

# PSYCHO-SCIENTIFIC FRONTIERS

Selected publications from a variety of subjects of psycho-scientific research. Editor: Rolf Linnemann  
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With the kind permission of the author *Dr. Med. Michael Schröter-Kunhardt*

Title : **The hereafter within us**

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From: “*Psychologie heute*”, Issue 6/1993, P. 64 - 69

## 1.0 The hereafter within us

People that were near death report about their impressive experiences: They walk through a tunnel and they see a bright light, angels and demons or they feel that they are outside of their body.

- *Such near-death experiences are astonishingly similar right across times and cultures.*

Is being near death only an actuator for a matrix of religious experience that is seated deep within us? - A woodworker without a religious upbringing tried to hang himself in a shed when he lost his driver's license as well as his holiday savings after being caught drink driving. He tells us:

I jumped from the roof of the shed in my backyard. It was fortunate that I had forgotten the broken garden chair lying next to the shed. My feet bounced off this chair and stopped my fall, I would otherwise have broken my spine. I was hanging from the rope and suffocated. I was outside of my physical body. I saw my body hanging by the rope and it looked terrible. I could hear and see, but it was somehow different, difficult to explain. Demons were all around me; I could hear them, but not see them. They chattered like black birds. It was as if they knew that they had me and that they had all the time in the world to drag me off to hell and to torment me. It would be the worst kind of hell, hopelessly trapped between two worlds, lost, confused and roaming around for all eternity.

I had to get back into my body. Oh my God, I needed help! I ran to the house, through the door without opening it and screamed at my wife, but she couldn't hear me and this is why I entered her body straight away. I could hear and see with ears and eyes. This is when I established contact and I heard her say: “Oh my God!!” She grabbed a knife from the kitchen chair and ran to where I was hanging, climbed onto an old chair and cut the rope. She couldn't find a pulse, was a nurse. When the emergency response team arrived, they found that my heart had stopped beating and I was also no longer breathing. (1)

Near-death experiences like this one have been more numerous over the last 15 years. This might be due to an improved resuscitation technology used by the emergency services, but also due to a rising interest in this theme. A lot of popular scientific books and also successful movies like “Ghost” and “Flatliner” deal with dying and the hereafter.

Renowned scientists from various disciplines research these worldwide, unusual experiences within the framework of the “*International Association for Near-Death Studies: (IANDS)*”. The research director of the American IANDS is the psychiatrist *Bruce Greyson*, he also edits the quarterly *Journal of Near-Death Studies*. Sections of the IANDS have been established in many countries in the meantime. Over 3000 cases have up to date been investigated by around 60, mostly retrospective studies and collections of cases. It was established that:

- *Up to one third of all the people that were very close to dying or believed to have been close to dying, had a near-death experience.*
- *During so-called deathbed symptoms, between 20% and 67% of all the dying suddenly experienced a variant of the near-death experience, a positive change of mood, saw “otherworldly” landscapes or deceased relatives, all according to culture.*
- *What is interesting is that just as many people - between 20% and 71% - proclaim to have had experienced extrasensory perceptions like telepathy or clairvoyance.*
- *Around a quarter of the population reports that out of body experiences - elements of near-death experiences - often take place during everyday situations.*

Various pieces of circumstantial evidence suggest that the frequency of near-death experiences might even be underestimated. On hand of a sensitive questionnaire, one found that 29% of those that *seemingly* did *not* experience anything unusual when near death, did actually have such an experience. Those involved often remain silent because they are afraid of being discriminated against. One hardly ever asked about such experiences in European clinics and hospitals. A lot of people simply forget these dream-like, dissociative experiences or repress them because of their negative content.

- *Near-death experiences are not the prerogative of older people - children near death also have these experiences. They are in no way tied to demographic, sociological or psychological criteria.*

Elements of such experiences and similar cosmic-mystic experiences can also be produced through high doses of hallucination substances like LSD. Out of body experiences also happen during sleep, during deep meditation and under hypnosis or extreme stress, sexual abuse and also migraines or epileptic seizures. This indicates a universal proclivity for such states of consciousness.

Accidents, life threatening illnesses, incidents during an operation or complications giving birth are *classical triggers for near-death experiences*. Those concerned are in no way biologically or clinically dead - heartbeat and breathing must not necessarily have ceased.

Less than half of all near-death experiences basically happen when actually near dying. The concerned often simply expect to die.

But these experiences seemed to be “more rounded” when genuinely near death.

In their complete form - many experiences contain only some of the following elements - a near-death experience often consists of a chronological series and reduced frequency of the following sequences:

- *A heightened awareness with feelings of lightness, wellbeing, peace and bliss.*
- *An out of body experience, whereby the dying suddenly find themselves looking down on their own physical body whilst their rational consciousness uninterruptedly continues to work and at times even undertakes various tests in order to check out this new existence; verifiable optic observations - even by the blind - are often made; all pain disappears during these out of body experiences; one can seemingly walk through physical matter in this state and one can also read the thoughts of those present.*
- *Entrance into a mostly dark, tunnel-like transition zone.*
- *Perception of a mostly white-golden light that radiates infinite love, this can trigger a feeling of the highest bliss in the thus affected; merging with this light can bring about a mystical experience of omniscience / oneness.*
- *Perception of a paradisaical landscape.*
- *Encounter with deceased relatives, religious figures or light beings; this brings about a kind of telepathic form of communication whereby the affected is often asked to return.*
- *The return to the body happens - often against the will of the affected - very abruptly most of the time.*
- *The viewing of one's life film often takes place during these stages, whereby known and unknown details of one's own life are seen; wherein the affected re-experiences all their words and deeds and their effect on all that are involved, whereby a highly ethical assessment according to the yardstick of love eventuates.*
- *Precognitive elements of one's own or the global future, that do at times eventuate later, are seen on rare occasions.*
- *An abrogation of the common passage of time takes place, as the short near-death experience allows one to experience much more than the time that is available.*

Positive near-death experiences consistently dominate in Christian orientated industrial countries.

- *But every tenth experience has however a negative or mixed negative-positive content.*

What mainly happens after the out of body and tunnel phase is the entrance into a dark, hellish world where demons and other sinister figures condemn, threaten or even attack the experienter. He sees regions filled with hateful, hitting one another or tormented people who gratify their addictions and bad habits. It can also end up with the entrance into a dark, cold and infinite emptiness from where there seems to be no escape and that threatens one's very existence. And finally, typical positive near-death experiences can also be experienced in a threatening-frightening manner. All of these negative experiences can however also turn into the above mentioned positive sequences.

## 2.0 The fear of death disappears

The appearance of negative death experiences seems to be connected to one's momentary mental state. Such experiences are more often found after *suicide attempts*, although positive experiences also happen at times. An individual can therefore have a number of positive and negative near-death experiences - dependent on their momentary state of mind.

All modern near-death experiences collectively exhibit the above mentioned elements, whereby the respective design - for instance the tunnel or the landscape - can be very different. There actually exists a flowing transition between completely individual dreams and elements that contain near-death experiences to the actual near-death experience itself.

- *But in contrast to dreams, near-death experiences can bring about an astonishing change of personality, one that can surpass the efforts of all psychotherapeutic methods by far.*

A number of controlled studies ascertained that such an experience produces a statistically *significant reduction of the fear of dying* with almost all of these people. This change was definitely produced by the near-death experience - not only the confrontation with death, but particularly the out of body experience. Parallel to this comes a statistically significant increase in the belief of a life after death, one that often turns into absolute certainty. Those concerned are more confident and *neurotic fears disappear*. Similar changes are also observed with people that had spontaneous out of body experiences.

- *The core of this personality change consists in an increase of their inner religiousness.*

After a near-death experience, a lot of these people are convinced that God exists and they give the religious and ethical values of their life priority over everything else. They feel a greater love and connection with all and everything and have more tolerance and empathy towards people, but also hold their own person in higher esteem. They often turn away from external, materialistic values and take up social-charitable assignments. They exhibit a *joy do vivre* and *self-confidence*, but they also feel more responsible. They search for *self-realisation, meaning of life* and *wisdom*, they feel altogether "more alive" and they are aware of the preciousness of the remaining time at their disposal.

- *Illnesses are better dealt with and mental suffering like depressions or addictions to drugs can disappear.*
- *Near-death experiences have also proven to be the best preventatives against suicide. Even by simply mentally dealing with such experiences seems to be a suitable medicine against thoughts of suicide.*

Near-death experiences have something like a "culture shock" on people. All previously valid values and opinions are shaken to the core. Consequently, conflict with one's environment wherein the old values still apply are often unavoidable. A change of occupation, stresses in friendships and relationships right up to divorce are not uncommon. Mental disturbances like depression, fear of death or helplessness are also more rarely observed.

Just how negative near-death experiences affect people has not been sufficiently researched.

What is certain is that they can set completely new perspectives and that they can have positive as well as negative consequences.

Such experiences also have a suicide preventing effect.

Death experiences like the ones mentioned with very similar personality changes have astonishingly been also reported by the most various cultures in the distant past. One finds for instance that the first positive near-death experience with tunnel, light and paradisaical landscape, but also the first visions of hell, are recorded in the 5000 years old Sumerian Gilgamesh-Epos. New Testament parallels are found amongst other things in the conversion of the very devout Jew Saul after a vision of light who later also described an out of body experience with paradisaical visions (2 Corinthians 12).

Near-death experiences were also not a rarity during the Middle Ages.

The first case files were collected by *Pope Gregory* in the 5<sup>th</sup> century. It practically contains all the elements of modern reports; only the designs vary. Negative demonic visions were somewhat more often reported about, but most of them turned into positive experiences; one more often encountered angels or saints instead of relatives; the confrontation with one's own past in the form of a film of one's life was replaced by a period of probation, a court scene or a book of life and the return to the body is usually commanded. The consequences are similar to today's death experiences, but they coincided with the prevailing mentality and religion: One lived more strictly according to the rules of salvation promoted by the Catholic Church and these experiences were reported to the Church to gain its support.

### 3. 0 Founding religions based on the experience of death

The near-death experiences of the *Kaliai* people in Papua New-Guinea and those of the *Hindus* - without the ecstatic (light) qualities of Christian experiences - also include encounters with relatives and the ethical assessment of one's own life after entering an "otherworldly" landscape. Its design and its effect also coincide with the prevalent religion and mentality and in its less self-determining way, are rather similar to the death experiences of the Middle Ages.

In *Amitabha Buddhism*, the largest Japanese (and Chinese) Buddhistic school, the light experience that turns into Amitabha Buddha here, dominates next to the visions of paradise and hell and it can possibly be equated with Christendom due its astonishing similarity. Amitabha Buddhism (Pure Land Buddhism), whose name stems from the visions of paradise, is practically based on death experiences! These do not only have a religion supporting effect, but are at times even known to start a new religion. This confirms the assumption of the British psychiatrists *Roberts* and *Owen*:

"That some and possibly a lot of popular images of the hereafter could have their origin in near-death experiences and that all cultural expectations not only determine the images of near-death experiences, but might even have their origin from within them." (2)

How can these similarly structured and interpreted experiences from all around the world be explained? It has to be said that:

- *Near-death experiences are not psycho-pathological phenomena, the mentally ill or those with hallucinations do not experience them more frequently than the healthy. Those concerned are often rather healthier after their experience than the member of the various control groups. These experiences are not the product of corresponding preliminary information. The experience does often not comply with their own expectations.*
- *Near-death experiences are not based on an enhanced imagination ability and they are also not wish fulfilment. Wishes are different from person to person - Death experiences on the other hand have similar contents. The verifiable perceptions of one's reanimation, ergo resuscitation, can be separated from mere imaginations. The one with the experience certainly does not flee into a wished for world, on the contrary, he faces a feared situation without fear.*
- *These experiences are also not a mere reliving of one's own birth.*
- *Near-death experiences are not a depersonalisation and no activation of an imaginary body schematics. The whole experience is witnessed by an intact self.*
- *These experiences differ from subliminal perceptions the way they can occur under narcosis or when in a coma. Such perceptions are most of the time acoustic and painful, whilst near-death experiences are pain free and overwhelmingly optical.*

The assertion that near-death experiences are perceptions of another reality and not hallucinations cannot be refuted. We cannot establish which perceptions are "real" and which are "hallucination" with certainty. Our reality is in a psychiatric sense always an "illusion", because we are dealing with an interpretation by the brain.

- *However different from phantasies, but similar to "real" perceptions, near-death experiences have common contents and consist of a meaningful sequence of scenes.*

- *People prone to hallucinations do not have near-death experiences more frequently than other people.*

Near-death experiences are similar to dreams in many respects. Out of body experiences with their typical falling, flying and hovering sensations also happen at times during dreams. In lucid dreams, wherein the dreamers are aware that they are dreaming, the world is perceived similarly “real” and alive as in near-death experiences. There are however a whole series of phenomenological and psychological differences between the two phenomena.

- *In contrast to lucid dreams, near-death experiences cannot be assigned to any of the known ECG recorded sleep states.*

The lucid character of near-death experiences and many clairvoyant dreams, ergo the clarity and vitality of the experienced world, is according to my opinion an indicator of the reality of what is being experienced. I assume that elements of another existence that shows itself to the individual in a dream-like changeable form, appear in those elements of near-death experiences that seem rather dreamlike and hallucinational: The subconscious might dress extrasensory perceptions in individual images and contents. This would explain the religious and cultural differences of basically identical experiences. Near-death experiences are, according to my opinion, clear and indirect indicators of life after death.

What is certain is that near-death experiences take place - even if differently from the usual - in a perfectly functioning brain. These experiences cannot solely be put down to a lack of oxygen and oversupply of carbon dioxide within the brain, because they also take place when oxygen levels are normal. The body's own opiates seemed to play a role in these experiences, also neurotransmitters like serotonin, dopamine and GABA. All of these substances do however also play a role in other psychic functions, so that they do not tell us anything specific about the neuropsychology of near-death experiences.

#### 4. 0 Bliss in the right temporal lobe of the cerebrum

What is probably more important is the participation of the body's own hallucinogens, even though synthetically produced hallucinogens like *LSD* can produce elements of the near-death experience. One recently discovered a *cannabis receptor* and its associated neurotransmitter in the human brain. Its name *Anandamid* characteristically means as much as "inner bliss".

What areas of the brain are engaged during a near-death experience can also not be accurately determined. It is assumed that the temporal-limbic system that runs through the cerebrum and the midbrain, also plays an important role. This system is however also involved in other, integrating efforts like memory, learning, speech and self-awareness. When one electrically stimulates the right temporal lobe, many of the elements of near-death experience like fragments of life films, time changes, feelings of joy or out of body experiences could be observed.

ECG measurements, amongst other things, make us assume that the frontal cortex also seems to be involved, ergo the region of the cerebrum that is thought of being responsible for making conclusions, assessments and the linking of experiences. But it is obvious - as it is with other changed states of consciousness - that only very specific areas of the cortex are activated. Other regions, those that are active under normal waking consciousness, seemed to be inhibited.

Are near-death experiences therefore "only" a specific state of the brain without an analogue within "reality", ergo hallucinations after all? If one wanted to come to that conclusion on hand of the rather sparse knowledge in the field of neuropsychology about such states of consciousness, one would have to declare that the whole world was a hallucination. Because neither colours nor forms nor solid objects exist in the eyes of physics. They only exist as interpretations of physical particles and fields of energy in our brains, they way hatred, pain, love or even near-death experiences "only" exist in our brains. Neuropsychology can therefore not reductively explain these experiences away. We don't know which side of the two realities - on the one side experiencing and on the other side the processes within the brain - is primary and able to explain the other. Maybe none of them can explain the other because they inseparably belong together.

Altogether, near-death experiences seemed to selectively agitate very specific structures in the brain. This pattern of experience seems to be biologically arranged within the brain so that it can be activated "when necessary". The psychiatrist *Stanislaus Grof* could for instance trigger near-death experiences in incurable cancer patients through hallucinogen elements thereby giving them (religious) confidence and take away the fear of death, brighten their mood and reduce their pain.

Consciousness changing technologies and substances are understood to be the gateway to religious (otherworldly) experiences in most cultures. Near-death experiences represent their prototype and also indicate their biological origin. All religious experiences and the religiousness of man seemed to be based on such a neuropsychological basic structure. Near-death experiences have a healing effect because they expose this inner religiousness, something that is generally suppressed within us.

*Marx* (religion is the opium for the masses), *Freud* (religion as neurosis) and *Drewermann* (religion must be adapted to the common rationality of psychoanalysis) have erred as far as I am concerned. Religious experience is rather based on a biologically arranged matrix, one that lies beyond the psychoanalytically reachable layers of the subconscious and whose healing potential can surpass all psychoanalysis. The popular rationality a lot of theologians try to frantically adapt to, reveals itself to be a reduction of the reality.

## 5.0 Literature

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