

# Tunnel Visions of Pam Reynolds

by Anita Bartholomew

In the summer of 1991, Pam Reynolds learned she had a life-threatening aneurysm (a bulge in an artery) in her brain.

Neurosurgeon Robert Spetzler, M.D., director of the Barrow Neurological Institute in Phoenix, Arizona, told the then 35-year-old Atlanta, Georgia, mother of three that, in order to operate on her, he would have to stop her heart. Once the delicate procedure was completed, he would revive her again.

By all known measures, she would be dead until resuscitated.

Under anesthesia, leads from a machine that emitted a clicking sound were plugged into her ears. When her brain stem no longer responded to the sound, the machine would alert the surgical team that all lower brain functions had ceased. Electrodes from the EEG to her scalp performed the same task regarding higher brain functions. Numerous other instruments tracked heart, temperature, breathing, and other vital signs. Her limbs were restrained; her eyes were lubricated, then taped shut.

Spetzler powered up the surgical saw to open her skull. At that point, something odd occurred that never registered on the sophisticated monitoring devices. "I popped out the top of my head," Reynolds claims.

It seemed to her as if she were watching the activity in the crowded operating room from a vantage point just above Spetzler's shoulders. Spetzler held something that looked like an electric toothbrush. A female voice complained that the patient's blood vessels were too small. It appeared to Reynolds as if they were about to operate on her groin.

That couldn't be right, Reynolds recalls thinking. This was brain surgery. With ears plugged and eyes taped, there was no possibility of her hearing or seeing anything via ordinary senses.

Reynolds assumed that whatever they were doing inside her skull had triggered a weird hallucination. What she couldn't know is that everything she saw and heard was actually happening.

The surgical saw resembled an electric toothbrush.

A female cardiovascular surgeon had indeed spoken of difficulty with Reynolds's small blood vessels.

And surgeons in the operating theater were inserting catheters in her groin which, threaded up to her heart, connected to the heart-lung machine.

Spetzler gave the order to bring Reynolds to "standstill." Her blood was siphoned into the heart-lung machine where it was cooled to 60 degrees Fahrenheit, then pumped back into her body. Intravenous potassium chloride stopped her heart's last spasms; the EKG flatlined. Higher brain activity ceased; the EEG flatlined. Lower brain activity stopped; the electrogram connected to the plugs in her ears flatlined. Doctors then drained her blood into the heart-lung machine. This caused the bulging aneurysm to collapse, allowing Spetzler to snip away the damaged portion of the artery.

By every reading of every instrument, the life had left Reynolds's body. Yet, she was not without consciousness. Instead, her odd experience intensified.

She found herself traveling down a tunnel toward a light. At its end, waited her long-dead grandmother and other relatives.

Time seemed to stop. Then an uncle led her back to her body and instructed her to return. Reynolds recalls that it felt like plunging into a pool of ice water.

As she came to, Reynolds told Spetzler about her hallucination.

Is that what it was? Or did some non-physical part of her — spirit, consciousness, essence — uncouple from her body and go traveling?

Reality or illusion? In recent years, medical advances have allowed doctors to resuscitate clinically dead people who, in other times, would have been irretrievably lost. What nobody could have anticipated is that a surprising number come back with tales of near-death experiences (NDEs) such as the one reported by Pam Reynolds. Out-of-body experiences, travels down tunnels

and visits with deceased loved ones are common manifestations, although not all experiencers report all components.

At first, virtually all doctors brushed off such reports. Everything they knew of medicine told them their patients had to be confused, first, about what happened to them and second, about when it happened. The only rational explanation for the NDE was hallucination, brought on by changes in the brain. Further, the only time the patient could have created such a fantasy was when the brain still maintained some function, however impaired. Once flatlined, the brain would be roughly analogous to a computer with its power source unplugged and its circuits detached. It couldn't do anything at all — not even dream.

But Pam Reynolds is one case that's made some scientists wonder. Reynolds's brain was monitored during every moment of her procedure, providing information that was never available to researchers studying other NDEs. She couldn't possibly have seen and heard through ordinary means. Further, she reported her experience immediately upon awakening, so she couldn't have guessed what happened in the operating room through clues she picked up later on.

Cardiologist and NDE researcher Michael Sabom, M.D. compared what Reynolds claims she saw and heard with Spetzler's surgical transcript.

During the period she experienced the tunnel, "She met all clinical criteria for death," according to Sabom. "She had no brain activity. She had no blood in her body. She had no vital signs at all. So, is this death? And if it is death, what was this experience that happened while she was in this state?"

I wondered if Reynolds' experience might have been triggered by the surgery, which, after all, involved poking around in her brain. But Reynolds' neurosurgeon, Robert Spetzler said no — at that moment, there was no working brain in which anyone could trigger anything. "The brain waves were completely gone," he explained. "If you examine this patient with any of our techniques that we would normally use, EEG, pulse monitor, that patient would be dead... It's almost impossible to conceive that you would perceive through the brain itself what she has observed."

Yet Spetzler has no better explanation. "To me it's completely perplexing. But I'm not arrogant enough, having seen so many things that I cannot understand and dealing with the brain day in and day out, to say that something isn't possible."

British researcher Susan Blackmore, Ph.D., has made a career of debunking experiences like the NDE so I wanted to know what she made of Pam Reynolds's NDE.

"If the case you describe is true," Blackmore responded via email, "the whole of science would need rewriting."

Blackmore, however, assumes the account isn't accurate. Citing 30 years of research into all manner of paranormal claims, she says that, in every earlier case she investigated, the evidence simply wasn't there or she found another explanation. "I can only say that my expectation ... is that this case did not happen like that."

In her book about NDEs, "Dying to Live," Blackmore pointed out that aspects of the near-death experience, including the tunnel and out-of-body experiences, can be and repeatedly have been induced by strictly physiological events. During brain surgery, for instance, under local anesthetic, patients sometimes report seeing things from an "out-of-body" perspective. Blackmore herself had an out-of-body experience after taking the drug ketamine (Special K), which she chalks up to vivid hallucination. Others have reported similar experiences under the influence of LSD, opium, hashish and anesthetic drugs.

In "Dying to Live," Blackmore points out that the brain is awash with its own opiate-like substances, called endorphins, during periods of stress. She contends that all evidence leads to the conclusion that out-of-body experiences and all other components of NDEs, no matter how real they seem, begin and end in a misfiring brain. Still, that doesn't explain how Reynolds could have retained consciousness with no brain function at all.

"It's not really me; it's just my body." Dr. Barbara Rommer, M.D., an internist in Fort Lauderdale, Florida, first encountered a patient who had an NDE during her residency in the early 1970s. Since then, she has interviewed more than 300 people who reported having near-death experiences. Although her view doesn't fit that of peers in the medical profession, these interviews convinced her that there is something more, something that lives on after we die.

"As I was interviewing these people, they wanted to speak to other people who had had the same experience, " she says. In response, she began a monthly support group for people who have had NDEs, one of the largest such groups in the world.

On an early November evening, I play fly-on-the-wall as dozens of ordinary-looking, mostly middle-aged men and women trail in to the support group to share their stories and ponder what, for many of them, was a life-altering spiritual journey.

Robert Millman's heart stopped during a heart attack: "The pain was gone. I was suspended over my body. I was looking at myself, actually laying on the gurney and they were putting paddles on me." He says his brush with death made him more giving after a lifetime of selfishness.

Plump, animated Hedy Cushman, who nearly died during a cesarean section, recalls meeting with a panel of celestial judges: "They started to talk to me and they said, 'We're sending you back because you haven't learned your lessons in life.'"

Soft-spoken technology entrepreneur Ken Amick tells of having an NDE after an allergic reaction caused him to stop breathing and turn blue. "I could see in color. I could hear. I could feel emotions like fear, like relief." He pauses, as if experiencing it again. "So, what's that blue thing lying on the table? That's me. I know that's me. It scares me to look at it. But it's not really me; it's just my body."

Rommer says that members of this group find comfort in knowing they're not alone — and they're not crazy — especially since acquaintances, family and friends often greet reports of NDEs with skepticism or even ridicule.

With new evidence come new theories. While most researchers wouldn't be caught dead uttering the word "soul," some find the brain-based theories of NDEs inadequate to explain the phenomena. They speculate that NDEs may be evidence, not of an afterlife, but something just as stunning: that consciousness can exist apart from the brain.

In a study published in December 2001 in the British medical journal, *The Lancet*, Dutch cardiologist Pim van Lommel, M.D., recounts the NDE of a clinically dead, 44-year-old cardiac arrest victim. He was rushed by ambulance to a hospital where doctors re-started his heart with defibrillators. A nurse removed the man's dentures so a breathing tube could be inserted in his throat. Once stable, the man was moved to intensive care.

A week later, the man saw the nurse who had removed his false teeth. And he recognized her, although during their only prior encounter, his condition had ranged from clinical death to coma.

"You took my dentures out of my mouth," he told the nurse, accurately describing other details he claimed his disembodied self viewed while floating above.

Cardiologist van Lommel and his fellow researchers interviewed this man and 343 others whose hearts had arrested — every patient in each of ten Dutch hospitals who had suffered cardiac arrest and had survived — in an attempt to gauge the frequency of NDEs. Strictly brain-based NDE explanations don't appear to apply to the findings. That's because, as van Lommel explains, when the heart stops pumping oxygen-rich blood to the brain, the brain stops working within seconds. "We know that all the patients who had a cardiac arrest because of myocardial infarction must have had flatline," says van Lommel. These patients weren't simply unconscious; their brains were, to return to the computer analogy, temporarily "unplugged."

Yet, in this state where nothing physiological or psychological could happen by any known mechanism, "Eighteen percent have a story of a very clear consciousness," van Lommel says.

The patients in van Lommel's study described everything from a general feeling of peace to full-fledged NDEs. A smaller study done by British researchers at Southampton General Hospital, and published in the journal, *Resuscitation*, found more than 11 percent of those resuscitated after cardiac arrest reported NDEs.

These findings suggest to van Lommel that consciousness can exist in the absence of brain activity.

"You can compare the brain with a TV set," says van Lommel. "The TV program is not in your TV set."

So where is consciousness? Is it in every cell of the body?

Van Lommel says he believes it is, explaining that, each second, tens of thousands of cells die and this intensive cell turnover means that, eventually, almost all the cells that make up "me" or "you" are new. And yet, we don't perceive ourselves as being any different than what we always were. To van Lommel, it follows that, "There must be a kind of communication between all our cells."

But if the death of consciousness can occur later than the death of the brain, what does that mean in practical terms? Should we re-think the harvesting of organs for transplant from the "brain-dead"?

And the theory, however intriguing, doesn't address the most puzzling aspect of the NDE: what, if anything, leaves the body? Is this merely illusion, created by the remnants of consciousness? Or is there another piece to the puzzle, something that survives death?

The questions raised by the NDE have scientists, theologians and ordinary citizens groping for answers. It does not fit into our rational view of life, death and consciousness. And yet, we will have to make peace with our uncertainty. Because, as medical science advances, more of those who would have died in earlier times will be resuscitated. And more will come back with such stories.

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