

# Differences and Commonalities Among Various Types of Perceived Out-of-Body Experiences (OBEs) (Phase II)

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## Abstract

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The NDE OBE Research Project has so far consisted of two phases, and has now examined 252 perceived out-of-body experiences (OBEs) reported by 240 participants. Phase II of the NDE OBE Research Project officially began on October 16, 2020 and ended on December 31, 2021. Its objectives were the same as Phase I: 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 research has been exploratory in nature. This second phase based the primary categorization of perceived OBEs 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), altered-mind perceived OBEs (AMOBES), and other spontaneous perceived OBEs (OSOBES).

Although the report for the first phase of this research (King, 2021) did not make any conclusions about the possible triggers, catalysts, and/or contributory factors for perceived OBEs that were specifically examined (lack of oxygen, pain/trauma, and substance intake), this second report now suggests that reduction, disruption, or cessation to the body's oxygen supply may be associated in some way with many perceived OBEs. It also acknowledges that this may also be the case with intense pain and/or physical trauma, as well as with substance intake under certain variable conditions for some experients. This second phase of the research also reiterates (as in Phase I) the hypothesis that the primary 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 the onset of a nonpathological dissociation or detachment. Furthermore, this second phase has expanded this hypothesis to include some perceived OSOBES and possibly even some perceived AMOBES. Additionally, another hypothesis has been offered suggesting that this dissociation in these types of cases is purposeful as either an orienting response to threat/stress and/or to allow for a beneficial absorption, depending on the conditions and circumstances.

This research so far has found that there are both commonalities and differences among different types and subtypes of perceived OBEs. This includes the finding 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 has 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. In this second phase new dilemmas were also explored and discussed, such as the high report of missing facial features on perceived-OBE personages and incorrect perceptions of the immediate environment during non-transcendental perceived OBEs across all types and subtypes.

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

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## 1. Introduction

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The NDE OBE Research Project began on April 13, 2020, and was initiated 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 ongoing study is exploratory in nature. In addition, it is not directly focused on the enduring debate over the objective/subjective nature of the perceived OBE even though some of the findings may at times possibly contribute to that discussion. Phase I of this study began on April 13, 2020, and ended on October 15, 2020. The results of Phase I were reported and released in July of 2021 (King, 2021). This particular second report has been written for the specific purpose of providing the results and interpretations following Phase II of the NDE OBE Research Project that officially began on October 16, 2020, and technically ended on December 31, 2021. It further approaches the data from both phases in a collective sense when appropriate. It was written primarily for the study participants and other interested individuals and researchers.

## 2. Special Definitions and Clarifications

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This paper will use the terms “Phase I” or “first phase” to refer to the first phase of this research project that was discussed in a previous report (King, 2021) and “Phase II,” “second phase,” or “this phase” to refer to the second phase of this research project. Each phase consisted of different participants, as well as some differences to the questionnaire as will be briefly explained down below in the Materials and Methods section.

In this paper, 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 the 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 or ego 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. However, in this research the term can refer to anything from a dark void to a paradisiacal type of environment, and can even include a perception of being in outer space, being located in another time, or moving through an otherworldly tunnel. *Non-transcendental*, on the other hand, as used in this paper, refers to the observable known physical environment on the earth in the current time.

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* (MESP) 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 term *OBE personage* refers to persons, beings, entities, or deities encountered during a perceived OBE other than another extrapersonal self. However, it does not include living people observed on the physical earth by the extrapersonal self during the perceived OBE, though it can include perceptions of living people that were actually part of the perceived OBE while those living peoples' physical bodies were actually elsewhere in the physical world.

Due to the problem of sometimes distinguishing between the physical self and the extrapersonal self in narratives and comments from participants who described their perceived OBEs during Phase I, those in Phase II were asked to use the terms *physical self* and *dissociated self*, respectively. So, when the participants in this phase refer to a dissociated self in their quotes, it should be understood as a researcher-requested term. It also should be understood in this study as a neutral term that generally refers to a nonpathological perception and/or sensation of being detached and disconnected from the physical body and does not take a position on indicating whether or not the experience is subjective or objective.

The use of the word "unclear" in relation to conditions or features in the text or tables 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 indicated or inferred that they were not certain.

In regards to quotes for this phase of the research, ellipses in brackets in the midst of a quote, such as [. . .], indicate my deliberate exclusion of text in the same section. If the content comes from different locations, such as the provided narrative, different questions, or follow-up interactions, this will be indicated by text stating so in the brackets. Any ellipses in a quote without brackets signify ellipses carried over from the participant's original quote, and when they have used an improper format either less than or exceeding the standard 3 or 4 ellipsis

points, these have been corrected according to standard convention. Any words after periods have been properly capitalized where appropriate. Also, words such as “i” or “i’m” have also been capitalized if this was not done so by the participant. Other changes have been indicated by brackets. Block quotes for small amounts of quoted text (less than 40 words) in this report are deliberate despite standard convention of placing them within the normal text of the paragraph.

## 3. Materials, Methods, and Participants

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### 3.1 Questionnaire Used in This Phase of the Research

The specific questionnaire I developed for use in Phase II of this research project consisted of 25 sections, most 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 each consisted of one or more questions asking for 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 commonly 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, forced multiple-choice questions were generally not used in the questionnaire, so as to ensure unlimited and unrestricted participant response to the questions in order to elicit qualitative information. However, in the case of a question asking how long it took participants to remember their perceived OBE upon regaining a singularity of consciousness in the physical body, a multiple-choice question requiring a forced single answer was used (immediately, hours, days, months, years, other), but it also provided an open text box for each selection, allowing for elaboration or additional comments. In addition, the question about drugs and/or medications was a select-all-that apply multiple-choice question, which also included two open text box options: “Other medications, drugs, or substances” and “Additional information you want to provide.” Suggestive terms common in NDE literature and research such as “tunnel,” “life review,” “white light,” etc., were not used anywhere on the questionnaires during either this phase or the first phase.

Most of the sections on the questionnaire used in this phase were the same as those in Phase I, but there were some changes made. The only multiple choice question from Phase I, which had allowed for the endorsement of one or more emotions and feelings (that also offered additional space for participant input with each of those selections), was changed instead into an open-ended question with a comment box to focus more on qualitative responses, though suggestive examples from the multiple choice question in the first phase were placed in the context of the second phase question (“fear, terror, pain, anger, joy, peace, loved, loving, bliss, euphoria, safety,

security, etc.”). Furthermore, additional questions were added in some of the former sections, although still only offering one large open text box for answering the multiple questions in that particular section. For example, the question related to visual memories of one’s current life was expanded to ask if the participants also saw any non-self-inclusive visual imagery of current loved ones, or preview scenes from a possible future. The order of some of the questions on the questionnaire was also altered.

### **3.2 Recruitment and Selection of Participants for Phase II**

Participants for Phase II of this study were recruited primarily by means of interaction on social media, online advertising, and media coverage. Anyone over 18 believing they may have undergone a perceived out-of-body experience (OBE) at some time in their life was invited to fill out and submit a questionnaire. This open invitation to participate in Phase II of the NDE OBE Research Project lasted from October 16, 2020, until December 31, 2021 (though there was one additional questionnaire filled out on January 21, 2022 due inadvertently to the use of the Phase II questionnaire rather than the Phase III questionnaire that was put into use beginning on January 1, 2022). Those who chose to participate in this research self-registered with NDEOBE.com and then filled out an online questionnaire. There also was some email follow-up on many occasions for clarity or additional information.

The determination as to whether a participant had experienced a perceived OBE was made on my analysis of the information provided by that participant on 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 during the experience.
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.

For those individuals who had more than one perceived OBE that they wished to report during Phase II, it was requested that they fill out additional questionnaires for each perceived OBE. There were a total of 212 individuals who filled out 218 questionnaires in whole or part. However, some of those questionnaires were not accepted for inclusion in this study due to one or more 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.

The final sample size of participants included in the results of this phase consisted of a total of 134 individuals who filled out 136 questionnaires in whole or in part, self-reporting 136 incidents that I determined were perceived OBEs. None of the participants in this phase participated in Phase I, so this phase consisted entirely of new participants. However, 19 of these 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 53 of the perceived OBEs that were selected for inclusion in this phase of the study.

### **3.3. Type of Perceived OBE Measure**

In Phase II of this study, the Type of Perceived OBE Measure was developed (see Appendix B) in order to more easily qualify and classify both the type and environment of perceived OBEs. This measure consists of three sections with a total of 11 questions that were used to qualify the experience as a perceived OBE, as well as to identify and categorize the types of perceived OBEs based on the participant's state/condition (near-death, life-danger, intentionally altered mind, or other) and the perceived OBE environment (transcendental, non-transcendental, or mixed). It should be noted that this measure might be changed or expanded on in the future as my categorization of perceived OBEs is further developed and refined.

### **3.4 Basic Demographics and Other Preliminary Data for Phase II**

The 134 participants reporting 136 perceived OBEs in this phase of the study included 50 men and 84 women. The age range of the participants at the time of their perceived OBEs, based on 130 perceived OBEs for which an age or approximate age was provided, was from 1 year old to 76 years old ( $M = 28.7$ ,  $SD = 15.4$ ). 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. Biological sex and age of each participant at time of occurrence is available in Appendix A of this report. The religious beliefs of the participants at the time of their perceived OBEs varied, including Protestant, Catholic, Mormon, Jewish, Hindu, Buddhist, agnostic, atheist, and others.

These 136 self-reported perceived OBEs occurred in the United States (79), England (16), Canada (12), Australia (12), Netherlands (2), Belize (1), Brazil (1), China (1), Cyprus (1), India (1), Iran (1), Israel (1), Malaysia (1), Mexico (1), Scotland (1), South Africa (1), Switzerland (1), Trinidad and Tobago (1), and Turkey (1), and there is one case in which there was no answer and it could not be determined (1). These perceived OBEs were associated with heart attacks, strokes, cardiac arrests, surgeries, childbirths, accidents, injuries, illnesses, near drownings, attempted suicides, assaults, exposure to possible dangers, heightened emotions and/or stress, relaxed or altered mental states, and other circumstances and conditions. The approximate duration of time between when the perceived OBE took place and when the questionnaire was filled out, based on those perceived OBEs for which this information is available, ranged anywhere from one day to around 60 years.

Similar to Phase I of this research, immediate memory of the perceived OBE upon singularity of somatic consciousness and waking awareness was prevalent during this phase as well (110 cases), but there were a few reports of not remembering the perceived OBE until hours, days, or weeks later (4 cases, 1 case, and 1 case, respectively), and one report of not remembering it until 25 years later. However, it could not be determined in 19 cases due to the participant being unsure, the answer being unclear, or the question being unanswered. Participants were also asked if this was the only perceived OBE they had experienced in the course of their life. A total of 52 of the perceived OBEs included an endorsement by the participant on having experienced at least one other perceived OBE whereas 63 of the perceived

OBEs included an endorsement by the participant that this was their only time, but an endorsement could not be determined for 21 perceived OBEs due to the participant being unsure (1), the response being unclear (3), or the question being unanswered (17).

## 4. Categorization Criteria

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### 4.1 Different Types of Perceived OBEs

In the report from Phase I of this study (King, 2021), various types and subtypes of perceived OBEs were categorized and defined. The primary categorization was first based 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). Based on more cases during Phase II of this research, this classification system has been somewhat realigned, removing intention as the basis for the main type of classification and instead focusing entirely on the experient's condition or state instead for the primary categories. All four of the existing spontaneous perceived OBE subtypes from Phase I are now recognized as main types of perceived OBEs. Furthermore, a perceived altered-mind out-of-body experience (AMOBE) was added as an additional main type of perceived OBE, which consists of perceived OBEs occurring during some sort of intentional or situational altered state of mind. The perceived AMOBE was further categorized as consisting of two subtypes based on whether that perceived OBE that occurred was either spontaneous or deliberate (AMOBE-1 and AMOBE-2, respectively). All self-induced perceived OBEs from Phase I fall under the self-induced perceived OBE subtype of this category (AMOBE-2). However, it should be pointed out that this realignment has no real effect on the former subcategories of perceived NDOBEs, perceived LDOBEs, and perceived LD-NDOBEs from Phase I, and they can be interpreted as identical to those same categories in this phase. The five primary types of perceived OBEs in this report are defined below:

1. ***Perceived near-death out-of-body experience (NDOBE)***. The perceived NDOBE is defined as a spontaneous perceived OBE associated with a serious or critical disruption to physiological homeostasis affecting the biological functions necessary to sustain life when there is a real threat of imminent death if there is a persistence of that condition, which includes some cases where there is a presumption by the participant that death actually occurred. 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 because 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 universal consensus for an exact definition of an NDE among researchers (Craffert, 2019; Evrard et al., 2022; Long, 2014; Parnia et al., 2022; van Wees et al., 2011).

2. ***Perceived life-danger out-of-body experience (LDOBE)***. The perceived LDOBE is defined as a spontaneous 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. For example, this can sometimes occur during automobile accidents. It can also occur while one is choking on something but breathing has not been completely cut off. 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 or as one begins to choke on something, but then becomes a perceived NDOBE due to severe life-threatening injuries from the impact of the accident or as one stops breathing. 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 altered-mind out-of-body experience (AMOBE)***. The perceived AMOBE is defined as a perceived OBE associated with what is usually a deliberate and intentionally-induced altered state of mind (meditative, trance, hypnosis, etc.) through various practices (meditation, visualization, worship, dance, ritual, hypnotism, etc.) meant to deliberately alter or affect conditions of the mind in some way, which were being practiced immediately prior to the perceived OBE (this can include anything from simple mindfulness meditation to ritual dances). The AMOBE also includes perceived OBEs that occur when one becomes aware of being in a condition of paralysis or lucid dreaming and so includes a situational altered-mind state in such cases that may not be deliberate. However, it does not at this point in my research include normal sleep states, other natural states, or recreational drug use in isolation from such practices or conditions. The perceived AMOBE so far consists of the following two subtypes:
  - a. Spontaneous perceived AMOBE-1. This is when the perceived OBE during this altered-mind state is spontaneous with no deliberate intention at the time to induce a perceived OBE. This would include some of those categorized as perceived OSOBES in Phase I of this research (King, 2021). This also includes situational cases in which one becomes consciously aware during paralysis or a lucid dream, but in that altered mental state does not consciously choose to intentionally and deliberately initiate the perceived OBE, but instead it occurs spontaneously.

- b. Self-induced perceived AMOBE-2. This is when the perceived OBE occurs with a deliberate intention to do so and would include all seven of the self-induced perceived OBEs from Phase I of this research (King, 2021). This also includes situational cases in which one becomes consciously aware during paralysis or a lucid dream, and then in that altered mental state consciously chooses to intentionally and deliberately initiate a perceived OBE.
5. ***Perceived other spontaneous out-of-body experience (OSOBE)***. The perceived OSOBE is defined as any type of spontaneous perceived OBE that does not clearly fit into the first four categories up above. Most of these are associated with the conditions of sleep (including normal hypnagogic and hypnopompic states), relaxation, illness, stress of some sort (associated with pain, worry, grief, depression, etc.), and/or being affected by some type of substance, when there is neither apparent real or presumed *imminent* life-threatening conditions nor altered states of mind (such as lucid dreaming, paralysis, or a deliberate practice undertaken specifically to alter conditions of the mind in some way). The perceived OSOBE should not be understood technically as indicating an actual permanent category, but rather as a useful temporary file for those spontaneous perceived OBEs which cannot or have not yet been properly categorized.

It should be noted that both the types and subtypes of perceived OBEs as presented here may be modified and changed as my categorization efforts for perceived OBEs are further improved and refined while this research continues into further phases with additional participants.

## 4.2 Different Environments of Perceived OBEs

Perceived OBEs in this research have also been categorized by two different environment types. A *transcendental environment* is referring to a perceived locality that transcends the present 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 or moving through an otherworldly tunnel, or even in some other time believed to be on this earth. A *non-transcendental environment*, on the other hand, as used in this paper, refers to the observable known physical environment on the earth in its present time that would be clearly recognized as existing in real time by someone if they were there in their physical body. The categorization of a *mixed environment* is when both environment types are included in the perceived OBE, most often at different points during the experience, but occasionally at the same time such as when being in a transcendental environment while also somehow simultaneously observing or looking from a distance (such as through a tunnel) at the physical body.

## 5. Results

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### 5.1 Categorization of Perceived OBE Types and Environments

The types and environments of perceived OBEs in Phase II were categorized based on the Type of Perceived OBE Measure (see Appendix B). The questions in the measure were not directly

asked of the participants, but instead were determined by the narrative and the other information provided from the questionnaire and/or follow-up communication. Below are the results of that categorization.

**Table 1**  
*Type and Environment of Perceived OBEs (Phase II)*  
N = 136

Environment	NDOBE N = 32	LDOBE N = 17	LD- NDOBE N = 0	AMOBE N = 28		OSOBE N = 59
				AMOBE-1 N = 11	AMOBE-2 N = 17	
Non-transcendental	12	12		8	10	46
Transcendental	11	2		2	3	4
Mixed	9	3		1	4	9

Below are the types and environments for Phase I based on the Type of Perceived OBE Measure:

**Table 2**  
*Type and Environment of Perceived OBEs (Phase I)*  
N = 116

Environment	NDOBE N = 52	LDOBE N = 15	LD- NDOBE N = 2	AMOBE N = 17		OSOBE N = 30
				AMOBE-1 N = 10	AMOBE-2 N = 7	
Non-transcendental	19	12		6	6	18
Transcendental	17	2		4	1	8
Mixed	16	1	2			4

When we combine the data from both phases, we get the following results for the 252 perceived OBEs that have been included in this research so far:

**Table 3**  
*Type and Environment of Perceived OBEs (Phase I & II)*  
N = 252

Environment	NDOBE N = 84	LDOBE N = 32	LD- NDOBE N = 2	AMOBE N = 45		OSOBE N = 89
				AMOBE-1 N = 21	AMOBE-2 N = 24	

Non-transcendental	31 (36.9%)	24 (75%)		14 (66.7%)	16 (66.7%)	64 (71.9%)
Transcendental	28 (33.3%)	4 (12.5%)		6 (28.6%)	4 (16.7%)	12 (13.5%)
Mixed	25 (29.8%)	4 (12.5%)	2 (100%)	1 (4.8%)	4 (16.7%)	13 (14.6%)

The cumulative results from this research project as conveyed in Table 3 show that an entirely non-transcendental perceived OBE environment was the most common kind reported in almost all types and subtypes (except in LD-NDOBEs, but there are only two such cases, which is not sufficient for any type of meaningful analysis). However, the data also show that a transcendental environment can occur in association with all types and subtypes of perceived OBEs. When partially (mixed) or completely transcendental perceived OBEs are coupled together, they are much more prevalent during perceived NDOBEs (and perceived LD-NDOBEs) than any of the other types or subtypes.

Whereas there were two perceived LD-NDOBEs in Phase I, there were not any in Phase II, so going forward in this report, perceived LD-NDOBEs will only be included in the tables when they also include data from Phase I.

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

The second objective of both phases 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.

### 5.2.1 Possible Triggers or Catalysts of Perceived OBEs

In Phase I of this research various circumstances and conditions (pain or physical trauma, a reduction in oxygen from breathing, and substance intake) at the onset of perceived OBEs were noted and compared in a search for possible triggers, catalysts, or contributory factors. The same possible triggers and catalysts as explored in Phase I were also explored in Phase II. However, reduction in oxygen from breathing prior to the perceived OBE in Phase I was expanded to include any form of reduction, disruption, or cessation to the body’s oxygen supply prior to the perceived OBE, including a substantial loss of blood, a heart attack, a stroke, cardiac arrest, or any condition causing brain hypoxia. This was determined by the narrative, as well as the answer to a question that specifically asked the participant if they were deprived of oxygen in any way, had difficulty in breathing, and/or if they lost a lot of blood before their perceived OBE started. Cardiac arrest, heart attack, stroke, electrocution, and other conditions resulting in reduction, disruption, or cessation of breathing, blood flow, or heart activity immediately prior to onset were also included. Here are the quantitative findings for possible triggers or catalysts of the perceived OBEs reported in this phase of the research:

**Table 4**

*Circumstance and Conditions of Perceived OBEs (Phase II)*

*N = 136*

Circumstances or conditions	NDOBE N = 32	LDOBE N = 17	AMOBE N = 28		OSOBE N = 59
			AMOBE-1 N = 11	AMOBE-2 N = 17	
Reduction, disruption, or cessation to the body's oxygen supply <sup>a</sup>	26 (yes) 1 (no) 5 (unclear)	3 (yes) 11 (no) 3 (unclear)	1 (yes) 9 (no) 1 (unclear)	16 (no) 1 (unsure)	2 (yes) 51 (no) 3 (unsure) 3 (unclear)
Pain and/or physical trauma <sup>b</sup>	13 (yes) 16 (no) 1 (unclear) 2 (no answer)	11 (yes) 5 (no) 1 (unsure)	1 (yes) 10 (no)	17 (no)	7 (yes) 49 (no) 1 (unsure) 2 (unclear)
Substance intake <sup>c</sup>	13 (yes) 16 (no) 2 (unclear) 1 (no answer)	6 (yes) 11 (no)	2 (yes) 9 (no)	6 (yes) 10 (no) 1 (unsure)	17 (yes) 37 (no) 5 (unsure)

*Note.* All of the circumstances or conditions in this table are those that were reported as present *prior* to the onset of the perceived OBE.

<sup>a</sup>There are a small amount of cases in which the participants may have experienced a reduction, disruption, or cessation to the body's oxygen supply that only began sometime clearly later after the onset of the perceived OBE, but in such a case these were marked as "no" because this was after the perceived OBE began. If its temporal correlation with the perceived OBE could not be determined, this was categorized as "unclear."

<sup>b</sup>Pain can also consist of any type of pain, including that which occurs 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.

<sup>c</sup>This includes any type of substance such as alcohol, marijuana, illicit drugs, anesthetics, medications, and even a few cases that only included antibiotics and/or aspirin.

**Reduction, Disruption, or Cessation of Oxygen Supply.** All perceived OBEs in this phase of this research were analyzed to indicate whether a reduction, disruption, or cessation of normal oxygen supply of some sort to the physical body was occurring immediately prior. This included difficulty in breathing, a substantial loss of blood, a heart attack, a stroke, cardiac arrest, electrocution, or any type of condition causing brain hypoxia. However, I did not include in this analysis of oxygen supply any cases that merely included blunt force physical trauma, or certain drugs and medications even though that might also affect blood flow and/or oxygen supply in some cases.

This condition appeared to be quite uncommon during all types and subtypes of perceived OBEs in this phase except for perceived NDOBEs in which it was instead found to be present in the majority of cases. At least 26 (81.3%) perceived NDOBEs out of 32 were associated with a reduction, disruption, or cessation of normal oxygen supply to the brain, whereas one (3.1%) had no such apparent association, and for five (15.6%) it was unclear (some of these due to an inability to determine the temporal element of such a condition in association with the perceived NDOBE).

**Pain and/or Physical Trauma.** In both phases of this study, participants were asked if they were experiencing pain or physical trauma before the onset of their perceived OBE. In both phases this was uncommon with the onset of perceived OSOBEs and rarely present with the onset of perceived AMOBEs, but common in association with perceived NDOBEs and perceived LDOBEs.

**Substance Intake.** In both phases of this research the participants were asked on the questionnaire if they had been given or if they had taken any medication, anesthetics, drugs, alcohol, or other substances right before their perceived OBE. It was found that some type of substance was associated with some perceived OBEs from all category types and subtypes. The quantitative results in the table up above do not take into account any drugs that may have been administered after the onset of the perceived OBE.

However, despite the request for the participants to note any type of substance, it does need to be pointed out that some participants in both phases occasionally answered the question indicating they were not affected by any substances when in fact they were on various medications or substances. I have begun to notice an occasional reluctance in mentioning this fact when asked, which may be due to a worry that their experience may be dismissed as not quite as valid and/or a belief that such medications or substances were insignificant and not related in any way to their perceived OBE. After analyzing the questionnaires and conducting follow-up questions in both phases, I corrected these whenever possible and so the quantitative results are as close to accurate as possible based on the information available to me.

### ***5.2.2 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. 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.

**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. It is important that I clarify what exactly was being measured in both phases so far. For perceptions of separation from the physical body, I was concerned with whether or not the participants actually seemed to go through the actual process of the disengagement from their physical body as opposed to suddenly finding themselves at some other location out of coincidence with their physical body. In other words, even a participant who found themselves a

mere foot away from their body and rising upward would not be classified as having experienced the actual disengagement or separation process. However, it should be noted that for both phases of this research, a categorization of having experienced the separation process includes some participants who may not have felt the actual sensation of a detachment actually occur but still felt the movement away from actual coincidence with the physical body that remained, and in some rare cases they may not have even been aware at first that the separation was occurring (such as when feeling as if they were getting up off the floor or sitting/standing up from their bed). Though I used the phrase “Felt a sensation of a separation from the body taking place” in the table for this feature in Phase I, this should be further clarified and understood as the participants having felt the sensation of themselves move away from the exact location of their physical body at onset of the perceived OBE. For the sake of greater clarity and exactness, I have changed the phrase here to read “Conscious awareness when moving out of coincidence with the physical body.”

As for perceptions regarding the return to the body, I have focused on a more broad idea of whether or not they felt the return to the physical body. This consisted of a sensation of continuous movement with full conscious awareness back to and/or reintegrating with the body from an extrapersonal location. This did not include cases in which the participant moved back from some other place back into the proximity of the physical body followed by a cessation of movement after having arrived that lacks an immediate return to a singularity of consciousness back in the physical body. In other words, if there was such a return and the perceived OBE continued with a cessation of that movement back, the perceived OBE was not considered as having yet ended and it is the later actual return process to the physical body that was evaluated. Furthermore, even when a movement back was felt with the perceived return to bodily consciousness, this categorization did not always result in a complete movement right up to the body that included a perception of thoroughly going through the actual reintegration sensation. The contrast to those who felt a sensation of movement back to and/or reintegrating with the body is when the participants just suddenly found themselves back in the body without any noticeable movement related to an actual reentry. Though in a few of these cases there was a jolt, a thud, or some other momentary sensation felt, this by itself was not categorized as having experienced the return to the physical body (because this could perhaps possibly be merely a somatic response or an expected impression of some sort due to the thought of a return).

The table below gives the quantitative results of these variables for this phase of the research.

**Table 5**

*Separation From and Return to the Physical Body (Phase II)*

*N = 136*

Features (specific questions)	NDOBE N = 32	LDOBE N = 17	AMOBE N = 28		OSOBE N = 59
			AMOBE-1 N = 11	AMOBE-2 N = 17	

Conscious awareness when moving out of coincidence with the physical body	3 (yes) 19 (no) 9 (unclear) 1 (no answer)	13 (no) 4 (unclear)	6 (yes) 2 (no) 3 (unclear)	15 (yes) 2 (unclear)	26 (yes) 24 (no) 1 (unsure) 7 (unclear) 1 (no answer)
Felt a sensation of movement toward and/or reintegrating with the physical body	5 (yes) 21 (no) 6 (unclear)	13 (no) 3 (unclear) 1 (no answer)	1 (yes) 9 (no) 1 (unclear)	5 (yes) 6 (no) 6 (unclear)	21 (yes) 25 (no) 1 (unsure) 10 (unclear) 2 (no answer)

As can be seen from the above table, at least 50 reports of perceived OBEs included conscious awareness when moving out of coincidence with the physical body and 58 did not. Although this still indicates that most participants did not as in Phase I, there was a much larger gap in the results of Phase I which consisted of only 13 who did so and 77 who did not. These results from Phase II also agree with Phase I in regards to a rarity of a conscious awareness during the separation process among perceived NDOBEs and perceived LDOBEs (there were not any such cases during either type for Phase I, whereas there were only three such cases during perceived NDOBEs for Phase II, but again there were not any such certain cases reported for LDOBEs, although this was unclear in five of the 32 cumulative cases from both phases). Another point of agreement between both phases is that conscious awareness when moving out of coincidence with the physical body during perceived AMOBE-2s (which occurred during at least four out of seven of the self-induced perceived OBEs [AMOBE-2s] in Phase I) was present on most occasions. However, there is a reversal in this regard to perceived OSOBEs, for in the first phase a lack of conscious awareness during the separation process was more prevalent, but during Phase II such conscious awareness was more likely. The table below shows the adjustment of the Phase I results with the new realignment and expansion of the categories:

**Table 6**  
*Separation From and Return to the Physical Body (Phase I)*  
N = 116

Features (specific questions)	NDOBE N = 52	LDOBE N = 15	LD-NDOBE N = 2	AMOBE N = 17		OSOBE N = 30
				AMOBE-1 N = 10	AMOBE-2 N = 7	

Conscious awareness when moving out of coincidence with the physical body	34 (no) 16 (unclear) 2 (no answer)	14 (no) 1 (unclear)	2 (no)	3 (yes) 4 (no) 3 (unclear)	4 (yes) 2 (no) 1 (unclear)	6 (yes) 21 (no) 3 (unclear)
Felt a sensation of movement toward and/or reintegrating with the physical body	5 (yes) 28 (no) 11 (unclear) 8 (no answer)	4 (yes) 11 (no)	1 (yes) 1 (no)	3 (yes) 3 (no) 4 (unclear)	3 (yes) 2 (no) 1 (unsure) 1 (unclear)	10 (yes) 14 (no) 4 (unclear) 2 (no answer)

Below is a table that combines the results from Phase I and Phase II:

**Table 7**  
*Separation From and Return to the Physical Body (Phase I & II)*  
N = 252

Features (specific questions)	NDOBE N = 84	LDOBE N = 32	LD- NDOBE N = 2	AMOBE N = 45		OSOBE N = 89
				AMOBE-1 N = 21	AMOBE-2 N = 24	
Conscious awareness when moving out of coincidence with the physical body	3 (yes) 53 (no) 25 (unclear) 3 (no answer)	27 (no) 5 (unclear)	2 (no)	9 (yes) 6 (no) 6 (unclear)	19 (yes) 2 (no) 3 (unclear)	32 (yes) 45 (no) 1 (unsure) 10 (unclear) 1 (no answer)
Felt a sensation of movement toward and/or reintegrating with the physical body	10 (yes) 49 (no) 17 (unclear) 8 (no answer)	4 (yes) 24 (no) 3 (unclear) 1 (no answer)	1 (yes) 1 (no)	4 (yes) 12 (no) 5 (unclear)	8 (yes) 8 (no) 1 (unsure) 7 (unclear)	30 (yes) 40 (no) 1 (unsure) 14 (unclear) 4 (no answer)

The collective results from 252 perceived OBEs from both phases found that conscious awareness during the separation process usually did not occur during perceived NDOBEs and perceived LDOBEs. However, it was reported more often than not during perceived AMOBE-1s and especially so during perceived AMOBE-2s. Furthermore, reports indicated that feeling the sensation of movement back to and/or reintegrating with the physical body upon a perceived return was most often not reported as occurring in every type and subtype except for perceived LD-NDOBEs and perceived AMOBE-2s (with 50% for both based on cases in which it could be determined, but both of these consisted of small sample sizes), but that they instead just suddenly found themselves back with a singularity of consciousness in their physical body.

When perceptions were reported in the detachment from and return to the physical body the manner varied among participants in both phases. For those who reported conscious awareness when moving out of coincidence with the physical body, this included just sitting or standing up, leaving through a part of their body, rolling out, falling out, being thrust out, floating out, and even being pulled or yanked out. Here are some examples from this phase of the research:

[Questionnaire answer:] My dissociated self stood up from the bed, slowly, and felt heavy. The heaviness faded as my dissociated self walked away from my physical body. My dissociated self saw my physical feet under the bed sheet. (#218, OSOBE, non-trans)

[Questionnaire answer:] I heard a loud buzzing and popped out of my body above my left ear. (#162, OSOBE, non-trans)

[Questionnaire answer:] The leaving body was with a whoosh out thru my head. (#130, OSOBE, non-trans)

[Questionnaire answer:] My whole physical body was very relaxed and light weight before it happened and all the time this humming noise in my right ear then slowly I felt a sensation leaving from my feet then right through my whole physical body up towards the top of my head then I was out. (#172, OSOBE, non-trans)

[Questionnaire answer:] My dissociated self kind of rolled over from one side to the other as I was exiting and the awareness of this was very entertaining. (#133, OSOBE, non-trans)

[Questionnaire answer:] I separated by rolling out and then getting myself upright by effort rather than thought. (#113, AMOBE-2, non-trans)

[Questionnaire answer:] Separation was like rolling. Initially it was as if I was actually falling. I had the sensation of rolling over, rolling back, rolling over again. (#226, AMOBE-2, non-trans)

[Questionnaire answer:] Leaving my physical body was a gentle rising up out of my physical body, quite a pleasant feeling. (#185a, OSOBE, non-trans)

[Questionnaire answer:] I heard a roaring noise that became louder and louder then I felt like my dissociated self was pulled out by a force (almost like a vacuum). I was looking down at

my physical body. [Questionnaire answer:] but it was a quick look as I was moving fast, it felt like being pulled up and out, backwards. (#220, OSOBE, mixed)

[Questionnaire answer:] The separation felt like I was yanked out of my physical body and my dissociated body swayed back and forth in a horizontal figure eight motion. (#193, OSOBE, non-trans)

[Questionnaire answer:] I was pulled by a force backwards and slightly upwards out of my physical body. (#109, AMOBE-2, trans)

Those participants from both phases who reported feeling a sensation of movement back to and/or reintegrating with the physical body reported a variety of different ways in which this took place. This including the movement of freely floating back, falling back, being pushed back, being dragged back by some type of entity, or of being pulled back toward their physical body. Here are some examples from this phase of the research:

[Questionnaire answer:] Getting back into my physical body was like a gentle lowering of my dissociated self into my body except for the back of my head which felt like it wouldn't go back in, but as I persisted it suddenly went back in with a sort of thud. The return left me exactly as I was propped up on my bed. (#185a, OSOBE, non-trans)

[Questionnaire answer:] The return sensation was falling and falling fast, backwards and down through a blackness and the roaring was loud and it felt like my dissociated self slammed back into my body. I regained consciousness immediately, but I couldn't move my body for a couple of minutes. (#220, OSOBE, mixed)

[Questionnaire answer:] The sensation was similar to falling, like on a roller coaster or an elevator, and there seemed to be a slight whooshing sound. When [I] "fell" back into the [physical body], my [physical body] "woke" up and there was a feeling in my physical stomach that was slightly nauseated, just like the feeling on a roller coaster. (#212, OSOBE, non-trans)

[Questionnaire answer:] I returned to my body as though I was abruptly falling from a certain height. I even felt when I hit the mattress or that was the sensation . . . more of falling on the bed than into the body. (#151, AMOBE-2, mixed)

[Questionnaire answer:] I was thrown back into my physical body by unseen people, they dragged me forcibly back to my body. They held me by my arms and my feet and threw me down. (#183, OSOBE, non-trans)

[Questionnaire answer:] The return [. . .] felt like a suction, or that I was shot back into my physical body in one quick motion. I was paralyzed for about a minute afterwards. (#193, OSOBE, non-trans)

[Questionnaire answer:] But I recall snapping suddenly back into my physical body. It was a sudden snap like a stretched rubber band snapping and I was back in my physical body. (#232, OSOBE, non-trans)

[Questionnaire answer:] Indeed it was a strong sense of movement back toward my physical body, a strong pull from my dissociated self's back that took it back to the physical body. Then I woke up. (#218, OSOBE, non-trans)

**Seeing One's Physical Body.** Participants in both phases of this research were asked if they saw their physical body during their perceived OBE. Here are the results from this phase:

**Table 8**  
*Physical Body Seen During Perceived OBEs (Phase II)*  
N = 136

Feature (specific question)	NDOBE N = 32	LDOBE N = 17	AMOBE N = 28		OSOBE N = 59
			AMOBE-1 N = 11	AMOBE-2 N = 17	
Physical body seen from extrapersonal vantage point	19 (yes) 10 (no) 1 (unclear) 2 (no answer)	12 (yes) 5 (no)	6 (yes) 5 (no)	7 (yes) 10 (no)	38 (yes) 18 (no) 3 (unclear)

Most of the participants in this phase of the study (as also in Phase I) saw their physical body. However, during some of the perceived OBEs in which the experient had the perception of being in the same proximity of their physical body, they reported that 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 instead simply found themselves in a perceived transcendental environment. There were also some who looked toward where their body should have been and did not see it there, which will be discussed down below under "Incorrect Perceptions."

**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 quantitative results in both phases of this research are based on those who reported having a form at some point during their experience, but there were a small amount of reports in which they may also not have had a form during a portion of that same perceived OBE (though this is not indicated in the quantitative results). Furthermore, for cases of multiple extrapersonal-selves perception (during both phases of this study), the focus for classification was only on the primary extrapersonal self with conscious awareness rather than on the other extrapersonal self (even in some cases where there may have been some form of dual consciousness involved). It also needs to be duly noted here that this feature is sometimes difficult to determine both for the participants and for the researcher. This is because often participants do not look to see if they have a form,

so are sometimes either unsure or simply assume they did or did not. Nevertheless, here are the quantitative results from this phase:

**Table 9**

*Extrapsychic Self Having a Form During Perceived OBEs (Phase II)*

*N = 136*

Feature (specific question)	NDOBE N = 32	LDOBE N = 17	AMOBE N = 28		OSOBE N = 59
			AMOBE-1 N = 11	AMOBE-2 N = 17	
Extrapsychic self had a visible form of some sort	11 (yes) 13 (no) 4 (unsure) 2 (unclear) 2 (no answer)	4 (yes) 4 (no) 6 (unsure) 2 (unclear) 1 (no answer)	5 (yes) 1 (no) 3 (unsure) 2 (unclear)	13 (yes) 3 (no) 1 (unsure)	25 (yes) 20 (no) 9 (unsure) 4 (unclear) 1 (no answer)

Here are the results from Phase I:

**Table 10**

*Extrapsychic Self Having a Form During Perceived OBEs (Phase I)*

*N = 116*

Feature (specific question)	NDOBE N = 52	LDOBE N = 15	LD-NDOBE N = 2	AMOBE N = 17		OSOBE N = 30
				AMOBE-1 N = 10	AMOBE-2 N = 7	
Extrapsychic 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)	1 (unsure) 1 (unclear)	1 (yes) 3 (no) 2 (unsure) 3 (unclear) 1 (no answer)	5 (yes) 2 (unsure)	11 (yes) 9 (no) 3 (unsure) 5 (unclear) 2 (no answer)

Below is a table that combines the results from Phase I and Phase II:

**Table 11**

*Extrapsychic Self Having a Form During Perceived OBEs (Phase I & II)*

*N = 252*

Feature (specific question)	NDOBE N = 84	LDOBE N = 32	LD- NDOBE N = 2	AMOBE N = 45		OSOBE N = 89
				AMOBE-1 N = 21	AMOBE-2 N = 24	
Extrapsychic self had a visible form of some sort	25 (yes) 22 (no) 8 (unsure) 24 (unclear) 5 (no answer)	5 (yes) 12 (no) 10 (unsure) 4 (unclear) 1 (no answer)	1 (unsure) 1 (unclear)	6 (yes) 4 (no) 5 (unsure) 5 (unclear) 1 (no answer)	18 (yes) 3 (no) 3 (unsure)	36 (yes) 29 (no) 12 (unsure) 9 (unclear) 3 (no answer)

The cumulative results from 252 perceived OBEs from both phases does indicate that perceived AMOBE-2s were much more likely to include a report of having a form of some sort than other types and subtypes of perceived OBEs. These results also show that both having a form and not having a form are possible for any type or subtype of a perceived OBE.

As already pointed out in Phase I (King, 2021), and also being the case in this phase, those who reported having an extrapsychic form generally indicated that it was in the same shape as the physical body, but there were some incidents in which they described the extrapsychic form as consisting of some other shape or appearance and some participants reported that their extrapsychic form changed its shape or substance while the perceived OBE was taking place. In some cases they had a form during one portion of the perceived OBE and did not have one during another portion. Furthermore, those who reported that they did not have a form generally had the sense of being a conscious observer without any discernable or observable body.

It should also be noted that in a few cases in which a participant reported having a human form, the age was different than present age at time of occurrence. Here are some examples:

[Questionnaire answer:] I was 16 at the time. My spiritual self looked like I was in a 30 year old body. (#138, NDOBE, mixed)

[Questionnaire answer:] My dissociated self was in the form of me when I was 17. I was 42 at the time of the experience. (#124, OSOBE, mixed)

[Questionnaire answer:] Was filled with excitement and wonder during OBE. Felt that I was aged younger (around 27) as opposed to actual age of 50. (#209, AMOBE-2, non-trans)

**The Physical Body in Transit.** There have been some cases in this research that have included a perceived OBE during the transport of the physical body. This transport usually took place by ambulance or by some other vehicle. The participants reported that during their perceived OBE their extrapsychic self appeared to remain with the vehicle for at least a portion of that transport, either inside or moving along with it on the outside, while also observing their physical body. Here are some of those quotes:

[Questionnaire answer:] I was looking down on myself from the roof space of the ambulance and could see my physical body and the paramedics who were working on me.

[Questionnaire answer:] As I watched my physical body being worked on, everything went dark as I went into this tunnel or void. [Questionnaire answer:] Upon entering the

tunnel/void, I lost all concept of time and I did not regain consciousness until I arrived at the hospital. (#107, NDOBE, mixed)

[Questionnaire narrative:] I remember falling from the tree and getting up off the ground. I stood up and everyone started running towards me so I started walking towards them. They ran right past me. I turned around and said "I'm okay guys. Where you going? I'm right here." They were all huddled around the bottom of the tree and I walked up behind everyone to see what they were looking at. I remember trying to peak around everyone. There were lots of kids and people there, all bent over in a huddle. The next thing I remember, I was hovering in the cab of the big truck looking down at my dad driving, my mom holding me and my dad's friend riding in the back of the truck. I remember viewing the ride from a higher point of view but still being inside the vehicle. [Follow-up interactions:] From what I recall seeing, I remember watching everyone as a bystander as if on the sideline and just as the truck was leaving, I found myself inside of the truck hovering above. It was an immediate, seamless transition. (#132, NDOBE, non-trans)

[Follow-up interactions:] I saw the ambulance attendants arrive. I saw them put me onto the stretcher. I heard my sister tell my brother to go with me, so I wouldn't be scared when I woke up. I saw the attendants carry me down the stairs and load me into the ambulance and the ride to the hospital began. [Follow-up interactions:] Inside the ambulance, I saw the attendants put an oxygen mask on me. I could see everything inside the ambulance, including my brother sitting by the stretcher. Then I was outside the ambulance, about six feet above and behind it as if I were being towed. It seemed important not to lose sight of that ambulance. I had the feeling if I lost sight of the ambulance, I would be dead. As if I was "remote viewing" I saw the hospital with its ambulance bays, even though the hospital was not yet within "line of sight". Suddenly I was back in my physical body. (#171a, NDOBE, mixed)

Here are some additional examples from Phase I:

[Questionnaire answer:] I did [see my physical body]. 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. [. . .] What I saw would most likely be 5-10 min after they found me since I was being carried out and put on a stretcher [and] then loaded into an ambulance. Then again, I saw another ambulance back to back and being put into another ambulance. I later found out that the [. . .] ambulance service in [. . .] was not an advance life support. The ambulance service from [. . .] would not come into [. . .], so there was a transfer at the county line. I do remember being somewhat awake at this time. The attendants were yelling at me to stay awake, all I wanted was to go to sleep. The next experience was while waiting in ER. I could see my parents walk slowly into the room. I saw that from the corner of the ceiling, but only seeing them. (#86, NDOBE, mixed)

[Questionnaire narrative:] 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, NDOBE, mixed)

[Questionnaire narrative:] Finally they decide to call an ambulance. At this point I am laying with my eyes shut but I hear everything being said and done around me and all of a sudden I had an incredible overwhelming sense of peace and I took a heavy sigh and kinda floated up the wall by my head, [. . .] After a short time paramedics came in and did what they had to do and started giving me CPR as we were rolling to the ambulance [. . .] We're in the ambulance and the guy trying to get a pulse shouts to the driver to turn off the heat so he can hear. I heard him yell go I'm not getting a pulse. Next memory is arriving at the hospital still hovered right above myself with the same view[,] out of the corner of my eye I see my wife and her friend. Next memory people all around me some strapping me down the next instant they hit me in the chest with adrenaline and I jerked upwards trying to rip the tie downs. Next I'm breathing okay except my heart trying to explode out of my chest. (#33, NDOBE, non-trans)

**Sense of Peace.** In order to further explore the concept of peace during a perceived OBE during this phase, the multiple-choice format of feelings from Phase I was replaced with an open-ended question that simply asked how the participant felt during their perceived OBE with a number of feelings (that were the multiple choice options of Phase I) given in parentheses as examples, which is stated below:

Please describe in detail your feelings and emotions during the time you perceived yourself to be out of or away from your body (fear, terror, pain, anger, joy, peace, loved, loving, bliss, euphoria, safety, security, etc.). (This is NOT about how you felt while still in your body).

I calculated those who wrote that they had experienced peace either in the open-ended text box or somewhere else on the questionnaire.

**Table 12**  
*Sense of Peace During Perceived OBEs (Phase II)*  
N = 136

Feature (specific question)	NDOBE N = 32	LDOBE N = 17	AMOBE N = 28		OSOBE N = 59
			AMOBE-1 N = 11	AMOBE-2 N = 17	
Felt a sense of peace	17 (yes) 12 (not mentioned) 3 (no answer)	7 (yes) 7 (not mentioned) 3 (no answer)	3 (yes) 8 (not mentioned)	2 (yes) 12 (not mentioned) 3 (no answer)	19 (yes) 34 (not mentioned) 6 (no answer)

Peace was reported in 48 of the 136 incidents in this phase. However, even when the words “peace,” “peaceful,” etc., were not reported, other similar words were sometimes used instead, such as euphoria, serenity, etc., though these were not counted in these results. Other reported feelings were not focused on in this phase. The majority of those experiencing a perceived NDOBE reported a sensation of peace, but there were not any participant comments about peace anywhere on the questionnaire for most of the cases in the other types and subtypes. This differs from Phase I that included a multiple choice format for feelings in which at least 50% or more of all participants in every category endorsed or mentioned peace on the questionnaire.

**Visual Perception.** Although visual perception was not discussed in the Phase I results of this research project (King, 2021), I felt it was important to emphasize some specific points on this matter. Although the open text box answers from questions about sight from both phases were sometimes difficult to interpret with certainty on the participant’s meaning, they generally tended to favor either normality or an increase in visual clarity and vividness across all types and subtypes of perceived OBEs. However, there were some others who reported that their vision was unclear, out of focus, blurry, or hazy. For example, here is a selected sample of those reports:

[Questionnaire answer:] My sight was hazy, but I would describe it as a hazy setting with a sort of geometric weird framing of my vision. At first I saw color but I think it switched between grey and colored mixed coloring. (#139, NDOBE, non-trans)

[Questionnaire answer:] Like I said, very grainy and somewhat out of focus, [. . .] it was dark with dim lighting at the time which made sense but things seemed more gray than usual. (#160, OSOBE, non-trans)

[Questionnaire answer:] I saw in normal color, however at first it was blurry, then my vision got clearer after a little while. (#175, AMOBE-2, non-trans)

[Questionnaire answer:] My sight seemed a little hazy, no field of vision difference from physical sight. It was dark and only streetlights. Though it did seem a little hazier than I would expect. (#113, AMOBE-2, non-trans)

In addition, some of the participants reported they were able to see a much wider area than before. This even included a visual perception spanning up to 360° in some cases. Although there was a question about the clarity of sight asked during both phases, the question did not mention anything about the field of their vision, so their comments about a broader form of sight were not directly solicited and their descriptions contain self-chosen terms (e.g., 360°, etc.). Here are some of those comments:

[Questionnaire answer:] My field of vision seemed to be a bit wider than normal too. I could see items hanging on my wall almost 90 degrees to my right (or left). (#149, AMOBE-2, non-trans)

[Questionnaire narrative:] I seemed to be totally surrounded by darkness but there was a "horizon" - like a line crossing my very weird 360 field of vision. (#151, AMOBE-2, mixed)

[Questionnaire narrative:] Although I'm using words like "in front," and "behind," they are really meaningless as my vision had expanded to 360 degrees. [Questionnaire answer:] My vision had also expanded to 360 degrees. . . . Even though I would "turn" to focus on different things, it wasn't like turning to look at something in the body like we would here. It was just a matter of specific focus, but when I wasn't concentrating on anything in particular, I saw everything at once. (#194, OSOBE, trans)

[Questionnaire answer:] What I found remarkable in that state, was that I was able to see 360 degrees all around in every direction at once, and able to process that consciously. (#200, NDOBE, mixed)

[Questionnaire narrative:] I decided to float up and was looking around my room and it was almost like a fish-eye lens view. [Questionnaire answer:] broader and with near complete peripheral vision. (#133, OSOBE, non-trans)

[Questionnaire answer:] At times it seemed like watching everything through a fish eye lens. Seeing more at the same time. (#186, OSOBE, non-trans)

[Questionnaire answer:] Field of vision was wider. (#183, OSOBE, non-trans)

[Questionnaire answer:] I could see all around, my field of vision was widened. [Questionnaire answer:] Vision, if you can call it that, was altered. My field of vision was very wide. That is the best description I can give. (#151, AMOBE-2, mixed)

There were also some rare reports of the ability to see things clearly in the far distance or to zoom in and out on objects:

[Questionnaire answer:] My field of vision did differ. It was like having on super power binoculars. As if I could see everything and anything way ahead of me. (#213, OSOBE, mixed)

[Questionnaire answer:] I also noticed the ability to zoom in on things. [. . .] Zooming in on my bedroom door, I focused all the way to the individual wood grain of the door. I believe if I would've continued I could've seen molecules and maybe atoms. (#149, AMOBE-2, non-trans)

Furthermore, some participants commented that they normally have vision problems or have to wear glasses for vision clarity, but found that they were seeing clearly during their perceived OBE. This was especially remarked upon in this phase of the research. Here are those comments:

[Questionnaire answer:] I wear contacts so my physical eyesight [is not] perfect. But when I was in OBE it was vivid. (#117, AMOBE-2, mixed)

[Questionnaire answer:] Well, to start, my sight was nothing short of incredible. In the body, I wear bifocals. My senses in spirit were enormously enhanced. (#194, OSOBE, trans)

[Questionnaire answer:] I'm pretty near sighted, but that didn't happen there. (#119, NDOBE, trans)

[Questionnaire answer:] I could [not] see clearly due to me having eyesight problems while in the physical body but when I was out I could see very clear and it looked crystal clear like it was the best high definition ever. (#140, NDOBE, trans)

[Questionnaire answer:] I do have bad eyesight normally I wear glasses, but [ . . . ] everything seemed very vivid a higher definition. (#147, OSOBE, non-trans)

My [ . . . ] vision was so clear. My physical body always required glasses as my vision is poor. (#159, NDOBE, mixed)

[Questionnaire answer:] I normally wear glasses while I could see in my astral form. (#165, AMOBE-1, non-trans)

[Questionnaire answer:] I am normally near-sighted. [ . . . ] In comparison with my normal sight, my vision was clear. (#177, OSOBE, mixed)

[Questionnaire answer:] That's funny. I never thought about it but I could see everything perfectly clearly, which is odd because my glasses had fallen off my face in the accident. I had amblyopia and was extremely nearsighted in one eye. But I was able to see the scene perfectly. (#237, LDOBE, non-trans)

It should also be noted that one of the participants in this study had a perceived OBE that consisted of sense and feeling rather than visual perceptions during the experience. Here is his description:

[Questionnaire narrative:] I noticed a dissociated self hovering about thirty feet above the rolling ball of my body. [Questionnaire answer:] It was dark. I do not remember seeing anything; just feeling the separation/distance of a disassociated witnessing self from my body rolling on the pavement. It seemed like I could sense the rolling but the locus of the sensing was in my dissociated self. [Follow-up interactions:] The experience was more feeling states than visions. [Follow-up interactions:] The distance was felt, not estimated by vision. (#143, LDOBE, non-trans)

**Incorrect Perceptions.** Some perceived OBEs in this phase, as was also the case in Phase I, included incorrect perceptions related to the immediate environment. However, in this phase there were a substantial amount of such cases. Although there was a question about nonsensical content, much of these data had to be gleaned from other parts of the questionnaire or in follow-up interactions. For this reason, I am only reporting in the table below cases that actually included incorrect perceptions somewhere on the questionnaire rather than those who reported they did or did not.

**Table 13**

*Incorrect Perceptions During Perceived OBEs (Phase II)*

*N = 19*

Feature	NDOBE	LDOBE	AMOB		OSOB
			AMOB-1	AMOB-2	
Incorrect perceptions	5	3	3	3	5

As can be seen by the above table, incorrect perceptions of some sort were found in all types and subtypes of perceived OBEs in this phase of the research, equating with at least 14% of the 136 reports. However, because this feature is only being considered in regards to non-transcendental or mixed perceived OBEs with a presumed genuine earthly environment, it really means that at least 16.7% of 114 perceived OBEs that could be reasonably evaluated included incorrect perceptions. Here are the relevant quotes for these incorrect perceptions:

[Questionnaire narrative:] I suddenly knew that my mind was several feet above my body, as if above the car roof. [Follow-up interactions when asked if the roof appeared to be absent or if he saw through the roof as if it were translucent:] I think the roof had visually disappeared but possibly you could say it was translucent. (#110, OSOB, non-trans)

[Questionnaire answer:] I saw my earthly body lying on the "real" floor, from the corner of the ceiling (my disassociated self), and from outside the building looking down. The roof sort of disappeared from the building. (#171a, NDOBE, mixed)

[Questionnaire answer:] I saw my physical body in the bed from my dissociative body in a corner of the ceiling. But it was a high ceiling, not the normal height of a ceiling. [Follow-up interactions:] The ceiling just seemed endless high. (#181, NDOBE, non-trans)

[Questionnaire narrative:] When I looked up at the night sky I was amazed at how much clearer everything in the night sky looked. It was as if I could see into the Ultraviolet Spectrum because I could see all different kinds of celestial objects in the visible space from my front driveway of my home. (#127, OSOB, non-trans)

[Questionnaire answer:] It seemed odd that I could see planets and satellites in my peripheral. Everything else was normal as if I were in my physical body. [Follow-up interactions:] I saw the satellites and planets from very far above the earth. So far that the earth seemed to be the same size as most of the space debris. I was more surprised by the amount than the size. There were so many satellites. They were like a swarm of insects, but not in a negative or scary way. (#192, AMOB-2, mixed)

[Questionnaire answer:] During the experience while returning I noticed a little entrance in the ceiling to the attic in my room that isn't really there. There is one in the house that looks just like the one I saw but it's in my daughter's room not mine. There is no entrance to the attic from my bedroom. [Follow-up interactions:] Also, the flower beds around my house

were mulched with red mulch. There was no mulch in them at the time. (#137, AMOBE-1, non-trans)

[Questionnaire answer:] The wall paper in my bedroom was different. And there was a set of shelves in the room with a single photograph on, the photograph had an image of a mixed race family. (#158, OSOBE, non-trans)

[Questionnaire narrative:] My room looked like my room but definitely not exactly.  
[Questionnaire answer:] There were boxes? lying around. (#184, AMOBE-2, non-trans)

[Questionnaire answer:] My backyard had multiple swimming pools during my OBE, I do not have one. Also [. . .] there were lots of wooden logs piled up [. . .] which would not be there in daily life either. Apart from those two things, everything else was as it usually is. (#210, AMOBE-2, non-trans)

[Questionnaire narrative:] I saw myself (physical self) in an elevator, from above, white sheet neatly folded back, with a white cap on (which I do not think I had on). (#122, NDOBE, non-trans)

[Questionnaire answer:] I vaguely remember seeing my husband sitting with his back against the wall of the delivery room, holding his head in his hands knees drawn up on the floor. But I can't recall moving or anything like that. [My husband] wasn't allowed in the room with me. I'm still puzzled about that. It's been so long ago I wonder if that was a false memory. That's the only memory I question. (#161, NDOBE, non-trans)

[Questionnaire answer:] My wife did not look the same she was asleep [. . .] My wife was the same race but her hair and face looked different. (#165, AMOBE-1, non-trans)

[Questionnaire narrative:] The shape of the bed and furniture are the same. I see the shape of my feet under the bed sheet, but do not see my husband who is sleeping right next to me at the time. [. . .] I walk to the door and it is closed (in the "physical" world, I sleep with the door open). [Questionnaire answer:] It included movement through my current bedroom, but the bedroom was as it was from a different "universe". The shape of the bed, furniture and walls were the same. I could not [see] any of the decorations. [Follow-up interactions:] This [decorations] refers to the physical décor that I have on top of my bedroom commode: jewel boxes, a few bottles of perfume, watches, porcelain figurines. [Follow-up interactions:] In the physical world this [the bedroom door to the hallway] is a regular, wood door but in my OBE there was an oval window in the middle of the door. [. . .] The window in the middle of the door seemed to turn into a mirror. (#218, OSOBE, non-trans)

[Questionnaire answer:] Since there was someone else in the bed at the time [her friend], whose body I definitely saw, I cannot honestly say if I saw my own physical body. I remember seeing one body in the bed, but since it was dark and it happened quickly, I could not be certain (#193, OSOBE, non-trans)

[Follow-up interactions:] I'm pretty sure I was aware of my surroundings and did look at the bed and the surroundings from the ceiling and could not see my body on the bed. (#156, AMOBE-1, non-trans)

[Questionnaire answer:] I did not see my earthly physical body during the out-of-body experience (OBE). At the same time, I was aware that my physical (earthly) body was lying in my bed, but was not aware of "seeing" my physical (earthly) body. [Follow-up interactions:] I saw the bed, but don't remember seeing my body laying on it. (#171b, LDOBE, non-trans)

[Questionnaire answer:] I watched the doctors and nurses move my body from one cot to another. When I descended my body seemed unrecognizable. But I stood there and felt bad for it. It was mangled and tired and done. [Questionnaire answer:] I've since learned in lucid dreaming that one's own body will look distorted in said dream and I wonder if this may be linked to why my body seemed unrecognizable to me. (#120, NDOBE, non-trans)

[Questionnaire narrative:] I fell from a ladder and landed on the edge of a shipping pallet breaking 5 ribs and puncturing my left lung. My "dissociated self" immediately floated about 3 feet above and 3 feet to the side of my "physical body". My normal height is approximately 5' 7". My "physical body" lying across the edge of the pallet, writhing in agony, appeared to be about 3' long and did not resemble me in any way. My recollection is of a large pupa similar to an insect pupa. (#240, LDOBE, non-trans)

In addition, there was another important perceived OBE reported by a participant in this study in which his entire perception was inaccurate.

[Questionnaire narrative:] I was returning from a weekend away demonstrating an electronic device that would detect the attachment of an IED to a vehicle. I was driving my Jaguar XJ6 over the mountain [. . .] Suddenly there was an explosion. The front of the Jaguar was blown into the air. I looked down and saw both my legs were missing. Almost immediately I was outside the car looking down from about six feet in height at myself sitting in the remains of the car, minus my legs. Again almost immediately, I was sat in the car again driving along the road. I applied the brakes firmly and skidded to a halt. I was feeling lightheaded, and the light from the outside appeared quite bright. I picked up my Phillips Class 1 mobile phone fitted in my car, which considering this was in 1989, the phone was a rarity. I phoned home and spoke to my fiancée asking if she thought I was okay. I arrived home about 40 minutes later, entered the home and asked her again if I was alright. If I still had my legs. I troubled my fiancée, got up and went out to the car and drove away. I went about a mile, started around a big interchange, returned home once more and sat in the car with the engine running, in the driveway. My fiancée had called my parents who arrived fairly quickly. They took me to the nearest hospital where I was diagnosed with a depersonalization episode or OBE. I was treated by a psychiatrist for several weeks with no continuing treatment or diagnostic outcome. I have had no other episode since or before. [Questionnaire answer:] The incident suggested to me that I had been blown up. I was overworked and under the pressure from that work at that time in my life. [Questionnaire answer:] I did see my whole physical body or at least what was left of it. I was about 2 feet

from the right-hand driver's door and about six feet in the air to the bottom of my shoes. I was fully clothed in my dissociated self, looking down on myself in the car, the front of which had blown up and parts of the car lay all around. [Questionnaire answer:] I experienced a white flash, saw through the white haze that my legs were missing and the front of my car had disappeared in what I assumed was an explosion. I was then immediately aware I was in the air [. . .] looking down on the scene of my physical body sitting in the driver seat of the car, with both hands on the steering wheel. (#221, LDOBE, non-trans)

**Hearing and Sound.** As in Phase I, the participants in this phase were asked on the questionnaire about whether sounds were heard during their perceived OBEs. Although sounds from transcendental environments were not particularly explored in this phase of the research, there was, however, a focus on whether or not noises coming from non-transcendental environments were heard during their perceived OBEs. This necessitated only including those reports (either from the primary question, the narrative, or follow-up interactions) in which it could be determined with certainty that the participant could or could not hear real earthly sounds (such as people talking, electronic or mechanical noises, etc.) that were in fact occurring within their perceived environment of non-transcendental perceived OBEs (or during the relevant portion of mixed perceived OBEs). This included 52 perceived OBEs during Phase II and the quantitative results for those particular perceived OBEs are provided in the table below.

**Table 14**

*Hearing Real Physical Sounds in Observed Earthly Environments During Perceived OBEs (Phase II)*

*N = 52*

Feature (specific question)	NDOBE N = 15	LDOBE N = 10	AMOBE N = 8		OSOBE N = 19
			AMOBE-1 N = 5	AMOBE-2 N = 3	
Able to hear physical sounds really occurring in an observed earthly environment	8 (yes) 7 (no)	7 (yes) 3 (no)	2 (yes) 3 (no)	3 (yes)	14 (yes) 5 (no)

It should further be noted that even when noises or sounds from the surrounding physical environment were heard, they were usually reported as normal, but there were also some reports that those sounds appeared distant or distorted in some way even though they had the perception of still being in the same earthly environment. Here are those reports:

[Questionnaire narrative:] I was up near the ceiling, parallel to the ceiling, looking down at the top of our heads. I could hear that my mother and stepfather were talking, but I couldn't understand the words. They were simply sounds that had no meaning. [Questionnaire answer:] As I mentioned, I could hear my mother and stepfather making word-like sounds. I

could hear them clearly, but I couldn't understand the meaning of those sounds. (#233, LDOBE, non-trans)

[Questionnaire answer:] I could hear the music that was playing in the room that my physical body was located but very very faintly. When I would return to my physical body I could hear the music just as normal. (#190, OSOBE, mixed)

[Questionnaire narrative:] I could still hear the teacher talking, but his voice was fainter, with a lot of echo, as though he was talking from the back of a long tunnel. (#114, OSOBE, non-trans)

[Questionnaire answer:] Sound was muffled . . . almost like I was underwater. (#126, OSOBE, non-trans)

**Perceived-OBE Personages.** There were 29 perceived OBEs with reports of seeing perceived-OBE personages during this phase in which a positive endorsement was based on an actual question about this matter and/or having gleaned it from other self-reported content in the questionnaire or follow-up interactions. During the first phase there were 35 such reports. The cumulative total of 64 out of 252 perceived OBEs gives us a total of just over a quarter of all perceived OBEs in this study (25.4%). This included perceptions of what the participants identified as various types of entities/spirits, deceased people, angels, or some form of deity. However, in both phases, reports of seeing an additional extrapersonal self (multiple extrapersonal-selves perception) were not included in these quantitative results. It also does not include a few reports of seeing perceived-OBE personages that were only seen while in a state of sleep paralysis (with an impression of still being in their physical body), but then not seen during the perceived OBE portion itself (in this phase there was at least one such case that was quantified as “no,” and at least one case that was quantified as “unclear”). Although there were also some additional reports of hearing, feeling, or sensing a perceived-OBE personage without seeing them, the primary focus of this research so far has been on actually seeing them in some type of form or shape, so these reports are not included in the quantitative data below.

**Table 15**  
*Perceived-OBE Personages Seen During Perceived OBE (Phase II)*  
*N = 136*

Feature (specific question)	NDOBE N = 32	LDOBE N = 17	AMOBE N = 28		OSOBE N = 59
			AMOBE-1 N = 11	AMOBE-2 N = 17	
Perceived-OBE personages were seen*	11 (yes) 18 (no) 2 (unclear) 1 (no answer)	2 (yes) 13 (no) 1 (unsure) 1 (no answer)	2 (yes) 8 (no) 1 (unclear)	5 (yes) 10 (no) 1 (unclear) 1 (no answer)	9 (yes) 43 (no) 2 (unsure) 5 (no answer)

\*“Perceived-OBE personages” can indicate deceased relatives, spirits, angels, or various forms of deity. This only refers to personages that were actually visually seen, and does not include cases in which they were only sensed, felt, or heard. It also does not include deceased pets (though there were no such reports of deceased pets in this phase).

As can be determined by the above table, seeing perceived-OBE personages was again, as in Phase I, reported as having occurred during all types and subtypes of perceived OBEs.

**Deceased personages.** During this phase of the research, there were only six perceived OBEs that included a perception of actually seeing a *known* deceased relative, loved one, or friend. This took place during perceived NDOBEs (3), perceived OSOBEs (2), and a perceived AMOBE-2 (1). It should be pointed out, however, that the focus in both phases of this research so far has been on deceased spirits that the experient *knew* and identified as such.

In some other cases of seeing spirits without any reported *known* deceased personages, it was stated or inferred that some of those spirits that were seen included deceased spirits that were *unknown* to the experient. This was the case in at least five perceived NDOBEs from the first phase and at least one perceived NDOBE during this second phase. The total amount of accounts in which deceased personages—both known and unknown to the experient—were reported by clear statements or inference from both phases combined consisted of at least 23 cases out of 252 accounts (9.1%). This consisted of 15 cases out of 86 (17.4%) that occurred during real near-death circumstances (perceived NDOBE/LD-NDOBE) and eight cases out of 166 (4.8%) that were not associated with real near-death conditions (perceived LDOBEs, perceived OSOBEs, and perceived AMOBEs). However, there have been no clearly reported cases so far in this research of actually seeing either known or unknown deceased persons during a perceived LDOBE.

There are a few other cases for which it was either unclear, or the experient was unsure, if any of the personages seen were deceased. Furthermore, there were also a few cases in this research so far in which known deceased personages were sensed and/or heard—but not seen—that are not included in these quantitative results. During Phase I there was also a deceased pet cat during a perceived NDOBE that was seen that is also not included in those results. I also wanted to point out that a Jesus personage was seen in at least four perceived OBEs reported during the first phase of this research and in at least six perceived OBEs reported during this phase, and that in eight of those accounts no actual deceased personages were clearly reported. However, I did not categorize these cases of seeing Jesus as having seen a deceased personage because he was generally interpreted as that of a divine personage by participants, which would have included the Christian belief by some of them that he was physically resurrected and now alive from the dead rather than deceased. Nevertheless, I felt it was important to note these cases here for review as well since he did previously live on the earth and die before being resurrected. There were not any reports in either phase of having seen Mary, the mother of Jesus, nor deceased apostles, prophets, or famous people.

**Living personages.** It is also important to note here that there were four cases during this phase in which the participant reported seeing and/or hearing living personages in a perceived OBE even though those people were still physically alive on the earth at the time. Here are those four accounts:

[Questionnaire narrative:] The next thing I saw was [my boyfriend’s] face. We were talking, he was telling me all the beautiful things we have done together, and wonderful things we would still do. Such as our future home, kids, trips we would take together, etc. I remember

looking around while [my boyfriend] was talking and everything was white, like a white room, with nothing in it. I felt light as a feather, I felt air coming into my lungs, I could feel my hands. And in some distance, I could see [my deceased] granny on her rocking chair drinking coffee. She would head nodding to everything [my boyfriend] say, "yes, yes you two will do that." I was so confused. I didn't know if what I was seeing was real. Then [my boyfriend] smiled and I just thought "he has such a beautiful smile". He then put his hand on my left arm - I felt it! I felt his warm hand - and he said "baby, for all that to happen you need to wake up. You gotta fight this so we can live our lives together."; and granny would nod in agreement. (#191, NDOBE, trans)

[Questionnaire answer:] I saw a group of about 8 or so of my living relatives. Some who live overseas. I was glad to see them and they were glad to see me. (#210, AMOBE-2, non-trans)

[Questionnaire narrative:] I had interactions with several other dissociates, but this time there was no shared visual space or spoken words. I could tell they were nearby and they knew I was there and we were just in some sort of shared thought space. I was just looking at my body and looking around my room while we were conversing. The identities of all but one of them were lost to me upon awakening so I cannot say whether they were "deceased" or what relationship they were to me other than we were very close like family or friends. The other was a current love relationship. We "discussed" our current situation and the near future, but it was very casual and did not feel like new information. It was like remembering the now and the future. [Follow-up interactions:] She [my current love] does not have any memory of this. [. . .] During this OBE she was actually across town visiting her family. When we talked she only mentioned that she was asleep during that time period. (#133, OSOBE, non-trans)

[Questionnaire narrative:] Then my mother's voice said, "you're so cold." That's when I physically woke up in a panic already crying. The time I awoke was at 3:22 AM I had been asleep for only an hour and a half maybe. For reference my mother is still alive. [Questionnaire answer:] I heard nothing from the physical world. (#144, AMOBE-1, non-trans)

**Facial features.** There was also a new focus concerning perceived-OBE personages during this phase of the research project. Having studied through thousands of accounts of perceived OBEs over the years, I had noticed an interesting pattern in regards to perceived-OBE personages. Not only were they quite often only felt, sensed and/or heard (most often telepathically) rather than seen, but facial features were frequently absent even if they were seen. Over and over again I found one account after another in which facial features were absent due to one reason or another; their faces (even when humanoid in nature) were often veiled, covered, shadowed, silhouetted, obscured, featureless, blurry, or located behind the experient or out of view. Exactly how common this is was difficult to determine because this specific detail was frequently left out of self reports and so far I have not been able to find any indications that it has ever been specifically asked about and reported in published research with any type of quantitative results. So in this phase I decided to add this question to the section about seeing perceived-OBE personages. The open text area was for a collective response to several different questions about perceived-OBE personages, and some of the participants who actually reported seeing a perceived-OBE personage did not make any response to this specific question about

features, but some did. In other cases where they did not, I was sometimes able to glean this information from other portions of the questionnaire or through follow-up questions by email. Here are the quantitative results of that analysis:

**Table 16**

*Facial Features on Seen Perceived-OBE Personages (Phase II)*

*N = 29*

Feature (specific question)	NDOBE N = 11	LDOBE N = 2	AMOBE N = 7		OSOBE N = 9
			AMOBE-1 N = 2	AMOBE-2 N = 5	
Observable facial features on perceived- OBE personages	3 (yes) 3 (no) 5 (unclear)	2 (yes)	1 (yes) 1 (unclear)	1 (yes) 1 (yes/no) <sup>a</sup> 2 (no) 1 (unclear)	1 (yes) 8 (no)

<sup>a</sup>Indicates that facial features were seen on one or more perceived-OBE personages but not seen on one or more other perceived-OBE personages.

As can be seen in the table above, without taking into consideration perceived-OBE personages that are not even seen (such as those that were only felt, sensed, or heard), facial features were often absent for one reason or another. In fact, based on the 29 cases in this phase of the research that reported actually seeing a perceived-OBE personage, there were at least 13 (or 14 if we consider the one case in which seeing facial features was mixed) incidents that either endorsed or seemed to infer the absence of clear and visible facial features for one reason or another, which equates to at least 44.8% (or 48.3%, respectively). This analysis also indicates that this absence of facial features can occur during all types and subtypes of perceived OBEs. Below are the comments from most of the participants who indicated or seemingly inferred that they were not able to see facial features for one reason or another:

[Follow-up interactions:] The person who appeared in front of me and spoke to me was male and likewise looked lifelike. He was definitely saying something to me—I can't remember the facial features although he was very close—but it was as if my presence had surprised him. (#109, AMOBE-2, trans)

[Questionnaire answer:] The faces were not visible[. . .] There was no cloak[,] just blurry[. . .] The form of what I saw was the person I spoke to at [the] front[,] then graduating to 4 behind them all the way like a triangle all had cloaks on[,] looking at me. (#148, NDOBE, mixed)

[Questionnaire answer:] The beings were like shadows. No faces but I seemed to know them.  
[Questionnaire answer:] As I got closer I saw the beings milling around. But they were human shaped . . . that is erect. I don't remember faces or details about their clothing, etc. I seemed to know them and they knew me. (#131, OSOBE, mixed)

[Questionnaire answer:] I saw my deceased husband. My husband was not dressed[;] I could see his form only, no facial features, (#196, OSOBE, non-trans)

[Questionnaire answer:] The figure definitely looked male. Broader shoulders. Tall. Lean. It was all shadowed. [Questionnaire answer:] There was someone walking up my way. I squinted against the sun light, but all I could make out was a tall, deep shadow moving against the sky line. I called and waved. Knowing I knew them, even though I have no idea how, looking back. (#119, NDOBE, trans)

[Questionnaire narrative:] Then there was so very, very much he [her deceased father] showed me, he to me was a very small beautiful star bit of light, glowing so beautifully. [Questionnaire answer:] As I looked to the light, on the corridor which to me was very long, there were shapes, that were not fully defined, as human, but there was and with them as I said joy, and hope. No physical human body but a mass of unfinished formation. [Follow-up interactions:] [There] were shapes, beings with no definition, but upright and covered by hooded capes, I couldn't see features but felt they were sentient like me [She further confirmed to me that she did not see facial features on her deceased father or the hooded personages.] (#178, OSOBE, trans)

[Questionnaire answer:] In this particular OBE, I was with a familiar entity who seems to have been with me my whole life. It seems she communicates telepathically. She has very long hair and is tall. She told me my work wasn't yet finished in the earthly realm. It had to do with helping and service to others. [Follow-up interactions:] I can't remember the face distinctly but she seemed like me, or a distant grandmother or future self, but surrounded by very bright golden and white light. (#177, OSOBE, mixed)

[Questionnaire answer:] I encountered [. . .] the silhouette of what I believed at the time to be Christ. [. . .] This Being was over 100 feet tall compared to me, and was emanating a deep blue radiance which was constantly shifting and streaming outwards, almost like a Supernova safely contained within the silhouette. He had no features, yet I instantly knew it was him. (#194, OSOBE, trans)

[Follow-up interactions:] Looking back at my notes I wrote that there were 2 ladies then walking with me. One was a heavier set African American woman. As I was walking with this/these person(s) I wasn't able to see them well/some kind of blocking (this happens sometimes) but I knew there was a person with me communicating with me. (#184, AMOBE-2, non-trans)

[Questionnaire answer:] I had a knowing that the lights around me were other souls and their guides. I couldn't see details - they were almost like columns of glowing white light. [Follow-up interactions:] I did not see facial features. (#220, OSOBE, mixed)

[Questionnaire narrative:] Then I was gliding away, down what seemed like a huge forever wide tunnel, with vague openings or archways, along the walls. With seemingly people figures standing in them looking at me glide by. And far away down the cavern figures by

huge numbers were standing looking toward me as I traveled toward them. [Questionnaire answer:] I seemed to be floating toward a huge cavern of light with blurred figures far down the tunnel. [Questionnaire answer:] None of the many blurry figures spoke, or reached for me. (#230, NDOBE, mixed)

[Questionnaire narrative:] There was what appeared to be a 'being of light' coming through the wall, in a loosely human shape. It was made of 'light' 'fire coloured energy'. I had the sense that the 'figure' was merging from way back beyond the wall and travelling forward into the room. [Questionnaire answer:] The 'being of light' had no human features. It was pure 'energy'. [Follow-up interactions:] But, it had a shape like a human – if that helps. The 'nearer' it came through the wall, the more of a 'shape' it started to take on, so that I actually thought it could walk out of the wall towards me, if I hadn't jumped back into my body, before it had time to. (#222, OSOBE, non-trans)

[Questionnaire narrative:] There were several "monk"? - beings that were bluish white with white robes and bald heads but they were featureless; almost like a body made of white energy. (#209, AMOBE-2, mixed)

[Follow-up interactions:] The Devil, on the other hand, had no facial features; it was just an empty black space where his face should have been. It looked like he was wearing a sort of dark cloak. (#190, OSOBE, mixed)

Here are remarks from some of those who indicated or inferred they were able to see facial features of perceived-OBE personages:

[Questionnaire answer:] My guide and other souls at this campus were very vibrant [with] vivid face and bodies. (#138, NDOBE, mixed)

[Questionnaire answer:] Their faces were very sharp and clear as were their garments/robes/hair. (#209, AMOBE-2, mixed)

[Questionnaire narrative:] I remember this figure was big the hair made me think of dread locks and I remember the eyes looking at me. [Questionnaire answer:] I saw a silhouette of a head and shoulders. It seem[ed] to fall out of the light. I could only see the shape of the figure and the shape of the facial features. I don't know how I could see the features of the face but I could even though it was like a silhouette. (#203, OSOBE, trans)

[Questionnaire narrative:] Then He [Jesus] just looked at me and smiled, an amazing smile, I can't wait to see it again. (#128, LDOBE, trans)

[Questionnaire answer:] *At the same time*, as I was talking to the entity, my *non-physical eyes* were seeing its face. (#171a, NDOBE, mixed)

[Questionnaire narrative:] The next thing I saw was [my boyfriend's] face. [. . .] Then [my boyfriend] smiled and I just thought "he has such a beautiful smile". (#191, NDOBE, trans)

[Questionnaire answer:] He had brown hair with golden highlights. His features were beautifully flawless with a golden glowing light colored bronze skin tone. [Follow-up interactions:] Yes. I did see the facial features of Jesus Christ when I found myself in His presence. He was beautifully handsome. The most perfect person I had ever witnessed. (#235, AMOBE-1, trans)

There is another case in which it is not clear whether or not the participant was able to see facial features:

[Questionnaire narrative:] I had a conversation with a strange being. [Questionnaire answer:] Words were written all over her/his face. It was some kind of shape shifter: male and female. (#153, AMOBE-1, mixed)

Here are some additional reports from Phase I—even though this question about seeing facial features was not asked in that phase—that may be indicating, inferring, or implying the absence of facial features:

[Questionnaire answer:] The he/she very tall healer in white. I did not see her/his face. (#52, NDOBE)

[Questionnaire answer:] I saw silhouettes of people during my first NDE. I could not discern clothing, nor if they were male or female. [. . .] I recognised my grandmother's silhouette but saw no details. (#60a, NDOBE)

[Questionnaire answer:] Did not see God but was with a person that I can't say was man or woman, also the people I saw were like shadows going by, but I knew they were people. (#13, NDOBE)

[Questionnaire narrative:] Then I saw a table and there were 3 or 4 figures sitting behind the table in chairs. I couldn't see their features but they were not scary. (#18, OSOBE, trans)

[Questionnaire answer:] The main spirit I saw I felt was a male energy. I could not really see what he looked like or what he was wearing. (#94, NDOBE, mixed)

**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 generally appearing in an uncontrollable and/or rapid manner, often consisting of interactions with others. Though I use the term "self-inclusive," this can mean either a first-person or third-person perspective of past events or activities as long as the experient was previously actually there in those scenes. This definition also allows for the possibility of seeing all those scenes simultaneously rather than in a strictly linear or sequential 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, three participants from this phase each clearly reported one such event that can be defined as a VLRE.

**Table 17**  
*Visual Life Review Experiences (Phase II)*  
*N = 136*

Feature (specific question)	NDOBE N = 32	LDOBE N = 17	AMOBE N = 28		OSOBE N = 59
			AMOBE-1 N = 11	AMOBE-2 N = 17	
Visual life review experience	3 (yes) 24 (no) 5 (no answer)	15 (no) 2 (no answer)	11 (no)	16 (no) 1 (no answer)	54 (no) 5 (no answer)

Here are the three reports of VLREs that took place during a perceived OBE:

[Questionnaire narrative:] Had a very intense lifetime review, from the perspective of everyone I have interacted with. Good to middling to bad was the perspective. [Questionnaire answer:] Felt, saw, smelled, heard, and touch of every experience of my life review from their perspective. 4D IMAX surround sound is a pale imitation. (#138, NDOBE, mixed)

[Questionnaire answer:] I was shown a 'movie' of my entire life up to that point. The imagery was as if it was an actual experience, but too many to describe. [Follow-up interactions:] The life review was a peculiar affair, especially regarding time. It was exactly as it happened in real life, but centered on specific activities and interactions during my life (important ones, that is . . . not things like blowing one's nose or doing mundane life essentials). Although this involved some considerable time, it felt to me that only a few minutes had passed, enduring each scene. All scenes were in colour, and moving as normal in life. Yes, I observed the scenes as third person. (#200, NDOBE, mixed)

[Questionnaire narrative:] I had a life review early in the experience, seeing all I had experienced in this life. [Questionnaire answer:] I had a complete life review from birth to the present, in a timeless witness, with feelings and images. [Follow-up interactions:] I no longer experienced the "arrow" of the flow of Time. Time had stopped, and my experience was of ETERNITY. I was a Witness observing every moment of my life. It was in moving images, not still, in full color. I mostly observed all actions and events, but could "re-experience", with either full or partial identification with my past experience. Most content was completely ordinary and mundane. One discrete recollection involved an ordinary meal "supper", the food served, family present, and the totally ordinary discussion occurring. I seemed to comprehend more clearly "why" things happened, and I felt more LOVED than ever before! [Follow-up interactions:] I observed all my experiences as if my location was slightly above the crown of my head, but I could also simultaneously see through my eyes in the scenes I witnessed. If the scene had powerful feelings, strongly positive or negative, I would find myself completely identified with my body in the scene, and looking only through the eyes of my body. When the waves of excess emotion subsided I would again regain the dual identification: my "higher spiritual individual self" whose observation-point

was just above the crown of my head and simultaneously observing the scene through my eyes. Along with this, during what I call dual identification, I also was aware of a locus just above my physical heart in the center of my chest. There I felt a joyful and understanding quality of Love and a “making sense” of the events I witnessed. There was a “felt” connection to a benign Loving Spirit. During intense emotional re-living, as I said, I would lose perception of observing from above my crown and also become unaware of the Loving Spirit Presence above my heart—the identification with emotions seemed to “cloud” my perception for a while during strong emotions. My review was in the first person primarily. Occasionally I observed the scenes from a higher point; on a few occasions in the review I had moments of identification with all the people and objects in the room or environment, including feelings and thoughts of all present, giving me clarification of certain events. TIME felt as if I was in Eternity, fully, in the Present Moment. (#129, NDOBE, trans)

It also needs to be noted that there was one report of what might be a non-visual life review experience as quoted below:

[Questionnaire answer:] I could sense my past actions whizzing past me so rapidly. I knew it was occurring but I could not see it. The only past action the Supreme Being mentioned was one good deed I did helping a boy after kids stole is bag of Halloween Candy. I gave him my bag of candy and told him something spiritual to encourage him. (#159, NDOBE, mixed)

It should be pointed out that all VLREs reported in this study took place either during a perceived NDOBE or a perceived LDOBE, and that there are not any reports of such occurring during perceived OSOBEs or perceived AMOBEs.

In this research so far, there has been a combined total of seven definite VLRE reports from the two phases. The table below indicates basic information about the reported VLREs, including the type of perceived OBE, the immediate circumstances, and the temporal factor in relation to the perceived OBE.

**Table 18**  
*Visual Life Review Experiences*  
N = 7

Features	NDOBE N = 6	LDOBE N = 1
Associated circumstances	Sudden physical trauma (1) Vehicle accident (1) Heart attack (1) Cardiac arrest (2) Organ failure (1)	Syncope from fear (1)
Temporal factor	During perceived OBE (5) Prior to perceived OBE (1)	During perceived OBE (1)

**Other Reported Visual Phenomena.** There are a number of other types of visual phenomena that have been reported during both phases of this research, though I have now better

refined and categorized them since Phase 1. I will now discuss these other types of visual phenomena in more detail and also note how those I introduced in Phase 1 should be categorized.

**Visual death preview experience (VDPE).** The VDPE refers to a preview of imagery related to an experient's possible death, sometimes actually seeing the potential death take place, but at other times observing the conceivable future after the experient's death and/or absence from this current life with a focus on how that might affect loved ones or others. Though there were two reports of VDPEs in Phase I (King, 2021, pp. 19–20, participants #10, #16c), there were also two reports of such in this phase. The first one is below:

[Questionnaire narrative:] He then asked if I wanted to stay there or go back? Before I could answer he showed me the future of my mother. She would have cancer, be sad, and have nobody to really give her support. [Questionnaire answer:] [I] saw the future of my mother who would develop cancer. I could see she was upset and all alone without support. This vision happened after the Supreme Being asked me . . . if I wanted to go back or stay there. (#159, NDOBE, mixed)

**Visual life preview experience (VLPE).** The second report of a VDPE I did not yet quote also included a VLPE, which is a preview of imagery conveying supposed possibilities of an experient's potential future if they continue living, sometimes in relation to the positive effect they might have on loved ones, but other times just the possible outcomes for the experient in the future (see King, 2021, p. 20, participant #66). Here is that second VDPE report for this phase that also included a VLPE, as was the case for participant #10 in Phase 1 as well (King, 2021, pp. 19–20):

[Questionnaire narrative:] I know I was given a choice—I could stay and move on, or I could return to my physical body. I would have chosen to stay and go on except for my concern about my children. I had three small children at the time—Aged six, four and two. I know that I was shown their lives—both if I stayed and if I returned. I was not allowed to remember the details of what I was shown, but I remember I was allowed to make a choice based on what I saw. (#219, NDOBE, trans).

**Visual life-relations reminder (VLRR).** Another visual phenomenon found in this research (both Phase I and Phase II) was the VLRR, an involuntary influx of non-self-inclusive imagery of living loved ones that manifest as a reminder of loved ones still alive on the earth; however, this particular visual phenomenon can sometimes also consist of only one image or a moving (sometimes quite realistic-like) vision. There were three cases reported in Phase I (King, 2021, pp. 20, participants #43, #54, #66) and there were what seems to be at least two such reports in this phase.

[Questionnaire narrative:] Then He [Jesus] said, “Do you want to go back”? I looked at Jesus not really understanding, I had no recollection of Earth or anything in it. Then something crazy happened. A Book appeared in front of me, almost like a holographic book floating in front of me, I recall a blue light around it. Then the pages started flicking very fast, each page has a picture of EVERYONE I knew on earth, each image appeared in my mind, it's like the book and my mind were connected, like Jesus possessed all my memories in book form. [. . .] I was able to grasp every page and have enough time to decide on each picture even though

the pages were flicking through at a very very high rate. Eventually I saw a picture of my Mother and I said “Yes!!” to his original question to me. Then I remember, He looked at me again with the deepest smile and said “Are you sure?” And I said “Yes” again, at that point I had remembered my mother and wanted to go back to where she was. (#128, LDOBE, trans)

[Questionnaire answer:] I did see my mother and sisters and some friends and they came through as thoughts or images in my “dissociated self”. (#228, LDOBE, mixed)

It should be noted that, like in regards to the VLRE, all of these other types of visual phenomena in both phases of this study either took place during a perceived NDOBE or a perceived LDOBE, and that there are not any reports so far of such during perceived OSOBEs or either subtype of perceived AMOBEs.

**Tunnels.** The word “tunnel” (or any word indicating a tunnel) was not used in the questionnaire for either Phase I or II in order to prevent providing a suggestive term that already heavily populates NDE literature, so any use of this term was participant-derived in explaining their experience. The following data were gleaned from examining each of the participant’s narrative report and written responses to other areas of the questionnaire. Some specifically volunteered without being asked that they did not encounter a tunnel. Below are the quantitative results from this particular phase:

**Table 19**  
*Reports of Tunnels (Phase II)*  
N = 136

Feature	NDOBE N = 32	LDOBE N = 17	AMOBE N = 28		OSOBE N = 59
			AMOBE-1 N = 11	AMOBE-2 N = 17	
Tunnels	8 (yes) 2 (no) 22 (no mention)	1 (yes) 16 (no mention)	1 (yes) 10 (no mention)	1 (yes) 16 (no mention)	3 (yes) 1 (no) 55 (no mention)

*Note.* There was no direct question asked in regards to a tunnel in order to avoid the use of suggestive terms, so the “yes” refers to those who mentioned experiencing a tunnel, whereas the “no” simply consists of those who specifically volunteered that they did not encounter a tunnel, and “no mention” simply indicates that there was no comments made about a tunnel at all.

As we can see above, tunnels were reported during all types and subtypes of perceived OBEs. There were a total of 14 participants in this phase 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 (8), a perceived LDOBE (1), a perceived AMOBE-1 (1), a perceived AMOBE-2 (1), and perceived OSOBEs (3). During Phase I there were 12 participants that encountered a tunnel, which occurred during perceived NDOBEs (6), a perceived AMOBE-1 (1), a perceived AMOBE-2 (1), and perceived OSOBEs

(4). When we combine both phases, this results in a total of 26 reports of tunnels during perceived NDOBEs (14), a perceived LDOBE (1), perceived AMOBE-1s (2), perceived AMOBE-2s (2), and perceived OSOBEs (7). Here are the quotes from those encountering a tunnel in this phase of the research:

[Questionnaire narrative:] I freaked out but choose to stay at the ceiling. Then I flew into a dark brown tunnel. Every time I was afraid I would stop in the tunnel and when I let go of fear my travel continue. I end up at a long table and lit the candle at the table. I went back through the tunnel and end up in my house where I had a conversation with a strange being. Words were written all over her/his face. Then I was back in my body. (#153, AMOBE-1, mixed)

[Questionnaire narrative:] I then found myself flying and in a completely different setting I've never seen before. Others could see me and I told them I was out of my body. Perhaps this was a different dimension. Then I found myself traveling very fast at lightning speed through a large type tunnel it looked like those you go through in water theme parks but it was white, and with a thump I landed back in my body and opened my eyes. My ears were ringing very loudly. (#175, AMOBE-2, non-trans)

[Questionnaire narrative:] Whilst driving approximately 80kmh a truck driving fast shot out from left-side side road (driving on left in Cyprus) head on collision. Had Full NDE (5th in life). Rapidly past through tunnel into beautiful white (otherwise indescribable) light. (#121, LDOBE, trans)

[Questionnaire answer:] My physical body jerked upwards, my back arching as my dissociated self left my body. As I watched my physical body being worked on, everything went dark as I went into this tunnel or void, where I could smell burning and hear a lot of voices from people that I did not recognize. [Questionnaire answer:] My movement was through a tunnel that never ended. (#107, NDOBE, mixed)

[Questionnaire narrative:] I was in a country restaurant, passed out, hit the floor. A doctor there performed CPR but gave up and covered me with his coat while waiting on ambulance. Meanwhile, I was overhead watching all this, then I was gliding away, down what seemed like a huge forever wide tunnel, with vague openings or archways, along the walls. With seemingly people figures standing in them looking at me glide by. And far away down the cavern figures by huge numbers were standing looking toward me as I traveled toward them. [. . .] I awoke in the restaurant on the floor and pushed the coat off my face, causing quite the stir among the crowd around me! [Questionnaire answer:] I seemed to be floating toward a huge cavern of light with blurred figures far down the tunnel. (#230, NDOBE, mixed)

[Questionnaire answer:] My dissociative self was so close to my physical body that all I could see of my physical body was my face. Then I moved backwards very quickly and was instantly in the black space many describe as a tunnel. (#115, NDOBE, mixed)

[Questionnaire narrative:] I was above my body in emergency room. Not knowing how, I levitated to where my mother was in waiting room hearing and seeing her cry when nurse

told her what happened to me in ER. Then I was yanked upwards to a bright light tunnel where I arrived in what looked like bright cathedral with hallways in different directions. (#234, NDOBE, mixed)

[Questionnaire answer:] As I moved through what I call a tunnel of 'anti-light', I was aware of many intelligences associated with myself, who expressed excitement at my experience, and accompanied me down this 'tunnel'. (#200, NDOBE, mixed)

[Questionnaire narrative:] After jumping out of my body, I viewed a tunnel with an intense light that pushed me forward without any effort on my part. (#138, NDOBE, mixed)

[Questionnaire narrative:] My physical body blacked out. [. . . I then] felt like I was in what started out as a dark tunnel and spiraled into towards light. I felt like I was in a tunnel being pulled towards something divine. I could hear what sounded like children playing, they all sounded so happy and peaceful. Then I was spiraled back into my physical body and was being slapped back to life. (#125, NDOBE, trans)

[Questionnaire narrative:] All I remember is drowning trying to desperately to reach the side, then blackness followed. I remember a light and swiftly flying through this immense tunnel of multicoloured lights which was the universe at high speed. Then I saw a light at the end of the tunnel there I saw my dead mother who said it's not my time and that she loves me so very much. With that I awoke in the swimming pool side with staff and an ambulance. [Questionnaire answer:] [What] I saw was the light and the multicoloured tunnel which now I'm guessing was the universe but like how a wormhole would look if you was to pass through it, it's like that movie Stargate when they go into the gate and it whirls and twists around the galaxy but mine was multicoloured. (#140, NDOBE, trans)

[Questionnaire narrative:] This particular OBE occurred in China in the 1980's just after a laparoscopy exploring endometriosis, and I'd been given morphine. My dissociated self (DS) was hovering above my physical body (PB), then my DS rose and streaked through a tunnel of bright light, as though being pulled. My DS came to sit on a huge arc of light over the earth. [. . .] S/he/it sent me back through the tunnel and I arrived back in my body. (#177, OSOBE, mixed)

[Questionnaire narrative:] Then I feel a strong pull through a tunnel-like feeling, from my back. I'm being pulled back to my lying physical body and in those seconds during the pull, everything is black. I wake up slightly tired and startled, but not terrified and exhausted as it happened in some of my previous OBE's. [Questionnaire answer:] During many of my previous OBE's I would wake up scared after being pulled back to my physical body because I only saw everything black during the pull, like a void. This time, I fully realized that the black/the tunnel are simply the transition, the pull back to my physical body. (#218, OSOBE, non-trans)

[Questionnaire narrative:] I was moving up through and out of my head from my feet and when things got dark I was in the tunnel but not conscious of a tunnel, just ensconced in a guided darkness and not asleep because I could hear the television in the darkness.

Eventually as I approached the light I could no longer hear the television. When I returned it was not so much that I returned but that I had left the light and entered the darkness before I could hear the television again which told me I was back in my original state. (#118, OSOBE, trans)

Most of these accounts started as a transcendental perceived OBE or ended up as one, except in two cases in which the tunnel was only experienced in association with a return to the physical body (one from another location that appeared to be earthly in nature and the other from the impression of being in the same room in the proximity of the physical body). Most of the time when tunnels were encountered they acted as a passageway to some other location away from the proximity of the physical body. However, some of the tunnel encounters included a trip through a tunnel twice: once to what is presumed to be a different location and then again either back to the proximity of the physical body or back into the body, though this usually was not the case.

**Observed Somatic Continuance (OSC).** One important finding from Phase I was 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. There were more such reports in this phase. Although there were no questions directly asking about this feature on the questionnaire in either Phase I or II, these were discovered while examining the narratives provided by the participants.

**Table 20**

*Observed Somatic Continuance (Phase II)*

*N = 136*

Feature	NDOBE N = 32	LDOBE N = 17	AMOBE N = 28		OSOBE N = 59
			AMOBE-1 N = 11	AMOBE-2 N = 17	
Observed somatic continuance	32 (no)	3 (yes) 12 (no) 2 (unclear)	11 (no)	17 (no)	10 (yes) 45 (no) 4 (unclear)

During this phase of the study there were at least 13 cases of OSC out of 136 as shown in the table above. This occurred during perceived LDOBEs (3) and perceived OSOBEs (10), but just as in Phase I there were not any reports of such during perceived NDOBEs. There were also 18 reports of OSC out of 116 perceived OBEs in Phase I, which occurred during perceived LDOBEs (7), perceived AMOBE-1s (3), a perceived AMOBE-2 (1) and perceived OSOBEs (7). When the results from both phases are combined, OSC occurred during perceived LDOBEs (10), perceived AMOBE-1s (3), a perceived AMOBE-2 (1) and perceived OSOBEs (17). This now indicates so far that OSC can occur during all types and subtypes of perceived OBEs other than perceived NDOBEs (and LD-NDOBEs). Here are the new reports from this second phase:

[Questionnaire narrative:] Some twenty years ago, driving along a major road and approaching a roundabout, I suddenly knew that my mind was several feet above my body,

as if above the car roof. I was looking down on my hands on the steering wheel over which I felt I had no control. I dreaded to think what would happen when we reached the roundabout. However, everything reverted to normal in time to take control again. The whole episode could have lasted no more than a few seconds but the experience has never left me, nor has it happened again. (#110, OSOBE, non-trans)

[Questionnaire answer:] I was awake driving to work in the AM hours. [Questionnaire narrative:] I was driving my car and in a state of panic, worry, and fear. My OBE was spontaneous, my physical body was in complete turmoil and suddenly I was disassociated from my physical body. [Questionnaire answer:] I was behind my physical body inside the car. I felt calm. (#180, OSOBE, non-trans)

[Questionnaire narrative:] I was sat in the classroom at secondary school, I think I was around 14 at the time. Being bored with the lesson, my mind began wandering, and I started to think about, what would it be like if nothing had ever existed, anywhere? If there were no people, no earth, no universe, nothing anywhere ever. It was a horrible thought. And then suddenly, I was looking at the back of my head. And a moment later, my dissociated self was looking at my physical body, and at the rest of the classroom, from the back of the room. I could still hear the teacher talking, but his voice was fainter, with a lot of echo, as though he was talking from the back of a long tunnel. I was absolutely terrified, wondering whether I'd ever get back into my physical body. To try to return, I concentrated hard on the back of the boy sat in front of me - which, strangely, I could see as being just in front of me, even though I was still dissociated and at the back of the room - and I just kept thinking of his name over and over [ . . . ] And suddenly, I was back in my physical body again, very shaken by the experience, and vowing to myself never to think so deeply about existence again. [Follow-up interactions:] I had a sudden deep sense of dread immediately before leaving my body. [Follow-up interactions:] I only had a conscious awareness from the perspective of my detached self, I had no feeling at all of still being in my body at the same time. [Follow-up interactions:] My body was just sitting and facing forward while the teacher was talking, as it had been before I left it. (#114, OSOBE, non-trans)

[Questionnaire narrative:] I was sitting at my friend's house on a table with about 4 or 5 friends. I had a little bit of marijuana but I was a regular smoker so it wasn't really a lot for me. I put my head down on the table and as I did this I seen and felt myself come out of my physical body. My dissociated self started rising and got to the roof and I turned around and was watching myself and my friends sit and having conversations. I realised I was watching my physical body and then it felt like almost instantly my dissociated self come back to my physical body. (#126, OSOBE, non-trans)

[Questionnaire narrative:] Military Officer Cadet. Attending lecture on military matters. In this case, signals. Sitting in the back of the room I just started to "walk" away and looked at the stuff the lecturer was teaching. Looked up and could see me at the back of the room. [Questionnaire answer:] I was about 40/50 feet away, standing behind the lectern, reading the lecturers notes (great fun) looking directly at myself when I realised [ . . . ] I was actually here, but my body was THERE. [Questionnaire answer:] It was triggered by boredom. [Follow-up interactions:] [My physical body] was aware and taking notes quite normally. [Follow-up

interactions:] I walked back until the last few feet then I was just there, back in my body. [Follow-up interactions:] I looked at the notes [his physical body had written down while absent] and made some changes as a result of my trip. [Note: This participant reported that he experienced OSC on at least six occasions in what may have been a 6–8 week period, and that all of those incidents took place in the same place (with differing subject matter being taught) except for one of them that happened back in his own room when studying for what he thinks was an exam.] (#227, OSOBE, non-trans)

[Questionnaire narrative:] I left my body suddenly, floated above myself, watching myself and my grandmother pass an Easter egg to each other and went into cosmos/space. [Questionnaire answer:] I was suddenly back in my body as if less than a second had passed. [Questionnaire answer:] It lasted a second, as I was reaching for an Easter egg from my grandmother's hand, and it was just coming into my grasp as I returned into my body. [. . . I had] the sense of being gone for my body for "awhile" but upon return, no time had passed. (#170, OSOBE, mixed)

[Questionnaire narrative:] I was a sickly child and experienced many high fevers which sometimes included hallucinations until age 7 when I had corrective surgery. This incident occurred when I was age 5. My 2 siblings and I were watching something on TV in the living room after dinner. My parents and another couple were in the kitchen. I was in my rocker which I loved doing, rocking. All of a sudden I was up on the ceiling, the far right corner closest to the kitchen. I remember touching the ceiling with both hands and trying to push myself back down to the rocker. I could see myself still rocking, still at floor level yet I knew I was at the ceiling. I could hear the adults talking and could see into the kitchen to see the tops of the heads of 2 of them sitting at the table. Extremely scared I panicked and started screaming for my Daddy to help me. They came into the room and Dad was kneeling next to me in my rocker, talking to me softly, trying to calm me but I was crying saying I was on the ceiling. I could see him doing this from above. I saw the adults all look at each other confused. Then Dad reached out and touched my head, told Mom I was burning up and he hugged me, me telling me to just stop rocking. My body did and I sort of snapped back into my body. At least that is the best way I can describe it, snapping quickly like a broken rubber band. Then he lifted me and I passed out. (#232, OSOBE, non-trans)

[Questionnaire narrative:] I was probably 11 years old. One night my mother and I were sitting on the couch, watching TV, when my stepfather walked in and sat down on a chair opposite to us. He was drunk. My mother suddenly gripped my arm, hard. I looked up at her, then looked at my stepfather. He was pointing his revolver at us. I didn't feel my dissociated self leave my physical body. It was sudden. I was up near the ceiling, parallel to the ceiling, looking down at the top of our heads. I could hear that my mother and stepfather were talking, but I couldn't understand the words. They were simply sounds that had no meaning. (#233, LDOBE, non-trans)

[Questionnaire narrative:] It was a normal day, a Saturday morning to be exact and I would've been around 15-16 years of age. I went into town with a friend, so that we could find something to eat, we had decided to go to one of the local bakeries, in order to procure one of their finest warm meat and potato pies. We entered the shop and joined the small

queue of people who were waiting to be served. As the door closed behind me and I walked forward, I suddenly experienced 'walking upstairs', and when my physical body stopped moving, I was looking along the ceiling, at the light fixtures, with half of my head going through where the ceiling actually was. This is where it gets strange. My vision had turned black and white and I looked down to watch everything carrying on as normal: people being served, all of the hustle and bustle of the busy bakery (there were about 7 people working there doing various things like serving other customers and making sandwiches, the till, etc), and my friend and I steadily moving forward in the queue, right up until the point where he ordered his pie and then I ordered mine. I was looking down at myself speaking normally with both my friend and the owner of the bakery, smiling, etc. and I was also looking down at my dissociated legs joining my [physical body] shoulders! I paid for the pie and we left the shop. As I walked to the door, I re-entered my body and joined it perfectly in time with the door clicking shut. (#189, OSOBE, non-trans)

[Questionnaire narrative:] Had an ulcer explode and was bleeding out inside. Was at a movie theater when my physical body was left for me to watch from the area be it top back front my view of what was happening to me was clear and visible from my dissociated self. My wife's actions the men who helped getting me into the car the drive to my mother in laws house meanwhile my ex wife crying and screaming my name. After getting to the hospital orderlies etc rushing out to put me on a gurney and placing me in a room where at this point I heard a loud clap and was back in my physical body. [Questionnaire answer:] As I explained before I guess I was floating in my dissociated body watching my physical body from when I got up at the Cinema walked thru the crowd to the parking lot stubbing and falling against my car while my ex-wife was hysterical screaming crying. [Questionnaire answer:] I was not feeling anything but could see and hear everything around me the faces the actions of other people getting out of my physical body's way. (#206, LDOBE, non-trans)

[Questionnaire narrative:] I was very awake standing at the bathroom sink getting ready to shave. With no warning I soon found myself looking at my physical body from about 3 feet in front of me and slightly elevated. After assessing my facial expression which did not change I moved towards the other side of the bathroom noticing how incredibly vivid the wall paper appeared. I then was confronted with the shower wall and decided to continue realizing that I could go right through the wall. I backed out and thought about the possibilities of then going through the next wall which was an outside wall and being in the wooded area. I panicked and immediately entered my physical body with an impact that was so frightening I thought it had maybe damaged my viscera. It almost knocked me off balance. [He also stated that he was looking into the mirror when the perceived OBE occurred and that his physical body then remained standing with its eyes open and a sad expression on its face]. (#207, OSOBE, non-trans)

[Questionnaire narrative:] Ingested LSD and [. . . I] had a spontaneous 11 hr out of body sex experience with my lady friend watching myself from a 3rd person perspective outside my body about 3 feet above my right shoulder and I was able to immerse and re-immers into myself and back out. [Questionnaire answer:] I would choose to be in or out and describe my perspective and feelings both physical and relational about the perspectives it to the lady I was with. [Questionnaire answer:] I was [. . .] at times parallel to my body position on the

bed below and sometimes farther out on the right just off the shoulder but as if I was floating or standing beside the bed watching my prone self and the lady friend interact. [Follow-up interactions:] At first I didn't realize it was me and the sounds were coming from the physical me but were being heard by the floating me. [Follow-up interactions:] When floating I heard sound through the floating form ears and spoke from the floater as well but the sound came out of the body form. I could hear it change as it went from the floating form and then through the body form (#236, OSOBE, non-trans)

[Questionnaire narrative:] The experience began while I was asleep. [. . .] It was late, dark, and my Mom was driving the car. I know all us kids were sleeping, and I think my Dad may have been asleep as well. Then all of a sudden it's like I was watching the scene from somewhere else. I saw the car roll over, and I heard the screams in the night. And then I was back in my physical body, strapped and hanging upside down in the car with the seatbelt still on. [Questionnaire answer:] I didn't know that I was out of my body. I didn't know anything beyond watching the accident and hearing the thin screams. [Questionnaire answer:] It's like I was watching the accident in slow motion. I felt very calm, no sense of anxiety. I didn't even know that I was one of the people screaming. [Questionnaire answer:] I still existed in the form of consciousness that there was an I, but I was 100% disassociated with [from] any of the actual reality that my physical body was experiencing. (#237, LDOBE, non-trans)

There is another perceived OBE in which I wish to add here because it is in my opinion similar in some ways to OSC (though I would not technically classify it as such because the physical body was in fact asleep and the aspect of consciousness that remained in the physical body dreaming was distracted and completely isolated from the real physical world). In this particular incident, the participant had the impression of watching from above as the physical body was mumbling and moving around in disturbed sleep while undergoing a nightmare.

[Questionnaire narrative:] It was the middle of the night. I woke up and found myself floating near the ceiling of my bedroom. My dissociated self (DS) was able to look down on my physical body (PB) in the bed. I also saw my husband sleeping beside me. The room looked normal to me, although it was the middle of the night my DS had no trouble seeing in the dark. My DS noticed that my PB was having a nightmare. My DS knew the nightmare was happening, the DS could see and hear the distress in my PB. DS knew the contents of the nightmare - my PB was dreaming that there was an intruder at the front door. My DS decided to wake the PB up and stop the nightmare. My DS did this by mentally "telling" my PB to wake up! It worked. When my PB woke up, my DS felt a whooshing movement and a feeling of falling into the PB. It was kind of like riding a roller coaster or an elevator. My PB woke up with my DS inside and still aware. The nightmare was over, and my PB had the full awareness and knowledge of what the DS had seen. [Questionnaire answer:] My dissociated self "heard" my physical body having the nightmare. Those were the only sounds I remember hearing. [Questionnaire answer:] My sense at the time was that I had to wake the physical body up so that I could calm the body down. [Questionnaire answer:] All I remember is that my dissociated self felt like it needed to wake up the body from the nightmare to protect it in some way. [Follow-up interactions:] When I looked down at my body, I could hear myself mumbling and I could see my body moving about in disrupted sleep. The actual weirdest part was that the astral me knew the contents of the nightmare that the physical me was

having. [Follow-up interactions:] In the nightmare, I was preparing for a break-in. I was screaming because someone was about to break into my home. The foot of my bed, both in "reality" and in the nightmare, faced the bedroom door, and there is a hallway into the living room. The front door is on the right side of the house past the hallway. In the nightmare, which my PB was experiencing and my DS was aware of, I was dreaming that I was in bed and that someone was pounding on the front door. Not pounding as if to loudly knock, but pounding to break the door in. (#212, OSOBE, non-trans)

In the majority of these OSC incidents, the physical body was reported as self-sustaining or acting in a fully autonomous manner.

It should also be mentioned that there was at least one perceived OBE with somatic continuance during this phase in which the physical body was actively engaged in singing and worship, but which was not observed by the extrapersonal self (because it occurred during a transcendental perceived OBE), which can be referred to as non-observed somatic continuance (NOSC).

**Multiple Extrapersonal-Selves Perception (MESP).** The term *multiple extrapersonal-selves perception (MESP)* was defined in Phase I of this research as referring 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 (King, 2021). This unique feature of some perceived OBEs was reported by five of the participants in that first phase of this research, as well as by one other participant whose MESP incident was mentioned and quoted, but whose perceived OBE was not officially included in the quantitative analysis of this research project due to only a brief mention of the experience when reporting a different perceived OBE. Despite a larger sample size of perceived OBEs in this phase of the research project, there were only three additional reports of MESP. The various comments about that experience from the questionnaire and/or email follow-up interactions are quoted below:

[Questionnaire narrative:] I did find myself laying in a void that was both massive and tiny at the same time. And it's as if I was that void body but I was also outside of it watching it from above. [Questionnaire answer:] I did not see my physical self in the OBE, [but] I did see a void body kinda like a human body but just all void same as the void around me, it's as if I was [the] void body and the outer void at the same time. [Questionnaire answer:] Just black, empty but noticeable to be a body and distinguishable from the void around me, however everything was the same. [Questionnaire answer:] I felt like I was the void around me, but I also felt like I was the void body. There was no separation between the body I was laying in the void and the void itself, besides seeing an outline of my body. [Follow-up interactions:] [The void body] looked like black, or how some people would describe a shadow being. No dimensions, not nothing just a silhouette of a body. [Follow-up interactions:] Yes it was simultaneous awareness in both the void body and the actual awareness of the "void." [Follow-up interactions:] I would describe it more as main consciousness was the void, and a small part was the body. [Follow-up interactions:] I didn't see through the eyes of the void body. Main sight was coming from third person type view. But it wasn't like a video game third person view, which is localised to that one view. It was non localised sight. [Follow-up interactions:] [I] mostly saw [the void body] from [a] birds eye view, roughly from above the head. (#123, NDOBE, trans)

[Follow-up interactions:] I was outside my physical body, watching myself and the entity. At the same time, as I was talking to the entity, my non-physical eyes were seeing its face. One was talking to the entity and one was watching the two of us talk. The one doing the watching, was watching from a third person perspective. I was seeing from both perspectives at the same time, as a type of dual consciousness. (#171a, NDOBE, mixed)

[Questionnaire narrative:] [I] then found myself against my bedroom wall with my hands and arms above me going through the wall. I was ecstatically happy as I usually am out of body. It's amazingly freeing and blissful. A voice said/in my mind "your hands are warm." I felt someone holding my hands so I turned around still holding their hands and found the other person to be me! I laughed and thought "What place am I in? Double land?" (#184, AMOBE-2, non-trans)

The first two MESP's up above were perceived NDOBEs, but the third was a perceived AMOBE-2. In Phase I, four of the five reported cases were perceived NDOBEs, but one of them was a perceived OSOBE. Also the additional sixth case that was not technically included in the study was also a perceived OSOBE. There was another perceived OSOBE from this phase quoted below in which it cannot be certain if it was a case of MESP or not:

[Questionnaire narrative:] A beautiful and familiar-seeming discarnate being appeared on my left. [Questionnaire answer:] In this particular OBE, I was with a familiar entity who seems to have been with me my whole life. It seems she communicates telepathically. She has very long hair and is tall. She told me my work wasn't yet finished in the earthly realm. It had to do with helping and service to others. [Follow-up interactions:] I can't remember the face distinctly but she seemed like me, or a distant grandmother or future self, but surrounded by very bright golden and white light. (#177, OSOBE, mixed)

### 5.3 Statistical Significance

In both Phase I and Phase II, there have been no statistical significance analyses run with only percentages provided. This lack of doing so has been deliberate because small sample sizes can be unreliable for making a true determination of significance (Leppink et al., 2016) and very often are, something that I have found to definitely be the case in my own research even to the point where I have very little confidence in the statistical significance provided by studies based on small sample sizes. The NDE OBE Research Project may provide some statistical analyses once the sample size has increased and the perceived OBE categories have been more firmly settled, but even those will be in a more guarded manner, taking into consideration other legitimate concerns (Amrhein et al., 2019). In the meantime, the quantitative data is here available in this report for other researchers who wish to examine them in that way.

## 6. Discussion

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### 6.1 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. Some of the background citations will contain repetitive material that was provided when reporting the Phase I results (King, 2021), but with some changes, together with further additions and citations to that material.

### ***6.1.1 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 associations that suggest conceivable triggers, catalysts, and/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. Nevertheless, I will now introduce some propositions and/or suggestions down below regarding the three factors examined in this phase as possible triggers, catalysts, and/or contributory to perceived OBEs because I now lean toward the position that all three of these can be and often are at the very least contributory to such experiences.

**Reduction, Disruption, or Cessation of Oxygen Supply.** After having reexamined perceived OBEs in the first phase according to the new specifications of their onset as associated with a reduction, disruption, or cessation of oxygen supply to the physical body in some manner, the collective data from both phases consisted of there being at least 59 such NDOBEs out of 84 (70.2%). Although this might be noted as substantial, it should also be kept in mind that this is to be expected in many near-death situations even when they are not associated with a perceived OBE. Nevertheless, I am prepared at this point to suggest that this may perhaps be a trigger, catalyst, and/or contributory factor to many perceived NDOBEs. However, the way in which this might be so is uncertain. I would like to suggest, however, the possibility that such a condition might perhaps be interpreted by the brain as a threat to survival and so a perceived NDOBE is then initiated in some cases as a purposeful reaction in some way, most often before any presumed death has actually occurred (even if that be only seconds or minutes before in some cases). Perhaps it provides a benefit in increasing the probability of survival in some way through a form of nonpathological dissociation and/or absorption. Its onset may be regulated by the brain to only occur based on various physiological, psychological, environmental, circumstantial, and reactional factors that vary for each person and/or incident.

**Pain and/or Physical Trauma.** Although pain and physical trauma were associated with some perceived OBEs, they were not a necessary precursor to a perceived OBE. Nevertheless, I would like to suggest the possibility that this might under certain variable conditions be a trigger, catalyst, and/or contributory factor. Over two and a half decades ago, Fenwick and Fenwick (1995) suggested that extreme pain seemed to be a trigger for a perceived OBE (pp. 32, 38–39, 45, 228). Perhaps in some cases, possibly when coupled with other specific factors, it may indicate to the brain a threat to survival and wellbeing and so result in the purposeful onset of a perceived OBE. That purpose in some cases, for example, might perhaps be a form of nonpathological dissociation for an orientating response during the threat of presumed possible danger and/or to facilitate a state of calm and conserve body resources such as oxygen with an objective toward survival and wellbeing. It should, however, also be noted here that blunt force physical trauma might cause a substantial disruption to breathing or heart function in some cases.

**Substance Intake.** Similar to Phase I, participants in this phase whose perceived OBEs occurred while under the influence of anesthetics, medication, other drugs, and/or alcohol reported many similar features during their perceived OBEs despite the type of substance taken into the body, though any possible differences in those features associated with differences in the substances used or taken was not explored. These participants also reported similar common features with those who were not under the influence of any such substances. In the Phase I report (King, 2021), to further highlight this fact, I created a table that showed the relationship between substance intake and the common feature of one seeing their physical body from an extrapersonal vantage point during a perceived OBE, showing this feature was present in all types and subtypes of perceived OBEs even when there was an absence of substance intake. This also remains true when analyzing the perceived OBEs in this phase.

However, as I noted in Phase I, these findings do not eliminate the possibility that such substances can be associated in some manner with the onset (and/or the content) of some perceived OBEs. I further noted that 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); so far, there has also been reports of ketamine usage prior to three perceived OBEs included in this research. Furthermore, I also mentioned that early research by Tart (1971) suggested that the use of marijuana and psychedelics may be associated with an increased predisposition for perceived OBEs. Fenwick and Fenwick (1995) asserted that perceived OBEs can be induced by LSD and psychedelics (p. 36). I would like to now suggest that it is certainly possible that some substances may be associated with the onset (and/or content) of some perceived OBEs in a number of different ways. In some cases, their effects upon the physical body and/or the brain might be a contributory factor.

For example, this may be the case during general anesthesia, which can affect cerebral blood flow (Slupe & Kirsch, 2018). In fact, a small amount of patients having undergone general anesthesia (generally 1 to 2 per 1,000) can recall some degree of intraoperative awareness afterwards (Bischoff & Rundshagen, 2011; Kotsovolis & Komninos, 2009; Osterman et al., 2001; Sebel et al., 2004; Singla & Mangla, 2017). This can even include hearing what was being discussed in the proximity of their physical body while also being unable to move or see their surroundings, sometimes even as surgical intrusions are occurring and/or while they are still feeling pain. It is not unreasonable to deduce that the brain may sometimes perceive such a condition (even without necessarily all of these multiple contributing factors and even during only a momentary reemergence of partial awareness which one might not even recall later) as a threat to survival or wellbeing (especially when it includes the use of paralytics), perhaps possibly resulting in the purposeful onset of a non-transcendental perceived OBE with an opportunity to observe and evaluate the environmental circumstance and conditions, or in the purposeful onset of a transcendental perceived OBE to dissociate from that physical situation by means of absorption. In fact, this may have been what happened to Donna Penner, who while in the hospital for exploratory surgery due to severe abdominal pain reported finding herself in that very condition and then having a perceived OBE after going into distress on the operating table (Associated Press News, 2019; see also *Beverly F possible NDE*, 2018; *Bobbie T experience*, 2013; *Deepali B possible NDE*, 2016).

Furthermore, Petr (2008) notes and postulates based on prior research that an operation performed under anesthesia (even when the patient retained no conscious memory of that operation) can at times be recalled later through hypnosis along with the pain (that was never

consciously felt), but in many of those cases such pain is recalled almost as if it were experienced by someone else. In addition, Sanders et al. (2017) found that intraoperative consciousness of the external world during general anesthesia in the moments immediately after tracheal intubation was frequently present among their study participants, but that those participants were unable to recall any memory of that consciousness later. One of the participants in this phase of the NDE OBE Research Project described her perceived OBE that occurred while the tracheal intubation was in progress:

[Questionnaire narrative:] I was going in for an exploratory surgery on my stomach to take a biopsy. Ah while I was under anesthesia. I wouldn't say I woke up as much as I was above my body I wasn't part of the physical plane I guess that how it felt. I could see myself asleep on the table on my side 2 nurses to my right 1 to my left and my doctor above my head feeding a tube into my mouth. I wasn't scared, I wasn't calm. It was like I had no feelings I was just there in the moment. I'd never felt like that before a feeling of nothing just no emotion not nothing, I was just there as a witness is how it felt. I was just watching. I can't tell whether it was 3 seconds or 3 mins but it wasn't very long. And before everything went dark again I remember feeling like I was moving back down into my body I guess like I was coming back to the physical plane. (#136, LDOBE, non-trans)

Research on anesthesia awareness has also found that a more substantial amount of patients can later recall intraoperative dreaming during general anesthesia, with Samuelsson et al. (2008) reporting 3.3%, Sebel et al. (2004) a possible 6%, and Singla and Mangla (2017) 20.9%. Furthermore, Leslie et al. (2007) noted that dreaming was one of the most common side effects of anesthesia and suggested that in a minority of cases intraoperative dreaming may truly indicate cases of near-miss awareness. It should further be pointed out that Samuelsson et al. (2008) found an association between intraoperative dreaming and intraoperative awareness. In support of this, there is at least one case that included back and forth incidents of momentary escape from the horrors of intraoperative awareness by a certain degree of dissociation and absorption into pleasant dreams (Osterman et al., 2001, p. 202, subject 5). Another patient, during orthopedic surgery, remembered having a dream that was interrupted by a sensation of pain in the hip (Sebel et al., 2004, p. 835). Furthermore, Leslie et al. (2007) found that dreaming during general anesthesia was unrelated to the depth of anesthesia in almost every case.

External auditory and somatosensory stimuli are still in fact often heard and felt respectively when dreaming under normal conditions, and can even affect the dream content (Bloxham & Durrant, 2014; Nielsen, 1993; Solomonova & Carr, 2019). For example, recently I was dreaming that I walked near a major street and I then suddenly started to hear the persistent honking of a car horn only to then be awakened by the continual barking of our neighbor's dog while clearly noticing the transition from the dream sound of the honking to the accurately synchronized external sound of the barking. Furthermore, sometimes my CPAP machine can make a weird sound at night and this sound has sometimes been incorporated into my wife's dreams; once it manifested in her dream as a weird vocal sound made by a waiter as he served people their food and another time it manifested in her dream as a home fire alarm going off. Perhaps this processing of external stimuli by the brain is still occurring in some cases when patients are dreaming under general anesthesia. As Leslie et al. (2007) aptly pointed out:

Just as dreams of sleep can incorporate contemporaneous sensory input (such as an alarm clock), near-miss awareness dreams may also incorporate auditory and sensory stimuli, as both the primary and secondary auditory cortex remain responsive to auditory stimuli during anesthesia. (p. 40)

This may perhaps have been the case in which one patient dreamed about being a fish while the surgical team spent much of the time during the operation conversing about fishing trips (Leslie et al., 2007, p. 36). It also might be possible that this was what occurred in another incident in which the patient dreamed of a party in a public house with a supply of gin where the anesthetist was the landlord (Brice et al., 1970, p. 539).

Taking all of this into consideration, I suggest that it might perhaps be conceivable for the brain to sometimes (even if only for a matter of seconds) still detect the anesthetized (and/or paralytic) condition coupled with the exterior stimuli even while in an intraoperative dream state and perhaps with some patients on some occasions at some point interpret the situation as a threat, resulting in the onset of a perceived OBE as a dissociative orienting response and/or a dissociative incident of absorption to escape from the trauma. Furthermore, it should also be pointed out that it is also possible that NDEs associated with general anesthesia may be more likely than other NDEs to include a tunnel (Long, 2014; Long & Perry, 2010, p. 101).

Other possible effects of substances in some cases might perhaps be instrumental in inadvertently and spontaneously activating a perceived OBE due to interference with the functional integrity of the brain and its possible safeguarded regulation over what might be its proper initiation of a perceived OBE during threatening or stressful conditions. For example, there are two cases so far in this research in which a perceived OBE occurred during consensual sex, but in both cases this was associated with drugs (marijuana in one case and LSD in the other). Perhaps the condition of arousal during such sexual activity in those particular incidents was misinterpreted by the brain due to drug usage as similar to the arousal that takes place during life-threatening conditions, inadvertently initiating the perceived OBE as an orienting or absorption response to a presumed threat.

Though most perceived OBEs are not a result of drug or medication usage, it is still in my opinion premature to dismiss them as having any important relevance in some cases, and I suggest from the evidence I have examined that in some cases they may be in fact be relevant as I have conveyed up above.

**Looking Closer at Perceived NDOBEs.** In Phase I of this research (King, 2021) I discussed how the onset of most, and possibly all, of the 52 perceived NDOBEs in that phase were associated with difficulties in breathing (or reduced oxygen supply to the brain), physical pain/trauma, and/or some form of substance introduced to the body (pp. 35–36). With 32 more perceived NDOBEs from Phase II and a more encompassing consideration of a reduction, disruption, or cessation of oxygen supply to the physical body (instead of just difficulties in breathing), I will continue this discussion now in this second report. When combining the results of the 84 perceived NDOBEs from both phases, a thorough analysis indicates that at least 79 (94%) of them included one or more of the three factors now being considered. It could not be confidently determined one way or another in the five other perceived NDOBEs—though the circumstances and conditions do suggest this might have been the case. There were not, based on my analysis, any cases in which I could be certain that all three of these conditions were absent. Though this finding cannot at this point be generalized to all perceived NDOBEs, it does

strongly suggest that most perceived NDOBEs are probably associated with at least one of these three factors. The possible meaningfulness and ramifications of this are not clear and no presumptions are being suggested at this point, but this does warrant further research.

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

The cumulative results of both phases indicate that following findings in regards to the reported environment data in this study so far:

- Strictly non-transcendental perceived OBEs were found to be more common than strictly transcendental perceived OBEs both collectively and within each category (except for perceived LD-NDOBEs for which there were only two accounts, which is insufficient for any type of analysis).
- A transcendental environment (either a strictly transcendental perceived OBE or a mixed perceived OBE) was more likely to have occurred with perceived NDOBEs than any other type, and it was also prevalent within the perceived NDOBE category itself (in 63.1% of the accounts).

Nevertheless, though perceived NDOBEs are associated with real physiological near-death conditions, such an association does not necessarily indicate that being near death is why there may be a higher likelihood of experiencing what appears to be a transcendental environment. In fact, many perceived OBEs in this overall research so far that have included a transcendental environment (either a transcendental perceived OBE or a mixed perceived OBE) did not occur in association with a physiological near-death condition. However, these findings should be explored further in order to at least postulate some hypotheses of why they seem to be more prevalent among perceived NDOBEs.

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

Based on the results from both phases of this study, there are a lot of commonalities of perceptions and features among the different types and subtypes of perceived OBEs, but with some differences. I will discuss these below in more detail.

**Separation From and Return to the Physical Body.** The findings in this study indicate that conscious awareness when moving out of coincidence with the physical body and feeling a sensation of movement back to and/or reintegrating with the physical body can vary widely from one perceived OBE to the next. However, based on the reports for perceived OBEs in this research so far, both of these features are less likely to be reported during perceived OBEs when examined in a collective sense. As I also pointed out in Phase I, these findings are similar to the results of some other studies on perceived OBEs (Blackmore, 1984; Green, 1968).

Conscious awareness when moving out of coincidence with the physical body was less likely to be experienced by the participants of this study so far with only 63 (25%) of the 252 perceived OBEs including this feature, whereas it was absent in 135 (53.6%) of them; in the other 54 accounts it was unclear, unsure, or there was no answer provided by the participant. As I pointed out in Phase I (King, 2021), 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 42%, and Gow et al. (2004) reported 56.9%. However, perhaps some of these studies are not defining this feature in the exact same way as I am. Furthermore, all three of those studies may have had higher percentages of self-induced and/or non-life-threatening perceived OBEs considered in their statistical outcomes than this research (a combined total of 134 out of 252 in this study so far, equating to 53.2%), so their higher percentages might be at least partially due to this reason. For experiencing an initial separation process with self-induced perceived OBEs (AMOB-2s) 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 (AMOB-2s) than spontaneous or involuntary ones (pp. 123–139). Additionally, based on the results of 24 perceived AMOB-2s in this research so far, 19 (79.2%) of those included conscious awareness during the process of moving out of coincidence with the physical body, whereas only two (8.3%) did not, and for three (12.5%) it was unclear.

I found in Phase I of this research that there were not any reports of experiencing a separation process during perceived NDOBEs and perceived LDOBEs. Although this was again the case with perceived LDOBEs in this phase, there were, however, three reports of participants experiencing a separation process during perceived NDOBEs. Nevertheless, despite this new finding, this still seems to be uncommon with perceived NDOBEs. Although 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 types of perceived OBEs, possibly instead triggering an immediate perception of already being separate from the physical body. Though the absence of conscious awareness of a separation process was also found in most of the perceived OBEs in which there was no apparent presumed danger, the fact remains that this appears, based on this research, to be especially the case during perceived NDOBEs and perceived LDOBEs.

I also found it interesting that at least 39 (61.9%) of the 63 perceived OBEs in this research so far that included a state of conscious awareness during the process of moving out of coincidence with the physical body also reported having a form at some point during their perceived OBE, whereas at least 12 (19%) reported that they did not. In comparison with the 135 in this research so far that did not include a state of conscious awareness during the process of moving out of coincidence with the physical body, at least 52 (38.5%) reported having a form at some point during their perceived OBE, whereas at least 56 (41.5%) reported that they did not. Although all the implications of this finding are uncertain, it might suggest that having a visible form of some sort is more likely when the perceived OBE is associated with a conscious awareness during the process of moving out of coincidence with the physical body and less likely when the separation process is not associated with a conscious awareness, though it has not been determined why this is so. Perhaps this is because conscious awareness during the separation process suggests a bodily form of some sort. Furthermore, as I mentioned up above in the Results section, some of those who are consciously aware during the separation process simply have the impression of getting up off the floor or sitting/standing up from their bed without realizing that they are having a perceived OBE, which in those cases would expect a body. Cheyne and Girard (2009) suggest that in these specific incidents they are not aware of having a perceived OBE because this type of movement is normal for the physical body whereas sensations of floating or flying are not (p. 208).

Based on the collective results of 252 perceived OBEs from the two phases of this research project so far, reports of experiencing movement back to and/or a reintegration directly related to

returning to the physical body were frequently absent. The perceived return to the physical body most often took place as suddenly returning to a singularity of consciousness 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. In some cases, they simply lost consciousness and then awoke from a state of sleep or unconsciousness later. Perhaps the frequent 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 a return movement and/or reintegration. However, these factors have not been further explored in this study.

**Seeing One's Physical Body.** Seeing one's physical body occurred in at least 155 (61.5%) of the 252 perceived OBEs examined in the collective results from both phases of this research so far, which was endorsed more often than not across all types and subtypes of perceived OBEs. Some individuals did not look at their body whereas others simply found themselves in what appeared to be another place within a transcendental environment. It should also be noted that a few experiencers in this study were unable to see their physical body even when looking at the location in the immediate environment of where it should have been; this is explored a little further down below under "Incorrect Perceptions."

**The Form of the Extrapersonal Self.** Based on the overall cumulative data from both phases of this research so far, seeing and not seeing a form for the extrapersonal self were both reported for all types and subtypes of perceived OBEs. At least 90 (35.7%) of the 252 perceived OBEs have included a report of having had an actual form or nonphysical body of some sort, usually similar in shape to the physical body (but not always). Other studies found that experiencers reported having a shape similar to their physical body (or some other type of form included in the results of two of these studies) with a range from 49% to 77% (Alvarado & Zingrone, 1999; Greyson & Stevenson, 1980; Twemlow et al., 1982). A total of 70 (27.8%) of the 252 perceived OBEs in this research so far included a report of lacking any type of form. However, it should be pointed out that this is one of the most difficult features to determine with any degree of reliability because many people simply do not pay attention to this. For example, in regards to 39 (15.5%) out of the 252 perceived OBEs in this research so far the participants specially stated, indicated, or inferred that they were unsure, and in regards to 43 (17.1%) others it was unclear. Green (1968) also reported that this was difficult to determine in some cases (pp. 21–24). The collective quantitative findings also continue to support, as in Phase I, that the experiencers of perceived LDOBEs were less likely to have included a form.

Although it is not certain why some people report having a form during their perceived OBE at onset and others do not, reports from this study have indicated that both the existence of a form and its shape can be transient. During some perceived OBEs there is a body during only part of the experience, or the body changes shape into some other form. For example, one of the participants in Phase I of 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. In addition, as I already noted in the Phase I report (King, 2021), 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.

However, these comments regarding the ability to change one's form all came from those who practiced self-induced perceived OBEs (AMOBES-2s).

**The Physical Body in Transit.** As mentioned up above—while also providing examples—there have been some cases in this research that have included the transport of the physical body by ambulance or some other vehicle during a perceived OBE. In those instances, the participant sometimes observed their physical body from a presumed extrapersonal location as it was placed within the vehicle and/or while it was in transport. In all of these accounts, there were not any reports of the perceived extrapersonal self being left behind, but instead it either went along for the ride, returned to the body, lost conscious awareness, or transitioned into a presumed transcendental environment. Furthermore, when the participant did have the impression of venturing into a transcendental environment, at some point afterwards they then either lost conscious awareness or found themselves near or back in their physical body no matter how far away it was from that location from which the transcendental portion of their perceived OBE began.

This also usually tends to be the case with other self-reports outside of this study. Though there are some rare cases I have found over the years in which experiencers were left behind, this was usually only for a very short time (seconds or minutes) before one of the four outcomes just mentioned occurred (*Haley L NDE*, 2008; *Peter P NDE*, 2013; *Steve L NDE*, 2015). There are, however, three self-reports that I have come across so far outside of this study in which the narrative provided seems to somewhat counter this generally consistent pattern by indicating that the experiencer's perceived extrapersonal self had the impression of venturing elsewhere upon the earth first before then moving into a transcendental environment (*Herbert M NDE*, 2003; *Lorraine J NDE*, 2011; Morse & Perry, 1990, p. 153).

The reason why this finding is important is that it might indicate that the perceived extrapersonal self is still somehow tied to and/or dependent upon the physical body when that body is in a state of transport and/or that there may perhaps be a substantial difference not yet fully understood between the nature of the non-transcendental and the transcendental portions of perceived OBEs. However, I am not prepared to make any postulations on this subject at this time because much more research is needed and I am still unable to formulate a reasonable hypothesis on this matter.

**Sense of Peace.** With the change of a multiple-choice (all that apply) question about emotions and feelings that included peace as one of the many optional endorsements during Phase I to an open-ended question mentioning peace as an example along with other suggestions to describe their emotions and feelings (or mentions of peace from anywhere else on the questionnaire during either phase), there has been a substantial drop in that feature from 61.2% (71 out of 116) to 35.3% (48 of the 136). However, there has also been a change in the types of perceived OBEs (such as a decrease in perceived NDOBEs and an increase in perceived AMOBES and perceived OSOBES). It is uncertain how both the changed question format and the increase/decrease in the amounts of the various types of perceived OBEs may have contributed to this significant decrease because this was not examined or explored further. As I noted in Phase I, a feeling of peace has been found as a consistent and highly endorsed feature of perceived OBEs and/or NDEs (Fenwick & Fenwick, 1995, p. 69; Gibson, 1994, pp. 244, 270; Gow et al., 2004; Martial et al., 2017; Ring, 1980, p. 43; Twemlow et al., 1982). However, as I also pointed out with sample quotes from participants in Phase I (King, 2021), 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. Although I mentioned the need for this feature to be explored further by analyzing each individual case rather than lumping them all together as if they are all referring to the same thing, this phase that I am reporting on now did not explore such distinctions.

Those returning to a singularity of consciousness in the physical body after experiencing such a peaceful condition (often that they wish would never end) are often angry and upset at those who they blame for interrupting that state of being (Ghasemiannejad-Jahromi, 2021, p. 88; Moody, 1988, pp. 15–16; Osis & Haraldsson, 1977, p. 187). However, it also needs to be pointed out that these feelings of annoyance or anger can occur even while the experient is still in that perceived OBE state. This can take place when the voices of those trying to save the experient's life or bring them back to a singularity of consciousness are heard. For example, one of the participants in this study wrote:

[Questionnaire narrative:] All I felt was calm. I've never felt that sense of peace in my real life. Haven't not worried about a single thing. I didn't think of my family. Friends. Pets. Only what existed right in front of me in the moment. All at once, it was like the earth shook. It faded out and it was as though I was being ripped away from where I wanted to be. I remember being angry at the intrusion. I wanted to know who was at the end, looking for me. I NEEDED it. Fought for it, even. I didn't want to go back to the pain and sadness. I just wanted the calm. My family's voices echoed in the distance, but I don't remember the exact words. Just the frantic tone. The familiarity in the voices themselves. I slipped back to the world of peace. And just as it cleared into focus? The black ripped me back, again. This happened three times. The world I'd been thrust into becoming harder and harder for me to cling to. I wanted to explore. Thrive there. I knew I was safe as long as I didn't leave. When my physical eyes opened, I was so mad. (#119, NDOBE, trans)

There are many more examples of this type of incident elsewhere (*Amanda NDE*, 2014; Atwater, 1994, p. 87; *Cassie M NDE*, 2006, #2572; *Henrietta K NDE*, 2011; *Jamie B NDE*, 2021; *Jeri W NDE*, 2017; *Lacey D NDE*, 2008). What this suggests, at least regarding these accounts in which annoyance or anger arises while still in such a peaceful state during a perceived OBE, is that this peaceful feeling is conditional upon remaining undisturbed almost as if in a state of absorption. In other words, this peace in such cases, no matter how great, is subject to disruption by various types of external disturbance even while still in the perceived OBE condition, casting doubt on any hypothesis that might suggest this peace is part of some type of internal perpetual state of eternal being that is above being subject to external factors.

**Visual Perception.** Clarity of visual perception was mostly reported as either normal or improved during all types and subtypes of perceived OBEs, though this is not always the case as pointed out in the Results section up above in which clarity is instead on occasion diminished. However, as also reported up above, there is frequently a perceived improvement in visual clarity for those with eyesight problems, as well as the presence of presumed enhancements for some participants such as a wider area of visual perception and/or a zooming in/out ability. Why this is so is still unknown and will remain so until we understand more clearly and precisely both the nature of and the reasons for the perceived OBE.

**Incorrect Perceptions.** Incorrect perceptions of non-transcendental environments were reported in both phases of this study, but even more so in this phase. This was the case during all types and subtypes of perceived OBEs. This included noticeable changes to architecture and other surroundings, including missing or additional furniture, fixtures, or other objects. These types of incorrect perceptions have also been reported elsewhere (Blackmore, 2017, p. 13; Crookall, 1972, p. 90, case #731; Fox, 1979, p. 111; Green, 1968, p. 76; Tart, 1998, pp. 91–92). Participants also reported missing roofs on buildings and vehicles or incorrect visuospatial perceptions such as in one case where the ceiling seemed higher than it should be. At least two participants saw satellites or other space objects that are not there in the physical world. In addition, it seems that three participants could not see their physical body where it should have been. This inability to see the physical body has also been reported elsewhere outside of this study. For example, this was a persistent occurrence for Fox (1979) during his numerous self-induced perceived OBEs (pp. 71–74, 82, 93, 97, 128). Another participant reported that although she could see her body on the bed, she did not see her husband’s body that should have been there as well, something also experienced by Fox (1979) when he could not see his wife’s body on the bed (p. 88), and by others (*Sylvia D NDE-Like*, 2007). Another saw his sleeping wife’s hair and face looking quite different than it should have. Others saw their own physical body in various forms or conditions that were not true to the physical world, including one who saw his physical body as similar in form to a large withering insect pupa whereas the rest of his environment appeared to be normal.

Green (1968) found that those who self-induce perceived OBEs (AMOBES-2s) are more likely to report inaccurate perceptions than those who experience a single spontaneous perceived OBE (p. 76). One participant in this study who was reporting a perceived OSOBE but who also practices deliberately inducing perceived OBEs wrote:

[Questionnaire answer:] For this experience, there were no differences between our physical world and the world I saw while dissociated. In other experiences though, there is often a few things that will be off, missing or different. (#193, OSOBE, non-trans)

This is also reported elsewhere by other experienced perceived-OBE practitioners (Parker, 2014). Furthermore, as I pointed out in Phase I (King, 2021), Monroe (1977) has indicated that the majority of 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 further support of Monroe’s assertion, Tart (1998) had Monroe travel to his new home (that Monroe had never seen) during a self-induced perceived OBE (AMOBES-2). 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.

There are possible explanations as to why incorrect perceptions may seem to be more common with self-induced perceived OBEs (AMOBES-2s) if this is in fact the case. For contrary to a self-induced perceived OBE, the spontaneous perceived OBE is so unexpected that experiencers spend most of the time in that state caught up in the moment with wonder or fear while also being distracted by the things they are experiencing and seeing, usually without any effort to scientifically analyze their surroundings for accuracy. If some insignificant things are off in those conditions, they may not notice them due to being distracted by what they are experiencing. On the other hand, there is also the possibility that even if they do notice such discrepancies in the moment, they may perhaps later dismiss them and exclude it from their

recollection or memory due to cognitive dissonance. Furthermore, if the perceived OBE appears to be overwhelmingly incorrect, they might dismiss it as a dream or unreal, which would reduce such reports in perceived OBE research. For example, one woman who fainted and posted her experience elsewhere interpreted a perceived OBE as merely a dream because she saw herself in a bed with people crouched beside the bed though her physical body was in fact really on the floor (KathyJo, n.d.).

In addition, if self-induced perceived OBEs (AMOB-2s) are in fact more likely associated with incorrect perceptions, this might also be explained by the differing contextual conditions when contrasted with some of the spontaneous types of perceived OBEs. For example, spontaneous perceived OBEs are sometimes likely associated with a reactive response to internal and/or external stimuli that can at times be recognized as threatening or stressful and so the perceived OBE in those cases might be activated with access to greater neurocognitive resources to purposefully react in the moment to that threat resulting in a more accurate portrayal of the environment than those that are formulated by an act of the will without such a presumed threat.

However, in this research to date, inaccurate perceptions have not been isolated to only perceived AMOB-2s, but instead have been reported in all types and subtypes of perceived OBEs. Although I have not yet conducted a formal analysis (due to the small sample size so far) to isolate the different sorts of incorrect perceptions in an effort to determine if various kinds are associated with different types and subtypes of perceived OBEs, I did notice that some particular kinds of incorrect perceptions may be possible despite the perceived OBE type or subtype. For example, not being able to see one's physical body where it should be was reported during a perceived LDOBE, a perceived AMOB-1, and a perceived OSOBE. If we consider the numerous accounts of the same reported by Fox (1979, pp. 71-74, 82, 93, 97, 128), then this also includes the perceived AMOB-2.

It should be further noted that during this study so far I have generally not analyzed perceived OBEs that occurred in presumed otherworldly environments for what might be incorrect perceptions (though I did include one case where the participant saw way too many satellites from a presumed point in space), but that is only because it is usually difficult to insist with certainty that what someone has seen in that type of transcendental environment is incorrect. Whereas those seeing living people that should not be there during a perceived OBE might indicate such incorrect perceptions, this a bit difficult to argue in an absolute sense because there may be other explanations that might explain the reason for observing such images, including the one in regards to visual life review reminders (VLRRs), which I will point out below under "Perceived-OBE Personages." For this reason, only incorrect perceptions in mostly non-transcendental environments are being considered in this particular discussion at this time.

Some of the reports obtained during this phase of the research, such as the observation of what looked like a large writhing pupa in place of one's physical body whereas the environment itself appeared to be accurate, at the very least suggest that some sort of hallucinatory elements are possible during perceived OBEs. This is also supported in self-reports elsewhere, such as the case in which a ping-pong player saw his physical body lying on a ping-pong table with the doctors and nurses doing something to him even though it was not on a ping-pong table (*Michael C probable NDE*, 2010).

The reality of possible hallucinations is further supported by the other incident quoted up above in which the participant appears to have suddenly had a realistic and terrifying hallucination of his car being blown up, which was then followed by a perceived OBE in which

he saw himself from above in that same blown-up car just as if the experience were real. Greyson (2021), on the other hand, reports an incident in which a man who had at first intended to kill himself with opioids was hallucinating and seeing midgets milling around his legs as he tried reach the phone to get help, but then had a perceived OBE with OSC in which he saw his physical body from above absent the hallucinated presence of those midgets (pp. 84–86; see also Greyson, 2010, pp. 160–161). It is uncertain why the hallucination persisted in the former case and not in the later. It would be quite unscientific to simply dismiss the exploding car incident because it seems likely to be a hallucination, for the state of mind of that participant in the moment was quite similar to that of someone who was in a real accident, and produced a similar response of a perceived OBE as often occurs during a real accident.

Fenwick and Fenwick (1995) reported a similar perceived OBE experience associated with a hallucination. They describe how F. M. B. Hover was awaiting the birth of her third child and due to the pain was given nitrous oxide through a mask over her mouth. She describes what happened afterwards:

The urge to push came suddenly and the nurses crowded round. “Don’t push,” the midwife demanded urgently, “the cord is round the baby’s neck.” [ . . . ] I drifted out of my body. The pain had gone, my mind was clear and lucid once more. [ . . . ] I watched dispassionately as they loaded my ungainly body on to a trolley and I floated along about two feet above my right ear as they wheeled me down the corridor. [ . . . ] I moved close, about three feet above the surgeon’s shoulder. My bulge was cut and out of it was drawn a gunk-covered mess. “It’s a beautiful baby girl,” I heard quite distinctly. (pp. 198–199)

This woman then watched the nurse clean and wrap the baby girl before putting her into an incubator. After returning with the nurse to the location of her own physical body and watching medical staff seal up the cut on her belly from the C-section, she slipped back into her physical body and went to sleep. However, what she observed during this extraordinary vivid perceived OBE never happened, and she woke up as they were removing the mask from her face with her baby about to be delivered, who turned out to be a son, not a daughter, and was born through a normal delivery, not a C-section. She further remarked 12 years later that she had no difficulty recalling the experience in detail.

In another perceived OBE reported elsewhere, a 14-year-old girl nearly drowned in a pool and was revived by the coach afterwards on the side of the pool. However, similar to the case just cited above, what she experienced was not what actually happened.

I was floating near the ceiling in a very specific corner of my bedroom. [ . . . ] My focus was on Sharon lying in bed. Her room had yellow walls and the bedspread was white with yellow dot-like flowers. Just like my real bedroom had. My dresser and bed lamp were just where they truly were. Sharon was lying in a place that was very comfortable to her. [ . . . ] She was calmly trying to wake up, but couldn’t open her eyes. [ . . . ] A bright stream of sunlight started to come in through the bedroom window to my left, as if dawn was breaking. [ . . . ] As the sun got brighter, I watched her calmly open her eyes. At that exact instant I returned to my body and I was conscious. (*Sharon T NDE*, 2018)

Although incorrect perceptions during perceived OBEs have sometimes been discussed in the research literature (Augustine, 2007a, 2007b; Buzzzi, 2002; Green, 1968, pp. 71–84; Holden,

2009), this factor needs to be thoroughly explored in much more depth if there is to be any logical and acceptable explanation in regards to the nature of perceived OBEs, despite the dilemmas this might accentuate. For example, whether the perceived OBEs with the non-existent blown-apart car, the incorrect childbirth through a C-section, and the mistaken perception of being at home in the bedroom as just discussed were actually hallucinated perceived OBEs or instead genuine perceived OBEs with a superseding element of hallucination, there still remains for either explanation unclear ramifications regarding perceived OBEs in general that must be resolved. Furthermore, it suggests that the brain may have the capability to formulate a very convincing simulated OBE environment that is not in fact objectively real. However, it is certainly possible that some perceived OBEs are objectively real whereas others (such as these three examples) are not—a conclusion hypothesized by Tart (1998) after decades of reflection on the research conducted by himself and others.

To complicate matters further, I have come across cases of perceived OBEs from time to time that have occurred during real life-threatening incidents that may be partially similar in some ways to these three types of cases just discussed. For example, Morse and Perry (1990) described the NDE of Linda, a 13-year-old girl who had stopped breathing and was being given CPR at the time but could only see her body absent anyone else who was there and the other parts of the room:

I was in a lot of pain before I blacked out. Then all of a sudden I was looking down at my body! But at the same time it wasn't like I was really out of my body looking down. I was in it and out of it at the same time. I couldn't see anything that was being done to my body. I couldn't see the rest of the room or anything. All I could see was myself lying on the floor. (p. 39)

This is not a case in isolation, for there are also many other very similar cases to the above available from other sources. For example, a birthing mother in the midst of a C-section delivery reported the following:

Next thing I remember is being in very bright light, looking down on my body, a body that meant nothing to me. I did not see the room or doctors or husband or anything else in the room, my body was also surrounded by light. (*Anita K possible NDE*, 2008)

Regardless of how we might personally interpret some of these perceived OBEs just discussed, at the very least, this research so far has shown that various incorrect perceptions and/or hallucinations related to the perceived surrounding earthly environment are sometimes possible across all types and subtypes of perceived OBEs. Even an ad hoc assertion that the spiritual world is similar but different than the physical world as an explanation cannot resolve many of these issues related to incorrect perceptions.

**Hearing and Sound.** During both phases of this research, participants whose perceived OBEs occurred in an earthly environment could usually hear real earthly sounds and noises taking place within their perceived proximity regardless of the type or subtype of their perceived OBEs. However, this research has also discovered that there were some participants that could not hear those sounds despite the type or subtype of a perceived OBE. The fact that this was so in over one-third of the cases during Phase II in which this could be determined suggests this may

be quite common. Green (1968) also pointed out that the ability to hear real sounds taking place in the immediate observed environment of a perceived OBE is sometimes absent (p. 67; see also Sabom, 1982, p. 32). However, exactly why some participants could hear real earthly sounds in the proximity of a perceived environment and others could not is uncertain, so such a finding further necessitates a reasonable explanation in any serious discussion about perceived OBEs.

Furthermore, one of the participants (#233, LDOBE, non-trans) quoted up above stated that although she could hear the voices of her mother and stepfather speaking, they were not actually meaningful words, but instead they were word-like sounds that she could not understand and lacking any apparent meaning. This occurrence of unintelligible speech during at least one perceived OBE also calls for a logical explanation and is perhaps a case of incorrect audio perception.

**Perceived-OBE Personages.** Some of the perceived OBEs in this study included a report of seeing perceived-OBE personages, which again, as in Phase I, occurred during all types and subtypes of perceived OBEs. In both phases there were also additional reports of hearing, feeling, or sensing perceived-OBE personages without actually seeing them. This begs the question as to why in some cases experiencers actually see them and in other cases they only hear, feel, or sense them. Why this is so still needs to be explored and logically explained.

**Deceased personages.** In this research so far, seeing known deceased relatives, loved ones, or friends was a feature reported both by experiencers who were physiologically near death (perceived NDOBEs/LD-NDOBEs) and those who were not (perceived OSOBEs and both subtypes of perceived AMOBEs), although there have not been any reports of such during a strictly defined perceived LDOBE. Furthermore, sometimes deceased people who are unknown to the experiencer are also seen, often in groups or gatherings. Overall, so far in this research, actually seeing deceased people seems to be more prevalent when associated with real near-death circumstances (perceived NDOBEs/LD-NDOBEs). However, the findings of this research do indicate that one does not have to actually be near death during a perceived OBE to see a deceased personage. It should also be noted that Kelly (2001) examined NDEs with reports of seeing deceased personages and found that 24% of those experiencers were not actually close to death.

**Living personages.** As in Phase I of this research, there were again self-reports of encountering living people during perceived OBEs even though those people were still physically alive on the earth at the time. In the report for Phase I, I noted that there were other reports of encountering personages who are still alive from other sources besides this study (Crookall, 1964, pp. 21–22; Crookall, 1972, pp. 33–34; Jung, 1965, pp. 289–293; Kellehear, 1996, p. 14; Kelly, 2001; Lindley et al., 1981, p. 110; Morse, 1994). However, I would like to now add additional sources (*Ben B NDE*, 2020; *Billy S NDEs*, 2011; *Christopher E OBE*, 2008; Fenwick & Fenwick, 1995, pp. 132–133, 182, 184; Greyson & Stevenson, 1980; Ring, 1992, p. 89; *Sherry H SMR/ADC*, 2014).

Research reporting on the prevalence of this feature of encountering living personages during perceived OBEs often comes from NDE studies rather than research covering all types of perceived OBEs. It should also be noted 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 because a perceived OBE is generally just characterized as another feature of an NDE. Nevertheless, Kelly (2001) reported that 7% of those in her study on NDEs encountered personages that were still alive, and

Greyson and Stevenson (1980) found that 14% of those in their NDE study reported meeting living acquaintances. However, it has been found that this variant is more frequently reported in regards to NDEs of children. For example, Fenwick and Fenwick (1995) pointed out that the NDEs of children considered in their study were more likely to have included a report of seeing living people than those of adults, with 55% of those from the ages of 3–9 reporting such compared to 43% those from the ages of 10–15, and only 36% of those who were 16 and over (pp. 182, 184). Morse (1994) reported that 23.1% of the 26 NDEs reported by children in his research saw living teachers and relatives.

As I suggested in Phase I (King, 2021), children might be more readily open to seeing and/or reporting the presence of living people than adults. For what I have found with some reports of the adults reporting such encounters during this study and elsewhere is that it can result in cognitive dissonance that may necessitate some type of presumed explanation (that usually differs from one experient to the next) in order to provide a resolution to the dilemma. Or they might eventually remove that element from their experience as time passes (e.g., *Sherry H SMR/ADC*, 2014; read both of the accounts on that webpage that were submitted at different times). On the other hand, in addition to this, there is perhaps the possibility that adult experiencers 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. There is also the problem that NDE scales are unfortunately somewhat biased toward paranormal suggestive features and so seeing only living people means that even if such an experience is reported it can be less likely to meet the necessary score of an NDE according to those scales. When all of these factors are taken into consideration, it suggests that perhaps the statistical findings on this matter as it relates to adults might possibly be at least somewhat inadvertently skewed in favor of deceased personages.

In the report for Phase I (King, 2021), it was noted that one experient was 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 (p. 41). Since that time, I have come across at least two other such self-reports in which the living people who are encountered are also seen to be youthful and/or in good shape (differing from how they were presently in real life) in a similar manner as to when deceased relatives are sometimes encountered in many NDEs (*Angela M possible NDE*, 2015; *Gerry L probable NDE*, 2017). This elevates the dilemma of seeing living people even more so and further necessitates a reasonable explanation as to why this sometimes occurs and can be so similar to the encounters with deceased personages.

In my research into various forms of visual phenomena that occur during perceived OBEs, I have postulated one possible explanation for at least some—but not all—of these types of cases that include living personages. In my study on *visual life-relations reminders (VLRRs)* (King, in review) (which are also mentioned briefly down below under “Other Reported Visual Phenomena”), I explained how VLRRs consist primarily of non-self-inclusive imagery portraying living loved ones that is purposeful and beneficial in the sense of boosting the will and/or desire to survive and live by reminding experiencers of important relationships in their current life. I further proposed that sometimes during a perceived OBE the VLRR may go beyond just presenting still pictures or moving images of living loved ones, but manifesting instead as a type of visual representation of living people in which they appear to be actually spatially present in some sense, sometimes even encouraging the experient to survive and/or to

continue living with conversation or various mannerisms. This offers one reasonable explanation for some of those experiences of seeing perceived-OBE personages of loved ones who are in fact still alive elsewhere. Furthermore, it may perhaps even be the explanation for the following presumed “incorrect perception” from this phase of the study:

[Questionnaire answer:] I vaguely remember seeing my husband sitting with his back against the wall of the delivery room, holding his head in his hands knees drawn up on the floor. But I can't recall moving or anything like that. [My husband] wasn't allowed in the room with me. I'm still puzzled about that. It's been so long ago I wonder if that was a false memory. That's the only memory I question. (#161, NDOBE, non-trans)

If not for the inference that this particular observation was of a physical event in the real world, I would suggest that this was not technically in fact an incorrect perception of the physical world at all, but was instead a VLRR meant to purposefully encourage and boost the will of the experient to survive and continue living.

**Facial features.** As pointed out up above in the Results section, during this phase of the research project there were many reports of perceived OBEs in which the facial features of seen perceived-OBE personages were obscured or absent. There are also hundreds of other examples in self-reports from other sources and it is a remarkably and surprisingly common feature (*Donna G probable NDE*, 2011; *Dr. Sahar S NDE*, 2021; Fenwick & Fenwick, 1995, pp. 56, 104, 132, 155, 164, 203–204; *Finnish woman*, 2021; *Flynn B possible NDE*, 2015; Gibson, 1994, pp. 53–54; *Jen V NDE-Like*, 2009; *Kathrine D probable NDE*, 2011; *Lynn Z NDE*, 2017; *Maria GP possible NDE*, 2011; *Michael J possible NDE*, 2011; Ring, 1980, p. 81; *Woman contracts Covid-19*, 2021; etc.). It should also be pointed out that Lempert et al. (1994) reported a similar absence of discernable faces on some perceived personages seen during incidents of laboratory-induced syncope. Furthermore, Seigneur (2022) has suggested that people most often do not see facial features clearly while dreaming. After thoroughly studying my own dreams immediately upon waking, I am now certain that though I often do not see facial features, I do at other times see them very clearly in quite some detail. This is supported by other convincing research in which facial features during dreaming are sometimes present and sometimes are not (Kahn et al., 2000). Nevertheless, even so, this does not necessitate that the absence of facial features in both perceived OBEs and dreams are due to the same cause.

However, why this variant of not seeing facial features is so prevalent during perceived OBEs and what it might indicate is unclear, but this may be more than circumstantial. As Behrmann et al. (2016) have explained, face perception is likely the most developed visual perception skill in the human species and relies upon complex neural mechanisms and circuitry; so disruptions to or decreases in the functioning of certain areas of the brain critical to normal face perception, even if temporary in nature, can likely lead to associated impairments or alterations to cognitive processing of facial features. This may be pertinent if there is still a reliance of some sort upon the brain during a perceived OBE. I have come across some evidence from self-reports elsewhere possibly indicating that this may in fact be so under certain conditions in some cases. For example, one 11-year-old girl was hit on her bike by a car and upon regaining a singularity of consciousness in her physical body after her perceived OBE, at first observed the strangers gathered around her physical body as spinning and breathing bodies of oval light with heads of round spinning lights, unable to see their faces or details, even though she could see everything else in the environment as completely normal (*Stephanie R NDE*,

2015). In another perceived OBE it seems that the extrapersonal self was only able to clearly see two relatives who were in the room that were placing their hands on his physical body and vocally praying over him while the rest of the people there participating were observed as unclear off-white or greyish shapes misinterpreted by him as deceased relatives while he simultaneously felt all of the people's hands on his physical body (Gibson, 1994, pp. 145–146, 148–149). During one perceived OBE, a knife attack victim observed his attackers as silhouettes gathered around his physical body as he had the perception of rising up away from it (*Michael F NDE*, 2015). Another woman suffering from severe allergic reaction with anaphylactic shock—caused by the intravenous fluorescent dye used during an eye examination—watched those around her turn into silhouettes during a transition into an altered state of mind before eventually turning back into normal people again when she quickly recovered (*Tammy G probable NDE*, 2010).

Fenwick and Fenwick (1995) discussed this same dilemma regarding face perception during NDEs and suggested that a psychological explanation was more likely rather than an organic mechanism of the brain (pp. 203–204). Whether or not either of these two explanations are a factor in some perceived OBEs is at this point still uncertain, but this dilemma does need to be seriously considered and explored further for it is widespread across perceived OBE accounts. It simply should not be ignored and/or neglected, but demands a logical explanation. As one experient reasonably pondered in a self-report elsewhere, “Why was I not allowed to see their faces fully? Why was I in the light and they were in the light but they were in a shadow barely able to make out?” (*Frances probable NDE*, 2008).

**The Visual Life Review Experience (VLRE).** There have now been seven definite reports of a VLRE out of the 252 perceived OBEs included in this research, which equates with 2.8%. However, they have all occurred during either perceived NDOBEs or perceived LDOBEs, and if calculated only among the 118 of these types of perceived OBEs (NDOBEs, LDOBEs, and LD-NDOBEs), the percentage changes to 5.9%, which is still a low prevalence of VLREs. For I recently finished conducting research on 3,394 real or presumed near-death or life threatening incidents (that were also presumably associated with perceived OBEs) in which I determined that at least 432 (12.7%) of them included VLREs (King, 2022a). Though that particular study can be compared to this study due to a certain degree of close correlation with the perceived NDOBEs/LDOBEs/LD-NDOBEs in this research, attempting to correlate a reliable comparison of VLREs in this research with the quantitative results of life reviews noted in most other NDE research needs to be approached with caution. This is because the definition of NDEs in other studies may be more broad or limited and/or may not necessitate the inclusion of a perceived OBE. Furthermore, the life review is sometimes interpreted in a much more broad sense than my strict definition in these two studies of a VLRE as indicating an involuntary memory revival of one's current life that consists of multiple self-inclusive visual images or scenes generally appearing in an uncontrollable and/or rapid manner.

As I pointed out in the Phase I discussion (King, 2021), there have been studies that suggest that there may be a cultural influence related to VLREs during NDEs, for Ohkado and Greyson (2014) did not find any 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 experients if they had experienced a life review, and none of them endorsed this feature. However, it should also be further pointed

out that these sample sizes are not large enough to make any confident conclusions. Additionally, I noted that there were some self-reported incidents from India reported elsewhere that I would designate as VLREs (*Ashutosh S NDE*, 2013; *Deepak Y NDE*, 2010; *Kirat A NDE*, 2011; *Mandip possible NDE*, 2009).

Katz et al. (2017) suggested that a representation of life-events exists as a continuum in the cognitive system of healthy people and can manifest in a life review during conditions of psychological or physiological stress. Furthermore, as I already mentioned in the report from Phase I (King, 2021), 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, as also noted in the report from Phase I, 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.

Ring (1980) pointed out that life reviews may be more likely to occur during accidents (near-drownings, auto accidents, etc.) and suggested that perhaps this is due to the near-death circumstances being sudden and unexpected (pp. 197–198; see also Stevenson & Greyson, 1979). Although the VLREs in this research project so far were not usually related to accidents (with only one case of a vehicle accident), they were, however, associated with sudden incidents of heart attack, cardiac arrest, physical trauma (impact while playing a football game and a physical attack by an assailant), organ failure, and syncope from fear of a threat to life. It should also be mentioned here that one study (Lempert et al., 1994) with 42 participants found that though most of the common features associated with NDEs were found to occur during non-life-threatening syncope induced in a laboratory setting, this excluded any life reviews. Furthermore, Whinnery (1997) reported that there had been no VLREs reported in association with nearly a thousand G-LOC episodes, and so surmised that loss of consciousness does not in itself seem to be the cause of such (p. 257). In both phases of this research project so far, the VLRE has been exclusively reported during perceived OBEs that were associated with imminent near-death or presumed life-threatening incidents (perceived NDOBEs and perceived LDOBEs), possibly suggesting that they may perhaps occur with a presumption, either consciously or unconsciously, that there is a danger to life and/or a possibility of death.

However, VLREs that narrowly consist of only a selective group of memories can take place sometimes during other conditions, such as those focused only on one specific relationship during periods of emotional distress or grief due to a loss of a loved one by either death (*Kathy M SDE*, 2016; *Lorette C NDE*, 2011; Noyes & Kletti, 1976, p. 109) or divorce (Holden & Guest, 1990). Nevertheless, these may be a VLRE subtype that is initiated by the brain due to an ongoing stressful condition that is recognized as a threat to optimized survival and/or wellbeing in the world environment. Perhaps it shows the experients that their relationship had meaning, purpose, and significance for their life, enabling them to continue on living life in the physical world with a sense of peace, acceptance, and psychological wellbeing.

**Other Reported Visual Phenomena.** In the Results section I noted the participant reports of other visual phenomena besides VLREs, including the VDPE, the VLPE, and the VLRR. All of these are also found elsewhere in self-reported accounts (King, in review). However, in both phases of this research so far these types of experiences have only been reported during perceived NDOBEs and/or perceived LDOBEs. This might be due to what seems to be the

primary purpose of such phenomena, which is to boost the will and/or desire to survive and live. However, the sample sizes are too small for any confident conclusions on this matter.

**Visual death preview experience (VDPE).** The VDPE refers to a preview of imagery related to an experient's possible death, sometimes actually seeing the potential death take place, but at other times conveying the effect that death or an absence from life might have on loved ones or others. I suggest that its overall purpose is to boost the will and/or desire to survive and live by increasing an awareness that one is about to possibly die and/or stressing the negative effects that death would have upon loved ones.

**Visual life preview experience (VLPE).** The VLPE is a preview of imagery conveying supposed possibilities of an experient's potential future if they continue living, sometimes in relation to the positive effect they might have on loved ones, but other times just the possible outcomes for the experient in the future. It is my opinion a purposeful visual phenomenon that occurs to boost the will and/or desire to survive and live by stressing possibilities of life and/or the positive effects one can have on loved ones by remaining alive.

**Visual life-relations reminder (VLRR).** The VLRR is generally an involuntary influx of non-self-inclusive imagery of living loved ones, which may include anywhere from a single image to multiple images similar to a VLRE. Though this can be characterized in some cases as a revival of memories in a certain sense, it should not be confused with the VLRE in a reductionist manner for it differs in many ways (King, in review). This visual phenomenon is likely purposeful and beneficial in the sense of boosting the will and/or desire to survive and continue living by generally reminding experients of important relationships in their current life.

**Tunnels.** Although there was not a direct question that specifically asked about an inclusion of a tunnel (though one question asked about means of any transportation from one place to another), I have gathered data on such occurrences when they have been mentioned by participants in both phases of this research. There have now been a total of 26 such reports and tunnels have been encountered in all types and subtypes of perceived OBEs presented in this research so far (except during LD-NDOBEs, which have a small sample size of only two), as well as both types of environments (transcendental and non-transcendental), though they do seem to perhaps be more likely during transcendental perceived OBEs (or transcendental portions of mixed perceived OBEs), which supports the findings of Alvarado and Zingrone (1999) who 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. The total combined reported tunnel encounters for the two phases of this research was highest among NDOBEs with at least 16.7% (14 out of 84) including a tunnel element—as indicated by the participant—which supports the earlier work of Gabbard and Twemlow (1984) who found that perceived OBEs during real near-death situations were significantly more likely to have included a tunnel than those that were not (pp. 136–137).

In the reports of this study so far, the tunnel has tended to usually serve as a means of transition between one presumed location and another despite the type or subtype of perceived OBE. As one practitioner of self-inducing perceived AMOBE-2s in this study stated:

[Questionnaire answer:] When I practice inducing OBEs, I almost always find myself in a dark misty area. I fly through it as if on a current, and end up in an earth-like world but it's got a strange dimension to it. Sometimes I go through a tunnel or series of tunnels, or a portal, and end up in one of these worlds. (#153, AMOBE-1, mixed)

One participant even reported going through a tunnel to get back into his physical body even though his perceived extrapersonal self was in the same room. Similar types of experiences are sometimes reported elsewhere as well (Moody, 1976, p. 83).

It should also be pointed out that NDEs associated with general anesthesia may be more likely to include a tunnel (Long, 2014; Long & Perry, 2010, p. 101). Furthermore, tunnels can 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). Tunnel experiences were even reported during syncope induced in a laboratory by hyperventilation and the Valsalva maneuver (Lempert et al., 1994).

As I mentioned in my discussion from Phase I (King, 2021), there have been suggestions from other studies that the element of a tunnel might be a feature influenced by cultural factors (Ito & Miura, 2016; Murphy, 2001; Ohkado & Greyson, 2014; Pasricha, 2008). For example, Pasricha (2008) reported that despite her many years of research on NDEs in community populations in India, that she found no certain reported cases of tunnels. It should also be noted that although Blackmore (1993) reported some accounts of what she referred to as tunnels in Indian NDEs, the quotes she provided seem more likely to be indicating a place of darkness, and it is uncertain if any of those accounts she discusses are really describing an actual tunnel (Kellehear et al., 1994). However, as I noted in Phase I (King, 2021), there are many self-reports from India available from online sources that do portray a tunnel, though it is unclear if these may perhaps be due to Western influence.

Berman (1996) stated that in his research on modern and ancient near-death stories he had come across very few accounts describing tunnel travel (pp. 77–79). Furthermore, as I mentioned in Phase I (King, 2021), Athappilly et al. (2006) compared a sample of 24 pre-1975 NDEs with 24 post-1975 NDEs, finding that reports of tunnels post-1975 had significantly increased by over 400%. Though this is still a somewhat small sample size, this may perhaps suggest that the concept of a tunnel has become an expected feature of NDEs, possibly exerting an influence on the formulation of such during some perceived OBEs or upon the interpretation of some perceived OBEs. The former seems possible due to the fact that some people seem to be able to willfully formulate tunnels as a part of their experience (Chari, 1982, p. 118; King, 2021, pp. 26–27, participant #35). Furthermore, one participant from this second phase of this research project found himself unable to move in a dark void for a certain period of time and a tunnel formed only after he thought of a tunnel.

The later possibility that the expectation of a tunnel may have an influence upon the interpretation of some perceived OBEs in hindsight also seems possible. There have been indications of such both in this research and elsewhere in which a tunnel is mentioned even though what the experient has described does not actually seem to indicate a tunnel per se, but rather simply a void or a place of darkness. Below are some cases of what seem to me to be some possible examples from this phase of the research:

[Questionnaire answer:] Then I moved backwards very quickly and was instantly in the black space many describe as a tunnel. (#115, NDOBE, mixed)

[Questionnaire answer:] During many of my previous OBE's I would wake up scared after being pulled back to my physical body because I only saw everything black during the pull,

like a void. This time, I fully realized that the black/the tunnel are simply the transition, the pull back to my physical body. (#218, OSOBE, non-trans)

[Questionnaire answer:] I was moving up through and out of my head from my feet and when things got dark I was in the tunnel but not conscious of a tunnel, just ensconced in a guided darkness. (#118, OSOBE, trans)

[Questionnaire answer:] As I watched my physical body being worked on, everything went dark as I went into this tunnel or void, [Questionnaire answer:] Upon entering the tunnel/void, I lost all concept of time and I did not regain consciousness until I arrived at the hospital. (#107, NDOBE, mixed)

I suspect that actual literal tunnels may perhaps be a little bit less common than is reported and that there are a number of false positives as a result of the tendency to sometimes inadvertently interpret a darkness or a void in that manner due to the expectation of a tunnel in NDE literature and discussion. In fact, Atwater (2003) stated that she has actually witnessed adults change the accounts of their NDEs to include a tunnel element according to the standard expectation of such (p. 47). Furthermore, it should also be pointed out that there are many other self-reports elsewhere in which the dark place with a light at the end is described as a cave, a cavern, a well, a corridor, or some other descriptive rather than a tunnel. Perhaps the impression of movement in a dark void toward a light suggests to the mind of the experient the most probable explanation from their past memory that may further contribute to that formulation and/or interpretation.

**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, both phases of this research have shown that 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 at least 31 (12.3%) out of 252 perceived OBEs, which included all types and subtypes of perceived OBEs in this study except for perceived NDOBEs. Similar incidents have also been reported elsewhere (Alvarado, 2016; Gibson, 1994, pp. 109–110; Green, 1968, numerous cases throughout book; Sabom, 1982, pp. 120, 122–123; Tart, 1971, p. 104; Zingrone et al., 2010). Although 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 consisting of single cases that she examined included some form of somatic continuance (pp. 44–45). So far I have not detected any cases in this research of OSC occurring during a perceived NDOBE, and when they are excluded from consideration then there were 31 (18.5%) out of 168 reports of other types of perceived OBEs.

Although so far there have not been any reports in this research of OSC occurring during perceived NDOBEs, this is likely because this type of perceived OBE consists of 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. It should further be noted that there were a few perceived OBEs during this phase that may have included OSC while the participant was in a prone position, but this was extremely difficult to determine with certainty in these few cases, so these were categorized as unclear in the quantitative results. Nevertheless, as

previously reported in Phase I (King, 2021), there are reports elsewhere that may suggest that OSC while in a prone position can also sometimes take place (Crookall, 1972, p. 94; Fenwick & Fenwick, 1995, p. 239; 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).

In addition to OSC, there is also non-observed somatic continuance (NOSC) as the one case I reported up above in the Results section in which the experient was singing during worship, and another case I mentioned in the Phase I report that occurred during sexual intercourse (King, 2021, p. 25). However, NOSC is also found in other self-reports, both during transcendental perceived OBEs or in association with a total lack of any awareness while it is occurring without a perceived OBE at all, although I am not yet adequately prepared in my research to get into further discussion about this other variant at this time.

***Threat response and OSC.*** Based on the cases examined in this research and additional extensive research on OSC (King, 2022b), I postulate that most cases of OSC generally appear to be a reactive response to a presumed threat to physiological and/or psychological wellbeing (associated with a stressful situation and/or possible danger). This threat can include a conscious recognition of such or it can be entirely unconscious and entirely interpreted as such by the brain. Threat should be understood here in a broad sense as covering a wide spectrum of anything from prolonged stress to an encounter with immediate danger to life. This can even be the case for the incident of OSC reported by one participant in this phase of the research in which he stated he was bored while in a lecture setting. For though Thackray (1981) found that boredom by itself does not produce stress, he suggested that boredom coupled with a high necessity to pay attention might be capable of eliciting a substantial amount of stress. It is also not unreasonable to postulate that someone being forced to be somewhere they really do not want to be at the moment (such as in a military lecture hall) may result in various levels of stress as well. Furthermore, as I discussed elsewhere (King, 2022b), sometimes there might be a number of different stress factors in play that can cumulatively contribute to the onset of OSC.

***Memory retention during OSC.*** There is another important feature of OSC that needs to be mentioned that was not discussed in Phase I. In further follow-up contact with participants who had experienced OSC from both phases, I asked them if (after having returned to a singularity of consciousness) they had obtained a first-person memory of what their physical body had experienced during those moments they were watching it from their perceived extrapersonal location. Those who responded reported that there was no conscious memory retained from the first-person perspective of their physical body, but only what was presumably observed from the perceived extrapersonal self. Here are some of those follow-up quotes:

[Follow-up interactions:] I had no first-person memories of having been in my physical body, during the time I had left it. (#114, OSOBE, non-trans)

[Follow-up interactions:] The memory or thoughts were from the 3rd person observation position. (#23, LDOBE, non-trans)

[Follow-up interactions:] No memory of it from the body aspect. (#53a, LDOBE, non-trans)

[Follow-up interactions:] I have to say I did not have any physical body memories of what I was doing after the weight fell on my head. Only the memories of seeing it from above. (#39, LDOBE, non-trans)

It is as if the awareness that can form conscious memories had detached itself along with the perceived extrapersonal self. In other words, during OSC, memories were only retained from the perceived spatial position(s) in which that awareness was also present. If there was an absence of awareness of the senses such as sight, sound, smell, taste, and/or touch from the perspective of the physical body during the exact moments that OSC was occurring, there appears to have been no conscious remembrance of having actually experienced those sensory occurrences in a first-person way after the fact. Nevertheless, in many cases of OSC that I have explored over the years, it seems that the physical body probably had to have still had some type of access at the time to some type of existing memory for the continuation of certain activities (at least in some of those accounts) that were much more than simple automatisms.

**Complex epileptic automatisms and OSC.** It should be pointed out that OSC shares some similarities with complex epileptic automatisms in which conscious awareness in the physical body seems to be absent while behaviors requiring intricate motor control occur (with post-event amnesia following), such as walking, dancing, singing, drawing, playing the piano, driving, or even undoing a seatbelt and trying to exit a moving vehicle (Myers & Scheffer, 2018; Penfield, 1975, pp. 37–43). Nevertheless, the similarities and differences between OSC and such complex epileptic automatisms have not to my knowledge ever been explored and discussed. I myself simply have not been able to do so at this point in my studies due to substantial time and resource constraints as I continue to pursue research in a number of other areas related to perceived OBEs and NDEs, but more research in this specific area is surely needed and it would be a fascinating area for exploration in my opinion.

**Continuation of dreaming during a perceived OBE.** I noted up above in the Results section a perceived OBE in which the physical body continued reacting to a nightmare it was experiencing in movement and groans while the participant watched from above. Though I have not classified this as a case of OSC for the reasons previously mentioned, I did indicate that this is similar to OSC in some ways. Yet, this particular perceived OBE is extremely important for a number of other reasons. Though it is one case in isolation, it seems to indicate that a perceived OBE with conscious awareness can occur simultaneously with a dream that differs in content from the perceived OBE. If other such cases come to light, this might perhaps suggest a possible evidential implication that dreams and perceived OBEs can sometimes occur simultaneously.

Furthermore, although I classified this particular case as a perceived OSOBE, it also allows for the possibility that a dream in which a threat to life is the subject matter (in her case being an intruder at the door) may be similar to the condition of a perceived LDOBE due to the possibility that the brain may perhaps in some situations interpret the content of a nightmare as a presumed danger. In fact, there is already another report from Phase III (that is still currently underway) in which a perceived OBE was also initiated during a nightmare. I am aware of at least one other case as well from elsewhere as quoted below:

I was dreaming that I was on top of a cliff, and fell. Upon that moment I landed, and felt I had stopped breathing. Immediately in my thought I said, 'I landed in my dream I must be dead.' Everything went black the second I made impact in the dream. At that point, I knew it wasn't a dream. I began floating in a black space. (*John C NDE, 2004*)

There is also at least one other self-reported incident (though not a perceived OBE) that I am aware of that may further support this, for one woman (though she did not report a perceived OBE) dreamed that she was dying and then had what appears to be a genuine VLRE with her heart beating so loudly that it woke her up (Murray, 2011). More attention needs to be focused on perceived OBEs that spontaneously initiate during the sleep state to determine which of those experients were in fact dreaming at that precise moment, and for those who were, an analysis of that dream content to determine if there was a stressful or threatening scenario that correlated with the onset of the perceived OBE.

**Multiple Extrapersonal-Selves Perception (MESP).** An additional important finding of this phase of the study was the feature of at least three more cases (and possibly four as discussed up above in the Results section) of multiple extrapersonal-selves perception (MESP) in addition to the six reported cases from Phase I (five officially included as part of that phase, and one that was not officially included). In other words, there have been nine officially reported cases and possibly 10. As already discussed in Phase I (King, 2021), but again found in this phase, MESP sometimes occurred with shared sensory input between those perceived extrapersonal selves. Furthermore, in some of these cases it was very similar to observing the physical body from an extrapersonal location in a normal perceived OBE, but instead observing the actions of a second extrapersonal self. This necessitates some very important considerations because it shows that experients can sometimes observe a second self during a perceived OBE state that is not the real physical body.

So far, the results of this ongoing study indicate that MESP is possible during perceived NDOBEs, perceived AMOBE-2s, and perceived OSOBEs. Furthermore, their occurrence may tend to favor either a transcendental perceived OBE or the transcendental portion of a mixed perceived OBE. However, it is still premature to make any absolute conclusions due to the small sample size discussed in this research so far.

Though MESP during perceived OBEs seems to be uncommon, as I noted in Phase I (King, 2021), I was at that time already aware of other reports of such occurrences that were 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), but I have also since then come across some additional self-reports as well (*Finnish woman*, 2021; *Flynn B possible NDE*, 2015; *Heart attack*, 2021; *Lizzette T NDE*, 2006; *Rachel F NDE*, 2019; *Randy P probable NDE*, 2008; *Robert E NDE*, 2007; *Sarah W probable NDE*, 2013; Sutherland, 1995, p. 108). I would also like to note again, as I did in Phase I (King, 2021), that one practicing advanced Buddhist meditator explained that the experient can with practice deliberately choose to be in two places at once during meditation-induced NDEs (Van Gordon et al., 2018, participant #9).

#### ***6.1.4 Perceived NDOBEs and Other Perceived OBEs - Common Perceptions and Features***

In the report from Phase I (King, 2021) there were a number of common perceptions and features pointed out between perceived NDOBEs and other types of perceived OBEs in which the participant was not physiologically near death, including many in which they did not even believe they were dying. 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.

On another note, through both phases of this research project there have also been a number of unresolved dilemmas pointed out, which not only occur during perceived OBEs in which the participant is not physiologically near death, but during perceived NDOBEs as well, further suggesting that all types and subtypes of perceived OBEs have a lot of unresolved problems when trying to provide a reasonable and sound explanation of their nature. This includes a number of peculiar irregularities that sometimes occur, such as encountering living perceived-OBE personages, absent or obscured facial features associated with perceived-OBE personages, an inability to hear audible sounds that are occurring in the earthly environments even when observing that environment from a perceived extrapersonal location, and a number of different incorrect perceptions and/or hallucinations.

### ***6.1.5 Arousal Considerations***

Arousal as used here should be understood as referring to the experient's state of psychological excitation, which can increase under various conditions such as stress, fear, or excitement, and decrease under other conditions such as illness, exhaustion, meditation, relaxation, sleep, or unconsciousness. Although I began to notice in Phase I of this research that most perceived OBEs were associated with either increased or reduced arousal in relation to a normal waking conscious state, there were a small amount of cases in which I could not be certain that either condition was present. Because of this, I decided at the time of the first report (King, 2021) to wait on discussing this until I could accumulate more data. However, now after having examined 252 cases from both phases of this research project, I can report that one or the other of these two conditions seems to be associated with almost all of those perceived OBEs I have examined, though I cannot be certain whether or not this is in fact the case in regards to a small amount of them. This tends to support the similar findings of Irwin (1985) from a group of student experients who were directly asked to rate their level of mental arousal immediately prior to the onset of their perceived OBE using a 10-point Likert scale (pp. 145–146).

## **7. Summary of Some Important Findings**

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After examining the features of different types and subtypes of perceived OBEs as categorized in this research project so far, both commonalities and differences among them have been discovered and pointed out. Some features examined have been found to be more prominent during or limited to different types of perceived OBEs. Similar to Phase I (King, 2021), this phase also found 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 and even in some of those in which they had no sense that they were in any danger or under threat of death.

There are a number of important findings in this research so far. This includes but is not limited to the following:

1. Most reports of perceived NDOBEs in both phases indicated an association with some manner of a reduction, disruption, or cessation to the body's oxygen supply prior to onset

- such as breathing difficulties, a substantial loss of blood, a heart attack, a stroke, or cardiac arrest.
2. Conscious awareness of the actual disengagement or separation process was rarely reported during perceived NDOBEs, and not at all during LDOBEs so far, but was more often than not reported during perceived AMOBEs.
  3. Reports of VLREs were only associated with perceived NDOBEs and perceived LDOBEs, though the sample size of perceived OBEs including a VLRE is still small.
  4. Some unique types of visual phenomena such as VDPEs, VLPEs, and VLRRs were only reported as having occurred during perceived NDOBEs or perceived LDOBEs, but the sample size is still small.
  5. Real existing sounds and voices from the immediate environment of the physical body were sometimes not heard during all types and subtypes of perceived OBEs even as an observation of that environment by the extrapersonal self was occurring.
  6. Many participants across all types and subtypes of perceived OBEs reported that the facial features on perceived-OBE personages were absent or obscured in some way.
  7. Various incorrect perceptions and/or hallucinations related to the surrounding earthly environment were reported during all types and subtypes of perceived OBEs.

## 8. Final Thoughts

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The results of this research again, as in Phase I (King, 2021), 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. Furthermore, the fact that the onset of most perceived OBEs in near death situations and life-threatening conditions takes place prior to any actual finality of death—even if that is only seconds or minutes in some cases—and often even when death does not actually occur may perhaps suggest that perceived OBEs in those types of circumstances may be purposeful in some way.

Based on the conditions, circumstances, and situations associated with the perceived OBEs examined in both Phase I and Phase II of this research project, I continue to lean toward a hypothesis that the primary 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 nonpathological dissociation or detachment. Furthermore, I now also postulate that this may also be the case for some perceived OSOBEs and even possibly some perceived AMOBEs. In addition, I would like to now also add that in these types of cases this dissociation or detachment may be purposeful as either an orienting response to threat/stress and/or to allow for a beneficial absorption, depending on the conditions and circumstances in each individual case. It should be understood that with these hypotheses I am still not yet taking a firm position on the objective/subjective debate concerning the nature of perceived OBEs, and that these hypotheses are not dependent on the validity of one of these positions over the other.

## 9. Limitations

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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, although there was some further interaction or follow-up contact with many of the participants (in regards to 68 of the reported perceived OBEs during Phase I and 53 of the reported perceived OBEs during Phase II), there were 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. Furthermore, there were no medical records for review (except for one incident during Phase I) because this study did not ask for this information. So there is then, of course, the possibility that the category designations of some perceived OBEs in this study may have been incorrectly designated due to a lack of information, misinformation, and/or misinterpretation.

Much of the content of this study cannot be directly correlated with most studies about NDEs because 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 mentioned up above, many NDE studies include participants who are 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 might 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 association 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.

## 10. Bias Considerations

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

Furthermore, in 1980 I had two perceived OSOBEs, later followed by many perceived AMOBE-2s during the mid-to-late 1980s (these have not been included in this research). 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.

## 11. Ethical Considerations

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All participants included in both phases of this research have declared that they are at least 18 years of age or older and gave their consent to use and quote their answers. All of those who participated in this second phase of this research project and filled out the whole questionnaire or part of the questionnaire agreed to a thorough informed letter of consent at the beginning of the questionnaire. Many of the participants were further contacted for added clarity or additional information as agreed to when filling out the questionnaire.

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## References

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- 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.
- Amanda NDE. (2014, April 26). NDERF. [https://nderf.org/Experiences/1amanda\\_nde.html](https://nderf.org/Experiences/1amanda_nde.html)
- Amrhein, V., Greenland, S., & McShane, B. (2019). Scientists rise up against statistical significance. *Nature*, 567(7748), 305–307. <https://doi.org/10.1038/d41586-019-00857-9>
- Angela M possible NDE. (2015, April 25). NDERF. [https://nderf.org/Experiences/1angela\\_m\\_possible\\_nde.html](https://nderf.org/Experiences/1angela_m_possible_nde.html)
- Anita K possible NDE. (2008, December 27). NDERF. [https://nderf.org/Experiences/1anita\\_k\\_possible\\_nde.html](https://nderf.org/Experiences/1anita_k_possible_nde.html)
- Ashutosh S NDE. (2013, August 4). NDERF. [https://nderf.org/Experiences/1ashutosh\\_s\\_nde.html](https://nderf.org/Experiences/1ashutosh_s_nde.html)

- Associated Press News. (2019). 'I felt everything': Woman wakes up during surgery, endures 90 minutes of 'pure torture'. *Associated Press News*. Retrieved March 2, 2022, from <https://apnews.com/article/archive-268d1cdf8c2aeb7149976d9145bf348>
- 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>
- Atwater, P. M. H. (1994). *Beyond the light: What isn't being said about the near-death experience*. Carol Publishing Corporation.
- Atwater, P. M. H. (2003). *The new children and near-death experiences*. Bear & Company.
- Augustine, K. (2007a). Does paranormal perception occur in near-death experiences? *Journal of Near-Death Studies, 25*(4), 203–235. <https://doi.org/10.17514/JNDS-2007-25-4-p203-236>.
- Augustine, K. (2007b). Near-death experiences with hallucinatory features. *Journal of Near-Death Studies, 26*(1), 3–31. <https://doi.org/10.17514/JNDS-2007-26-1-p3-31>.
- Behrmann, M., Scherf, K. S., & Avidan, G. (2016). Neural mechanisms of face perception, their emergence over development, and their breakdown. *Wiley Interdisciplinary Reviews: Cognitive Science, 7*(4), 247–263. <https://doi.org/10.1002/wcs.1388>
- Ben B NDE. (2020, March 20). NDERF. [https://nderf.org/Experiences/1ben\\_b\\_nde.html](https://nderf.org/Experiences/1ben_b_nde.html)
- Berman, P. L. (1996). *The journey home*. Simon and Schuster.
- Beverly F possible NDE. (2018, October 28). NDERF. [https://nderf.org/Experiences/1beverly\\_f\\_possible\\_nde.html](https://nderf.org/Experiences/1beverly_f_possible_nde.html)
- Billy S NDEs. (2011, March 2). NDERF. [https://nderf.org/Experiences/1billy\\_s\\_ndes.html](https://nderf.org/Experiences/1billy_s_ndes.html)
- Bischoff, P., & Rundshagen, I. (2011). Awareness under general anesthesia. *Deutsches Ärzteblatt International, 108*(1-2), 1–7. <https://doi.org/10.3238%2Farztebl.2011.0001>
- 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>.
- Blackmore, S. J. (2017). *Seeing myself: The new science of out-of-body experiences*. Robinson.
- Bloxham, A., & Durrant, S. (2014). The effect of external stimuli on dreams, as assessed using Q-Methodology. *International Journal of Dream Research, 7*(2), 129–140.

- Bobbie T experience*. (2013, September 8). NDERF.  
[https://nderf.org/Experiences/1bobbie\\_t\\_obe.html](https://nderf.org/Experiences/1bobbie_t_obe.html)
- Brice, D. D., Hetherington, R. R., & Utting, J. E. (1970). A simple study of awareness and dreaming during anaesthesia. *British Journal of Anaesthesia*, 42(6), 535–542.  
<https://doi.org/10.1093/bja/42.6.535>
- Buzzi, G. (2002). Near-death experiences. *Lancet*, 359(9323), 2116–2117.  
[https://doi.org/10.1016/S0140-6736\(02\)08928-6](https://doi.org/10.1016/S0140-6736(02)08928-6)
- Cassie M NDE*. (2006, April 23). NDERF. [https://nderf.org/Experiences/1cassie\\_m\\_nde.html](https://nderf.org/Experiences/1cassie_m_nde.html)
- Chari, C. (1982). Parapsychological reflections on some tunnel experience. *Anabiosis*, 2, 110–131. <https://doi.org/10.17514/jnds-1982-2-2-p110-131>.
- Cheyne, J. A., & Girard, T. A. (2009). The body unbound: Vestibular–motor hallucinations and out-of-body experiences. *Cortex*, 45(2), 201–215.  
<https://doi.org/10.1016/j.cortex.2007.05.002>
- Christopher E OBE*. (2008, July 20). NDERF.  
[https://nderf.org/Experiences/1christopher\\_e\\_obe.html](https://nderf.org/Experiences/1christopher_e_obe.html)
- 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.
- 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)

*Donna G probable NDE.* (2011, August 28). NDERF.

[https://nderf.org/Experiences/1donna\\_g\\_probable\\_nde.html](https://nderf.org/Experiences/1donna_g_probable_nde.html)

*Dr. Sahar S NDE.* (2021, January 20). NDERF.

[https://nderf.org/Experiences/1dr\\_sahar\\_s\\_nde.html](https://nderf.org/Experiences/1dr_sahar_s_nde.html)

Evrard, R., Pratte, E., & Rabeyron, T. (2022). Sawing the branch of near-death experience research: A critical analysis of Parnia et al.'s paper. *Annals of the New York Academy of Sciences*, 1515(1), 5–9. <https://doi.org/10.1111/nyas.14846>

Fenwick, P., & Fenwick, E. (1995). *The truth in the light*. Berkley Books.

*Finnish woman feels yanked out of her body and meets her guardian angel.* (2021, July 9).

IANDS. <https://iands.org/1550-finnish-woman-feels-yanked-out-of-her-body-and-meets-her-guardian-angel.html>

*Flynn B possible NDE.* (2015, March 24). NDERF.

[https://nderf.org/Experiences/1flynn\\_b\\_possible\\_nde.html](https://nderf.org/Experiences/1flynn_b_possible_nde.html)

Fox, O. (1979). *Astral projection: A record of out-of-the-body experiences*. Citadel Press. (1962)

*Frances probable NDE.* (2008, September 27). NDERF.

[https://nderf.org/Experiences/1frances\\_probable\\_nde.html](https://nderf.org/Experiences/1frances_probable_nde.html)

Gabbard, G. O., & Twemlow, S. W. (1984). *With the eyes of the mind—An empirical analysis of out-of-body states*. Praeger.

*Gerry L probable NDE.* (2017, March 6). NDERF.

[https://nderf.org/Experiences/1gerry\\_l\\_probable\\_nde.html](https://nderf.org/Experiences/1gerry_l_probable_nde.html)

Ghasemiannejad-Jahromi, A. (2021). The aftereffects of near-death experiences on the lives of near-death experiencers: A qualitative study. *Journal of Qualitative Research in Health Sciences*, 10(2), 83–91. <https://dx.doi.org/10.22062/jqr.2021.193576.0>

Gibson, A. S. (1994). *Journeys beyond life: True accounts of next-world experiences*. Horizon Publishers.

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. (2010). Seeing dead people not known to have died: “Peak in Darien” experiences. *Anthropology and Humanism, 35*(2), 159–171. <https://doi.org/10.1111/j.1548-1409.2010.01064.x>
- Greyson, B. (2021). *After: A doctor explores what near-death experiences reveal about life and beyond*. St. Martin's Essentials.
- Greyson, B., & Stevenson, I. (1980). The phenomenology of near-death experiences. *American Journal of Psychiatry, 137*(10), 1193–1196. <https://doi.org/10.1176/ajp.137.10.1193>
- Haley L NDE. (2008, December 8). NDERF. [https://nderf.org/Experiences/1haley\\_l\\_nde.html](https://nderf.org/Experiences/1haley_l_nde.html)
- Heart attack leads to teachings about dimensions by higher self. (2021, May 18). IANDS. <https://iands.org/1527-heart-attack-leads-to-teachings-about-dimensions-by-higher-self.html>
- Henrietta K NDE. (2011, August 20). NDERF. [https://nderf.org/Experiences/1henrietta\\_k\\_nde.html](https://nderf.org/Experiences/1henrietta_k_nde.html)
- Herbert M NDE. (2003, October 29). NDERF. [https://nderf.org/Experiences/1herbert\\_m\\_nde.html](https://nderf.org/Experiences/1herbert_m_nde.html)
- Holden, J. M. (2009). Veridical perception in near-death experiences. In *The handbook of near-death experiences: Thirty years of investigation*. Praeger.
- 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.
- Irwin, H. J. (1985). *Flight of mind: A psychological study of the out-of-body experience*. Scarecrow Press.
- 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)
- Jamie B NDE. (2021, May 20). NDERF. [https://nderf.org/Experiences/1jamie\\_b\\_nde.html](https://nderf.org/Experiences/1jamie_b_nde.html)
- Jen V NDE-Like. (2009, July 9). NDERF. [https://nderf.org/Experiences/1jen\\_v\\_ndelike.html](https://nderf.org/Experiences/1jen_v_ndelike.html)
- Jeri W NDE. (2017, December 17). NDERF. [https://nderf.org/Experiences/1jeri\\_w\\_nde.html](https://nderf.org/Experiences/1jeri_w_nde.html)
- Jessica's experience. (2004, July 27). OBERF. [https://oberf.org/jessica's\\_sobe.htm](https://oberf.org/jessica's_sobe.htm)
- John C NDE. (2004, November 21). NDERF. [https://nderf.org/Experiences/1john\\_c\\_nde.html](https://nderf.org/Experiences/1john_c_nde.html)

- Jung, C. (1965). *Memories, dreams, reflections by CG Jung* (A. Jaffre, Ed.). Vintage.
- Kahn, D., Stickgold, R., Pace-Schott, E., & Hobson, J. (2000). Dreaming and waking consciousness: a character recognition study. *Journal of Sleep Research*, 9(4), 317–325. <https://doi.org/10.1046/j.1365-2869.2000.00213.x>
- Kathrine D probable NDE. (2011, January 16). NDERF. [https://nderf.org/Experiences/1kathrine\\_d\\_probable\\_nde.html](https://nderf.org/Experiences/1kathrine_d_probable_nde.html)
- Kathy M SDE. (2016, September 16). NDERF. [https://nderf.org/Experiences/1kathy\\_m\\_sde.html](https://nderf.org/Experiences/1kathy_m_sde.html)
- KathyJo. (n.d.). *Fainting. Question: Please describe your experience with fainting [Comment]*. emedicinehealth. [https://comments.emedicinehealth.com/fainting/viewer-comments\\_em-51.htm](https://comments.emedicinehealth.com/fainting/viewer-comments_em-51.htm)
- Katz, J., Saadon-Grosman, N., & Arzy, S. (2017). The life review experience: Qualitative and quantitative characteristics. *Consciousness and Cognition*, 48, 76–86. <https://doi.org/10.1016/j.concog.2016.10.011>
- 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). *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>
- King, R. A. (2022a). A closer look at visual life reviews and age in adulthood during near-death experiences. *Journal of the Society for Psychical Research*, 86(4), 208–224.
- King, R. A. (2022b). Observed somatic continuance during spontaneous out-of-body experiences. *Journal of Near-Death Studies*, 40(1), 12–46. <https://doi.org/10.17514/JNDS-2021-40-1-p12-46>
- King, R. A. (in review). Visual memories of living loved ones during life-threatening incidents.
- Kirat A NDE. (2011, December 30). NDERF. [https://nderf.org/Experiences/1kirat\\_a\\_nde.html](https://nderf.org/Experiences/1kirat_a_nde.html)

- Kotsovolis, G., & Komninos, G. (2009). Awareness during anesthesia: how sure can we be that the patient is sleeping indeed? *Hippokratia*, *13*(2), 83–89.  
<https://ncbi.nlm.nih.gov/pubmed/19561776>
- Lacey D NDE. (2008, December 15). NDERF. [https://nderf.org/Experiences/1lacey\\_d\\_nde.html](https://nderf.org/Experiences/1lacey_d_nde.html)
- 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.
- Lempert, T., Bauer, M., & Schmidt, D. (1994). Syncope and near-death experience. *Lancet*, *344*(8925), 829–830. [https://doi.org/10.1016/s0140-6736\(94\)92389-2](https://doi.org/10.1016/s0140-6736(94)92389-2)
- Leppink, J., Winston, K., & O’Sullivan, P. (2016). Statistical significance does not imply a real effect. *Perspectives on Medical Education*, *5*(2), 122–124.  
<https://dx.doi.org/10.1007%2Fs40037-016-0256-6>
- Leslie, K., Skrzypek, H., Paech, Michael J., Kurowski, I., & Whybrow, T. (2007). Dreaming during anesthesia and anesthetic depth in elective surgery patients: A prospective cohort study. *Anesthesiology*, *106*(1), 33–42. <https://doi.org/10.1097/00000542-200701000-00010>
- 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>.
- Lizzette T NDE. (2006, February 5). NDERF. [https://nderf.org/Experiences/1lizzette\\_t\\_nde.html](https://nderf.org/Experiences/1lizzette_t_nde.html)
- 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.
- Lorette C NDE. (2011, June 21). NDERF. [https://nderf.org/Experiences/1lorette\\_c\\_nde.html](https://nderf.org/Experiences/1lorette_c_nde.html)
- Lorraine J NDE. (2011, March 22). NDERF. [https://nderf.org/Experiences/1lorraine\\_j\\_nde.html](https://nderf.org/Experiences/1lorraine_j_nde.html)
- Lynn Z NDE. (2017, December 18). NDERF. [https://nderf.org/Experiences/1lynn\\_z\\_nde.html](https://nderf.org/Experiences/1lynn_z_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)

*Maria GP possible NDE.* (2011, October 29). NDERF.

[https://nderf.org/Experiences/1maria\\_gp\\_possible\\_nde.html](https://nderf.org/Experiences/1maria_gp_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>

*Michael C probable NDE.* (2010, December 12). NDERF.

[https://nderf.org/Experiences/1michael\\_c\\_probable\\_nde.html](https://nderf.org/Experiences/1michael_c_probable_nde.html)

*Michael F NDE.* (2015, February 21). NDERF.

[https://nderf.org/Experiences/1michael\\_f\\_nde.html](https://nderf.org/Experiences/1michael_f_nde.html)

*Michael J possible NDE.* (2011, April 17). NDERF.

[https://nderf.org/Experiences/1michael\\_j\\_possible\\_nde.html](https://nderf.org/Experiences/1michael_j_possible_nde.html)

Monroe, R. A. (1977). *Journeys out of the body*. Harmony.

Moody, R. A., Jr. (1976). *Life after life*. Bantam.

Moody, R. A., Jr. (1988). *The light beyond*. Bantam.

Morse, M., & Perry, P. (1990). *Closer to the light: Learning from children's near-death experiences*. Villard Books.

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.

Murphy, T. (2001). Near-death experiences in Thailand. *Journal of Near-Death Studies, 19*(3), 161–178. <https://doi.org/10.1023/A%3A1026413705216>

- Murray, J. (2011, February 1). *Is it true that your life flashes before your eyes when you're about to die?* [Comment]. Quora. <https://quora.com/Is-it-true-that-your-life-flashes-before-your-eyes-when-youre-about-to-die/answer/Janine-Murray>
- Myers, K. A., & Scheffer, I. E. (2018). Myoclonic absence seizures with complex gestural automatisms. *European Journal of Paediatric Neurology*, 22(3), 532–535. <https://dx.doi.org/10.1016/j.ejpn.2017.12.003>
- Nielsen, T. A. (1993). Changes in the kinesthetic content of dreams following somatosensory stimulation of leg muscles during REM sleep. *Dreaming*, 3(2), 99–113. <https://doi.apa.org/doi/10.1037/h0094374>
- 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>
- 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>.
- Osis, K., & Haraldsson, E. (1977). *At the hour of death*. Avon Books.
- Osterman, J. E., Hopper, J., Heran, W. J., Keane, T. M., & Van Der Kolk, B. A. (2001). Awareness under anesthesia and the development of posttraumatic stress disorder. *General Hospital Psychiatry*, 23(4), 198–204. [https://doi.org/10.1016/s0163-8343\(01\)00142-6](https://doi.org/10.1016/s0163-8343(01)00142-6)
- Parker, V. (2014, August 24). *Are out of body experiences real?* [Comment]. Quora. <https://quora.com/Are-out-of-body-experiences-real/answer/Vince-Parker>
- Parnia, S., Post, S. G., Lee, M. T., Lyubomirsky, S., Aufderheide, T. P., Deakin, C. D., Greyson, B., Long, J., Gonzales, A. M., Huppert, E. L., Dickinson, A., Mayer, S., Locicero, B., Levin, J., Bossis, A., Worthington, E., Fenwick, P., & Shirazi, T. K. (2022). Guidelines and standards for the study of death and recalled experiences of death—a multidisciplinary consensus statement and proposed future directions. *Annals of the New York Academy of Sciences*, 1511(1), 5–21. <https://doi.org/10.1111/nyas.14740>
- 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>.

Penfield, W. (1975). *The mystery of the mind*. Princeton University Press.

*Peter P NDE*. (2013, July 22). NDERF. [https://nderf.org/Experiences/1peter\\_p\\_nde.html](https://nderf.org/Experiences/1peter_p_nde.html)

Petr, B. (2008). Pain, dissociation and subliminal self-representations. *Consciousness and Cognition*, 17(1), 355–369. <https://doi.org/10.1016/j.concog.2007.12.001>

*Rachel F NDE*. (2019, May 22). NDERF. [https://nderf.org/Experiences/1rachel\\_f\\_nde.html](https://nderf.org/Experiences/1rachel_f_nde.html)

*Randy P probable NDE*. (2008, December 15). NDERF.

[https://nderf.org/Experiences/1randy\\_p\\_probable\\_nde.html](https://nderf.org/Experiences/1randy_p_probable_nde.html)

Ring, K. (1980). *Life at death: A scientific investigation of the near-death experience*. Coward, McCann & Geoghegan.

Ring, K. (1992). *The Omega Project: Near-death experiences, UFO encounters, and mind at large*. Morrow.

*Robert E NDE*. (2007, March 22). NDERF. [https://nderf.org/Experiences/1robert\\_e\\_nde.html](https://nderf.org/Experiences/1robert_e_nde.html)

Sabom, M. B. (1982). *Recollections of death: A medical investigation*. Harper & Row.

Samuelsson, P., Brudin, L., & Sandin, R. H. (2008). Intraoperative dreams reported after general anaesthesia are not early interpretations of delayed awareness. *Acta Anaesthesiologica Scandinavica*, 52(6), 805–809. <https://doi.org/10.1111/j.1399-6576.2008.01634.x>

Sanders, R. D., Gaskell, A., Raz, A., Winders, J., Stevanovic, A., Rossaint, R., Bonczyk, C., Defresne, A., Tran, G., Tasbihgou, S., Meier, S., Vlisides, P. E., Fardous, H., Hess, A., Bauer, R. M., Absalom, A., Mashour, G. A., Bonhomme, V., Coburn, M., & Sleigh, J. (2017). Incidence of connected consciousness after tracheal intubation: A prospective, international, multicenter cohort study of the isolated forearm technique. *Anesthesiology*, 126(2), 214–222. <https://doi.org/10.1097/aln.0000000000001479>

*Sarah W probable NDE*. (2013, November 23). NDERF.

[https://nderf.org/Experiences/1sarah\\_w\\_probable\\_nde.html](https://nderf.org/Experiences/1sarah_w_probable_nde.html)

Sebel, P. S., Bowdle, T. A., Ghoneim, M. M., Rampil, I. J., Padilla, R. E., Gan, T. J., & Domino, K. B. (2004). The incidence of awareness during anesthesia: A multicenter United States study. *Anesthesia & Analgesia*, 99(3), 833–839.

<https://doi.org/10.1213/01.ane.0000130261.90896.6c>

Seigneur, E. (2022, April 27). *Can the sleeping brain create unique people that the waking brain has never seen before?* Wu Tsai Neurosciences Institute, Stanford University.

<https://neuroscience.stanford.edu/news/can-sleeping-brain-create-unique-people-waking-brain-has-never-seen>

Sharon T NDE. (2018, July 20). NDERF. [https://nderf.org/Experiences/1sharon\\_t\\_nde.html](https://nderf.org/Experiences/1sharon_t_nde.html)

Sherry H SMR/ADC. (2014, January 27). NDERF.

[https://nderf.org/Experiences/1sherry\\_h\\_adc.html](https://nderf.org/Experiences/1sherry_h_adc.html)

Singla, D., & Mangla, M. (2017). Incidence of awareness with recall under general anesthesia in rural India: An observational study. *Anesthesia, Essays and Researches*, *11*(2), 489–494.

[https://dx.doi.org/10.4103%2Faer.AER\\_44\\_17](https://dx.doi.org/10.4103%2Faer.AER_44_17)

Skylar H's experience. (2013, March 2). OBERF. [https://oberf.org/skylar\\_h\\_sobe.htm](https://oberf.org/skylar_h_sobe.htm)

Slupe, A. M., & Kirsch, J. R. (2018). Effects of anesthesia on cerebral blood flow, metabolism, and neuroprotection. *Journal of Cerebral Blood Flow & Metabolism*, *38*(12), 2192–2208.

<https://doi.org/10.1177/0271678x18789273>

Solomonova, E., & Carr, M. (2019). Incorporation of external stimuli into dream content. In *Dreams: understanding biology, psychology, and culture* (pp. 213–218).

Stephanie R NDE. (2015, July 14). NDERF.

[https://nderf.org/Experiences/1stephanie\\_r\\_nde\\_7724.html](https://nderf.org/Experiences/1stephanie_r_nde_7724.html)

Steve L NDE. (2015, June 23). NDERF. [https://nderf.org/Experiences/1steve\\_l\\_nde\\_7709.html](https://nderf.org/Experiences/1steve_l_nde_7709.html)

Stevenson, I., & Greyson, B. (1979). Near-death experiences. Relevance to the question of survival after death. *The Journal of the American Medical Association*, *242*(3), 265–267.

<https://doi.org/10.1001/jama.242.3.265>

Sutherland, C. (1995). *Within the light*. Bantam.

Sylvia D NDE-Like. (2007, September 20). NDERF.

[https://nderf.org/Experiences/1sylvia\\_d\\_ndelike.html](https://nderf.org/Experiences/1sylvia_d_ndelike.html)

Tammy G probable NDE. (2010, September 13). NDERF.

[https://nderf.org/Experiences/1tammy\\_g\\_probable\\_nde.html](https://nderf.org/Experiences/1tammy_g_probable_nde.html)

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>

- Thackray, R. I. (1981). The stress of boredom and monotony: A consideration of the evidence. *Psychosomatic Medicine*, 43(2), 165–176. <https://psycnet.apa.org/doi/10.1097/00006842-198104000-00008>
- 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>
- 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 Wees, R., van der Heyden, J., & Smit, R. (2011). On demographic research into near-death experiences [Letter to the editor]. *Journal of Near-Death Studies*, 29(4), 471–475. <https://doi.org/10.17514/JNDS-2011-29-4-p471-475>.
- Whinnery, J. E. (1997). Psychophysiological correlates of unconsciousness and near-death experiences. *Journal of Near-Death Studies*, 15(4), 231–258. <https://doi.org/10.17514/jnds-1997-15-4-p231-258>.
- Woman contracts Covid-19 but is reassured during NDE.* (2021, November 18). IANDS. <https://iands.org/1581-woman-contracts-covid-19-but-is-reassured-during-nde.html>
- 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 A

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### Study Participants (Phase I)

Participant number.	Perceived OBE type	Environment	Age during perceived OBE	Bio Sex (M/F)
1	AMOB-2 (Self-induced OBE) <sup>a</sup>	Non-Trans	40	F
2	AMOB-1 (OSOBE) <sup>a</sup>	Trans	53	F
3	NDOBE	Mixed	19	M
4	AMOB-2 (Self-induced OBE) <sup>a</sup>	Non-Trans	37	F
5	AMOB-1 (OSOBE) <sup>a</sup>	Trans	27	M
6	NDOBE	Mixed	61	F
7	OSOBE	Trans	21	F
8	AMOB-1 (OSOBE) <sup>a</sup>	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

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26	OSOBE	Trans	32	F
27	AMOB-1 (OSOBE) <sup>a</sup>	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	AMOB-2 (Self-induced OBE) <sup>a</sup>	Non-Trans	33	F
35	AMOB-2 (Self-induced OBE) <sup>a</sup>	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	AMOB-2 (Self-induced OBE) <sup>a</sup>	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	AMOB-2 (Self-induced OBE) <sup>a</sup>	Non-Trans	20	M
60a	NDOBE	Mixed	16	F
60b	LDOBE	Non-Trans	18	F
61	OSOB	Non-Trans	49	F
62	AMOB-2 (Self-induced OBE) <sup>a</sup>	Non-Trans	55	F
63	LDOBE	Non-Trans	3	F
64	NDOBE	Non-Trans	6	F
65	OSOB	Non-Trans	43	F
66	NDOBE	Mixed	20	F
67	NDOBE	Non-Trans	4	F
68	OSOB	Trans	unknown	F
69	NDOBE	Mixed	25	F
70	NDOBE	Non-Trans	6	M
71	NDOBE	Non-Trans	54	F
72a	OSOB	Non-Trans	27	F
72b	OSOB	Trans	27	F
73	LDOBE	Non-Trans	19	M
74	LDOBE	Trans	28	F
75	AMOB-1 (OSOB) <sup>a</sup>	Non-Trans	25	F
76	OSOB	Non-Trans	7	F
77	AMOB-1 (OSOB) <sup>a</sup>	Non-Trans	53	F
78a	NDOBE	Trans	24	F
78b	OSOB	Non-Trans	unknown	F
79	NDOBE	Non-Trans	19	F
80	LDOBE	Trans	16	F
81	OSOB	Trans	22	M
82	OSOB	Non-Trans	12	M
83a	NDOBE	Non-Trans	11	M
83b	AMOB-1 (OSOB) <sup>a</sup>	Non-Trans	12	M
84	OSOB	Mixed	18	M
85	AMOB-1 (OSOB) <sup>a</sup>	Non-Trans	unknown	M
86	NDOBE	Mixed	23	M
87	NDOBE	Non-Trans	18	M
88	OSOB	Mixed	28	F

89	NDOBE	Trans	40	F
90	AMOB-1 (OSOB) <sup>a</sup>	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	AMOB-1 (OSOB) <sup>a</sup>	Trans	35	M
98a	NDOBE	Non-Trans	28	F
98b	NDOBE	Non-Trans	72	F
99	OSOB	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	OSOB	Mixed	34	M
105	OSOB	Non-Trans	20	M
106	LDOBE	Non-Trans	11	F

<sup>a</sup>Perceived OBE type in parentheses indicates how it was classified during Phase I.

### Study Participants (Phase II)

Participant number.	Perceived OBE type	Environment	Age during perceived OBE	Bio Sex (M/F)
107	NDOBE	Mixed	16	M
108	OSOB	Mixed	24	M
109	AMOB-2	Trans	40	M
110	OSOB	Non-Trans	63	M
111	LDOBE	Mixed	18	F
112	OSOB	Non-Trans	17	F
113	AMOB-2	Non-Trans	41	F
114	OSOB	Non-Trans	14	M
115	NDOBE	Mixed	45	F
116	AMOB-1	Non-Trans	66	F
117	AMOB-2	Mixed	39	M
118	OSOB	Trans	31	F
119	NDOBE	Trans	24	F
120	NDOBE	Non-Trans	24	F

121	LDOBE	Trans	45	F
122	NDOBE	Non-Trans	62	F
123	NDOBE	Trans	14	M
124	OSOBE	Mixed	42	F
125	NDOBE	Trans	20	F
126	OSOBE	Non-Trans	19	F
127	OSOBE	Non-Trans	28	M
128	LDOBE	Trans	5	M
129	NDOBE	Trans	19	M
130	OSOBE	Non-Trans	31	F
131	OSOBE	Mixed	24	F
132	NDOBE	Non-Trans	7	F
133	OSOBE	Non-Trans	51	M
134	OSOBE	Non-Trans	2	M
135	AMOB-1	Non-Trans	20	M
136	LDOBE	Non-Trans	16	F
137	AMOB-1	Non-Trans	26	F
138	NDOBE	Mixed	16	M
139	NDOBE	Non-Trans	21	M
140	NDOBE	Trans	13	M
141	OSOBE	Non-Trans	13	F
142	LDOBE	Non-Trans	59	F
143	LDOBE	Non-Trans	26	M
144	AMOB-1	Non-Trans	23	F
145	LDOBE	Non-Trans	16	F
146	OSOBE	Non-Trans	30	M
147	OSOBE	Non-Trans	57	M
148	NDOBE	Mixed	27	F
149	AMOB-2	Non-Trans	16	M
150	NDOBE	Non-Trans	44	M
151	AMOB-2	Mixed	unknown	F
152	OSOBE	Non-Trans	26	F
153	AMOB-1	Mixed	44	F
154	NDOBE	Non-Trans	21	M
155	AMOB-2	Trans	37	M
156	AMOB-1	Non-Trans	unknown	F
157	LDOBE	Non-Trans	30	F
158	OSOBE	Non-Trans	38	M
159	NDOBE	Mixed	16	F
160	OSOBE	Non-Trans	40	F
161	NDOBE	Non-Trans	28	F
162	OSOBE	Non-Trans	27	F
163	OSOBE	Non-Trans	unknown	M
164	NDOBE	Trans	19	M
165	AMOB-1	Non-Trans	35	M

166	OSOBE	Non-Trans	unknown	F
167	AMOB-1	Non-Trans	18	F
168	NDOBE	Non-Trans	48	F
169	AMOB-2	Non-Trans	32	M
170	OSOBE	Mixed	1	F
171a	NDOBE	Mixed	13	F
171b	OSOBE	Non-Trans	36	F
172	OSOBE	Non-Trans	33	F
173	LDOBE	Mixed	43	F
174	OSOBE	Mixed	42	M
175	AMOB-2	Non-Trans	25	F
176	NDOBE	Trans	40	F
177	OSOBE	Mixed	36	F
178	OSOBE	Trans	9	F
179	OSOBE	Non-Trans	27	F
180	OSOBE	Non-Trans	53	F
181	NDOBE	Non-Trans	33	F
182	OSOBE	Non-Trans	28	F
183	OSOBE	Non-Trans	unknown	F
184	AMOB-2	Non-Trans	40	F
185a	OSOBE	Non-Trans	26	M
185b	OSOBE	Non-Trans	26	M
186	OSOBE	Non-Trans	unknown	F
187	OSOBE	Non-Trans	30	F
188	AMOB-1	Non-Trans	13	F
189	OSOBE	Non-Trans	16	M
190	OSOBE	Mixed	37	M
191	NDOBE	Trans	21	F
192	AMOB-2	Mixed	41	F
193	OSOBE	Non-Trans	25	F
194	OSOBE	Trans	33	M
195	AMOB-2	Non-Trans	37	M
196	OSOBE	Non-Trans	61	F
197	OSOBE	Non-Trans	23	M
198	NDOBE	Non-Trans	25	F
199	AMOB-2	Non-Trans	33	M
200	NDOBE	Mixed	51	M
201	AMOB-1	Trans	30	F
202	NDOBE	Trans	18	F
203	OSOBE	Trans	28	F
204	LDOBE	Non-Trans	45	M
205	OSOBE	Non-Trans	5	M
206	LDOBE	Non-Trans	27	M
207	OSOBE	Non-Trans	37	M
208	OSOBE	Non-Trans	3	F

209	AMOB-2	Mixed	50	F
210	AMOB-2	Non-Trans	50	F
211	OSOB	Non-Trans	10	F
212	OSOB	Non-Trans	25	F
213	OSOB	Mixed	57	F
214	LDOB	Non-Trans	6	M
215	AMOB-2	Trans	62	F
216	OSOB	Non-Trans	25	F
217	NDOB	Trans	11	F
218	OSOB	Non-Trans	42	F
219	NDOB	Trans	27	F
220	OSOB	Mixed	24	F
221	LDOB	Non-Trans	35	M
222	OSOB	Non-Trans	25	F
223	AMOB-2	Non-Trans	60	F
224	NDOB	Non-Trans	14	F
225	OSOB	Non-Trans	16	M
226	AMOB-2	Non-Trans	14	F
227	OSOB	Non-Trans	21	M
228	LDOB	Mixed	20	M
229	OSOB	Non-Trans	7	F
230	NDOB	Mixed	24	M
231	OSOB	Non-Trans	45	F
232	OSOB	Non-Trans	5	F
233	LDOB	Non-Trans	11	F
234	NDOB	Mixed	4	F
235	AMOB-1	Trans	27	F
236	OSOB	Non-Trans	22	M
237	LDOB	Non-Trans	12	F
238	OSOB	Non-Trans	30	F
239	NDOB	Non-Trans	13	M
240	LDOB	Non-Trans	76	M

## Appendix B

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### Type of Perceived OBE Measure

1. The experient had a perception that can and/or could have been reasonably interpreted (whether in the moment or in hindsight) as a perception of being out of or away from their physical body with full conscious awareness similar to waking consciousness. [If yes, continue; if no, do not continue].

**Condition Type** (only one choice allowed below)

2. The experient was medically in an *imminent* physiologically near-death condition when their perceived OBE began. [If 2, perceived NDOBE]
3. The experient was in what appeared to be in a real or presumed situation of *imminent* danger from an exterior source when their perceived OBE began. [If 3, perceived LDOBE]
4. The experient was in what appeared to be in a real or presumed situation of *imminent* danger from an exterior source when their perceived OBE began, but that situation then developed medically into an *imminent* physiologically near-death condition. [If 4, perceived LD-NDOBE]
5. None of the above apply, but the experient was in an intentionally-induced or obtained altered state of mind (meditative, trance, hypnotized, lucid dreaming, paralysis, etc.) when their perceived OBE began (this does NOT include normal sleep or other natural states, or recreational drug use in isolation from such practices or conditions). [If 5, perceived AMOBE, so further select one of the two AMOBE subtypes below]
  - a. The experient did not deliberately will to self-induce this perceived OBE. [If 5a, spontaneous, perceived AMOBE-1]
  - b. The experient deliberately willed to self-induce this perceived OBE either before or during an altered state of mind. [If 5b, self-induced, perceived AMOBE-2]
6. None of the above. [If 6, perceived OSOBE]

**Environment Type** (only applicable to perceived OBEs that seem to include the sense of visual perception; multiple choice with more than one answer allowed, select all that apply)

7. The experient had the visual perception of moving out of and away from their physical body to a different spatial location within the immediate area.
8. The experient saw their physical body as an observer from a different vantage point during their experience.
9. The experient saw the immediate environment of their physical body from a different vantage point during their experience.
10. The experient had the perception of actually being present and seeing a definite earthly environment they knew or sensed was on the observable earth in the present time away from the location of their physical body.
11. The experient travelled to or just found themselves in an otherworldly place (or in a void, or out in space, or into some other time period) away from the location of their physical body.

[If any of 7–10 without 11, non-transcendental; if any of any of 7–10 with 11, mixed; if only 11, transcendental.]

**Note:** If a perceived OBE did not seem to include the sense of visual perception, then it requires a more thorough evaluation to determine whether it can reasonably be included as a perceived OBE, and if so, how to categorize its environment type.