



# LIVING IN A MINDFUL UNIVERSE

*A Neurosurgeon's Journey  
into the Heart of Consciousness*

From the #1 *New York Times* Bestselling Author of

*PROOF OF HEAVEN*

**EBEN ALEXANDER, MD**  
*and Karen Newell*

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We inspire health, healing, happiness, and love in the world.  
Starting with you.

## P R E F A C E

This book is an ambitious effort to unite science and spirituality, two topics that are typically seen as opposites and are rarely so thoroughly addressed in the same book. We aim to reach a broad reading audience: those with both scientific and spiritual leanings—and everyone in between. This is a message for *all* of humanity.

We wish to engage the modern, informed reader with a sincere interest in further understanding the nature of our world, and their relationship to it. The first five chapters generally clarify the problems facing our prevalent Western worldview and confront many ingrained conventional scientific and philosophical assumptions. We then outline a broadened paradigm supported by both human experience and the empirical evidence of scientific research.

Some of the content in those opening chapters may be of less interest to a nonscientific reader, but full comprehension of these concepts before moving on to the remainder of the book is not required. Some may find it useful to read the early chapters *after* the rest of the book. Chapters 6 through 16 relate examples and information involving actual tools and techniques of value to individuals wanting to learn more about their connection with the universe and their capacities for fully manifesting their free will.

The text is written in my first-person voice because it is my narrative. But my coauthor, Karen Newell, understands my voice better than anyone and significantly added to, clarified, and refined what is truly *our* message—I could not possibly have come up with this on my own. Karen's lifetime spent in pursuit of deeper understanding of the nature of all existence has offered a treasure trove of insight and understanding, and this book is far more informative (and friendly to the less scientific reader) through her sage wisdom.

# INTRODUCTION

Discovery consists of seeing what everybody has seen and thinking what nobody has thought.

—ALBERT SZENT-GYÖRGYI (1893–1986),  
NOBEL PRIZE IN PHYSIOLOGY OR MEDICINE, 1937

**W**hat is the relationship between the mind and the brain? Most people do not dwell on this question. It's best to leave such musings up to neuroscientists and philosophers—why spend time thinking about such scholarly matters? Brain and mind are clearly related, and that's enough for most of us to know, right? We have more important things to focus on in our lives.

As a practicing neurosurgeon, I was exposed daily to the mind-brain relationship due to the fact that my patients would often have alterations in their level of consciousness. While this phenomenon was interesting, my focus was pragmatic. I was trained to evaluate those alterations in consciousness in order to diagnose and treat various tumors, injuries, infections, or strokes affecting the brain. We have the tools and, hopefully, the talent to benefit our patients by restoring them to more “normal” levels of conscious awareness. I closely followed developments in physics and knew there were theories about how it all works, but I had patients to care for, and more important things to consider.

My complacency with that arrangement of casual “understanding” came crashing to a halt on November 10, 2008. I collapsed on my bed and fell into a deep coma, after which I was admitted to Lynchburg General Hospital—the same hospital where I had worked as a neurosurgeon. While in coma, I experienced things that, in the weeks after awakening, baffled me and cried out for an explanation within the bounds of science as I knew it.

According to conventional neuroscience, due to the severe damage to my brain caused by an overwhelming bacterial meningoenzephalitis, I

should not have experienced anything—at all! But while my brain was besieged and swollen with infection, I went on a fantastic odyssey during which I remembered nothing of my life on earth. This odyssey seemed to have lasted for months or years, an elaborate journey into many layers of higher dimensions, at times viewed from the perspective of infinity and eternity, outside of space and time. Such a complete inactivation of my neocortex, the outer surface of the brain, should have disabled all but the most rudimentary experiences and memory—yet I was haunted by the persistence of so many ultrareal memories, vivid and complex. At first I simply trusted my doctors and their advice that “the dying brain can play all kinds of tricks.” After all, I had sometimes given my own patients the same “advice.”

My final follow-up visit with the main neurologist involved in my care came in early January 2010, fourteen months after awakening from my treacherous weeklong coma. Dr. Charlie Joseph had been a friend and close associate before my coma, and had struggled with the rest of my medical colleagues through the brunt of my horrific meningoencephalitis, recording the details of the neurological devastation along the way. We caught up on the specifics of my recovery (all of which were quite surprising and unexpected, given the severity of my illness during that fateful week), reviewing some of the neurological exams and MRI and CT scan results from my time in coma, and performing a complete neurological examination.

As tempting as it was to simply accept my extraordinary healing and current well-being as an inexplicable miracle, I couldn't do that. Instead, I was driven to find an explanation for the journey I took during the coma—a sensory experience that completely defied our conventional neuroscientific concepts of the role of the neocortex in detailed conscious awareness. The unsettling prospect that fundamental tenets of neuroscience were incorrect led me into deeper territory in my final discussion with Dr. Joseph that blustery winter afternoon.

“I am left with no explanation whatsoever as to how my mental experiences deep in coma, so vibrant, complex, and alive, could have possibly occurred,” I said to him. “It *seemed* more real than anything I had ever experienced.” I recounted for him how numerous details clearly placed the vast majority of my coma experience as occurring between days one

and five of my seven-day coma, and yet the neurological examinations, lab values, and imaging results all confirmed that my neocortex was too damaged by the severe meningoencephalitis to have supported any such conscious experience. “How am I to make any sense of all this?” I asked my friend.

I’ll never forget Charlie’s smile, as he looked at me with a sense of *knowing*, and said, “There is plenty of room in our understanding of the brain, and mind, and consciousness to allow for this mystery of your remarkable recovery to indicate something of great importance. As you well know, we encounter copious evidence in clinical neurology that we have a far way to go before we can start claiming any kind of ‘complete’ understanding. I am inclined to accept your personal mystery as another lovely piece of the puzzle, one that greatly raises the ante in approaching any understanding of the nature of our existence. Just enjoy!”

I found it most reassuring that a highly trained and capable neurologist, one who had carefully followed the details of my illness, was open to the grand possibilities implied by my memories from deep in coma. Charlie helped open wide the door that has led to my transformation from a materialist scientist, proud of his academic skepticism, into someone who now knows his true nature and has also been offered a glimpse into levels of reality that is most refreshing, indeed.

Of course, it was not an easy journey in those initial months of exploration and confusion. I knew that I was entertaining concepts that many in my field would consider beyond the pale, if not outright heretical. Some might even suggest that I let go of my inquiry rather than commit professional suicide by sharing such a radical tale.

As Dr. Joseph and I had come to agree, my brain was severely damaged by a near-fatal case of bacterial meningoencephalitis. The neocortex—the part modern neuroscience tells us must be at least partially active for conscious experience—was incapable of creating or processing anything even remotely close to what I experienced. And yet I did experience it. To quote Sherlock Holmes, “When you have excluded the impossible, whatever remains, however improbable, must be the truth.” Thus, I had to accept the improbable: This very real experience happened, and I was conscious of it—and my consciousness did not depend on having an intact brain. Only by allowing my mind (and my heart) to open as widely

as possible was I able to see the cracks in the conventional consensus view of the brain and consciousness. It was by the light allowed in by those cracks that I began to glimpse the true depths of the mind-body debate.

That debate is of extreme importance to us all because many of our foundational assumptions about the nature of reality hinge on the directions in which that debate flows. Any notion of meaning and purpose in our existence, of connection with others and the universe, of our very sense of free will, and even of such concepts as an afterlife and reincarnation—all of these deep issues depend directly on the outcome of the mind-body debate. The relationship between mind and brain is thus one of the most profound and important mysteries in all of human thought. And the picture emerging from the most advanced reaches of scientific investigation is quite contrary to our conventional scientific viewpoint. A revolution in understanding appears imminent.

This pathway of discovery continues to unfold, and will no doubt occupy me for the rest of my life. Along the way I have encountered some of the most expansive experiences and intriguing people I could possibly imagine. I have learned not to be seduced by simplistic falsehoods about an assumed world, but to strive to assess and deal with the world *as it truly is*. As human beings seeking a deeper understanding of our existence, we are all well served to take that approach to heart.

DURING THE DEEPEST AND most perplexing phases in the nine years since I first awakened from coma, my mantra has often been, “Believe in it all, at least for now.” My advice to you, dear reader, is to do the same—suspend disbelief for now, and open your mind as broadly as possible. Deeper understanding demands this liberation, just as trapeze artists must release the trapeze to tumble through the air, trusting that their partner will be there to catch them.

Think of this book as my outstretched hands, ready to support you as you take the greatest leap of all—into the glorious reality of who we truly are!



## CHAPTER 1

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# MAKING SENSE OF IT ALL

The Universe is not only queerer than we suppose,  
but queerer than we *can* suppose.

—J. B. S. HALDANE (1892–1964),  
BRITISH EVOLUTIONARY BIOLOGIST

**M**orbidity and mortality (M&M) conferences are the medical community's way of sharing the stories of hapless patients who end up maimed or dead from various illnesses and injuries. It is not, perhaps, the happiest of topics, but they are held in an effort to learn and teach so as to protect future patients from suffering the same fate. It is vanishingly rare for such a patient to be present at their own M&M conference, but that is exactly the situation I encountered a few months after my coma. The physicians who had cared for me were astounded by the high level of my ongoing recovery, and they took advantage of that apparent miracle to invite me to participate in a discussion of my unexpected escape from death.

My recovery defied any explanation in medical science. On the morning that I appeared at the conference, several colleagues shared with me what a shock it was that I had not only survived (which they

had estimated to be a 2 percent probability by the end of my week in coma), but that I had seemingly recovered all of my mental function over a few months—that aspect was truly stunning. No one would have predicted such a recovery, given the extent of my illness. My neurological examinations, CT and MRI scans, and laboratory values revealed that my meningoencephalitis was one of radical—and very lethal—severity. My initial treatment was confounded by a relatively constant state of epileptic seizures that proved difficult to stop.

The neurological examination is one of the most important factors in determining the severity of coma, and can offer some of the best clues as to the prognosis. By assessing eye movements and pupillary responses to light, as well as the nature of arm and leg movements in response to painful stimuli, my doctors determined, as I would have, that my neocortex, the human part of the brain, was badly damaged even when I was first brought into the emergency room.

Another crucial factor concerns the quality of verbalization, but I had none—my only vocalizations were occasional grunts and groans, or nothing at all. The only exception was when I unexpectedly called out, “God help me!” while still in the emergency room (I have no memory of this, but it was reported to me later). Having heard nothing intelligible from me for hours, close family and friends thought those words might offer a glimmer of hope—that I might be returning to this world. But they were the last words uttered before I lapsed into deep coma.

The Glasgow Coma Scale (GCS)—which assesses vocalization, movement of the arms and legs (especially in response to painful stimuli in obtunded or comatose patients), and eye movements—is used to evaluate and follow patients with altered levels of awareness, including coma. The GCS is an assessment of one’s level of alertness, and ranges from 15 in a normal healthy patient, down to 3, which is the score for a corpse, or a patient in very deep coma. My highest GCS score in the ER was 8, and it ranged as low as 5 at times during the week. I was clearly suffering from a deadly meningoencephalitis.

In the discussion around the level of damage to my neocortex, people often inquire about the electroencephalogram, or EEG. An EEG is a fairly cumbersome and finicky test to set up, and one would do so only if it were going to provide useful information for diagnosis or to assist in guiding therapy. Some studies have demonstrated a correlation between

the degree of EEG abnormalities and neurological outcome in cases of bacterial meningitis. In addition, I had presented to the ER in status epilepticus (epileptic seizures resistant to medical control). There were good reasons to perform an EEG.

The sad truth was that I was so ill, with such a dismal prognosis based mainly on my neurologic examinations and laboratory values, that my doctors decided an EEG was not warranted. My EEG, as in other cases of severe meningoencephalitis, would have likely shown diffuse slow-wave activity, burst suppression patterns, or a flatline, indicative of incapacitating damage to the neocortex. This is clear from my neurologic exams and what they revealed about the severity of my illness, especially in the setting of similar cases.

In fact, an EEG recording goes silent (flatlines) within 15 to 20 seconds of cardiac arrest due to cessation of blood flow to the brain. The EEG is thus not a very demanding test in terms of revealing the extent of global neocortical damage. My neurologic examinations, and my CT and MRI scans that revealed the damage to be extensive (affecting all eight lobes of my brain), painted a plenty gloomy picture. I had been deathly ill, with significant brain damage, based on all of the available clinical facts alone.

Given such a rapid descent into coma due to severe gram-negative bacterial meningoencephalitis, by day three of such an illness virtually all patients are either beginning to awaken, or they're dead. My ongoing existence somewhere in between those definitive states vexed my doctors.

On day seven of coma, my doctors held a family conference in which they reiterated that I had been assigned approximately a 10 percent chance of survival on my initial arrival in the ER, but that that probability had dwindled to a pathetic 2 percent chance of survival after a week spent in coma. Much worse than the measly 2 percent probability for survival was the harsh reality they attached to it, and that was the likelihood of my actually awakening and having some return of quality to my life. Their estimate for that possibility was a most disappointing zero—no chance of recovery to any sort of normal daily routine. A nursing home was the best-case scenario, albeit a remote possibility.

Of course, my family and friends were devastated by this bleak depiction of the future. Due to my rapid descent into coma, and the extent of

neocortical damage reflected in my neurological exams and the extreme lab values (such as the glucose level of 1 mg/dl in my cerebrospinal fluid, compared to the normal range of 60 to 80 mg/dl), any physician realizes the basic impossibility of a complete medical recovery, and yet that is what happened. I have discovered no cases of any other patients with my particular diagnosis who then went on to benefit from a complete recovery.

Toward the end of that morning conference, I was asked if I had any thoughts to share.

“All of this discussion about my case, and the rarity of my recovery, pales in comparison to what I see as a much deeper question that has plagued me ever since I opened my eyes in that ICU bed. With such well-documented decimation of my neocortex, how did I have any experience at all? Especially such a vibrant and ultrareal odyssey? How did that possibly happen?”

As I scanned the faces of my colleagues that day, I saw no more than a dim reflection of my own wonderment. Some might default to the simplistic assumption that what I had experienced had been nothing more than a feverish dream or hallucination. But those who had taken care of me, and those who knew enough neuroscience to understand the impossibility that such an impaired brain could have even remotely offered up that extraordinary and detailed complexity of experience, shared that much deeper sense of mystery. I knew that, ultimately, I would be responsible for seeking any satisfactory answers. A ready explanation of my experience wasn't lining up neatly, and I felt compelled to make better sense of it all.

I considered writing a paper for the neuroscience literature to demonstrate the fatal flaws in our scientific understanding of the role of the neocortex in detailed conscious awareness. I hoped to progress toward deeper understanding of the mind-body question, and maybe even glimpse some facet of how the mechanism of consciousness could be explained. I struggled with somehow framing it within my pre-coma worldview of scientific materialism, believing that my beleaguered brain during coma could somehow have had enough capacity to fully explain the origins of my experience.

Some of the greatest assistance in comprehending my experience has come from colleagues whom I trust and respect as truly open-minded and

intelligent. The majority of physicians who have discussed my experience with me in depth have been intrigued and, for the most part, supportive. We considered many theories, all of which were attempts to somehow explain my experience as brain-based. These explanations attempted to place the origin of my perceptual experience in parts of the brain other than the neocortex (i.e., the thalamus, basal ganglia, brainstem, etc.) or by postulating that the awareness occurred outside of the interval of time during which my neocortex was clearly inactivated.

In essence, we tried to explain my memories during coma based on the common assumption that the brain is required for any type of conscious awareness. Over almost three decades of my life spent working daily with neurosurgical patients, frequently challenged by those with alterations in their consciousness, I had come to believe I had some understanding of the relationship between brain and mind—the nature of consciousness. Modern neuroscience has come to believe that all of our human qualities of language, reason, thought, auditory and visual perceptions, emotional forces, etc.—essentially all of the qualities of mental experience that become part of our human awareness—are directly derived from the most powerful calculator in the human brain: the neocortex. Although other more primitive (and deeper) structures, like those mentioned above, might play some role in consciousness, all of the grand details of conscious experience demand the high-quality neural calculator of the neocortex.

I accepted the conventional neuroscientific party line that the physical brain creates consciousness out of physical matter. The implications of that are clear: Our existence is “birth to death” and nothing more, and this is what I firmly believed in the decades preceding my coma. That’s where a disease such as mine (bacterial meningoenzephalitis) becomes a perfect model for human death by preferentially destroying that part of the brain that most contributes to our human mental experience.

Several months after coma, I returned to work and attended the annual meeting of the Society for Thermal Medicine in Tucson to help support the fledgling research for the Focused Ultrasound Surgery Foundation. What excited me most as I flew from Charlotte, North Carolina, to Phoenix that sunny Friday afternoon was that I would be able to reconnect with Dr. Allan Hamilton, my longtime friend and neurosurgical colleague.

Allan and I had become fast friends while working together in the neurosurgical laboratory at the Massachusetts General Hospital in Boston from 1983 through 1985. We had spent countless hours together, sometimes long into the evening, discussing various lab protocols, techniques, and projects, and commiserating over the endless stream of imperfections involved in such scientific efforts as experienced by those in the trenches who are actually doing the work.

Our friendship had overflowed the boundaries of our formal neurosurgical training, which is how, in the mid-1980s, I found myself trekking with “Old Mountain Hamilton” (as I used to call him when out in the wilderness) through ascents of some of the most storied peaks of the northeastern United States. These included Gothics and Marcy (two of the highest peaks in the Adirondack Mountains of upstate New York) and Mount Monadnock in New Hampshire, where we shared an overnight winter bivouac during a blizzard. That evening, the last thing we saw in the early fading twilight was an overflying Red Cross Huey helicopter evacuating a more hapless hiker off the mountain above us. And, of course, Mount Washington, home to some of the worst weather conditions on earth, which we had experienced together firsthand.

As an accomplished hiker who had led US Army missions on such peaks as Mount McKinley in Alaska (at 20,310 feet, the highest peak in North America, and now known as Denali), Allan excelled in preaching the importance of preparation and knowledge required to safely ascend such peaks. As part of my homework prior to our ascent to the summit of Mount Washington in October 1984, Allan had had me review decades of fatality reports. We had begun our ascent an hour before sunrise. Wind gusts up to 70 mph and thickening snowfall obscured our view to the point where we could barely see the next cairn (the rock piles that mark the trail over such lifeless landscapes). This came as no surprise. Wind speed has been measured here up to 231 mph, the highest sustained anemometer reading ever recorded on earth.

An immense sense of relief blanketed me as we entered the Lakes of the Clouds Hut, the highest of eight stone fortresses in the Presidential Range built to provide temporary shelter for hikers in this potentially deadly terrain. The fact that the heavy stone hut was chained to the rock-scapes seemed perfectly appropriate, given the extreme and steady force of such unearthly winds.

As my mentor in this situation, Allan challenged me to make a choice.

“Shall we continue our ascent?” he asked.

Allan had asked me to read those Mount Washington fatality reports for a reason, and this was my final exam. The weather here can shift unexpectedly and he wanted me to decide whether or not we should continue our ascent in spite of the increasingly impressive blizzard.

From my time spent in extreme sports, beginning with a four-year skydiving career in college at the University of North Carolina at Chapel Hill, I knew that the real currency between participants in these potentially deadly adventures was the demonstration of professional and responsible decisions based on the situation, not some display of wild bravado. The only way to being invited onto and organizing those larger freefall star formations back in my skydiving days was through demonstrating a very cool head no matter how intense the challenges—no place for wild cowboys. Similarly, here on “the place of the Great Spirit,” Allan deserved the best I could muster in making this decision.

“Maybe we should head back down,” I finally said, reluctant to relinquish our treasured goal, but knowing in my heart that it was the right decision based on all of those fatality reports.

“Good choice,” Allan muttered, as we started packing our gear to depart the safety and comfort of the massive stone fortress. He pushed the door out into the raging winds, as we started the arduous trek back down the mountain.

The fates were smiling down on us, though; soon after we stepped below the tree line on our descent, the weather changed abruptly. The clouds cleared, the temperature climbed into the forties, and we were able to turn back to ascending the peak in brilliant sunshine, stripped down to T-shirts, with breathtaking views for hundreds of miles all around. One of the final sections on the hike out was through a giant birch forest. I’ll never forget the crystal blue skies beyond the intricate interwoven beauty of their white bark. Scattered bright golden leaves still clung on some branches in colorful defiance of the brutal winter that was fast approaching. The subtlety of the lesson of that day, and the glory we were rewarded by trusting our highest instincts and our connection with nature, is analogous to the life-changing shift in understanding I have reckoned with through the nine years since my coma.

Good choice, indeed!

I had come to respect Allan's deep intellect, rich insight, and refreshing sense of humor. He was a consummate scientist, which became abundantly clear as his career blossomed over the next few years. He went on to graduate from the top-notch neurosurgical residency program at Massachusetts General Hospital and ascended through the academic ranks at the University of Arizona, Tucson, not only to become the chairman of neurosurgery, but also to an appointment as chairman of the department of surgery. Allan was truly a star in the highest constellation of academic neurosurgery.

So as I flew out to Tucson for the Society for Thermal Medicine meeting mere months after my coma, I anticipated my reunion with Allan as the high point of the trip—and I was not to be disappointed! He picked me up in his shining blue Smart car and drove me to his home, a horse ranch on the outskirts of Tucson. All the while, our conversation allowed us to catch up on much that had happened since our previous visit together a few years earlier.

Allan listened in rapt attention as we sat in his study, richly adorned with books and memorabilia, the desert twilight fading in the large windows. I recounted for him a fairly complete summary, not only of my deep coma memories, but of the medical details that were so confounding, that had so far seemingly eliminated any chance of explaining it all as some feverish dream or hallucination. Like many of my medical colleagues, Allan shared my sense of mystery over interpreting my case, greatly enlivened by the extreme rarity of such a recovery. I knew I could count on him to help me assess the mystery of how I could have had such vivid experiences and memories during a time when my neocortex was being devoured.

Fortuitously, it was in the week preceding my trip to Tucson that I had encountered the crowning blow in my recent attempts to explain my experience. I had just received the picture of the birth sister whom I had never known, a week earlier, and the shock of understanding it had provided me about the reality of my coma memories was still fresh in my mind. As those who have read *Proof of Heaven* realize, connecting that picture of my lost birth sister with my beautiful companion deep in coma had been an earth-shattering recognition for me. Allan sensed the same astonishment, as I recounted that recent discovery.

"This is pure gold," he said, after a minute or so of thoughtful reflec-



tion at the end of my long sharing. Allan was already way ahead of me.

“Pure gold,” he repeated, to which his wife, Janey, who sat in during parts of my recap, agreed wholeheartedly. “It’s hard not to feel a bit jealous—I want to have your experience, too!” Janey added.

Allan explained that in his view, my story had provided a much richer and deeper understanding of the mind-body connection. If we viewed it with an open mind, rather than through the limited lens of the scientific view that I had, my experience could help us transcend our flimsy understanding of consciousness, of the relationship of mind and brain—indeed, of the very nature of reality.

“You might enjoy this,” Allan said, smiling, personalizing and handing me a copy of his recently released book, *The Scalpel and the Soul: Encounters with Surgery, the Supernatural and the Healing Power of Hope*. Up to this point, we had not discussed anything strongly supernatural, so it was quite a surprise to learn he harbored such an interest—enough to write a book about it. Looking back, it occurred to me that many scientific-minded folks intentionally avoid bringing up such subjects to their colleagues and peers. Such frivolous sharing might induce raised eyebrows and rolling eyes. Given his prestigious academic appointments, it seemed he had gained the courage that so many others lacked.

I had recently allowed myself to read books on such subjects, and I devoured all 272 pages of Allan’s book on the night flight back east. It contained a compelling collection of anecdotes from Allan’s life experiences as a thoughtful neurosurgeon that opened the door wide to the reality of our spiritual nature. His reflective personal stories about death-bed visions, premonitions, angels, and the astonishing power of faith and love to achieve the deepest healing of the soul moved me to tears at several places in the book.

One example is a heartwarming story about a grandmother—who had been charged with taking care of her daughter’s handicapped son—who now was struggling with her own diagnosis of advanced ovarian cancer, and was expected to die in just months. Who would care for this poor child when the grandmother succumbed to illness? The grandmother’s faith allowed her to defy her doctors’ predictions. She ended up outliving her own doctor and attending the wedding of her grandson, who also seemingly benefited from his grandmother’s strong faith: Despite his disabilities, he became a skilled craftsman. Allan’s blend of scientific

insight combined with a deep and advanced awareness of the reality of soul, garnished with an appropriate sense of humor, greatly energized my personal quest.

Another excellent sounding board arrived in the form of Michael Sullivan, who had been at my bedside during the week of my illness. Michael was the rector at the Episcopal church I had attended for the previous two years since moving to Lynchburg, Virginia. I had not sought spiritual advice from him in the past—I had never felt the need before my coma.

Michael had become a good friend through the close connection of his son, Jack, with my youngest son, Bond. They had met while Bond was in third grade at the James River Day School, and we had shared many good family times together attending their Little League baseball games. While he happened to be a minister, he was more my fun neighbor and close friend than anything else. Given my spotty attendance in church, our conversations tended to be more secular than spiritual. Like many more evolved church leaders, he excelled at delivering spiritual grace to me, even though I had no idea he was doing so at the time.

Michael was grateful I had managed to defy my doctors' dire predictions. He had been preparing to perform my funeral (which seemed inevitable throughout the week of my coma), and offer solace to my family. Instead, he found himself becoming fascinated with the "miracle" aspects of my recovery. As a child, he had poked fun at the concept of miracles, especially as presented through televised evangelical faith healings when, for example, someone in a wheelchair might suddenly walk again after being touched on the head by an enthusiastic pastor. He assumed these were staged events believed only by gullible viewers, yet he watched with rapt curiosity. After many years of pondering the veracity of so-called miracles, his firsthand witnessing of my recovery had caused quite a stir in his own beliefs. It's one thing simply to read about such an occurrence or view it from afar on TV; it is quite another to be front and center at the bedside of a trusted friend who directly experienced such an inexplicable recovery.

In the early months after awakening from coma, I encountered Michael in our neighborhood Starbucks. We sat together to talk, and soon found the conversation delving into the memories of my coma experience. Each of our perspectives were better understood through this candid sharing.

I told him that I had been in a seemingly idyllic paradise with many earthlike features—a fertile, lush verdant valley filled with life and creation, such as plants growing, flowers and buds blossoming—all in a world much like Plato’s world of forms (from his writings in *Timaeus*), in that the contents of that world are more ideal than what they represent from the earthly realm. What I came to call the Gateway Valley was only a stepping-stone to the Core, which I encountered by ascending through higher dimensions of space and time. The Core itself was the source of *all*, the ultimate nonduality of pure oneness. I was aware of the entire higher-dimensional universe as indescribably complex and holding all of existence, there as a model for the entire construct—all space, time, mass, energy, interrelationships, causality, and much more for which I have no words to express. Just beyond all of that, I encountered the power of infinite unconditional love, the very *feeling* of that ineffable love. I was awash in the source of all that is. That feeling is beyond description, yet so shockingly concrete and real that I’ve never lost the memory of it. Human words, developed to help us describe earthly events, obviously fall far short of conveying the astonishing majesty of the complete acceptance of that love without judgment or expectations.

“Your description of the experience reminds me of the writings of some of the early Christian mystics,” Michael said to me. “I have a book that might help you even more than your neuroscience books. I’ll drop it off this afternoon.”

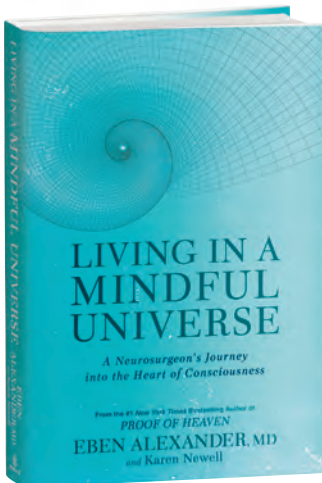
Later that day, I returned to find on the front step of my home, *Light from Light: An Anthology of Christian Mysticism*. It contained the fascinating writings of those who wrote about profound and life-changing spiritual experiences, some dating back almost two thousand years. I was in for a mind-opening read.

My knowledge of Christianity was then confined to the very limited popular variety one might expect from my conventional religious upbringing in a Methodist church in North Carolina. Mysticism was not a quality that I had yet come to associate with Christianity. This book was my first introduction to the mystics, those who actively traverse unseen realms and live a life knowing that the physical realm is but a small part of a much grander reality, most of which remains obscure from our normal waking awareness. I was surprised to learn the power and diversity of such writings from a Christian perspective. From Origen

in the early 3rd century through Bernard of Clairvaux (12th century), Francis of Assisi (early 13th century), Meister Eckhart, Julian of Norwich (14th century), and Teresa of Avila (16th century), all the way up to Thérèse of Lisieux in the 19th century, the journeys sounded hauntingly familiar.

Profound mystical accounts had led the way in humanity's understanding of the full nature of the universe. Such extraordinary experiences deep in the spiritual realm were the basis for all religions. Personal experience is the greatest teacher, and Michael's recommended anthology of Christian mysticism helped me to gain a richer understanding of my own seemingly inexplicable experience. Most importantly, they began to reveal that all pathways to such knowing involve a journey into consciousness.

After several months of discussing my experience with trusted friends and colleagues, I found I had to greatly broaden my inquiries into territory quite distant from my familiar and comfortable knowledge base. The general approach to a case such as mine had been to sweep it under the rug, out of the way, and simply accept it as unexplainable. But my confidants understood my dilemma and supported my quest to more properly comprehend it. There was something much greater going on here, and I was driven to seek deeper understanding.



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