

BOOK REVIEW

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To Hell and Back: Life After Death—Startling New Evidence, by Maurice S. Rawlings. Nashville, TN: Thomas Nelson, 1993, 255 pp.

Seventeen years ago I (Sabom, 1979) reviewed a book from Thomas Nelson Publishers entitled *Beyond Death's Door*, by cardiologist Maurice Rawlings (1978). *Beyond Death's Door* described the distressing or, in Rawlings' words, "hellish" near-death experience (NDE). Although I critiqued Rawlings' research methodology and conclusions in my review, he is to be credited with alerting us to the presence of this type of NDE at a time when it had not generally been recognized. Rawlings' newest book, *To Hell and Back*, another Thomas Nelson publication, is a sequel to *Beyond Death's Door* (so Rawlings states on p. 9) and is the subject of this commentary.

I met Rawlings once on a television talk show in the early 1980s and found him to be pleasant and sincere. We share much common ground as practicing cardiologists who hold Fellowships in the American College of Cardiology. Needless to say, we both have been intensely interested in the NDE since the mid-'70s and have authored books on this subject (Rawlings, 1978, 1980, 1981, 1993; Sabom, 1982). We are both Christians, as well.

Within the Christian community, Rawlings has made considerable impact. *Beyond Death's Door* is currently in its 14th paperback edition, and *To Hell and Back* promises similar success. Thus, it was with great interest that I began my reading of *To Hell and Back*, in which the author, quoting Luke 1:4 in the New Testament, offers the reader "an opportunity to enter the arena of debate as I [Rawlings,

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like Luke] ‘write an orderly account for you . . . so you may know the certainty of the things you have been taught’” (p. 43).

Before entering this “arena of debate” with Rawlings, however, I caution the reader that this commentary is not intended to be a comprehensive review of *To Hell and Back*. My intent is to examine the *substance* of this work from the standpoint of a near-death researcher. Specifically, I wish to assess the new information and data presented in the text, the accuracy and completeness of these data, and how these data compare to his own previous work and the work of others. I will not address Rawlings’ discussion of religion and society. With this in mind, let us turn to an evaluation of seven points made by Rawlings in his book.

First, a major theme running throughout *To Hell and Back* is the author’s repeated emphasis on the need to interview patients immediately after resuscitation:

If the interview is delayed just a little bit—much less days, weeks, or months after the fact—only the positive experiences will be found. (p. 33)

The truth remains that the negative reports are there (i.e., on the lips of the survivor), but the observer has to be on the scene to capture them before they are swept away into painless areas of the memory. (p. 67)

Rawlings then poses what to him is a crucial question regarding other near-death studies: “*Were any of the reporting authors present during the CPRs of these patients? Had any of the authors themselves performed the resuscitation?*” (p. 110, italics Rawlings’). Except for myself, no other researchers had been involved in these resuscitations. Rawlings carefully dissects my results, however, and finds that

Sabom . . . encountered no significant negative experiences, after looking at 30 of his 116 interviews (26 percent) sometime within the first month, six of them sometime within the first day. Of the positive reports, none of them were reportedly obtained on the floor or during the resuscitation, often the only time when negative cases can be detected. (p. 127)

Rawlings concludes of this work by me and others:

In spite of these glittering results, obtained from delayed interviews by personnel who were not there at the time of the events, there is, nevertheless, an occasional negative experience that slips through their coveted data. (p. 110)

Statistical bias results when the whole picture is not analyzed, especially when good experiences replace the converted bad ones. But

researchers seem recalcitrant and show no interest in the negative possibilities. (p. 99)

Thus, Rawlings sets the stage for his own study in *To Hell and Back* aimed at correcting this “defective method of data collection” (p. 34) by “recalcitrant” investigators. In this regard, Rawlings assures us that

the cases I will present were collected by professional people making on-the-scene interviews while CPR was in progress: doctors, nurses, and paramedics involved with ambulances, emergency rooms, and intensive care wards. (p. 29)

These new NDE accounts, we are promised, will then be added to the “several hundred patients summarized in the first book” (p. 32).

In my earlier review (Sabom, 1979) of his first book, *Beyond Death's Door*, I found that these “several hundred” cases were represented by only 21 cases of “heavenly” NDEs and 12 “hellish” NDEs. Many of these were clearly not from Rawlings’ own practice, having been excerpted from other published sources. Others were simply left unidentified. In *To Hell and Back*, the cases appear similar, with most of his “new” cases not coming from Rawlings’ practice or his referral network.

My best estimate from reading the text without any tables or listing of patients is that 32 NDEs are mentioned: 15 “hellish” cases and 17 “heavenly” cases. Twenty of these 32 cases were clearly lifted and referenced from other sources, and six were personally acquired examples used in his previous books. The remaining six NDEs appear to be new, previously unpublished accounts obtained from his own experience. However, two of these six cases were mentioned only in passing and never described.

Given the above, Rawlings seems to have gone out on a limb. After he demeans others’ data as “glittering” and “coveted” and labels their method of data collection “defective” and “statistically biased,” Rawlings offers six (more accurately, four) poorly documented new cases for study. He supplies no interview format, patient background information, or systematic data analysis as found in other studies he criticizes above. His statements such as “There is no relationship [of the distressing NDE] to occupation, education, or circumstance. Affluence has never altered the outcome” (p. 75) are substantiated with no relevant data.

More importantly, his basic premise that immediate post-resuscitation interviewing will yield a high percentage of “hellish” NDEs

that will later be repressed is unsupported by data, that is, data documenting in a series of cases the timing of the interview after the event. In fact, the cases he presents actually seem to favor the opposite conclusion: out of 15 "hellish" cases, ten (67 percent) were clearly shown to have been brought to Rawlings' attention long after the golden "first few minutes" following resuscitation, four were elicited at an unspecified time, and one (7 percent) was clearly noted as immediate. The reader is left to wonder why the overwhelming majority of these "hellish" NDEs were "late reports," reports that according to his premise should have been repressed and unreported.

Second, upon examining the NDEs actually obtained and reported by Rawlings, other problems arise. Scrupulous accuracy in the recording of NDE descriptions is essential, since the content of these experiences cannot independently be verified, except in rare cases of autoscopic NDEs with separate documentation as found in my book (Sabom, 1982, pp. 81-115). In *Beyond Death's Door*, Rawlings was careful to ensure the reported accuracy of one account by tape recording the interview (Rawlings, 1978, p. 97). The same account was then used again in *To Hell and Back* (pp. 56-57), but this time with multiple changes. The descriptions in both books were presented as first-person verbatim quotations, indented in the text to indicate the actual words of the NDEr. Information was deleted from the account in *To Hell and Back*, however, without any indication (for example, ellipses) that something was being left out. Also troubling was the frequent changing of the wording of the actual description of events found in both accounts. For example, in Rawlings' earlier book he quoted the patient as saying:

There was this young doctor in a white coat and two nurses and a black fellow in a white uniform and he was doing most of the work on me. This black fellow was shoving down on my chest and someone else was breathing for me and they were yelling to "get this and get that!" (1978, p. 79)

In *To Hell and Back* this same patient is quoted as having said:

There was this young doctor in a white coat and two nurses bent over me. The doctor was yelling "get this" and "get that!" (p. 55)

In the earlier book Rawlings quoted this patient as stating:

I didn't touch any of the walls. I emerged out into an open field and was walking toward a big white wall which was very long. It had three steps leading up to a doorway in the wall. On a landing

above the stairs sat a man clothed in a robe that was dazzling white and glowing. (1978, p. 80)

In *To Hell and Back* this quote reads:

I didn't hit any of the walls and at the other end I walked out into an open field. On the far side was this endless white wall which had three steps leading up to a doorway. I entered. Up on the landing sat the dazzling figure of an old man in glowing white robes. (p. 55)

In the earlier book, Rawlings quotes this patient as describing a "brilliantly lit city" as follows:

reflecting what seemed to be the sun's rays. It was all made of gold or some shiny metal with domes and steeples in beautiful array, and the streets were shining, not quite like marble but made of something I have never seen before. (1978. p. 80)

By *To Hell and Back*, this quote had become:

reflecting what looked like the rays of the sun, only diffused and suspended with particles of radiance. The roads were all made of gold. Some sort of shining metal covered the domes and steeples in beautiful array and the walls were strangely smooth, not quite like marble, but made of something I had not seen before. (pp. 55-56)

In Rawlings' first book, he quoted this patient as describing his return to life with these words:

As we approached the place where Jesus was located, I suddenly felt this tremendous surge of electricity through my body as if someone had hit me in the chest. My body arched upward as they were defibrillating my heart. I had been restored to my former life! (1978, p. 81)

In the version quoted in *To Hell and Back*, the patient's words were:

As we approached the next place, the place where Jesus was supposed to be, I felt as if I were hit and everything became dark. A jolting power went through my body and it hit me again in the chest, arching my body upward. I opened my eyes and grabbed at the heart machine's paddles before they could shock me again. (p. 56)

One may question whether such altered wording is of real significance; that is, does it really matter whether the NDEr saw streets made of "something I have never seen before" versus "gold"; or whether he saw the place where Jesus "was located" versus where he "was supposed to be"? I believe it matters in a major way! To say the "place where Jesus was located" implies He was *there*. To refer,

on the other hand, to a “place where Jesus was supposed to be” interjects an element of doubt or of subjective interpretation; it implies that the NDEr merely assumed Jesus *should* be there. Such alteration of meaning concerning the presence of Jesus is particularly important, since *To Hell and Back* deals with the *Christian* interpretation of the NDE.

Furthermore, from a research standpoint, alteration of the patient’s report—that is, alteration of the data—violates a basic principle of the scientific method by changing the material meaning of an otherwise unverifiable observation and casting doubt on the credibility of the whole account. Similar discrepancies appear in the retelling of the account of a patient resuscitated at a football game; compare the account in *Before Death Comes* (Rawlings, 1980, pp. 128-129) with the account in *To Hell and Back* (p. 79). Published as first-person, quoted accounts, these reports are supposed to be *the* words of the NDEr, not of Rawlings nor of his editor. If the verbatim nature of these accounts cannot be trusted, any meaningful evaluation becomes highly questionable.

Third, discrepancies appear in the account found in both *To Hell and Back* and *Beyond Death’s Door* of the Baptist Sunday school teacher who suffered multiple cardiac arrests and NDEs. (Rawlings confirmed in personal communication that this same account was reused in both books.) In *Beyond Death’s Door*, we were told that

He experienced three different episodes of heart attack, three different episodes of defibrillation, three different after-death experiences. The first episode was terrifying; the next two were quite pleasing and even euphoric . . . *He died a fourth time* a few months later, from cancer of the large bowel. This condition was entirely unrelated to the repeated heart attacks. (1978, pp. 101 and 103, italics added)

In *To Hell and Back*, however, this same man

had three separate death experiences from three separate cardiac arrests, the first two from heart attacks. The last arrest was the complication of an unexpected cancer of the rectum, and we didn’t try retrieval methods at that time . . . *At the third and final death*, both he and I were sure what the results would be. He was the one who was able to reassure me. (p. 76, italics added)

Thus, in *Beyond Death’s Door*, three NDEs—one “hellish” and two “heavenly”—were described in detail followed by the fourth and “final death” from cancer. In *To Hell and Back*, the “hellish” NDE was followed by a second, “heavenly” experience and then a “third and final

death." This man's third, "heavenly" NDE—"pleasant and easily recalled" by the man in *Beyond Death's Door* (1978, pp. 103)—did not even occur according to Rawlings in *To Hell and Back*.

Furthermore, in *Beyond Death's Door*, Rawlings introduced this case of the Baptist Sunday school teacher as "one I find difficult to explain" (1978, p. 101). Rawlings described this case as follows:

This involved a staunch Christian, the founder of a Sunday school, and a lifelong supporter of the church. . . . The first episode was terrifying . . . [The teacher stated] "I am convinced it was the entrance to hell." (1978, p. 101)

Rawlings could not explain why such an apparently committed Christian should experience a "hellish" NDE, since he considers the NDE a preview of one's afterlife, in which Christians are supposed to go to heaven, not hell. According to Rawlings, the Sunday school teacher himself was also baffled by his "hellish" experience, "nor could he volunteer an explanation for its occurrence to a professing Christian" (1978, p. 103).

When this same story appears in *To Hell and Back*, however, this difficulty appears to have been resolved by a modification of the account. Instead of the teacher's impeccable Christian standing prior to the "hellish" NDE (as described in *Beyond Death's Door*), now "He said he knew he was not the Christian he should have been" (p. 76). This change in the man's story in *To Hell and Back* solves Rawlings' problem, stated in *Beyond Death's Door*, of why a "staunch" Christian had a "hellish" NDE; now the man is said to admit that he was "not the Christian he should have been."

Recall, however, that in *Beyond Death's Door* neither this man nor Rawlings could "volunteer an explanation for its occurrence to a professing Christian," since the man was clearly identified as a "staunch," professing Christian. Had there been some additional information obtained from this man about the depth of his religious convictions *after* the publication of *Beyond Death's Door* to allow for this change? Definitely not, since the man was already dead at the time of that first book's publication!

Could some previously unknown information then have been obtained from a close family member or friend after both the man's death and the publication of *Beyond Death's Door* to account for this change? This does not seem possible since the information presented in both *Beyond Death's Door* and *To Hell and Back* identifies the man himself as the source of the information. In any case, new cor-

roborative information would surely have been so identified in order not to leave Rawlings open to the charge of having adjusted his data to fit his own *a priori* conclusions. We appear to have two mutually exclusive testimonies from the (dead) man himself.

If Rawlings cannot explain how a staunch Christian can encounter a glimpse of a "hellish" afterlife, in like manner he has difficulty with a reverse scenario. How can this Sunday school teacher who in *To Hell and Back* is "not the Christian he should have been" turn around and report a "heavenly" experience following his "hellish" one? Rawlings would appear to reason that a subsequent religious conversion or deepening of his Christian commitment necessarily occurred. However, in *Beyond Death's Door*, Rawlings stated that he knew of no such transformation; thus, his "difficulty" with this case:

Without any apparent reason, *unless some secret transformation or dedication occurred of which I am unaware*, this patient's subsequent two experiences during other deaths were beautiful. (1978, pp. 101-102)

In *To Hell and Back*, the story was clearly changed and the "difficulty" eliminated:

Some sort of a conversion resulted and the second clinical death produced a wonderful, heavenly experience, the one that he wanted in the first place. . . . It appears there's nothing like a little bit of hell to dramatically change life's purpose and attitude. (p. 76, italics added)

It is important to note that Rawlings does not say "some sort of a conversion *must have resulted*." Such a selection of words would have made clear that Rawlings was interpreting or extrapolating from facts. However, Rawlings' use of the factual simple past tense "resulted" establishes it as fact, one that is now contrary to his earlier testimony in *Beyond Death's Door*. Again, this man had died prior to the publication of that first book, and thus could not have told Rawlings of this important change in his testimony.

Fourth, Rawlings' views on the NDEs reported by suicide attempters are problematic. Based on the Christian doctrine that "murder is forbidden (Sixth Commandment), including murder of oneself" (p. 115), and his assumption that the NDE is an accurate glimpse of one's afterlife destiny (that is, heaven or hell), Rawlings concludes that those who attempt suicide (self-murder) will experience a distressing or "hellish" NDE as punishment for such a forbidden act:

I have never seen any good experiences result from attempted suicide . . . All attempted self-euthanasias have been uniformly negative, not positive. This presents, I think, Ring's "invariance hypothesis" [that NDEs are similar regardless of conditions that bring one close to death] in reverse order. It backfires." (p. 111)

However, Rawlings gives no data, such as the number of NDEs from suicide attempts and descriptions of those accounts, to support his "reverse invariance hypothesis." Furthermore, by proposing such a "reverse" hypothesis, that *all* suicide-induced NDEs will be "hellish," Rawlings contradicts his own previous assertions regarding an "all or nothing" philosophy of human behavior outlined in his Preface:

We shall also emphasize the "Bell Curve" invariance of typical population studies, the curve consistently exhibiting positive events on one end and negative events on the other, neither to the exclusion of the other. We will progressively explore both positive and negative events . . . and proceed to display the same bipolar distribution . . . in many near-death experiences, particularly in the resuscitated events where the brush with death nears a biological permanency. (p. 11-12)

If the NDEs of suicide attempters indeed form a group of invariable "hellish" experiences, to contradict Rawlings' own "Bell Curve" hypothesis, then carefully collected data need to be presented. This is especially important since available data have shown that pleasant NDEs are common among survivors of suicide attempts (Greyson, 1986; Ring and Franklin, 1981-82).

Fifth, Rawlings describes the account of Sir Alfred Ayer (1988), an avowed atheist. Ayer had, according to Rawlings, a "positive or heavenly experience, bordering on ecstatic wonder," after which "it is not clear from his description if he now accepts God, the Creator, the Governor of the Universe, as the sovereign of his life" (p. 47). Ayer clearly states at the end of his article, however, that his experience had

not weakened my conviction that there is no god. I trust that my remaining an atheist will allay the anxieties of my fellow supporters in the Humanist Association. (Ayer, 1988, p. 40)

Why does Rawlings say this is "not clear"? One unfortunately is left to surmise that this fact, that an atheist after having a "heavenly" NDE remained an atheist, is not compatible with what Rawlings wants to conclude.

Sixth, Rawlings stresses the importance of separating "the generalized catch-all wastebasket of near-death experiences" (p. 58) from "unique clinical deaths" by writing:

In my opinion clinical death, our closest approach to study spiritual eternity, should be completely separated from all other NDEs, some of which do not result in any form of death. (p. 158)

When discussing the “hellish” experience, however, he appears to transgress his own methodological tenet:

It really doesn't matter whether it is clinical death, near-death, contemplated death, deathbed visions, dreams, or drugs. Indeed, there are negative experiences found in all of these. But, for some reason, no one wants to mention them. Is the hell-fire of Billy Sunday considered offensive today? (p. 85)

Rawlings adds to this confusion by freely selecting from this “generalized catch-all wastebasket of near-death experiences” to illustrate points throughout his book.

For example, let me cite two cases Rawlings presented as “hellish” cases. The first of these involved

a sixty-two-year-old man suffering an acute heart attack, [who] had to be restrained because, using his words, there were “demons coming after me.” Fighting the staff, writhing and kicking off the creatures, feet running in place as if to escape, nurses and doctors pinning him to the stretcher, he eventually blacked out. After the cardiac arrest rhythm had been corrected by electric shock, the demons seemed to follow him as he went to the intensive care area where, *regaining his consciousness*, they pounced on him once again. (p. 89, italics added)

This man's experience appears to have taken place both before and after his cardiac arrest, while conscious, not during the “clinical death event” itself.

The second case “in the same week and in the same emergency room” involved

a thirty-eight-year-old heart attack victim, who, with blood-curdling screams, kept yelling he was in hell and demanding that a pastor be called. (p. 89)

No further details are given. Again, there is no indication that this patient was unconscious and physically near death at the time of his experience. (Most heart attack victims never lose consciousness or experience “near death.”)

Earlier in his section on “How to Collect Cases,” Rawlings warns researchers not to confuse hallucinations with NDEs. The person with a hallucination, he points out,

may see bugs, snakes, and other things [demons?] crawling across the hospital room, but note that the events occur in this world—not another world (p. 40)

Given that both of the above cases occurred while the patients were conscious and in “this world,” might they not more closely fit Rawlings’ own definition of an hallucination?

Seventh, one episode recounted by Rawlings deserves comment from a medical standpoint. Rawlings implanted a permanent pacemaker in a patient to stabilize recurrent cardiac arrhythmias. Medicare subsequently declined payment for his services since the indication for the pacemaker was not “Medicare approved.” Rawlings contested Medicare’s denial of benefits in the following manner: He arranged, with his patient’s consent, to demonstrate in front of the appeals court judge the need of his pacemaker for his survival:

Quickly placing the patient on the floor, I hooked him to the monitor and arranged the necessary magnets and paddles. I knew the patient’s heart was unable to beat on its own, but the judge had to be convinced.

Moving more papers around, the judge interrupted. “Do you intend to turn off the pacemaker?”

I shrugged, gesturing with my hands. “When I turn it off he will stop existing for a while, but that will allow your honor to determine the need for himself.” Then I started deprogramming the pacemaker.

For an eternity there was an uncanny silence and then the judge suddenly slapped the table and stood abruptly. “That won’t be necessary, doctor.” Another long pause. “After further deliberation, the court rules this pacemaker is both necessary and justified. Case dismissed!”

Like Solomon and the baby, the judge’s timely decision avoided the patient’s potential transient encounter with heaven or hell. (p. 66)

If Rawlings truly felt that his actions could have caused his patient to “stop existing for a while” and to result in a “potential transient encounter with heaven or hell,” he should have *never* considered putting his patient’s life in danger to settle a monetary dispute; nor should he have left the lay audience of his book with the clear impression, as is evident above, that it was the judge’s timely intervention, and not his own better judgment, that halted the *continuation* of this life-endangering procedure with no *medical* benefit.

If he was sure, on the other hand, that the deprogramming of the pacemaker on the floor of the courtroom was a safe and harmless procedure, then this whole episode has no relevance to his subject

of heaven, hell, and death and has been grossly misrepresented to the reader. Whichever is the case, Thomas Nelson Publishers would be well advised to delete this episode from future editions of the book.

Rawlings refers to my work (Sabom, 1982) multiple times throughout *To Hell and Back*. He openly questions the absence of "hellish" NDEs in my study and implicates me and others in a deceptive "collusion" with "Professor Ring and his previous colleagues of the IANDS group" (p. 113) to promote the belief that all NDEs are pleasant. In my sample of 78 NDEs from 116 near-death survivors, however, I did *not* encounter a "hellish" NDE nor participate in any collusion to deny its existence. Since publication of my book 14 years ago, I have encountered a few distressing NDEs, which I will include in future publications. Moreover, others within IANDS have reported cases and analyses of distressing NDEs (Greyson and Bush, 1992). From these initial reports, this kind of NDE appears to be a rare but real phenomenon.

How rare is the distressing NDE? The largest series to date contains 50 accounts collected over a ten-year period (Greyson and Bush, 1992). This number contrasts with literally thousands of pleasant NDEs reported over this same decade. Furthermore, a nationwide poll conducted in 1980-81 by the Gallup Organization (Gallup and Proctor, 1982) found that 1 percent of near-death experiencers report predominantly distressing NDEs.

Are the great bulk of distressing NDEs repressed and thus not reported? One study suggested that this is not so: Charles Garfield (1979) interviewed 36 individuals from 2 hours to 3 days after the event and found that with serial interviewing over the ensuing 3-week period, no change occurred in the description (or repression) of either the pleasant or distressing NDEs. Furthermore, elapsed time since the NDE has been shown not to convert the unpleasant to the pleasant in recollection of NDEs (as Rawlings implied) and, in fact, may actually reduce the pleasantness of the recollection (Greyson, 1983). Thus Rawlings' contention that these "hellish" NDEs frequently occur but are quickly repressed or altered is an interesting hypothesis without evidence to date.

Rawlings is correct in pointing out that most of my interviews with near-death survivors (Sabom, 1982) were conducted after their initial recovery from the near-death crisis event. Sarah Kreutziger, the psychiatric social worker who assisted me in this study, and I were both concerned at the time with possible adverse effects of immediate post-resuscitation interviewing on our patient's recovery. We considered

these interviews as research interventions to be carefully undertaken only after the patient had been safely stabilized.

In closing, Rawlings' approach in *To Hell and Back* appears to be as follows: He establishes himself before his audience as a cardiologist with impeccable credentials, a near-death researcher, and a committed Christian. Using these medical, scientific, and religious qualifications, he then presents the NDE as a glimpse of an afterlife and directly applies the Christian doctrine of heaven and hell to these experiences. This gridlike approach, however, poses problems to Rawlings in his interpretation of his and others' research when the type of person (for example, non-Christian) or type of near-death event (for example, suicide attempt) does not jibe with the expected afterlife destination (for example, hell). Rawlings confronts the data of others with authoritative statements substantiated with little or no data of his own and illustrated with anecdotal accounts that, over time, appear to have been altered to fit his own designs. I have given Rawlings a copy of this commentary for an opportunity to respond.

I am a Christian and believe in heaven and hell. Based on current knowledge, however, we have much to learn about the NDE, both distressing and pleasant, before we can say confidently just what this experience means and how it fits into our spiritual beliefs.

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