

“LIGHT IN DARK PLACES”

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"The opposite of a correct statement is a false statement. But the opposite of a profound truth may well be another profound truth." - Neils Bohr¹

What follows is a true story. Though the experience is personal, it involves that most universal of all experiences, death. It is the "dark place" in the title. By the end of the paper, you will have to be the judge as to whether any light has been shed or not.

I offer this experience inspired by the following sentiments of the psychologist Carl Rodgers:

"... I have found that the very feeling which has seemed to me the most private, most personal and hence most incomprehensible by others, has turned out to be an expression for which there is resonance in many people. It has led me to believe that what is most personal and unique in each of us is probably the very element which would, if it were shared or exposed, speak most deeply to others."²

[INTRODUCTION]

I am sitting in a studio on the west side of Chicago being interviewed for a new A & E cable television series called "I Survived ... Beyond & Back."³ It will have interviews with individuals who have had cardiac arrests and near-death experiences and include interviews with the medical personnel involved in their resuscitation. I am pretty sure that they found me from a paper which was posted on the website of the Chicago chapter of the International Association for Near-Death Studies or IANDS. I am being interviewed for a second time by Chris, this time with three cameras rolling and some makeup. I am being asked to "tell my story" followed by more detailed questions. The interview is about two

hours long. It will likely be edited down to 10 minutes at most. Of course, the real creativity is going to be in the editing and I am aware that I have no idea what kind of "story" my experience will be in the final cut.

Chris has traveled all over the country and has heard nearly twenty of these NDEs prior to me. While he may not be an "expert" on the near-death experience, he has been immersed in this world for the past two months. As we progress in the interview, he is beginning to ask more detailed and pointed questions, looking for more succinct and dramatic answers, if not "sound bites." I begin to sense the outline of a potential narrative when he asks what do doctors, that is, my colleagues, think of my near-death experience. Is it as fascinating to them as it is to him, or at least, the potential audience for this series? I say, no, not really. He wonders why that would be. I say that to them, the NDE is simply a neurologic event. It may not be well understood (yet) but there must be underlying brain mechanisms, release of neurotransmitters and so on that lead to the typical experiences reported by people who have had these experiences. He is a bit surprised how easily such profound experiences can be reduced to molecules and wonders how I, "**a man of science**" can square this attitude with the profound experience I have just spent two hours describing.

While he is posing this question in a somewhat "devil's advocate" spirit, I begin to see that, perhaps, it is the real kernel of my narrative. **How does one who is fully committed to science square that commitment with the profound spiritual nature of what has come to be called the "near-death experience?" What is "spiritual" anyway? And, what is "science"? Is science another name for materialism? Does "spiritual" only imply unseen nonmaterial realities?**

I cannot give a one or two sentence answer. I can only say that this question of "squaring the circle" has become a life theme, a creative tension: a struggle between seemingly contradictory views of reality.

This never makes the final cut of the A & E interview, but it is the subject of this paper.

[!]

It is the summer of 1995. If you lived in Chicago that year, you will remember it as a very hot summer. A book was written about it called *Heat Wave: A Social Autopsy of Disaster in Chicago*, by Eric Klinenberg.⁴ He looked in detail at the week of July 14 to July 20 when over 700 deaths attributed to the heat occurred in Chicago. Without any dramatic, violent pictures of the victims – many old, isolated and poor – the severity was underappreciated at the time. My own internal medical practice was very busy that summer, as were all primary care practices in the Chicago area.

August 20 was a hot Sunday. I was off that weekend, though there were some telephone calls from the emergency room and from patients in the morning. One was from a patient who was in Wisconsin, a few hours away, and who was having chest pains. After some discussion, I said that it did not sound like a heart issue and she could drive back to Evanston to be seen in the emergency room. I felt somewhat annoyed that this activity had taken place on a rare day when I was "off" but it is hard to answer a telephone call and say, "I'm not here."

On this Sunday afternoon, I go to the beach at Northwestern which is a few blocks from my home, read the **Chicago Tribune** and stand in the cool water. After about an hour I go into the athletic center and do a light work out on a life cycle, a rowing machine and use some weights. Afterwards, in the shower I begin to feel very weak and shaky and start sweating profusely. I begin to feel pain in both forearms. At this point, I get slowly dressed and walk upstairs to a vending machine. I get a cranberry drink, thinking that I am experiencing a low blood sugar. In retrospect, though, my thoughts are becoming slower.

I buy the drink and sit down only to find the can extremely heavy. I can barely lift it. I start to think that something serious is going on, that I should call for help and get to the hospital. But I am embarrassed by the thought of causing a big stir here and also and I cannot really believe that anything that serious is happening. I slowly walk out of the building into the heat. I am so weak that I need to sit down in front of it on a ledge. I see one of the medical residents in training that I know from the hospital coming in but before I can say anything, she disappears into the building. It is steaming hot.

I am now in my car driving home and pains are coming up my arms into the chest. I am driving down Central Street and pass the entrance to Evanston Hospital thinking that I should turn in there, but I am past it and cannot think how I could turn around. In a few moments, I am home, pull up the driveway, walk in and tell my older son to call 911. I lay down in bed. The chest pains are very strong now.

The paramedics arrive in a few moments and give me nitroglycerin to place under the tongue: it really helps. They are calling the emergency room, reporting the EKG changes indicating a heart attack. Despite all this, I think that their field equipment isn't that accurate and they are making it all more dramatic than it need be.

The first real break in this wall of denial occurs when my youngest son, 11 years old enters in the room and, very uncharacteristically for the time, says "Dad, I love you."

A brief ambulance ride and I am now being wheeled into the Emergency Room at Evanston Hospital. I have been in this ER literally hundreds of times but I have never seen it from this angle, flat on my back. I am reminded of being a baby being wheeled in a carriage, probably, the last time I had been wheeled somewhere feeling this helpless.

The first person I see in the ER is my patient with chest pain with whom I had spoken earlier in the day. She looks at me in total amazement and in a few moments, her husband peeks into my stall to verify that it is indeed me.

In the emergency room, I am told that I am having an anterior myocardial infarction. (It is known as "the widow maker.") The nitroglycerin helps. Morphine helps. I am now getting all the medications we use to treat this and am feeling better, knowing that the cardiologists are on their way and I am soon to have an emergency cardiac catheterization. I am shifting into dark humor mode, a typical emergency room coping strategy. These are my friends and colleagues. Dave, the ER doc is asking how the pain

rates on a zero to ten scale. The pain is lessening. Time is very compressed in the intensity of everything.

After a few moments, though, I feel light headed and hear a sound that is like that of cicadas. It is the high-pitched whirring sound that they make toward the end of summer. I ask Dave about this sound and he says, with a voice tinged in anxiety and comfort, not to worry; it is the sound people sometimes hear when they receive intravenous lidocaine. Lidocaine is a medication used in these circumstances to stabilize a dangerous heart rhythm. Oh, I think, lidocaine - my heart rhythm must off.

This was almost my last mortal thought.

In the next moment, I am transported to a different reality, a different zone. I no longer have any awareness of my physical surroundings. The poet Rumi described perfectly the difficulty of writing about this when he wrote: **“Language is a tailor shop where nothing fits.”**

I am now in a space that is both dark, black actually, but also luminous. As I describe it now, I know it can't be both but it is. There are three lights that are like stars but they are more like Beings than stars. Afterwards, I determine that they were my deceased father and two deceased friends, one of my closest friends who had died four years prior and the other who had died only two weeks before, whose funeral I had attended: a welcoming committee. It is **extraordinarily** quiet and peaceful. There is complete absence fear, nothing but a kind of indescribable awakening. It is like every muscle has relaxed and every care removed. There is no awareness of the body but a sense of movement, going

toward the lights, being carried in that direction. There is no sense of time. It is like both waking up out of a sleep, and, like going to sleep when you take a nap in the day time but it is all **so** very vivid. It has qualities of the deepest peace and comfort one has ever had, and, at the same time, a feeling of waking up that makes me feel as if the rest of my life has been more like a dream. The degree of waking up and of peace cannot be exaggerated: it was more profound than anything I have ever before or since experienced.

Unconditional love is word many people who have had this kind of experience use in describing these feelings. I would say that sounds as good a description as anything else I might say, though I suppose bliss or rapture would work if they weren't such loaded words.

In this state moving toward the lights, all of a sudden Dave appears. Dave is about 6 feet 4 inches, 220 pounds and is now about six inches from my face, very emotional, tears in his eyes. He is very excited, yelling, "Bob, Bob, we got you back. You were in V - fib!"

I look at him, feeling strange, thinking, is he all right? Then he says, "Did you see the white light?" Still feeling very calm and ironic, I say, "No, but I was going up the black tunnel." In that moment, it all seemed slightly humorous.

I had not yet appreciated that Dave and his team had just spent 15 minutes doing CPR to keep me alive.

A month afterwards, I receive a letter from Dave who writes:

"... When you went into V-fib, the entire environment was filled with very aggressive emotional support. I was pounding on your chest and yelling out orders and charging your body with thunderbolts of electricity and doing more CPR, and then suddenly the switch came on and your eyes were wide and instantly you were back... I was so amazed as you described the time as the most peaceful and tranquil moments of your life – how suspended and quiet and tranquil everything was to you."

As I lie on the ER gurney, I begin to realize just how close I am to being gone forever and that this could be the end. Not only does the earlier part of the day, but my whole life now seem so distant, so far away. Feelings from all the various reaches of my being are flooding in: Conscious, unconscious, autonomic, primordial. Foremost was this feeling of wanting to live, a feeling of disbelief that I could be gone any moment. I felt lonely – very lonely. I felt like a failure – what kind of doctor could I be if this how I ended up? Would I ever see my wife and children again? I began to think about what prayer to say, for after 22 years of daily meditation practice, there were a lot of possibilities. Then, out of the depths from some unconscious place came, words I had never before said. It was simply: "If it be Thy Will. If it be Thy Will." Over and over I said it to myself, almost like a mantra. And with it came a sense not just of surrender, but sacred submission, a feeling, that I had never quite had before. It was a total stripping away of the feeling of any power, any ability to control the outcome and with it came a sense of surrender, peace and a loss of fear. Later I realized that this phrase had probably come from a Leonard Cohen song, "If It Be Your Will" that I had recently heard.

The difference between life and death at this point felt as slim as flicking a switch on and off and I had no control over that switch.

Soon the cardiologists arrived. I had an angioplasty to open a totally occluded left anterior descending artery. I was on an aortic balloon pump for a few days and came home a week later. My heart was damaged but I could not have been a more grateful person for the medical care I received.

Coming home was similarly moving, though I felt like a tourist in my own life. I saw everything differently, mixed with a kind of love and appreciation of simple things that one could only call a state of grace. I was easily moved to tears by the simplest things. My spiritual heart was awakened and full of compassion.

I re-read "Blessed are the Poor"⁵, a sermon by Meister Eckhart, a 14th century German mystic. I had read it long before but it practically jumped off my book shelf. It is an exegesis on one of the beatitudes in the Sermon of Mount in the Gospel of Mathew: "Blessed are the poor in spirit, for theirs is the Kingdom of Heaven." For me, it said it all. Eckhart says that only in "having nothing, knowing nothing, wanting nothing and being nothing" do we recognize the extent to which we live by God's grace. And while this could have been just good luck and great medical care, it had a different feeling to it as well, another dimension, orthogonal to the others. It was that of being blessed by God's grace. And, not only was I not a Christian like Eckhart, I could not even say that I "believed" in God, not that I

had anything against “belief” or “God”. It was just that belief seemed so rational and this experience far transcended my rational mind.

But the rational mind does not go away. While the scientific part of me never disappeared, it was only later that it seemed important to try to understand this experience.

One wants to know more: what did I really learn something about death?

[II]

A few years later, I was introduced to IANDS – the International Association for Near Death Studies. IANDS was formed in the early eighties by researchers inspired by the psychiatrist Raymond Moody’s 1975 ground breaking book, **Life After Life**⁶. In this book, Moody recorded and analyzed 150 experiences similar to what I have described, though many of these experiences were much more detailed and elaborate. In this book, he introduced the term “near – death experience”. As part of IANDS, a peer reviewed professional journal, the **Journal of Near - Death Studies** was established publishing research and essays on this and related subjects. Over the years, the organization has grown into a worldwide network of researchers, experiencers and supporters. In May 1998, a chapter was

founded in Evanston “to provide a support and [a] study group for those who have had a Near-Death Experience or are interested in the subject.”⁷”

During the time of my association with this group I met many of the leading researchers who came to lecture. I, myself, gave a lecture at a local IANDS meeting about my experience. I think one of the great appeals of my lecture was the role reversal: the doctor as patient. Who doesn't like the humbling of the almighty doctor? Another appeal was the authority I, as a physician, lent to validate this experience as real. I spoke at a national meeting some years afterwards on the theme of enhanced creativity brought on by the near-death experience. A lot of research has been reported on this subject. My presentation included slides of art work I had done before and after its occurrence. The truth is that I found it easier to express myself through the art works than through words. I found that the more I talked about it, the more distant the experience became and I could see such presentations becoming something I did not want it to become – an act.

But my initial contact with IANDS may be the most telling.

The wife of one of my medical partners told me about the meetings of the local chapter. Later, I attended a program on a Saturday afternoon at the Unity Church in Evanston. The meeting began with a “sharing time”. The microphone was passed around the audience and each person briefly introduced him or herself and spoke about what had brought them to the meeting. I heard individuals speak of their own NDE or those of friends and relatives. I heard of the difficulties people were having integrating those experiences into their lives. Some spoke of the deaths of loved ones, including

children. Many people were grieving and interested in proof of an afterlife, hoping for some communication with deceased loved ones. Some were interested in mystical experiences or parapsychological experiences more generally. The level of interest, sincerity, and emotional intensity was very moving. I was near the back of the room and one of the last to speak. I introduced myself as a physician who had recently had a heart attack, cardiac arrest and near death experience. Surprisingly to me, I received a very mixed reception. It was the physician part, of course, that was troubling, for to many, physicians represented the “thought police”, proponents of a materialist world view that dismissed these experiences and did not appreciate their significance. While few patients ever tell their physicians or other medical personal of their experiences, most of those who did received little validation that their experience was of much value. Was I, as an authority figure coming to the meeting to discount the experiences and belittle people, telling everyone that their was just another neurologic event, a hallucination? Or was I there as one who had left the materialist fold and was now converted?

Little did I realize that I had come to a group that, by and large, had a very different worldview than that of the standard scientific perspective. The “standard” world view is what might be called “physicalist”. Namely, all thought and consciousness is derived from the activity of the cells of the brain, that reality is essentially material and that death is the end. Any reality other than a material based one is at best speculative and at worst a product of imagination, a fantasy. If a phenomenon can’t be measured, in some way or other, it is not the subject of scientific inquiry and thus, it is not very important. I may be exaggerating a bit but only a bit.

For many, if not most of the participants in this group, the NDE is unexplainable by materialist science and especially not reducible to the product of a functioning brain. Instead, it was proof of

another world, a world which was accessed during a time when the brain, for all intents and purposes was no longer functioning. For many, the experiences were our consciousness “goes” after death and the trans material aspects of the experience were strong indicators of an afterlife. Of course, in a group this heterogeneous and sophisticated, there are many differences in experiences and beliefs, different kinds of openness and skepticism, but I think this is a fair characterization of the world of IANDS.

Ultimately, the fact of my being a physician who had had such an experience, who valued it and validated it gave me a somewhat privileged position to meet and with many of the speakers. I met with Bruce Greyson, a psychiatrist at the University of Virginia, who was one of the founders of IANDS. He is a highly-respected researcher and most impressive person. I met with Melvin Morse, a pediatrician whose research was on the near-death experiences of children. One cannot help but be moved by these reports of children which are so pure and simple, seemingly uncontaminated by adult ideas. I met Peter Fenwick, a British neuropsychiatrist, one of the pioneers in research in this field, particularly prospective research with cardiac arrest survivors.

I would like to touch upon this research because it highlights the crux of the scientific problem posed by the near-death experience and how it potentially challenges some of the most basic accepted paradigms of modern science and our understanding of mind or consciousness.

Most of the features of the NDE are subjective. For research purposes, a scale, called the Greyson scale was developed which has 16 features that are the most common aspects of the NDE. These features include the following: experiencing an altered state of time, accelerated thought

processes, the sense of sudden understanding, feelings of peace, joy, cosmic oneness, being surrounded by light, having vivid sensations, and visions. A sense of being out of the physical body in an otherworldly environment, experiencing a mystical entity, meeting religious or deceased figures and a life review are also subjective aspects about which much has been written.⁸

There is one aspect though that is not totally subjective and is potentially amenable to experimental research. It is what is known, technically as “apparently nonphysical veridical NDE perception” or AVP⁹. Veridical is a word that means “truthful”. Examples of this are reports of experiencers viewing their resuscitation as an out of body experience, generally above the room, and giving accurate accounts of what occurred during the resuscitation, a time when they were unconscious and without (presumably) higher brain function. Some reports include experiencers’ awareness moving to other physical locations and reporting events occurring there while they had no apparent brain function. Some of these reports were later corroborated by others. Indeed, there are hundreds of these reports of varying degrees of credibility. Such reports lend credence to the notion that consciousness is able to function independent of the physical body. Many people in the NDE community think such evidence is incontrovertible. Of course, this would violate the currently accepted scientific views that the brain produces consciousness, thought and perception cannot occur in someone whose brain is not functioning, and that our sensory perceptions of the physical world come only via our five senses.

Neal Grossman is now an emeritus philosophy professor at University of Illinois in Chicago. He was an MIT physics major and did his PhD in philosophy of science. He has had a particular interest in the philosophic implications of the NDE and has used these experiences as a way to introduce students

in his classes to some of the profound issues in philosophy of mind, especially the so called “mind body problem”. I was once a guest speaker in some of his highly stimulating classes. In 2010, he wrote a review in the Journal of Near – Death Studies of The Handbook of Near-Death Experiences – Thirty Years of Investigation, an academic, multi authored, comprehensive book¹⁰ summarizing virtually all the scientific research that had been done up to that time on the near-death experience. I quote his conclusion at some length:

“...the history of science bears witness to a number of major paradigmatic changes that have permanently altered humanity’s conceptual understanding of the world and itself. The Copernican revolution, field theory, relativity, quantum mechanics, plate tectonics, and evolution are examples of major paradigm shifts that readily come to mind. These paradigm changes are all changes that involve how people think about and conceptualize the physical world. But, beginning in the late 19th century, a body of data has been accumulating that directly confronts the materialist paradigm itself. Recent research on NDEs represents a very significant addition to these data. NDE data strongly suggest that the current neuroscience paradigm—that the brain creates consciousness—is false. The “new” paradigm, that almost all NDErs accept immediately, holds that consciousness can and does exist independent of the brain and, hence, can and does survive the death of the physical body. But the very idea that science can and does have something to say about matters such as the survival of consciousness that heretofore were the sole province of religion and/ or personal belief, is without precedent in the history of science and is likely to be fiercely resisted by proponents of both conventional science and conventional religions.”¹¹

As the saying goes, however, “extraordinary claims require extraordinary evidence.” While the NDE reports are extraordinary, from a scientific point of view, the evidence is anecdotal and not

sufficiently conclusive to make the leap advocated by Professor Grossman. Whether, it is the dominance of the materialist assumptions that leads the rejection of the idea that consciousness can function independent of the body or appropriate scepticism that there are other, more reasonable explanations for these experiences is a matter that the prospective studies could help decide for one of most important tests of a scientific theory is its ability to **predict** results.

With that in mind, a large multi institutional study¹² was designed to interview the survivors of cardiac arrests. At these hospitals, objects were placed on shelves in the areas where it was most likely cardiac arrests would occur, namely emergency rooms, operating rooms and intensive care units. These objects could only be seen from above. They could only be seen by a cardiac arrest survivor if he or she had an out of body experience which placed his or her awareness above the body, near the ceiling. The objects on any given day were not known to the experimenters so there could be no possibility that information about them could be somehow transmitted, consciously or unconsciously, to a survivor who might report seeing them after his or her resuscitation.

The study was ultimately published in 2014. At 15 sites in the U.S., UK and Austria, over 2000 cardiac arrests were recorded, of which there were a little over 300 survivors, about one half who could be interviewed. Of those 55 had memories of the resuscitation but only less than 10 had specific enough experiences to be verifiable and only one had experiences that could be verified. However, no one reported seeing the hidden objects. It was a negative study. Of course, a negative study doesn't disprove the theory but it doesn't support it either. The paradigm shattering result one may have hoped to have, was not found. At least not yet.

It is over 20 years since I had the experience described. It remains with me to this day as one of the most formative experiences of my life. It is hard to analyse it. Indeed, until this paper I have stayed away from reading too much on the subject. I do not know if I have learned anything about what comes after death. I do know that such experiences are real and highly significant for those who have had them. I know the brain has different deep programs within it that are activated in many people at the time of death, though technically one would have to call it “reversible death” for, by definition, no one comes back from “irreversible death” to give reports. I would add, however, that for many years after this experience, I worked as a hospice physician and attended many dying patients. The visions of deceased relatives is very common near the time of death as well as other beatific visions. The sense of peace one so often sees through facial and bodily expressions at the time of death makes me think that something like this experience is a common occurrence.

For many people who are present at the time of death, a sacred and numinous feeling often envelopes those who are dying and fills the room: light in dark places.

Whether there is a such a thing as consciousness that exists independent of the brain or the body and whether there is an immaterial world that one is a part of are things I sometimes think about. But, not that often. I just don’t know and realize that, for me, these are unanswerable questions in this lifetime.

A while ago I read the biography of Richard Feynman¹³, one of the most brilliant, hardnosed and least philosophical of theoretical physicists. He received the Nobel prize in physics for his work on

quantum electrodynamics, in other words, the nature of light. As he was dying of cancer he expressed the kind of openness to the unknown, commitment to the truth and intellectual humility that attracted me to science in the first place. I would like to close by quoting him:

You see, one thing is, I can live with doubt and uncertainty and not knowing. I think it's much more interesting to live not knowing than to have answers which might be wrong. I have approximate answers and possible beliefs and different degrees of certainty about different things, but I'm not absolutely sure of anything and there are many things I don't know anything about, such as whether it means anything to ask why we're here...

I don't have to know an answer. I don't feel frightened by not knowing things...¹⁴

End Notes:

¹ Heisenberg, Werner. *Physics and Beyond*. Harper & Row. 1971. p. 102.

² Rodgers, Carl. *On Becoming a Person: A Therapist's View of Psychotherapy*. Houghton Mifflin Company. 1961. p 26.

³ "I Survived...Beyond and Back. S1, Episode 2 Aired January 2, 2011.
<http://www.mylifetime.com/shows/i-survived-beyond-and-back/season-1/episode-5>

⁴ Klineberg, Eric, *Heat Wave: A Social Autopsy of Disaster in Chicago*, University of Chicago Press. 2002.

⁵ "Blessed are the poor", *Meister Eckhart – A Modern Translation*, by Raymond Bernard Blakney. Harper Torchbooks. 1941. P. 227.

⁶ Moody, Raymond A. *Life After Life – The Investigation of a Phenomenon – Survival of Bodily Death*. MBB, Inc. 1975.

⁷ Chicago IANDS website <http://chicagoiands.org/about>

⁸ Ring, Kenneth. *Lessons from the Light: What We Can Learn from the Near-Death Experience*. Insight Books. 1998.

⁹ Miner Holden, Janice. "Veridical Perception in Near-Death Experiences, in *The Handbook of Near-Death Experiences: Thirty Years of Investigation*. ed, Miner Holden, Janice, Greyson, Bruce, James, Debbie, Praeger. 2009. p.186.

¹⁰ *The Handbook of Near-Death Experiences: Thirty Years of Investigation*. ed, Miner Holden, Janice, Greyson, Bruce, James, Debbie, Praeger 2009.

¹¹ Neal Grossman, *Journal of Near-Death Studies*, 28(4), Summer 2010 © 2010 IANDS. 214M

¹² Parnia S, et al. AWARE—AWAREness during RESuscitation—A prospective study. *Resuscitation* (2014), <http://dx.doi.org/10.1016/j.resuscitation.2014.09.004>

¹³ Gleick, James. *Genius – The Life and Times of Richard Feynman*. Pantheon Books. 1992

¹⁴ IBID. 418.