

Distressing Near-Death Experience

Although most reported near-death experiences (NDEs) are pleasant and even rapturous, almost one in five may be disturbing or terrifying.¹

Description

A distressing [near-death experience](#) (dNDE) is an event in consciousness distinguished by painful emotional tone and unpleasant content, but otherwise sharing in the common elements of NDEs (i.e., 'going somewhere,' out-of-body experience, presences). There is no loss of the fear of death. Marked by clear cognition and vivid long-term memory, like other NDEs they belong to a family of experiences historically defined as mystical.² While secular Westerners hearing about dNDEs may believe they indicate a psychotic episode, secular Western experiencers themselves are less likely to believe that.³

What Is Not a dNDE

A close call A dNDE is not simply a frighteningly close escape from a threatening event.

Delirium Under drugs or in other disturbed mental states, a person may misinterpret physical reality. Medics may be perceived as demons, painful procedures as unearthly torture, an ambulance siren as wails of the damned. As *experiences*, these must be dealt with; but they differ from NDEs by being distortions of physical events which can be explained later. They lack the transpersonal character, cognitive clarity, and durability in memory which define NDEs.

Hallucination Like an NDE, an hallucination is an entirely subjective event. However, it is heavily confusional, does not remain in memory as robustly as an NDE, and lacks an NDE's potentially life-transforming power.

Circumstances

Like other NDEs, dNDEs have been reported under a wide range of circumstances, from cardiac arrest to spontaneous events.⁴ The term 'near-death experience' was coined to describe the circumstances of a particular study sample,⁵ and as described below, much subsequent research has focused on NDEs and dying. However, a more comprehensive view recognizes the experiences commonly occur with no closeness to death.⁶

One study concluded that 'NDEs occurring on either end of the "closeness to death" spectrum... are the same experience.'⁷ Sociologist Allan Kellehear observed that NDEs are a 'regularly occurring social experience encountered by many people in a variety of settings *other than illness*.'⁸ This is of particular importance with dNDEs, as it detaches the experience from the common explanation of after-death hell.

Aversion

Aversion to the subject of distressing spiritual experiences is widespread. One researcher, whose study encountered some 'very distressing deathbed visions', reported, 'I have been amazed by [people's] reactions. The vast majority ignore it. Some get angry and think there is something wrong with me! Some people have told me they skipped that chapter. I thought it might stir up some controversy but these reactions were not what I expected.'⁹ The near-absence of investigation into dNDEs bears out this report.

Research

Reports of no distressing NDEs

Raymond Moody, Jr. has reported never hearing an account featuring the archetypical hell.¹⁰ Other studies reflected that view, especially influential studies in the US,¹¹ Australia,¹² and England.¹³ The concept of unpleasant NDEs is met with wariness.

Cardiologist Michael B Sabom said of his large hospital study, 'In each case in which unpleasant emotions... were encountered... they were perceived to be but a momentary impression in an otherwise pleasant NDE'.¹⁴ Five other major hospital-based studies from Italy,¹⁵ UK,¹⁶ Netherlands,¹⁷ and US¹⁸ reported no distressing NDE. The multi-hospital, US/UK AWARE study noted that consciousness during cardiac arrest, 'together with fearful experiences may contribute to PTSD and other cognitive deficits post CA'; however, the published findings include no specific data about those 'fearful experiences', which were in any event not considered to be NDEs.¹⁹

Reports of distressing NDEs

Despite the absence of distressing NDEs in those studies, eleven others with 1,359 NDEs reported 315 (23%) as disturbing, terrifying, despairing, or hellish. Across twenty-one studies between 1975 and 2005, 17.2% of the NDEs were distressing.²⁰

In the US, cardiologist Maurice Rawlings recounted graphically hellish experiences told him ostensibly by his patients, maintaining that only conversion to conservative Christianity would save readers from a similar fate.²¹

A large Gallup survey reported that 1% of the NDEs in their sample included 'a sense of hell or torment', but that many others 'were reluctant to interpret their experience in positive terms', describing 'featureless, sometimes forbidding faces ... emotional or mental unrest; feelings of confusion about the experience; a sense of being tricked or duped into ultimate destruction; and fear about what the finality of death may involve'.²²

British psychologist Margot Grey was the first author of a general study to describe distressing NDEs: 'a feeling of extreme fear or panic ... emotional and mental anguish, extending to states of the utmost desperation ... a great sense of desolation ... the brink of a pit ... the edge of an abyss ...' The few hellish NDEs she

encountered added other features: ‘often a definite sense of being dragged down by some evil force ... visions of wrathful or demonic creatures ... unseen beings or figures which are often faceless or hooded ... intensely cold or unbearably hot ... sounds that resemble the wailing of “souls” in torment ... a fearsome noise’.[23](#)

Difficulties of Researching dNDEs

People with a distressing NDE do not like to talk about it; researchers, like the public, would rather not think about them. A number of related factors make research into distressing NDEs especially difficult.

Unreadiness to disclose. Most people need time after an NDE before being ready to talk about it; they disclose cautiously,[24](#) and a dNDE compounds that reluctance. Patients in hospital studies are likely to be discharged before they are ready to share their NDE,[25](#) and cardiac arrest subjects often die before they can be interviewed.[26](#)

What are the questions? Especially with fragile subjects, ‘the interviewer – whose line of questioning is designed to be reassuring and upbeat – is unlikely to elicit disturbing testimony’.[27](#)

What does the asker want to know? News of blissful NDEs has had such a positive, reassuring impact, few interviewers have been alert to hints of frightening experiences. Only a handful of those who were alert chose to follow.[28](#)

Who is asking, and how? The most accurate information comes when people are interviewed by someone they know and trust, well after the experience, in an informal setting, with no time constraints.[29](#) Inpatient hospital studies, most especially involving cardiac arrest, do not meet any of these conditions, so it is unsurprising that they have not identified distressing NDEs.

Varieties of Distressing NDE

A descriptive study of fifty dNDEs revealed three dNDE subgroups:[30](#)

Inverse

In some dNDEs, features usually reported as pleasurable or interesting are perceived as threatening, often because of loss of control or the bizarreness of the situation.

An example: A man thrown from his horse finds himself floating at treetop height, watching EMTs working over a body he is shocked to recognize as his. No! No! This isn’t right! He screams, ‘Put me back!’ but they do not hear him. He shoots through darkness toward a bright light, flashing past shadowy people who seem to be deceased family members. He is panic-stricken by the bizarre scenario and his inability to affect what is happening.[31](#)

The Void

A dNDE of the Void is an ontological encounter with a vast emptiness, often a devastating scenario of aloneness, isolation, sometimes negation of being.

A Christian woman in childbirth finds herself flying over the hospital and into space. Several circular entities inform her she never existed, that she was allowed to imagine her life but it was a joke; she is not real. She argues with facts about her life and earth. No, they say, none of that was ever real; this is all there is. She is left alone in deep, empty space. She awakens thinking, predestination. Several years later she learns that the entities were Yin-Yang symbols.[32](#)

Hellish

The least common NDEs seem to be those perceived as overtly hellish, with great variety in their descriptions. In most of these, the experiencer is present as an observer or guided traveler; except in experiences of shamanic initiation, torment may be witnessed or interpreted but is not actually felt.[33](#)

A man in heart failure feels himself falling into the depths of the earth. At the bottom is a set of high rusty gates, which he perceives as the gates of hell. Panic-stricken, he manages to scramble back up to daylight.[34](#)

A woman is being escorted through a desolate landscape and sees a group of wandering spirits. They look lost and in pain, but her guide indicates she is not allowed to help them.[35](#)

Another man experiences being pinched maliciously, then torn apart by human-like beings. After his body mysteriously reassembles, he finds himself in a glorious landscape of love and light and is taught many profound truths. Upon recovery, he leaves his academic position and attends seminary.[36](#)

Who Are the Experiencers

What kind of person has a dNDE? 'For now,' say scholars, 'the best answer... is probably that NDEs appear, for the most part, to be equal opportunity transpersonal experiences'.[37](#) People with NDEs cover the same range of demographic characteristics as people without NDEs. No distinguishing data mark those who have a dNDE.[38](#)

Saints have endured horrendous near-death and other spiritual experiences,[39](#) Despite that, a conviction persists that a distressing NDE is evidence of a person's being mean, guilty, hostile, angry, unloving, rigid, egocentric, God-denying, or spiritually lacking.[40](#) This view rests on supposition alone, as no supporting data exist. There is no evidence that NDEs function as clear-cut reward or punishment, or that character is a determinant.

Interpretation

A person who has an unexplainable experience 'immediately begins making conclusions on what or who they encountered, why they had this experience, and what it is they needed to learn or act on because of it. These conclusions come

primarily from worldview... and are necessary [attempts] to contextualize experience so that it can be understood'.[41](#)

Understanding, then, stems from the individual's cultural concepts, pre-existing beliefs, and available vocabulary.[42](#) Asked if she had been met by any presence in her NDE, a devout Catholic woman unhesitatingly said, 'Oh, it was Saint Jude. I pray to him all the time, so he knows me best'.[43](#) The traditional Christian concept of hell, deeply rooted in Western culture, can pose serious challenges even to non-believers; any sense of falling in the dNDE, or of fire or unpleasant entities is likely to be perceived as the imminence of hell.[44](#)

On the other hand, *image content* may be cross-cultural; so, the confusion of a Jewish woman who said she had been led through her dNDE by 'a Jesus look-alike', or the Christian woman whose understanding of her dNDE was turned upside down when she discovered that the 'circles' for which she had no name were the Yin/Yang.[45](#) The same image of elongated darkness described in industrialized regions as a tunnel may, in regions with no hardscape, be called the neck of a gourd or the calyx of a flower.[46](#)

The explanatory tools a person brings into an NDE are only those known beforehand.

Responses and Aftereffects

The strongest effect of many NDEs is an enduring awareness that the physical world is not the full extent of reality.[47](#) 'The world,' says an experiencer, 'is not what it seems.'[48](#) Because this perception runs so deeply counter to both Western materialism and conservative religious dogmas, the new conviction may overturn personal life and social relationships abruptly and permanently.[49](#) Adjustment follows much the same pattern as culture shock[50](#); reactions are often similar to PTSD.[51](#) Distressing NDEs and their aftermath appear to follow the ancient shamanic pattern of suffering/death/resurrection, which in less metaphoric terms can be read as an invitation to self-examination, disarrangement of core beliefs, and rebuilding.[52](#) Three responses are common:[53](#)

The Turnaround: 'I needed that'

A disturbing NDE, interpreted as a warning, may lead to changing behaviours. Movement toward a dogmatic religious community is common, where strict rules promise protection.

I've stopped drugs, moved back to Florida, and now I'm in Bible college. I used to have a casual attitude toward death, but now I actually fear it more. So yes, it was a warning. I was permitted another chance to change my behavior on earth ... I've taken my fear of death and given it to the scriptures.[54](#)

Reductionism: 'It was only...'

Reductionism 'allows one to repudiate the meaning of an event which does not fit into a safe category'.[55](#)

The near-death experience of a young woman in New York City included both loving and frightening elements. Reading that researchers theorized physiological causes for NDEs, she concluded, 'There are actual rational explanations for what I experienced. It's all very scientific'.[56](#)

The Long Haul: 'What did I do?'

Other experiencers, years later, still struggle with the existential implications of a distressing NDE. The religious element of their experiences is often an absence. (Unless cited, experiencer quotes are from the author's files.)

I had an experience which has remained with me for 29 years... It has left a horror in my mind and I have never spoken about it until now.

For some reason, [31 years later] all the memories are back and vivid ... It's like living it all over again, and I don't want to. I thought I had it all resolved and in its place, but I'm having a really bad time trying to put it away this time.

I expected the Lord to be there, but He wasn't ... I called on God and He wasn't there. That's what scared me.[57](#)

These are typically articulate people haunted by the existential dimension of their dNDE: *What are the rules, if the rules I lived by don't work?* Often they mention having been in therapy, some for many years. Not for a long time, if ever, do they lose their fear of death.[58](#)

I've pondered if I was in that hell, will I go back on my death? Was I sent there for something perhaps I'll do in the future, or something I did in the past? ... I don't believe in a hell, but it was such a strong experience, there is always that underlying uncertainty and trouble and fear.

Aftereffects and Psi

Although considerable study has documented common effects of pleasant NDEs, including increased psychic and intuitive sensitivity, no such data are available for distressing NDEs.[59](#)

Scepticism

In the literature, sceptics have centred on near-death experience generally.[60](#) Their critiques would assumedly apply also to dNDEs.

Specific scepticism about unpleasant NDEs is expressed from within the field. Researchers are not in agreement about the nature or significance of dNDEs despite their commonalities with pleasant NDEs. Although not precluding disturbing experiences, the primary NDE assessment instrument,[61](#) used almost universally, captures exclusively pleasurable emotional responses.

Some prominent researchers claim that dNDEs are not true NDEs. Neuropsychiatrist Peter Fenwick states, 'I feel that distressing experiences are, in fact, quite different, and... have a strong confusional component seen much less

often in the positive NDEs.’[62](#) (Note that confusional elements in positive experiences do not preclude inclusion as true NDEs.)

Psychologist Kenneth Ring propounded three arguments that distressing experiences are not genuine NDEs: that they are ‘hallucinatory visions’,[63](#) or ‘essentially emergence reactions to inadequate anesthesia’,[64](#) and that they have no ontological status (‘Frightening NDEs, therefore, though they are by definition scary, aren’t real’.[65](#)).

Professor of religious studies Christopher Bache, following the psychedelic and holotropic work of psychiatrist Stanislav Grof[66](#), has maintained that a frightening NDE is an incomplete NDE. Any such experience represents ‘an encounter with some of the deepest structures of the psyche, structures that are universally distributed among persons’.[67](#) This argument opens useful discussion of NDEs and similar events as products of the imaginal realm of the psyche, archetypal products of the collective unconscious.

Proof of Life after Death and Hell

Proof is a scientific status requiring specific measuring points. NDEs are subjective experiences, neither measurable nor viewable by external observers; they cannot be tested for accuracy or quantified or replicated at will. The only possible control group able to attest to their being proof of life after death would be a sample made up of the dead. Furthermore, a substantial number – possibly a majority – of reported NDEs occur not only in the absence of clinical death but in non-life-threatening conditions and even spontaneously. Despite enthusiastic headlines, NDEs may *suggest* the continuation of conscious experience after death but they cannot *prove* it. As such, distressing NDEs do not prove the existence of hell.[68](#)

Post-Traumatic Growth

With time, distressing NDEs can have positive psychological outcomes.[69](#) The literature on posttraumatic growth indicates a promising and as yet underdeveloped approach for working with struggling NDE experiencers.[70](#) Says psychotherapist Miriam Greenspan, ‘The world is in vital need of the truth that the dark emotions teach’.[71](#)

Nancy Evans Bush

Literature

Atwater, P.M.H. (1992). Is there a Hell? Surprising observations about the near-death experience. *Journal of Near-Death Studies* 10, 149-60.

Bache, C. (1996). Expanding Grof’s concept of the perinatal: Deepening the inquiry into frightening near-death experiences. *Journal of Near-Death Studies* 15, 113-39.

Blackmore, S. (1996). Near-death experiences. *Journal of the Royal Society of Medicine* 89, 73-6.

- Bush, N.E. (2002). Afterward: Making meaning after a frightening near-death experience. *Journal of Near-Death Studies* 21/2, 99-133.
- Bush, N.E. (2012). *Dancing Past the Dark: Distressing Near-Death Experiences*. Cleveland, Tennessee, USA: Parsons Porch Books.
- Bush, N.E. (2009). Distressing Western near-death experiences: Finding a way through the abyss, in *Handbook of Near-Death Experiences: Thirty Years of Investigation*, ed. by J. Holden, B. Greyson, & D. James, 63-86. Santa Barbara, California, USA: Praeger/ABC/CLIO..
- Bush, N.E (2011). [‘Distressing’ not the same as depressing](#). [Weblog, May 17.]
- Bush, N.E. (2012). [Untangling Hellish Visions](#). [Web Page.]
- Carlson, R.A. Retrieved from <http://theophiliacs.com/2008/09/14/demons>.
- Charland-Verville, V. Jourdan, J.-P. Thonnard, M. Ledoux, D. Donneau, A.-F. Quertemont E., & Laureys, S. (2014). [Near-death experiences in non-life-threatening events and coma of different etiologies](#). *Frontiers in Human Neuroscience* 8, 203.
- Corbett, L. (1996). *The Religious Function of the Psyche*. London: Routledge.
- Fenwick, P., & Fenwick, E. (1987). *The Truth in the Light: An Investigation of Over 300 Near-Death Experiences*. New York: Berkly Trade.
- Fenwick, P. (2004). [Science and spirituality: A challenge for the 21st century](#). [Bruce Greyson Lecture from the International Association for Near-Death Studies 2004 Annual Conference.]
- Gallup, Jr., G., with W. Proctor (1982). *Adventures in Immortality: A Look Beyond the Threshold of Death*. New York: McGraw Hill.
- Greenspan, M. (2004). *Healing Through the Dark Emotions: The Wisdom of Grief, Fear, and Despair*. Boston: Shambhala.
- Grey, M. (1985). *Return from Death: An Exploration of the Near-Death Experience*. London: Arkana.
- Greyson, B., & Bush, N.E. (1992). Distressing near-death experiences. *Psychiatry* 55, 96-110.
- Greyson, B. (2014). Differentiating spiritual and psychotic experiences: Sometimes a cigar is just a cigar. *Journal of Near-Death Studies* 32/3, 123-36.
- Greyson, B. (2003). Incidence and correlates of near-death experiences in a cardiac care unit. *General Hospital Psychiatry* 25, 269-76.
- Greyson, B. (1983). Near-death experience scale: Construction, reliability, and validity. *Journal of Nervous & Mental Disease* 171, 369-75.

Greyson, B., Kelly, E.W., & Kelly, E.F. (2009). Explanatory models for near-death experiences, in *Handbook of Near-Death Experiences: Thirty Years of Investigation*, ed. by J. Holden, B. Greyson, & D. James, 213-234. Santa Barbara, California, USA: Praeger/ABC/CLIO.

Grof, S. (1975). *Realms of the Human Unconscious*. New York: Viking Penguin.

Hoffman, R. (1995). Disclosure habits after near-death experiences: Influences, obstacles, and listener selection. *Journal of Near-Death Studies* 14, 29-48.

Holden, J., Long, J., & MacLurg, B.J. (2009). Characteristics of Western near-death experiencers, in *Handbook of Near-Death Experiences: Thirty Years of Investigation*, ed. by J. Holden, B. Greyson, & D. James. Santa Barbara, California, USA: Praeger/ABC/CLIO.

Hufford, D. (2014). The healing power of extraordinary spiritual experiences. *Journal of Near-Death Studies* 32/3, 137-56.

Ingall, M. (2000). Stairway to Heaven? *Mademoiselle* (July), 94-6.

James, W. (1917) [Lectures XVI & XVII, Mysticism, The Varieties of Religious Experience: A Study in Human Nature](#). New York: Longmans, Green & Co. [Archived digitally by the Gutenberg Project, 2014.]

Joseph, S. (2013). *What Doesn't Kill Us: The New Psychology of Posttraumatic Growth*, New York: Basic Books.

Kellehear, A. (1996). *Experiences Near Death: Beyond Medicine and Religion*. New York: Oxford University Press.

Kellehear, A. (2009). Non-western near-death experiences, in *Handbook of Near-Death Experiences: Thirty Years of Investigation*, ed. by J. Holden, B. Greyson, & D. James, 135-158. Santa Barbara, California, USA: Praeger/ABC/CLIO.

Knoblauch, H., Schmied, I., & Schnettler, B. (2002). Different kinds of near-death experience: A report on a survey of near-death experiences in Germany. *Journal of Near-Death Studies* 20(1), 15-30.

Lukeman, A. (2012). In *Dancing Past the Dark: Distressing Near-Death Experiences* by N.E. Bush, 184-6. Cleveland, Tennessee, USA: Parsons Porch Books.

Mendoza, M. (2011). Felons and suicide. *Vital Signs* 30 (Fall), 3-7.

Mobbs, D., & Watts, C. (2011). There is nothing paranormal about near-death experiences: How neuroscience can explain seeing bright lights, meeting the dead, or being convinced you are one of them. *Trends in Cognitive Sciences* 15, 447-9.

Moody, Jr., R. (1977). *Reflection on Life After Life*. Covington, Georgia, USA: Mockingbird Books.

Moody, Jr., R. (1975). *Life After Life: The Investigation of a Phenomenon – Survival of Bodily Death*. St. Simon's Island, Georgia, USA: Mockingbird Books.

- Noyes, Jr., R., Fenwick, P., Holden, J.M., & Christian (2009). Aftereffects of pleasurable Western adult near-death experiences, in *Handbook of Near-Death Experiences: Thirty Years of Investigation*, ed. by J. Holden, B. Greyson, & D. James, 41-62. Santa Barbara, California, USA: Praeger/ABC/CLIO.
- Pacciolla, A. (1996). The near-death experience: A study of its validity. *Journal of Near-Death Studies* 14, 179-85.
- Parnia, S., Spearpoint, K., de Vos, G., Fenwick, P., Goldberg, D., Yang, J., Zhu, J., Baker, K., Killingback, H., McLean, P., Wood M., Zafari, A.M., Dickert, N., Beisteiner, R., Sterz, F., Berger, M., Warlow, C., Bullock, S., Lovett, S., McPara, R.M., Marti-Navarette, S., Cushing, P., Wills, P., Harris, K., Sutton, J., Walmsley, A., Deakin, C.D., Little, P., Farber, M., Greyson, B., Schoenfeld, E.R. (2014). [AWARE – AWAreness during REsuscitation – A Prospective Study](#). *Resuscitation* 85, 1799-1805.
- Parnia, S., Waller, D.G., Yeates, R., & Fenwick, P. (2001). A qualitative and quantitative study of the incidence, features, and aetiology of near death experiences in cardiac arrest survivors. *Resuscitation* 48, 149-58.
- Perry, J.W. (1998). *Trials of the Visionary Mind*. Albany, New York, USA: SUNY Press.
- Rawlings, M. (1978). *Beyond Death's Door*. Nashville, Tennessee, USA: Thomas Nelson.
- Ring, K. (1980). *Life at Death: A Scientific Investigation of the Near-Death Experience*. New York: Coward, McCann & Geoghegan.
- Ring, K. (1994). Solving the riddle of frightening near-death experiences: Some testable hypotheses and a perspective based on *A Course in Miracles*. *Journal of Near-Death Studies* 13, 5-24.
- Rommer, B. (2000). *Blessings in Disguise: Another Side of the Near-Death Experience*. St. Paul, Minnesota: Llewellyn.
- Sabom, M., & Kreuziger, S. (1982). *Recollections of Death*. New York: Harper & Row.
- Schwaninger, J., Eisenberg, P.R., Bschechtman, K., & Weiss, A.N. (2002.) A prospective analysis of near-death experiences in cardiac arrest patients. *Journal of Near-Death Studies* 20, 215-32.
- Sharp, K.C. (1986) in *After the Beyond: Human Transformation and the Near-Death Experience* by C.F. Flynn, 248. Englewood Cliffs, New Jersey, USA: Prentice-Hall.
- Storm, H. (2001). *My Descent into Death: A Second Chance at Life*. East Sussex, UK: Clairview.
- Stout, Y.M., Jaquin, L., & Atwater, P.M.H. (2006). Six major challenges faced by near-death experiencers. *Journal of Near-Death Studies* 25/1, 49-62.
- Sutherland, C. (1995). *Transformed by the Light: Life after Near-Death Experiences*, Sydney: Bantam Books. [US edition: *Reborn in the Light: Life after Near-Death*

Experiences, New York: Bantam Books, 1995.]

Teresa of Avila (1565). *The Life of Teresa of Jesus*, (E.A. Peers, trans. & ed. 1960). New York: Image Books.

Turner, A.R. (1993). *The History of Hell*. New York: Harcourt Brace & Co.

van Lommel, P., van Wees, R., Meyers, V., & Elfferich, I. (2001). Near-death experience in survivors of cardiac arrest: A prospective study in the Netherlands. *Lancet* 358, 2039-45.

Woerlee, G.M. (2004). Cardiac arrest and near-death experiences. *Journal of Near-Death Studies* 22, 235-49.

Zaleski, C. (1987). *Otherworld Journeys: Accounts of Near-Death Experience in Medieval and Modern Times*. New York: Oxford University Press.

Zingrone N.L., & Alvarado, C.S. (2009). Pleasurable Western adult near-death experiences: Features, circumstances, and incidence, in *Handbook of Near-Death Experiences: Thirty Years of Investigation*, ed. by J. Holden, B. Greyson, & D. James. Santa Barbara, California, USA: Praeger/ABC/CLIO, 27-30.

Endnotes

Footnotes

- [1.](#) Bush (2012), 58.
- [2.](#) James (1917).
- [3.](#) Greyson (2014), 123-36; Hufford (2014), 137-56.
- [4.](#) Zingrone & Alvarado (2009), 27-30.
- [5.](#) Moody (1975).
- [6.](#) Bush (2001a), 58-61; Kellehear (2009), 152; Knoblauch, Schmied, & Schnettler (2002), 15-30.
- [7.](#) Charland-Verville et al. (2014).
- [8.](#) Kellehear (1996), 43, (emphasis in original).
- [9.](#) Mendoza, M., personal communication.
- [10.](#) Moody (1977), 169.
- [11.](#) Ring (1980).
- [12.](#) Sutherland (1995).
- [13.](#) Fenwick & Fenwick (1987).
- [14.](#) Sabom & Kreutziger (1982), 20.
- [15.](#) Pacciolla (1996), 179-85.
- [16.](#) Parnia, Waller, Yeates & Fenwick (2001), 149-58.
- [17.](#) van Lommel, van Wees, Meyers & Elfferich (2001), 2039-45.
- [18.](#) Greyson (2003), 269-76; Schwaninger, Eisenberg, Bschechtman, & Weiss (2002).
- [19.](#) Parnia et al. (2014).
- [20.](#) Bush (2009), 63-86.
- [21.](#) Rawlings (1978).
- [22.](#) Gallup & Proctor (1982), 76-84.

- [23.](#) Grey (1985).
- [24.](#) Hoffman (1995).
- [25.](#) Sharp (1986).
- [26.](#) Parnia et al. (2014).
- [27.](#) Zaleski (1987), 149.
- [28.](#) Atwater (1992).
- [29.](#) Sutherland (1995), 54.
- [30.](#) Greyson & Bush (1992); Bush (2001a) 25-44.
- [31.](#) Author's personal files.
- [32.](#) Bush (2001a), 1-5.
- [33.](#) Zaleski (1987), 44; Turner (1993), 102.
- [34.](#) Personal files (NEB).
- [35.](#) Personal files (NEB).
- [36.](#) Storm (2001).
- [37.](#) Holden, Long & MacLurg (2009), 133.
- [38.](#) Ring (1980), 131-7.
- [39.](#) E.g., Teresa of Avila (1565), 3-7.
- [40.](#) Bush (2001a), 68.
- [41.](#) Carlson (2012).
- [42.](#) Kellehear (2009).
- [43.](#) Bush (2011).
- [44.](#) Bush (2012).
- [45.](#) Bush (2001a), 38-41.
- [46.](#) Kellehear (2009), 150.
- [47.](#) Stout, Jaquin, & Atwater (2006). 51-2.
- [48.](#) Hufford (2014), 143.
- [49.](#) Lukeman (2001a), 184-6; Noyes, Fenwick, Holden, & Christian (2009).
- [50.](#) Noyes, Fenwick, Holden, & Christian (2009), 57.
- [51.](#) Parnia et al. (2014).
- [52.](#) Perry (1998), 133.
- [53.](#) Bush (2002).
- [54.](#) Rommer (2000), 43.
- [55.](#) Corbett (1996), 35.
- [56.](#) Ingall (2000), 94-6.
- [57.](#) Rommer (2000), 53.
- [58.](#) Bush (2002).
- [59.](#) Greyson, Kelly, & Kelly (2009). See also: Stout, Jaquin, & Atwater (2006); Noyes, Fenwick, Holden, & Christian (2009).
- [60.](#) E.g., Blackmore (1996); Mobbs & Watts (2011); Woerlee (2004).
- [61.](#) Greyson (1983).
- [62.](#) Fenwick (2004).
- [63.](#) Ring (1980), 195.
- [64.](#) Ring (1994).
- [65.](#) Ring (1994).
- [66.](#) Grof (1975).
- [67.](#) Bache (1996)
- [68.](#) Bush (2001a), Chapter 6.
- [69.](#) Bush (2001a), Chapter 16.

- [70](#). Joseph (2013).
- [71](#). Greenspan (2004), 132.

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