

Does the Out-of-body Experience (OBE) have an Innate Function?

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Introduction

This eBook article is a 26 page excerpt from my M.Phil. Thesis “Theoretical Functions of the Out-of-body Experience”, written in 1994 but not previously published online. It may appeal to those who have an interest in psychical research, parapsychology, or philosophy; otherwise you might find it a little heavy going, especially with all the constant academic references. I should point out that although spontaneous out-of-body experiences (OBEs) sometimes occur during hypnosis, it happens very rarely. Since writing this piece I became a full time hypnotherapist and I have now hypnotised over three thousand people - yet barely a handful have reported “coming out of the body” spontaneously. Deliberately inducing OBEs during hypnosis is another matter (I’ve also have carried out research in this area) – those who are successful invariably describe them as interesting and pleasant experiences.

Despite my background in both hypnotherapy and OBE research I have no immediate plans to release a commercial hypnosis CD or Mp3 to enable those with a desire to experiment with OBE induction, however if this area is of interest to you then you are always welcome to contact me to discuss the possibility of one-to-one hypnosis sessions, or a custom made hypnosis CD.

Contrary to the beliefs I held fifteen odd years ago, it is by no means essential to be an especially good visualiser, nor a particularly good hypnotic subject, to be a successful OBE induction subject, though it will certainly increase your chances.

Whether the OBEs induced by hypnosis are the same kind of OBE, or as “real” as most

spontaneous OBEs, is a very tricky question. Remember, nobody can agree on what an OBE is in the first place, so attempting to differentiate between different types of OBE is not an easy task. Opinion as to the true nature of OBEs is as likely to come down to personal belief or philosophy as it is from scientific evidence. After all, as they say, how do we know if we are really "in the body" in the first place!

Incidentally, I do not currently have time available to update this research (it is incredibly time consuming) , but who knows?

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Background

The OBE has been defined as "an experience in which one seems to perceive the world from a location outside the physical body" (Susan Blackmore 1982). It is still considered by many to amount to evidence that there is life after death - and is therefore still of tremendous potential importance to psychical research. Though many scientists suggest that the OBE is just an hallucination that takes place within the brain, others argue that the experience involves the use of ESP as well as the imagination (e.g. John Palmer 1978). Separationists believe that the OBE occurs when the spirit or some kind of double temporarily detaches itself from the living body and ventures out either to the physical world or some non-physical world such as the astral plane.

Research into the "travel to the *physical* world" theory has all but dried up since the end of the 1970's, when it became clear that no-one adept in inducing OBEs at will could consistently identify OB targets, despite one or two remarkable successes - such as those achieved by Ingo Swann (Osis and Mitchell 1977) and Alex Tanous (Osis and McCormick 1980). It became abundantly clear that the majority of induced OBEs are either not "genuine" or do not involve travelling to the physical world. Despite the evidence of many case study collections, such as those of Muldoon and Carrington (1929), no statistical research has ever been aimed at the *non-physical* world hypothesis.

Does the spontaneous OBE serve some kind of discrete function or perhaps even a variety of functions depending on the circumstances? This question has been sidestepped by most OBE researchers, the most notable exceptions being Irwin (1981); Gabbard and Twemlow (1985), and ignored by psychologists in general - who, in any case, usually do not feel that the OBE is worthy of investigation. It is not an easy

question to investigate scientifically; it is, however, an important question, particularly as there is evidence to suggest that the OBE is potentially a very beneficial, even therapeutic experience. Writers have concentrated on other aspects of OBE theory, a short summary of which will also be outlined.

Ignoring the possibility that the OBE is functional is akin to discussing the cause and nature of altered states of consciousness (ASCs) such as sleep or dreaming, without considering whether they have any kind of function or potential benefit.

Instinctive processes

The human being is born with a massive range of inbuilt characteristics in terms of physical and mental functioning, you could refer to this as "innate programming", "instinct" or whatever term you wish - but it is undeniably so. There are many things that we do not, or cannot bring about through an act of will. Something, presumably in the mind or body, makes us fall in love for example, something makes us experience thirst, something makes a pregnant woman begin to give birth...you could say all this is obvious, its all just a kind of programming - the appropriate programme being triggered by the appropriate stimulus. I believe there may be more innate processing going on than we have been aware of. It is possible, for example, that the process of death itself may not occur when the body is completely unable to carry on functioning any longer as is usually presumed (like say a broken down car). As with the automatic stages of giving birth, the process of dying may be a kind of programme that is automatically triggered at a given point. A sort of "switching down" programme, that *deliberately* ends life when the body reaches a certain state of disrepair.

The point I am trying to make here, in relation to OBEs, is that we should be open to the possibility that both the NDE and OBE are, similarly, both "programmes" that are triggered innately to fulfil specific needs.

OBE theorists have not previously looked at this issue. They have been busy trying to explain and investigate the experience in terms of:-

- i) The "*cause*" of the OBE but only with respect of what processes, mental or other, take place during the actual onset of the OBE and why these processes are triggered by the known antecedent circumstances.
- ii) The precise *nature* of the OBE, i.e., what the OBE is, e.g. a product of the imagination as opposed to a mind/body separation.

Though not mentioned, it is usually assumed by psychological theorists that there is no underlying psychological cause, that the experience takes place because of an unmotivated disruption of "normal" mental functioning, perhaps a temporary aberration or even a malfunction (though not in the pathological sense). This is implied, for example, by McCreery's "hypomania" theory (1993); Blackmore's "switching models of reality" theory (1984); Irwin's "absorption/synaesthesia" theory (1985) and also by Palmer's "self-concept threat" theory (1979), though in the latter case it could be argued that restoring the concept of the self is a function in itself. Some of these theories appear very plausible and it is not the intention here to dismiss any of them,

however, little attention has been directed towards investigating the possibility that the spontaneous OBE comes about, given the right opportunity, in order to (potentially) fulfil a specific *function* or purpose and is the result of some kind of *unconscious motivation*, a deliberate act of the unconscious, in some cases like a defence mechanism – possibly, as I have described, even some kind of innate tendency, or programme built into the mind. Further consideration to these Freudian sounding concepts will be given below along with related concepts such as Hilgard's "hidden observer" (1977) and other recent ideas about the independent role of the unconscious mind e.g. Fodor (1983); Kihlstron (1987).

Gabbard and Twemlow appear, at least tentatively, to commit themselves to the idea of the OBE being functional (1984 p.202): "we have demonstrated that the out-of-body experience has a variety of functions within the human psyche - those functions vary across individuals and in the same individuals across time." However, they tend to employ the terms causation and function as if they were interchangeable, attempting to explain both cause and function of the OBE in tandem with the use of complicated psychoanalytic terminology, in a fashion reminiscent of Palmer's "self concept threat" model (1979). Yet, unlike Palmer, they dismiss the notion of a single cause and favour the complex Freudian concept of "over determination", asserting that some OBEs are the result of the collective impact of several different factors and serve such functions as: "ego integration function at time of crisis"; "escape from family crisis"; "denying the reality of death" (p.194). Referring to one particular OBE case study, they claim that "OBEs serve as a vehicle for the ultimate transcendence into a perfect state free from bodily needs and desires, particularly forbidden incestuous desires" (p.196).

Irwin is another who tentatively suggests that the OBE may be brought about by some kind of unconscious wish: "It is plausible that the motivational factor operates at a subconscious level" (1985 p.143), but in this context he does not tackle the question of function, going no further than suggesting that many OBEs are the result of subconscious wishful thinking about wanting to be in a particular place or with a particular person. Although not actually stated, it would appear that Irwin, along with Gabbard and Twemlow are inferring that the overall function of the OBE is to provide an illusion in which subconscious wishful thinking is fulfilled. Such an overall function could well be applied to many of the theoretical functions considered below. The following is a list of suggested functions of the spontaneous OBE and Near Death Experience (NDE). Each is subsequently discussed individually.

Possible functions of the spontaneous OBE and NDE

1. To give assurance of immortality
2. To become distanced from a source of fear, distress, (e.g. child abuse), accident, boredom.
3. To enhance, protect or defend the self, or self integrity, through the instinctive intervention of an unknown, unconscious process within the mind (possibly what

spiritual people sometimes attribute to the "higher self"). This process, or aspect of the mind, brings about a temporary transcendence from the everyday viewpoint of normal consciousness, possibly with the following aims:

- i) Self actualization.
- ii) To come to terms with a source of distress, e.g. having to accept the reality of an accident.
- iii) Preparing for death, the end of the self.
- iv) Providing the facility, though not normally utilised, to develop the self through encountering and understanding symbolism in various levels of the unconscious mind, i.e. a visual access to the "higher self"/ the collective unconscious of archetypes (separationists would say "astral plane").

4. A kind of spontaneous "self therapy" e.g.

- i) Providing a sense of freedom; escapism; a holiday
- ii) Re-energising the mind (a function often attributed to sleep and dreaming)
- iii) An uplifting, "peak experience" (this overlaps with self actualization)

5. To provide fulfilment of unconscious wishful thinking in general, for example, to visit a friend.

Some of the suggested functions could just as easily be attributed to induced OBEs e.g. "To give assurance of immortality" or "escapism". Some kind of conscious motivation is obviously necessary for induced OBEs (as opposed to the unconscious motivation alluded to above for spontaneous OBEs). There are, however, situations where OBEs border between spontaneous and induced, for example, where a fantasy about floating on the ceiling, to escape a boring situation, suddenly appears to come true - the resultant OBE coming as a complete surprise. The same could easily be applied to child abuse OBEs. Does "wishful thinking" amount to inducing an OBE? In certain abuse cases the individual concerned may not report consciously fantasizing about being distanced from the source of distress prior to the OBE. This illustration of the difficulty in deciding whether the conscious or unconscious mind triggers such OBEs lends weight to the argument that the unconscious has a role in deliberately bringing about spontaneous OBEs.

Function 1 - to give assurance of immortality

The theory that the OBE is the result of a desire for assurance of immortality or the fear of the extinction of the self following death, clearly suggests that the OBE has an underlying cause. This theory has been put forward for both OBEs and NDEs, in tentative fashion, by several writers e.g. Sagan (1979), Taylor (1980) - but the first to

look at this aspect in detail was Jan Ehrenwald (1974).

Ehrenwald, addressing a psychiatric readership, suggested that OBEs are the result of the need for the individual to deny or defy death by demonstrating the apparent, independent existence of the spirit or soul. During the OBE, the individual gains the impression that the mind can exist separately from the body, encouraging the conviction that the self can survive bodily death. OBEs are "expressions of man's perennial quest for immortality, they are faltering attempts to assert the reality and autonomous existence of the soul" (1974 p.233). He suggests that conditions, which he generally considers to be pathological, such as depersonalisation, derealisation and autoscopic hallucinations (which have certain phenomenological characteristics of the OBE) are, like the OBE, examples of defences aimed at warding off anxiety. Ehrenwald seems to suggest that initial OBEs occur only in near death situations or at least in those perceived to be life threatening.

Anecdotal evidence is given to support the theory, citing the debut OBEs of gifted subjects such as Robert Monroe, John Lilly and Ingo Swann, emphasising the fact that these all took place at times of extreme stress, illness or perceived threat of death. This evidence seems a little thin, especially, as Rogo (1982) points out, when you consider that the vast majority of OBEs, including classical OBE travellers, do *not* undergo their initial experiences in the face of a threat to life (e.g. Fox 1963).

Menz (1984) puts forward a similar argument quite independently of Ehrenwald. He believes that "the unconscious invents the OBE" and that the OBE is the result of the denial of death, which in turn, is brought about by the fear of non being after death. Despite using the term "OBE" throughout the article, Menz appears to address his argument exclusively to NDEs and to a lesser extent, OBEs which occur in a near death setting ("near-death OBEs"). This makes very confusing reading. Additionally, whereas Ehrenwald concedes that "straight forward" OBEs can occur once an initial near death OBE has taken place, Menz is seemingly unaware that OBEs ever occur in non life threatening situations.

Menz deals with "denial" at some length, inspired by the views put forward by Ernest Becker in "Denial of death" (1973). He claims that we all deny death and that this is not only normal it is "essential". Denial is said to be running rampant in modern, Western culture and death is becoming more and more a taboo subject. There is special terminology to disguise and ignore the reality of death, such as phrases like "terminally ill" instead of "dying", or "passed away" instead of "dead". The modern funeral industry uses cosmetics, sprung mattresses and even coloured lights to give the impression of life. Modern man even contemplates defying death through cryogenics. The dying are hidden away from sight as death becomes more of an institutional matter.

According to Menz, we all have a psychological defence system that frequently blocks or denies the possibility of our own death so that the conscious mind can function without extreme anxiety. He cites his own experiences as a soldier, under enemy fire in Vietnam, and during everyday situations such as driving on dangerous roads - as examples of where the possibility of death is denied, quoting Elizabeth Kubler-Ross (1969):

"to thee and to thee but not to me"

Like Ehrenwald, Menz believes the OBE itself is a defence mechanism against the anxiety of *non being* after death, rather than simply against the anxiety of death itself, though Menz takes much more trouble to emphasise this point. He believes the OBE is an illusion that is designed to "satisfy mentally the most primitive and basic need - survival". He quotes from Freud (1959):

"we welcome illusions because they spare us emotional distress"

Despite his lengthy argument, Menz does not attempt to back up his theoretical views with any statistical research into either the instance of the denial of death or the fear of non being, nor does he offer up any evidence to back up their alleged association with OBE incidence. There is no speculation about whether the effects of spiritual or religious belief, namely the belief in survival after death, negates the need for denial. This is surprising when you consider the religious tone of the article and that Menz himself is a clergyman who, ironically, is a believer in life after death. He stresses that denial is "rampant" in modern society, it therefore follows from his version of the theory that spontaneous OBE incidence should be relatively low or even non existent in societies where denial, or rather the fear of non being after death, is rare. This is an area yet to be investigated.

Empirical research into the "desire for assurance of immortality" theory

Only a very limited amount of research has so far been carried out in connection with this theory, however, the very frequency of the NDE (which often features an OBE), could be seen as evidence in its favour - those nearest death are likely to have especially high immortality concern levels and would therefore be expected to frequently report such experiences. Surveys show that roughly half those threatened by death do in fact report NDEs. According to Noyes and Kletti (1976), 49% of a sample of 85 people who survived near fatal falls and accidents reported OBEs. Ring (1980) found that approximately 51% of illness and accident victims have NDEs. Sabom and Kreutyger (1977) found that 61% of a group of people who were unconscious near death later reported NDEs. Special consideration is given to the NDE under a later heading.

Smith and Irwin (1980) decided to test the desire for assurance of immortality theory as part of their OBE induction experiments. A questionnaire containing items on religiosity, involvement in institutional religious activity, attitude towards re-incarnation, astrology, out-of-body experiences, palmistry, clairvoyance and similar subjects was issued to a group of Australian students. On the basis of answers given, two extremist groups of 15 were selected, the first group comprising of people who "indicated their concern that human existence have a non-physical element which is assured of immortality" (these were termed "Spiritists"), the other group comprising of those to whom this question held no significance ("Laodicians"). All 30 were subjected to a laboratory OBE induction

procedure during which all were tested for ability to identify OB targets. Only two subjects, one per group, were considered to have achieved an OBE but all were independently judged for "OBE-ness", a variable intended to measure how each subject's state of awareness resembled a description of "the classical OBE". No significant differences in "OBE-ness" scores was found between the two groups. "Spiritists" were no more susceptible to the induction procedure than "Laodiceans", it was therefore concluded that Ehrenwald's hypothesis was not supported.

Much criticism can be levelled at the methodology used in this experiment. Firstly and most obviously because "Spiritists" could quite well have little or no more desire for assurance of immortality than "Laodiceans" (especially extremist "Spiritists"). They may well indeed be extremely "concerned that human existence have a non physical element" but they could quite equally have a strong *belief* in such a non physical element and believe themselves to be assured of immortality, especially as it is clear that all religious and spiritual people would fall into this category rather than into the "Laodiceans". Such people would logically have little need for assurance of immortality. It is obvious, therefore, that the two categories chosen were far from ideal for testing the theory. Religiosity and the desire for assurance of immortality do not necessarily amount to the same thing.

Irwin has made the same assumption about religiosity on other occasions (e.g. Irwin 1985 p.244) where, referring to Ehrenwald's hypothesis he states: "if this theory has any generality beyond the near death setting, it would be expected that OBEs would rank high on religiosity". OBE surveys have, in fact, found little association between religious beliefs and OBE incidence (e.g. Palmer 1979; Gabbard, Twemlow and Jones 1984 p.33; Myers et al 1983).

Smith and Irwin's experiment could be criticised on two other counts, firstly, the usefulness of a concept such as "OBE-ness" is doubtful, some would say it is an unacceptable substitute for the OBE proper in most contexts. Little information is given as to how the OBE-ness scale was determined. Many features of the OBE, such as the belief that the mind and body are separate, may be missing unless the experience is full blown - this factor would be crucial to the whole argument about being assured of the existence of the soul. Secondly, susceptibility to OBE induction may not necessarily be a reflection of proneness to spontaneous OBE in any case. Surely the whole argument rests on whether these people, who are afraid of non being after death, are more prone to spontaneous OBE, rather than more able to co-operate with an OBE induction procedure.

Ehrenwald himself has criticised Smith and Irwin's findings, stating quite clearly that he believes all *initial* spontaneous OBEs take place in situations perceived to be life threatening and that to test his hypothesis properly it would be necessary to "set up near death conditions in a laboratory situation" (Ehrenwald 1981 p.27).

Turning to other surveys, many have included questions on fear of death and belief in survival, which, on the surface appear to relate directly to predictions arising from the desire for assurance of immortality theory. This is not necessarily the case, as will become apparent later. There is considerable anecdotal material indicating that OBEs

typically report reduced fear of death and increased conviction of immortality following their experiences, often making remarks such as; "I will never again be afraid of death" (Crookall 1978 p.179).

Fear of death surveys

Osis (1978) found that 44% of OBEs reported having completely lost any fear of death, with a further 23% reporting reduced fear. In my own research (Matthews 1993), 33% of OBEs reported diminished fear of death. Considerable evidence of fear of death attenuation is provided by NDE studies (e.g. Flynn 1982; 1986; Grey 1985; Sabom 1982; Ring 1980; Greyson and Stevenson 1980) Sabom opting for sophisticated instruments to measure death anxiety - The Templar Death Anxiety Scale and The Dickstein Death Concern Scale (1972). In a review, Irwin (1988 p.247) concluded that these findings amount to evidence that: "the OBE and NDE instigate a dramatic attenuation of the fear of death". However, surveys that have *compared* OBEs and non-OBEs for fear of death / death concern, have often found little difference between the two groups, e.g. Myers et al (1983), who used a revision of the Livingston and Zimet Death Anxiety Scale (Handel 1969), to compare 45 OBE subjects with 155 non-OBEs. Gabbard, Twemlow and Jones (1982) selected 10 questions from the Dickstein Death Anxiety Scale and found no significant differences between OBEs and non-OBEs. Going against this trend, Irwin (1988), in a comparison of 55 OBEs and 152 non-OBEs, found significantly higher levels of death acceptance (absence of fear and anxiety about death) in the OBE group ($p < 0.005$).

Some researchers, e.g. Myers et al (1983); Gabbard, Twemlow and Jones (1984 p.192) are quick to reject Ehrenwald's hypothesis in the light of their findings, the latter, for example, carefully measuring the death anxiety levels of Robert Monroe and finding them to be *lower* than average. It is worth remembering at this point, that according to the desire for assurance of immortality theory, the OBE is brought on in the first place in order to reduce death anxiety (or more specifically to provide assurance of immortality). It is logical, therefore, that death anxiety levels should only be higher in OBEs *prior* to the experience, falling to lower levels, possibly similar to those of non-OBEs (assuming that the OBE successfully attenuates such anxiety) after the event. In fact, this is exactly what Myers et al found. Mean post OBE death anxiety levels could possibly be even lower than non-OBE levels when you consider that the latter group would contain potential OBEs. Clearly, much more detailed research in this area is called for.

The evidence in favour of an attenuation of death anxiety following OBE would (perhaps) be expected if the theory in question were to have any foundation but it should be stressed that the general term death anxiety (or death fear/concern) is not necessarily synonymous with "fear of non being", which according to both Ehrenwald and Menz is specifically what leads to the desire for assurance of immortality and consequently the OBE. The findings of fear of death surveys are not, therefore, automatically relevant. It is quite easy to illustrate this point. People fear death for reasons other than fear of non being, i.e. the prospect that death means the end of the

self, the end of all consciousness. It is reasonable to suggest that many people, though perhaps believing in survival, are frightened at the prospect of spirit life and have a deep seated reluctance to give up materialistic, bodily existence, some may even fear retribution. Atheists too may fear severance from loved ones and share fears of thwarted ambition. Others dread the experience of death itself, rather than its aftermath.

In fact none of the death questionnaires referred to above include more than two questions which relate specifically to immortality or survival. They cannot, therefore, be considered as suitable instruments for measuring desire for assurance of immortality, The Dickstein Death Concern Scale (1972), for example, contains items such as:

"I think about my own death"
"I think about the death of loved ones"
"I think about dying young"

In fact, only TWO of the thirty or so questions relate directly to concern about immortality:

"The question of whether or not there is a future life worries me considerably"
"I have a desire to live on after death"

(see appendix....for whole questionnaire)

Examples of questions from the Livingstone and Zimet Death Anxiety Scale (1965), which was originally designed for use with medical students and consists of 20 questions, seem even less relevant to immortality:

"When I see a funeral procession, I never particularly wonder who the dead person is"
"We are kidding ourselves if we think cancer is not a hopeless disease"
"Death hardly concerns me"
"Dying people don't make me uneasy"

Surveys re. belief in survival after death

Very few studies have included questions specifically about belief in survival (which in this present study is taken to have more or less the same meaning as "assurance of immortality"). As with fear of death, there is, however, considerable case study evidence in which individuals testify to the fact that the OBE has led to a strong conviction in survival. Gabbard, Jones and Twemlow (1981 p.376) found that approximately two thirds of a group of OBEs became more convinced there was life after death. Blackmore (1984) compared 39 OBEs with 282 non-OBEs, from the same random sample, finding that OBEs reported significantly more belief in survival ($p < 0.003$). The same trend was shown by my own research (Matthews 1993), which

compared 15 OBEs with 86 non-OBEs. 80% of the OBEs answered affirmatively to the question "do you believe in the survival of the mind after death", compared to only 52% of non-OBEs ($p < 0.02$). NDE surveys also tend to suggest an increased belief in survival following the experience (e.g. Ring 1980;1984).

It should be pointed out that even if an increase in survival belief/assurance of immortality, following these experiences, could be proven beyond doubt, it would still not necessarily provide evidence that a desire for such a belief/assurance existed beforehand. In order to add weight to the argument that the OBE is the result of a desire for the assurance of immortality, it is therefore essential to establish, retrospectively, that a particularly strong desire in this respect existed beforehand. More preferable would be a prospective study, such as the (flawed) attempt by Smith and Irwin (1981) - only a prospective study could firmly establish a causal link. However, this is not possible within the confines of the present study because of the need to establish a reliable OBE induction method applicable to experimental conditions. Chapter (...) gives details of a retrospective study (to be) carried out, using a specially devised questionnaire, in which questions are asked relating to desire for assurance of immortality levels prior to OBE.

Function 2 - To become distanced from a source of distress

This function is clearly suggestive that some spontaneous OBEs are brought on deliberately by the unconscious mind in order that the individual can effectively escape from a stressful situation. Of all the functions put forward for the OBE, this, for most people, is probably the easiest to accept and to identify. However, such a function could only be attributed to a minority of OBEs, seeing as the vast majority occur during times of physical and mental relaxation, with only 20-25% taking place in stressful situations (e.g. Crookall 1960; Blackmore 1984; Gabbard and Twemlow 1984 p.15). Despite this, Green (1968) found that people who report just *one* OBE are usually under some kind of stress, mostly physical, at the time of the experience. To digress slightly, it may be that certain individuals who experience their initial OBE in a life threatening or stressful situation learn how to re-evoke them by, for example, reinstating the profound relaxation which characterises the OBE. Thus, OBEs repeated voluntarily could be examples of state dependant learning

All kinds of stress are known to bring on OBEs. Pre-existing situations are often life-threatening, for example, 10% of Gabbard and Twemlow's sample reported OBEs in near death situations. OBEs commonly occur during illness, operations, accidents, mountaineering falls, near drownings and situations like military combat - frequently in conjunction with the mystical elements of the NDE. Other circumstances include loss, mourning, childbirth, physical/sexual abuse and any kind of less serious emotional or physical distress, from driving tests to acute boredom. Stress induced OBEs normally occur spontaneously, the individual concerned not necessarily being conscious of even wishing to be distanced from the source of distress.

Surveys invariably show the OBE, in general, as being a pleasant or beneficial experience, (e.g. Green 1968; Osis 1979; Twemlow et al 1982), the exception being Blackmore's Postal Survey (1984), which used a random sample. It would appear that no empirical survey has addressed the question as to whether OBEs that occur in distressing circumstances correlate with those that are reported as having been pleasant, beneficial, or anxiety reducing. There is, however, considerable anecdotal evidence to suggest that this is the case. It is unlikely, therefore, that anyone could seriously doubt that OBEs are indeed effective at distancing individuals from distressing situations and *potentially* reducing stress (despite the fact that some individuals find the experience of "being out of the body" even more traumatic), the question is, do stress related OBEs occur by chance, or do they result from a deliberate act by some part of the mind?

The view that such OBEs, particularly near death OBEs, are purposefully brought on by the unconscious mind is frequently stated by both "separationists" (e.g. Mitchell 1985) and psychological theorists (e.g. Noyes 1971; Gabbard, Twemlow and Jones 1984), both the latter inferring that the OBE is the end product of a defence mechanism, an idea which is reminiscent of Ehrenwald and Menz' desire for assurance of immortality theory. Others are not so sure. According to Blackmore (1984), *all* OBEs come about, following a breakdown in body image, because the brain is temporarily confused as to what constitutes reality and chooses an internally generated, imagery based model of reality (i.e. "what it thinks it should be seeing") in preference to the normal sensory-input derived model. Although this is arguably, the most plausible and comprehensive psychological theory of the OBE so far, it does not allow for the possibility that the mind *deliberately* generates and accepts this version of reality in order to obtain the distancing effect (or perform any function for that matter) and therefore act in a way to benefit the individual.

Although there is no empirical evidence to suggest that stress-induced OBEs arise from unconscious motivation, it does appear that the greater the source of distress, the more frequent the occurrence of the OBE, at least in terms of near death situations. The threat of death is undeniably the ultimate in stressful situations for most of us, especially where the fear of death is compounded by other mental and physical stressors. It would, therefore, be expected that OBEs in such situations would be particularly frequent. As has already been mentioned, this is indeed the case, the NDE being reported by approximately half of all those who have had close brushes with death. Furthermore, Noyes and Kletti (1976) found that those threatened with death were even more likely to report OBEs if they believed they were definitely going to die. Of course, the correlation between stressful or life threatening situations and the NDE/OBE could be due to, or be compounded by, many of the other factors put forward, or, be due to some other factor(s) altogether. Such factors are considered in relation to the NDE in a separate section below. It is appreciated that the NDE does not necessarily feature a clear cut, "classical OBE" but the two experiences have much in common.

Depersonalisation

Noyes and Kletti (1976) quite clearly imply that the OBE, or at least the near-death OBE, is brought about in order to distance the individual from distress. They suggest that the near-death OBE is a form or aspect of depersonalisation, that occurs in order to reduce anxiety in the face of life threatening danger. The OB element occurs in order to dissociate the self from the threat of annihilation of the body. As has already been mentioned, they see the experience as a kind of denial, an example of a defence mechanism; "in the face of mortal danger, we find individuals becoming observers of what is taking place, effectively removing themselves from danger". 114 near-death survivors were interviewed, most of whom had experienced mountaineering falls, near drownings or car accidents. Surprisingly, their findings suggested that a large proportion of people in such situations face death with serenity and acceptance, almost pleasure. 49% experienced "detachment from the body" and the majority reported features such as lack of emotion, unreality or a sense of being a detached observer, all of which are common aspects of depersonalisation.

Psychiatrists have frequently likened the OBE, especially in stressful circumstances, to depersonalisation. This is a condition in which, broadly speaking, the individual temporarily feels as if they have no sense of "self", that the apparent separation between everything is an illusion. Sometimes the sufferer feel lifeless and a stranger to his or her body. It is sometimes accompanied by a feeling of being separate from the body, though this is not usually the case. The condition is normally associated with pathological conditions such as depression. There are several differences between the two experiences - depersonalisation occurs twice as often in women than in men and is extremely rare in people over the age of forty (Nemiah 1980), whereas OBEs are evenly distributed between the sexes and age groups. Unlike the OBE, depersonalisation nearly always occurs in stressful situations and the world appears strange, dull and dreamlike. Emotions such as love and hate disappear, along with feelings of pain and pleasure. Although it would appear to provide an escape from stressful situations, the experience is usually unpleasant and its return frequently dreaded. This has prompted Gabbard and Twemlow (1984) to comment: "if depersonalisation has a function, it is unknown".

It would appear that whether or not the OBE, in stressful circumstances, is a form of depersonalisation, is not the issue. What is clear, however, is that it has a far greater claim to being functional, or at least beneficial, with regard to distancing the individual from a source of distress, than has depersonalisation. Whatever the OBE may be, it seems remarkable that so many of Noyes and Kletti's sample recalled such an experience during their close encounter with death. It is interesting to speculate as to whether 49%, or thereabouts, of people in general are capable of an OBE should the need arise - the distancing effect adds considerable weight to the argument that the OBE is functional. Whatever process brings about the OBE, it would seem unlikely that such a function occurs as a matter of coincidence.

Function 3 - To enhance, protect or defend the self, or self integrity, through the

instinctive intervention of an unknown, unconscious process within the mind.

By bringing about the OBE or NDE, this unknown process, or aspect of the mind, seems to bring about a temporary transcendence from the everyday viewpoint of normal consciousness.

Many psychologists and scientists feel uncomfortable as soon as there is mention of unconscious processes and some even deny their existence altogether. Others treat them as yesterday's fashion or insist they have more to do with philosophy or spiritual belief than science. But however difficult to identify or measure these things are, it does not mean we should shy away from learning as much as we possibly can about them, even if it means treading a grey area that borders psychology, science and philosophy.

The notion that within the unconscious mind resides a more enlightened "higher self" is by no means new. For thousands of years it has been a fundamental principle of many Eastern religions and philosophies. It is a term used frequently in Theosophy and by occult writers and has made recent inroads into psychology, particularly as part of the drift towards humanistic and phenomenological approaches, where it is often referred to as the "true self". Normally unconscious, this "higher self" is said to hold values untainted by the basic needs of everyday life, the needs of ego gratification, the instinct for survival, the importance of the body or even the concept of individuality, which, after all, is not a concept we are necessarily born with. It is therefore free from all the worries and fears which go with individuality.

To many, the higher self is an aspect of the mind which is all knowing, or at least has greater insight regarding human existence and our place in the universe. Some believe it is a potential "inner guide", access to which is sometimes referred to by occultists, symbolically, as "conversation with one's holy guardian angel". Those with spiritual beliefs assert that it is a non physical aspect of the mind, possibly part of divinity itself. However, for the sake of this argument it will be assumed that if there is a higher self, it is part of the material mind and that the existence of a bigger or higher self does not necessarily imply that there is any self whatsoever that survives physical death. Its existence may be contentious but it is none the less worthy of psychological scrutiny.

Although the two previous functions put forward were highly specific, the function of providing access to this normally unconscious part of the mind (which is untainted the needs and wishes of the ego) is, in fact more general and could encompass all other functions. Suggestions as to the specific ways the OBE performs this will be discussed below but the basic idea is that the OBE is the result of the deliberate intervention of this unconscious process, the whole point of the experience being to transcend and expand the normal, everyday viewpoint of the conscious mind - the result being a variety of benefits, during and after the experience, which could most easily be described in terms of self improvement, self enhancement, self integration or self actualization. The latter is a term is used extensively by Maslow (1970), which roughly means "living to one's full potential". The suggestion being made is that the OBE is triggered purposefully in order to benefit the individual in much the same way as could be attributed to mystical experiences, peak experiences and a number of similar

phenomena (such as life reviews which often occur during accidents), all of which appear to provide sudden access to "higher" values, fundamental truths and greater self awareness - all supposedly contained within the higher self.

The whole concept that the spontaneous OBE is brought on to serve any kind of function is likely to rely heavily upon the notion that unconscious processes instigate the experience. The suggestion being made here is that there may be something purposefully triggering such processes, in other words the spontaneous OBE is not only an example of access to some kind of "enhanced" consciousness but is also its product.

The easiest way to illustrate ways in which the OBE can be construed as being access to a "higher" consciousness is, first of all, to look at stressful OBEs. Instead of OBEs being a means by which an individual is distanced from a source of distress, such as a terrible accident, it could be that they come about for completely the opposite reason - so that the individual has to turn and face the reality of the situation they are in and thereby make it easier for them to come to terms with and accept what is happening. This would explain - far better than the distancing function - why OBEs occur instead of the individual just blacking out as a means of protection from distress in hopeless situations. Similarly, in situations where death appears to be imminent, as in many near-death OBEs and NDEs, it would explain why the experience does not always appear to be focused upon providing an assurance of immortality, for example, via some kind of preview of an afterlife. Instead, the individuals concerned suddenly appear able to view the finality of death in a new light - because of access to greater understanding and acceptance - as a result of the intervention from the unconscious self. They now happily accept death, seeing it as the natural end of the self. They feel at one with the universe; life and death and individuality no longer seem to matter. In fact, near death survivors have been known to convert from Christianity to atheism (Blackmore 1993).

This still leaves the majority of OBEs - those that occur in non stressful circumstances. There is a degree of overlap here, as many of these OBEs could be deliberately triggered by this unconscious process in order to fulfil therapeutic functions as outlined in the following section, such as providing a kind of "escape". Other non stressful OBEs are perhaps brought about by, given the right opportunity, as a kind of spontaneous demonstration to the "lower mind" that its views are limited - as is frequently the effect of spontaneous mystical experiences, for example, during meditation. The main difference being that the OBE creates the belief that one has left the body, creating the impression that normal paradigms of reality are limited, the individual, thereafter, being more inclined to adopt the broader, less materialistic outlook and values that are normally unconscious.

There is much evidence that the OBE has this "transcendental effect", for example, the study by Gabbard and Twemlow (1984), which looked at the impact of the OBE in great detail. Respondents invariably described feelings of freedom, peace and calm during the OBE and reported after effects such as developed awareness of reality, changes in attitude towards life and death, feelings of great beauty, increased feelings of harmony and the sensation of being integrated into the world. As the authors themselves point

out, these are remarkably similar to the categories used by Maslow to describe "peak experiences" (1970), which suggests that, like peak experiences, OBEs are evidence of a natural tendency to self actualise. The same categories are also very similar to those used to describe mystical experiences (e.g. James 1961). In fact, self actualization has consistently been shown to correlate with mystical experiences (Hood 1974;1975; Hood et al 1979). Not all surveys show the OBE as being generally beneficial (e.g. Blackmore 1984) but this could be because the potential of the OBE is not realised in many cases, due to fears acquired in everyday life, that either result in the experience being unpleasant, or at least block any beneficial effect

Another possibility, which should not be dismissed outright, is that we have some kind of innate tendency to access the various levels of what Theosophy refers to as the "Astral Plane" (whether this is considered to amount to travel beyond the body or visual access to various reaches of the mind, makes little difference in this respect). Occultists and shaman tribesmen have long claimed that much self knowledge, understanding and other benefits can be gained through induced exploration of these realms, though, as with the interpretation of dreams, knowledge of symbolism - such as the Kabalistic Tree of Life - is considered to be important. Access is normally only utilised during self induced OBEs but the initial, spontaneous OBE could quite feasibly be intended to demonstrate the potential of the OBE and create the desire to repeat the experience.

Function 4 - a kind of spontaneous self therapy

This is a function often attributed to dreams, for example, the common sense notion that they process the previous day's events, sort out the mind or solve problems. Whatever OBEs are, perhaps they perform a similar, though more extreme function, in which the individual potentially experiences a form of escapism and freedom, far more profound than is possible in any kind of dream. During the spontaneous OBE the individual is fully conscious yet unshackled by the worries and boundaries of everyday life and there is also the belief that the experience is actually happening. Unlike similar experiences encountered during meditation and relaxation, there is a *visual* sense of freedom and escape. Black (1975 p.172), suggested that the OBE should always be seen as a form of escape, expressing the view that the experience springs from "dissatisfaction with one's lot".

There is abundant evidence that the OBE has therapeutic effects. People tend to describe it as a tremendously uplifting, re-energising experience, which re-vitalises the mind (e.g. Green 1968; Osis 1979; Gabbard and Twemlow 1984; Matthews 1993). Such descriptions, as previously noted, bear remarkable similarity to Maslow's "peak experiences", which, according to humanistic therapists, is more likely to occur in well balanced, self-actualising people. However, as stated earlier, it is clear that many people, presumably those with little or no knowledge of OBEs find them frightening. It would be interesting to establish whether the same applies to those who report OBEs in all cultures.

It has also been suggested that the NDE could be therapeutic if induced in non near-death settings, e.g. Grosso (1985). This experience is generally described in even more ecstatic terms than the OBE and is arguably even more enlightening. Both Ring and Grosso theorise that the NDE is a form of enlightenment or "gateway to higher consciousness". Grosso feels that induction could have a transformative effect on the entire planet. The NDE is discussed below in greater detail, where it is hypothesised that both the NDE and OBE are in actual fact different aspects of the same experience.

Function 5 - to provide fulfilment of unconscious wishful thinking in general

This function of the OBE encompasses many of the others already listed, e.g. to provide assurance of immortality, to become distanced from a source of distress, or simply to provide a therapeutic escape from everyday existence. Additionally, it would account for more seemingly mundane reasons behind the OBE, as suggested by Irwin (1986 p.143), such as the desire to visit a friend or relative, loved one or specific location(s). This rather simpler model of the function of the OBE, does not necessarily depend upon the existence of higher states of consciousness or the concept of the higher self, though it does still involve the acceptance that unconscious processes somehow instigate the experience.

note re. Palmer's "self concept threat" model

Briefly, Palmer's theory (1978) suggests that all OBEs occur in order to restore the concept of individual identity when self concept is lost through lack of body concept, itself due to lack of sensory input. It is felt that this theory does not imply that the OBE is functional in the sense that it has an underlying cause. However, it could be deemed functional in that the OBE is said to occur as the result of the deliberate intervention of an unconscious process, which creates the OB illusion in order to restore the concept of individual identity.

Functions of the Near Death Experience

Theoretical functions of the OBE cannot be discussed without close reference to the NDE. The idea that this experience is purposeful rather than purely accidental may strike many as being a far more reasonable or logical assumption than the idea of the OBE having a purpose or function - especially with regard to assuring the individual of an afterlife. However, when you consider how alike the two experiences are, it emphasises the need for open mindedness about the OBE being functional. As implied earlier, the whole idea that the OBE/NDE is brought on deliberately, requires acceptance that the mind can think, make decisions and act on two levels

independently - an idea that may, on the surface appear improbable. There is however, recent evidence to suggest that this is the case, as is discussed in a later section which considers unconscious processes and highlights how much we still underestimate about the mind.

Assuming for the purposes of the following argument that the NDE is a psychological event, the most obvious function of the experience would be to make dying, or at least the threat of death, easier, in particular by providing an assurance of immortality - as has been suggested for the OBE. It is possible that part of the unconscious mind responds to "wishful thinking" and brings on the NDE in order that the conscious mind feels comforted and re-assured about death and an afterlife. Menz (1984), in particular, appears to direct his assurance of immortality theory, not as is claimed to OBEs, but primarily to NDEs.

The function of distancing from a source of distress could apply to the NDE in much the same way as has already been put forward for the OBE, however, the idea that the experience is brought on by the higher self differs slightly, in that the function of the NDE, in some cases, could be to reconcile the individual to the permanent end of consciousness by imbuing him/her with a new set of values, residing within the higher self but of which he/she is not normally consciously aware, i.e. values such as "the insignificance of the self" ; "the one-ness of all things" - the higher self having none of the everyday mind's illusions about the importance of individuality. The end of the self is no longer regarded as loss, to quote from Blackmore (1993 p.259), the NDE "can cut right through the illusion that we are separate selves, it becomes obvious that "I" never did exist and so there is no-one to die. Here is the real loss of fear of death."

Ring (1980) makes reference to the higher self in connection with his "holographic theory" of the NDE. However, the views put forward in the present study do not require acceptance of this theory, or the view that the higher self has paranormal powers, though it is considered possible that the being of light is a creation of the NDEs own higher self, and that it could instigate the "life review".

NDEs often report changes in values during and as a result of their experiences that correspond with those attributed to the OBE, in fact there are far more obviously "mystical" elements to the NDE e.g. in terms of "blinding flashes of revelation" but it is debatable which experience has the most profound effect on values. It is not the intention here to examine this issue but it is important to note that NDEs have much in common with mystical and peak experiences - though, as with OBEs, a minority are reported as being distressing (e.g. Gregson and Bush 1992).

The notion of a "wishful thinking" function is cleverly echoed by the pun in the title of Blackmore's recent book about NDEs: "Dying to Live" (1993), though she does not consider the possibility that either the NDE or OBE are ever the result of underlying motivation, or that any aspect of the NDE is brought on deliberately. Her view that each of the core elements of the NDE is brought about by neurological processes, is backed up evidence which is extensive and very convincing (for a summary see Blackmore 1993, chapter 13) but it still seems to be an incredible *coincidence* that each of these should have such a positive effect at a time when they are most needed. The brain

could hardly have been built better to cushion us from approaching death! Is this really just a fortunate accident of nature? Blackmore suggests that during the NDE the brain (co-incidentally) provides us with natural opiates which produce the feelings of euphoria, then, at just the right time (again, coincidentally) and for very likely the first time ever in the individual's life, it frequently produces a cognitive model of reality - because of stressors or a breakdown in body image - which creates the believable impression of being distanced from the terrifying situation whilst giving a reassuring impression of an afterlife. The cortex is deprived of oxygen, or is affected by disinhibition and random activity which (coincidentally) induces mystical experiences which are ideal for the purposes of indicating an afterlife - i.e. the tunnel, being of light, music and so on. Even the life review is triggered by chance - because of endorphins in the blood. Even if neurological processes *do* underlie all aspects of the NDE, surely the whole sequence of such processes and the effects they produce is governed by purposeful unconscious mental processes and that little or nothing occurs by chance.

The NDE may well be the vision of the dying brain but it may equally well be a far more calculating, sophisticated brain than we give it credit for. Accepting the possibility that the NDE/OBE is brought on deliberately does not necessarily require the adoption of the dualist notion that the mind is something separate from matter, just that, as far as these experiences are concerned, it is capable of far more than just responding to stimuli. It is interesting to note that if the brain does deliberately cushion us from death, it could not possibly be due to evolution in the Darwinian sense, i.e. the gradual improvement of the brain, in this respect, could perform no purpose once the age of reproduction is past and death is all but a few moments away.

Furthermore, the "dying brain hypothesis" does not adequately explain why so many NDEs take place when the body is not under threat of death or dying (see Gabbard et al 1981; Rogo 1989). Gabbard and Twemlow suggest that fear (of the possibility of death) alone may be sufficient to precipitate an NDE, concluding that: "the state of mind is more important than the state of body" (1991 abstract).

Differentiating between the OBE and NDE; the possibility that the NDE is a kind of OBE

There is often confusion when it comes to differentiating between the OBE and the NDE. This is not helped by the lack of a clear definition as to what the NDE is, despite the advent of various scales of what makes up the core experience (e.g. Ring 1983; Greyson 1983). It is sometimes stated that the OBE is not necessarily an intrinsic part of the NDE (e.g. Irwin 1988 p.237), after all, by definitions such as Ring's (1980), the NDE can consist purely of what he describes as the first stage, i.e. feelings of peace and contentment in the face of death. This stage is clearly not an OBE (confusingly, Ring claims that it is). However, if the definition of the OBE were to be restricted to stages or situations where there is the impression of temporarily experiencing some kind of *afterlife* i.e. what is usually referred to as the "classical" NDE - in order to make

a distinction from vaguely uplifting or mystical type experiences that take place within a near death setting - then the differentiation between the NDE and OBE becomes very much more blurred. For example, if an NDE takes place whilst an individual is struggling for life, or thought to be dead during an operation, the person concerned may not be aware of an OBE stage, i.e. apparently leaving the body, viewing the body or observing what is going on around, such as attempts at resuscitation - but move immediately into stages suggestive of an afterlife e.g. the typical "tunnel" stage, or beyond to an encounter with a supreme being of light. Despite the absence of a classical OBE stage, the *whole* of the NDE just described would, by Palmer's (1979) definition of the OBE, in fact be an OBE, in that there would be the impression and belief that the centre of awareness or consciousness was located outside the (dying or dead) body during the entire experience. Without trying to labour the point, there is a clear case for defining the "classical" NDE as a kind of OBE.

Accepting this opens up the possibility that the OBE and NDE, though different, are different versions of the same experience - perhaps with a common function, such as providing an assurance of immortality as a result of wishful thinking. It could be that this experience is the result of an innate tendency to build up a kind of "programme" during everyday life in the unconscious (an improvised illusion of life after death) which is automatically triggered when death is thought to threaten or be occurring. Going beyond this, perhaps, ironically, the OBE is a kind of NDE. This idea is echoed by Ehrenwald's assumption that initial OBEs all take place in situations perceived as life threatening. The OBE could be a kind of rehearsal for the NDE or an experience which occurs when the initial part, of what for convenience sake could be termed the "NDE programme", is released by default, e.g. in situations which though not life threatening, mimic such situations, or death itself, in certain ways (e.g. times of extreme stress or accident) or situations which have close similarities to approaching death (e.g. when the body is almost cataleptic yet the mind is alert, as occurs in meditation or after taking certain drugs). Once it has been realised that there is no real threat of death, the remainder of the typical NDE scenario does not ensue, i.e. the experience does not usually progress into stages such as the tunnel or encounter with a being of light because the individual is not really on the brink of death and the brain is not dying.

There are many other situations that could be attributed to stages of the "NDE Programme" being triggered by default, for example, the effect of taking certain drugs such as hashish, ketamine and various anaesthetics, or artificially induced anoxia (oxygen starvation), such as in the "G-LOC" experiments carried out by Whinney (1990), in which the G-force black out sometimes experienced by pilots was experimentally induced, producing NDE aspects such as beautiful visions, euphoria and even OBEs. Blackmore (1993) believes that varying degrees of (trauma induced) anoxia are responsible for the variance of the NDE.

Transcendental experiences.

If the NDE and OBE are taken to be different aspects of the same experience, such an

experience could share the same function(s), as was put forward for each experience on an individual basis. One of the functions put forward was that of benefit through the intervention of and/or access to an instinctive process within the unconscious mind. To recap briefly, this involves transcending the viewpoint of the everyday, critical mind, which is limited by basic needs, ego gratification and survival instincts and provide access to the normally inaccessible "higher" reaches of the mind, which are said to be free from the fears and false values of the normally conscious mind.

This interpretation of the spontaneous OBE/NDE bears remarkable similarity to descriptions of mystical experiences and peak experiences, as for example occur during relaxation or meditation. There is, therefore the clear possibility that *all* these experiences are different aspects of the same "transcendental experience", the purpose of which is to potentially benefit the individual by the brief intervention of the unconscious. Such an experience occurring spontaneously, given the right opportunity, e.g. when the mind is extremely relaxed yet very alert, as results from taking certain drugs. After all, when deliberately induced, both mystical experiences and OB travel (in the guise of "astral travel") are frequently aimed at gaining insight into the same kind of higher knowledge. Perhaps this explains why Robert Monroe's OBE induction system "hemi-sync/focus 10" (1985), frequently fails to produce OBEs in laboratory trials, but almost always brings about reports of "peak" type experiences, for which purpose it now appears to be marketed.

It might be expected then, that individuals who are prone to spontaneously experiencing one form of what has just been described as "transcendental experience" would be more prone to doing so in others. There is already some evidence to suggest that this is indeed the case, surveys consistently showing that those who report OBEs are significantly more likely than non-OBEs to report mystical experiences (Palmer 1975; Margolis and Elifson 1979; Kohr 1980; Blackmore 1984; Matthews 1993). Only Spanos and Moretti's (1988) survey, which used Hood's 1975 32 item mystical experience inventory, failed to establish a significant correlation.

Many people would describe NDEs as mystical experiences anyway, especially before Moody coined the term in 1975, and as mentioned earlier, NDEs do not exclusively take place in near death settings. Ring (e.g. 1980) has frequently pointed out the close similarity between the NDE and mystical experiences. The occurrence of the OBE and NDE are also associated statistically with each other (Greyson and Stevenson 1980 p.1194; Greyson 1983) - it would appear that NDErs are more likely to report having had an OBE both before and after their NDE. They are also more likely to report prior mystical experiences than non-NDErs (Greyson and Stevenson 1980) and to report "sensitivity to alternate realities in childhood" (Ring 1980). However, it could be that transcendental experiences most frequently take just one form, in individuals who are prone, rather than varying according to factors such as specific need, circumstances, or genetic make up. In some, for example, an OBE may be triggered to provide a reassuring impression of existing beyond the body and surviving death. In others, it may take the form of a mystical blinding flash of inspiration, in which there is suddenly access to views held deep within the unconscious, such as that although death involves the extinction of the self it is not to be feared.

To speculate about factors associated with proneness to transcendental experiences in general (e.g. personality or genetic disposition) would require a lengthy digression but research into this area could prove to be a useful addition to investigating proneness to the OBE, NDE, mystical experiences and peak experiences independently. The research of Hood et al (1979) is worth a brief mention in this context. The personality profiles they attributed to those reporting mystical experiences are remarkably similar to those attributed to OBEs (e.g. as measured by Gabbard and Twemlow 1984), and also highly reminiscent of Maslow's "self actualised" personality, which is associated with peak experiences. Using the Jackson Personality Inventory, Hood found that the person reporting mystical experiences, far from being psychiatrically disturbed, was: "one with a breadth of interests, creative and innovative, tolerant of others, socially adept and unwilling to accept simple solutions". In 1983 Myers et al used the same inventory on their OBE subjects, the results again echoing Hood's findings for those who report mystical experiences. OBEs were described as honest, responsible, curious, intellectual, sociable and low in conformity.

Jung, Grosso, Ring and others have commented on the uplifting, mind expanding, enlightening and therapeutic qualities of the NDE. Quimby (1989), is one of many who have ventured to suggest that humanity as a whole could benefit if all were to share the experience. Ring and Rosing (1990) make claims such as that the NDE has: "possible significance for human transformation and the emergence of a more highly evolved human being". It seems a shame that so much insistence is placed upon the need for the NDE itself, when surely similar benefit is often gained from mystical experiences and OBEs, which frequently appear to have almost identical, beneficial qualities - and which, as has been argued, may well be different aspects of the same one experience. Not only that, they can be induced, for example, through meditation, in complete safety and away from the near death setting

The role of the unconscious

Whilst discussing theoretical functions of the OBE it has often been necessary to resort to an assumption that, what has been referred to as the unconscious or subconscious mind can, in some way, act independently of the normally conscious mind. Unlike OBE theorists such as Palmer, or Gabbard and Twemlow, the use of complicated Freudian or psychiatric terminology to speculate about unconscious processes has been avoided. Firstly as this is considered to be unnecessary and secondly because it could give the impression that the OBE is pathological.

Earlier, it was suggested that findings such as those of Noyes and Kletti (1976), where 49% of survivors of near death accidents reported an OBE, were particularly indicative that the OBE comes about because of the deliberate intervention of the unconscious mind, rather than purely because of a chance, unpremeditated cortical reaction of some kind, say to stress - as suggested by Seigel (1980) or confusion as to what constitutes reality (Blackmore 1984). As was suggested, this intervention could also be due to an innate reflex reaction, requiring no unconscious "assessment" of the

situation, or possibly due to the fact that some part of the unconscious, is able to act or think independently of the conscious mind and create the illusion of being OB (or in separationist terms - trigger a mind/body separation) in a deliberate, premeditated way. It is clear that studies of the OBE/NDE within the current context can potentially make a useful contribution to the general debate within psychology about the existence of the unconscious.

Apart from the testimony of a century of psychoanalysis, there is much evidence suggestive of the existence of the unconscious. Under hypnosis, for example, people appear to have access to thoughts and memories that are normally inaccessible and unconscious, though the hypnotised mind appears to be unable to do much reasoning and can only "think" uncritically. Hypnotists routinely utilise the "ideo-motor technique" of communicating with the unconscious mind through body signals, such as the raising of a finger in response to questions, without the conscious mind being responsible (Hartland 1966). Other evidence is the phenomenon of the "divided mind", as illustrated in everyday situations such as driving a car whilst simultaneously carrying out a conversation on a mobile phone. However, it should be pointed out that a growing number of hypnosis theorists reject the idea of a conscious/unconscious split altogether e.g. Morgan (1994 p.40), who prefers to think in terms of the relative awareness of (the activity or inactivity of) the various brain and body "systems".

Research by Fodor (1983) has indicated that some unconscious mental processes are innately specified. His "modularity thesis" asserts that the mind consists of a number of innate mental structures, controlling such activities as language and visual perception - all operating outside of conscious awareness and voluntary control. Kihlstron (1987) suggests that "we have a large array of mental processes to which we have no conscious access". Ernest Hilgard's (1977) neo-dissociation theory, based on the eerie "**hidden observer**" findings in connection with hypnosis, is suggestive that part of the mind can actually think, independently, like a different individual. The possibility that something like this "hidden observer" could, in certain circumstances, trigger an OBE should not be overlooked, however far fetched it may appear. After all, this idea corresponds in many ways to what occultists have long referred to (symbolically) as the intervention of, or conversation with, the personal holy guardian angel (see Regardie 1985) - a kind of "transcendental superself"!

As mentioned earlier, if OBEs and NDEs *were* found to be purposefully triggered by an innate process within the mind (and not just occur due to some kind of coincidental or accidental quirk) it would draw a whole new question mark over the Darwinian concept that all innate functions have arisen through the process of natural selection.

How would experiences, such the NDE, or say an experience such as the life review which sometimes occurs when we are threatened with death, have evolved on the basis that they help us to successfully reproduce or survive better than those without the capacity to have these experiences?

I find it incredible how frequently nature seems to intervene, releasing feelings of euphoria for so many people facing, what they perceive to be imminent, violent death. Take the case of the famous case of the explorer David Livingstone who, when in the

jaws of a lion, reported his terror suddenly turn into “an oceanic calm, a peacefulness that I have never experienced before.”

Whatever they are - and whether occurring through purpose or coincidence – I believe that OBEs, NDEs and related experiences are on the whole of great benefit, comfort and potentially of tremendous importance to humankind.

The above article is an excerpt from my M.Phil. Thesis, **Theoretical Functions of the Out-of-body Experience**, London 1994 © Robert Matthews.

The second half will follow shortly, which includes the results of my own questionnaire studies that were carried out, plus chapters on mental imagery and the full bibliography.

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References

- Blackmore, S.J. (1982) "Beyond the body". London. Heinemann.
- (1987) "Where am I?" Perspectives in Mental imagery and the OBE. *Journal of Mental Imagery*, 11 53-66.
- (1993) "Dying to Live". London. Grafton

- Ehrenwald, J. (1974) "Out-of-body experiences and the denial of death". Journal of Nervous and Mental Disease, 159 227-233.
- Gabbard, G;
Twemlow, S. (1985) "With the eyes of the mind". New York. Praeger.
- Green, C. (1968) "Out-of-body experiences. Oxford. Institute of Psychical Research.
- Grosso, M. (1985) "The final choice: playing the survival game". Walpole, NH. Stillpoint Publishing.
- Harary, K;
Weintraub. P. (1989) "Have an out-of-body experience in 30 days" New York. St. Martin's Press.
- Irwin, H.J. (1980) "Out-of-body down under; some cognitive characteristics of Australian students reporting OBEs. Journal of The Society for Psychical Research, 51 118-120.
- (1985) "Flight of mind". Metuchen, NJ. Scarecrow.
- (1986) "Perceptual perspectives of visual imagery in OBEs, dreams and reminiscence". Journal of the Society for Psychical Research, 53 210-217.
- Jones, F.C;
Gabbard, G.O;
Twemlow, S.W. (1984) "Psychological and demographic characteristics of persons reporting out-of-body experiences". The Hillside Journal of Clinical Psychiatry. 6 105-115.
- Matthews, R.J. (1993) Unpublished undergraduate thesis. London. Thames Valley University.
- McCreery, C. (1993) Unpublished doctoral thesis. Oxford. Institute of Psychical Research.
- Monroe, R.A (1971) "Journeys out of the body". Garden City NY Doubleday.
- (1985) "Far Journeys". Garden City NJ. Dolphin/Doubleday.
- Muldoon, S;
Carrington, H. (1929) "The projection of the astral body". London. Rider-Hutchinson.
- Myers, S.A;
Austrin, H.R; (1983) "Personality characteristics as related to the out-of-body experience". Journal of Parapsychology. 47 131-144.

Grisso, J.T;
Nikeson, R.C.

- Osis, K (1973) "Perspectives for out-of-body research" in Research in Parapsychology 1973, 101. ed. W.G. Roll. Metuchen NJ. Scarecrow.
- (1979) "Insider's view of the OBE: A questionnaire survey". in Research in Parapsychology, 1978, ed. W.G. Roll, Metuchen, NJ. Scarecrow.
- Palmer, J. (1978) "The out-of-body experience: a psychological view". Parapsychology Review, 9 19-22
- (1979) "A community mail survey of psychic experiences" Journal of the American Society for Psychical Research. 73 221-52.
- Palmer, J;
Leiberman, R. (1975) "The influence of psychological set on ESP and out-of-body experiences". Journal of the American Society of Psychical Research. 69 193-213
- Quimby, S. L. (1989) "The near death experience as an event in consciousness". Journal of Humanistic Psychology. 29 87-108.
- Ring, K;
Rosing, C.J. (1990) "The Omega project: an empirical study of the NDE prone personality". Journal of Near-Death Studies 8 211-239.
- Rogo, S.D. (1982) "Psychological models of the out-of-body experience". Journal of Parapsychology. 46 29-45
- (1990) "An experimentally induced NDE". Journal of Near-Death Studies 8 257-260
- Tart, C. (1973) "Some methodological problems in OOB research", in Research Parapsychology 1973 ed. W.G. Roll. Metuchen NJ. Scarecrow.
- Tart, C. (1986) "On the scientific study of other worlds". In Research in Parapsychology (1986), 145-146. Metuchen NJ. Scarecrow
- Tiberi, E. (1993) "Extra somatic emotions". Journal of Near-Death Studies. 11 149-170

