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Research Paper

Death-Extended Unending Sleep

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ABSTRACT

Death is for everyone, but no one likes the word. Metaphorically, we say that death is eternal sleep. Apparently, a dead person appears to be in a state of sleep in which one is unaware of surroundings. This paper claims that Death in reality is unending sleep, and it is really so. This paper brings forth the astonishing fact that death is indeed an extended, unending dream state of sleep where the consciousness outlives death and remains in a bodyless, unending sleep.
At death, the bodyless consciousness engages in perpetual, continuous thoughts like in dreams and continues endlessly in extended sleep state.

Keywords: *Sleep, Consciousness, Death, Death as Sleep, Near-death experiences (NDEs), Unending Sleep, Eternal Sleep*

Sleep is a state of consciousness where we lose awareness of our body and its surroundings - a state similar to *Death.*
Two years back, I was to visit my 85-year-old brother-in-law and just two days before the date when I was to board the train, I got a call from my nephew informing me that my brother-in-law had slept through the night and did not wake up. What a comfortable way to die—sleep extended to eternal sleep.

Today, when I recalled the incident, it made me think that whatever way we die, our body comes to a sleeplike inert state at death. This prompted a thought in me whether death could really be an extended, unending sleep and not a metaphor, e.g., 'Eternal Sleep' in English or 'Chir-Nidra' in Hindi.

On exploration of the literature, a strong affirmation surfaces that even in scientific reality, death could, indeed, be an extended, unending sleep!!
I researched and am convinced that sleep could be the form in which consciousness outlives death. This paper brings forth the exploration to establish that death is, in fact, an extended, unending sleep!!
Before we take up the topic, let us first understand the terms 'Sleep' and 'Death'.

Sleep

A normal, healthy person, every night goes to bed and after some time drifts into sleep, and during sleep he dreams, and in the morning he wakes up with a fresh mind. This happens every

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day and throughout his/her life. The phenomenon appears simple, but its mechanism is not so simple.

A paper by the Cleveland Clinic[1] gives some details of sleep:
"*You spend about one-third of your life sleeping, but it's still something many struggle with. Researchers and experts also struggle with it because of the mysteries surrounding how we sleep and what happens to us while we do.*
*Sleep is a normal body process that allows your body and brain to rest. At first glance, sleep is deceptively simple. For most people, it's just a matter of getting comfortable, closing your eyes and drifting into slumber. But despite how simple it seems, sleep is one of the most complex and mysterious body processes known to science. (*Probably the process is complex because it may be involving mind and mind is still mysterious to scientists world over)

Why do we sleep
Modern medicine's understanding of sleep is like a partially assembled puzzle. Experts can identify some of the pieces and have an idea of what the big picture looks like, but they haven't figured out how everything fits together.
Your body cycles between being awake and asleep throughout each day, with certain processes only happening when you are asleep. When you are asleep, your body 'powers down', and most body systems—including your brain become less active.

Some of the things that happen during sleep are:

- ***Energy Conservation and Storage-****During the day, cells throughout your body use stored resources to keep doing their jobs, while you are asleep, your body uses less energy. That lets those cells resupply and stock up for the next day.*
- ***Self-Repair and Recovery-****Being less active makes it easier for your body to heal injuries and repair issues that happened while you were awake. That's also why being sick makes you feel more tired and need more rest.*
- ***Brain maintenance-****While you're asleep, your brain reorganises and catalogues memories and learned information. This is like a librarian sorting and shelving books at the end of the day. It makes accessing and using things you learn and accessing and using things you learn and remember easier and more efficient.*

We have learnt from the above paragraph why we sleep and what benefits our body gets from sleep, but the causal reasons behind sleep are still a mystery. We must also know about the actual process of sleep. We lie down on the bed and close our eyes at night, but what happens after that is brought out by the paper by Hannah Nichols[2,] which explains the Sleep Process through its five phases of sleep:

There are five phases of sleep in a sleep cycle:

- ***Stage 1*****:** Light sleep, slow eye movement, and reduced muscle activity. This stage forms 5% of total sleep.
- ***Stage 2*****:** Eye movement stops, and brain waves become slower, with occasional bursts of rapid waves called sleep spindles.
- ***Stage 3*****:** Extremely slow brain waves called delta waves begin to appear, interspersed with smaller, faster waves.
- ***Stage 4*****:** The brain produces delta waves almost exclusively. It is difficult to wake someone during stages 3 and 4, which are "deep sleep." There is no eye movement or

muscle activity. People awakened while in deep sleep do not adjust immediately and may feel disoriented for several minutes after waking up.

- ***Stage 5*:** This stage is rapid eye movement (REM). Breathing becomes more rapid, irregular, and shallow, eyes jerk rapidly in various directions, and limb muscles are temporarily paralysed. Heart rate increases, blood pressure rises, and males may develop penile erections. When people awaken during REM sleep, they can describe bizarre and illogical tales. These are dreams.

Dreams occur in the 5th stage. Why do dreams occur, and for that matter, what causes us to sleep is still not understood. We also do not know where the thoughts come from. Thoughts come and get displayed on the retina as a video during the dream, and we get engrossed in the moving film. When we get up, we hardly remember what we saw.

We know nothing about the causal aspects of sleep, thoughts and dreams because all these are related to 'Mind and Consciousness', and we do not know anything about these, which constitute a" Hard Problem' to the scientific community.

On the other hand, we know some aspects about brain functioning, and scientists have studied what goes on in the brain when we are sleeping. The brain activities during sleep are mapped, but these activities do not cause sleep, thoughts or dreams; these activities happen in the brain when the above phenomena are already underway.

It is of interest to know what happens in the brain when sleep takes over our body, and we shall dwell on this in the coming paragraphs. This aspect is also relevant to our topic as well, so let us explore the brain functioning during sleep:

Brain activities during sleep:

The brain does not sleep when we sleep. During sleep, dream manifests, but there is no awareness of the body and its surroundings; however, the brain is active. A Paper by Yolanda Smith[3] gives details

Although it was historically believed that sleep was a passive but necessary process for healthy bodily functions, it is now known that brain activity continues during sleep. In fact, this brain activity is thought to play several important roles in the maintenance of physical, emotional, and mental health.

Sleep research has progressed significantly following the introduction of technology that enables the observation and monitoring of brain activity during sleep. This includes positron emission tomography (PET) scanning, functional magnetic resonance imaging (fMRI), and electroencephalogram (EEG).

In particular, an EEG can monitor brainwaves throughout sleep, which has revealed that there are different stages of sleep, each of which is characterised by unique brain activity.

Brainwaves in sleep stages

The different stages of sleep are known as stage 1, stage 2, stage 3, stage 4, and stage 5 (Dream stage with rapid eye movement (REM sleep), and these stages can be distinguished by the brainwaves in each of these stages.

Stage 1: *Stage 1 sleep is the lightest stage of sleep that occurs as an individual is falling asleep. There is a slow movement of the eyes and reduced activity of the voluntary muscles in the body.*

The brainwaves in stage 1 sleep are smaller and more uniform than in the awake state, which is referred to as ***alpha and theta waves.***

Stage 2: *In stage 2 sleep (N2 sleep), the movement of the eyes ceases, and the brainwaves become slower than in stage 1. There are also occasional bursts of waves that are more rapid, which are referred to as sleep spindles.*
The dominant brainwave activity consists of theta waves (These are slower brainwaves, typically associated with drowsiness and light sleep) interspersed with brief bursts of sleep spindles (These are short bursts of rapid, higher frequency brain activity. They are thought to play a role in consolidating memories and protecting sleep from waking stimuli) and K-complexes (These are sharp, high-amplitude waves that can be triggered by external stimuli, such as a sudden noise. They are thought to be involved in maintaining sleep and may also play a role in memory processing. These K-complexes are high-amplitude patterns of brain activity that may be triggered by external stimuli. Sleep spindles are characterised by rapid, higher-frequency brain waves, and both are thought to be important for memory consolidation (Inspired by Yolanda Smith[3] and Internet citing[4])

Stage 3**:** Extremely slow brain waves called ***delta waves*** begin to appear, interspersed with smaller, faster waves.

Stage 4**:** *This stage is characterised by slow, rhythmical brainwaves called* ***delta waves****. This stage of sleep is very heavy, with no movement of the eyes or voluntary muscles. Additionally, it is often difficult to wake a person in this stage of sleep. The brain produces delta waves almost exclusively. It is difficult to wake someone during stages 3 and 4, which are "deep sleep." There is no eye movement or muscle activity. People awakened while in deep sleep do not adjust immediately and may feel disoriented for several minutes after waking up.*

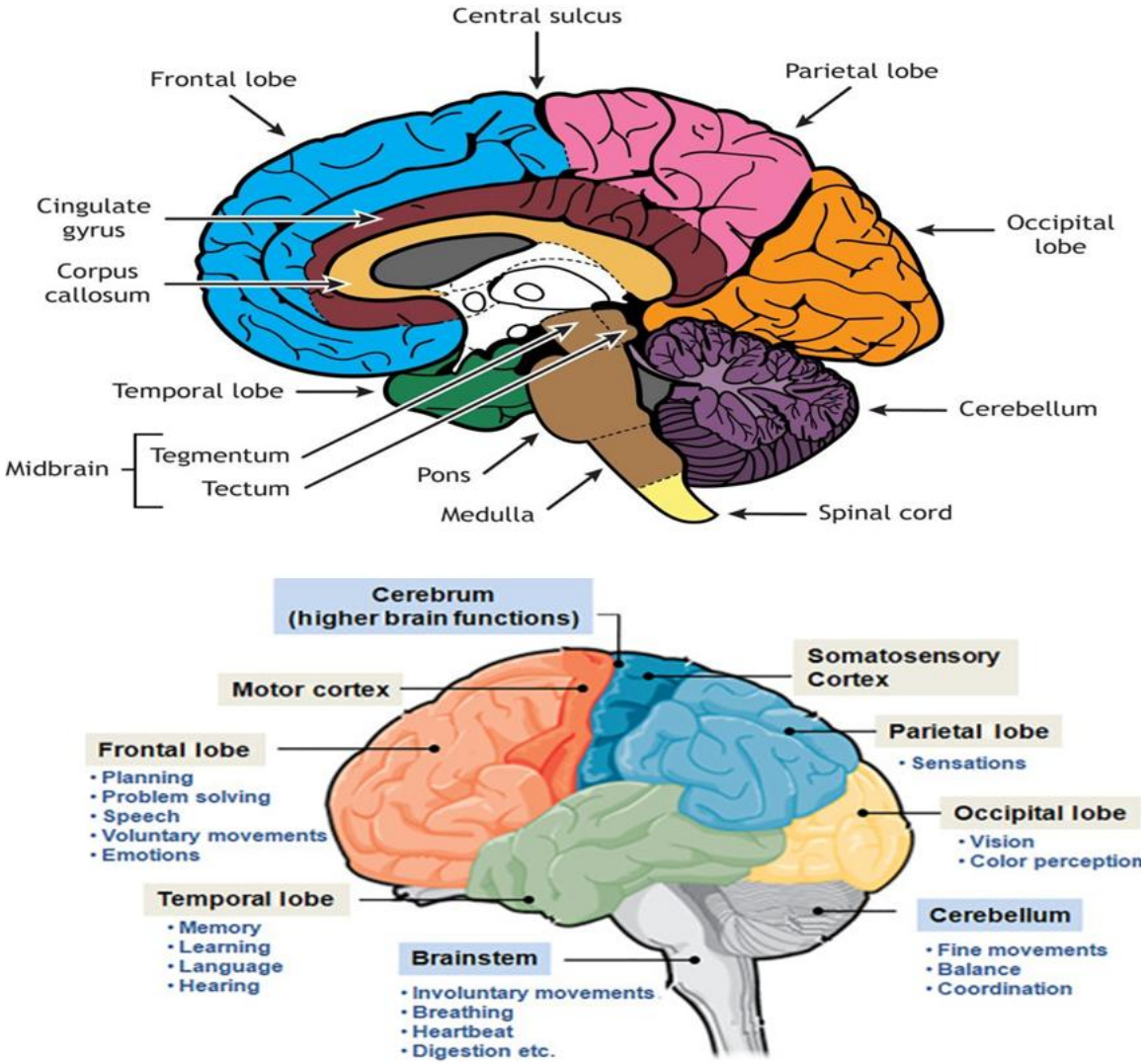
Stage 5**:** *This stage is rapid eye movement (REM). During REM sleep, an individual usually breathes more rapidly, and there are quick movements of the eyes that characterise the state. Breathing becomes more rapid, irregular, and shallow, eyes jerk rapidly in various directions, and limb muscles are temporarily paralysed. Heart rate increases, blood pressure rises, and males may develop penile erections. When people awaken during REM sleep, they can describe bizarre and illogical tales. These are dreams.*

In this stage, the brain activity according to the EEG is very similar to that of a person who is awake, suggesting that there are significant processes taking place in the central nervous system (CNS). The activity of the brain is more dynamic in this stage of sleep. ***The signals initiate at the base of the brain, in an area referred to as the pons, and then expand to the thalamus and cerebral cortex. The cerebral cortex is responsible for the processes of learning, thinking, and organising information.***

During REM (Rapid Eye Movement) sleep, the brain exhibits a mixture of brain wave activity, primarily ***theta*** *(These are relatively slow waves (4-8 Hz) and are associated with creativity, imagination, and memory.) and* ***beta*** *(These are faster waves (15-35 Hz) and are linked to active thinking, problem-solving, and alertness.) waves, along with some alpha activity (While more prominent in wakefulness and the transition into sleep,* ***alpha*** *waves (8-12 Hz) can also be present during REM sleep, particularly in the occipital lobe.).*
These waves are characterised by relatively low voltage and mixed frequencies, similar to what is seen during wakefulness.

Dreams happen during REM sleep, and dreams are characterised by a mix of brainwave activity, with ***theta and gamma waves being prominent, which are linked to focused attention, memory processing, and vivid dreams****.* ***Delta*** *waves are associated with deep sleep and are less dominant during dreams. Brain activity during REM sleep resembles that of wakefulness, with fast, low-amplitude, desynchronized neural oscillations*.

Brain activity during dreaming also shows differences in how different brain regions communicate. For example, during REM sleep, frontal and posterior brain areas show less coherence than when awake, which may contribute to the chaotic nature of dreams. However, posterior brain areas and the left and right hemispheres show more coherence with each other, especially during lucid dreams.



(Figures showing all brain parts, some of which are active during sleep)

Important points about REM brain waves*:*

- ***Desynchronized:*** *The brain waves in REM sleep are generally "desynchronized," meaning they have mixed frequencies and low voltage, similar to wakefulness.*
- ***Sawtooth waves:*** *REM sleep is also characterised by the presence of "sawtooth" waves. Sawtooth brainwaves are a specific type of brainwave pattern, distinguished by their characteristic "sawtooth" shape. These* waves are moderate-amplitude, slow (2-5

Hz) waves with a triangular or notched shape *and are primarily observed during rapid eye movement (REM) sleep. These waves are a normal part of REM sleep and are typically seen in the central regions of the brain (Cz, C3, C4).*

While the exact function of Sawtooth waves is not fully understood, they are believed to be related to PGO waves, which are characterised by electrical activity that travels between the pons, the lateral geniculate nucleus (in the thalamus), and the occipital cortex. PGO waves are considered a hallmark of REM sleep and are thought to play a role in dreaming and other REM-related processes. These originate in the brainstem and are associated with REM sleep. (inspired by internet citing[5])

- ***Dynamic activity:*** *The specific pattern of brain waves can fluctuate during REM sleep, reflecting the active and sometimes bizarre nature of dreams.*
- ***Frontal lobe activity:***

Recent research has highlighted the significant role of the frontal lobe (specifically the dorsolateral prefrontal cortex and anterior cingulate cortex) in REM sleep, with coordinated theta and beta activity.
(Inspired by Yolanda Smith[3] and internet citing[6])

The above discussions have made us aware of the sleep process and the brain activities during sleep. The brain waves ***theta and Gamma***, which are prominent during the REM dreaming stage of sleep, are important because the same waves are found prominent during near-death experiences of people who have come back from the death stage. More of this during discussions on death and the afterlife later but point to be noted is that brain waves in REM sleep resemble brainwaves when we are presumably dead.

We do not yet know the causal aspects behind sleep as it is related to consciousness, which itself is a mysterious subject. Sleep is shrouded in mystery, and so is death.

Death

Death is the most dreaded word that nobody likes to think or talk about. Nobody knows what it feels like when dying and what happens after death because the ticket is one-way, and you can't come back and share your experience. Thus, we face a closed door when we talk about the dying experience or our experience of the afterlife, if at all there is one. We are at an impasse as we can't come back to life after we die, and hence, the impasse to experience death or the afterlife.

Similar was the situation when we wanted to research the brain—how could brain research itself—an impasse!!
Even though we seem to be digressing (in fact, we are not) from the main topic, it is worthwhile to glance through to see how Brain research could be made possible:
One approach taken in brain research was to understand what caused some brain patients to do weird things—what changes in their brains triggered their weird actions.
V S Ramachandran[7], in his book, "The Tell-Tale Brain", takes us on a fascinating journey into the human brain. While studying patients who exhibit bizarre symptoms, he used the learning to understand the functions of the normal brain.

He could explore deviations in the brains of patients compared to normal brains and, thus, give a better understanding of the human brain. In his own words, "It is difficult to talk about the brain without waxing lyrical. But how does one go about actually studying it? There are many

methods, ranging from single-neuron studies to high-tech brain scanning to cross-species comparison. I generally see patients who have suffered brain lesions due to stroke, tumour, or head injury and, as a result, are experiencing disturbances in their perception and consciousness. I also sometimes meet people who do not appear brain-damaged or impaired, yet report having wildly unusual perceptual or mental experiences. In either case, the procedure is the same; I interview them, observe their behavior, administer some simple tests, take a peek at their brain and then come up with a hypothesis that bridges psychology and neurology--- in other words, a hypothesis that connects strange behavior to what has gone wrong in the intricate wiring of the brain. A decent percentage of time I am successful. And so, patient by patient, case by case, I gain a stream of fresh insight into how the human mind and brain work---and how they are inextricably linked."

Using the above approach, he came up with incredible brain research done to alleviate the sufferings of patients of Complex Regional Pain Syndrome (CRPS-II) by facilitating the unlearning of "learned pains" through the use of "phantom limbs". He uncovered the mystery behind "Colour Synesthesia" when he investigated patients who saw colours when shown digits, i.e., the brain linking colour with digits in some people. Also, while studying the brain for pain, he could discover "Mirror Neurons", which get activated with pain in one's body as well as when a person sees another person having pain. As per him, the Mirror Neurons could be used to treat Autism.

Thus, the impasse of Brain research itself was circumvented, and brain research progressed well and is still marching ahead.

We have a similar opportunity for overcoming the impasse faced in death and afterlife research. Near-death Experiences (NDEs) open similar doors to understanding the process of dying and the afterlife. These are experiences of critically ill persons who were declared dead, but when attempts were made to resuscitate them, they came back to life. Dying as an experience can be shared with us by people who died and were resuscitated back to life. Thus, the ticket is really not one-way, but we have people who have experienced death and have come back to tell us their experiences, and we can use their experiences to do meaningful death and afterlife research.

Thus, a way is opened for death/afterlife research, as was the case with the Brain Research.
Literature abounds in Near-Death Experiences, and since it is relevant to our topic, hence, I shall now delve into this topic:

Near-Death Experiences

Near-Death Experiences or NDEs are the experiences in which a critically ill mostly cardiac patients are declared dead but who, after some moments, come back to life and narrate their experiences for the period when they were in a dead state. There have been innumerable such cases which strengthen the view that there is life after death and our consciousness outlives death.
I shall narrate some incidents which I quote from a paper by Moushumi Purkayastha and Kanchan Kumar Mukherjee[8]:
They talk about three patients who had near-death experiences:

Patient 1

A 30-year-old postgraduate, Hindu, married woman with a 5-month-old baby, with a severe head injury, was brought to the emergency in Glasgow Coma Scale Score of E1 V1 M2. She

was operated on for an acute subdural hematoma on the left side. She was on a ventilator for 8 days and was unconscious for around two months. After this, she made a gradual recovery over 1 year. During this period of unconsciousness, she described that she was in a brilliant light in which she floated. She then went to 'heaven' where there was a pantheon of Gods with a hierarchy. There was the trinity of Brahma, Vishnu and Shiva, but even they were in hierarchy 'junior' to 'Om', an apparition of light. She could recall what had been earlier discussed between doctors about technical matters regarding the ventilator, endotracheal tube and tracheostomy. Though she was reluctant, she was then 'sent back 'by 'Om'. Over the next 7 years, she has slowly forgotten most of her description, but her belief has persisted.

Patient 2

A 22-year-old graduate, Hindu male suffering from peritonitis, had an anaphylactic reaction leading to cardiac arrest for around 10 minutes. He was resuscitated and recovered from this period of unconsciousness in about 36 hours and from sepsis in about 3 weeks. During the unconscious period, he described travelling in a tunnel of white light, which he was rushing through. He felt a sense of absolute peace and calm during the arrest. He also had an out-of-body experience (OBE) when he observed with detachment from outside the rush of medics to resuscitate him. After a few months, he could not recall the details other than the light.

Patient 3

A 4-year-old male Hindu child was brought in hypotensive shock to the emergency department secondary to gastroenteritis and dehydration. He was pulseless and unconscious. Over a period of around one week, his sensorium improved. After extubation, he started describing his experience of being in silvery white clouds with 'time dilatation' or expansion, i.e. he felt he was there for months, although his altered sensorium was for about a week. Subsequently, he forgot most of the experience. The response of family members was initially neutral and advised the child not to dwell upon it.

A few more NDEs as described by Nancy Evans Bush and Bruce Greyson[9]:
A man thrown from his horse found himself floating at treetop height, watching emergency medical technicians working over his body. "No! No! This isn't right!" He screamed, "Put me back!" but they did not hear him. Next, he was shooting through darkness toward a bright light, flashing past shadowy people who seemed to be deceased family members waiting. He was panic-stricken by the bizarre scenario and his inability to affect what was happening.

A woman in childbirth felt her spirit separate from her body and fly into space at tremendous speed, then saw a small ball of light rushing toward her: "It became bigger and bigger as it came toward me. I realized that we were on a collision course, and it terrified me. I saw the blinding white light come right to me and engulf me."
A woman collapsed from hyperthermia and began re-experiencing her entire life: "I was filled with such sadness and experienced a great deal of depression."

Adding to these experiences, I bring forth an explanation of NDEs as put forth by Wikipedia[10]: NDEs usually occur during reversible clinical death. Explanations for NDEs vary from scientific to religious. Neuroscience research hypothesises that an NDE is a subjective phenomenon resulting from "disturbed bodily multisensory integration" that occurs during life-threatening events. Some transcendental and religious beliefs about an afterlife include descriptions similar to NDEs.

A 1975 study conducted by psychiatrist Raymond Moody on around 150 patients who all claimed to have witnessed an NDE stated that such an experience has fifteen elements. Dr. Moody focused in depth on approximately 50 cases from the group. One of the unifying aspects of all these patients' experiences was that they had suffered from critical illness, experienced life-threatening conditions or died. Eleven of the fifteen elements pertain to the experience itself and include:

1. Finding it challenging to express the experience in one's own words.
2. Learning one is dead from spectators or doctors.
3. One's pain is replaced by pleasant sensations or/and feelings of peace.
4. Hearing a disturbing noise or pleasant unearthly music.
5. Travelling through a dark tunnel.
6. Finding oneself outside the body.
7. Meeting other people.
8. Meeting with a being of light.
9. Panoramic review of one's life.
10. Arriving at the boundary, frontier or point of no return.
11. Returning to one's body and earthly life.

Moody then described four more elements that relate to events occurring after the experience:

1. Sharing the experience with other people.
2. Impact on one's life.
3. Changing one's view of death.
4. Corroboration of the experience.

NDEs and the facts posited by Wikipedia reflect a fact that even though it is not possible to know what happens after death because the ticket is one-way, we still have a glimpse of death and the afterlife, even though for a short period between the time the person was declared dead and the time when he/she was resuscitated back to life. The short period was the period of death and afterlife, and even during this period, the person was conscious enough to perceive things. During the short span when a person dissociates from the body, he/she is dead but conscious enough to perceive things without the body. When we are in a 'sleep state'—phase 4 and 5, i.e., a deep sleepless state or the dream state, we are not aware of our body. Our body is there, but our mind is oblivious of it, and we are not using the known five senses to perceive things. The mind is either in a dreamless deep sleep state or perceiving things in a dream without using the eyes or ears. During NDE, we have left our body and have continued our above sleep state (stage 4.5) and are perceiving without the body, i.e., the mind or consciousness has continued the sleep state without the body.

Thus, as I look at death, it looks to me similar to sleep, not because when you are dead, your posture is that of sleep, but because your perception is through the mind as it was when you were in stages 4,5 of sleep. ***During this short period of death, the sleep was extended till the person returned to life and woke up. Thus, if we say that death is an extended eternal sleep, we are not far from the truth.***

All the above Near-Death experiences are just a simulation of immediate life after death took place. These bodyless experiences signify that we outlive death as some form of consciousness which is devoid of a physical body, and this conscious state is alive in the extended, unending sleeping state.

We shall come back to my assertion that ***death is an extended, unending sleep*** after we examine the brain state of people who were experiencing NDE and compare those brain states with those of people undergoing normal sleep.

Brain activities during Near-Death Experiences-

As discussed above, research on death is no longer restricted because the ticket was one-way. Near-death experiences have opened a door to peek into death and the afterlife. Near-death experiences are of the period that spans the moment a person dies and the moment when he/she was resuscitated back to life. During this period, the person was dead, and the body lay in a state of sleep, and no organs functioned, even the heart had stopped. Surprisingly, though, the brain had activities which resembled those of a dreaming person. Maryam Clark[11] supports the above view when she says that "*Neuroscientists have recorded the activity of a dying human brain and discovered rhythmic brain wave patterns around the time of death that are similar to those occurring during dreaming, memory recall, and meditation. Now, a study published in Frontiers brings new insight into a possible organisational role of the brain during death and suggests an explanation for vivid life recall in near-death experiences.*

Imagine reliving your entire life in the space of seconds. Like a flash of lightning, you are outside of your body, watching memorable moments you lived through. This process, known as 'life recall', can be similar to what it's like to have a near-death experience. What happens inside your brain during these experiences and after death are questions that have puzzled neuroscientists for centuries. However, a new study published in Frontiers in Ageing Neuroscience *suggests that your brain may remain active and coordinated during and even after the transition to death, and be programmed to orchestrate the whole ordeal.*

When an 87-year-old patient developed epilepsy, Dr Raul Vicente of the University of Tartu, Estonia and colleagues used continuous electroencephalography (EEG) to detect the seizures and treat the patient.

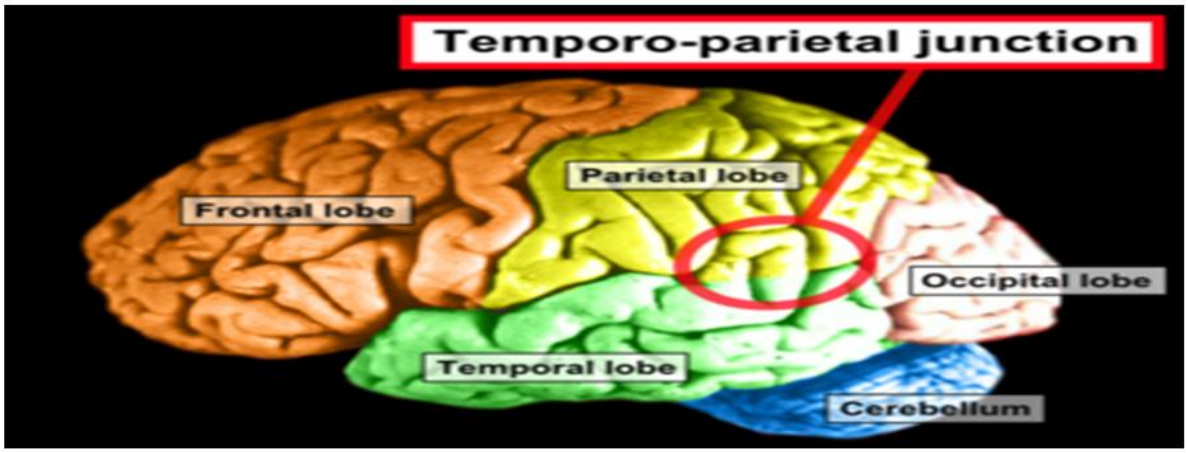
We measured 900 seconds of brain activity around the time of death and set a specific focus to investigate what happened in the 30 seconds before and after the heart stopped beating," said Dr Ajmal Zemmar, a neurosurgeon at the University of Louisville, US, who organised the study.

"Just before and after the heart stopped working, we saw changes in a specific band of neural oscillations, so-called ***gamma*** *oscillations, but also in others such as delta, theta, alpha, and beta oscillations." (****Gamma and Theta waves were found to be prominent during the dream stage of sleep)***

Brain oscillations (more commonly known as 'brain waves') are patterns of rhythmic brain activity normally present in living human brains. The different types of oscillations, including gamma, are involved in high-cognitive functions, such as concentrating, dreaming, meditation, memory retrieval, information processing, and conscious perception, just like those associated with memory flashbacks."

It has been established as a fact that some aspect of life outlives death because people have come back after dying and recalled their death experiences during their NDEs. The brain, which should have been dead at death, was found to have activities during NDEs, which is established by scientists who had been mapping the brains of the persons even after death and during the NDEs.

The findings of scientists studying brains during NDEs are summarised in an internet citation [12] as follows: *During near-death experiences (NDEs), the brain exhibits surges of activity, particularly in regions associated with consciousness and memory, even after the heart stops beating. Studies using electroencephalograms (EEGs) have shown increased electrical activity in the dying brain, specifically in the temporo-parieto-occipital junction (TPJ), a region linked to* ***consciousness, dreaming, and hallucinations.***



These surges, particularly ***gamma oscillations*** *(common to brain waves during dreams), can occur in the final moments of life and may correlate with the vivid, often positive, experiences reported by those who have had NDEs. These rapid brainwaves are associated with higher-level cognitive functions like concentration, dreaming, and memory retrieval. Research suggests that these oscillations can surge during the dying process, potentially contributing to the vividness of NDEs.*

While the exact mechanisms are still being studied, research suggests that these brain activities may play a role in the perception of life reviews, out-of-body sensations, and other common NDE phenomena. Some research suggests that the ***brain activity during NDEs might be more than just a byproduct of dying, potentially indicating a level of awareness that survives the cessation of physical functions.***

It is significant to note that sleep- (the dreaming stage) has gamma oscillations, and the same is found in the brains of people who are undergoing near-death experience. Besides the same brain activity, the two stages have many similarities—the appearance of the person is the same -eyes closed and lying down inert and unaware of self. Thus, death and sleep have a strong resemblance not only in appearance but also in the brain waves and in being unaware of self. These strongly point to the fact that death could be considered as an extended, unending sleep.

This brings to an end of my paper. We have covered a long way and have been successful in establishing that death is not the end of life. NDEs establish that some aspect of life is still alive when the body has died. During NDE, the physical body is lying in a sleep posture, and the person is looking at it from above during the period between the time of death and revival back to life. Thus, life continues in an extended sleep till he wakes up.

In conclusion, we can say that the brain mapping during NDEs also establishes that death (even though for a short duration till the person comes back to life) is an extended, unending sleep because the brainwaves resemble the brainwaves of a dreaming person.

I conclude the paper with the assertion that the above research conclusively establishes that Near-death experiences provide solid proof that consciousness outlives death, and the brain activities during NDEs are similar to the brain activities during the dreaming state. Normal Sleep and death during NDE stage not only have similarity in appearance, but in both cases the person has no sense of body, and even the brain waves are the same in both cases. These undeniable facts lead us to assert that during the death stage, consciousness continues as a bodyless extended sleep, and dreaming continues and hence my claim that death is an unending extended sleep is a universal truth.

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Conflict of Interest

The author(s) declared no conflict of interest.

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