

The Nature of the Apparent Tunnel in Near-Death Experiences

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ABSTRACT

Throughout history and across diverse cultures, individuals who have experienced death or approached its threshold have shared remarkably similar narratives. A common element in near-death experiences (NDEs) is the report of traversing a relatively dark tunnel that leads to a brightly illuminated area. While it is acknowledged that specific brain functions are active during NDEs, these functions fail to fully explain why and how the soul separates from the body or how experiencers perceive their surroundings. This investigation employs data gathered from individuals who have had near-death experiences, alongside insights from both contemporary and historical scientific theories, as well as perspectives from spiritual disciplines. The illumination observed at the end of the tunnel may reflect the inherent brightness of spiritual realms and purgatory when contrasted with our physical existence. Conversely, feelings of darkness and anxiety encountered within the tunnel might be linked to an area recognized by spiritual researchers as an intermediary space between our world and Summerland, which is associated with unsettled spirits. The sensation of being drawn into the tunnel may indicate an intrinsic gravitational pull between human souls and spiritual entities. Furthermore, individuals' attraction to light may be influenced by their existential preparedness; those who undergo negative experiences often do not enter this light and may instead perceive themselves as being drawn downwards into darkness. Given historical classifications of existence found in philosophical discourse, mysticism, and ancient natural sciences, this dark tunnel could symbolize the distance separating our material world from higher celestial realms.

Keywords: Near-death experience (NDE), Purgatorial realm, light tunnel

Introduction

Experimental sciences advance through empirical experience and observation; thus, making informed statements about an issue necessitates direct observation, analysis of its behavior, and identification of the underlying principles governing that behavior. The lack of consensus on the definition of death has resulted in a nebulous zone between life and death—this intermediary space is where near-death experiences (NDEs) transpire. Individuals whose hearts have temporarily ceased beating often recount their observations upon the resumption of cardiac activity; similarly, those severely injured in accidents report shared phenomena until emergency teams restore them from death to life. Collectively, these occurrences are commonly referred to as near-death experiences (NDEs).

NDEs represent a phenomenon examined within the domains of parapsychology, psychology, psychiatry, and hospital medicine. Such cases are typically documented after a person's clinical death has been established (cardiac arrest) or when they are on the verge of death (exhibiting unstable vital signs), which is why they are designated as NDEs. Clinical scenarios thought to

precipitate near-death experiences include cardiac arrest, hemorrhagic shock during childbirth or surgical complications, electrocution, coma, cerebral hemorrhage, stroke, unsuccessful suicide attempts, drowning or choking incidents, breath-holding episodes, and severe depression. (van Lommel P., van Wees R., Meyers V., Elfferich I. (2001), *Lancet*, December 15; 358(9298):2039-45.)

For those who have experienced NDEs, these events are often described as singular and irreplaceable occurrences. The nature of these experiences can range from positive and tranquil sensations to negative and distressing feelings or may even occur devoid of any sensation whatsoever. Typically, the lives of most individuals who undergo such experiences undergo profound changes; they seldom revert to their pre-experience existence and frequently exhibit significant behavioral and personal transformations. If these observations were merely random occurrences lacking consistency across different contexts, their significance would be limited to the individuals themselves without broader scientific relevance. However, if throughout history various individuals across different regions consistently

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report similar experiences, it becomes imperative to regard these phenomena with seriousness in scientific discourse.

History of Research on Near-Death Experiences

The term "expérience de mort imminente," translating to "near-death experience," was introduced by French psychologist and epistemologist Victor Egger during discussions among philosophers and psychologists in the 1890s. These discussions examined accounts of life reviews that occur during specific events such as falls from significant heights (Egger, Victor (1896). XLI: 26–38).

In 1892, Aribert Heim reported a series of subjective and non-objective observations involving individuals such as workers who fell from scaffolding, injured soldiers, climbers who had plummeted from elevations, and others who faced near-death situations like drowning or accidents. This marked the first instance where this phenomenon was characterized as a clinical syndrome (Greyson, Bruce (2014). In Cardeña, Etzel; Lynn, Steven Jay; Krippner, Stanley pp. 333–367. ISBN 978-1-4338-1529-4).

In 1968, Celia Green, director of the Psychophysical Institute at Oxford University, published an analysis encompassing 400 firsthand accounts of out-of-body experiences (Green, C. 1968). This publication represented early attempts to create a taxonomy for such experiences that had previously been dismissed as merely unusual perceptual occurrences or hallucinations. Psychiatrist Elisabeth Kübler-Ross also contributed significantly to this field with her book titled "Kübler-Ross Model: On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy, and Their Own Families." Additionally, these experiences gained wider recognition through the research of psychiatrist Raymond Moody, who introduced the term "NDE" in 1975 as an umbrella term for various phenomena including out-of-body experiences, life reviews, traversing tunnels, perceiving light, and reaching significant thresholds. It is noteworthy that John C. Lilly had previously utilized the term "NDE" in 1972 (refer to the Wikipedia article "What is NDE?"). In a 1975 investigation led by psychiatrist Raymond Moody involving around 150 patients who had undergone near-death experiences (NDEs), it was reported that these individuals typically experienced at least nine distinct stages. Moody's comprehensive account of these nine stages is outlined as follows:

1. A sudden sense of tranquility and relief from pain.
2. The perception of a calming voice or music emanating from another realm.
3. The soul's ascent above the physical body, coupled with awareness and observation of the medical team's attempts to revive them from a vantage point near the ceiling of the room (autoscopy).
4. The soul's departure from the earthly domain and rapid ascent through a tunnel situated within a dark environment.
5. Entry into a luminous "heavenly realm."

6. Joyful encounters with "beings of light," frequently identified as deceased friends or family members.

7. An encounter with God is often conceptualized as a radiant mass of light exuding love and illumination.

8. An instantaneous review of one's life, emphasizing how both positive and negative actions have affected oneself and others.

9. The individual returns to their physical body and earthly existence, either due to being informed that it is not yet their time to die or being granted the option to return to their family and loved ones (refer to Moody, 1994, pp. 40-84; Morse, 1996, pp. 25-27 and 243; also Hagan III, John C., November 18, 2018).

Surveys

The occurrence of near-death experiences reported in various studies shows considerable variability. A survey conducted by Gloup, New Mexico, and Proctor, Oklahoma, between 1980 and 1981 involving a sample from the American population indicated that 15% of respondents claimed to have experienced a near-death experience. In contrast, a selective survey carried out by Knoblauch in Germany in 1991 revealed that only 4% of the surveyed population reported having had such an experience. Dutch cardiologist Van Lommel and his colleagues examined a cohort of patients who had experienced cardiac arrest and were successfully resuscitated within a hospital environment. They discovered that 18% of these patients asserted they had undergone a near-death experience (Wikipedia: NDE article references 51-53).

Furthermore, a study conducted in 2011 estimated that approximately 9 million individuals in the United States have encountered a near-death experience at some point in their lives. The majority of these experiences are attributed to severe injuries that impact either the body or the brain. ("Can Science Explain Near Death Experiences?" Discover Magazine. Retrieved Aug 23, 2021.)

Tunnel of Light

As previously noted, one of the more commonly reported phenomena in near-death experiences is referred to as the "tunnel of light." Numerous individuals who have emerged from the ambiguous space between life and death describe encountering an extensive and radiant tunnel of light ahead of them. A survey indicates that about 15% of individuals who have suffered severe cardiac arrest and were successfully resuscitated have reported experiencing this phenomenon. The origins of this experience can also be traced back to earlier literary works. An example is "Ascent of the Blessed," a painting by the famous priest Hieronymus Bosch, which was created in the 15th century.



Evelyn Elsaesser Valarino (1997) p. 203. ISBN 978-0-7382-0625-7

In this article, we specifically aim to explore the following stages associated with near-death experiences:

1. The "tunnel experience," is characterized by entering a form of darkness or experiencing a sensation of ascending or traversing a passageway, along with related phenomena.
2. Encounters with "beings of light," "entities dressed in white," or analogous figures.
3. A swift movement toward the light and/or immersion within it (often referred to as "becoming light"), where this light engages with the individual through a form of thought communication.

Examination of Several Cases of Experience

As previously discussed in this article, individuals often report experiencing a tunnel and rapidly passing through it during the stage following their out-of-body experience. Many have described this phenomenon as resembling a tunnel, a hole, or something akin to a whirlpool. It appears that, similar to other elements of near-death experiences (NDEs), perceptions of this tunnel vary among individuals. In his 1975 publication, Raymond Moody includes various quotations on this subject and notes that among the 150 cases he documented, no two were precisely alike (Moody, 1975: 23). Below are several notable instances related to the tunnel experience:

- "I suddenly found myself in an extremely dark and deep valley. It felt as though there was a path resembling a road running

through that valley while I traveled along it... Later on, when I regained my health, I reflected: 'Yes, now I understand what is meant by 'the Shadow of the Valley of Death' in the Bible because I have been there myself.'" (ibid: 33-34)

- "I was situated in an empty expanse of darkness and blackness. It is quite challenging to articulate; however, I felt as though I were moving within absolute darkness while remaining fully conscious. It resembled being inside a cylinder devoid of air. There was an unsettling feeling within me; half of me felt present here while the other half felt elsewhere." (ibid: 32)

- "I continued to drift along the corridor until I passed through the door leading to the covered porch there. At that moment, it seemed as if clouds resembling pink mist gathered around me; then I moved directly through the curtain as if it were nonexistent and ascended toward an intensely bright and clear light—a radiant white light. It was extraordinarily beautiful and luminous yet did not cause discomfort to my eyes. It bore no resemblance to any light we encounter on Earth. Although I did not see anyone within this light, it undeniably possessed an identifiable essence that assuredly existed. This light radiated complete understanding and unconditional love." (ibid: 63-62)

- "Then I found myself moving through something—perhaps you might find this peculiar—through a long and dark passageway resembling a sewer pipe. I genuinely cannot convey it adequately to you. Throughout this experience, I moved along with that sound—the same bell-like tone." (ibid: 31)

In 1981, the International Association for Near-Death Studies was founded to support and promote scientific research into the physical, psychological, social, and spiritual aspects of near-death experiences. This organization also disseminates information through publications such as the *Journal of Near-Death Studies* and the *Vital Signs* newsletter (Durham: available at <http://www.iands.org>).

Reported experiences featured on the website of the International Association for Near-Death Studies are also included in an Iranian blog titled "In the Embrace of Light," from which several accounts regarding experiences of traversing this tunnel have been excerpted:

Cassandra Musgrave describes her experience: "I felt as though I was rapidly moving through a dark tunnel toward a bright location where I had previously been. Upon reaching the end of the tunnel, I found myself in an extraordinarily beautiful land filled with vibrant and diverse flowers, discovering that I had entered another realm."

Ned Dougherty states: "While outside my body, a vast field of energy manifested in the sky before me. This energy gradually formed into an upward tunnel shape, accompanied by a sound reminiscent of a large mechanical gear. It appeared that as this mass of energy coiled like ocean waves to create a passage to another dimension, the darkness surrounding it took on a fluid quality. I entered this unavoidable energy tunnel and began ascending within it."

Loury recounts: "I sensed that I was situated within some form of tunnel where colors that seemed alive swirled around me. The spectacle was extraordinary and its beauty is indescribable.

Although I was being swiftly drawn through the tunnel, my cognitive abilities remained fully functional. Rather than seeing limbs, I perceived myself as pulsating energy. I emerged from the opposite end of the tunnel into a space filled with numerous stars both above and below me."

Hufeur reflects: "Suddenly, I realized that I was moving through a dark tunnel toward a point of light that gradually expanded while illuminating my being with its glow. As I approached this light, my internal light intensified as well. Within the darkness of this tunnel, I observed shadows of individuals wandering without emotion or purpose, engulfed and lost in their existence."

Ricky Randolph: After some time, I found myself in an area resembling a long and dark cavity; however, around me was a beam of light containing all the colors of the rainbow. At the end of this beam, I perceived a faint light that gradually expanded in size.

Roumy: Although I had died, I still felt alive. The primary distinction from my previous state was that the air or atmosphere around me possessed a somewhat different color and essence. I contemplated how transitioning from death to another realm seemed remarkably seamless and tranquil. It became evident to me that death is not merely the opposite of life but rather its continuation. Immersed in curiosity and observation like a small child, I experienced awe and wonder as thousands of thoughts raced through my mind when suddenly I felt an upward movement.

A golden circle approximately twenty meters in diameter emerged before me, appearing as an entrance to an infinitely long path. As I gazed toward it, the entrance opened wide, increasing my speed as I entered... Subsequently, I felt as if I were rapidly emerging from the darkness of the void. Surrounding me were landscapes reminiscent of Earth—trees, rocks, and mountains... There, I encountered an extraordinarily bright and dazzling light that was truly remarkable.

Amin: Struggling to save myself and breathe proved futile as I flailed about. Though my surroundings were filled with water, the lack of oxygen caused my environment to grow increasingly dark until it approached complete darkness. However, this condition did not persist for long; within a brief period, I transitioned into an environment characterized by infinite tranquility that defies description. In the distance, I observed a light and sensed that I was moving through something akin to a tunnel toward this illumination. While it may not have been precisely a tunnel, "tunnel" serves as the most fitting analogy for my experience. (2021-01-04 - <https://neardeath.org/ktGVA>)

Grace Bubulka-Hatmaker reflects on her near-death experience from 1984 in her book "Beyond Reality," stating: "I became aware that although I was not inhabiting my body, I still existed independently of it; this existence had no connection or reliance on the physical body lying on the bed. I floated in a state of complete comfort and pleasant warmth, free from all bodily discomforts.

After some time spent motionless above the ceiling, I gradually began to move, ascending slowly upward and slightly to the left. I sensed the presence of things or beings around me, yet their

identities remained unknown to me. Initially, my surroundings appeared as a gray mist; however, as my movement and speed increased, I observed that this gray mist had a luminous endpoint... Upon entering the warm glow ahead of me, I experienced an overwhelming sense of ecstasy and trance. I had transformed into light and become one with the light itself. Articulating this experience proves to be exceedingly challenging." (Hagan III, John C. (November 12, 2018)

From a Neuroscientific Perspective: Why Do NDEs Occur?

Certain neuroscientists suggest that near-death experiences (NDEs) arise from brain activity. While we are alive and our brains function, this organ acts as the conduit for our perception of both the world and ourselves. All sensations, bodily functions, and essential physiological processes are mediated by our brains. Even during dreaming—when visual pathways are inactive and do not receive light—the brain generates images through mechanisms that remain incompletely understood, allowing us to experience them visually. Likewise, when we recall a topic while awake and form mental images without external visual stimuli, our brains create these representations for us to perceive.

Some researchers contend that the tunnel of light experience may stem from specific behaviors exhibited by our brains during near-death scenarios. They propose that under such conditions, a mechanism within the brain activates that leads to the perception of this tunnel of light.

Research in this area has primarily been conducted within medical, psychological, and psychiatric contexts. Studies involving laboratory rats subjected to induced cardiac arrest have shown signs of increased brain activity; however, similar investigations have yet to be conducted on humans. In one study led by Jimo Borjigin et al., nine rats were examined after experiencing induced heart attacks while their brain activity was monitored via electronic devices. Approximately 30 seconds post-cardiac arrest, these rats displayed synchronized brain waves indicative of an alert state.

Borjigin observed that the visual cortex responsible for image processing was significantly active in these rats, which could elucidate why individuals often report their near-death experiences as remarkably vivid and lifelike (Jimo Borjigin et al. (2013). Vol. 110, Issue 35. pp. 14432–14437).

In 1997, Whinnery revealed that near-death experiences (NDEs) exhibit similarities to the phenomenon of reduced consciousness resulting from increased gravitational forces experienced by jet pilots. He noted that observations indicate that this state of reduced consciousness often includes elements such as visualizing a tunnel and bright lights, as well as sensations of floating. (Whinnery, J. E. (1997). Near Death Study 15: 231–258.)

Sam Parnia, who serves as the director of research in critical care and resuscitation at NYU Langone Medical School, is working to achieve a comprehensive understanding of these characteristics. In the autumn of 2008, he and his team launched an extensive investigation referred to as the AWARE Study. This study is

recognized as the largest completed examination of near-death phenomena and involved numerous researchers across various hospitals in multiple countries. It focused on 1,500 cardiac arrest survivors, with results about the uncertainties encountered during the experiments published in October 2014 in the journal *Resuscitation*. (van Lommel P, van Wees R, Meyers V, Elfferich I. (2001) *Lancet*, December 15; 358(9298):2039–45.)

Analysis

Current research on near-death experiences (NDEs) often does not align with established neuroscientific methodologies despite progressing through various scientific stages. This discrepancy arises because brain activity scans are not conducted when patients undergo emergency resuscitation. Therefore, studies that claim to analyze brain activity or inactivity during NDEs cannot be regarded as high-quality scientific investigations due to the lack of EEGs, CT scans, fMRIs, and similar imaging techniques.

The most comprehensive neuroscientific explanation proposed for NDEs thus far is the "dying brain" hypothesis. This theory suggests that NDEs result from hallucinations stemming from brain activity, particularly as neuronal cells begin to die.

As noted earlier, research involving laboratory rats subjected to induced cardiac arrest revealed fluctuations in brain waves associated with consciousness and activity in visual processing areas of the brain. However, Dr. Sam Parnia—director of critical care and resuscitation research at NYU Langone Medical School and a prominent figure in scientific studies concerning death and NDEs—asserts that it is impossible to ascertain what these rats experienced at the moment their hearts stopped. Additionally, previous investigations involving dying humans have shown no observable brain wave activity, a finding corroborated by researchers in this recent study.

Moreover, Parnia indicated that during near-death conditions in rats, oxygen supply to the brain ceases, and cell membrane channels open up, allowing calcium to enter dying neurons. This phenomenon may account for the electrical activity observed by researchers; however, it fails to elucidate why individuals can recall events occurring shortly after their brains cease functioning and resuscitation efforts commence. Until systematic comparisons are made between the brain waves of cardiac arrest patients who have experienced NDEs and those who have not, it remains uncertain what precisely transpires during these episodes. The most plausible speculation from this research team is that these electrical fluctuations could represent a mechanism employed by the brain momentarily to mitigate reductions in glucose and oxygen levels. (Mehr News Agency, Friday, September 13, news code 2114798)

It is inappropriate to link the tunnel experience and the ascent toward the light with oxygen deprivation in the brain or to dismiss sensations of liberation and light as mere hallucinations associated with the patient's critical condition. Oxygen deprivation in the brain swiftly results in a loss of consciousness, self-awareness, sensory perception, and the ability to encode

memories. In contrast, some individuals have reported returning after several days of cardiac arrest and lack of blood flow to the brain, during which they maintained full consciousness and were able to voluntarily navigate around their bodies, perceiving and remembering all events that transpired. Furthermore, they often receive messages from deceased loved ones that are later confirmed as accurate. Upon encountering the radiant light, they grasp profound philosophical concepts that would be unattainable for a brain that is deteriorating and lacking essential nutrients and oxygen.

The phenomena experienced by pilots at high altitudes are merely hallucinations associated with unconsciousness. When blood flow to the brain diminishes, vision darkens rapidly, leading to a loss of consciousness; thus, there are no indications of self-awareness or consciousness related to out-of-body experiences or the tunnel and light phenomena typically described in near-death experiences (NDEs). Furthermore, prolonged oxygen deprivation to the brain (lasting more than three to five minutes) results in metabolic failure and ischemia, which leads to a decline in various brain functions such as thought processes, rational analysis, and memory. Conversely, individuals recounting NDEs often demonstrate full consciousness and may even experience heightened awareness compared to their normal state. They report enhanced sensory perceptions that allow for a 360-degree view of their surroundings and the ability to observe multiple locations from afar simultaneously. With complete self-awareness, they analyze their environment and consider attributes such as the nature and color of the tunnel. They also ponder what this light is and its purpose while noting its uniqueness.

It is crucial to differentiate that the light perceived in certain hallucinations does not equate to the light experienced in NDEs; this light is characterized as possessing agency and engaging in dialogue while imparting profound philosophical insights or making future predictions that later materialize. Additional experiences occur after leaving the body and entering the tunnel that can sometimes be verified and have been substantiated through evidence (the comprehensive reports cited in this article regarding entering the tunnel include these aspects for further reference).

Nonetheless, a significant issue with this theory is its inadequacy in explaining the complete range of features observed during near-death experiences. Key questions persist: Why do individuals undergo "out-of-body" experiences? What accounts for their authentic perceptions during these states? For example, there are instances where patients who have undergone surgery accurately described surgical instruments they had never encountered before and recounted conversations between medical staff that occurred while they were entirely unconscious. (Sabom, Michael. 1998. Grand Rapids, Michigan: Zondervan Publishing House)

In a separate instance, a nurse extracted the dentures from a patient who had lost consciousness due to a heart attack. Upon regaining consciousness, the patient requested that the same nurse return his dentures. According to established medical

assumptions, it is challenging to justify how an unconscious patient could identify the same nurse after awakening. (van Lommel P, van Wees R, Meyers V, Elfferich I. (2001) *Lancet*, December 15; 358(9298): 2039–45.)

Individuals who make such claims do not hold any belief in the existence of the soul or its potential separation from the body, nor do they acknowledge a realm beyond physical existence; thus, such considerations do not even arise in their minds. They fail to entertain the possibility that this could represent an unusual perceptual experience occurring independently of sensory faculties. While this article does not aim to discuss or validate the existence of the soul or supernatural phenomena, we will assume these aspects as given for our analysis.

Philosophical Explanation of the Tunnel Experience and Entry into Light

Considering numerous reports regarding entering a tunnel and subsequent occurrences, we must ask: what is the essence of this tunnel? And where does the light and luminous space at its end reside? Initially, individuals may find themselves enveloped in darkness, confusion, and disorientation—potentially due to oxygen deprivation; however, once they regain awareness and perceive themselves within the tunnel, it may signify an experience of leaving their physical body and existing in a transitional space between this world and the afterlife—between earthly existence and the first heaven. Based on classifications proposed in philosophy, mysticism, and ancient physics regarding the universe, this dark tunnel might symbolize the distance from the material realm to the first heaven. As an individual's soul ascends to this heavenly realm without interacting with entities in that space, this pathway manifests as a tunnel leading toward a visible light at its conclusion.

The feelings of darkness and anxiety experienced within the tunnel could be attributed to researchers identifying an intermediary zone or transitional area between our world and a spirit realm known as "Summerland," which pertains to unsettled souls. This liminal state serves as a residence for semi-material beings who have been unable to reach higher realms. In modern spiritual science terminology, this condition is referred to as a "transitional phase." The spirits of those who have definitively passed away may linger in this undesirable region for extended periods if they lack readiness for entry into the realm of light (Eftekhari, 2023; pp. 219-223).

The illumination observed at the end of the tunnel may result from the inherent luminosity of both ideal realms and purgatory when compared to our material world. Sheikh Ishraq elucidates that while divine lights illuminate celestial realms, our material existence is characterized by darkness; thus it is fundamentally dark (Asali et al., 2020). The attraction toward entering the tunnel may also reflect an intrinsic pull between human souls and spiritual realms. Additionally, the movement toward light could correlate with individuals' existential preparedness; those who undergo negative experiences often do not enter that light but instead feel drawn downward into darkness devoid of

illumination. The Quran alludes to a similar concept: "And whoever Allah does not place a light for him will have no light" (An-Nur /40).

Ultimately, regardless of how one distances oneself from attachment to their physical body, one transitions into a realm filled with lights. Variations observed among different accounts can be attributed to individual personality traits and their readiness to confront such realities (Semnani, 1990: 178; Eftekhari, 2013: 208-228).

Conclusion

Based on the preceding discussions and assuming the existence of the soul and realms beyond death, as well as human consciousness post-mortem, one can conclude that scientific interpretations of perceptions during near-death experiences—including the frequently reported tunnel—cannot merely be dismissed as hallucinations resulting from oxygen deprivation in the brain or similar conditions. Rather, it is the metaphysical dimension of human existence, combined with self-awareness and perceptual faculties, that enables individuals to observe this tunnel while navigating the space between the material world and the ideal realm. The variations observed in reports concerning this experience are attributable to differences in individuals' levels of understanding, cognitive abilities, and spiritual capacities. It follows that those possessing greater spiritual strength are likely to traverse this path more rapidly, whereas individuals with moral shortcomings may encounter unpleasant sensations within this tunnel, experiencing it as dark and prolonged.

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