

# Differences and Commonalities

## Among Various Types of Perceived OBEs

Robert A. King, O.M., MA Psych  
The NDE OBE Research Project  
support@ndeobe.com

---

### Abstract

---

Phase 1 of the NDE OBE Research Project began on April 13, 2020 and ended on October 15, 2020. Its objective was to (1) identify and define differing types of perceived out-of-body experiences (OBEs), and (2) discover the differences and commonalities among them, focusing on any possible catalysts, the event itself, and the process from beginning to end. This retrospective study was exploratory in nature. This study based the primary categorization of perceived OBEs first on intent as either not self-induced or deliberately self-induced. Not self-induced perceived OBEs were then further subcategorized based on the experient's condition or state, which included physiologically near-death perceived OBEs (NDOBEs), life-danger perceived OBEs (LDOBEs), life-danger-to-near-death perceived OBEs (LD-NDOBEs), and other spontaneous perceived OBEs (OSOBEs). While this study was not able to identify with certainty any specific catalysts for perceived OBEs, it resulted in suggesting a hypothesis that the catalyst for perceived NDOBEs, perceived LDOBEs, and perceived LD-NDOBEs may be an unconscious, adaptive, reactionary process triggered by various psychological and/or physiological stimuli initiating a non-pathological dissociation or detachment. Furthermore, this study found that there were both commonalities and differences among different types and subtypes of perceived OBEs as categorized in this study. One such finding was that most of the features reported in perceived OBEs that took place during real physiological conditions of near-death were also found in some perceived OBEs in which individuals were not actually near death. In particular, this included features such as perceptions of seeing one's own physical body, experiencing a lack of pain, feeling a sense of peace, experiencing different perceptions of time, having a visual life review experience (VLRE), seeing perceived OBE personages, observing a bright light, encountering tunnels, and experiencing a transcendental otherworldly type of environment. (This is a corrected version; see the Addendum at the end of this report)

**Keywords:** out-of-body experience (OBE), near-death experience (NDE), types, catalysts, differences, commonalities

**APA citation:** King, R. (2021). *Differences and commonalities among various types of perceived OBEs*. The NDE OBE Research Project.  
<https://doi.org/10.13140/RG.2.2.23418.82882/1>

## Introduction

---

Phase 1 of the NDE OBE Research Project began on April 13, 2020, and was conducted to (1) identify and define differing types of perceived out-of-body experiences (OBEs), and (2) discover the differences and commonalities among them, focusing primarily on any possible catalysts, the event itself, and the process from beginning to end. This retrospective study is exploratory in nature. In addition, this ongoing study is not directly concerned with the enduring debate over the objective/subjective nature of the perceived OBE. This particular report has been written for the specific purpose of providing the results and interpretations from phase 1 of the NDE OBE Research Project that began April 13, 2020, and ended on October 15, 2020. It was written primarily for the study participants and other interested individuals and researchers.

## Special Definitions and Clarifications

---

In this study, I use the word *perceived* to further define OBEs in general. The use of the term together with the acronym OBE is simply to stress a perception as having been somewhere out of or away from their physical body. It does not address or take a position on the debate concerning the objective/subjective nature of perceived OBEs in general, but is used only as an impartial descriptive that allows for each individual to interpret the perceived OBE as they wish.

The term *extrapersonal self* as used in this paper refers to a conscious awareness that seems to be detached from and outside of the physical body in some distinct manner.

The word *transcendental* as used in this paper is based on the usage of the term by Sabom (1982), referring to a perceived locality that transcends the observable physical environment. This often tends to be perceived as some otherworldly or unknown place, dimension, or realm away from the physical body, which can vary in this study from a dark void to a paradisiacal type of environment, but can even include a perception of being in outer space. *Non-transcendental*, on the other hand, as used in this paper, refers to the observable known physical environment on the earth.

The term *somatic continuance* as used in this paper is when the physical body persists in what appears to be self-sustaining, autonomous or semi-autonomous behavior during a perceived OBE. *Observed somatic continuance* (OSC) refers to the perception of this being observed by the extrapersonal self during a perceived OBE.

The expression *multiple extrapersonal-selves perception* as used in this study refers to the perception that there are two or more extrapersonal selves simultaneously out of or away from the physical body at different spatial locations in proximity to one another during a perceived OBE.

The term *shared sensory input* as used in this study refers to the simultaneous or alternating perception of visual, auditory, olfactory, gustatory, and/or somatosensory stimuli by two or more distinct perceived selves, which can be the same type of sensory stimuli or different types of sensory stimuli. This can be between the physical body and one or more extrapersonal selves, or just between multiple extrapersonal selves.

The use of the word *unclear* in relation to conditions or features in the text or charts of this report refers to a lack of clarity in the participant-provided information, making it difficult to

determine with certainty. The word *unsure*, on the other hand, indicates that the participant indicates or infers that they are not certain.

Ellipses in brackets in the midst of a quote, such as [. . .], indicates either my deliberate exclusion of text in the same section, or a transition from one place to another (which might be to anywhere else on the questionnaire or to anywhere in the follow-up interactions with the participant). Any ellipses in a quote without brackets signify ellipses carried over from the participant's original quote.

Block quotes for small amounts of quoted text (less than 40 words) in this paper are deliberate despite standard convention.

## Materials and Methods

---

### Questionnaire Used in This Study

The specific questionnaire I developed for use in this study consisted of 25 sections asking for open written answers. The first section requested a thorough and detailed general overall narrative description of the perceived OBE and its context from the participant. This was followed by 24 shorter sections that consisted of one or more questions asking for thorough and detailed information about relevant circumstances associated with the perceived OBE (e.g., time and place, health/medical conditions, and drug or medication use), various features during the perceived OBE (e.g., perceptual, sensory, and emotional elements), and other before/after related content (e.g., prior knowledge about perceived OBEs, religious belief and practice, time involved in remembrance, and experiences of other phenomena). The questions were primarily designed to help in determining the probability of whether or not the experience was in fact a perceived OBE, to help recognize and classify different types of perceived OBEs, to identify possible perceived OBE catalysts, to assess differences and commonalities among the different types of perceived OBEs, and to identify perceived OBE features that correlate with some of the primary features reported during NDEs.

A careful effort was made in the design of the questionnaire to avoid leading or suggestive questions, minimizing researcher influence on the answers. In addition, closed single-answer, multiple-choice questions were not used in the questionnaire, so as to ensure unlimited and unrestricted participant response to the questions. However, one question allowed for one or more selections from a multiple-choice list of suggested emotions and feelings (fear, joy, love, safety, other, etc.), but also offered additional space for participant input with each of those selections. Suggestive terms common in NDE literature and research such as "tunnel," "life review," "white light," etc., were not used anywhere on the questionnaire.

### Recruitment and Selection of Participants

Participants for phase 1 of this study were recruited primarily by means of interaction on social media, online advertising, and media coverage. Anyone over 18 believing they had undergone a perceived out-of-body experience (OBE) at some time in their life was invited to participate. This open invitation to participate in phase 1 of the NDE OBE Research Project lasted from April 13, 2020, until October 15, 2020. Those who chose to participate self-registered with NDEOBE.com and then filled out an online questionnaire. There also was some email follow-up

for clarity or additional information with most of those participants who granted that optional permission when filling out the questionnaire.

The determination as to whether a participant had experienced a perceived OBE was made on my analysis of the information provided by that participant in the questionnaire and any subsequent follow-up communication. This conclusion that a participant had a perceived OBE was based on the following criteria:

1. The participant believed and/or indicated that they were somewhere out of or away from their body.
2. This belief and/or indication could be clearly determined as a reasonable presumption after an examination of the information provided by their answers on the questionnaire and/or further communication.

Each perceived OBE selected for this study is similar to what Sabom (1982) described as either an *autoscopic OBE* or what he described as a *transcendental OBE* (or one that is a combination of both) in his discussion regarding near-death experiences (NDEs), though most of the perceived OBEs in this study did not take place while the participant was physiologically near death. Sabom's autoscopic OBE consists of a perceived observation of the physical body from an extrapersonal vantage point (some such cases in this study consist of having seen the surrounding earthly environment without having specifically looked at the body), while Sabom's transcendental OBE consists of a perceived entry into another locality that transcends the observable physical environment. Going forward in this paper, I will use the terms non-transcendental, transcendental, and mixed to instead specifically stress only the presumed environment(s) of the perceived OBE.

For those individuals who had more than one perceived OBE to report, it was requested that they either fill out additional questionnaires for each perceived OBE or that they clearly differentiate between perceived OBEs in each of the answers on the one questionnaire by using #1, #2, etc. There were a total of 163 individuals who filled out at least one questionnaire in whole or part. However, some of those questionnaires were not included in this study due to one of the following reasons: (1) it could not be reasonably determined or concluded that an actual perceived OBE took place, (2) there was insufficient information provided to be useful for this study (such as providing an extremely short skeleton narrative coupled with an incomplete questionnaire), or (3) the answers provided by the participant on the questionnaire collectively combined two or more perceived OBEs in a manner that made it too difficult to determine the distinct features of any individual perceived OBE (this last reason was especially common in reports of self-induced perceived OBEs). In some cases where there were multiple self-reported perceived OBEs on one questionnaire that were distinguished correctly, some of those self-reported perceived OBEs were used while others on the same questionnaire were not used due to one of the first two reasons posted above.

The final sample size of participants included in the results of this study consisted of a total of 106 individuals who filled out 108 questionnaires (in whole or in part) self-reporting 116 incidents that I determined were perceived OBEs. However, some of these 106 participants did not fill out the entire questionnaire or answer all of the questions (when quantitative data are provided in this study, this will be taken into account if it was not possible to make a certain determination from the rest of the participant-provided information). There were follow-up

interactions with many of the participants in regards to at least 68 of the perceived OBEs that were selected for inclusion in this study.

The participants in this study included 37 men and 69 women. The age range of the participants at the time of their perceived OBEs, based on 110 perceived OBEs for which an age or approximate age was provided, was from five months old to 72 years old ( $M = 26.9$ ,  $SD = 16.2$ ). There are also six other perceived OBEs that are not included in the age statistics just provided because either the participant was unsure of the approximate age or failed to provide an age. Sex and age of each participant at time of occurrence is available in the Appendix section of this report. The religious beliefs of the participants at the time of their perceived OBEs varied, including Protestants, Catholics, Mormons, Jehovah Witnesses, agnostics, atheists, and others.

These 116 self-reported perceived OBEs took place in the United States (71), Australia (15), England (11), Canada (6), Czechoslovakia (2), New Zealand (2), Austria (1), Belgium (1), Ireland (1), Netherlands (1), Poland (1), South Africa (1), Switzerland (1), Wales (1), and possibly Afghanistan (1). These perceived OBEs were associated with cardiac arrests, surgeries, childbirths, accidents, injuries, illnesses, near drownings, attempted suicides, assaults, rapes, exposure to possible dangers, heightened emotions, relaxed or altered mental states, and other unknown conditions. The approximate duration of time between when the perceived OBE took place and when the questionnaire was filled out, based on 111 perceived OBEs for which this information is available, was from less than one year to 66 years ( $M = 29.4$ ,  $SD = 18.8$ ). There are also five other perceived OBEs that are not included in these statistics of time duration just provided because either the participant was unsure of the approximate year or they failed to provide that information. Immediate memory of the perceived OBE upon singularity of somatic consciousness and awareness was common (86), but there were a few reports of not remembering the perceived OBE until hours, days, weeks, or months later (6), or years later (1), while it could not be determined in some (23) cases due to the participant being unsure, the answer being unclear, or the question being unanswered.

## Results

---

### Different Types of Perceived OBEs

The first objective of this study was to identify and define any differing types of perceived OBEs. The earliest observation was that most (109) of the perceived OBEs in this study were spontaneous and not deliberately self-induced, while the rest (7) of them were willfully and deliberately self-induced. Perceived OBEs that were not deliberately self-induced were those that took place involuntarily without a deliberate will or effort to do so. Perceived OBEs that were deliberately self-induced were those in which there was in fact a deliberate will or effort to do so.

Though there were not enough self-induced perceived OBEs to distinguish them further, there were, on the other hand, distinctions noticed among spontaneous perceived OBEs, for they tended to be associated with different conditions and states of the participants at onset. Many (52) of those spontaneous perceived OBEs took place during a critical internal disruption to physiological homeostasis affecting the biological functions necessary to sustain life. However, some (15) of them were instead associated with a presumed external threat of possible imminent danger or death prior to onset, but without such a critical internal disruption to physiological homeostasis. Furthermore, there was a smaller amount (2) of them that began as a presumed external threat of possible imminent danger or death, but then afterwards progressed to a critical

internal disruption to physiological homeostasis. There were also many (40) of them that could not specifically be associated with either a critical internal disruption to physiological homeostasis or a presumed external threat to life, but instead were associated with other known or unknown conditions such as sleep, meditation, relaxation, fatigue, illness, heightened emotions, or something else.

Based on the identification of these differences and distinctions among perceived OBEs in this study, a more specific classification structure was needed to proceed with the second objective of this study: to discover the differences and commonalities that may or may not exist between these various kinds of perceived OBEs. The first primary distinction made was to classify them as two distinct types of perceived OBEs based on the absence or presence of intent: (1) not deliberately self-induced and (2) deliberately self-induced. Furthermore, those perceived OBEs that were not self-induced were further separated into the following four subtypes based primarily on the condition and state of the participants at their onset:

1. ***Perceived near-death out-of-body experience (NDOBE)***. The perceived NDOBE is defined as a perceived OBE associated with a serious or critical disruption to physiological homeostasis affecting the biological functions necessary to sustain life in which there is a real threat of imminent death if there is a persistence of that condition. This category also includes any cases in which what is understood as clinical death may have taken place. The perceived NDOBE should be understood as primarily internally related. The necessity of using NDOBE instead of just NDE is because the current accepted measures for NDE classification, quantification, and/or depth such as the Greyson NDE scale (Greyson, 1983) and Ring's Weighted Core Experience Index (WCEI) (Ring, 1980) both use the term too broadly for this study since they do not require the inclusion of a perceived OBE and they do not necessitate that one is really physiologically near death. This continues to be the case even with the more recently developed Near-Death Experience Content (NDE-C) scale that was intended to expand and improve the original Greyson NDE scale (Martial et al., 2020). Furthermore, there is still no universally accepted consensus on a definition for an NDE (Craffert, 2019).
2. ***Perceived life-danger out-of-body experience (LDOBE)***. The perceived LDOBE is defined as a perceived OBE during a presumed external threat of possible imminent danger or death. This assumption of possible imminent danger or death might be something that is determined by the individual either consciously or unconsciously (LeDoux, 2008; Lojowska et al., 2019). The perceived LDOBE is frequently, but not always, initiated prior to any actual external harm from the assumed threat itself. However, in some cases there might be a sudden hit to the head or a sudden injury to another part of the body prior to initiation of the perceived LDOBE, but which does not in that specific case result in any imminent life-threatening injury. A perceived LDOBE can also include an extended dissociation that prolongs the perceived OBE while a highly disturbing non-lethal but violent event is taking place (such as during rapes or assaults). The perceived LDOBE should be understood as primarily related to external stimuli at its initial onset.
3. ***Perceived LD-NDOBE***. This type of perceived OBE is defined as a perceived LDOBE that develops further into a perceived NDOBE. For example, sometimes a perceived LDOBE takes place before (or at the moment of) impact during a car accident, but then becomes a

perceived NDOBE due to severe life-threatening injuries from the impact of the accident. The perceived LD-NDOBE should be understood as primarily related to external stimuli at its initial onset followed by a transition to becoming primarily internally related.

4. ***Perceived other spontaneous out-of-body experience (OSOBE)***. The perceived OSOBE is defined as any type of perceived OBE that is not deliberately self-induced and does not fit into the first three subcategories up above. This can include some perceived OBEs associated with conditions of sleep, meditation, somatic unconsciousness, illness, elevated emotions, or heightened stress, when there are no apparent real or presumed *imminent* life-threatening conditions. The perceived OSOBE should not be understood technically as indicating an actual permanent subcategory, but rather as a useful temporary file for those spontaneous perceived OBEs which cannot or have not yet been properly subcategorized.

Under this classification system there were 109 perceived OBEs that were not deliberately self-induced, consisting of 52 perceived NDOBEs, 15 perceived LDOBEs, two perceived LD-NDOBEs, and 40 perceived OSOBEs. However, there were only seven deliberately self-induced perceived OBEs. For a list of each participant's type and/or subtype classification, see the Appendix at the end of this report.

### **Differences and Commonalities Among Differing Types of Perceived OBEs**

The second objective of this study was to discover any differences and commonalities between the differing types of perceived OBEs, focusing primarily on any possible catalysts, the event itself, and the process from beginning to end. The results are reported below.

#### ***Possible Triggers or Catalysts of Perceived OBEs***

Various circumstances and conditions at the onset of perceived OBEs in this study were noted and compared in a search for possible triggers, catalysts, or contributory factors. This included pain or physical trauma, a reduction in oxygen, and substance intake (alcohol, anesthesia, medication, or other drugs).

**Pain and/or Physical Trauma.** Participants in this study were asked if they were experiencing pain or physical trauma at the onset of their perceived OBE. There were 37 endorsements of this factor and 66 cases in which this was not endorsed. Based on the perceived OBEs in which an answer could be determined, this factor was found the most prevalent prior to perceived NDOBEs (62.8%) and perceived LDOBEs (46.7%), but was uncommon prior to perceived OSOBEs (5.6%) and self-induced perceived OBEs (14.3%) with no reports of such prior to perceived LD-NDOBEs.

(For more thorough quantitative data, see Table 1.)

**Reduction in Oxygen.** Another question asked of the participants was whether or not they were having breathing problems or experiencing a lack of oxygen at the onset of their perceived OBE. This was reported to have occurred at the onset of 16 of the perceived OBEs, and not to have taken place during the onset of 85 of them. Based on the cases in which this factor could be determined, it was found almost exclusively with perceived NDOBEs (36.6% of them). The only

other account was during a perceived LDOBE. It is important to note that this study does not particularly address other conditions that could have resulted in brain hypoxia (such as cardiac arrest). It also does not explore whether there were breathing difficulties or a loss of oxygen at some point after the onset of the perceived OBE.

(For more thorough quantitative data, see Table 1.)

**Substance Intake.** The participants were asked on the questionnaire if they had been given or if they had taken any medication, anesthesia, drugs, or alcohol right before their perceived OBE. It was found that some type of substance was associated with at least 48 of the cases. Based on the cases in which this could be determined, the percentage of positive endorsements was highest in perceived NDOBEs (67.4%), but there were also endorsements for perceived LDOBEs (20%), a perceived LD-NDOBE (50%), perceived OSOBEs (32.4%), and a self-induced perceived OBE (14.3%). This does not take into consideration any drugs that may have been administered after the onset of the perceived OBE.

(For more thorough quantitative data, see Table 1.)

**Table 1**

*Circumstance and Conditions of Perceived OBEs*

Circumstances or conditions*	Not self-induced perceived OBE				Self-induced perceived OBE N = 7
	NDOBE N = 52	LDOBE N = 15	LD-NDOBE N = 2	OSOBE N = 40	
Pain and/or physical trauma†	27 (yes) 16 (no) 2 (unsure) 7 (unclear)	7 (yes) 8 (no)	0 (yes) 2 (no)	2 (yes) 34 (no) 1 (unsure) 3 (unclear)	1 (yes) 6 (no)
Reduction in oxygen from breathing‡	15 (yes) 26 (no) 1 (unsure) 10 (unclear)	1 (yes) 14 (no)	0 (yes) 2 (no)	0 (yes) 36 (no) 3 (unsure) 1 (unclear)	0 (yes) 7 (no)
Substance intake§	31 (yes) 15 (no) 1 (unsure) 5 (unclear)	3 (yes) 12 (no)	1 (yes) 1 (no)	12 (yes) 25 (no) 2 (unsure) 1 (unclear)	1 (yes) 6 (no)

\*Before onset of perceived OBE.

†Pain can also include any type of pain, including that which takes place when not being able to breath. Physical trauma as used here does not distinguish between minor physical trauma and major physical trauma. Physical trauma can also include a blunt force impact (unless the perceived OBE takes place before impact) or an electrical shock even if the participant does not remember feeling it.

‡There are a small amount of cases in which the participants may have had breathing problems during the perceived OBE, but these are marked as “no” since this would have taken place after the onset of the perceived OBE.

§This includes any type of substance such as alcohol, marijuana, illicit drugs, anesthesia, medications, and even a very small amount of cases that only included antibiotics, aspirin, and/or cough syrup.

While there is no way to ascertain from these results if any of these circumstances or conditions were actually triggers, catalysts, or contributory factors of a perceived OBE, they do provide data for further exploration.

### *Environment of Perceived OBEs*

While this study chose to focus primarily on different types of perceived OBEs as based on the intent, conditions, and states of the participants themselves, the described environments of these perceived OBEs were also analyzed to determine if they were non-transcendental, transcendental, or mixed. This was based on an examination of the information provided by the participant on the questionnaire and additional communication and interactions with some participants. There were 61 perceived OBEs that were non-transcendental, 32 that were transcendental, and 23 that were mixed. All types and subtypes of perceived OBEs in this study were associated with both non-transcendental and transcendental environments.

(For more thorough quantitative data, see Table 2.)

**Table 2**

*Environment Type of Perceived OBEs*

Type	Not self-induced perceived OBE				Self-induced perceived OBE N = 7
	NDOBE N = 52	LDOBE N = 15	LD- NDOBE N = 2	OSOBE N = 40	
Non-transcendental	19	12	0	24	6
Transcendental	17	2	0	12	1
Mixed	16	1	2	4	0

It should also be noted that some non-transcendental perceived OBEs in this study included incorrect perceptions related to the immediate environment. This was the case during a perceived NDOBE, a perceived OSOBE, and a self-induced perceived OBE. Here are the relevant quotes:

The blanket looks blue to my mind but I know they have to be white. (#57)

Some of the objects in the room were not there but the door and walls were. [. . .] certain objects in my room did not appear in the enhanced OBE room. [. . .] I had exercise equipment attached to the closet door which was not on the door in my OBE. I also did not see the chair next to the closet. (#55)

When I first come out of body my room and items are different than they are in the physical form. Things are placed differently and objects are different but still in the same room. (#62)

### *Other Perceptions and Features of Perceived OBEs*

I will now focus on other specific perceptions and features as they were seen, heard, felt, sensed, or experienced during the perceived OBEs in this study. Some of these data were gathered from specific questions about certain perceptions and features that were directly asked on the questionnaire (For thorough quantitative data, see Table 3). However, other data were based on the participant-provided content on the questionnaire even though there were no direct and focused questions asked about those particular perceptions and features (For thorough quantitative data, see Table 4).

**The Separation From and Return to the Physical Body.** Participants in this study were asked to describe all the details they could remember about their perceived separation from and reunion with their body. Perceptions of detachment from and return to the body varied among individuals in both manner and awareness.

A majority of the perceived OBEs in this study did not include the sensation of a separation process from the physical body, but instead the participants suddenly had a perception of being detached from the physical body, either in some other location near the body, or in some other realm or place in which they lost awareness of their physical body. Nevertheless, there were 13 reports in which it could be determined that a perceived process of actually separating and moving away from their physical body was experienced. This consists of nine perceived OSOBEs and four self-induced perceived OBEs. Here are the reports of those experiences:

I just knew it was important that I try to sit up so in my head I said with intention "I need to sit up". Immediately I started to float upward very slowly! [. . .] I just kept moving forward into a sitting position and gradually it stopped midway between my thighs and my knees. [. . .] Felt I may have been pushed, but I think I was so shocked, that I re-entered on my own. (#8)

I was sleeping, but I felt myself sit up, walk to the (bedroom) window [. . .] I looked over (at my bed) and [saw] my body [lying] on the bed. I freaked out (not understanding why I could see myself sleeping), and felt a "push" and "jumped" back into my body. (#19)

I sat up from the operating table. I saw my father. I reached out to him. I tried to shuffle off the table, I was stuck. [. . .] I sobbed as my body felt it had been roughly pushed back into a laying position. (#51)

I was lying on my back, and I woke up. I sat up and swung my legs over to the floor. When I was ready to stand up, I looked to my left at my pillow, I saw MYSELF, my body, lying there and I recognized myself. I looked and thought, it's Me!! I was astonished!! [. . .] After I realized that I had left my body [. . .] I laid down back into my body ... I felt the need to return to my body because I did not know what would happen to me. (#65)

I felt the separation from my body and a rising sensation. I also felt the descent and the re-enter to my body. [. . .] The speed felt quit normal to me. I rose out of my body gently enough. Like rising in a lift but I could feel the air around me. On my decent, it felt a little

quicker but I wouldn't say at speed. The connection back to my body was pleasant and gentle also. [. . .] I would describe [it] as a lifting up, like gently flying upwards and then downwards again. (#61)

My first OBE was accidental - I liked to train deep relaxation and concentration. It was late night when I spontaneously separated from my body during my usual training routine ... I slowly levitated up and over [my] physical body ... and then I drifted slowly to my right side next to the lamp. [. . .] This was when I felt first thought- fear: I'm dying! I left my body! The stress hurled me back to my body. (#83b)

As I was lying there I felt my soul or my inner self rise above the body lying there, I could actually feel the "break away" from the body and I saw the body lying on its side in the bed. [. . .] I did feel the soul to rise out of the body, like [being] gently lifted into thin air without the feeling of gravity. [. . .] I did feel a movement of like going back or been drawn back into the body and that was the rush then the reintegration process. (#88)

My spirit stepped out of my body, like I was stepping outside of a container. Not all of my spirit left my body at once. It was a gradual but a quick process: head first, then torso, then legs. When my spirit returned to my body it was like I was stepping back into a container, but in the reverse order i.e., legs first, etc. (#99)

I could physically feel my mind disconnect from my body. There was no fear whatsoever. I had the sense that I was floating towards a body of light. I physically felt my mind being drawn to it (moving towards it) as though I was returning to the place I belonged. [. . .] As soon as I said that, I felt my mind return to my physical body, and I woke up. [. . .] I did feel my mind separate from my body and the reunion with my body. (#2)

I feel a tremendous surge of power in my lower belly area. The sensation moves like a wave upward, toward my head. After about three or four of these waves, I exit out the top of my head. I put my hands on the top of my head and push myself all the way out, like a man climbing out of a manhole in the street. I am now floating, but I can't see well. [. . .] In this experience, yes, I did feel actual movement toward my physical body. I was face up to the ceiling when the movement began, and I floated to the right, where my sleeping body was positioned. It was not rapid movement, nor was it slow and gradual. It took about three seconds. Then for only maybe one second, I was aware of being within my physical body, but not yet awakened. (#34)

My first consciously induced OBE was significant as there was no break in consciousness and no going to sleep and waking up in an OBE state. I did a relaxation exercise for 20 minutes before I popped out at the forehead and there was subtle feeling of energy moving out from this portal between the eyes. (#1)

As I set the intention I did a short meditation and felt the vibrations in which I shortly rolled out of my body. [. . .] Yes there is a feeling prior to coming out of my body and a feeling going back. Both feel the same. I am very "awake" during both. (#62)

And once I was confident I changed conscious awareness into my astral body I can normally feel it by my body feeling very light and just visualising myself rolling out of my body and on to the floor, but on this occasion I just had a strong intent to astral project and was very relaxed and I floated out of my body and out through the ceiling. (#59)

All nine of the perceived OSOBES who experienced a separation process also reported experiencing in some sense the actual perceived reintegration with the physical body, and most seem to indicate a sense of return movement to the body (though actual movement in the return is unclear in the case of participant #2). As for the four self-induced perceived OBEs quoted above (the last four quoted), two reported experiencing a sense of return movement associated with the actual perceived reintegration into the physical body, but two did not. It should also be pointed out that in the first four of these perceived OBEs above, the participant had the sensation of just getting up out of bed or sitting up, and then had the sensation of either being pushed back or moving back down into their physical body on the bed.

During a majority of the perceived OBEs in this study, the participant reported that the return to the body was without movement and/or the sensation of undergoing an actual felt process of reintegration. Instead they just suddenly or at some later point found themselves back in the body without any noticeable movement related to the sensation of an actual reentry (though in a few cases there was a jolt, a thud, or some other momentary sensation felt). Yet, as already seen in the examples up above, there were others who perceived at least some sense of movement and/or process of reintegration related to the sensation of an actual reentry. In fact, a perceived sensation of movement back to the physical body during reentry (though in some of those cases this may have only been a movement back to the vicinity of the body for reentry without feeling the actual reintegration process) is much more common than the perception of undergoing a separation process. Here are some more examples in addition to some of those that were already quoted up above:

That's where I start to go back down the tunnel. Seeing my hand I realized my body. in realizing my physical body, I think of myself, and in an instant I dropped from the tunnel of light, through the ceiling and was gently back in my bed (went back into my body) where my hand was still in the air, reaching. (#81)

I felt being upended sideways and just floated back into my body. (#31)

As soon as I willed myself to be back in my body, the direction I went was down. (#72b)

I don't really know why, but I felt compelled to get back to my body. A feeling of I better get back before it is too late (I was 11-12 at the time). I voluntarily went. When I did go, it was at a normal speed. (#20)

When it was time to return to my body, I don't remember if my vision faltered other than I could see that I was being pulled down, and my consciousness didn't go all the way down to my body. There was a point where I was maybe 100-50 feet from my body and then it all just came back with a popping sound and I was back, vomiting. (#22)

Suddenly, I was pulled back into my physical body and I was staring at the ceiling. (#87)

I felt being pulled from behind in darkness and got nauseous. I came to on the floor by the door and my cat was licking my face. [. . .] I recall being pulled back at the end of [it]. (#74)

My return to my body consciousness can only be described as funnel-like. [. . .] I felt a brief swirling, counter-clockwise sensation. [. . .] Going back into my body was similar to the genie's returning to its bottle or lamp. My resisting in willing and wanting to remain in this utter calm serenity did not diminish the funneling back into mortal form. (#44)

It started with hearing the crying and I got pulled back to my crying body. It was against my will. (#91)

When I asked or thought to myself where's my body? I was pulled back into my body immediately. (#72a)

I had only enough time to look around the bathroom (I think that I was out about minute or so) and I was pulled back to my body. (#83a)

I was pulled back towards my body in the bed. (#55)

I turned around had a look at the room with the bed, my body and my friend who looked worried and started to shake my body. This made some kind of "pull" and I was kind of sucked back into my body. [. . .] I did not want to return into my body. Being rapidly sucked back. (#4)

Then suddenly it was like if I was being sucked back in reverse ... in what seemed like a tunnel. (#26)

It should be pointed out here that in most of these cases up above the participant specifically mentioned a perceived sensation of being pulled or sucked back toward or into their physical body. The quotations above included perceived NDOBEs, a perceived LD-NDOBE, perceived LDOBEs, perceived OSOBEs, and a self-induced perceived OBE. It should also be noted that in relation to the quantitative data of this study, any case with movement from a transcendental location back to the proximity of the physical body was not necessarily included unless a return to the body was the immediate result of that movement.

Many actually stated that they experienced or felt neither the actual separation from the body nor the return to the body, such as in the following examples:

I was not aware I was going through the separation - all of a sudden I was just there. I also was not aware of the reunion with my body. (#77)

I never felt a detach or reconnect. (#92)

I don't remember any process of separation or reunion. (#63)

I can't remember leaving my body as such, it was like I was just suddenly stood up in the air observing everything below. I don't know how I returned to my body either, it's like I just blinked and when my eyes opened I was back in my body and awake. (#106).

I do not remember any separation - or reunion. (#70)

No recall of the process of leaving my body or re-entering it. (#54).

I do not remember there being a process of separation or reunion with my body. (#104)

No awareness of separation or return to the body. (#82)

(For more thorough quantitative data, see Table 3.)

**Seeing One's Physical Body.** Out of 116 perceived OBEs, in 73 of those (62.9%) the participant saw their physical body from an extrapersonal vantage point, while in 42 of them (36.2%) they did not, and in one case it is unclear. This took place during perceived NDOBEs (32), perceived LDOBEs (13), perceived LD-NDOBEs (2), perceived OSOBEs (22), and self-induced perceived OBEs (4). However, during a small number of perceived OBEs in which the experient had the perception of being in their surrounding physical environment, they did not look toward their physical body, and so they did not see it. However, others did not see their physical body because they simply found themselves in a perceived transcendental environment.

(For more thorough quantitative data, see Table 3.)

**The Form of the Extrapersonal Self.** The participants in this study were specifically asked if there was a visible form associated with their presumed extrapersonal self. The answer to this question was clearly given in regards to 61 of the perceived OBEs with 32 reporting a form and 29 not reporting any type of form.

Having an extrapersonal form of some type was reported as being the case during perceived NDOBEs (14), a perceived LDOBE (1), perceived OSOBEs (12), and self-induced perceived OBEs (5). While those who reported having an extrapersonal form generally indicated that it was in the same shape as the physical body, there were some incidents in which they described the extrapersonal form as consisting of some other shape or appearance. For example, one participant described himself as a mist of white light. In addition, a few participants reported that their extrapersonal form changed its shape or substance while the perceived OBE was taking place. One of the participants recounted how her extrapersonal form actually became an orb after having the arms and legs fall off, while another participant described how her extrapersonal form kept morphing back and forth between a blob-like shape and one that was similar to her physical body.

For those who reported that they did not have a form, they generally had the sense of being a point of consciousness and/or an observer without any form. Not having a form was reported as being the case during perceived NDOBEs (9), perceived LDOBEs (8), and perceived OSOBEs (12).

In 16 of the perceived OBEs, the participants were unsure if they had a visible form, which included some who indicated they did not look to see if they had a form. Furthermore, in regards

to 33 of the perceived OBEs, the answer given was unclear. For six other perceived OBEs, the participants did not answer the question.

(For more thorough quantitative data, see Table 3.)

**Sense of Peace.** There were a large variety of feelings reported from terror to euphoria. However, for the majority of perceived OBEs (71 of them) the participant endorsed a feeling of “peace” in some sense (based on a multi-selection option of one or more suggested emotions and feelings, and/or mentioning it elsewhere) despite what was going on with their physical body. This included perceived NDOBEs (36), perceived LDOBEs (9), a perceived LD-NDOBE (1), perceived OSOBEs (20), and self-induced perceived OBEs (5). Here are some of the statements offered with the actual endorsement of this feature:

Peace (“In the sense that I felt very calm.”) (#20)

Peace (“an absolute sense of serenity.”) (#37b)

Peace (“Stillness of the night.”) (#80)

Peace (“warm and safe.”) (#92)

Peace (“I felt free of human expectations.”) (#6)

Peace (“Not a care in the world. No stress just feeling so happy and good.”) (#11)

Peace (“I knew everything was ok. I was at peace.”) (#100)

Peace (“I felt a big release from my physical body, a release of unseen chains, of beliefs and confusion.”) (#14)

Peace (“There was no threat.”) (#104)

Peace (“Peace was experienced as a peaceful place, as well as, having full peace of mind.”) (#2)

However, it also needs to be noted that there were some people who experienced fear and/or terror at least at some point during their experience. For example there were 26 actual endorsements of fear related to some aspect of the experience and three endorsements of terror. While fear was transitory in most cases, in some cases it was not.

(For more thorough quantitative data, see Table 3.)

**Time.** Most of the perceived OBEs (at least 67 of them) included a sense in which time at some point during the experience seemed to be different (slower or faster), absent, or without meaning. This included perceived NDOBEs (34), perceived LDOBEs (7), a perceived LD-NDOBE (1), perceived OSOBEs (20), and self-induced perceived OBEs (5). Some of the participants reported that there was a difference between the length of time perceived during

what took place in their perceived OBE and the actual passing of real time, feeling that they had been out of body much longer than possible. For example, as one participant stated:

Time passed slow. I was there for hours or more. My body was down for 1.5 minutes unconscious. I had no heartbeat for 21 seconds. When my heartbeat returned, it returned at 21-37 beats per minute (normal is 60). (#102)

This participant emailed medical documentation without being asked for it in support of this information. Others made similar statements, such as the following:

I saw a lot more than I would have thought I could in just a few minutes. (#22)

Felt maybe like I was gone 20+ minutes but was only 5-6. (#92)

I would have said I was gone a half hour. It was just minutes. (#56)

This experience seemed to take longer than I was actually away from my body. (#104)

Time seemed normal but what felt like an hour in the astral during the experience in earth time was maybe 10 minutes. (#59)

I felt at this time I was gone for many many hours when it was only a few hours. (#62)

(For more thorough quantitative data, see Table 3.)

**Hearing and Sound.** The participants in this study were asked on the questionnaire about sound during their perceived OBE. Sounds coming from the physical world were usually heard during perceived OBEs in which the participant had the perception of observing their physical body and/or its surrounding environment from a perceived extrapersonal vantage point. In addition, many of the participants stated, indicated, or inferred that it was their extrapersonal self that was receiving the input of those sounds.

However, some of the participants in this study reported experiencing no audible sounds at all during a perceived OBE even when in an earthly environment in which there were real sounds taking place. This includes during all types and subtypes. Here are some examples:

At the end of the OBE, I was standing behind myself approximately 10 ft. [. . .] I watched as my friend was trying to reach me, I could not hear anything. (#20)

It was afternoon, sunlight pouring in the window, just like before this happened but I noticed there was no sound. Absolutely none, just silence. Profound silence! No body sounds like stomach grumbling, no bird sounds ... nothing. (#8)

I remember watching at an elevated position of about 20-25 feet in the air at a 45 degree angle and about 20 feet away. [. . .] My angle of view seemed wider than normal and in color. But with the absence of sound. (#86)

I was just looking down at everything and seeing a crowd had formed around where the me that wasn't in the air was lying. I couldn't hear anything but could see quite clearly. (#106)

I didn't hear anything until I was back in my body and could hear the TV. (#72a)

I didn't hear the football game on tv. (#43)

In other perceived OBEs in which there was no sound and/or voices in the physical surroundings, silence or an absence of audible sound was often reported, but it is difficult to determine in these cases if this was because there were no physical sounds to be heard or if it was because there were unable to hear existent sounds from the environment. As for those perceived OBEs that were transcendental in nature (where the participants often perceived themselves in some otherworldly location rather than in the surrounding environment of their physical body), some reported hearing audible sounds from that perceived environment, but others reported silence and an absence of audible sound. Due to all the complexities regarding sounds during a perceived OBE, there is not enough clear information from this study that can be properly interpreted to provide reliable and meaningful quantitative findings on this feature.

**Spiritual Personages.** There were 35 perceived OBEs with reports of seeing perceived OBE personages. This included perceptions of what the participants identified as some form of deity, angels, spiritual entities, or deceased people. This was reported as having taken place during all types and subtypes of perceived OBEs. While there were also some additional reports of hearing, feeling, or sensing a perceived OBE personage somewhere on the questionnaire, the specific question on this matter focused on actually seeing them, so any other accounts of only hearing, feeling, or sensing them (without seeing them) are not included in the quantitative data.

There were 11 perceived OBEs that included a perception of seeing a known deceased relative or friend. This took place during perceived NDOBEs (5), a perceived LD-NDOBEs (2), and perceived OSOBEs (4). There was also one additional report of seeing a deceased cat during a perceived NDOBE. In addition, it should be pointed out that there were no reports of actually seeing a deceased personage in any perceived LDOBEs or self-induced perceived OBEs.

It is also important to note here that there were two cases in which the participant reported hearing and/or seeing people in a transcendental perceived OBE even though they were still physically alive on the earth. Here are those two accounts:

I did hear my father and brother who did pass away years earlier but...I also heard my brother's British wife who is not deceased. [. . .] I heard my deceased brother talking with his wife who is still alive. She has a very distinctive British accent and I've known her 40 years....I know her voice. (#92)

Pacing the last few feet and I could "hear" those on the other bank saying my name. [. . .] I saw an arm reaching out from the bank; an offering to bring me to the bank where they stood. [. . .] I couldn't make out features, but both men and women were gathering with excitement at my arrival to join them. [. . .] During the portion of my experience while I was trying to cross the stream, I saw my aunt [. . .] and an old high school friend [. . .] both of whom are still alive at this time. [. . .] When I saw my aunt and [my old high school friend], they looked

vibrant and [super] healthy. Also, others that I saw were in perfect physical shape ... like bodily representations were perfection. (#48)

It should be noted, in regards to the latter account up above, that the participant was 19 at the time, and so he was asked in follow-up communication if anyone close to him (whether family or friends) had already passed away at that time. His response was, "I had not experienced loss of loved one or friend with exception of a grandmother that I was not close with." When asked if he was close with the two living people he saw, he responded, "Yes I was ... I now live further from them, but still consider them close."

It should also be pointed out that communication with perceived OBE personages seemed to be primarily non-verbal speech that many described as telepathic or through the mind, regardless of the type of perceived OBE. Sometimes the sound or voice is also described as "felt." Here are some examples in which the communication was described as non-verbal:

My thought of wanting to be on the other side was abruptly disrupted by a sound that came from everywhere and nowhere in particular ... it just was! It also was not a sound that I heard with my ears, but a sound that I felt in my being. It spoke to me without audible words and when I became aware of it, I intrinsically knew that there was no denying anything to it. It felt like how a masculine sound would sound if it were spoken, but it wasn't spoken...it was directly to me, to my mind. (#48)

When my husband's grandmother spoke to me there was no sound but I still heard her. (#102)

All communications were telepathic, not hearing with the human ears. (#16c)

It wasn't an audible voice but a clear telepathic one. [. . .] It felt telepathic and very distinct which seemed audible but wasn't. (#78a)

I could feel my [deceased] mother's thoughts beside me. I knew what she was saying/thinking but I didn't hear anything. (#61)

I heard them all or many at the same time through telepathy. (#2)

I didn't hear with my ears but I knew it was a male voice telepathically speaking to me. At the time I didn't even know what telepathy was. I thought of it as thoughts being placed in my head. (#42)

Nevertheless, it should also be noted that there are also some reports in this study of actually hearing verbal speech from perceived OBE personages.

(For more thorough quantitative data, see Table 3.)

**The Visual Life Review Experience (VLRE).** I define a VLRE as an involuntary memory revival of one's current life that consists of multiple self-inclusive visual images or scenes appearing in an uncontrollable and/or rapid manner. When the participants were asked on the questionnaire if they saw any visual imagery of past events, people, or other memories from their

current physical life, four participants each clearly reported on their questionnaire one such event that can be defined as a VLRE. Two of these VLREs took place during perceived NDOBEs, one took place before the onset of a perceived NDOBE, and one took place during a perceived LDOBE. Here are the three reports of VLREs that took place during a perceived OBE:

My life from childhood to the present moment flew before my eyes, the good, the b[a]d, and the in-between. [ . . . ] I saw my whole life flow before my eyes, in excruciating detail. (#74)

Then my life flashed before my eyes in a moment. I think I could see from God perspective because I could see myself living my life. (#28)

My life review was instantaneous and simultaneous and I remembered the expression of "your life flashed before your eyes". There was no such thing as linear time so I was able to review my entire life in what seemed to be an instant. (#66)

However, the other VLRE took place while riding a motorcycle right before impact with a moving truck, and the perceived OBE came later. The following consists of portions from both the questionnaire and from the answers that were emailed to me in response to follow-up questions about this VLRE:

Seconds prior to crash, life passed before my very eyes. [ . . . ] It may have lasted only a second prior to the wreck. [ . . . ] It also was presented in reverse chronological order from age nineteen to youth. Now that I think about it from your detailed perspective questions, it may have started with the crash scene about to happen. [ . . . ] So, 19 years of age to nearly seven years of age in that short second. (#38)

It also needs to be noted that there may have been three other VLREs, but for sake of the integrity of the study, they were marked as unclear. In these three cases, the initial questionnaire included actual comments from the participants that they did not experience visuals of past events or memories, but inconsistencies and/or discrepancies arose months later in follow-up conversations and interactions.

There was another experience that was not technically a VLRE, but what I would refer to as a *visual life event reflection* (VLER) since it only focused on one particular aspect of the past that did not seem to be structured in the sense of a life review. The participant states:

I was watching a kind of movie of myself when I was seven years old, I was wearing a dress my paternal grandmother had made for me. (#16c)

During four perceived OBEs, the participants reported that they saw visual imagery related to a conceivable portrayal of the future, such as the effect that their death might have upon loved ones if they were to die, but these are not technically VLREs since they do not cover past events. It should also be noted that three of these specifically mentioned experiencing the feelings or emotions that those who they left behind would feel. Here are the four relevant narratives:

I saw my parents reaction to my leaving earthy existence. I saw all things that my existence would impact whether I chose to go back and how it would be if I chose to stay there. I do

not remember most specific events but I remember the wild and intense spectrum of all the emotions me and others would feel. The feelings remain where most images have been erased/taken away/forgotten. But I know I was shown images of all of it. (#10)

I could see them showing my children to me when I wanted to stay [there], as they were shaking their heads no, and it felt like I was being shown why I needed to stay [alive]. [. . .] It was movie-like, I could see them on the floor crying, I could sense their emotions of utter loss and fear. (#43)

I saw a vision of my daughter, standing at my grave and I felt what she was feeling. (#16c)

They reminded me that I still had an older infant to look after (he was being cared for by grandparents at that time). I saw pictures of him and what he would look like as an adult, but I still so desperately wanted to stay and told them that he would be fine with his grandparents I've always felt a bit ashamed of that). They then showed me the rest of my life, similar to the life review and although I oohed and aahed at several events that would happen, I was still insisting that I wanted to stay. (#66)

Another study participant commented on how she just saw non-self-inclusive visual imagery of loved ones:

No past events just my husband's face and that of my son. (#54)

All of the incidents quoted in this section (both VLREs and those that were not VLREs) were associated with a perceived NDOBE except for the one VLRE that took place during a perceived LDOBE.

(For more thorough quantitative data, see Table 3.)

**Table 3**  
*Endorsed Features of Perceived OBEs*

Features (specific questions)	Not self-induced perceived OBE				Self- induced perceived OBE N = 7
	NDOBE N = 52	LDOBE N = 15	LD- NDOBE N = 2	OSOBE N = 40	
Felt a sensation of a separation from the body taking place	0 (yes) 34 (no) 16 (unclear) 2 (no answer)	0 (yes) 14 (no) 1 (unclear)	0 (yes) 2 (no)	9 (yes) 25 (no) 6 (unclear)	4 (yes) 2 (no) 1 (unclear)
Felt a sensation of movement toward and/or	5 (yes) 28 (no) 11 (unclear) 8 (no	4 (yes) 11 (no)	1 (yes) 1 (no)	13 (yes) 17 (no) 8 (unclear) 2 (no	3 (yes) 2 (no) 1 (unsure) 1 (unclear)

reintegrating with the body	answer)			answer)	
Physical body seen from extrapersonal vantage point	32 (yes) 19 (no) 1 (unclear)	13 (yes) 2 (no)	2 (yes) 0 (no)	22 (yes) 18 (no)	4 (yes) 3 (no)
Extrapersonal self had a visible form of some sort	14 (yes) 9 (no) 4 (unsure) 22 (unclear) 3 (no answer)	1 (yes) 8 (no) 4 (unsure) 2 (unclear)	0 (yes) 0 (no) 1 (unsure) 1 (unclear)	12 (yes) 12 (no) 5 (unsure) 8 (unclear) 3 (no answer)	5 (yes) 0 (no) 2 (unsure)
Felt a sense of peace	36 (yes) 11 (not selected or mentioned) 5 (no answer)	9 (yes) 5 (not selected or mentioned) 1 (no answer)	1 (yes) 1 (not selected or mentioned)	20 (yes) 16 (not selected or mentioned) 4 (no answer)	5 (yes) 2 (not selected or mentioned)
Time seemed to be different, absent, or without meaning	34 (yes) 6 (no) 3 (unsure) 3 (unclear) 6 (no answer)	7 (yes) 2 (no) 4 (unsure) 2 (unclear)	1 (yes) 0 (no) 1 (unsure)	20 (yes) 6 (no) 5 (unsure) 2 (unclear) 7 (no answer)	5 (yes) 1 (no) 1 (unclear)
Spiritual personages were seen*	20 (yes) 27 (no) 2 (unclear) 3 (no answer)	2 (yes) 13 (no)	2 (yes) 0 (no)	9 (yes) 24 (no) 2 (unsure) 5 (no answer)	2 (yes) 3 (no) 2 (unclear)
Visual life review experience	3 (yes)† 42 (no) 1 (unclear) 6 (no answer)	1 (yes) 14 (no)	0 (yes) 2 (no)	0 (yes) 32 (no) 2 (unclear) 6 (no answer)	0 (yes) 7 (no)

\*“Spiritual personages” can indicate deceased relatives, spirits, angels, or various forms of deity. This only refers to spiritual personages that were actually visually seen, and does not include cases in which they were only sensed, felt, or heard.

†One of these took place before the perceived OBE even started.

**Observed Somatic Continuance (OSC).** One important finding in this study is the amount of perceived OBEs that entailed OSC in which the physical body persisted in what appeared to be a self-sustaining, autonomous, or semi-autonomous state. While there were no questions directly asking about this feature on the questionnaire, these were discovered while examining the narratives provided by the participants. Eighteen of this study’s 106 participants each described one perceived OBE in which they observed their physical body from a different

extrapersonal vantage point while it was sitting erect (5), standing (4), walking (3), running (2), kicking and flailing in the water (1), holding onto someone else's parachute in the air (1), lifting a handful of pills to one's mouth and swallowing (1), or struggling with a purse snatcher (1). This took place during perceived LDOBEs (7), perceived OSOBEs (10), and a self-induced perceived OBE (1), but there were no reports of such during perceived NDOBEs or perceived LD-NDOBEs. Here are most of those accounts:

I was attacked by a bag snatcher at 1 a.m. as I was walking from my car to my place. He ran up behind me, I turned around to face him and then he grabbed my bag. I had the straps he had the bottom part and we pulled on the bag. I then came out of my body and was watching me from the side. My mind or thoughts were in my 'astral' body. I was thinking 'what is the best thing to do here. I looked up and saw my neighbour looking out her window watching. I thought I have to get a really good look at his face. Then swoosh. ... I was back in my body. (#23)

My first spontaneous OBE was at around two and a half years of age. My babysitter had fallen asleep and I was thirsty evidently but wound up getting into Drano rather than water. Water was easily available but for some reason, I pulled a chair to the counter, climbed up onto it, opened the cabinet, and climbed the shelves of the cabinet to reach the Drano. [ . . . ] Thankfully, the acid started burning the minute it hit my lips so I spit it out and didn't swallow but I did try to wipe it from my mouth and got it on my hands, cheek, and chest. Still not wanting to wake the babysitter, I cried silently while the acid burned my flesh. I popped out of my body before I ever left the kitchen, probably due to the pain. I "floated" above myself as I ran to my bed and buried my face in my pillow, crying myself to sleep. I was back in my body when I awoke to my Grandmother rolling me over to kiss me goodnight, shocked of course to find the burns and subsequently rushing me to the ER. (#53a)

When I pulled on the dolly it hit a bump and flexed popping out a 30 lb. tractor weight. This weight fell straight onto my head. I felt it hit but right, and after it hit I heard a popping sound [he also reported via email that though he felt the weight hit his head, he does not remember feeling any pain when it did]. I was then watching myself run away from the Boom Dolly rig holding my head in my hands. I watched my body run across the parking lot and around the side of a trailer building on the property. My position did not move at all, I just stood there watching myself running around. When my body stopped behind the trailer and leaned against the wall still clutching my (his) head, I popped back into my body. [ . . . ] There was no pain while I was out of my body. (#39)

I was around 11 or 12 years old. I was playing with a friend on a tree swing. [ . . . ] At one point I swung out very far, spinning at the same time. I lost my grip and flew into the air. I landed on my back and got knocked out. [ . . . ] The next I recall was a double image. I was seeing the blurry image of the trees from when I was spinning overlapped with me walking away from the swing. The view of me walking is from about 20 feet behind me (and at ground level). I was walking along the sidewalk and I could see my friend with his arm on my shoulder and he is looking at my face. I cannot hear a sound. The next thing I recall is seeing myself sitting on a concrete step (about 10 houses down the street from the swing). I

was sitting with my head down and I am seeing this from behind. My friend is standing over me talking or shouting, I can't tell because I cannot hear. I am standing about 10 feet from myself. After about 10 seconds or so, for whatever reason, I walk towards myself and the next thing I recall is looking up at my friend. I can finally hear him and he is just repeating my name over and over. After that I come back online, I remember what happened but I am pretty foggy. That is the end of the experience. (#20).

As a 19 year old soldier I made a practice parachute jump prior to being sent to Vietnam. During the jump my parachute entered the draft of a parachute below me. This caused my 'chute to partially collapse and I plummeted down and held onto the 'chute below me. During this process I found my sense of self floating above the scene. I felt at peace, at ease, and comfortable. As I looked down at my body clinging to another's 'chute I had the realization that was me down there. The guy whose 'chute I was hanging onto was panicking and saying I was going to kill us both. So, I let go and fell to the earth. [. . .] As soon as I struck the earth I found myself back in my body. (#73)

I was young, not sure how old but think maybe I was 6 years old. I was standing at the top of the stairs in my family home. I went down the stairs and felt like I floated. I thought, *That was weird, I didn't feel my feet touch the stairs*. I turned around to look back to the top of the stairs and saw that my body was still there at the top and I was here at the bottom. (#16a)

I was doing a scientology process as part of the level called TR's and Objectives, now called the survival rundown. The stated purpose of these techniques [is] to bring the attention of the person back into present time. During one of these exercises, you sit straight up on a chair facing another person [called your "twin"] and are told to confront the person. You are not supposed to move whilst simply confronting the person. After doing this for some time, the person's face started changing, looking like what I imagine their ancestors look like. Then, after that stopped, things started looking normal again and I was getting bored, so I was listening to another conversation that was going on in the background, whilst still confronting my twin. Suddenly I popped out of my body and found myself in the corner of room up near the ceiling, looking down at my body, my twin, and the person I was listening to. My body started laughing uncontrollably and I felt ecstatic. The supervisor then gave me certain commands to follow and as the body started following them [this included walking out into the hallway to a wall], I suddenly popped back in [when he was asked to touch the wall], likely in order to better control it. (#85)

It was my wife's 60th birthday. Our children organised a cake and a short get together on the actual day because her birthday was the following week. I [had] been concerned about dying before my wife because I have more than 20 chronic health problems. I was standing back while the kids sang Happy Birthday. My spirit left my body and it was [as] if I was [. . .] looking down and watching my kids take care of their mother because I was no longer alive. I had a great feeling of peace and calm. My spirit then re-entered my body. [. . .] When my spirit left my body I was standing up and while I was out of my body, my body continued to stand. (#99)

I was in the Marine Corps in the early seventies. One night while on guard duty I was high from smoking marijuana. I got tired of walking (it was in a remote area) and I came upon some benches that were used for outdoor training exercises. I sat down on a bench and at some point I floated up and was looking down at myself still sitting on the bench. I was scared that I was going to drop my rifle. I don't really remember reentering my body. (#36)

I experienced a time prior to this event where I was in a mild depressive mood, gazing out of a window in my home. [. . .] Suddenly I was viewing myself from a position near the ceiling. It scared me and immediately I was back inside myself gazing out the window. [. . .] I wasn't aware of having a body at ceiling level, just a vantage point from where I was able to see my corporeal body standing looking out the window. I was above and behind myself so I saw the backside of myself. (#78b)

I was in high school when [this girl] walked up to me and asked me a question. I popped out and saw myself talking to [her;] from this I changed my hair style and my way of dressing. [. . .] I was just thinking about my [wrestling] match that night. [This girl] was the young lady that I was interested in[;] I was startled because she had never showed any interest in me. [. . .] One second I'm standing in front of [her], the next I'm looking down on myself talking to her. [. . .] I just popped right back into my body. [She] was walking away. (#30)

This occurred when I was 3.5 years old. My grandmother had me and my baby brother (six months old) on a little inflatable raft. [. . .] It [couldn't] have been very deep. Anyway, I fell off the raft. I was unable to swim at that age. My memory—the OBE—is that I was immediately seeing myself from a distance. I could see my hair kind of swirling in the water, my arms and legs kicking and flailing, and my red-and-white, polka-dot bathing suit. I could also see the bottom of the raft and my grandmother's torso and legs, as well as the greenish water and the sandy bottom of the lake. I didn't feel any alarm, panic, or much of anything: just observing; perhaps a twinge of curiosity. The next thing, maybe a minute or two later, my dad had run into the water and pulled me up. Whenever I remembered the experience over time, it was from that perspective. [. . .] I know without a doubt that my consciousness (soul?) was approximately 15–20 feet away, watching this little girl submerged in the lake. (#63)

In the majority of these OSC incidents, the physical body was reported as self-sustaining or acting in a fully autonomous manner, but in at least three of them the physical body was only semi-autonomous since the extrapersonal self was able to exert at least some partial control over their physical body at certain points during the experience. In these three semi-autonomous cases, there was also a perception of shared sensory input to some degree.

It should be noted that two of these 18 perceived OBEs were initiated during a blow to the head, and another one with elements of heautoscopy may have been related to a skull fracture and severe concussion two weeks prior (followed by numerous similar perceived OBEs like this over a period of two years before they went away). Another one of these perceived OBEs was experienced by an individual who suffered from chronic epilepsy, but who was not having a seizure at the time. Most of these particular incidents were classified as either perceived LDOBEs (7) or perceived OSOBEs (10), but there was one during a self-induced perceived OBE that took place while meditating in a sitting-up position. In addition, it should be noted that there

were two other OSC incidents mentioned by two different participants only in passing as they reported their primary perceived OBE (so these were not included in the official sample since the statement was brief), which included one that took place while walking through a park and another one that took place while singing in a choir at a funeral service of a good friend. It should also be mentioned that there was at least one transcendental perceived OBE with somatic continuance in which the physical body was actively engaged in sexual intercourse, but which was not observed by the extrapersonal self.

(For more thorough quantitative data, see Table 4.)

**Tunnels.** The word “tunnel” (or any word indicating a tunnel) was not used in the questionnaire in order to prevent a suggestive term that already heavily populates NDE literature, so any use of this term was participant-derived in explaining their experience. There were a total of 12 participants who each experienced one perceived OBE in which they clearly mentioned (in the main narrative and/or somewhere else on the questionnaire) encountering a tunnel. This included perceived NDOBEs (6), perceived OSOBEs (5), and a self-induced perceived OBE (1). In all of the accounts these perceived OBEs either started as a transcendental perceived OBE or ended up as one. Of those 12 participants who each clearly indicated having experienced a tunnel in one perceived OBE, three of them had no prior knowledge about NDEs or perceived OBEs at the time, eight of them had at least some knowledge about them before (either a former perceived OBE experience, hearing about them, and/or reading about them, etc.), and in one case it is unclear. Here are some examples of those encountering a tunnel:

Then [it was] totally bright, full of light! [. . .] [I] entered a reality where I was only a piece of light, and I was travelling at a crazy speed inside other very colourful and different lights like if I was in a tube of lights. (#97)

Then suddenly [it] was like if I was being sucked back in reverse .. in what seemed like a tunnel. (#26).

I laid down and closed my eyes. I saw this long, dark tunnel like a wormhole. I was moving through it awhile and then saw a white light at the end of the tunnel. [. . .] I saw a long, dark tunnel with a bright white light at the end of it. [. . .] I still could see the tunnel and light from my eyes' point of view. [. . .] My feeling began in darkness, moved in that for a while, and then reached the bright light at the end of the tunnel. [. . .] I traveled in a wormhole that seemed to be in space. I floated as my method of travel. (#40)

I awoke in a tunnel of light. A endless vortex of infinite bright light (like being in a giant tunnel of pure white light, like 10,000,000,000 suns) I floated in the center of it and as I focused on the center I saw that it was moving and I was in a spiral. Moving closer, feeling euphoria. content[ment], love. The light radiated spectrums of colour some unknown (like spears of light or light glare on a camera) And it chimed like a gentle breeze touching a metal wind chime. I was absorbed into it. Not even thinking, I reached to the center with my right hand. That where I start to go back down the tunnel. Seeing my hand I realized my body. in realizing my physical body, I think of myself, and in an instant I dropped from the tunnel of light, through the ceiling and was gently back in my bed (went back into my body) where my hand was still in the air, reaching. (#81)

I saw a huge 'tunnel' with my father halfway through it walking towards me. (#51)

Then I moved up and through the floors of the hospital--I recall marveling at the atomic structure being like a solar system. Then I was above the roof where I saw the helipad. The scene changed to a bright but misty "place" with silhouettes of people milling about. As I "looked" around, a tunnel appeared with my grandmother waiting at the other end. (#60a)

I started going sideways in a cement or white sided tunnel with black flecks. [. . .] it began in the tunnel which I was moving fast and could see white flecks on gray or black. (#52)

Then I felt myself pulled [through] a tunnel. It had ridges and I remember thinking it felt like we leave the physical like we get here. (#43)

I was passing head first on my back; I came to a tunnel. [. . .] Shortly I came to a "y" in the tunnel where you could go left or right. I without choice went to the right. It was not a bright tunnel to begin with, and the new direction I went was becoming darker. (#86)

I went through a tunnel skipping the hands that tried to touch me, up to the very bright white light and when I got there I saw past family standing there and they ushered me in. [. . .] I experienced a turmoil of darkness yet calmness, before it cleared, then as a large whirlpool blue tunnel appeared hands were trying to grab me but I just floated passed them, I was wearing a white loose robe. I was travelling at the speed of light towards the very bright light at the end of the tunnel, which stood before me were my passed on family who ushered me in with hand signals to come forward to the sacred place called heaven or realm. (#88)

I finally seemed to awaken slightly in The ambulance at which point I can remember the Bleeping sounds and ripping of Paper and somewhat chaotic..... and then the sounds started to muffle slightly and I seemed to be floating over my body.....at which point the sounds continued to get quieter and quieter as it seems I'm looking through a tunnel and it's closing in and I get farther and farther away and the sounds getting quieter and quieter. ... The opening I was looking through went Black and the sounds stopped! Then suddenly it felt as though I was slammed back into my body and I woke up in the Hospital. (#3)

Somehow I found myself at the hospitals ceiling and looking down at them all trying to bring me back to life. From there I remember going through a massive bright tunnel of light. I do not remember getting out from the hospital to the tunnel though. It felt like I was flying or gliding, going up and up. [. . .] I remember hearing what sounded like trumpets when I was travelling further in the bright tunnel. I could not see where the music was coming from. (#94)

In fact, one participant actually deliberately self-induced a perceived OBE with a tunnel element that is very similar to many of those up above:

I was in late stage pregnancy. The baby was pressing on a nerve and I was in a lot of pain, had trouble sitting, standing and sleeping. I was in bed telling myself to relax, relax, relax

etc. I deliberately tried to leave my body. I visualised a tunnel and went into it; it worked, I did not feel any pain. I was floating and passed over a wheat field, it was sunny outside even though it was night time. I floated over a few people that were in this field. It was so good not to feel any pain. I don't remember how long it lasted, but when I returned to my body, the pain came back. (#35).

One participant relates what she experienced as being similar to a tunnel, but did not specifically indicate it was in fact a tunnel, so this was included in the quantitative data as “unclear”:

As I turned away from the body, I suddenly found myself floating on what seemed to be a river or lake and moving towards what I first thought was a stunning sunset. It was similar to a tunnel, but with the sky, the water and birdsong included. (#66)

However, seven other participants actually reported (without being asked) that they did not experience a tunnel:

I saw no [. . .] “white tunnel.” (#87)

I didn't see the tunnel. (#56)

No tunnel. (#38 [NDOBE])

I did not experience the whole “tunnel of light.” (#2)

No tunnel vision. (#20)

No dark tunnels. [. . .] I did not travel through any tunnels. (#53b)

Since my NDE, I have been fascinated with reading and listening to others experiences, and I can't get enough of them, especially the ones that are really in depth (going through a tunnel, seeing white light, [. . .], etc). (inferred; #93)

(For more thorough quantitative data, see Table 4.)

**Bright Light.** The terms “bright light” or “white light” were never used in the questionnaire in order to avoid a suggestive phrase that already heavily populates NDE literature, so any use of these or similar phrases were participant-derived in explaining their experience. There were 27 perceived OBEs in which the study participant mentioned (in the main description and/or somewhere else on the questionnaire) having encountered or experienced a bright light. However, the reports of a bright light during perceived OBEs differed from one experience to the next; sometimes it was a bright light diffused through a transcendental environment, while at other times it was an actual pathway or gateway to another perceived environment or locale, and sometimes it was simply a light emanating from a perceived OBE presence. Seeing a bright light was reported during perceived NDOBEs (17), a perceived LD-NDOBE (1), and perceived OSOBEs (9), but not during any perceived LDOBEs or self-induced perceived OBEs. Here are some examples:

I could see a very bright light coming from the front door that was partly opened but as I got to the door it closed and the light disappeared. (#15)

Pitch black then a bright light a female all in white with white wings speaking to me. (#7)

Then [it was] totally bright, full of light! [. . .] [I] entered a reality where I was only a piece of light, and I was travelling at a crazy speed inside other very colourful and different lights like if I was in a tube of lights. (#97)

I laid down and closed my eyes. I saw this long, dark tunnel like a wormhole. I was moving through it awhile and then saw a white light at the end of the tunnel. [. . .] I saw a long, dark tunnel with a bright white light at the end of it. [. . .] I still could see the tunnel and light from my eyes' point of view. [. . .] My feeling began in darkness, moved in that for a while, and then reached the bright light at the end of the tunnel. (#40)

I awoke in a tunnel of light. A endless vortex of infinite bright light (like being in a giant tunnel of pure white light, like 10,000,000,000 suns) I floated in the center of it and as I focused on the center I saw that it was moving and I was in a spiral. Moving closer, feeling euphoria. content[ment], love. The light radiated spectrums of colour some unknown (like spears of light or light glare on a camera) And it chimed like a gentle breeze touching a metal wind chime. I was absorbed into it. (#81)

I "felt" the light emanate from him, but not like a flashlight, he was the light, with a ... overlay to help me recognize him? The light also surrounded us, everything was light except the scene we were witnessing below. (#53b)

From there I remember going through a massive bright tunnel of light. (#94)

There was a very bright light that was filled with so much peace and love I wanted in but it kept moving away. (#100)

Then, I went into a light...It would be like a morning sun with the air crisp and the sky blue...the light was bright but not enough for me to shade my eyes. (#52)

Then all I see is pure darkness and a tiny dot of light that was untouchable ... it seemed so far away... so I'm walking towards it. (#69)

I was surrounded by an indescribable light. It was like it was more than one color and brighter than the sun. It surrounded everything. [. . .] I could not see anything else, and can't describe it other than light all around me and I felt warm and loved and safe. (#103)

As I mentioned the presence was immense, but the only thing more immense than the presence was the unbelievably powerful light shining from behind me that I knew was emanating from the one behind me. (#48)

I do not remember the transition from the dark to the light. But, in the light my right hand was being held by a powerful, kind, tall man. I cannot remember what he looked like. I know I was loved so much. I noticed countless other beings or people on both sides of me. The love from all of them was clear and felt and even now, forty years later, swells me and makes me tear up with immense gratitude. This space I was in was vast, beautiful, and light in every way. (#10)

There was, now, in its place an open doorway with the most lovely light pouring in. The light didn't hurt my eyes, although very, very bright. It was like it was pulling me to it and I wanted very much to go. (#41)

Then I was in a bright white place. There was nothing there, but it felt so comfortable and home-like. My husband's grandmother was there and she asked me why I was there. (#102)

I had the sense that I was floating towards a body of light. I physically felt my mind being drawn to it (moving towards it) as though I was returning to the place I belonged. This body was a universal collective of consciousness. Connecting to this body of consciousness, I felt immense peace with it. [ . . . ] A soft, but beautiful body of light as far as I could see was almost sitting in space and time; in a gel-like form. [ . . . ] Initially, I felt like I had fallen backwards and everything was nothing but a space of black. Then suddenly "above me," was light. I can describe this as looking upwards as one would look towards the sky, and I saw nothing but a soft, body of light. (#2)

Suddenly I was walking with a crowd of people[;] I noticed they were dressed in gown like clothing with sandals[. Then] I noticed I didn't have a body hands or anything but my eyes and we were all heading toward a bright light and then I saw Jesus was the light. (#26)

However, 11 other participants actually specifically mentioned (without being asked) that they did not experience a white and/or bright light. Here are some examples:

I saw no "white light." (#87)

I didn't see [ . . . ] the light. (#56)

No darkness or bright lights. (#20)

I didn't see any white lights. (#106)

I did not see a bright light. (#6)

I did think to myself ... where's the bright light everyone speaks of. (#92)

Since my NDE, I have been fascinated with reading and listening to others experiences, and I can't get enough of them, especially the ones that are really in depth (going through a tunnel, seeing white light, [ . . . ], etc). (inferred; #93)

(For more thorough quantitative data, see Table 4.)

**Absence of Pain.** Another common element reported in 33 of the perceived OBEs in this study is that physical pain ceased to exist. This included during perceived NDOBEs (20), perceived LDOBEs (6), a perceived LD-NDOBE (1), perceived OSOBEs (3), and self-induced perceived OBEs (3). It is also important to mention that this was not a specific question on the questionnaire, so this information was volunteered or indicated somewhere in their responses to the questions or in follow-up conversations. Some of those making this report were feeling physical pain prior to the perceived OBE, while others were just making a general statement about pain not being present. However, in every case in which the physical body should have been in pain, there were no reports in this study of feeling any pain during the perceived OBE. However, generally on the return to a singularity of conscious awareness in the physical body, in situations where pain should be present, a bodily sensation of pain was usually felt, except in possibly a couple of cases. Here are just some of the quotes of those who specifically remark on the absence of pain during their perceived OBE:

He had me pinned against the floor and a wall and beat me until he was too tired to swing his arms. I watched it from the ceiling. The only pain I felt was of his intent for me not to exist. (#37a)

Was so pain free and warm I did NOT want to leave. (#92)

I felt absolutely no pain. (#28)

There was no pain until I floated back into my body Where in hospital I was told I had a broken collar bone. A punctured lung. 3 broken ribs. (#31)

Hit by car. Didn't feel any pain until after my experience. (#106)

I never felt the pain of the fractured neck until I came to. (#53a)

It was so good not to feel any pain. I don't remember how long it lasted, but when I returned to my body, the pain came back. (#35)

I never felt a gradual leaving of my body--just one moment I was in tremendous pain and the next I was relaxed and felt weightless and felt no pain at all. Then again, later, I went from that wonderful state of being, to BAM! Back into the pain and chaos of it all. (#93)

(For more thorough quantitative data, see Table 4.)

**Table 4**

*Determined Additional Features of Perceived OBEs*

Features (no clearly specific question)	Not self-induced perceived OBE				Self-induced perceived OBE
	NDOBE N = 52	LDOBE N = 15	LD-NDOBE N = 2	OSOBE N = 40	

asked)					N = 7
Observed somatic continuance*	0 (yes) 52 (no)	7 (yes) 8 (no)	0 (yes) 2 (no)	10 (yes) 30 (no)	1 (yes) 6 (no)
Tunnel†	6 (yes) 4 (no) 1 (unclear) 41 (no mention)	0 (yes) 2 (no) 13 (no mention)	0 (yes) 0 (no) 2 (no mention)	5 (yes) 1 (no) 34 (no mention)	1 (yes) 0 (no) 6 (no mention)
Bright light‡	17 (yes) 7 (no) 5 (unclear) 23 (no mention)	0 (yes) 2 (no) 13 (no mention)	1 (yes) 1 (no mention)	9 (yes) 1 (no) 1 (unclear) 29 (no mention)	0 (yes) 0 (no) 7 (no mention)
Felt no pain and/or remarked on absence of pain during perceived OBE	20 (yes) 32 (no mention)	6 (yes) 9 (no mention)	1 (yes) 1 (no mention)	3 (yes) 37 (no mention)	3 (yes) 4 (no mention)

\*Though there was no specific question about this, it was able to be determined in every case by the information provided by the participant.

†There was no direct question about a tunnel in order to avoid the use of suggestive terms, so the “yes” refers to those who mentioned experiencing a tunnel, while the “no” simply consists of those who specifically volunteered that they did not encounter a tunnel.

‡There was no direct question about a bright light in order to avoid the use of suggestive terms, so the “yes” refers to those who mentioned or inferred experiencing a bright light, while the “no” simply consists of those who specifically volunteered that they did not see a bright light.

**Multiple Extrapersonal-Selves Perception.** There was also another unique feature noted by at least five of the participants that experienced transcendental-type perceived OBEs. During their perceived OBE they experienced *multiple extrapersonal-selves perception*, which refers to the perception that there are two or more extrapersonal selves simultaneously out of or away from the physical body at different spatial locations in proximity to one another during a perceived OBE. Due to the important significance of this feature, portions of each of these accounts are quoted below:

I remember being in the presence of another consciousness. I believe it was myself, but it was trying to explain something to me and also trying to comfort me. I only remember clearly that this other presence told me that there were two of me. There was the “me” that was down there, the version of myself that I was aware of, and there was another “me” up here, in the place where we were out of body. [. . .] I don't remember having a spatial form.

Only that I existed. I recall seeing an avatar that either represented or was the body of the other consciousness that was present with me. A featureless body made of stars. I was experiencing this experience both from a first person perspective and a third person perspective at the same time. [. . .] And I was aware of the other presence that was there with me. That was somehow "me" as well. [. . .] We were both floating in what I would describe as outer space. (#104)

It was as if I [her extrapersonal self] was off to the side watching myself [an extrapersonal form shaped like her body] walking on the ball of light[.] I didn't know where I was going and I just thought it was really weird that I [the form she was watching] didn't have any clothes on and that really bothered me for some reason. [. . .] I was just walking on this big ball of light that was rotating, but yet I was moving my feet, [and] it felt solid. [. . .] Well I felt like I was in outer space and I did not like being in outer space naked and I don't know what the ball of light was. I was looking at myself but yet I was also on the ball of light. [. . .] I was watching myself while still being myself. The self that was walking on the light was unaware and did not care where [it] was going but the other self that could see myself was very self-conscious and very worried about the whole situation[.] It felt like outer space to me because aside from the ball of light [. . .] I could see stars. (#24)

I did not see my physical body but as I said, it was like I was experiencing and watching a movie while feeling all the emotions. It appeared like I was watching a play on stage through a scarlet flowing curtain. [. . .] I was watching as a spectator, but was experiencing with my [perceived OBE] body [in] 1st person. Hard to explain. [. . .] I was watching myself and feeling all the emotions at the same time. So, yes, from two different points. The curtain was between. It was like sitting in a theater, watching all this happening. It's just hard to word. I'm seeing it while doing it. (#101)

I saw my body from in front and above. I wasn't in the hospital though. It was just an empty space, except for my [spirit] body. [. . .] It was like observing the light body or spirit body from an invisible body or no body. [. . .] I was hovering above and in front, looking down and toward the face of the light body. [. . .] The light body / spirit body looks like light in the form of my body. Radiant / glowing, looked like me, but was not a solid form. [. . .] After a while, I heard crying. It seemed far away. It became closer and louder, until I woke up in the ICU. My [real physical] body had been crying and that is what I woke up to, and a lot of pain and discomfort throughout my whole body. (#91)

I seemed to be able to zoom in and out of my spirit body. I knew that I was a baby, and zooming out, I was surprised to see that a diaper was all I had on. I was sitting up straight, on the grass. [. . .] when I zoomed out of my body, it's hard for me to explain it, but it seemed that I was seeing myself from another person's viewpoint. [. . .] It was a very brief glimpse, and I think that for that moment, the observed part of me [that she was observing] did not have any perceptions. It was almost as if it was simply an image and nothing more. (#17)

Another participant in this study mentioned another perceived OBE in which she not only saw her physical body, but also two other additional extrapersonal images of herself. While this particular second perceived OBE was not officially included in this study due to only a mention

of the additional experience rather than a full questionnaire about the incident, there was follow-up with the participant to obtain additional information about this perceived OBE due to its unique nature that is similar to the five cases up above. Here are some of her comments explaining this perceived OBE:

It's hard to explain. When the first body detached from my physical body, my conscience was in my physical body. Everything was in color. I thought I was dreaming at first. Then when the third body detached from the second one, everything was in black and white and I knew I wasn't dreaming. My consciousness was everywhere in the room. Because I could see all around. [ . . . ] All 3 of my bodies were in the lying down [position] with my face looking at the ceiling, stacked on top of each other, but I could see from other angles as if I weren't in my body. [ . . . ] As soon as I realized I wasn't dreaming I must have come back to my body. It was as if each detached body fell back into the other [body] one at a time. [ . . . ] The top body came down into the middle body, then the middle [body] came down into my [physical] body and I was back.

## Discussion

---

### Differences and Commonalities Among Differing Types of Perceived OBEs

I will now discuss the results from up above, which will include some interpretations and important considerations related to those findings.

#### *Possible Triggers or Catalysts of Perceived OBE*

When trying to determine possible catalysts for perceived OBEs, it is important to examine specific internal and external circumstances and conditions associated with perceived OBEs so that researchers might explore possible correlations that suggest conceivable catalysts or contributory factors. However, though some of the perceived OBEs in this study were associated with certain common conditions or circumstances, this does not necessarily indicate causality or even contributory affect.

**Pain and/or Physical Trauma.** While pain and physical trauma was associated with some perceived OBEs and may or may not have been a contributory factor in some cases, it was not a necessary precursor to a perceived OBE.

**Reduction in Oxygen.** While a reduction in oxygen from breathing was associated with some perceived OBEs and may or may not have been a contributory factor in some cases, it was not a necessary precursor to a perceived OBE. As I already remarked up above in the results, this study did not investigate other conditions that could have resulted in brain hypoxia.

**Substance Intake.** Participants in this study who reported perceived OBEs while under the influence of anesthesia, medication, other drugs, and/or alcohol reported many similar features during their perceived OBEs despite the type of substance taken into the body. These participants also reported similar common features to those who were not under the influence of any such

substances. In fact, to further highlight this fact, I created the following chart to show the relationship between substance intake and the common feature of one seeing their physical body from an extrapersonal vantage point during a perceived OBE:

**Table 5**

*Substance Intake Among Those Who Saw Their Physical Body During a Perceived OBE*

Substance	Not self-induced perceived OBE				Self-induced perceived OBE N = 4
	NDOBE N = 32	LDOBE N = 13	LD- NDOBE N = 2	OSOBE N = 22	
Alcohol only	1	0	0	0	0
Anesthesia only	2	0	0	1	0
Marijuana only	0	1	0	1	0
At least one of the above + other substances that may or may not be mentioned above	5	0	0	0	0
Other drugs or medications not mentioned above or not able to determine what they were	10	0	0	2	0
Aspirin, cough syrup, or antibiotics	0	0	1	2	0
Unclear or participant unsure if anything was taken or given	2	0	0	2	0
Nothing	12	12	1	14	4

This chart shows that during 43 (58.9%) of the perceived OBEs in which the participant saw their physical body there was no substance intake beforehand. This specifically shows that the feature of seeing one's physical body from what appears to be an extrapersonal vantage point can take place with or without substance intake. For this reason, substance intake (and the brain's reaction to them) cannot be the causation of all perceived OBEs.

However, these findings do not eliminate the possibility that such substances can be associated in some manner with the initiation (and/or the content) of some perceived OBEs. For example, there is growing evidence that ketamine usage in particular can be associated with the occurrence of such states (Corazza & Schifano, 2010; Martial et al., 2019). In addition, early research by Tart (1971) suggested that the use of marijuana and psychedelics may be associated with an increased predisposition for perceived OBEs.

Research on what ways substance intake might or might not be associated with perceived OBEs should continue by more closely examining, analyzing, and comparing actual natural occurring perceived OBEs that were reported to have taken place while the experient was under the influence of different types of substances. In addition, drug usage history prior to the onset of perceived OBE experiences should also be more closely examined. Nevertheless, a perceived OBE that is linked with some type of substance intake should not simply be dismissed as a drug-induced hallucination based solely on that fact.

**Looking Closer at Perceived NDOBEs.** While this study could not ascertain that any of the three circumstances or conditions just discussed up above were catalysts to perceived OBEs, or even that any of them were contributory to any type of catalyst, it has reported quantitative results of how often these circumstances and conditions were present at the onset of perceived OBEs in this study. However, each of these three factors were found to be associated more often with perceived NDOBEs than with any other type or subtype of perceived OBEs (as reported in the results section up above). Because of this, I was curious as to what the percentage might be of those experiencing perceived NDOBEs that had endorsed at least one of these three factors.

After examining the perceived NDOBEs with this objective in mind, it was discovered that there were at least 44 (84.6%) out of 52 of them that were associated with one or more of those three factors. The use of aspirin, antibiotics, and cough syrup were excluded in determining the factor of substance intake (and even if alcohol is removed from consideration, it does not eliminate any of the 44 perceived NDOBEs from the total count). There were also four perceived NDOBEs that included a negative endorsement for all three factors. Furthermore, there were four additional perceived NDOBEs in which there was no positive endorsement for any of the three factors, but the response for at least one or more those three factors could not be determined due to receiving no answer, the answer being unclear, or the participant being unsure. If considering only those 48 cases in which it could be determined either that at least one factor was endorsed or that all three of those factors were not, the percentage of perceived NDOBEs associated with one or more of those three factors rises from 84.6% to 91.7%. It gets even more interesting since out of those four cases where all three factors were negative, three were cases of cardiac arrest (affecting oxygen supply to the brain) and one was a case of anaphylactic shock (which can block normal breathing) due to a skin prick test where allergens were introduced into the skin.

I also examined the four perceived NDOBEs in which there was no positive endorsement for any of the three factors and the response for at least one or more of those factors could not be determined. The conditions of those four are described below:

1. Took place sometime after arriving in the emergency room of the hospital following a serious car accident in which the participant went headfirst through the windshield.
2. Took place sometime while unconscious after getting into a serious traffic accident and later regaining consciousness after being in a coma in the hospital.
3. The participant was nine months old and went into convulsions after an ear drum burst at home, but it took place sometime right before waking up in the hospital.
4. The participant was five months old and it began in the ambulance on the way to the hospital while ill with a bacterial infection.

Because all four of these appear to have possibly taken place while under medical care, the conditions and circumstances in these cases make it difficult to determine all the details related to pain/trauma, oxygen-related issues, and/or any drugs that may have been administered.

Nevertheless, this study seems to indicate that the onset of most, and possibly all, of the 52 perceived NDOBEs in this study were associated with physical pain/trauma, difficulties in breathing (or reduced oxygen supply to the brain), and/or some form of substance introduced to the body. However, it needs to be stressed with caution that the associations in this particular finding do not necessarily equate with causation nor do any of those associations necessarily signify a contributing influence. Nor am I trying to suggest that all perceived NDOBEs only have a physiological basis. Nevertheless, this finding should be taken into consideration and explored further.

### ***Environment of Perceived OBEs***

When the environment of each of the perceived OBEs in this study was examined, it was found that 52.6% were non-transcendental in nature. In fact, if the mixed perceived OBEs (which include a non-transcendental portion) are included, that percentage rises to 72.4%. On the other hand, only 27.6% of the perceived OBEs in this study were strictly transcendental, but that percentage for transcendental perceived OBEs rises to 47.4% if mixed perceived OBEs (which include a transcendental portion) are included. Non-transcendental perceived OBEs are more common than transcendental perceived OBEs in the overall results of this study. However, a transcendental environment (either transcendental perceived OBEs or mixed perceived OBEs) is associated more often with perceived NDOBEs and perceived LD-NDOBEs. Though 64.8% of perceived NDOBEs and perceived LD-NDOBEs were either strictly transcendental or included a portion that was transcendental, this was the case with only 20% of perceived LDOBEs, 40% of perceived OSOBEs, and 14.3% of self-induced perceived OBEs. The reason for this is uncertain. Though perceived NDOBEs and perceived LD-NDOBEs are associated with physiological near-death conditions, association is not necessarily causation. In fact, in regards to 20 (36.4%) of the 55 perceived OBEs that included a transcendental environment, the participant was not in a physiological near-death condition. These findings should be explored further.

As reported up above in the results section, things were not exactly as they should have been in the immediate environment during three non-transcendental perceived OBEs, including during a perceived NDOBE, a perceived OSOBE, and a self-induced perceived OBE. These types of cases are also reported elsewhere (Crookall, 1972, pp. 89–90; Green, 1968, pp. 71–84, 155–156; Tart, 1998, pp. 91–92). Furthermore, Monroe (1977) indicated that the majority of non-transcendental perceived OBEs that appear to take place at some distant location on the earth away from the vicinity of the physical body include inaccurate perceptions (p. 9). In one study, Tart (1998) had Monroe travel to his new home (that Monroe had never seen) during a self-induced perceived OBE. Monroe's descriptions of the home, how many people were there, and what Tart and his wife were doing were all inaccurate, which led Tart to conclude that nothing psychic had happened. Though it is uncertain why the environment and/or content during non-transcendental perceived OBEs are sometimes different than they should be, this type of occurrence must be taken into account and explained in any reasonable discussion regarding the nature of such experiences.

### ***Other Perceptions and Features of Perceived OBEs***

Based on the results of this study, there does seem to be both differences and commonalities of perceptions and features among the different types and subtypes of perceived OBEs. I will discuss these below in more detail.

**Separation From and Return to the Physical Body.** The findings in this study indicate that the perception of the separation from and the return to the physical body can vary widely from one perceived OBE to the next. However, most of reports for perceived OBEs in this study did not include a sensation of feeling the actual transition to or from the body, but even more so in regards to the separation process. These findings are similar to the results of some other studies on perceived OBEs (Blackmore, 1984; Green, 1968).

For example, the perception of experiencing an initial separation process was generally absent from most perceived OBEs, taking place in only 14.4% of those in which it could be determined. Instead, the participants usually just had the perception of finding themselves at some extrapersonal location outside of or away from their physical body. Though there are some reports in this study of experiencing a separation process during perceived OSOBEs and self-induced perceived OBEs, there are not any reports of such associated with perceived NDOBEs, perceived LDOBEs, or perceived LD-NDOBEs even though this feature was able to be determined in 50 of these three subtypes of perceived OBEs. While it is uncertain why this is so, perhaps it is related to a conscious or unconscious presumption of possible imminent danger that is often associated with the onset of these three subtypes of perceived OBEs, possibly triggering an immediate perception of extrapersonal detachment. Though the absence of experiencing a separation process was also found in most of the perceived OBEs in which there was no presumed danger, the dilemma here regarding perceived NDOBEs, perceived LDOBEs, and perceived LD-NDOBEs is that there were no exceptions where the participant felt a separation in those three subtypes. This does not mean that it cannot happen with these three subtypes of perceived OBEs, but it might suggest that experiencing a separation is perhaps more likely to take place with perceived OSOBEs and self-induced perceived OBEs.

Experiencing an initial separation process with self-induced perceived OBEs is a common feature in the literature, and has been described as such for quite some time (Fox, 1979, pp. 121–128; Monroe, 1977, pp. 219–220; Yram, 1972, pp. 51–66). In addition, Green (1968) points out that experiencing the transition to the perceived OBE state is more common during self-induced perceived OBEs than spontaneous or involuntary ones (pp. 123–139). In fact, though the sample size of self-induced perceived OBEs in this study is small, four (66.7%) out of the six (in which a determination could be made) included a report of experiencing the initial separation process. Furthermore, it is important to point out that 11 of the 13 perceived OBEs in this study that included experiencing the separation process took place when the participant was lying down in a state of sleep, relaxation, or meditation; in the other two, one of the participants was standing in the dining room with his family, and the other participant (who seemed only to have separated partially) was in the hospital lying down on the operating table under the influence of an anesthetic. This suggests that experiencing the separation process may be more favorable to a condition of sleep, meditation, or relaxation, especially within a calm environment.

Other studies on perceived OBEs reported higher rates of participant endorsements for experiencing the actual sensation of leaving the body. For example, De Foe et al. (2012) reported 39%, Alvarado and Zingrone (1999) reported 43%, and Gow et al. (2004) reported 56.9%. However, all three of those studies seem to have had much higher percentages of self-induced

and/or non-life-threatening perceived OBEs considered in their statistical outcomes than this study, so their higher percentages may be at least partially due to this reason.

In addition, the perception of movement and/or a reintegration directly related to returning to the physical body was also reported or indicated as being absent from most perceived OBEs in this study. The perceived return to the physical body generally took place as suddenly becoming consciously aware within the body, though this was in some cases associated with a jolt, a thud, or some other momentary sensation felt in the physical body. However, even when there was a movement felt with the perceived return to bodily consciousness, it did not always result in a complete movement right up to the body that includes a perception of thoroughly going through the actual reintegration. Perhaps the often resistance to ending the perceived OBE, the surprise and emotional arousal during the experience, and/or the physical body being affected by stimuli from the physical world may be contributory to a sudden sense of just being back in the physical body without experiencing a sensation of reintegration. However, these factors were not explored in this study.

**Seeing One's Physical Body.** Seeing one's physical body was a common element experienced in at least 62.9% of perceived OBEs examined in this study, which was endorsed more often than not across all types and subtypes of perceived OBEs.

**The Form of the Extrapersonal Self.** Either seeing or not seeing a form for the extrapersonal self seems to be a feature that is possible for any type of perceived OBE that was not self-induced. It should, however, be pointed out that there was only one incident of seeing a form out of the nine perceived LDOBEs in which an answer could be determined. This may possibly indicate that having a form during a perceived LDOBE is less likely, but the reduced sample size should give rise to greater caution in such a conclusion. In addition, while having a form was reported in all five self-induced perceived OBEs in which an answer could be determined, the sample size is again too small to come to any particular conclusion in regards to self-induced perceived OBEs.

It should also again be mentioned that while those perceived OBEs associated with seeing a form (32) slightly outnumbered those that did not (29), it could not be determined in regards to a large amount of the perceived OBEs (55) due to the participant being unsure (16), the report being unclear (33), or having received no answer (6). Therefore, I cannot offer any meaningful discussion due to the substantial amount of missing data. Nevertheless, Green (1968) reported that a form was absent during most of the perceived OBEs in her study by a highly significant amount, but also likewise pointed out that this was difficult to determine in some cases (pp. 21–24). However, Alvarado and Zingrone (1999) reported that 39% of their participants reported having an extrapersonal body, with 23% reporting no extrapersonal body, and 10% reporting that their extrapersonal self had a different shape such as that of a cloud, a fog, or a ball. Twemlow et al. (1982) found that 68% of the accounts in their study of perceived OBEs included a perception of having a form similar to the physical body and 22% of them did not.

Why some participants in this study (and those in other studies) experienced a form and others did not is uncertain, but this variable needs to be taken into consideration in any valid explanation of perceived OBEs and further explored. It should be noted, however, that Van Gordon et al. (2018) pointed out that 10 of the 12 practicing advanced Buddhist meditators in their study reported that they could choose whether or not to assume a bodily form during meditation-induced NDEs. In addition, one of the participants in this study who regularly

practices self-induced perceived OBEs stated that he could change most features of his extrapersonal self almost instantly simply by thinking it, and that there are not any limits in regards to doing so, including changing one's size and color. However, these comments regarding the ability to change one's form all came from those who practiced self-induced perceived OBEs, and they furthermore referred to changing the shape *during* a perceived OBE. So there is still a need to understand why some experiencers initially find themselves with a form at the very onset of their perceived OBE and others do not.

**Sense of Peace.** As discussed up above in the results section, most of the reports of perceived OBEs (61.2%) included an endorsement or mention of peace, a finding that supports other research regarding a high endorsement of peace during perceived OBEs (Gow et al., 2004; Twemlow et al., 1982). However, as also shown up above with the quotes in the results section, the meanings and reasons for peace were not that simple, but complex and multi-faceted when examined individually, varying from one participant to the next. For this reason, an understanding of this feature needs to be explored further by analyzing each individual case rather than lumping them all together and assuming those experiencing a perceived OBE with this feature are all referring to the same thing. While, it must be admitted, there were various similarities between many of the reports, there were also differences that should probably be explored further in studies going forward. Though peace was experienced in most of the different types and subtypes of perceived OBEs in this study, because the various degrees, meanings, and reasons of the participants for that peace were rather complex, it was not possible in this study to clearly and confidently distinguish those differences in a quantitative way between different types and subtypes of perceived OBEs. Though Martial et al. (2017) noted that a feeling of peacefulness/well-being has been found to be the most prevalent feature of NDEs (also see Ring, 1980, pp. 39–45), and Gow et al. (2004) found that feeling peace was the highest endorsed feature of perceived OBEs in their study, this lumping together of self-reports without considering the individual defining characteristics of what those participants actually mean may possibly be relevant to why this is so.

In addition to this, it should also be pointed out that most of the perceived OBEs in this study specifically included a sensation of floating, which is similar to the findings of perceived OBEs in a study by Alvarado and Zingrone (1999). This sensation may at least be contributory to feeling a sense of peace in some cases because experiencers can in such a state feel free from the normal confines of the physical body. Research has shown that people using sensory deprivation flotation tanks can experience an increase in peace, serenity, relaxation, happiness, contentment, and/or overall well-being during such usage (Feinstein et al., 2018; Kjellgren et al., 2008; Kjellgren et al., 2001). While there are, of course, differences between perceived OBEs and the environment of a sensory deprivation flotation tank, there are also commonalities in many cases such as the floating sensation in an altered environment. Perhaps further research exposing former perceived OBE experiencers to the effects of sensory deprivation flotation tanks might be useful to specifically gauge those peaceful sensations in a comparison to those they encountered during their perceived OBE.

In addition, perhaps, going forward, studies should more clearly distinguish between peace that is attributed to externally-related circumstantial causes (such as absence of pain, a release from the problems of life, a perception of being out of the body, a sensation of floating, etc.) in contrast to peace that is from an unexplainable and non-external cause (arising involuntarily from an internal source within the self).

**Time.** Most of the perceived OBEs (57.8%) included a sense in which time seemed to be different, absent, or without meaning. This included all types and subtypes of perceived OBEs, and shows that this feature is common among perceived OBEs when lumping all those differences together and subsuming them under an alteration of time. However, there was no attempt made in this study to distinguish between the types of time differences just mentioned and how those correlated with the different types of perceived OBEs.

Nevertheless, what should be noted and taken into consideration in any effort to better understand perceived OBEs is that the events described by the participants in this study as having taken place during that time often seemed to last much longer than it could have in real time. This important consideration about assumed time in regards to perceived OBEs was also noted by Green (1968, pp. 101–103). For this reason, the amount of time that one might suppose is necessary for the activity to have taken place in a particular perceived OBE is in many cases of little relevance in correlating it with real time. Even though it may seem to the experient to have transpired over hours or days, it may instead have actually only lasted seconds or minutes in real time. This becomes especially relevant due to the discovery that many individuals may experience an end-of-life electrical surge in the brain 180–300 seconds after the complete loss of any measurable blood pressure, usually lasting from 30–180 seconds, which may possibly be a last gasp survival mechanism (Chawla et al., 2009; Chawla et al., 2017).

**Hearing and Sound.** While this study was unable to provide meaningful and reasonable quantitative findings in regard to sound as experienced during perceived OBEs, it did find that those who reported seeing the surrounding environment of their body usually could hear sounds from that environment regardless of the type or subtype of their perceived OBEs. However, some participants could not hear the sounds from the surrounding environment in which sounds existed. Green (1968) also points out that this is sometimes the case during perceived OBEs (p. 67). This begs the question as to why. It further necessitates an explanation for this variant in any logical explanation of perceived OBEs.

**Spiritual Personages.** Many (30.2%) of the perceived OBEs in this study included a report of seeing perceived OBE personages, which included all types and subtypes of perceived OBEs. However, there were also additional reports of hearing, feeling, or sensing spiritual personages without seeing them. Though such cases were not a focus of this study, it does give rise to the question as to why in some cases experients actually see them and in other cases they only hear, feel, or sense them. This must be explained in any reasonable explanation of perceived OBEs.

Furthermore, seeing known deceased relatives and friends was a feature reported both by experients who were physiologically near death (perceived NDOBEs/LD-NDOBEs) and those who were not (perceived OSOBEs). What is important here is that there was a higher reported rate (13%) of actually seeing known deceased personages among those who were in a physiological state of near death than the reported rate (6.5%) of those who were not. Furthermore, if we add the perceived NDOBE with the deceased cat to that count, the perceived NDOBE/LD-NDOBE percentage increases from 13% to 14.8%. Nevertheless, these results do indicate that in this study the condition of actually being near death was not a necessary factor for seeing deceased personages. In fact, in one study that specifically examined NDEs with reports of meeting deceased personages, 24% of those experients who saw deceased personages were not actually close to death (Kelly, 2001).

There were also two incidents in this study where the participants reported either seeing or hearing people in a perceived NDOBE even though those people were still physically alive on the earth at the time. In one of those, it consisted of the experient being met in a strikingly similar fashion to typical NDE reports in which one is greeted by deceased relatives, even including an observation that those living people were extremely vibrant, healthy, and in perfect physical shape. In fact, encountering those who are still alive has also been reported as taking place during other perceived OBEs outside of this study (Crookall, 1964, pp. 21–22; 1972, pp. 33–34; Jung, 1965, pp. 289–293; Kellehear, 1996, p. 14; Kelly, 2001; Lindley et al., 1981, p. 110; Morse, 1994).

Some studies on NDEs give us an idea on how common it is to encounter personages that are still alive (but it is important to remember here that some NDEs do not actually include a perceived OBE, and most studies do not provide a correlation of exactly how many experiencing a certain feature such as encountering deceased relatives also had a perceived OBE since a perceived OBE is generally just characterized as another feature of an NDE). While Kelly (2001) stressed the small amount of such cases (7% in her study on NDEs), as did Serdahely (1996) in his argument against the dying brain hypothesis, the greater dilemma is that these cases exist at all. There is, of course, the fact that during many NDEs the experients think they are dead or dying, so it is reasonable to presume they would likely expect (on either a conscious or unconscious level) to see deceased people rather than individuals that are alive. Nevertheless, even if NDEs were deemed to be entirely subjective in nature, it is not clear to what degree expectation (on either a conscious or unconscious level) might influence and shape the content. On the other hand, in addition to this, there is the possibility that adult experients who do encounter living personages might be more reluctant to report their perceived OBE, sometimes even dismissing the experience as not possibly real in order to resolve the cognitive dissonance that they may be experiencing from such an encounter. In fact, in regards to each of the two perceived NDOBEs in this study that included seeing or hearing people that were not dead, the participant's expected cognitive dissonance that came afterwards is noticeable. However, the NDEs of children, which might be more readily open to seeing and/or reporting the presence of living people, may perhaps shed more light on the real magnitude of this issue. In one study examining 26 NDEs of young children, Morse (1994) reported that 38.5% of them reported seeing deceased relatives, but that 23.1% saw living teachers and relatives. This entire dilemma of perceived OBE experients seeing people that are still alive certainly necessitates a reasonable explanation.

This particular discussion should not be interpreted as if I am taking a position on the objective/subjective nature of deceased personages encountered during perceived OBEs, for actually I am only asserting that the certain variant of seeing or hearing living people must be taken into serious consideration in any logical explanation about the matter.

**The Visual Life Review Experience (VLRE).** This study found a low prevalence of VLREs associated with perceived OBEs. As noted in the results, there were only four initially reported cases of what I would technically define as a VLRE, with two of them taking place during perceived NDOBEs, one taking place before the onset of a perceived NDOBE, and one taking place during a perceived LDOBE. In order to attempt any rough type of comparison with the quantitative results of life reviews noted in other NDE studies, this necessitates considering only the findings for perceived NDOBEs (yet, the perceived NDOBEs of this study cannot confidently be directly and absolutely correlated with the categorized NDEs of most other

studies). If we examine only the 52 perceived NDOBEs in this study, there were only two reported VLREs that took place during the perceived NDOBE, one that took place right before the onset of the perceived NDOBE, 42 in which there was not a VLRE, one in which it is unclear, and six in which this question was not answered. This means that out of the 45 perceived NDOBEs for which it was reported whether or not there was a VLRE, only 4.4% of them included a VLRE during the actual perceived NDOBE. However, if the perceived NDOBE that included a VLRE moments prior to the actual perceived OBE is also considered, then the percentage rises to 6.7%. No matter how this is calculated, it indicates that VLREs were not a common feature of the perceived NDOBEs in this study.

While this low incident rate of VLREs during perceived NDOBEs loosely correlates with the findings of some NDE studies that reported the prevalence of what each of those researchers considered a life review, it significantly differs from most. For example, Sabom (1982) reported 3%, Pacciolla (1996) reported a confident 8%, van Lommel et al. (2001) reported 13%, Long (2014) reported 14%, Greyson (1990) reported 17%, Lai et al. (2007) reported 19.6%, Long and Perry (2010, pp. 13–14) reported 22.2%, Ring (1980) reported 24%, Royse and Badger (2020) reported 27%, and Nelson et al. (2006) reported 36%. In addition, some NDE studies with small sample sizes reported no life reviews at all (Olson & Dulaney, 1993; Parnia et al., 2001) or almost no life reviews (one out of 11; Schwaninger et al., 2002). There are at least four possible reasons (that may overlap) for this discrepancy with some of these studies (and the wide discrepancy that also exists among them even without considering the results of this study):

1. Different definitions of a life review (which are frequently not thoroughly defined, if at all) among different studies. For example, at least one study also accepted some experiences as life reviews that consisted of just feelings without visuals (Long & Perry, 2010, p. 113), and another also included those in which the experient could view different scenes from his life at will (Greyson, 2021, p. 41). These types of cases would likely contribute to a higher percentage than this particular study since I specifically asked whether the participant saw “visual imagery” of past events in their life, and limited my quantitative results to VLREs (which I define as an involuntary memory revival of one’s current life that consists of multiple self-inclusive visual images or scenes appearing in an uncontrollable and/or rapid manner).
2. The possible misunderstanding of the question phraseology (which is at times vague and/or too broad) used to designate a life review when that feature is determined solely by a forced choice question on a questionnaire, sometimes producing false positives (see Stevenson & Cook, 1995, p. 456), which may have artificially inflated those quantitative findings.
3. The designation of an NDE in some studies as based primarily on a number of features without a necessity that the participant was actually really in a physiological condition that included a real threat of death.
4. A lack of distinction in most NDE studies between life reviews that take place during a perceived OBE and those that take place before or without a perceived OBE. This is because in most studies, a perceived OBE is only a possible feature of NDEs and not a necessary criterion of such.

Other factors may also be associated with the discrepancy. For example, some studies are limited by certain variables, which may or may not be relevant to the incident rate of life reviews, such as studies that include only cardiac arrest survivors (Parnia et al., 2001), dialysis patients (Lai et al., 2007), or burn victims (Royse & Badger, 2020). It is also important to point out that there may be a cultural influence related to VLREs during NDEs, for Ohkado and Greyson (2014) found no reports of a panoramic life review among 22 Japanese NDEs. Additionally, Murphy (2001) reported there were no panoramic life reviews in his collection of 10 Thai NDEs. Furthermore, Pasricha (2008) reported that in one of her studies on NDEs among community populations in India she specifically asked 13 experiencers if they had experienced a life review, and none of them endorsed this feature. However, it should be pointed out that there are some reported incidents from India that I would designate as VLREs (*Ashutosh S NDE*, 2013; *Deepak Y NDE*, 2010; *Kirat A NDE*, 2011; *Mandip possible NDE*, 2009). Furthermore, I have a report that was personally affirmed to me by one Indian experiencer of a VLRE that took place without a perceived OBE during a near-drowning incident when he was a young man living in India (King, 2021).

The findings of this study seem to suggest that the VLRE is not all that common in perceived OBEs, including in perceived NDOBEs. Furthermore, based on initial reports, it was found only in near-death or presumed life-threatening incidents, possibly suggesting that they sometimes arise with a presumption, either consciously or unconsciously, that there is a possibility of death. It should also be noted here that it has long been recognized that a VLRE can take place without a perceived OBE during a presumed life-threatening incident (Noyes & Slymen, 1979). Such a fact is also supported by my own research in which I have accumulated dozens of cases and I have directly communicated with many individuals who had a VLRE during a presumed life-threatening incident in which they were not physiologically near death and which did not include a perceived OBE (King, 2021). Additionally, VLREs can even take place sometimes during other conditions (Holden & Guest, 1990; Noyes & Kletti, 1976, p. 109). Furthermore, at least one case of what I would categorize as a VLRE was induced in a clinical setting by Nourkova (2020) during a study that was focused on inducing compressed life reviews (p. 8, participant #20). Additionally, it should be noted that Van Gordon et al. (2018) reported that some of their study participants were able to see scenes of their past during meditation-induced NDEs, but their report does not provide enough information about this factor to determine if any of these would meet the criteria of what I define as a VLRE.

As Sabom (1982) aptly pointed out, a life review can occur prior to unconsciousness and separately from the other elements of the NDE (p. 50). It is my recommendation that VLREs that take place without a perceived OBE, those that occur before the onset of a perceived OBE, and those happening during a perceived OBE should be distinguished, compared, and contrasted from one another in studies going forward. Furthermore, lumping together VLREs with memory revivals that consist only of thoughts or feelings, or with life review scenarios during NDEs involving perceived OBE personages absent a VLRE, may be, in my opinion, a mistake that has been based on premature and reductionist assumptions. It is further recommended that all studies going forward clearly define in detail exactly what they mean by a life review.

**Tunnels.** While there was no direct question that specifically asked about an encounter with a tunnel, there were 12 cases in which the participants reported somewhere on the questionnaire that they had encountered a tunnel. This included perceived NDOBEs, perceived OSOBEs, and a

self-induced perceived OBE, but there was no indication that any perceived LDOBEs in the study were associated with tunnels. However, this question was not directly asked, and the sample size of 15 perceived LDOBEs is not large.

Another finding in this research is that tunnels, at least in this particular study, were only reported as being associated with perceived OBEs that were transcendental or became transcendental. Yet, again, since there was not a specific question that mentioned tunnels, this finding should be approached with caution. However, it should also be noted that Alvarado and Zingrone (1999) found that tunnels were significantly more often associated with a perceived OBE in which the experient entered different surroundings (such as a different dimension or place) rather than staying in their usual one.

Though most of those who experienced a tunnel had some familiarity or knowledge about NDEs or perceived OBEs beforehand, this study did not ask particularly if they knew about tunnels prior to their perceived OBEs. So that factor is unknown. However, when Athappilly et al. (2006) compared a sample of 24 pre-1975 NDEs with 24 post-1975 NDEs, they found that reports of tunnels post-1975 had significantly increased by over 400%. Nevertheless, it is not certain whether or not this indicates that there has been an escalation in reports of encountering tunnels due to the increased popularization within Western culture of tunnels as a part of NDEs.

However, one study (Ito & Miura, 2016) based on a text mining analysis of 22 Japanese NDE narratives found that crossing a river was the common means of transition between the physical world and the spiritual hereafter rather than a tunnel. In fact, there was only one report of a tunnel found among those 22 cases (Ohkado & Greyson, 2014). Tunnels have also been reported as rare during Thai NDEs (Murphy, 2001). Furthermore, Pasricha (2008) pointed out that despite her many years of research on NDEs in India, she found no certain reported cases of tunnels. It should also be noted that Blackmore (1993) reported some accounts of what she refers to as tunnels in Indian NDEs, but based on the quotes she provided it is uncertain if any of those accounts are really describing an actual tunnel (Kellehear et al., 1994). Nevertheless, some other accounts of tunnels or tunnel-like experiences during Indian perceived OBEs and NDEs have been reported elsewhere (*Debashis DM's experience*, 2006; *Deepali B possible NDE*, 2016; *Kanwal probable NDE*, 2012; *Madhavi NDE-like*, 2003; *Nithin S NDE*, 2008; Purkayastha & Mukherjee, 2012; *Rohit G probable NDE*, 2021; *S. Jayashree S. probable NDE*, 2009; *Udaya N NDE*, 2015; *Urvashi G NDE*, 2012), but whether or not the tunnels in these experiences and/or reports are due to Western influence in some way is uncertain.

It should also be pointed out (as was discussed in the results section up above) that one of the participants in this study purposefully contemplated and perceived a tunnel in order to initiate a self-induced perceived OBE that then commenced in that self-induced tunnel. In addition, Chari (1982) reported an account of a woman who was able to self-induce tunnels and commence her perceived OBEs in those tunnels on multiple occasions in a very similar manner (p. 118). Tunnels are also known to be associated with other altered states of consciousness besides perceived OBEs or NDEs, sometimes even including the perception of distant (or nearby) scenes and/or deceased (or living) personages on the opposite end of those tunnels (Chari, 1982). In addition, it is also possible that NDEs associated with general anesthesia may be more likely to include a tunnel (Long, 2014; Long & Perry, 2010, p. 101).

Another important issue that should be pointed out about the reports of tunnels in this study is that the description varied from one perceived OBE to the next. For example, some of the reported tunnels were full of light (which varied from a white light to a different color light, or a combination of lights with various colors), some only contained numerous points or flecks of

light, and some were completely dark (sometimes with a light at the end that was either a portal or some type of a personage). Other aspects of the tunnel also differed, such as one participant's report of the tunnel having ridges. The details concerning the movement through the tunnel also varied among such experiences, such as one report of hands trying to grab the experient while moving through the tunnel. Why there were all these differences reported among tunnel experiences is uncertain, but this needs to be considered and reasonably explained in any valid theory of the tunnel experience during perceived OBEs.

**Bright Light.** While there was no direct question mentioning a “bright light” or a “white light,” such was reported in 23.3% of the perceived OBEs in this study. This feature was found in every subtype of perceived OBEs that were not self-induced, but not during any of the seven self-induced perceived OBEs. However, as mentioned up above in the results section, the details and context of that light varied from one perceived OBE to the next, manifesting in various ways, including as a light diffused through a transcendental environment, as an actual pathway or gateway to another perceived environment or locale, or as emanating from a perceived OBE personage. It is important to acknowledge that though there is the commonality of a bright light among these experiences, these three variations of seeing a bright light are not the same thing. Nevertheless, there was no attempt made in this study to distinguish between the three types of differences just mentioned and how those correlated with the different types and subtypes of perceived OBEs. However, all three of these variations were found associated not only with perceived NDOBEs, but also with perceived OSOBEs, showing that seeing a bright light in any of its three manifestations discussed here is not exclusive to perceived NDOBEs.

**Observed Somatic Continuance (OSC).** Though most perceived OBEs take place while the physical body is in a prone position with muscular relaxation and cessation of movement during a state of somatic unconsciousness, sleep, or meditative repose, this is not always the case. OSC, in which the physical body persists in what appears to be self-sustaining, autonomous or semi-autonomous behavior, such as sitting erect, standing, walking, running, or performing other actions, was found in 18 (16.4%) of the perceived OBEs in this study. Similar incidents have also been reported elsewhere (Alvarado, 2016; Green, 1968, numerous cases throughout book; Tart, 1971, p. 104; Zingrone et al., 2010). While it is somewhat difficult to interpret the statistical findings of Green (1968) on this matter with certain clarity, it appears that at least 9.1% (but probably many more who may have been sitting erect) out of 176 perceived OBEs she examined included some form of somatic continuance (pp. 44–45). In addition, Alvarado (2016) discussed 26 cases in which the physical body continued in some type of activity during a perceived OBE, having gathered them from various sources starting from one case as far back as 1895.

None of the 18 cases of OSC in this study were associated with a perceived NDOBE, and after having examined and reviewed all of the OSC cases in the sources cited in the previous paragraph, I did not see anything to indicate that any of them took place in a physiological near-death condition either. This seems to suggest that OSC is rare during perceived NDOBEs, and that perhaps it has been generally absent from NDE studies for this reason. However, Sabom (1982), for one, seems to have noted two cases of OSC in his NDE research (pp. 120, 122–123). Nevertheless, neither of those perceived OBEs were actually perceived NDOBEs and neither were technically included as part of the sample in his study. If the 52 perceived NDOBEs in this study are removed from the sample size, OSC is associated with 18 (28.1%) of the remaining 64 perceived OBEs.

The lack of any accounts of OSC during perceived NDOBEs in this study is not surprising since the participant's physical body in such cases was interpreted as being in a real physiological near-death condition in which that body would generally be expected to lose its ability to sustain conditions of sitting erect, standing, or mobility. Nevertheless, it should be pointed out that it may still be possible in some cases for the physical body to exhibit autonomous or semi-autonomous behavior during recovery from a physiological near-death condition (see *Paul C NDE*, 2010).

It should also be noted that while there were no apparent cases in this study of perceived OBEs with OSC that took place while in a prone position of lying down, there are reports that may suggest that this can sometimes take place (Crookall, 1972, p. 94; Green, 1968, pp. 44–47, 146). In addition, there are also reports of perceived OBEs that may have included OSC during childbirth (e.g., Crookall, 1972, pp. 47–48). Furthermore, it should be mentioned that there is one reported case of shared OSC, though there is no indication that the first experient ever validated this with the second experient (Crookall, 1972, p. 66).

**Absence of Pain.** Though there was not a particular question asked about the sensation of physical pain during a participant's perceived OBE, all comments and inferences about this matter seem to indicate that pain is usually not felt, nor can be felt, regardless of the type or subtype of a perceived OBE. However, while none of the participants in this study reported any pain during their perceived OBEs, I advise caution in assuming that this must always be the case, for there have been some reports of experients feeling pain during a perceived OBE (*Almost Snuffed Out*, 2015; Crookall, 1972, p. 47; Green, 1968, pp. 119–120; Muldoon & Carrington, 1969, pp. 259–261; *Robert W's experience*, 2008).

**Multiple Extrapersonal-Selves Perception.** An additional important finding of this study was the feature of at least five cases of multiple extrapersonal-selves perception, sometimes with shared sensory input between those perceived extrapersonal selves. Four of these experiences took place during a perceived NDOBE and one during a perceived OSOBE. The additional sixth one included up above in the results section (that was not part of the official sample size) was also during a perceived OSOBE. However, all five cases included in the sample size of this study took place during either a transcendental perceived OBE or the transcendental portion of a mixed perceived OBE. Yet, it should also be pointed out that the additional sixth perceived OBE with multiple extrapersonal-selves perception included in this discussion was non-transcendental. While the sample size of those experiencing multiple extrapersonal-selves perception is small, it may suggest that perhaps this feature is favorable to transcendental perceived OBEs.

Though multiple extrapersonal-selves perception during perceived OBEs seems to be uncommon, I am aware of other reports of such occurrences that are in actuality somewhat comparable examples (Crookall, 1960, pp. 34–35, 66, 174, 210–211; 1964, p. 75; 1972, pp. 39, 96; *Debra H's experience*, 2012; *Jessica's experience*, 2004; *Skylar H's experience*, 2013). In addition, one practicing advanced Buddhist meditator explained that with practice, the experient can deliberately choose to be in two places at once during meditation-induced NDEs (Van Gordon et al., 2018, participant #9).

### ***Perceived NDOBEs and Other Perceived OBEs - Shared Perceptions and Features***

In this study many perceptions and features of perceived NDOBEs were also found to have taken place during perceived OBEs in which the participant was not physiologically near death. In particular, this included features such as perceptions of seeing one's own physical body, experiencing a lack of pain, feeling a sense of peace, experiencing different perceptions of time, having a VLRE, encountering perceived OBE personages, seeing a bright light of some sort, encountering tunnels, and experiencing a transcendental locale. This is not all that surprising for earlier research in which the medical records of those reporting NDEs was examined found that a significant number of them were not really physiologically near death even though they believed that they were (Owens et al., 1990; Stevenson et al., 1990); nevertheless, their NDEs consisted of many of the same features as those that were associated with a genuine near-death condition (also see Gabbard & Twemlow, 1991). However, in this study, many of the experiences of perceived OBEs who were not physiologically near death not only had similar perceptions and features with those who were, but some of them also did not in fact believe that they were near death. This not only provides additional evidence that such features are not exclusive to genuine physiological near-death incidents, but that, furthermore, they are not even exclusive to experiences believing they are near death.

## Final Thoughts

---

While this study was not able to determine if any of the conditions it explored, such as pain or physical trauma, lack of oxygen, or substance intake, were in fact catalysts or contributory factors for the onset of at least some perceived OBEs, it has not ruled out that possibility either. On the same note, the results of this study also question any hypothesis asserting that just being in a physiological near-death situation is in itself a catalyst for a perceived OBE, instead raising the possibility that some of the variable psychological and/or physiological factors that often accompany such a condition may be contributory in those cases.

Based on the conditions, circumstances, and situations associated with the perceived OBEs examined in this study, I lean toward a hypothesis that the catalyst for perceived NDOBEs, perceived LDOBEs, and perceived LD-NDOBEs may in fact be an unconscious, adaptive, reactionary process triggered by various psychological and/or physiological stimuli initiating a non-pathological dissociation or detachment. It should be understood that with this hypothesis I am not taking a position on the objective/subjective debate concerning these types of perceived OBEs, and that such a hypothesis is not dependent on the validity of one of these positions over the other.

After examining the features of different types and subtypes of perceived OBEs as categorized in this study, both commonalities and differences among them were discovered. As discussed up above, some features examined in this study were found to be more prominent during or limited to different types of perceived OBEs. For example, VLREs in this study were found to be associated with a real or presumed possible danger of death (perceived NDOBEs/LDOBEs). Another example is that of observed somatic continuance (OSC), which did not take place during any perceived NDOBEs examined in this study. In addition, experiencing a separation process did not take place with any perceived NDOBEs, perceived LDOBEs, or perceived LD-NDOBEs. Furthermore, there are indications that some features are more common with either transcendental perceived OBEs or non-transcendental perceived OBEs, such as the absence of any reports of tunnels during non-transcendental perceived OBEs in this study.

However, though some differences between transcendental perceived OBEs and non-transcendental perceived OBEs were noticed during the progression of this study, this was not explored in any real depth. Yet, going forward, this should be taken into serious consideration, for it may be an important factor in a greater understanding of perceived OBEs. Though the types of the perceived environments can be categorized as a feature, these two different environment types may perhaps also actually signify two distinct *types* of perceived OBEs with different factors involved, and really should be exhaustively compared and contrasted in all possible ways rather than assuming a reductionist interpretation.

Furthermore, most of the features reported in perceived OBEs that took place during real physiological conditions of near-death were also found in some perceived OBEs in which individuals were not actually near death. Other important contributions of this study include shining the spotlight on different unique features of some perceived OBEs, such as both OSC and multiple extrapersonal-selves perception. The former highlights the commonality of such outside of the perceived NDOBE, and the later draws further attention to the existence of such (at least during transcendental perceived OBEs).

## Limitations

---

The findings of this retrospective study are all based upon self-reports that were not validated by any external means and so are dependent upon the accuracy and honesty of those reports. Additionally, many of these self-reported experiences were based on the participant's memory of what happened many years prior, and in some cases, decades before, so this should be taken into consideration as well. Furthermore, the assessment instruments and methods used have not been validated for reliability.

In addition, while there was some further interaction or follow-up contact with many of the participants in regards to 68 of the reported perceived OBEs, there was no official face-to-face or telephone interviews conducted with any of them. Because of this, the information provided by the participants on the questionnaires or obtained from additional interactions may in some cases be subject to misinterpretation. In addition, there were no medical records for review except in one case in which it was sent without being asked for since this study did not seek this information out. So there is then, of course, the possibility that the subtype category designations of some perceived OBEs in this study that were not self-induced may have been incorrectly designated due to misinformation and/or misinterpretation.

Much of the content of this study cannot be directly correlated with most studies about NDEs since it includes many perceived OBEs that would not be considered NDEs by other studies. Even the perceived OBEs classified in this study as perceived NDOBEs cannot be directly correlated with NDE results reported by most other studies. For as I already discussed up above, many NDE studies include participants who were not really physiologically near death, but this study has attempted to define perceived NDOBEs as consisting only of those who were. Furthermore, even some of the perceived NDOBEs in this study would probably not meet the feature criteria of an NDE based on the Greyson NDE scale that is often used for other studies. In addition to this, other studies on NDEs often include at least some participants who did not have a perceived OBE. Unfortunately, that information about perceived OBEs during NDEs is generally not differentiated in any observable way in correlation with the features in the findings of most studies, but instead the perceived OBE is simply reported as a common NDE feature

itself along with the other features. The perceived NDOBEs of this study can only hope to be correlated in some sense with NDEs that took place when the experient was physiologically near death and that included a perceived OBE.

## Bias Considerations

---

I am an ordained non-denominational Christian minister and hold to a presupposed position on the existence of the individual human spirit with a belief that after death that spirit continues to perpetually exist with conscious self-identity. In addition, I also disclose and affirm my belief in the Christian doctrine that there will be a future literal bodily resurrection from the dead.

Furthermore, in 1980 I had two perceived OSOBEs, later followed by many self-induced perceived OBEs during the mid-to-late 1980s (these were not included in this study). Despite my Christian faith and my own personal experience with perceived OBEs, I strive to conduct and evaluate my research into perceived OBEs without confirmation bias in order to arrive at a scientific interpretation of any apparent observations.

## Ethical Considerations

---

All participants included in this study have declared that they are at least 18 years of age or older. Those who participated in the study and filled out the whole questionnaire from April 13, 2020, to May 7, 2020, granted consent at the end of the questionnaire to use and quote their answers by means of an optional endorsement. The answers of those who started a questionnaire during that time period and did not finish the last page of the questionnaire (which also required hitting the submit button) were never saved to a database and so those answers no longer exist and were not part of this study. Those who participated in the study and filled out the whole questionnaire or part of the questionnaire on or after May 7, 2020 agreed to a thorough informed letter of consent at the beginning the questionnaire, which gave their consent to use and quote their answers. Many of the participants (who had opted in allowing for further inquiry) were contacted for added clarity or additional information.

## Funding

---

This study was funded in its entirety by Robert King and Clodagh King. No other funds were provided from either private or public sources.

## Special Acknowledgement

---

This study would not have been possible without those who took the time and effort to participate in this research. The information above that will help all of us progress in our knowledge about perceived OBEs comes to us because of them. I want to personally offer each of you thanks for your willingness to share your accounts so that all of us might benefit. A special appreciation goes out to all of you who have participated in this study. Thank you.

## References

---

- Almost Snuffed Out.* (2015, April 25). IANDS. <https://iands.org/ndes/nde-stories/nde-like-accounts/788-almstot-snuffed-out.html>
- Alvarado, C. S. (2016). Out-of-body experiences during physical activity: Report of four new cases. *Journal of the Society for Psychical Research, 80*(922), 1–12.
- Alvarado, C. S., & Zingrone, N. L. (1999). Out-of-body experiences among readers of a Spanish new age magazine. *Journal of the Society for Psychical Research, 63*(854), 65–85.
- Ashutosh S NDE.* (2013, August 4). NDERF. [https://nderf.org/Experiences/1ashutosh\\_s\\_nde.html](https://nderf.org/Experiences/1ashutosh_s_nde.html)
- Athappilly, G. K., Greyson, B., & Stevenson, I. (2006). Do prevailing societal models influence reports of near-death experiences?: A comparison of accounts reported before and after 1975. *Journal of Nervous and Mental Disease, 194*(3), 218–222. <https://doi.org/10.1097/01.nmd.0000202513.65079.1e>
- Blackmore, S. J. (1984). A postal survey of OBEs and other experiences. *Journal of the Society of Psychological Research, 52*(796), 225–244.
- Blackmore, S. J. (1993). Near-death experiences in India: They have tunnels too. *Journal of Near-Death Studies, 11*(4), 205–217. <https://doi.org/10.17514/jnds-1993-11-4-p205-217>.
- Chari, C. (1982). Parapsychological reflections on some tunnel experience. *Anabiosis, 2*, 110–131. <https://doi.org/10.17514/jnds-1982-2-2-p110-131>.
- Chawla, L. S., Akst, S., Junker, C., Jacobs, B., & Seneff, M. G. (2009). Surges of electroencephalogram activity at the time of death: A case series. *Journal of Palliative Medicine, 12*(12), 1095–1100. <https://doi.org/10.1089/jpm.2009.0159>
- Chawla, L. S., Terek, M., Junker, C., Akst, S., Yoon, B., Brasha-Mitchell, E., & Seneff, M. G. (2017). Characterization of end-of-life electroencephalographic surges in critically ill patients. *Death Studies, 41*(6), 385–392. <https://doi.org/10.1080/07481187.2017.1287138>
- Corazza, O., & Schifano, F. (2010). Near-death states reported in a sample of 50 misusers. *Substance Use & Misuse, 45*(6), 916–924. <https://doi.org/10.3109/10826080903565321>
- Craffert, P. F. (2019). Making sense of near-death experience research: Circumstance specific alterations of consciousness. *Anthropology of Consciousness, 30*(1), 64–89. <https://doi.org/10.1111/anoc.12111>

- Crookall, R. (1960). *The study and practice of astral projection*. Citadel Press.
- Crookall, R. (1964). *More astral projections: Analyses of case histories*. Aquarian Press.
- Crookall, R. (1972). *Case-book of astral projection 545-746*. University Books.
- De Foe, A., Van Doorn, G., & Symmons, M. (2012). Auditory hallucinations predict likelihood of out-of-body experience. *Australian Journal of Parapsychology*, *12*(1), 59–68.
- Debashis DM's experience. (2006, November 10). OBERF.  
[https://oberf.org/debashis\\_dm\\_sobe.htm](https://oberf.org/debashis_dm_sobe.htm)
- Debra H's experience. (2012, February 11). OBERF. [https://oberf.org/debra\\_h\\_sobe.htm](https://oberf.org/debra_h_sobe.htm)
- Deepak Y NDE. (2010, February 25). NDERF.  
[https://nderf.org/Experiences/1deepak\\_y\\_nde.html](https://nderf.org/Experiences/1deepak_y_nde.html)
- Deepali B possible NDE. (2016, August 16). NDERF.  
[https://nderf.org/Experiences/1deepali\\_b\\_possible\\_nde.html](https://nderf.org/Experiences/1deepali_b_possible_nde.html)
- Feinstein, J. S., Khalsa, S. S., Yeh, H.-w., Wohrab, C., Simmons, W. K., Stein, M. B., & Paulus, M. P. (2018). Examining the short-term anxiolytic and antidepressant effect of Floatation-REST. *PloS one*, *13*(2), e0190292. <https://doi.org/10.1371/journal.pone.0190292>
- Fox, O. (1979). *Astral projection: A record of out-of-the-body experiences*. Citadel Press. (1962)
- Gabbard, G. O., & Twemlow, S. W. (1991). Do “near-death experiences” occur only near death?-revisited. *Journal of Near-Death Studies*, *10*(1), 41–47.  
<https://doi.org/10.1007/BF01073295>
- Gow, K., Lang, T., & Chant, D. (2004). Fantasy proneness, paranormal beliefs and personality features in out-of-body experiences. *Contemporary Hypnosis*, *21*(3), 107–125.  
<https://doi.org/10.1002/ch.296>
- Green, C. (1968). *Out-of-the-body experiences*. Institute of Psychophysical Research.
- Greyson, B. (1983). The near-death experience scale: Construction, reliability, and validity. *Journal of Nervous and Mental Disease*, *171*(6), 369–375.  
<https://doi.org/10.1097/00005053-198306000-00007>
- Greyson, B. (1990). Near-death encounters with and without near-death experiences: Comparative NDE scale profiles. *Journal of Near-Death Studies*, *8*(3), 151–161.  
<https://doi.org/10.1007/BF01074000>
- Greyson, B. (2021). *After: A doctor explores what near-death experiences reveal about life and beyond*. St. Martin's Essentials.

- Holden, J. M., & Guest, C. (1990). Life review in a non-near-death episode: A comparison with near-death experiences. *The Journal of Transpersonal Psychology*, 22(1), 1–16.
- Ito, T., & Miura, F. (2016). Characteristics of Japanese near-death experience text mining analysis of narratives. *Journal of International Society of Life Information Science*, 34(2), 120–125. [https://doi.org/10.18936/islis.34.2\\_120](https://doi.org/10.18936/islis.34.2_120)
- Jessica's experience*. (2004, July 27). OBERF. [https://oberf.org/jessica's\\_sobe.htm](https://oberf.org/jessica's_sobe.htm)
- Jung, C. (1965). *Memories, dreams, reflections by CG Jung* (A. Jaffre, Ed.). Vintage.
- Kanwal probable NDE*. (2012, September 16). NDERF. [https://nderf.org/Experiences/1kanwal\\_probable\\_nde.html](https://nderf.org/Experiences/1kanwal_probable_nde.html)
- Kellehear, A. (1996). *Experiences near death: Beyond medicine and religion*. Oxford University Press.
- Kellehear, A., Stevenson, I., Pasricha, S., & Cook, E. (1994). The absence of tunnel sensations in near-death experiences from India. *Journal of Near-Death Studies*, 13(2), 109–113. <https://doi.org/10.17514/jnds-1994-13-2-p109-113>.
- Kelly, E. W. (2001). Near-death experiences with reports of meeting deceased people. *Death Studies*, 25(3), 229–249. <https://doi.org/10.1080/07481180125967>
- King, R. A. (2021). The visual life review absent an out-of-body experience [Manuscript in preparation].
- Kirat A NDE*. (2011, December 30). NDERF. [https://nderf.org/Experiences/1kirat\\_a\\_nde.html](https://nderf.org/Experiences/1kirat_a_nde.html)
- Kjellgren, A., Lyden, F., & Norlander, T. (2008). Sensory isolation in flotation tanks: Altered states of consciousness and effects on well-being. *The Qualitative Report*, 13(4), 636–656. <https://doi.org/10.46743/2160-3715/2008.1577>
- Kjellgren, A., Sundequist, U., Norlander, T., & Archer, T. (2001). Effects of flotation-REST on muscle tension pain. *Pain Research and Management*, 6(4), 181–189. <https://doi.org/10.1155/2001/768501>
- Lai, C. F., Kao, T. W., Wu, M. S., Chiang, S. S., Chang, C. H., Lu, C. S., Yang, C. S., Yang, C. C., Chang, H. W., Lin, S. L., Chang, C. J., Chen, P. Y., Wu, K. D., Tsai, T. J., & Chen, W. Y. (2007). Impact of near-death experiences on dialysis patients: A multicenter collaborative study. *American Journal of Kidney Diseases*, 50(1), 124–132. <https://doi.org/10.1053/j.ajkd.2007.04.021>

- LeDoux, J. E. (2008). Unconscious processing of fear-arousing events. In L. Weiskrantz & M. S. Davies (Eds.), *Frontiers of consciousness: Chichele lectures* (pp. 76–86). Oxford University Press.
- Lindley, J. H., Bryan, S., & Conley, B. (1981). Near-death experiences in a Pacific Northwest American population: The Evergreen study. *Anabiosis: The Journal of Near-Death Studies*, *1*(2), 104–124. <https://doi.org/10.17514/jnds-1981-1-2-p104-124>.
- Lojowska, M., Mulckhuysen, M., Hermans, E. J., & Roelofs, K. (2019). Unconscious processing of coarse visual information during anticipatory threat. *Consciousness and Cognition*, *70*, 50–56. <https://doi.org/10.1016/j.concog.2019.01.018>
- Long, J. (2014). Near-death experiences. Evidence for their reality. *Missouri Medicine*, *111*(5), 372–380. <https://ncbi.nlm.nih.gov/pmc/articles/PMC6172100/>
- Long, J., & Perry, P. (2010). *Evidence of the afterlife*. Harper Collins.
- Madhavi NDE-like*. (2003, December 18). NDERF.  
[https://nderf.org/Experiences/1madhavi\\_nde.html](https://nderf.org/Experiences/1madhavi_nde.html)
- Mandip possible NDE*. (2009, April 24). NDERF.  
[https://nderf.org/Experiences/1mandip\\_possible\\_nde.html](https://nderf.org/Experiences/1mandip_possible_nde.html)
- Martial, C., Cassol, H., Antonopoulos, G., Charlier, T., Heros, J., Donneau, A. F., Charland-Verville, V., & Laureys, S. (2017). Temporality of features in near-death experience narratives. *Frontiers in Human Neuroscience*, *11*(311), 1–9.  
<https://doi.org/10.3389/fnhum.2017.00311>
- Martial, C., Cassol, H., Charland-Verville, V., Pallavicini, C., Sanz, C., Zamberlan, F., Vivot, R. M., Erowid, E., Laureys, S., & Greyson, B. (2019). Neurochemical models of near-death experiences: A large-scale study based on the semantic similarity of written reports. *Consciousness and Cognition*, *69*, 52–69. <https://doi.org/10.1016/j.concog.2019.01.011>
- Martial, C., Simon, J., Puttaert, N., Gosseries, O., Charland-Verville, V., Nyssen, A.-S., Greyson, B., Laureys, S., & Cassol, H. (2020). The Near-Death Experience Content (NDE-C) scale: Development and psychometric validation. *Consciousness and Cognition*, *86*.  
<https://doi.org/10.1016/j.concog.2020.103049>
- Monroe, R. A. (1977). *Journeys out of the body*. Harmony.
- Morse, M. L. (1994). Near death experiences and death-related visions in children: Implications for the clinician. *Current Problems in Pediatrics*, *24*(2), 55–83.

- Muldoon, S. J., & Carrington, H. (1969). *The projection of the astral body*. Weiser Books.
- Murphy, T. (2001). Near-death experiences in Thailand. *Journal of Near-Death Studies*, 19(3), 161–178. <https://doi.org/10.1023/A%3A1026413705216>
- Nelson, K. R., Mattingly, M., Lee, S. A., & Schmitt, F. A. (2006). Does the arousal system contribute to near death experience? *Neurology*, 66(7), 1003–1009. <https://doi.org/10.1212/01.wnl.0000204296.15607.37>
- Nithin S NDE. (2008, June 6). NDERF. [https://nderf.org/Experiences/1nithin\\_s\\_nde.html](https://nderf.org/Experiences/1nithin_s_nde.html)
- Nourkova, V. V. (2020). Compressed life review: Extreme manifestation of autobiographical memory in eye-tracker. *Behavioral Sciences*, 10(3), 60. <https://doi.org/10.3390/bs10030060>
- Noyes, R., Jr., & Kletti, R. (1976). Depersonalization in the face of life-threatening danger: An interpretation. *OMEGA - Journal of Death and Dying*, 7(2), 103–114. <https://doi.org/10.1080/00332747.1976.11023873>
- Noyes, R., Jr., & Slymen, D. J. (1979). The subjective response to life-threatening danger. *OMEGA - Journal of Death and Dying*, 9(4), 313–321. <https://doi.org/10.2190%2FJRQF-246A-H847-M8YG>
- Ohkado, M., & Greyson, B. (2014). A comparative analysis of Japanese and Western NDEs. *Journal of Near-Death Studies*, 32(4), 187–198. <https://doi.org/10.17514/JNDS-2014-32-4-p187-198>.
- Olson, M., & Dulaney, P. (1993). Life satisfaction, life review, and near-death experiences in the elderly. *Journal of Holistic Nursing*, 11(4), 368–382. <https://doi.org/10.1177/089801019301100406>
- Owens, J. E., Cook, E. W., & Stevenson, I. (1990). Features of "near-death experience" in relation to whether or not patients were near death. *Lancet*, 336(8724), 1175–1177. [https://doi.org/10.1016/0140-6736\(90\)92780-1](https://doi.org/10.1016/0140-6736(90)92780-1)
- Pacciolla, A. (1996). The near-death experience: A study of its validity. *Journal of Near-Death Studies*, 14(3), 179–185. <https://doi.org/10.17514/jnds-1996-14-3-p179-185>.
- Parnia, S., Waller, D. G., Yeates, R., & Fenwick, P. (2001). A qualitative and quantitative study of the incidence, features and aetiology of near death experiences in cardiac arrest survivors. *Resuscitation*, 48(2), 149–156. [https://doi.org/10.1016/s0300-9572\(00\)00328-2](https://doi.org/10.1016/s0300-9572(00)00328-2)
- Pasricha, S. K. (2008). Near-death experiences in India: Prevalence and new features. *Journal of Near-Death Studies*, 26(4), 267–282. <https://doi.org/10.17514/jnds-2008-26-4-p267-282>.

- Paul C NDE. (2010, April 6). NDERF. [https://nderf.org/Experiences/1paul\\_c\\_nde.html](https://nderf.org/Experiences/1paul_c_nde.html)
- Purkayastha, M., & Mukherjee, K. K. (2012). Three cases of near death experience: Is it physiology, physics or philosophy? *Annals of Neurosciences*, 19(3), 104–106. <https://doi.org/10.5214/ans.0972.7531.190303>
- Ring, K. (1980). *Life at death: A scientific investigation of the near-death experience*. Coward, McCann & Geoghegan.
- Robert W's experience. (2008, March 16). OBERF. [https://oberf.org/robert\\_w\\_sobe.htm](https://oberf.org/robert_w_sobe.htm)
- Rohit G probable NDE. (2021, June 23). NDERF. [https://nderf.org/Experiences/1dr\\_rohit\\_g\\_probable\\_nde.html](https://nderf.org/Experiences/1dr_rohit_g_probable_nde.html)
- Royse, D., & Badger, K. (2020). Burn survivors' near-death experiences: A qualitative examination. *OMEGA - Journal of Death and Dying*, 80(3), 440–457. <https://doi.org/10.1177/0030222818755286>
- S. Jayashree S. probable NDE. (2009, April 25). NDERF. [https://nderf.org/Experiences/1s\\_jayashree\\_s\\_probable\\_nde.html](https://nderf.org/Experiences/1s_jayashree_s_probable_nde.html)
- Sabom, M. B. (1982). *Recollections of death: A medical investigation*. Harper & Row.
- Schwaninger, J., Eisenberg, P. R., Schechtman, K. B., & Weiss, A. N. (2002). A prospective analysis of near-death experiences in cardiac arrest patients. *Journal of Near-Death Studies*, 20(4), 215–232. <https://doi.org/10.1023/A:1015258818660>
- Serdahely, W. J. (1996). Questions for the "dying brain hypothesis". *Journal of Near Death Studies*, 15, 41–54. <https://doi.org/10.17514/jnds-1996-15-1-p41-53>.
- Skylar H's experience. (2013, March 2). OBERF. [https://oberf.org/skylar\\_h\\_sobe.htm](https://oberf.org/skylar_h_sobe.htm)
- Stevenson, I., & Cook, E. W. (1995). Involuntary memories during severe physical illness or injury. *Journal of Nervous and Mental Disease*, 183, 452–458. <https://doi.org/10.1097/00005053-199507000-00005>
- Stevenson, I., Cook, E. W., & McClean-Rice, N. (1990). Are persons reporting “near-death experiences” really near death? A study of medical records. *OMEGA - Journal of Death and Dying*, 20(1), 45–54. <https://doi.org/10.2190%2FD8Q9-HHKX-5JWC-FD3V>
- Tart, C. (1971). Ostensible paranormal phenomena (ESP). In *On being stoned: A psychological study of marijuana intoxication*. Science and Behavior Books.
- Tart, C. T. (1998). Six studies of out-of-body experiences. *Journal of Near-Death Studies*, 17(2), 73–99. <https://doi.org/10.1023/A:1022932505993>

- Twemlow, S. W., Gabbard, G. O., & Jones, F. C. (1982). The out-of-body experience: A phenomenological typology based on questionnaire responses. *American Journal of Psychiatry*, *139*(4), 450–455. <https://doi.org/10.1176/ajp.139.4.450>
- Udaya N NDE. (2015, June 25). NDERF. [https://nderf.org/Experiences/1udaya\\_n\\_nde.html](https://nderf.org/Experiences/1udaya_n_nde.html)
- Urvashi G NDE. (2012, July 15). NDERF. [https://nderf.org/Experiences/1urvashi\\_g\\_nde.html](https://nderf.org/Experiences/1urvashi_g_nde.html)
- Van Gordon, W., Shonin, E., Dunn, T. J., Sheffield, D., Garcia-Campayo, J., & Griffiths, M. D. (2018). Meditation-induced near-death experiences: A 3-year longitudinal study. *Mindfulness (N Y)*, *9*(6), 1794–1806. <https://doi.org/10.1007/s12671-018-0922-3>
- van Lommel, P., van Wees, R., Meyers, V., & Elfferich, I. (2001). Near-death experience in survivors of cardiac arrest: A prospective study in the Netherlands. *Lancet*, *358*(9298), 2039–2045. [https://doi.org/10.1016/S0140-6736\(01\)07100-8](https://doi.org/10.1016/S0140-6736(01)07100-8)
- Yram. (1972). *Practical astral projection*. Samuel Weiser. (1967)
- Zingrone, N. L., Alvarado, C. S., & Cardena, E. (2010). Out-of-body experiences and physical body activity and posture: Responses from a survey conducted in Scotland. *The Journal of Nervous and Mental Disease*, *198*(2), 163–165. <https://doi.org/10.1097/nmd.0b013e3181cc0d6d>

## Appendix

---

### Study participants

Participant number.	Perceived OBE type	Environment	Age during perceived OBE	Sex (M/F)
1	Self-induced OBE	Non-Trans	40	F
2	OSOBE	Trans	53	F
3	NDOBE	Mixed	19	M
4	Self-induced OBE	Non-Trans	37	F
5	OSOBE	Trans	27	M
6	NDOBE	Mixed	61	F

7	OSOBE	Trans	21	F
8	OSOBE	Non-Trans	44	F
9	NDOBE	Trans	40	M
10	NDOBE	Mixed	4	F
11	NDOBE	Trans	45	M
12	OSOBE	Non-Trans	22	M
13	NDOBE	Trans	< 1	F
14	OSOBE	Non-Trans	51	F
15	OSOBE	Non-Trans	19	M
16a	OSOBE	Non-Trans	6	F
16b	NDOBE	Trans	unknown	F
16c	NDOBE	Trans	34	F
17	NDOBE	Trans	< 1	F
18	OSOBE	Trans	25	F
19	OSOBE	Non-Trans	20	F
20	LDOBE	Non-Trans	11	M
21	NDOBE	Trans	unknown	F
22	NDOBE	Non-Trans	6	M
23	LDOBE	Non-Trans	26	F
24	NDOBE	Trans	36	F
25	NDOBE	Non-Trans	62	F
26	OSOBE	Trans	32	F
27	OSOBE	Trans	35	M
28	NDOBE	Mixed	28	F
29	LDOBE	Non-Trans	39	F
30	OSOBE	Non-Trans	16	M
31	LD-NDOBE	Mixed	20	M
32	NDOBE	Mixed	67	F
33	NDOBE	Non-Trans	25	M
34	Self-induced OBE	Non-Trans	33	F
35	Self-induced OBE	Trans	29	F
36	OSOBE	Non-Trans	22	M
37a	LDOBE	Non-Trans	8	M
37b	LDOBE	Mixed	12	M
38	NDOBE	Mixed	19	M
39	LDOBE	Non-Trans	19	M
40	OSOBE	Trans	25	F
41	NDOBE	Trans	10	F
42	OSOBE	Trans	8	F
43	NDOBE	Mixed	41	F
44	NDOBE	Mixed	38	M
45	LD-NDOBE	Mixed	25	F
46	NDOBE	Mixed	53	F

47	OSOBE	Non-Trans	25	F
48	NDOBE	Trans	19	M
49	OSOBE	Non-Trans	7	M
50	Self-induced OBE	Non-Trans	28	M
51	OSOBE	Mixed	41	F
52	NDOBE	Trans	48	F
53a	LDOBE	Non-Trans	2	F
53b	LDOBE	Non-Trans	12	F
54	NDOBE	Non-Trans	22	F
55	OSOBE	Non-Trans	35	F
56	NDOBE	Trans	31	F
57	NDOBE	Non-Trans	25	F
58a	NDOBE	Non-Trans	18	M
58b	NDOBE	Non-Trans	18	M
59	Self-induced OBE	Non-Trans	20	M
60a	NDOBE	Mixed	16	F
60b	LDOBE	Non-Trans	18	F
61	OSOBE	Non-Trans	49	F
62	Self-induced OBE	Non-Trans	55	F
63	LDOBE	Non-Trans	3	F
64	NDOBE	Non-Trans	6	F
65	OSOBE	Non-Trans	43	F
66	NDOBE	Mixed	20	F
67	NDOBE	Non-Trans	4	F
68	OSOBE	Trans	unknown	F
69	NDOBE	Mixed	25	F
70	NDOBE	Non-Trans	6	M
71	NDOBE	Non-Trans	54	F
72a	OSOBE	Non-Trans	27	F
72b	OSOBE	Trans	27	F
73	LDOBE	Non-Trans	19	M
74	LDOBE	Trans	28	F
75	OSOBE	Non-Trans	25	F
76	OSOBE	Non-Trans	7	F
77	OSOBE	Non-Trans	53	F
78a	NDOBE	Trans	24	F
78b	OSOBE	Non-Trans	unknown	F
79	NDOBE	Non-Trans	19	F
80	LDOBE	Trans	16	F
81	OSOBE	Trans	22	M
82	OSOBE	Non-Trans	12	M
83a	NDOBE	Non-Trans	11	M

83b	OSOBE	Non-Trans	12	M
84	OSOBE	Mixed	18	M
85	OSOBE	Non-Trans	unknown	M
86	NDOBE	Mixed	23	M
87	NDOBE	Non-Trans	18	M
88	OSOBE	Mixed	28	F
89	NDOBE	Trans	40	F
90	OSOBE	Non-Trans	13	F
91	NDOBE	Trans	18	M
92	NDOBE	Trans	52	F
93	NDOBE	Non-Trans	21	F
94	NDOBE	Mixed	unknown	F
95	LDOBE	Non-Trans	19	F
96	NDOBE	Non-Trans	21	F
97	OSOBE	Trans	35	M
98a	NDOBE	Non-Trans	28	F
98b	NDOBE	Non-Trans	72	F
99	OSOBE	Non-Trans	62	M
100	NDOBE	Non-Trans	52	F
101	NDOBE	Trans	57	M
102	NDOBE	Mixed	36	F
103	NDOBE	Mixed	13	F
104	OSOBE	Mixed	34	M
105	OSOBE	Non-Trans	20	M
106	LDOBE	Non-Trans	11	F

## Addendum and Erratum

---

### Addendum and Erratum to the Following Report (March 19, 2023):

King, R. (2021). *Differences and commonalities among various types of perceived OBEs*. The NDE OBE Research Project. <https://doi.org/10.13140/RG.2.2.23418.82882/1>

Since the release of the original report (King, 2021) cited above, I have discovered some inaccurate information and data that necessitates some changes and corrections to ensure the scientific accuracy of that report. It should be noted that in this corrected copy, I have made the changes below and I have made sure that those changes to the original did not alter or move any of the content to other pages, so all the textual material in this paper will have the same page numbers as the original. There is technically no substantive formatting difference between this version and the original report, but only corrections to the content as indicated below:

1. The DOI link for the report provided on the first page was incorrect and should be “<https://doi.org/10.13140/RG.2.2.23418.82882/1>”

2. On page 19, the words in brackets in the following sentence should be added: “During four perceived OBEs, the participants reported that they saw visual imagery related to [a conceivable portrayal of the future, such as] the effect that their death might have upon loved ones if they were to die, but these are not technically VLREs since they do not cover past events.”
3. At the bottom of page 35, it reads “The participant was five months old and it took place in the hospital when ill with an infection during a period of being clinically dead.” This was incorrect and should read, “The participant was five months old and it began in the ambulance on the way to the hospital while ill with a bacterial infection.”
4. At the top of page 36, it reads, “While all four of these appear to have taken place in a hospital, the conditions and circumstances in these cases make it difficult to determine all the details related to conditions of pain/trauma, breathing or other oxygen-related issues, and/or any drugs that may have been administered.” This was incorrect and should read, “Because all four of these appear to have possibly taken place while under medical care, the conditions and circumstances in these cases make it difficult to determine all the details related to pain/trauma, oxygen-related issues, and/or any drugs that may have been administered.”
5. At the bottom of page 45, the crossed out word in the following sentence was incorrect and should be removed: “However, Sabom (1982), for one, seems to have noted two ~~sueh~~ cases of OSC in his NDE research (pp. 120, 122–123).”
6. On page 17, the quantitative numbers in the following section were incorrect and should be replaced with the correct numbers in brackets as shown below:

There were 9 [11] perceived OBEs that included a perception of seeing a known deceased relative or friend. This took place during perceived NDOBEs (3 [5]), a perceived LD-NDOBEs (4 [2]), and perceived OSOBEs (5 [4]).

7. On page 40, the following section was incorrect due to the changes above in point #6:

Furthermore, seeing known deceased relatives was a feature reported both by experiencers who were physiologically near death (perceived NDOBEs/LD-NDOBEs) and those who were not (perceived OSOBEs). What is interesting here is that there was a higher reported rate (8.1%) of actually seeing known deceased personages among those who were not in a physiological state of near death than the reported rate (7.4%) of those who were. However, if we add the perceived NDOBE with the deceased cat to that count, the perceived NDOBE/LD-NDOBE percentage changes from 7.4% to 9.3%. These percentages show that in this study the condition of actually being near death was not a necessary or even highly favored condition to see deceased personages.

The above section should be replaced with the corrected section below:

Furthermore, seeing known deceased relatives and friends was a feature reported both by experiencers who were physiologically near death (perceived NDOBEs/LD-NDOBEs) and those who were not (perceived OSOBEs). What is important here is that there was a higher reported rate (13%) of actually seeing known deceased

personages among those who were in a physiological state of near death than the reported rate (6.5%) of those who were not. Furthermore, if we add the perceived NDOBE with the deceased cat to that count, the perceived NDOBE/LD-NDOBE percentage increases from 13% to 14.8%. Nevertheless, these results do indicate that in this study the condition of actually being near death was not a necessary factor for seeing deceased personages.