalence	Lai et al. N=51 rank	IANDS Exp. Reg. N=565 rank	Lange et al. N=203 rank	Feature Partition
N12	Separated from your body?	37	72.5%	2	1	1	
N14	Encounter a mystical being or presence?	17	33.3%	6	2	4	Prevalent features
N13	Enter some other, unearthly world?	34	66.7%	3	3	2	(Essential)
N8	Surrounded by a brilliant light?	21	41.2%	5	4	3	
N16	Border or point of no return?	32	62.7%	4	5	5	
N15	Deceased or religious spirits?	38	74.5%	1	6	6	Rarer derivative features
N10	Aware of things going on elsewhere (ESP)?	9	17.6%	8	7	7	
N3	Scenes from your past?	10	19.6%	7	8	8	(Not essential)
N11	Scenes from the future?	2	3.9%	9	9	9	

sults compared to the two English-language results in Table 4 (rank 5 versus rank 2 and 4). The full versions of the N14 question are:

- English: Did you seem to encounter a mystical being or presence, or hear an unidentifiable voice?
 - 1 = I heard a voice I could not identify.
 - 2 = I encountered a definite being or a voice clearly of mystical or unearthly origin.
- French: Vous a-t-il semblé rencontrer une présence ou un être mystique, ou entendre une voix non identifiable?
 - 1 = J’ai entendu une voix que je ne pouvais identifier.
 - 2 = J’ai rencontré un être ou une voix manifestement mystique ou d’origine immatérielle.

In the IANDS Experience Registry dataset, the 420 answers to N14 were 85% answered “2,” that is, highly skewed to the second answer. So, we would expect any difference in the *meaning* of the N14 “2” wording might account for a different ranking between English and French NDErs for the same feature of their experiences. Most French-speaking NDErs seemed to have interpreted the *meaning* of N14 differently from English-speaking NDErs, scoring it a “2” much less frequently.

For those who are reasonably familiar with both English and French, one possible difference in meaning may come with the translation of “unearthly origin” as “origine immatérielle.” In English, *especially in the context of NDEs*, “unearthly origin” connotes more “of supernatural origin,” that is, not originating in the earthly (physical) realm, than “of nonmaterial origin.” In French, “origine immatérielle” may connote more nonmaterial or nonphysical origin. So “d’origine immatérielle” is an acceptable translation but “d’origine surnaturelle” might be better.

Another translated version of the NDE Scale—in Chinese—was used in a study of NDEs in dialysis patients in Taiwan (Lai et al., 2007). Linguistic validation of the Chinese translation was performed by four physicians fluent in both Chinese and English, with permission from Greyson. Fifty-one NDEs were reported by 45 patients, and the frequencies of the NDE features were tabulated (Lai et al., 2007, Table 3, p. 129). We compared the rank prevalence of the Lai et al. data with the IANDS Experience Registry and the Lange et al. datasets (Table 6).

We noted that two NDE features in the Lai et al. dataset—N14 (Encounter a mystical being or presence?) and N15 (Deceased or religious spirits?)—appeared far out of the expected rank order, N14 being much less prevalent than expected and N15 being much more prevalent. The translations of these two items should be checked carefully with an informed understanding of the context of near-death experiences, for example that, NDErs report encounters with mystical spiritual beings, deceased relatives, traditional religious beings, and a Being of Light.

As with the apparently problematic French translation of N14, both the N14 and N15 features in the Chinese translation are the only two of the 16 scale features dealing with encounters with spiritual beings—a mystical being or presence and deceased or religious spirits. The concepts of these features may be difficult to express in *any* language and, therefore, difficult to translate between languages.

Therefore, a good approach in developing a revised version of the NDE Scale would be to *review the terminology in all feature descriptions* to ensure that it is clear and unambiguous, especially with respect to translating the descriptions to other languages.

Partitions of the NDE Scale Features

Greyson (1983) grouped the 16 NDE features of his



Scale into four “components” and numbered the features accordingly: Cognitive (N1–N4), Affective (N5–N8), Paranormal (N9–N12), and Transcendental (N13–N16).

Similarly, Martial et al. (2020, pp. 11–14) developed an alternative 20-element NDE Scale called NDE-C. The Martial team performed a factor analysis on the NDE-C scale results and grouped the 20 NDE-C scale features into five “factors,” Beyond the usual, Harmony, Insight, Border, and Gateway.

In the present study, we derived the partitions of the scale features from the theoretical mind entity framework and the prevalence of the nine framework-related features. The five “essential” features are the highest prevalence features that encompass nearly all of the NDE accounts in the dataset. The remaining four features comprised the less prevalent “derivative” features. We considered the remaining seven features to be “incidental,” that is, they are important, prevalent aspects of the experience but do not help to differentiate NDEs *per se*.

Confirmation of the Mind Entity Framework

If the mind entity framework is correct, then the person’s consciousness in an NDE separates from the physical body. While the NDEr’s consciousness is out of body, the NDEr may have veridical perceptions of the physical environment and then may have encounters with spiritual beings such as deceased relatives, religious figures, and mystical beings. The NDEr may have a life review and then may reach a border or be told to return to the body. The NDEr then returns to the physical body. In other words, according to the mind entity framework, NDEr accounts are accurate portrayals of what actually happened in the NDEr’s experience. NDEs are real, not imagined or random events.

We believe that the NDE Scale results confirm the validity of the mind entity framework:

- The nine NDE Scale features related to the separation of consciousness describe a *coherent course of events* beginning with an explicit or implicit separation of the NDEr’s consciousness from the physical body. The subsequent features resulting from this initial event describe the specific sequence of events in each NDE (Table 2). The nine NDE separation-related features can appear in any order in numerous different patterns, indicated by the high pairwise prevalence of each feature with the others in Table 3. Therefore, based on the mind entity framework:
 - We would expect that N12 (Separation from the body) would be the *most prevalent* since that aspect of the experience is the fundamental feature of the framework. N12 is the most prevalent fea-

ture in the four NDE studies in Table 4.

- The *other prevalent* NDE features describe aspects of being in a transmaterial or unearthly realm (N13), seeing or being surrounded by a brilliant light (N8), encountering a mystical being or unearthly presence (N14), and coming to a border or point of no return (N16). As we would expect, these “essential” features fit major elements of the framework, namely experiencing different aspects of the transmaterial realm after separating from the body (Mays & Mays, 2018).
- Again, as we would expect, the four derivative NDE features define the *less prevalent* aspects of the out-of-body NDE experience—meeting deceased loved ones or spiritual/religious figures (N15), out-of-body perceptions in the physical realm (N10), visions of one’s past (the life review, N3), and prophetic visions of future events (N11). These four “derivative” features also fit the expected transmaterial aspects of the framework (Mays & Mays, 2018).
- Likewise, the nine separation-related features form a *coherent set of mutually prevalent elements*. Any essential or derivative element can appear with any other element. The pairwise prevalence of the essential and derivative features in Table 3 shows that the essential and derivative NDE features form a coherent hierarchy describing the varieties of NDEs.
- As the separation-related features suggest, *the NDE Scale data show that NDEs are universal*. The consistency of the rank prevalence order of the framework-related features in five separate studies in Tables 4 and 6 shows that NDEs are consistent across different sets of NDErs from different countries and languages.

IMPLICATIONS AND APPLICATIONS

A well-founded theoretical framework serves as the unifying factor to identify the underlying process of a phenomenon, which manifests outwardly as its various elements or features. The unifying factor provides the framework in which all elements fit. The framework is the conceptual architecture for describing what *lies behind* the phenomenal features and becomes the *definition* of the phenomenon.

Therefore, the presence of any one of the *essential* separation-related features should be sufficient to classify the experience as an NDE, provided the NDE score meets the minimum score requirement of 7. Because of this, we believe the separation-related features are a more precise test for an NDE than the NDE Scale as a whole.

In this paper, we described the mind entity framework, which explains the phenomenon of near-death experiences in terms of two aspects of human beings: the nonmaterial mind and the physical body. (We must leave the question of how the nonmaterial mind can interact with the brain in the mind entity framework to a subsequent paper.) The unifying factor for NDEs is the separation of the NDEr's consciousness from his physical body. We then applied this framework to NDE data derived from NDE Scale results and showed that NDE Scale data confirmed the validity of the mind entity framework through the prevalence, coherence, and universality of the framework-related NDE features.

Thus, to give our hypothetical journalist a sound bite definition, we would say:

An NDE is a profound subjective experience that is caused by the person's consciousness separating from their physical body.

To explain a little further, we would add that NDErs report various features that indicate that their consciousness was not connected to their body during their NDE. For example, they felt separated from their body, they encountered a mystical being or presence, they entered some unearthly realm, they encountered a brilliant light, and/or they encountered a border and had to return to the body. We could also add that more than 98% of NDErs report one or more of these five features. There are many other features reported, but these five indicate that the NDEr's consciousness was no longer located in their physical body during their NDE.

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