

*The Irrelevance of Time in Near-Death Experiences  
(NDEs)*

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## **Introduction**

Those who have undergone near-death experiences (NDEs) have often reported elaborate transcendental encounters with spiritual beings and/or deceased loved ones while venturing into paradisiacal environments and sometimes spending what appears to be a significant amount of time there. In fact, they might report that their experience lasted for hours or days, or even longer. However, research has shown that often what may seem like hours or days to the experient may in fact only have been seconds or minutes (King, 2021; Green, 1968, pp. 101–103).

## **The Significance of Time Distortion in NDEs**

The significance of this time-distortion element that can take place during an NDE makes the assumed time of the experience irrelevant in comparison to real time. Therefore, while some have inferred that it is not possible to experience an NDE during cardiac arrest if it is solely a function of the brain due to the NDE's presumed length of time coupled with the rapid loss of brain activity (Parnia & Fenwick, 2002), this argument loses its force since clinical loss of consciousness and loss of EEG activity after abrupt cardiac arrest can sometimes take as long as up to 30 seconds (Pana et al., 2016). Yet, an NDE might only last a few seconds or less in real time. For example, an experient in one of my studies who had an NDE associated

with cardiac arrest made the following statement (and provided medical records to support her claims):

Time passed slow. I was there for hours or more. My body was down for 1.5 minutes unconscious. I had no heartbeat for 21 seconds. When my heartbeat returned, it returned at 21-37 beats per minute (normal is 60). (King, 2021, p. 16)

In addition, it has now been discovered that many individuals may experience an end-of-life electrical surge in the brain 180–300 seconds after the complete loss of any measurable blood pressure, usually lasting from 30–180 seconds, which may possibly be a last gasp survival mechanism (Chawla et al., 2009; Chawla et al., 2017). Considering that NDEs might only last seconds, there seems to be plenty of time and sufficient brain functionality available for an NDE to take place at some point during cardiac arrest. French (2005) argued that NDEs might possibly take place as experients entered the period of flat EEG or as they recovered from such a condition. He further stated:

With regard to the possibility that the experience may have occurred as the patient rapidly entered unconsciousness, it should be borne in mind that altered states of consciousness often have an effect on time perception. This is indeed illustrated very well by the life review component of the NDE itself during which it is claimed that the whole of an individual's life is replayed in a fraction of a second. Who can say, therefore, that the few seconds of remaining consciousness as an individual enters the state of clinical death is insufficient for the experiences that form the basis of the NDE? (French, 2005, p. 363)

The ramification of all that has been discussed up above is that a supposed lengthy NDE associated with an occurrence of clinical death does not necessarily provide any support for the survivalist hypothesis unless that NDE includes an absolutely certain veridical perception that took place during the exact moments in which there was a cessation of all brain activity. Proof of this would require that the cessation of brain activity was monitored and recorded and could then be correlated with a video of the real-world activity taking place with a synchronized time stamp that matches the description of the experient observation for those critical moments. Without this, it is difficult to argue that the experient was having an NDE during the exact moments of brain cessation despite any presumed correlations that may have been derived from discussions with and/or between the experient and those present.

Without the type of evidence of verified veridical perception just discussed, the problem of determining whether or not the NDE took place during cessation of brain activity becomes

even more difficult. The reason for this is that while time continues its forward progression in the physical world during that cessation of brain activity, this would not be detected by the experient if all forms of consciousness had ceased. If that experient were then to revive and the brain to function again after a period of total cessation of brain activity, the length of the gap in time would not be consciously or even unconsciously experienced or noticed. In fact, if an individual were to experience brain cessation for a lengthy amount of time and nothing were to change in the surroundings, with the people nearby somehow remaining stationary in the same exact position until that brain function was restored, the experient would then most likely assume that unconsciousness only lasted mere seconds with no real gap in time.

Since the gap of unconsciousness with its length of time would not be recognized by the brain of a revived experient except through reasoning from the observation of changed surroundings, this becomes even more significant for those NDEs in which the experient has the perception of being in another realm or otherworldly place away from the physical body. This means that an NDE can be experienced prior to that gap of lost brain function with a belief by the experient that it took place just seconds prior to revival regardless of how much time had passed in real time. Koch (2020) postulates that an experient might even start having an NDE prior to the cessation of brain activity, which then might stop along with the loss of consciousness, but then resume where it left off when the activity of the brain begins to function again.

## Final Thoughts

Arguments that have been offered in support of the survivalist position that are related to a presumption or inference that the assumed length of time in an NDE can be correlated with real time are unconvincing. This includes the assertion that there is a lengthy period of brain activity necessary for an NDE to take place while clinical death ensues or revival takes place. This paper is not arguing against the survivalist position in its entirety nor is it denying the continuation of an extrapersonal self upon death, but is merely pointing out that any perspective that places an emphasis on the relevance of supposed time regarding the length of the NDE needs to be reconsidered.

## References

- Chawla, L. S., Akst, S., Junker, C., Jacobs, B., & Seneff, M. G. (2009). Surges of electroencephalogram activity at the time of death: A case series. *Journal of Palliative Medicine*, 12(12). <https://doi.org/10.1089/jpm.2009.0159>

- Chawla, L. S., Terek, M., Junker, C., Akst, S., Yoon, B., Brasha-Mitchell, E., & Seneff, M. G. (2017). Characterization of end-of-life electroencephalographic surges in critically ill patients. *Death Studies*, *41*(6), 385–392. <https://dx.doi.org/10.1080/07481187.2017.1287138>
- French, C. C. (2005). Near-death experiences in cardiac arrest survivors. *Progress in Brain Research*, *150*, 351–367. [https://doi.org/10.1016/S0079-6123\(05\)50025-6](https://doi.org/10.1016/S0079-6123(05)50025-6)
- Green, C. (1968). *Out-of-the-body experiences*. Institute of Psychophysical Research.
- King, R. A. (2021). *Differences and commonalities among various types of perceived OBEs*. The NDE OBE Research Project. <http://dx.doi.org/10.13140/RG.2.2.23418.82882/1>
- Koch, C. (2020). What near-death experiences reveal about the brain. *Scientific American*. <https://www.scientificamerican.com/article/what-near-death-experiences-reveal-about-the-brain/>
- Pana, R., Hornby, L., Shemie, S., Dhanani, S., & Teitelbaum, J. (2016). Time to loss of brain function and activity during circulatory arrest. *Journal of Critical Care*, *34*, 77–83. <https://doi.org/10.1016/j.jcrc.2016.04.001>
- Parnia, S., & Fenwick, P. (2002). Near death experiences in cardiac arrest: Visions of a dying brain or visions of a new science of consciousness. *Resuscitation*, *52*(1), 5–11. [https://doi.org/10.1016/s0300-9572\(01\)00469-5](https://doi.org/10.1016/s0300-9572(01)00469-5)