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Article

Alternate Life Experiences: A New Field of Research

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Abstract: This publication provides an overview of a little-known type of coma experiences, alternate life experiences (ALEs). They consist of the subjective perception of leading a sustained, consistent, and authentic earthly life in a physical body while being unaware of one's actual physical body and its environment at that time. Some features of ALEs may overlap with other coma experiences, such as near-death experiences and locked-in experiences. ALEs can be categorized according to dominant features. For example, experiencers may lead an alternate life in either a familiar or a previously unfamiliar environment. Because ALEs are experienced as perfectly real and can span decades from a subjective perspective (even if the coma itself lasted only a few days or weeks), waking up from the coma and losing this life can be traumatic for the experiencers. Another subtype of ALEs can be traumatizing because the lived experiences themselves are deeply terrifying. Anomalous aspects of ALEs include the discrepancy between the subjective perception of living an authentic life for years or decades when only a few days or weeks of physical clock time have passed. Moreover, ALEs offer possibilities to investigate potential new skills and perhaps also knowledge the patients did not possess before their coma. In these respects, ALEs provide novel pathways for assessing the nature of the interplay between the mind and the brain. Regardless of this, investigating and publicizing ALEs and their implications is vital for improving post-coma care and supporting the mental health of experiencers.

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1. Introduction

Since a landmark publication by Raymond Moody (1975) on near-death experiences (NDEs), these phenomena have been extensively investigated by

academic researchers. Prototypical near-death experiences occur in people who appear to be unconscious or deeply comatose from the outside, but they nevertheless live through very rich states of consciousness. They may have an initial out-of-body experience (OBE), perceive a bright and loving light as well as transcendental afterlife landscapes, meet deceased loved ones or spiritual figures, experience a life review, and they eventually "return" to their physical body. Although reports of NDEs from different times and cultures share universal core elements, their experiential details can vary (Nahm, 2009a, 2011; Shushan, 2018, 2025). A subtype of NDEs are distressing NDEs (Bush, 2012; Greyson, 2023). They may comprise experiences of terror and pain in demonic or hellish environments, but also of dark, seemingly timeless and featureless voids that cause tremendous anxiety. Other patients reported the presence of mere "inner consciousness" during a state of presumed unconsciousness. They had an awareness of their inner self but no awareness of their external environment (Lawrence, 1995, 1997). However, distressing NDEs and other kinds of experiences that are reported following states of apparent unconsciousness and coma but differ from typical NDEs have scarcely been investigated. Such under-researched coma experiences include "locked-in experiences" and "alternate lives" or "alternative life experiences." These terms and concepts have been introduced only recently (King, 2024; Nahm, 2025; Nahm et al., 2025a; Pearce, 2025; Pearce & Pearce, 2024).

In locked-in experiences, people are consciously aware of themselves and their physical environment while being unable to move their body. The term references the medical condition known as the "locked-in syndrome." It refers to the state of being conscious inside a physical body that is entirely paralysed because of neurological pathologies that either affect the brainstem or the peripheral nervous system (Das et al., 2024). Comatose patients can likewise be conscious but unable to move. This condition has been termed, among other names, "covert consciousness" (Young et al., 2024). The degree of lucidity in such conditions can fluctuate over time and vary from patient to patient. In locked-in experiences as referred to in the present article, the state of consciousness is assumed to be largely comparable to the normal waking state.

In contrast to locked-in experiences, people experiencing a typical alternate life are not aware of the fact that they rest in a seemingly comatose state in a hospital bed. Instead, they perceive themselves as leading a more or less normal life that may include pursuing a job, having friends, family, children, etc. From their perspective, this life can span years and even decades, although the coma may last for only one or two weeks. When these people awake from their coma, they are utterly confused. They cannot understand why they suddenly find themselves in a hospital bed and a body in pain, having abruptly lost everything that was important to them before. This loss can be traumatizing and patients may desperately long to return to their "real life" from which they have been torn out of in an inexplicable way, taking the situation they are in now to be a bad dream. Only when they progressively come to terms with the fact that they cannot return to their "previous" life, the patients can also realize that what they had experienced was probably not their real life, but something like an "alternate" life. It can take very long until they can accept their situation and try to readjust to the life they led before the coma. Some may never again trust what we call "reality." On the other hand, their family members and healthcare providers can have great difficulties in dealing with such experiences and may regard accounts of them

as mere instances of ICU delirium (Dayton, 2025; Pearce & Pearce, 2024). The present paper introduces these alternate lives in more detail. I give case examples and provide a concise overview on their context, phenomenology, and implications for healthcare practice and for the debate about the nature of consciousness. Before that, I will provide terminological clarifications and a brief introduction to the spectrum of coma experiences.

2. Terminological and contextual background

The terms "alternate" or "alternative life experience" are based on a retrospective and external perspective regarding these experiences. As long as people are experiencing them, they do not perceive themselves leading a second or alternate life that is different from their previous life. It is the only life they know. However, in discussions about these experiences, some of my interlocutors maintained that the meaning of the attribute "alternative" would imply a kind of choice – and because choices appear to play no role when an ALE begins, the term "alternate" would be a better fit. Therefore, in this paper I use the hybrid term "alternate life experience" (ALE) for such experiences, also because it allows to recognize the terminology used in both publications that first drew attention to these experiences ("alternative life experience": King, 2024; "alternate life": Pearce & Pearce, 2024). Inspired by conversations with Robert King about how they can best be defined, I suggest the following:

> An alternate life experience consists of a subjective perception of leading a sustained, consistent, and authentic earthly life in a physical body while being unaware of one's actual physical body and its environment at that time.

Importantly, this definition implies that the life in question is only realized as having been an alternate life (one which did not take place in the physical body and its environment) *after* the experiencer has woken up from their seeming unconsciousness or coma. At the same time, although ALEs can generally be defined as suggested above, they comprise a spectrum of experiences that can be differentiated further according to dominant features. I present three subtypes below which nevertheless appear to be related and can blend.

1. ALEs in familiar environments. Here, the ALEs begin or take place in the previously familiar environment. The experiencers merely seem to continue their habitual life for months or even decades from a subjective perspective and are unaware of resting in a coma.

2. ALEs in previously unfamiliar environments. These ALEs are similar to the first subtype but begin or take place in environments that differ from the habitual surroundings and occupations of the patient. Often, they also involve other people than those playing a role in the life before coma. But the

experiencers are not aware of this discrepancy. They still believe they are leading a perfectly normal life.

3. Distressing ALEs. These ALEs usually take place in previously unfamiliar environments as well, but contain much more bizarre and horrific elements. Often, the experiences comprise repeated cycles of cruel torture. They can likewise last for years or decades from a subjective perspective. Whereas the contents of the first two subtypes of ALEs are typically innocuous and people can be traumatized upon awakening from their coma because of the abrupt loss of an entire life, the content of distressing ALEs is often deeply traumatizing for the experiencers in and of itself. Even though these ALEs are often bizarre or comprise repeated loops, they are still experienced as an authentic and normally embodied life.

Especially the third type of ALEs seem closely related to what has sometimes been called "oneiroid experiences" or an "oneiroid" in the European literature on psychopathology, specifically in the context of the locked-in syndrome. In this condition, the experience of being conscious inside an immobile body (the actual locked-in experience) can sometimes be interrupted not only by OBEs (Nahm et al., 2025a) but also by very realistic subjective experiences that are largely decoupled from the occurrences in the physical environment. These oneiroid experiences have in particular been reported from the Guillain-Barré syndrome, an autoimmune disorder that affects the peripheral nervous system and can lead to complete but often only transient paralysis and, thus, a transient locked-in syndrome (Schmidt-Degenhard, 1992). Oneiroid experiences can occur when patients are awake but also during sleep and seeming unconsciousness (Cochen et al., 2005; Hillyar & Nibber, 2020; Peng-Keller, 2017; Schröter-Kunhardt, 2006). Historically, the term was first introduced by psychiatrist Wilhelm Mayer-Gross (1924) in the context of psychoses and was later applied to other aetiologies including coma. The reference to the Greek word "oneiros" for "dream" signifies that these experiences share similarities with dreams because of their frequently bizarre nature and independence from the physical environment. Yet, they also differ from dreams because of their much more pronounced and coherent mental clarity. In contrast to normal dreams, but as it happens in ALEs, it is not possible for the experiencers to recognize oneiroids as something "unreal" or as a "dream" after regaining waking consciousness. They are usually considered to be past reality, what often makes it difficult to treat them as something that has in fact not occurred in physical reality. Like ALEs, but unlike typical dreams, oneiroids are usually remembered in great detail even years after their occurrence. Because of these differences with respect to dreams, they are referred to as "dream-like" or "oneiroid." The main and perhaps only experiential differences between oneiroids and ALEs are their usually more disjoined and fragmented nature, and their seemingly shorter subjective duration (Peng-Keller, 2017; Schröter-Kunhardt, 2006). It seems that prototypical ALEs in familiar and previously unfamiliar environments that span years or decades from the perspective of the experiencers were not reported in the context of oneiroids. However, systematic comparisons have not yet been performed and this might well be possible. Oneiroids

and ALEs are probably much more frequent than the lack of studies might suggest (Pearce & Pearce, 2024). They may be equivalent to what has been labelled "fragmented memories", "nightmares", "strange dreams", "fantasies", "unreal experiences", "hallucinations", "illusions", or "delusions" in studies on experiences during intensive care unit (ICU) hospitalization (Dimou et al., 2024). According to experiencers, oneiroids are nevertheless clearly different from dreams and hallucinatory delirium (Peng-Keller, 2017). They can likewise share features with NDEs, in particular with NDEs of the distressing kind (Schröter-Kunhardt, 2006).

Figure 1 presents an overview of the different kinds of coma experiences outlined above. Albeit OBEs frequently occur at the beginning of NDEs and are often regarded as a feature of NDEs, I treat them separately for the present purpose. The coma experiences are arranged according to the degree of being able to register or perceive aspects of the physical environment on the x-axis, and according to the degree of complexity, strangeness, and transcendentality of the experiences on the y-axis.

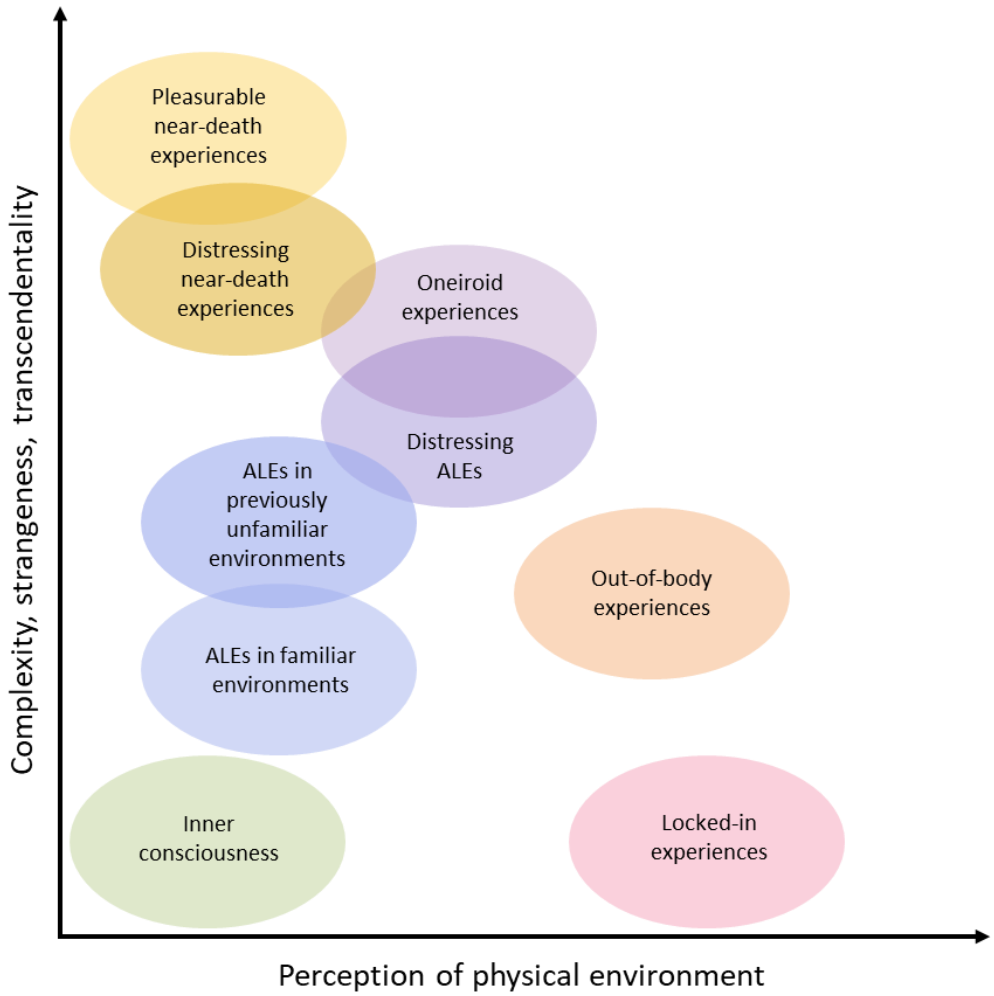

Figure 1. The spectrum of currently known coma experiences (for explanations see the text). The acronym ALE stands for *alternate life experiences*. The x-axis indicates the degree to which the physical environment can be registered (often subconsciously) and/or consciously perceived. The y-axis indicates the degree of complexity, strangeness, and transcendentality of the experiences.

Before I now turn to introducing the three subtypes of ALEs in more detail, I should add that I made no attempt to ascertain that the adduced following case examples are based on real experiences and have not simply been invented. It is in any case reasonable to assume that the kinds of experiences described below are sufficiently prevalent to enable research with the aim to understand them better and to establish implications for clinical practice around coma patients.

When presenting case examples in the following sections, quotation marks indicate verbatim quotes from the references. Case descriptions without quotation marks are summaries created by this author.

3. Alternate Life Experiences in familiar environments

The first subtype of ALEs takes place or at least begins in the previously familiar environment and involves people who are familiar to the experient. Here is a summary of such a case reported by King (2024, pp. 3f).

> "Danny", a 19-year-old college student, suffered a traumatic brain injury in a traffic accident. He spent 15 days in a medically induced coma thereafter. From his perspective, however, he had no recollection of the accident but simply continued to live for 11 months in his familiar life. All senses operated as usual. He woke up to his alarm clock in the morning and went to bed around midnight. He took the usual bus to university, attended classes, did his homework, and completed courses. At weekends, Danny went to parties, meeting friends and having fun. He spent the summer vacations at his parents' place. When he was watching TV at their home one morning, he blinked and found himself in the hospital bed when he opened his eyes again. Danny kept on blinking, trying to return to the room where he was watching TV just a few moments ago. But it wasn't happening. After several days, he eventually realized that he will not be able to return and that the slow recovery from a severe traffic accident he could not remember was going to be his new reality.

The next case was publicized on the internet only recently.

> In October 2024, Keenan Acton, a husband and father of two sons, collapsed at a fitness competition. He suffered rhabdomyolysis, a serious medical condition involving the rapid breakdown of skeletal muscles and subsequent kidney failure. He was in an induced coma for more than four weeks. Among other unspecified experiences that were simply described as "horrible", there was an ALE that involved his familiar environment and family. Keenan stated "It wasn't a dream, I wasn't watching it happen, I was doing it and living this whole other life." In this life, his wife gave birth to two more children, twins, and they moved with their four kids to a larger house at a lakeside. One of the first things he asked his wife after he woke up from the coma was how the babies are – but of course, his wife did not understand what he was talking about. Being told that they did not have

> baby twins and had not moved to the house at the lake was crushing for Keenan. In a curious twist of events, his wife became pregnant with twins after his recovery, they expected them at the end of June 2026. There was no history of twins in their families and the twins were conceived naturally. (Bryan, 2026)

Unfortunately, many of the available case reports are unduly short. In Keenan's case, it is not even stated how long this alternate life lasted from a subjective perspective – but it must have been many months at least. In other cases, it is unclear whether the ALEs took place or began in familiar or previously unfamiliar environments. In the next two cases, both options seem possible. The following case was found in a media report:

> In June 2025, 18-year-old Clélia Verdier was put into a medically induced coma for three weeks after a suicide attempt by taking medicaments. She was not aware of being in a coma, but experienced "extremely intense dreams and nightmares" during that time. One of these episodes span seven years from her subjective perspective. In this ALE, she gave birth to triplets. One of them died shortly after birth, but her other two daughters grew up healthy. When waking up from the coma, Clélia vividly remembered the pain of labor, the joy of holding her children in her arms, her love for them, the sadness and guilt when one of them died, the meals, the walks, the bedtime stories – everything. Like Keenan, the first thing she asked the medical staff after waking up from the coma was where her children were, and the first time she saw her parents she informed them they were grandparents now. For her, it was extremely difficult to come to grips with the realization that the years she spent raising her daughters as a loving mother were over and "unreal." Clélia is now 19 and still suffers a lot from this loss. She hopes to have other children one day. (Gissen, 2026)

Another person, commenting on an online podcast, reported:

> "I was in a coma for five weeks at the age of 24. Late 1991 to February of '92. It was caused by a sinus infection I let go for too long. I went into the coma "naturally", not medically induced. That infection in my brain gave me a fever of 106.5°F [41.4°C] for two weeks. During the coma, I lived another life of six years! In those "years" I met a lady named Rosie. We had two children. When I came out, I asked where she was, and was DEVASTATED that I lost a wife and two kids just before their start in school. […] I was mad that I was here and grieving of my wife and kids I had over there." (slightly edited from michaelloreattahaines1898, 2025)

4. Alternate Life Experiences in previously unfamiliar environments

The second subtype of ALEs is phenomenologically similar to ALEs in familiar environments but begins or takes place in previously unfamiliar environments. It typically also involves other people than in the habitual life. In case the subjective experience lasts very long, the patients may not even recognize their previous family and friends anymore when waking up from their coma. Moreover, in these ALEs the experiencers do not identify with their previous life history – they simply seem to lead another life without questioning it. In his paper on ALEs, King (2024) already distinguished between ALEs in familiar and previously unfamiliar settings, but most of the provided case reports for the latter kind are again very scant or might also be regarded as oneiroids. The following example of an ALE in a previously unfamiliar environment is summarized from the book by Alan and Beverly Pearce (2024, pp. 1-3).

> "Nick" ran a pizza parlor and was 35 years old when he fell seriously ill with pneumonia and a life-threatening sepsis. He spent 14 days in a coma. He had no recollection of his stay in the hospital. From his perspective, he lived in a small town in the American Midwest for about 20 years. Here, he ran a garden business and had a rich social life. Nick played baseball, once won a hot-dog eating competition, and had relationships. The latest relationship broke up when his partner gave birth to a baby. Since then, he lived alone. One day, the floor began to give way and he eventually woke up in the hospital. He had no recollection of his "real" family, his fiancé, etc., and was greatly confused when he saw them. When slowly adjusting to his previous life again, he felt a great loss, wondering how his alternate life played out. Although most things in the small town where he had his garden business were just like in the "real" USA, a few details seemed different. For example, the sky was slightly orange instead of blue.

The following account was reported to me in person by a member of the audience after a talk on coma experiences I gave in May 2024:

> When "Andy" was 20 years old and working in civil service in Germany, he suffered severe traumatic brain injuries in a sledging accident. He was rushed into a hospital and put into a medically induced coma for one week. As it seems typical in ALEs, he had no memory of his accident. He merely found himself living in a large house with very many rooms; his previous environment and familiar people played no role in this new environment. Andy established a telephone-sex business that ran very well. He hired staff to perform the practical work at telephones in a bureau but was not personally engaged in it. Instead, he spent his ample leisure time pursuing various hobbies. For example, he collected numerous types of natural objects, arranged his collections in different rooms of his house, and built a large private library with literature on various scientific topics he

> loved to study. Although Andy wondered in retrospect why he led such a peculiar life during the time he was in a coma, it seemed perfectly natural at the time and he never questioned it. He had no partner and children but liked his life a lot. Andy clearly remembers being very disorientated when he was brought out of the coma. He could not understand why he was abruptly torn out of his life and lay in a hospital bed. Because this experience happened already long ago and was followed by confused and hallucinatory episodes throughout the subsequent weeks in the hospital, Andy cannot tell any more how long this life lasted. But it might well have been many months, perhaps years.

In a podcast, Alan Pearce briefly reported a case that involved founding a family. It may well have taken place in a previously unfamiliar environment, but it is unfortunately not clear.

> Here, a coma patient lived a prolonged ALE as an architect. He had a wife and raised three daughters in this ALE. He was terribly confused when he suddenly found himself in an ICU of an unfamiliar hospital one day. He felt no affection for his previous (physical) wife and broke down in tears every time he wanted to share his experience with Pearce. They eventually terminated the attempts to record his case. The grief over the sudden loss of his entire life, including a beloved wife and three children, was just too great to bear for this man. (Willis, 2024; A. Pearce, personal communication, June 6, 2026)

The next example illustrates how ALEs are sometimes also reported from people who have been close to death but without resting in a coma for some days or weeks. Prolonged ALEs can apparently take place in very short intervals of physical clock time, just like profound and extensive NDEs (Nahm & Weibel, 2020).

> May Eulitt told NDE-researcher Phyllis Atwater that she lived another life with people other than those she knew after she was struck by a lightning. In this alternate life, she had a family that she loved, friends and foes. At first, she searched for a way to return to what she considered her real world and family, but soon she began to accept her new life. May grew old in this life and finally died, and then was suddenly back at the scene where she was hit by the lightning. Although she was glad to be back, she was also devastated and traumatized by the loss of the ones she lived with for a long time in the other life. (Atwater, 2007, p. 293)

A similar case in which the experient lived for many years in an alternate life and founded a family albeit the period of unconsciousness covered only a few minutes of physical clock time can be found in the internet (temptotosssoon, n. d.).

5. Distressing Alternate Life Experiences

A third subtype of ALEs usually takes place in previously unfamiliar environments as well. But like the more fragmented and shorter oneiroid experiences, these ALEs contain much more bizarre and horrific elements than "ordinary" ALEs in familiar and previously unfamiliar environments. Often, they entail repeated phases of cruel torture. They can likewise last for years or decades from a subjective perspective and can therefore be particularly traumatizing for the experiencers (Dayton, 2025; Pearce & Pearce, 2024). These "distressing ALEs" may be related to distressing NDEs (Greyson, 2023; Schröter-Kunhardt, 2006), although, until today, the publications about the latter do not include reports about traumatic experiences dominated by terror, torture, and pain that seemingly last for years or decades and take place in a more or less contemporary earth-like environment, even if bizarre. Still, distressing NDEs and distressing ALEs could be linked via distressing oneiroid experiences. Among the previously described examples, Clélia Verdier and Keenan Acton reported having experienced intense "nightmares" and "horrible" experiences in addition to their ALEs (which further increase the total subjective duration of their coma experiences). These experiences might represent distressing oneiroids in that they may not have reached the coherence and extensive subjective temporal duration of (distressing) ALEs. Distressing oneiroids and ALEs also share commonalties with reports of shamans who spent very long times in terrifying and hellish underworld realms when being prepared for their future profession, often in cruel and painful conditions. In one example, a Samojed shaman reported that he spent more than three years in the underworld for his initiation as a shaman when he was unconscious for three earthly days because of smallpox (Eliade, 1964).

Below is an example of a sustained and terrifying ALE from a contemporary Western context. During a coma that was due to suspected swine flu and lasted 16 days, Deborah Mayo lived through a number of extremely frightening and painful episodes. She experienced the same loops of "nightmares" over and over again. The memories of them did not fade and were so real that she constantly wondered if she was awake or still in the coma. These traumatic experiences included the following:

> "I was assaulted. I was raped. I was cast in fiberglass. I was abandoned. I was placed in a water tank with my dad's decomposing corpse. […] For the longest loop, I was in this serial-killer-themed pub, and they decided that they wanted it to be totally realistic and use real people as murder victims, and I was one of the living murder victims because I was in a coma and they could do whatever they wanted to me. Throughout the years, they would spray me with lacquer or a cotton candy type of fiberglass to keep me preserved. I remember the smell even now. And they kept me alive with tubes and stuff. […] And they kept making it more and more realistic. So they went from having actors and actresses playing these serial killers to then having real-life serial killers, actual people released from prison, to reenact some of their murders on me and on the other people. […] Years passed, decades. I became encased in so much fiberglass it was like golden rock, like amber. But the pub was due to be demolished and they didn't

> know what to do with me. I'd been there eighty years. […] I spent the first two months after my coma convinced I had died. And still, I have to check I am actually alive. I tell people I was in my coma for eighty years because that's what happened." (Pearce & Pearce, 2024, p. 82)

"Isobel" was put in an induced coma when she fell ill with COVID. Her experiences were similarly traumatic:

> "So I was put into a coma. And my reality changed. I woke up in an organ-harvesting facility. And I thought my doctor father had done surgery on my lungs and fixed them, but suddenly they were hot property on the organ-harvesting market because mine were the first lungs to have survived COVID. So they found a way to kill me and regrow my organs over and over again. And that went on for four years, and I was kept in a coffin. All of my organs were harvested over and over again. And each time I was murdered, I woke up into a different life—die, wake up, have another life, then die again and wake up. Each time I was murdered, I was raped and my organs harvested. Sometimes I starved to death. In one lifetime, there was a father and the family, and they were all murderers, and another one where I lived in the hills and there was a butcher who kept chopping people up. And, I mean, they were just countless, these lives. And in every reality I was paralyzed. […] In another one, I thought this awful kidnapper had melted the top of a toothbrush and inserted blades to cut deep into my teeth. Obviously, the nurses were, in reality, cleaning my teeth, but they didn't realize what I was experiencing, that on some other level, which they weren't trained to understand, I was altering it in my mind into something evil. When they did the tracheotomy, I thought that a nurse was sticking an apple core into my throat to send a chain through my throat to chain me to the bed. When my nasal feeding tube was being put in, I thought they were cutting my nose off to disfigure me so I wouldn't try and escape. You know, people like to think these are just like dreams. But I remember it as a memory. I can give all kinds of detail. These are clear memories." (Pearce & Pearce, 2024, pp. 40f)

It seems that in these kinds of distressing ALEs, things happening in the hospital room or details of the patients' treatment are more frequently incorporated into the experiences than in the more "ordinary" ALEs in familiar and unfamiliar environments. Yet, they are misinterpreted in grotesque manners, though this can only be realized in retrospect. In other examples, chest tubes or catheters were experienced as gunshot wounds or as signs of being eaten alive; and visitors or nurses were perceived as scary punishers of various kinds (Dayton, 2025; Pearce & Pearce, 2024). Although these perceptions of factual occurrences at the patient's bedside are grossly distorted in distressing ALEs, they link them conceptually to locked-in experiences in which occurrences at the bedside are likewise perceived, albeit in an undistorted, realistic, and continuous manner. But as mentioned above, there do not seem to be distinct borders that would clearly separate the different subtypes of coma

experiences from each other. They rather form a continuum with features that can change and blend. Even transcendental, spiritual, and uplifting NDE-like episodes that may imply distortions of the habitual mode of time perception can occur in ALEs or in transitional stages (Danon, 2016; King, 2024; Pearce & Pearce, 2024), although the normally perceived flow of time remains unaltered in typical instances of ALEs. But is goes beyond the scope of the present publication to consider NDE-like features of these kinds of experiences as well.

6. Anomalous aspects of Alternate Life Experiences

The narrative of living an entire life in another reality within a period of comparably short physical clock time in our world has been picked up in literature and film a number of times already. Yet, in these cases, the protagonists are usually perfectly aware of the fact that they are not simply continuing their habitual life but lead another one. In this respect, these narratives differ from prototypical ALEs (for an exception from this rule, see the ALE of May Eulitt reported above). A well-known example concerns the episode "The Inner Light" from the science-fiction series *Star Trek: The Next Generation*; it was first broadcast in 1992. However, the fact that ALEs do indeed occur in real life casts an entirely different light on them. For instance, some seemingly anomalous aspects of ALEs offer novel kinds of considerations and research options concerning the interplay between the mind and the brain.

Regarding the unsolved riddle of how exactly consciousness is related to brain processes or could emerge from them under conditions of normal waking states (for an overview, see Hart, 2024), these anomalous aspects pose additional challenges. As I argued elsewhere (Nahm, 2026), it is already remarkable that complex and prolonged experiences that span years and decades from a subjective perspective can be had in comparably short physical clock time spanning only days or weeks, sometimes perhaps only hours or minutes. Still, some experiencers claim they could fill books with the contents of their ALEs. Assuming that normal waking consciousness in daily life is correlated to corresponding and simultaneously occurring physiological processes (the widely accepted tenet of "psychophysiological parallelism", here regarded in its most general sense without functional or causal implications), it is difficult to imagine what the neuronal correlates of these enormously extended ALEs are. From the subjective vantage point of the experiencers, the flow of time and the causal chains embedded in ALEs are experienced in identical ways as the flow of time and causal chains in our habitual physical world. Because of the gross discrepancy between the durations of sustained and rich subjective ALEs and the passing of only short intervals of physical clock time, the ordinary condition of psychophysiological parallelism is seemingly not fulfilled in these cases.

Granted, we know of dreams that take longer from the perspective of the dreamer than a REM-sleep phase can possibly have been. Even proper ALEs that occurred during sleep have been recorded. In one account, the experiencer reported having spent about two years in a familiar environment from a subjective perspective (flubba86, n. d.), whereas in another account, the dreamer stated he spent an entire life in a previously unfamiliar environment (LostMyCannon, n. d.). In yet another

case, the setting and themes of an ALE during an induced coma continued to be experienced even years after the coma in nocturnal dreams that were "so real, so vivid, that I knew it was something different than a regular dream" (Leavitt, 2021). This links these ALEs during sleep etiologically to oneiroid experiences in states of the locked-in syndrome which can also occur during sleep (see above). But such cases merely expose the mystery regarding the peculiar discrepancy between subjectively perceived time and objectively measured time, rather than offering an explanation for them.

Similarly, life reviews and other features of NDEs sometimes appear to span a very long period of subjective time even if the experiencer was unresponsive for only a comparably short period of physical clock time. However, in contrast to prototypical ALEs, the perceived flow of time in these elements of NDEs is often experienced as anomalous, distorted, and different from our habitual mode of time perception. Moreover, it is currently unclear how extensive life reviews in NDEs can be mediated by neuronal activity, in particular when they are experienced under conditions of grossly dysfunctional brain physiology, as it sometimes seems to be the case (Nahm & Weibel, 2020). Therefore, NDEs do currently not provide cues that can account for the mismatch between year-long subjective experiences in ALEs that occurred within comparably short periods of physical clock time.

This appraisal is strengthened by the fact that ALEs too often take place under conditions of severely compromised neuronal functions. As the examples presented above illustrate, some of the ALEs concerned people who slipped into their coma because of a severe illness or traumatic brain injury. Frequently, they were (additionally) sedated with coma-inducing medication cocktails designed to disrupt the brain's neurophysiological circuits responsible for mediating conscious experience. These conditions make it even more challenging to identify potential neuronal correlates that match prolonged subjective ALEs. It is well-established that traumatic brain injuries rendering people comatose and coma-inducing medication cocktails compromise ordinary brain functions including the Default Mode Network (DMN). This network consists of a spatially distributed system of brain areas the proper connection of which is thought to be necessary for enabling self-referential processing, daydreaming, stimulus-independent thoughts, autobiographical memory retrieval, etc. The decrease of coherent conscious experience is known to correspond to the decrease of connectivity of the DMN (Edlow et al., 2017). When entering a coma, the breakdown of this network induces a collapse of hierarchical cortical functions, thus disabling the integration of the self and the world into a coherent stream of consciousness (Luppi et al., 2025; Norton et al., 2012; Vanhaudenhuyse et al., 2010).

In medically induced comas, the brain activity is typically characterized by an EEG-pattern named "burst suppression" because comparably short bursts of cortical activity alternate with longer isoelectric phases without noteworthy cortical activity that equal temporary "flat lines" (Shanker et al., 2021). Burst suppression is furthermore associated with a decrease of cerebral blood flow and metabolism, including oxygen consumption (Siddiqi et al., 2023). In general, brain activity patterns indicating wakefulness and REM-sleep (dreaming) are suppressed by these medicaments. It must also be noted that anaesthetic medication cocktails contain drugs that block the formation of potential memories. Having and remembering ALEs

under such conditions is therefore at odds with important contemporary neuroscientific models devised to explain how subjective experience arises from brain activity, or is at least tightly correlated to it. For example, theories such as the Integrated Information Theory and the Global Neuronal Workspace Theory are based on the tenet that largely intact functional connections between different brain areas are necessary to make a coherent stream of consciousness and information integration possible. These connections are assumed to be so reliable that their potential roles and functions can experimentally be assessed in detail (Cogitate Consortium et al., 2025; Mashour et al., 2021).

However, the depth of the coma and the functionality of the brain in these states can vary from patient to patient (Kaskinoro et al., 2011). In one study cohort, while the brains of some sedated patients did not reach the state of burst suppression, in others the cortical activity was reduced to such a degree that it displayed complete flat lines (Ely, 2022; Watson et al., 2008). Obviously, it would be important to know the brain states of people who report coma experiences including ALEs. To the best of my knowledge, systematic assessments of brain states in comatose patients combined with interviews performed after waking up have not yet been performed. In experiments that lead in this direction, healthy volunteers were put in medically induced states of unresponsiveness. In these experiments, the doses of anaesthetic medicaments were lower than those used for clinical surgeries and induced comas. Moreover, the participants received only one type of anaesthetic agent instead of a drug cocktail. After termination of the sedation, the participants were interviewed about their experiences. Usually, several interviewees recounted some kind of experience. Yet, none of the reported experiences came close to detailed locked-in experiences and ALEs reported from deeper states of anaesthesia and coma (Noreika et al., 2011; Radek et al., 2018, 2021; see also Kallionpää et al., 2018). At the present state of knowledge, it is therefore surprising that patients with more severely compromised brain functions due to traumatic brain injuries and/or stronger anaesthetic medication including memory blockers sometimes report much more detailed experiences that are based on a lucid and coherent stream of consciousness, such as locked-in experiences, ALEs, but also NDEs. Accordingly, some authors commented already on the peculiar finding that unusually clear memories of oneiroids are apparently unfading even when people experience them in medically induced comas under the influence of strong anaesthetics and memory blockers (Schmidt-Degenhard, 2004). It seems that some can even experience the same oneiroid themes both during induced comas (when brain functions are compromised by powerful drug cocktails) *and* when the brain is in a healthy state and allows for REM-sleep (Leavitt, 2021). Clearly, there is much to be learned about these unusual experiences. Collecting detailed medical records from experiencers would contribute importantly to establishing the potential functionality of their brains at the time of the experience.

7. Assessing aftereffects and anomalous aspects of Alternate Life Experiences

From a more practical perspective concerning the mental health of experiencers, it is obvious that the confusion the experiencers frequently suffer after waking up from their coma must be taken seriously. As evidenced by several of the presented cases, waking up from ALEs and recognizing the sudden irretrievable loss of a spouse, children, and other loved ones can even cause long-lasting trauma and profound grief. These aftereffects need to be cared for with appropriate psychological and clinical expertise. The same applies to experiences made in distressing ALEs, which can result in post-traumatic stress disorders. Offering experiencers the opportunity to freely and extensively report about the contents of their ALEs would constitute a first step for developing protocols for appropriate and case-specific post-coma coping strategies. Promoting knowledge about the occurrence, prevalence, phenomenology and possible aftereffects of ALEs in coma patients among healthcare professionals and family members is a vital step towards improving the handling of these experiences and supporting the mental health of experiencers.

Other aftereffects of ALEs offer potential new research avenues that are important as well. For example, Deborah Mayo reported that her dreams became more vivid and that she remembered them in greater quantity after her coma. Andy felt he had a keener intellect and that he was more intellectually interested than before, probably due to establishing his private library and studying the books therein. Such accounts pose an intriguing question: Can alternate-life experiencers (ALErs) possess knowledge and skills they did not possess prior to their coma? According to some, this is indeed the case. Nick, for instance, who spent about 20 years of his ALE in a small town in the USA where he ran a garden business, stated he acquired technical skills and interests needed for fixing various electronic household devices that he did not have before (Pearce & Pearce, 2024). In attempt to know more about what Danny learned at the college he continued to visit for months in his ALE, I reached out to him. Unfortunately, the coma is now so long ago that Danny does not remember relevant details any more. He was adamant, however, that he learned important new social skills he was able to apply in his life after the coma. Danny was a loner before his coma, but became very outgoing and communicative in his ALE, making many friends. He retained these qualities after he woke up (R. King, personal communication, March 3, 2025). On the internet, I came across another case report indicating that ALErs may indeed be able to acquire knowledge about the physical world. It seems to involve an ALE in familiar environment.

> "I know someone whose husband was in a medically induced coma for a long time. When he woke up, he was very convinced he and his wife had travelled all over the world together. The weird thing? They had never been out of the country and yet he could describe places he'd never actually been too in great detail. Often he would say, remember that time we were in (insert country) and the store that sold us the (insert item, like a clock) and then took us in the back to see how clock was made…and she would have to say, no honey. That was a coma dream. But then he would

> sometimes be able to search and find the place he was so convinced he had been to. It really messed with his head!" (Lark444, 2026).

Another question is whether ALErs can even learn new vocabulary or a new language in their alternate life. Can they get used to speaking in accents or dialects and retain these manners of speech after waking up? Sometimes, people indeed speak in dialects, or in rare cases, even in foreign languages, after waking up from general anaesthesia or coma. These phenomena are known as the "foreign accent syndrome" and the "foreign language syndrome." In the medical literature, both syndromes are attributed to transient neurophysiological disturbances. In case of the foreign language syndrome, these disturbances are thought to result in the activation of a second language the patients had learned some time ago, whereas access to their first language is temporarily blocked. In fact, all currently known patients who displayed the foreign language syndrome only spoke in a foreign language they had learned at some earlier point in their lives, even if only briefly and in their childhood. Moreover, in these cases after a period of a few hours up to two days the normal use of the native language has typically returned. But is explaining these cases in this manner really always sufficient? It is unfortunate that case reports of the foreign language syndrome usually discuss details of the missing and acquired languages only very briefly. So far, none of the authors who reported these rare and unexpected incidents has attempted to quantify this ability to speak a foreign language, for example by recording speech samples and comparing them to the normal condition or to the state when the language was learned. Likewise, we usually learn nothing about personal experiences that the patients may have had during their time of apparent unconsciousness, and only very little about what they experienced when they used the other language after waking up again.

> For instance, when a 17-year-old Dutch male woke up from anaesthesia after an orthopaedic operation, he could not understand or speak his native language anymore. Instead, he understood and spoke only English. But, not only that: He also did not recognize his parents anymore and stated that he was in Utah, USA, although he had never been to America. It would have been very interesting to know more about why he thought he lived in Utah, and if he remembered anything that might be related to his supposed stay in Utah. Has he perhaps experienced an ALE? After 24 hours, everything had returned to normal and the young man was also able to understand and speak Dutch again. (Salamah et al., 2022)

Yet, there are even more peculiar cases of language and memory anomalies after returning from a state of profound unresponsiveness. Take, for example, the sad case of Michael Boatwright:

> On February 28, 2013, US-citizen Boatwright was found unconscious in a motel room in Palm Springs, California. His identity was established by various photographic IDs he carried with him. After he came to himself in the emergency room of a hospital, however, he stated his name was Johan Ek. He had never heard of Michael Boatwright, knew nothing about

> Boatwright's life, and did not recognize his face in a mirror or on photos he carried with him. He understood and spoke only Swedish, but had almost no memory of the life of Johan Ek as well. Only very few memories that seemed to be related to a childhood in Northern Sweden popped up in his mind. In fact, Boatwright lived in Sweden for some time in the 1980s and 1990s, but only as an adult. And in contrast to the foreign language syndrome, where everything usually returns to normal within a few hours or days, nothing returned to normal in his case. Memories of Michael Boatwright as well as the ability to understand and speak English never returned. In order to enable him to live a better life where he could at least converse with other people and hopefully trigger some memory recall, social workers bought him a flight ticket to Sweden in August 2013. With no memories of Boatwright's life and only very few memories of Ek's, he nevertheless had great difficulties to begin a new life in Sweden. In April 2014, Boatwright committed suicide in his apartment. (Kelman, 2014; the reference includes an interview video with Boatwright speaking Swedish)

Boatwright's case is reminiscent of some even stranger cases that have been recorded by psychiatrist Ian Stevenson in India. He documented cases of people who likewise awoke from profound states of unconsciousness without memories of their life but claimed to be someone else. In some of these cases, it was possible to establish that the individuals they now claimed to be had indeed existed (but were now dead) by examining verifiable statements concerning their lives. Remarkable examples of this kind include Jasbir Lal Jat (Stevenson, 1974; Wehrstein, 2017a) and Sumitra Singh. In her case, more than 50 witnesses of the case's unfolding were interviewed and over the years, several researchers conducted investigations (Mills & Dhiman, 2011; Stevenson et al., 1989; Wehrstein, 2017b; Sumitra can be seen in a video documentation; Iverson, 1992). After regaining consciousness, Jasbir and Sumitra not only had different memories of their identities but also used vocabulary previously unknown to them, a feature found regularly in these and other related cases (e.g., Matlock et al., 2024).

8. Outlook and conclusions

Until today, most accounts of ALEs are unfortunately very scant and unsubstantiated. This is not unusual for little-known and previously under-researched phenomena. Rather, as the developments of research into NDEs (Holden et al., 2009) or terminal lucidity (Nahm, 2009b, Nahm et al., 2025b) demonstrate, this is the normal state of affairs when new fields of investigations open up. Developing constructive and systematic research strategies is important for improving healthcare practices for people prone to experience ALEs, and for advancing our knowledge of consciousness-related enigmas. Performing prospective brain-monitoring studies with cohorts of coma patients and patients with the Guillain-Barré syndrome combined with detailed subsequent interviews regarding their experiences would allow fleshing out more phenomenological details, possible aetiologies, neuronal correlates, and relationships of the kinds of experiences on an individual basis. Rather

than merely pooling the recorded data and experiences for statistical analyses and descriptive presentations, an additional focus on investigating single cases would be recommendable because such investigations can yield deeper insights into important experiential details which may get lost in cohort studies (Nahm, 2022). The "micro-phenomenological" interviewing approach that is becoming increasingly used to study subjective experiences might be very useful in this respect (e. g., Demšar et al., 2025).

Regarding explanatory models of ALEs or their ontological status, there is presently not much that can be stated with confidence. It is best to stay open for all kinds of conventional and unconventional hypotheses, beginning with presently unknown neurophysiological processes supplemented with psychological considerations, to more exotic approaches such as theories of multiverses and hyperdimensional models of reality in which these higher dimensions possess mind-like qualities, to dualist and idealist approaches according to which the existence of subjective personalized consciousness in dreamscapes or imaginal realms with different degrees of reality is deemed possible (Nahm, 2023, 2024). Naturally, more than only one of these possibilities and also combinations of them could be relevant. But whatever model is chosen, it must be able to account for the gross mismatch between the duration of the subjective experience in ALEs and physical clock time as well as the fact that ALEs can experienced and remembered in virtually identical ways under a great variety of brain states, including brains who were shut down by strong anaesthetics and memory blockers. Because the field of investigations into coma experiences has been largely neglected in past decades, the gates for breaking new research grounds are wide open.

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