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Recent years have witnessed exponential rises in papers concerning origins of religion(s) and belief(s), many referential to early communities. Yet, in pursuing more primitive origins of a "sensing of the divine", it is clearly necessary to revert to the earliest tribal settlements when individuals spoke (possessing FOX-P2 gene mutations), though lacking literary backgrounds. My approach explores these questions through genetically-determined neurological mechanisms disruptive of consciousness-awareness and sleep, and the vulnerable separations between them. This involves considering isolated groups living c50,000-500,000 years ago: but an interval not too great in respect of genetic aberrations influencing cerebral function. Full personhood embodying an effective cognitive stance requires mature, functioning brains: that is necessary for understanding concepts of divinity. Babies, infants, feral children (and animals with whom they associate), and brain-damaged individuals never develop such concepts spontaneously: "religious" ideologies must be taught. Neither are there cerebral "God-spots" - sacred neurones shielded from the secular commerce of day-to-day brain activity.

In pursuing this theme further, I examine disturbances of consciousness and rarer, anomalous dream-states, from which concepts of divinity (in part) may have arisen thence becoming forged, over the longer-term, into co-existing systems of belief and praxis. Particularly, I embrace the world of near-death and out-of-body [ND/OBE] experiences as exemplary of those aberrant cerebral disturbances.

ND/OBE result from acute metabolic/psychological crises – haemorrhage, sepsis, anaphylaxis, child-birth, trauma, bereavement - all fully available to primitive mankind. Much popularised ND/OBE phenomenology is now explicable neurophysiologically. ND/OBE, although individually idiosyncratic, entail apparitions of so-called "Beings of Light" and, more crucially, of images of long-lost relatives, jointly conjuring realisations of another possible otherworld seemingly viewable by the living. Second, these "sightings" are augmented by powerful feelings of "sensed presences", through malfunctioning of the temporo-parietal junction due to its precarious blood flow.

Third, these experiences, then - as today, evoke vivid, long-lasting memories profoundly influencing subjects' subsequent lives. Primitive mankind would have wondered at, and discussed, these happenings since their impact would have been of enormous significance. Such other-worldly intrusions would, in time, be related to Nature, its recurrent seasons, the heavens and observed astronomical events, thereby further extending possibilities of "divine powers" beyond the clouds.

Fourth, visions of deceased relatives would especially facilitate perceptions of continuity into a domain beyond the life/death cycle, thus offering another powerful viewpoint that an intangible world of former humans, external to the natural habitat, exists.

Fifth, various conditions predispose the brain to ND/OBE, specifically (genetic) malfunctions including sleep paralysis, lucid dreaming, narcolepsy, and REM (sleep)-intrusion. Together, these clustered anomalies affecting sleep/arousal states are partly dependent on abnormal midbrain 'switching' mechanisms, but additionally influenced by vagal signals generated from the heart by reduced blood pressure and transmitted upwards to their critical command centre (the midbrain ventrolateral-periaqueductal gray). The outcomes make people feel themselves now located in an amorphous, non-self existence suggesting union with some greater "exterior power". This neuropathology provides explanations for the utter ineffability (Wm. James) of ND/OBE.

Finally, these cerebrally-based typologies should be understood as primary, thus not requiring explanation as "evolutionary adaptations".