

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

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## Abstract

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The NDE OBE Research Project has so far consisted of three phases, and has now examined 404 perceived out-of-body experiences (OBEs) reported by 390 participants. Phase III of the NDE OBE Research Project officially began on January 1, 2022 and ended on December 31, 2023. Its objectives were the same as Phase I and Phase II: 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. As in Phase II, this new 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 a broader category of other spontaneous perceived OBEs (OSOBES).

While 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 examined, both the second and third reports suggest that reduction, disruption, or cessation to the body's oxygen supply may be associated in some way with many perceived OBEs. They also acknowledge that this may also be the case with intense pain and/or physical trauma as well as substance intake under certain variable conditions for some experients. This third phase of the research also reiterated (as in Phase I and Phase II) the hypothesis that the catalyst for perceived NDOBEs, perceived LDOBEs, and perceived LD-NDOBEs may be an unconscious, adaptive, reactionary process triggered by various psychological and/or physiological stimuli initiating the onset of a nonpathological dissociation or detachment. This is now postulated to be the case with most perceived OBEs. Furthermore, it is now suggested that most perceived OBEs of all types examined are associated with atypical states of arousal, which are often also coupled with stress/threat, with the perceived OBE likely functioning as an orienting response and/or a beneficial absorption.

This research so far has found that there are both commonalities and differences among different types and subtypes of perceived OBEs as categorized in the reports for all three phases. 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. For the findings from the first two phases, see the

previously prepared reports (King, 2021, 2023a). This third report also explores some new features and findings, such as an initial absence of awareness of functioning as an extrapersonal self at onset during some perceived OBEs, veridical perceptions in some cases, and perceived OBEs during times of bereavement.

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

**APA citation:** King, R. (2024). *Differences and commonalities among various types of perceived out-of-body experiences (OBEs) (Phase III)*. The NDE OBE Research Project.

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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 study is exploratory in nature. In addition, this ongoing study is not *directly* focused on the enduring debate over the objective/subjective nature of the perceived OBE even though some of the findings have now contributed to that discussion and in this particular report I will offer some developing insight into what some of this data might suggest.

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 on July 4, 2021 (King, 2021). Phase II of this study began on October 16, 2020, and technically ended on December 31, 2021. The results of Phase II were reported and released in April 2023 (King, 2023a). This particular report has been written for the specific purpose of providing the results and interpretations following Phase III of the NDE OBE Research Project that officially began January 1, 2022, and technically ended on December 31, 2023. It further approaches the data from all three phases in a collective sense at times when feasible and 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 has already been discussed (King, 2021), *Phase II* or *second phase* to refer to the second phase of this research project that has also already been discussed (King, 2023a), or *this phase*, *Phase III*, or *third phase* to refer to the third phase of this research project discussed in this report. Each phase consisted of different participants, as well as some differences to the questionnaire as briefly explained down below in the “Materials, Methods, and Participants” section.

The phrase *out-of-body experience (OBE)* refers to an impression of being out of or away from the physical body. In all phases of this research, 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 an impression or 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 research refers to a conscious awareness that seems to be detached from and outside of the physical body in some distinct manner.

The word *transcendental* as used in all phases of this research 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 Earth. However, in all phases of 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 research, refers to the observable known physical environment on Earth in the current time.

The term *somatic continuance* as used in this research 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 research 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 research 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 interpretations of people, spirits, 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, although it can include perceptions of living people that were actually part of the perceived OBE while those living peoples' physical bodies were 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 and Phase III were asked to use the terms *physical self* and *dissociated self*, respectively. So, when the participants 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 necessitate whether 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 implied 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 [. . .], indicates 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 in quotes 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 more significant changes of additional comments have been indicated by brackets. Block quotes for small amounts of quoted text (less than 40 words) in this paper are deliberate despite standard convention of using in-text quotations.

### 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 III of this research project consisted of 25 sections. The first section requested a thorough and detailed general overall narrative description of the perceived OBE and its context from the participant as in both the previous phases. 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, self-assessed memory of the perceived OBE, and aftereffects and life changes). 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, to identify perceived OBE features that correlate with some of the primary features commonly reported during NDEs, and to explore new features noticed during the phases of this study.

In this phase, the narrative and five other sections consisted of a textbox for completely open written answers, whereas the rest consisted of multiple-choice questions necessitating a single answer, or multiple-choice questions with required or optional multiple answers, most often with an open textbox next to the answer selections and/or an "other" category option as well. Although suggestive terms common in NDE literature and research such as "tunnel," "bright light," "life review," etc., were not anywhere on the questionnaires used during either Phase I or Phase II, in this phase both the term "tunnel" and "bright light" were used on this questionnaire in specific questions asked later after the narrative was already finished and they had progressed to these later questions. The actual term "life review" was still not used in this phase either. Some of the sections used in this phase were the same as those in previous phases, but there were some changes and additions made to the questionnaire as well, including removing some questions or portions of questions and adding others. The order of some of the questions on the questionnaire was also altered.

#### 3.2 Recruitment and Selection of Participants for Phase III

Participants for Phase III 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 submit a questionnaire. This open invitation to participate in Phase III of the NDE OBE Research Project lasted from January 1, 2022, until December 31, 2023 (there was also one participant who instead responded on 1/24/24). Those who chose to participate 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 in the questionnaire and any subsequent follow-up communication. This conclusion that a participant had a perceived OBE was based on the following criteria:

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

For those individuals who had more than one perceived OBE that they wished to report during Phase III, it was requested that they fill out additional questionnaires for each perceived OBE. There were a total of 208 individuals who filled out 213 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 150 individuals who filled out 150 questionnaires in whole or in part self-reporting 152 incidents that I determined were perceived OBEs (in two different instances reported by two different people, two perceived OBEs on the same form were accepted because they occurred later the same night in one case and the next day in the other, but each of these four perceived OBEs were categorized as separate perceived OBEs). To my knowledge, none of the participants in this phase participated in Phase I or Phase II, so this phase consisted entirely of new participants. However, 30 of these 150 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 actual follow-up interactions with at least 62 of the participants in regards to at least 63 of the perceived OBEs that were selected for inclusion in this phase of the study.

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



In order to more easily qualify and classify both the type and environment of perceived OBEs in Phase II and Phase III of this study the Type of Perceived OBE Measure was used (see Appendix B). 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, 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. Those participants from Phase I were also reclassified during Phase II to coordinate with the changes to state/condition as provided in the Phase II report (King, 2023a).

### 3.4 Basic Demographics and Other Preliminary Data for Phase III

The 150 participants in this phase of the study included 59 biological men, 91 biological women. The age range of the participants at the time of their perceived OBE(s), based on 145 of the 152 perceived OBEs for which an age or approximate age is available, was from 3 years old to 75 years old ( $M = 25.1$ ,  $SD = 14.8$ ). There are also seven other perceived OBEs that are not included in the age mean just provided because either the participant was unsure of the approximate age, the age variation was too wide (e.g., 5 to 8, early 20s, late teens, etc.), or they failed to provide an age. The biological sex and estimated 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, Jewish, agnostic, atheist, and others.

These 152 self-reported perceived OBEs occurred in England (60), the United States (27), Canada (20), Australia (14), Scotland (10), Wales (4), Ireland (3), China (1), Croatia (1), Cyprus (1), Guatemala (1), Iran (1), Pakistan (1), Philippines (1), Portugal (1), South Africa (1), Spain (1), Switzerland (1), Turkey (1), Zimbabwe (1), and one in which it was unclear if in the United States or Mexico (1). Some of these perceived OBEs were associated with heart attacks, 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/or other circumstances and conditions.

## 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 identified 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). After analyzing more cases during Phase II of this research, this classification system was somewhat realigned, removing intention as the basis for the main type 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 were then 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 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. All self-induced perceived OBEs from Phase I fall under the self-induced OBE subtype of this category (AMOBE-2). However, it should be pointed out that this realignment had no real effect on the former subcategories of perceived NDOBEs, LDOBEs, and LD-NDOBEs from Phase I, and they can be interpreted as identical to those same categories in the second phase. For this third phase, no further categorization changes were implemented and it maintains the same categorization as Phase II. 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. This state can be resolved either with medical help or without it. 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, many researchers agree that there is still no universal consensus for an exact definition of an NDE (Evrard et al., 2022; Long, 2014; Martial et al., 2022; Parnia et al., 2022; Romand & Ehret, 2023; 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 real or presumed external threat of possible imminent danger or death. This assumption of possible imminent danger or death can however even be determined by the individual unconsciously (Bayle et al., 2009; Bertini & Lådavas, 2021; LeDoux, 2008; Lojowska et al., 2019; Öhman et al., 2007; Wisman & Shrira, 2015). 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 is sometimes the case during automobile accidents. A perceived LDOBE can also occur while one is choking on something or in danger of drowning but breathing has not yet been completely cut off. This can also be the case during possible danger from falling or fainting. It can even occur during some cases of actual or possible self-harm associated with genuine suicidal actions. 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, mantra, visualization, worship, dance, ritual, hypnotism, etc.) meant to deliberately alter or affect conditions of the mind in some way that 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, 2001a). This also includes situational cases in which one becomes consciously aware during sleep 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 spontaneously occurs.
  - 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 OBEs from Phase I of this research (King, 2001a). This also includes situational cases in which one becomes consciously aware during sleep 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 confidently 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* near-



death or 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 might also include some that really belong in the other categories but this cannot be certain.

It should be noted that both the types and subtypes of perceived OBEs as presented here may be modified and changed in the future as my categorization efforts for perceived OBEs are further improved and refined.

#### 4.2 Different Environments of Perceived OBEs

Perceived OBEs in this research have also been categorized by three 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 Earth. A *non-transcendental environment*, on the other hand, as used in this paper, refers to the observable known physical environment on 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 simultaneously also looking down from a distance at the physical body, such as through a tunnel or by some other means.

## 5. Results and Discussion

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### 5.1 Categorization of Perceived OBE Types and Environments

The types and environments of perceived OBEs in Phase III were categorized based on the Type of Perceived OBE Measure (see Appendix B) as discussed up above. The questions in the measure were not directly asked of the participants, but instead answers were determined by the narrative and the other information provided on the questionnaire and/or by means of follow-up interactions. Below are the results of that categorization.

**Table 1**

*Type and Environment of Perceived OBEs (Phase III)*

*N = 152*

| Environment | NDOBE<br>N = 33 | LDOBE<br>N = 19 | AMOB   |        | OSOB<br>N = 73 |
|-------------|-----------------|-----------------|--------|--------|----------------|
|             |                 |                 | N = 27 |        |                |
|             |                 |                 | AMOB-1 | AMOB-2 |                |

|                    |    |    | N = 19 | N = 8 |    |
|--------------------|----|----|--------|-------|----|
| Non-transcendental | 13 | 17 | 16     | 5     | 58 |
| Transcendental     | 10 | 1  | 2      | 3     | 9  |
| Mixed              | 10 | 1  | 1      |       | 6  |

The cumulative results from this phase of the research project in Table 1 show that an entirely non-transcendental perceived OBE environment was the most common kind reported in almost all types and subtypes in this phase of the research. Perceived OBEs that were partially (mixed) or completely transcendental when coupled together were much more prevalent during NDOBEs than any of the other types or subtypes. However, the data also shows that transcendental perceived OBEs occurred in association with all types and subtypes.

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

The second objective of Phase III 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, Catalysts, and Contributory Factors of Perceived OBEs

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. 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 and this phase. However, reduction in oxygen from breathing in Phase I was expanded in phase II and this phase to include any conditions resulting in reduction, disruption, or cessation of breathing, blood flow, or heart activity immediately prior to onset that can impact the body's necessary oxygen supply. This was determined by the participant's narrative and other answers to the questionnaire, including the answer to a question that asked the participant if they were undergoing cardiac arrest, having trouble breathing, and/or if they were suffering a significant blood loss before their perceived OBE started.

Furthermore, in this phase two other factors were also added for consideration, which included atypical arousal states and conscious (or possible unconscious) interpretation of threat or stress. Relevant questions were asked both about atypical arousal (hyper or lower arousal) and about stressful conditions (frightened, scared, depressed, grieving, stressed out, etc.), but the findings were based not only on those relevant questions, but on evaluation of the data in the participant narrative and other provided answers or comments.

However, although some of the perceived OBEs in this study were associated with some common conditions or circumstances, this does not in itself necessarily indicate causality or even contributory affect. Nevertheless, I will introduce some hypotheses, propositions, and/or suggestions down below regarding the five factors examined in this phase as possible triggers, catalysts, and/or contributory to perceived OBEs.

**Table 2***Circumstance and Conditions Before Perceived OBEs (Phase III)**N = 152*

| Circumstances or conditions  | NDOBE<br>N = 33                                 | LDOBE<br>N = 19                                   | AMOBE<br>N = 27                                    |                       | OSOBE<br>N = 73   |
|--|---|---|--|-----------------------|---|
|  |   |   | AMOBE-1<br>N = 19                                  | AMOBE-2<br>N = 8      |   |
| Reduction, disruption, or cessation to the body's oxygen supply <sup>a</sup> | 27 (yes)<br>1 (no)<br>5 (unclear)               | 4 (yes)<br>10 (no)<br>5 (unclear)                 | 3 (yes)<br>14 (no)<br>1 (unclear)<br>1 (no answer) | 8 (no)                | 3 (yes)<br>62 (no)<br>5 (unclear)<br>3 (no answer)                |
| Pain and/or physical trauma <sup>b</sup>                                     | 20 (yes)<br>7 (no)<br>6 (unclear)               | 11 (yes)<br>6 (no)<br>2 (unclear)                 | 4 (yes)<br>13 (no)<br>1 (unclear)<br>1 (no answer) | 8 (no)                | 4 (yes)<br>57 (no)<br>9 (unclear)<br>3 (no answer)                |
| Substance intake <sup>c</sup>  | 17 (yes)<br>9 (no)<br>4 (unsure)<br>3 (unclear) | 6 (yes)<br>11 (no)<br>1 (unsure)<br>1 (no answer) | 1 (yes)<br>13 (no)<br>3 (unsure)<br>2 (no answer)  | 2 (yes)<br>6 (no)     | 23 (yes)<br>41 (no)<br>2 (unsure)<br>2 (unclear)<br>5 (no answer) |
| Atypical arousal state   | 33 (yes)  | 19 (yes)  | 19 (yes)   | 8 (yes)               | 65 (yes)<br>1 (no)<br>6 (unclear)<br>1 (no answer)                |
| Condition of threat or stress  | 33 (yes)  | 19 (yes)  | 12 (yes)<br>2 (no)<br>5 (unclear)                  | 7 (no)<br>1 (unclear) | 27 (yes)<br>19 (no)<br>25 (unclear)<br>2 (no answer)              |

*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. It should also be pointed out that a “no” does not always mean absolutely no, but in some cases simply means that there is no evidence of such in the experient's selected endorsements or elsewhere in the questionnaire.

<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 may have only included antibiotics.

**Reduction, Disruption, or Cessation of the Body's Oxygen Supply.** Based on the questionnaire narrative, other question answers, and/or follow-up interactions, all perceived OBEs in this phase of the research were analyzed to indicate whether there was a reduction, disruption, or cessation of normal oxygen supply of some sort to the physical body occurring immediately prior. This included difficulty in breathing, a substantial loss of blood, a heart attack, cardiac arrest, electrocution, or any 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 that might also affect blood flow and/or oxygen supply.

This 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 27 perceived NDOBEs out of 33 (81.8%) in this phase were associated with a reduction, disruption, or cessation of normal oxygen supply in the body, while one (3%) had no such apparent association, and for five (15.2%) it was unclear. The collective data from all three phases consisted of there being at least 86 such perceived NDOBEs out of 117 (73.5%).

It seems likely that such a condition might be a trigger and/or a contributory factor for the perceived NDOBE, perhaps because of being interpreted by the brain as a threat to survival, which then initiates the perceived OBE as a purposeful beneficial reaction, most often before any presumed death has actually occurred. This will be discussed further below in regards to the threat/stress hypothesis position for most perceived OBEs that I now suggest based on this research.

**Pain and/or Physical Trauma.** In all three phases of this study, participants were asked if they were experiencing pain or physical trauma before the onset of their perceived OBE. Based on this question, the questionnaire narrative, answers to other questions, and/or follow-up interactions, in all phases this was uncommon with the onset of perceived OSOBEs or perceived AMOBEs, but quite common in association with perceived NDOBEs and perceived LDOBEs. I suggest the possibility that this might under certain variable conditions be a trigger and/or contributory factor to some perceived OBEs. It should also be noted here that blunt force physical trauma might also in some cases cause a substantial disruption to breathing or heart function. Almost three 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 well-being and so result in the purposeful onset of a perceived OBE with an objective toward increasing the odds for survival and well-being. This will be further accentuated down below in the discussion about the threat/stress hypothesis.

**Substance Intake.** In all three 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 sometime before the occurrence of their perceived OBE. Based on

this specific question as well as the questionnaire narrative and/or other question answers, and/or follow-up interactions, it was found that some type of substance was associated with some perceived OBEs from all types and subtypes in all three phases of this research. The quantitative results in the table up above and the quantitative results in the first and second phase do not take into account any drugs that may have been administered after the onset of the perceived OBE. The overall cumulative findings of all three phases is that at least 141 perceived OBEs out of 404 (34.9%) were associated with anesthetics, medication, other drugs, and/or alcohol. However, this is likely even higher. For despite the request for the participants to note any type of substance, it does need to be pointed out that some participants in all three 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 at least in some cases be due to a worry that their experience may be dismissed as a subjective hallucination 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 all three 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.

Nevertheless, although at least a third of the perceived OBEs from the three phases were associated with drug or medication usage, there are many similar features reported during perceived OBEs despite whether or not they are associated with some type of substance taken into the body. Because of this, drugs and medication cannot in themselves explain the onset of perceived OBEs. For example, 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.

Although most perceived OBEs do not seem to be associated with anesthetics, medication, other drugs, and/or alcohol, this does not mean that these substances are not a contributing factor of the onset (and/or the content) of some perceived OBEs. As I have noted in the two earlier reports, there is evidence that ketamine usage in particular can be associated with the occurrence of such states (Corazza & Schifano, 2010; Martial et al., 2019); there have also been at least four reports in this research so far of ketamine usage prior to a perceived OBE. 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, and that Fenwick and Fenwick (1995) asserted that perceived OBEs can apparently be induced by LSD and psychedelics (p. 36). With all of this considered, the effects of various drugs upon the physical body and/or the brain might be a contributory factor to the onset of perceived OBEs in some cases. I also explained by means of a thorough discussion in the Phase II report that this is very possibly the case sometimes with general anesthesia in association with intraoperative awareness, even if only for a short moment (King, 2023a, pp. 52–54). The possible effect of drugs as contributory to a perceived OBE in some cases will be discussed further in the section below in regards to the threat/stress hypothesis.

**Atypical Arousal States.** While 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, after having examined 252 cases from the first two phases of this research project, I then explained in the Phase II report that one or the other of these two conditions seemed to be associated with almost all of those perceived OBEs, although I could not be certain whether or not this was in fact the case in regards to a small amount of them. However, that tended to support the statistically significant 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). In this phase, I actually asked the question about atypical arousal immediately prior to the perceived OBE, and sought to determine the quantitative results for this phase. This consisted of considering participant answers as well as examining the narrative, other answers provided on the questionnaire, and/or follow-up interactions. It is quite noteworthy that in this phase, at least 144 perceived OBEs out of 152 (94.7%) were associated with atypical arousal.

Atypical arousal can refer to either lowered arousal (sleep, exhaustion, meditating, hypnotism, unconsciousness, some types of illness, etc.) or heightened arousal (dancing, running, exercise, sex, sudden excitation, etc.) in contrast to normal arousal conditions. Sometimes it is difficult to select one specific type of atypical arousal and/or there may be a rapid bidirectional fluctuation among lower arousal, normal arousal, and/or heighten arousal within seconds before the perceived OBE, so I did not separate them into different types for this quantitative analysis. For example, during sleep paralysis or a nightmare, there might be an extremely rapid fluctuation from a lower arousal state to a hyper arousal state. In fact, it is possible that this rapid fluctuation between arousal states may also be an important factor in some cases, although this was not further explored, but more research is certainly needed on that point. It is my opinion at this time that atypical arousal is not only usually a contributory factor in the normal adaptive perceived OBE, but a necessary one in most cases. This is possibly because threat is generally associated with these atypical states, and/or often a rapid transition among them.

**Threat or Stress.** Having noticed that most perceived OBEs are associated with threat or stress of some sort, I added this condition to the analysis in this phase. The above conditions of a reduction, disruption, or cessation of normal oxygen supply of some sort to the physical body, or feeling pain, are both certainly an indication of possible threat. However, threat or stress in this study is understood as a possible conscious or unconscious interpretation of the same, which can include real or presumed near-death and life-threatening situations, sleep paralysis, nightmares, bereavement situations, longing for the presence of living loved ones, concern for the safety of loved ones, stress over social acceptance or approval, and many other stressful situations or conditions. This was determined by a number of questions regarding the participant's psychological state and the environmental circumstances prior to the perceived OBE as well as such indications in the narrative, answers to other questions on the questionnaire, and/or follow-up interactions. At least 91 perceived OBEs out of 152 (59.9%) in this phase included certain situations of such threat or stress. In 31 other cases (20.4%) it was unclear and in two other cases (1.3%) there was no answer provided to those important questions.

I also categorized 28 cases as “no” instead of “yes” because I could not identify a real or possible association with obvious types of stress, but this does not necessarily indicate that stress of some sort did not exist. In at least some of those cases the participants may not have mentioned particular types of stress they may have been experiencing at the time. At least 16 of

those 28 cases occurred in association with sleep and seven others were self-induced perceived OBEs (AMOBES-2s). It is important to read the “Threat/Stress Hypothesis” section immediately following to better understand how most of these might, nevertheless, include an element of stress, or how in a few of these cases perhaps a false alarm or an improper brain response was the cause.

**Threat/Stress Hypothesis.** Based on this research consisting of analyzing over 400 perceived OBEs so far, I have now developed a preliminary hypothesis that perceived OBEs are generally associated with atypical arousal states coupled with stress. Whereas such conditions are clearly evident during some perceived OBEs such as those that occur in near-death conditions and/or life-threatening situations, others require a more thorough explanation, which I will now discuss.

I believe that the perceived OBE is primarily an adaptive function of the human species as a defensive mechanism during threat of physical danger, harm, and/or death. However, it first needs to be pointed out that this can be either conscious or unconscious processing of a potential threat or stress, for there is also the possibility of an unconscious interpretation of such that bypasses conscious awareness (Bayle et al., 2009; Bertini & Lådavas, 2021; LeDoux, 2008; Lojowska et al., 2019; Öhman et al., 2007; Wisman & Shrira, 2015). Although this would certainly include incidents like cardiac arrest, heart attacks, drowning, choking, accidental or deliberate bodily injury, blood loss, falling, fainting, auto accidents, etc., it can also include situations such as illness, childbirth, sleep paralysis, epileptic seizures, anesthesia awareness, surgeries, some forms of dental treatment, syncope, pain, nightmares, etc.

When the perceived OBE occurs within the immediate environment of the physical body, it is likely an orienting response to observe the threat from an optimal position without pain or excess anxiety that allows for clear thinking (King, 2023b). When it becomes transcendental in some otherworldly environment, it is probably an absorption event that facilitates physiological and/or psychological benefits toward survival, often by means of the contextual imagery and experiences (King, 2024a). It is possible that these were the first primary purposes of the perceived OBE and that it developed to broader uses with the development of the human species and the changing world environment in dealing both with external and internal threats. For perceived OBEs can be placed under a number of different categories with some possible overlap, such as real or possible physical danger, threats to social status or mating opportunities, emotional distress, unwanted restraint of some sort, profound concerns about matters of existence, and/or tension from strong desire, to name a few. The perceived OBE can even occur during a necessary confinement associated with boredom and/or disinterest while being instructed in a classroom setting.

Although an argument may be posited that not all perceived OBEs include elements of obvious stress such as a seemingly lack of such in at least 28 of those examined in this phase of the study, I would counter that in many cases when stress is broadened there is in fact an element of stress or a higher sensitivity of stress in one’s life that may be contributory when combined with other factors during states of atypical arousal. In addition, the onset of many perceived OBEs occur during sleep, and it is quite possible that it may have been activated by dreaming for many dreams contain threats of some sort (Revonsuo & Valli, 2000; Valli & Revonsuo, 2009), or perhaps it might have been activated by some actual external stimuli (by means of audition, olfaction, gustation, or tactition) that was interpreted by the unconsciousness as a possible threat. Even sleeping in a strange location might add an element of stress for some; for example,

perhaps someone is used to silence in their home and they are in a hotel room with noises from outside or through the walls that are abnormal in contrast to their regular peaceful sleeping environment. In other cases, conditions such as neurological damage or malfunctions (even if temporal), and other factors may contribute to a perceived OBE as a false alarm of the unconscious (or that very malfunction might be seen as a threat in itself).

In addition, 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. This may have been the case for the perceived OBE in this phase that was associated with recreational use of ketamine. In another example, there are two cases so far in past phases of 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 heighten arousal that takes place during life-threatening conditions, inadvertently initiating the perceived OBE as an orienting or absorption response to a presumed threat.

However, if the spontaneous perceived OBE is most generally associated with stress, then how do we explain the self-induced perceived OBE (AMOB-2)? It should be noted that when an intention is seen by the individual psyche as a need for satiation, it sets up a system of psychological tension that demands satisfaction, and that tension is then released when the goal is achieved (Lewin, 1951, pp. 5–6, 9–10). It may be that tension from the desire to have a perceived OBE—by one who believes this is realistically possible—coupled with mimicking its usual conditions of atypical arousal are what contribute to its occurrence in self-induced cases. It is also perhaps possible that the stronger the intention to have a perceived OBE as a psychological need combined with other individual and circumstantial variables might be more likely to result in success and so resolve that tension. This might be even more likely when associated with other desires such as strongly wanting to see somebody who is somewhere else (loved ones or even God) or when there is a physiological craving such as for food or drink.

### ***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, and/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, some data were based on other participant-provided content on the questionnaire or follow-up interactions even though there were no direct and focused questions asked about those particular perceptions and features.

**The Separation From and Return to the Physical Body.** Participants in this study were asked about their perceived separation from and reunion with their body with results obtained from specific questions, the narrative, other question answers, and/or follow-up interactions. It is important that I clarify what exactly is being measured in all three 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 all three phases of this research, a categorization of having experienced the separation process includes some participants who may not have felt the sensation of the detachment actually occur but still felt the movement away from the actual coincidence with their physical body that remained and in some rare cases may not have even been aware at first that the separation was occurring (such as when getting up off the floor or sitting/standing up from their bed). Although I used the phrase “Felt a sensation of a separation from the body taking place” in the table for this feature in Phase I, as I explained in the Phase II report, this should be understood as the participants having felt 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 changed the phrase in Phase II—and it remains so in this third phase—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 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. 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. Although in a few of these cases there was a jolt, a thud, a thump, a jerk, or some other momentary sensation felt, this in isolation to a sensation of movement was not categorized as having experienced the return to the physical body as will be discussed and explained in the next section below.

The table below gives the quantitative results of the separation from and return to the physical body for this phase of the research.

**Table 3**

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

*N = 152*

| Features<br>(specific<br>question)              | NDOBE<br>N = 33                               | LDOBE<br>N = 19                           | AMOB                                      |                                  | OSOB   |
|---|---|---|---|----------------------------------|--|
|   |   |   | AMOB-1<br>N = 19                          | AMOB-2<br>N = 8                  |  |
| Conscious<br>awareness<br>when moving<br>out of | 23 (no)<br>2 (unsure)<br>7 (unclear)<br>1 (no | 13 (no)<br>4 unclear)<br>2 (no<br>answer) | 5 (yes)<br>8 (no)<br>4 (unclear)<br>2 (no | 2 (yes)<br>4 (no)<br>2 (unclear) | 11 (yes)<br>41 (no)<br>16 (unclear)<br>5 (no |

| coincidence<br>with the<br>physical body   | answer)   |  | answer)   |                                  | answer)   |
|--|---|--|---|----------------------------------|---|
| Felt a<br>sensation of<br>movement<br>toward<br>reintegrating<br>with the<br>physical body | 3 (yes)<br>18 (no)<br>2 (unsure)<br>9 (unclear)<br>1 (no<br>answer) | 13 (no)<br>5 (unclear)<br>1 (no<br>answer) | 2 (yes)<br>10 (no)<br>5 (unclear)<br>2 (no<br>answer) | 3 (yes)<br>4 (no)<br>1 (unclear) | 10 (yes)<br>37 (no)<br>21 (unclear)<br>5 (no<br>answer) |

As can be seen from the above table, at least 18 reports of perceived OBEs in this phase included conscious awareness associated with an impression of moving out of coincidence with the physical body and 89 did not (it was also 50 in contrast to 58 in Phase II and 13 in contrast to 77 in Phase I). Despite the non-significant closeness between the two in Phase II, the cumulative total of all three phases (81 in contrast to 224) indicate that the lack of a conscious awareness associated with an actual impression of a separation from the physical body is more common. In addition, based on the cumulative total of all three phases, cases of conscious awareness when moving out of coincidence also seems to be extremely rare during perceived NDOBEs (only 3 reports) and perceived LDOBEs (none), although it should also be pointed out that there were a number of unclear cases. The likely lack of a conscious awareness during this feature holds for all types of perceived OBEs in the cumulative results of this research except perceived AMOBEs, especially perceived AMOBE-2s in isolation that have much higher prevalence (21 cases of conscious awareness in contrast to 6 without).

Furthermore, reports from this phase 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 in every type and subtype. This is also the case with the cumulative total from all three phases (with only 75 reporting such a sensation in contrast to 216 who did not). Based on the cumulative results for all three phases, the sensation seems to be quite rare among perceived LDOBEs (4 cases of the sensation in contrast to 37 without) and the most prevalent among perceived AMOBE-2s with no significant difference (11 cases of the sensation in contrast to 12 without).

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 all types are examined together in a collective sense.

These cumulative findings indicate that these two features were the least common among perceived LDOBEs and more likely to occur during perceived AMOBE-2s than any other perceived OBE type. In other words, perceived LDOBEs that were generally associated with imminent external threat tend to be absent both of these features on most occasions. On the other hand, perceived AMOBE-2s that are self-induced without any indication of imminent external threat are more likely than other types to include them, especially in regards to conscious awareness of the separation. It is at this point uncertain why these differences exist.

When features in regards to the detachment from and return to the physical body were reported in this research so far, the manner varied among participants. 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. Those participants from all three 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 being pulled back toward their physical body.

**The Feeling of a Thud, Thump, Jerk, Etc. with the Return of Somatic Consciousness.**

Participants in this phase of the research were given the option to endorse if they experienced a thud, thump, jerk, etc. when the perceived OBE ceased along with an open-ended textbox to provide more detail under a section titled, “Separation and return to normal consciousness.” The option actually stated, “I felt a thud, thump, jerk, or some other sensation upon return to my body.” Below are the results of those who endorsed this option and indicated a thud, thump, jerk, jolt, etc., or if such a feature was reported in the narrative, in answer to other questions, or in follow-up interactions. A few people mentioned other sensations, such as vibrations or a tingle, but these are not included here as this is a different type of sensation than what is being measured in this phase.

**Table 4**

*Feeling of a Thud, Thump, Jerk, Etc. During Perceived OBEs (Phase III)*

*N = 152*

| Feature<br>(specific<br>question)          | NDOBE<br>N = 33 | LDOBE<br>N = 19 | AMOB             |                 | OSOB<br>N = 73 |
|--|-----------------|-----------------|------------------|-----------------|----------------|
|  |                 |                 | AMOB-1<br>N = 19 | AMOB-2<br>N = 8 |                |
| Feeling of a<br>thud, thump,<br>jerk, etc. | 3 (yes)         |                 | 4 (yes)          | 1 (yes)         | 8 (yes)        |

*Note.* There were also three instances in which the experient gave a clear negative response to this feature in an attached open-ended text box in regards to these relevant options.

This feature is exploratory and preliminary in this research, but it does indicate that there were 16 certain reports (10.5%) of such among 152 perceived OBEs. This was not directly asked about in the first two phases and comments that might have indicated this from those phases have not been measured. It does seem from the above, that they can occur during most types of perceived OBEs in this study. However, there are no reports during a perceived LDOBE, and I did conduct a search through the first two phases for any specific comments in the questionnaires that might indicate such among perceived LDOBEs, but none were found. So, at this time, it is unknown if this sensation can also occur during perceived LDOBEs. Below are the 16 quotes of those participants in this phase of the research who reported this experience:

\*[Questionnaire narrative:] The shock of realisation resulted in my dissociated self crashing down back into my physical body . . . and left me with a headache. [Questionnaire answer:] A sudden jerk. (#248a, OSOB, non-trans,)

\*[Questionnaire narrative:] When totally relaxed I imagined a 'dissociated self' leaving my physical body, and shortly felt a jolt. [. . .] I had planned to leave the room, but the success of this experiment after so many failures, frightened the bejesus out of me and I jolted back into my physical body. (#270, AMOBE-2, non-trans)

\*[Questionnaire answer:] It was as if I fell onto my bed. (#271, OSOBE, non-trans)

\*[Questionnaire answer:] I woke up with a sensation of being jolted awake no pain just a feeling of being jolted awake. [Questionnaire answer:] Sensation of being pulled backwards with a jolt. (#283, OSOBE, non-trans)

\*[Questionnaire narrative:] I was jerked awake when soul returned. [Questionnaire answer:] Big jerk felt life returning after jerk. [Questionnaire answer:] I felt myself rejoin my body for sure with a huge jerking. (#288, NDOBE, trans)

\*[Questionnaire answer:] There was a big jerk. (#292, AMOBE-1, non-trans)

\*[Questionnaire answer:] I felt a thump. (#298, OSOBE, trans)

\*[Questionnaire narrative:] With a sudden jolt, I dropped back into bed and sat up still strongly feeling the buzzing in my body. (#300, AMOBE-1, non-trans)

\*[Questionnaire answer:] I felt a thump and my body bounced as came back very quickly from far away. (#303, AMOBE-1, mixed)

\*[Questionnaire narrative:] I dived down into my physical body with a noticeable thud and the physical body woke up thinking it had almost died. [Questionnaire answer:] I definitely felt something like a thud when entering the physical body. [Follow-up interactions:] As soon as I thought that [a thought that he had just died], I descended back into my body very fast with the thud that woke me up. (#308, OSOBE, non-trans)

\*[Questionnaire answer:] A flash and a thump. (#310, NDOBE, trans)

\*[Questionnaire answer:] Like a jolt. (#328, OSOBE, non-trans)

\*[Questionnaire narrative:] It felt as though this went on for several minutes before there was a rapid fading and then nothing followed by a wooshing sensation similar to a train coming out of a tunnel into a light and a jerking of my physical body from which I was now looking at the room. [Questionnaire answer:] Yes, a thud and a jerk and I saw and felt my body jerk forwards. (#337, OSOBE, non-trans)

\*[Questionnaire narrative:] I woke to my physical body thumping on the bed as if being dropped. (#357, OSOBE, non-trans)

\*[Questionnaire narrative:] When I panicked, my physical body tried to come out of it, so my disassociated body turned into tiny little particles, one more time and zap, I was back in my body with a jerk. (#380, AMOBE-1, trans)

\*[Questionnaire narrative:] Then my body felt like it landed with a thump on the bed as I felt a huge thrust of energy enter my body, and I woke up. (#381, NDOBE, trans)

Although in the above cases there was a thud, a thump, a jerk, a jolt, or some other similar type of sensation felt, this by itself absent a sensation of movement was not categorized as having experienced the return to the physical body because this could perhaps possibly be merely a somatic response of some sort to the thought of a return; a similar jerking or movement of the physical body is quite common during hypnagogic/hypnopompic hallucinations that include the mere thought of personal movement. For example, here are some examples from my own hypnagogic/hypnopompic hallucinations that I have noted in my records:

9/24/23 Around 9:30 a.m. Was trying to drift off back to sleep and had a first-person visual flash of my arm bumping into a piece of wooden furniture as I was walking with my body stopping and jerking and turning; my real body jerked in coincidence to these supposed movements.

6/22/24. Early this morning I was in between sleep and waking and I had a first-person visual of dropping something, I felt my upper body jerk as I tried to grab it while it was falling. This is quite common for me in this state when I see short moving visuals.

7/20/24. Early in the morning when falling back to sleep in hypnagogic state saw a small box falling off the pantry shelf and leaned forward to grab it and keep it from falling, with this moving first-person vision, my real physical body jerked forward.

11/15/24 – While falling back to sleep had a first-person flash perspective of leaning on the swing-top lid of a trashcan and the entire swing-top lid started to slide off the trashcan and so I felt I was falling with it and my physical body jerked accordingly as if to stop myself from falling.

The incidents of somatic jerking I just described above are actually quite common and are often referred to as *hypnic jerks* (or *sleep starts*), which are described below:

Sleep starts, also known as hypnic jerks, are sudden, brief, simultaneous contractions of the body or one or more body segments occurring at sleep onset. Sleep starts (hypnic jerks) usually consist of single contractions that often affect the body asymmetrically. The jerks may be either spontaneous or induced by stimuli. Sleep starts are sometimes associated with the subjective impression of falling, a sensory flash, or a visual hypnagogic dream or hallucination. ("Sleep starts," 2005, p. 208)

In other words, just because the physical body jerks or feels a momentary sensation of movement, this does not necessitate that it was caused by an actual reintegration of an extrapersonal self, but might perhaps be the expected physiological response associated with the

thought of rapidly returning to the body from another location while transitioning from an altered state of conscious to a singularity of normal consciousness in the physical body. There is a definite need for further research regarding hypnic jerks when exploring such a similar sensation associated with perceived OBEs.

Of the 16 reports, four of those were associated with the sensation of movement toward reintegrating with the physical body and four were not, whereas it was unclear for seven of them and there was no answer provided in regards to the other one. In other words, it can occur both when there is the impression of a return movement to the body and when there is not.

**Seeing One's Physical Body.** Participants in all three phases of this research were asked if they saw their physical body. The findings of this feature throughout this research have been based on that question, the narrative or other questions on the questionnaire, and/or follow-up interactions in which this could be determined. Here are the results from this phase below:

**Table 5**

*Physical Body Seen During Perceived OBEs (Phase III)*

*N = 152*

| Feature<br>(specific<br>question)                               | NDOBE<br>N = 33                   | LDOBE<br>N = 19                      | AMOB               |                   | OSOB<br>N = 73  |
|---|-----------------------------------|--------------------------------------|--------------------|-------------------|---|
|   |                                   |                                      | AMOB-1<br>N = 19   | AMOB-2<br>N = 8   |   |
| Physical<br>body seen<br>from<br>extrapersonal<br>vantage point | 20 (yes)<br>11 (no)<br>2 (unsure) | 17 (yes)<br>1 (no)<br>1<br>(unclear) | 13 (yes)<br>6 (no) | 3 (yes)<br>5 (no) | 50 (yes)<br>14 (no)<br>6 (unclear)<br>3 (no<br>answer) <sup>a</sup> |

<sup>a</sup>When “no answer” is used here this means that they did not answer the question and it could not be determined by any of the other data in the questionnaire.

Most of the participants in this phase of the study (103 out of 152) saw their physical body, and this was also the case in the previous two phases as well. However, with the cumulative total of all three phases, there were only 14 cases out of 32 (43.8%) perceived AMOB-2s in which the physical body was seen. It should also be pointed out that 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. Others did not see their physical body because they instead simply found themselves in a perceived transcendental environment. Some experients in this research project, however, have reported looking toward where their body should have been, but not seeing it there.

**The Form of the Extrapersonal Self.** The participants in all three phases of this study were specifically asked if there was a form associated with their presumed extrapersonal self. The findings on this feature have been based on the response to that specific question, the provided narrative or the response to other questions on the questionnaire, and/or follow-up interactions in which this could be determined. The quantitative results in all three 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 have also not have had a form during only a portion of their perceived OBE (although this is not indicated in the quantitative results). Furthermore, for cases of multiple extrapersonal-selves perception (during all three 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). Here are the quantitative results of this phase:

**Table 6**

*Extrapersonal Self Having a Form During Perceived OBEs (Phase III)*

*N = 152*

| Features<br>(specific<br>question)                          | NDOBE<br>N = 33  | LDOBE<br>N = 19  | AMOBEE<br>N = 27  |  | OSOBEE<br>N = 73   |
|---|--|--|---|--|--|
|   |  |  | AMOBEE-1<br>N = 19  | AMOBEE-2<br>N = 8                              |  |
| Extrapersonal<br>self had a<br>visible form<br>of some sort | 6 (yes)<br>9 (no)<br>11 (unsure)<br>5 (unclear)<br>2 (no<br>answer) <sup>a</sup> | 4 (yes)<br>5 (no)<br>6 (unsure)<br>3<br>(unclear)<br>1 (no<br>answer) <sup>a</sup> | 7 (yes)<br>2 (no)<br>5 (unsure)<br>3 (unclear)<br>2 (no<br>answer) <sup>a</sup> | 2 (yes)<br>2 (no)<br>2 (unsure)<br>2 (unclear) | 25 (yes)<br>9 (no)<br>15 (unclear)<br>18 (unsure)<br>6 (no<br>answer) <sup>a</sup> |

*Note.* Experiences are categorized as having had a body even if they had it during one portion and did not during another portion. Furthermore, some participants stated they “felt” like they had a form, but then indicated or implied that they did not see it, use it, or have tactile sensations of that form (touching something with the hands or feeling their extrapersonal self lying on the floor, etc.) in their narrative or any of the other answers on the questionnaire so these were categorized along with some other incidents in the “unclear” category instead of “yes” because the focus here is on having some actual certain indication of having a form, preferably actually seeing it as was almost always the case when this was affirmative. If they simply answered “yes” to this question without any further comments or indications, that was categorized as a yes.

<sup>a</sup>When “no answer” is used here this means that they did not answer the question and it could not be determined by any of the other data in the questionnaire.

It needs to be duly noted here that this feature is sometimes difficult to determine both for the participants and for the researcher. Often participants do not look to see if they have a form, so many of them are not really sure about the form of their extrapersonal self despite their answer unless they actually made the attempt to look at their form and/or perchance saw a portion of a form such as hands, arms, legs, feet, etc., and/or there were tactile sensations such as touching a wall with their hand or feeling their extrapersonal self lying on the floor. In other words, the exact quantitative statistical findings on this matter for all three phases should be approached with caution.

Nevertheless, the cumulative results from all three phases of this research do indicate that both having a form and not having a form are possible for any type or subtype of perceived OBE.



As already pointed out in Phase I and Phase II, and also being the case in this phase, those who reported having an extrapersonal form generally indicated that it was in the same shape as the physical body, but there were some incidents in this research so far in which they described the extrapersonal form as consisting of some other shape or appearance and some participants reported that their extrapersonal 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. There were also some who did not have a visible form who felt that they were instead some type of energy.

**Unaware of Perceived OBE State.** Another feature of perceived OBEs that has been discovered in this research is that sometimes the experient is not initially aware that they are actually in a perceived OBE state. They are, however, not dreaming or in a dream-like state, but instead reality testing is intact just as if in a waking state. Below are some quoted examples of this from Phase III:

\*[Questionnaire answer:] My disassociated self was about 8 feet away. My physical body was sitting up in a chair sleeping. I was not aware I was disassociated until I saw my body. I knew something was funny but couldn't put my disassociated metaphorical finger on it and was looking around at the objects in the room. I looked at the objects farther away on the shelves, about 25 feet away, then my disassociated self was looking at the window and couch about 7-9 feet away and turned around and saw my physical body. [Questionnaire answer:] I did not even know my disassociated self was not my physical body until I saw my physical body. (#251, OSOBE, non-trans)

\*[Questionnaire narrative:] I began to feel my legs (of the dissociated self) float up quite high before I felt the entire dissociated self rise above my physical body. However, it seemed as if gravity was pulling my dissociated self downwards and I slowly sank onto the floor next to my bed. I could feel my dissociated self's hand touching the floor, felt its texture and cool temperature. I then opened my eyes (of the dissociated self) and saw the black knobs of the drawers of my bed from the exact perspective I would have if I was lying on the floor. I was seriously confused and thought I must have really fallen out of my bed (with my physical body). [Questionnaire answer:] I was confused at first but soon realised that my physical body must be lying in bed at that time. (#260, AMOBE-1, non-trans)

\*[Questionnaire narrative:] I was a young single mother with a baby who slept in the room next to mine. I was asleep when the sound of my baby woke me up and I jumped up to go into his room to check on him. When I got to the light switch by my door I went to switch it on. My hand went straight through the light switch making no difference and I realised that my body was still in the bed. [Follow-up interactions:] I turned to see myself. [Questionnaire answer:] I was unaware that I was out of my body until I attempted a physical action. (#261, OSOBE, non-trans)

\*[Questionnaire narrative:] Spontaneous and sleeping. Woke to find myself in the bedroom, wondered why I wasn't in bed. Felt afraid, tried to wake my husband, my hand went straight

through him, thought I must be dead. [Questionnaire answer:] I awoke standing by the bedroom window, it was fairly dark. I walked about a yard to the bed, I didn't realise I was out of body. (#384, OSOBE, non-trans)

\*[Questionnaire narrative:] Age six, waking up, walking downstairs and trying to talk to my Mother. I was upset because she was ignoring me and I realized I left my physical body upstairs. [Questionnaire answer:] I remember pulling my legs over [when getting off the bed]. (#326, OSOBE, non-trans)

\*[Questionnaire narrative:] I seemed to 'wake up'. In my perception, my 'dissociated self' was now standing not too far away from my physical body. I didn't realize this at first though. I was facing the wall. My attention was fully directed at the wall. I ran my 'fingers' over the texture of the cinder block wall. I was telling myself what a remarkably lifelike 'dream' I was having. I could 'see' the wall, even with my eyes closed. I could 'feel' the texture of the wall as well. [ . . . ] I turned around from facing the wall. I could see myself, my physical body, sleeping on the couch. My first thought was "What a strange dream! It's like I can see everything with my eyes still closed!" My disassociated self was sucked back into my physical body. (#274, OSOBE, non-trans)

\*[Questionnaire answer:] I didn't think it was a separation. I thought it was my physical body floating in the air. [Questionnaire answer:] I knew I, physical body, was up there. I knew where I was & who I was. [Questionnaire answer:] I felt it was my physical body with all my normal senses. (#343, OSOBE, trans)

\* [Questionnaire answer:] I didn't experience anything that would have led me to believe I was out of my body until I saw my physical body sitting there. No memories, no visions, no sounds other than the normal ones going on around me. [Questionnaire answer:] I didn't realise I was anything other than physical me. Even when I saw me in front of me. (#301, LDOBE, non-trans)

\* [Follow-up interactions:] I actually remember when I opened the door. I did not realize that I was experiencing an out of body experience until I was a few yards away from my car when I turned around to look at the car and realized that there was another body in the car. (#376, LDOBE, non-trans)

**Incorrect Perceptions.** Some perceived OBEs in this phase, as was also the case in Phase I and Phase II, included incorrect perceptions related to the immediate environment. However, in both Phase II and this phase there were a substantial amount of such cases. Although there was a specific question about nonsensical content, much of this data had to be gleaned from other parts of the questionnaire or in follow-up interactions. I am only reporting in the table below cases that included incorrect perceptions for this phase.

**Table 7**

*Incorrect Perceptions During Perceived OBEs (Phase III )*

*N = 152*

| Feature               | NDOBE<br>N = 33 | LDOBE<br>N = 19 | AMOBEE<br>N = 27   |                   | OSOBEE<br>N = 73 |
|-----------------------|-----------------|-----------------|--------------------|-------------------|------------------|
|                       |                 |                 | AMOBEE-1<br>N = 19 | AMOBEE-2<br>N = 8 |                  |
| Incorrect perceptions | 5               | 2               | 2                  | 1                 | 7                |

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 (as was the case in Phase II as well), with 17 reports (11.2%) out of 152. However, because this feature is only being considered in regards to non-transcendental or mixed perceived OBEs with a presumed earthly environment, it really means that there were at least 17 cases (13.4%) out of the 127 that included incorrect perceptions. If we combine this with Phase II that also considered incorrect perceptions, then the total is at least 36 reports (12.5%) out of all 288 perceived OBEs, but in regards to non-transcendental or mixed perceived OBEs with a presumed earthly environment, there were at least 36 (14.9%) of 241 perceived OBEs with such a report. Quotes for the second phase are already provided in the report for Phase II, but here are most of the relevant quotes from this third phase:

\*[Questionnaire narrative:] I found myself very high up above the crash [site] looking down on my broken body lying in the dirt with life bleeding out of me. [Questionnaire answer:] There should have been people/vehicles near my physical body but I did not see them. Also, my legs were spread out slightly whereas, in reality, my right leg was wrapped around my neck. [Follow-up interactions:] I just saw "me" my motorbike and the normal surroundings of the crash site. Nothing else. [Follow-up interactions:] The image I had was me lying on my back on the hard road with legs slightly apart and bent a bit at the knee and oddly shaped right shin and thigh. The reality as reported latter by site witnesses was that my right leg was wrapped around my neck and barely recognisable as a leg. (#247, NDOBE, Mixed)

\*[Questionnaire narrative:] It began with sleep paralysis, which I had learned from experience to "relax into". I then seemed to wake up and saw my body below me (not my face). I seemed able to move my hands and forearms but not any other part. I was able to look around the room from a heightened perspective and see details as though I was awake. I read the titles of books on the shelf nearby, but found later (when I properly awoke) that they were arranged in a different order. (#349, AMOBEE-1, non-trans)

\*[Questionnaire narrative:] This, to my recollection now, lasted very briefly and was replaced with the vivid sight of my dissociated self looking down from above upon my physical body and my friend sitting motionless in the car, immediately above - as if there were no roof on the car. (#332, NDOBE, mixed)

\*[Questionnaire narrative:] I was assumed to have died on my hospital bed. I looked down and saw myself without motion. I was floating, the ceiling had vanished. (#335, NDOBE, non-trans)

\*[Follow-up interactions:] I seemed to be ceiling height, but no sense of a ceiling above me. [Follow-up interactions:] Can't remember seeing anything above me, just very bright light around and space, but felt about ceiling height and was looking down somehow seemed to see the tops of the heads of the people gathered around my feet. (#364, NDOBE, non-trans)

\*[Questionnaire narrative:] I was around 17 years old and had fell asleep on the sofa. My dad and brother where in the same room. I (my dissociated self) remember moving upwards from the sofa and there being only sky above me, the most beautiful blue colour. [Questionnaire answer:] The sky was such a wonderful blue colour. There didn't seem to be a roof above me. [Questionnaire answer:] There was no roof above the house, only blue sky. (#256, OSOBE, non-trans)

\*[Questionnaire narrative:] At the age of about 8, I had an operation to syringe my sinuses. Having been given a pre-medication 'tranquiliser' on the ward, I was then wheeled to the operating theatre on a trolley, but my immediate recollection on coming round from the full anesthetic was that I had been carried in a nurse's arms, following on behind the trolley which I could see going ahead of me. [Questionnaire answer:] I saw an empty trolley in front of me, which I was actually on. I remember wondering why they were pushing the trolley without me on it. (#254, OSOBE, non-trans)

\*[Follow-up interactions:] I woke with a start to hear my baby crying which was a usual occurrence. I dashed over to the light switch as normal. It was about five paces from the bed. I was not, as I can remember, floating. I went to switch the light on but my hand went through the switch and I realised I was still asleep in bed as I turned to see myself. I can remember thinking 'How do I get back?' and with that thought I suddenly was back inside myself. I did not walk back to my body - it was a sudden experience. When I woke properly, my baby was not crying. [Follow-up interactions:] I was aware of my baby crying as I reached for the light switch but when I awoke I do not remember him crying at that time. (#261, OSOBE, non-trans)

\*[Questionnaire answer:] I heard the 2 doctors talking and myself screaming (but apparently I wasn't screaming). [Follow-up interactions:] I was watching myself screaming. I also felt disappointed in myself that I was screaming. (#342, OSOBE, non-trans)

\*[Questionnaire narrative:] I 'pop' out of my body and am spinning around on the ceiling. I see my 2 cats observing me. One is on top of my wardrobe and the other is lying at the feet of my physical body asleep on the bed. [ . . . ] My cats then change form into different shapes. One is silver and white stripes and the other is gold and white stripes. [Questionnaire answer:] I saw my 2 real cats in real life in my dissociated state but then they morphed into like spirit cats (#272, OSOBE, non-trans)

\*[Questionnaire narrative:] I was crossing a busy road in the town and suddenly I was hit by a car. I wasn't ever aware of the car hitting any part of my body but what I do remember is being in some kind of state where I was looking over a young girl's body, flying up into the air, like in a slow motion somersault and then on reaching the ground, and hearing voices around me, I gradually came to realise the girl was me. [Questionnaire answer:] I [her

dissociated self] was viewing someone else [her own physical body] rather than myself when I [her own physical body] was flung to the side of the road by the car. Observers told me it happened very quickly but when I was watching 'the young girl' it was as if in a slow ethereal state and place. I wasn't observing any solid structures or anyone else around the girl. If there is any description of the area around me, it was like a pale grey blue coloured light air. [Questionnaire answer:] I was not conscious of anything else around the girl. [Questionnaire answer:] Just this cloudy view of the 'girl.' (#318, LDOBE, non-trans)

\*[Questionnaire narrative:] I was driving the car with my husband and two young sons as passengers. A car coming towards was out of control and swinging from side to side. I pulled up on the grass verge but unfortunately she swung across at that particular point and hit head on the driver's side. The next thing I knew I was standing beside the car on the driver's side watching my husband help my youngest son out of the car. My eldest son had been thrown free and was standing beside me. My husband and I led them both around the front of the car and sat them down on the verge against the fence. At this point I looked back at the front of the car to see the whole of the windscreen lying in one piece in front of the car. I could also see myself sitting in the driver's seat. I then heard what I can only describe as a loud zinging noise that vibrated through my head. Quite painfully actually. And I sat up to find myself back in the car. [. . .] After we were all taken to the hospital I asked my husband how I had got back in the car after we sat the boys down on the verge and he said I had never been out of it, as I was unconscious. [Questionnaire answer:] I thought I touched my sons as I sat them down, but obviously didn't. [Follow-up interactions:] At the time, yes, it just felt as if he was responding normally and I had no reason to question what either of us was doing as I thought everything was normal. It was only after I regained consciousness that I realised it couldn't have been. [Follow-up interactions:] My feet were walking on solid ground (I wasn't floating or anything weird) and I felt as if I was touching everything normally, none of that idea of your hands passing through solid objects, everything felt solid and normal. [Follow-up interactions:] My memory of sitting them down was that we helped them together, and I was touching them. (#301, LDOBE, non-trans)

\*[Questionnaire narrative:] [I] saw my body lying in bed under the covers next to my wife. [. . .] I moved through the floor and into the living room. I looked around and noticed one of my three dogs [. . .] was barking at me in the adjacent sunroom. My other two dogs were just looking at me[. . .] They were all in their crates. I was concerned with the dog barking at me that he would wake up my wife. Then I heard some voices looking in the direction of them and looked through the exterior walls of my house for what seemed miles [away] because the terrain was different that the terrain at the end of my property. I didn't see anyone but saw a truck snowplowing a busy road, but the road wasn't the road at the end of my driveway, rather it was a paved road where ours is a private dirt road. Something caught my attention as I turned my head and saw my two [other dogs] walking across the living room, got a bit aggravated because they were out of their cages, picked them both up with each of my hands and put them back in their cage. My other dog had stopped barking but was still in his cage. [. . .] After reviewing it the next day, I noticed a couple of things. 1) My wife did not hear my dog barking. She would have surely woken from his loud barking. 2) It was September and there was no snow outside, but I saw a snowplow plowing snow off of a busy paved road. [Questionnaire answer:] My house was slightly different. [Follow-up interactions:] I [. . .]



was about to walk down the open spiral staircase when I noticed a round ball like banister at the base of the left railing. I thought it was strange at first because normally the railing is just a railing without anything protruding from it. But the stairs were definitely the stairs I normally use every day, other than that particular feature. (#363, AMOBE-2, 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:] My disassociated body seemed to be hovering over my physical body, aware of details of the room I was in and of the people in the room. I could hear comments by my parents as they viewed my unconscious body, The scene was very detailed; I noted objects on the table, the color of the walls, etc. The "experience" persisted for several minutes after which I lost consciousness. Later, after regaining consciousness, I talked to my parents about the experience. They denied saying the things I thought I heard. When I was shown the room I was in, it was completely different from what I remembered. [Follow-up interactions:] I could look down on my physical body but without a lot of detail. Couldn't see the injuries for example. [Follow-up interactions:] The room I "saw" was not like any room in my memory, but it seemed to be consistent with a doctor's office with medical items on shelves and tables. [Follow-up interactions:] Nothing I saw was out of line with [things that might be expected in] the real world. It just was imagined. I was not actually "seeing." My brain was creating the image. [Follow-up interactions:] When I described my experience several days later, [my parents] did not confirm anything I "heard" or "saw." (#294, NDOBE, non-trans)

Furthermore, there is another important account of a pseudo perceived OBE reported that occurred entirely during a dream despite the perception being perceived as realistic:

\*[Questionnaire narrative:] I was approximately 10 years old. I was sleeping when I had my dream that I now recognize as an out of body experience. It began as a dream of myself and siblings swimming and playing in the river just off of the sandbar that we often went to during the summer to cool off and have fun as a family. I was experiencing my dream in first person. My parents were also there swimming. The out of body experience began when I heard my brother screaming for my parents to help him because [name removed] was floating faced down in the river. This is when everything began happening in third person. I realized I was standing up straight but levitating just above the surface of the water while I was looking down at my physical body floating faced down in the water. I recognized myself. I watched as my parents crashed into the water while screaming for me and grabbing my physical body and dragging it to the shore. I remember their panic but my dissociated self was very calm. I remember thinking why are they dragging me faced down onto the sandbar because the sand will be stuck to my face now. My dissociated self watched them as they turned my physical body over and sure enough, there was sand stuck all over my physical face as was my wet hair. They were brushing my hair back out of my face and brushing the sand away. My mother was screaming and crying as were my siblings. I knew I was dead and did not attempt to speak with my family or try to calm them. As I watched this occurring, my dissociated body was rising in the air getting higher and higher. I looked directly in front of me and realized I was now level with the bluff line that had the trail to climb down to get to

the sandbar. I would guess the bluff line was approximately 30 feet above the sandbar. This is the point that I woke up. It was such a peaceful experience although it was tragic for my family. I did not experience drowning although I knew that is what happened. One minute I was playing in the water and then the next minute I was levitating above my physical body. My physical body was wearing a swimsuit, my dissociated body was wearing something clean and dry. I don't recall looking at what I was wearing but I felt as though it had been a gown or long dress. I do recall that whatever my dissociated self was wearing, it had been white and I was barefoot. I wasn't afraid upon waking, I just felt strange. Questionnaire answer:] Everything was in color. The water, the vegetation and trees. The sky, the sand, my swim suit, my family and their swim suits. Questionnaire answer:] I am nearsighted. But my dissociated self could see clearly the grains of sand stuck to my physical face regardless of how far I had floated away.

Although this account above sounds like the typical perceived LDOBE or NDOBE, it was not officially part of this phase's analysis and was not included in any statistical results of this research because it did not occur in association with a genuine life event, but instead the perceived OBE occurred in the context of a dream scenario with the experient only observing the drowned dream self while the experient was actually on her bed at home. However, it was important to note it here because it shows that the onset of a similar experience to a perceived OBE can even occur in association with a dream state as a pseudo perceived OBE. In fact, this experient had no knowledge of perceived OBEs at the time. However, it was somewhat similar to the account of a perceived OBE from Phase II in which a participant experienced a hallucination of his car blowing up and then saw himself without legs sitting in the bomb damaged car, because in both of these accounts, a perceived OBE occurred based on pseudo scenarios of threat that were not really occurring in the real physical world. This type of pseudo perceived OBE quoted above can also occur during hypnotism associated with simulated scenarios of dying (Schenk, 1999, 2006).

Incorrect perceptions in this research have included noticeable changes to architecture and other surroundings, including missing or additional furniture, fixtures, or other objects. As pointed out in the Phase II report, these type 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 have also reported missing roofs on buildings and vehicles or extended perceptions of height as if the ceiling was higher than it should be. Others could not see their physical body or that of others in bed or elsewhere which they should have seen from that perspective; this inability to see one's own physical body or that of a partner in bed has also been reported elsewhere (Fox, 1979, pp. 71–74, 82, 88, 93, 97, 128; *Sylvia D NDE-like*, 2007). Sometimes only a portion of the supposed environment is seen and nothing else that should be clearly perceptible. In addition, others have seen their own physical body in various forms or conditions that were not true to the physical world. Incorrect perceptions have also included audible content from one's own physical body or from others in the surrounding environment that never occurred, such as screaming, crying, or conversation.

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 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 (AMOB-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.

Incorrect perceptions of non-transcendental environments were reported in all three phases of this study. They can occur during all types and subtypes of perceived OBEs, including during many NDOBEs. Based on the cumulative findings from Phase II and this phase, it has now been established in this research that at least 14.9% of perceived OBEs that consisted of perceptions in a supposed earthly environment included some incorrect perceptions. It has also been discovered that entirely pseudo perceived OBEs can also occur. This raises some serious concerns in regards to transcendental perceived OBEs because such perceptions cannot be evaluated in the same way against a known environment and so become extremely difficult to confidently analyze as a real locale with accurate perceptions. For much more discussion on this matter, see the report from Phase II (King, 2023a).

While incorrect perceptions during perceived OBEs have sometimes been discussed in the research literature (Augustine, 2007a, 2007b; Buzzi, 2002; Green, 1968, pp. 71–84; Holden, 2009), this factor needs to be more thoroughly explored and explained if there is to be any logical and acceptable explanation in regards to the nature of perceived OBEs, despite the dilemmas this might accentuate and/or the unclear ramifications of this that must be resolved. The discovery of pseudo perceived OBEs, for example, indicates that the brain can formulate a very convincing simulated OBE environment that is not objectively real. Furthermore, with at least 14.9% of perceived OBEs including some incorrect perceptions in this study, this calls into question the reliability of what is seen in perceived OBEs in general. However, it is perhaps possible that some perceived OBEs are objectively real while others are not, a conclusion hypothesized by Tart (1998) after decades of reflection on the research conducted by himself and others. But even if this is so, there is no absolute means to determine which are and which are not. It is not scientific or rational to simply dismiss reports of perceived OBEs with incorrect perceptions so that the remaining sample being investigated consists only of those which better support and favor the perceived OBE as an objective experience.

**Veridical Perceptions.** Having just pointed out the problem of incorrect perceptions and pseudo perceived OBEs, it would be scientifically inadequate if I were to simply ignore some claims of veridical perceptions that have been reported in this research, particularly perceptions of various incidents in the real physical world that are supposedly seen when it is difficult to explain how the experient might have known about and/or seen them from anywhere else other than an extrapersonal location in the moment. I have been taking note of these through all three phases, but wanted to wait until I had enough cases to bring this matter up. Here are the examples of the specific veridical perceptions requiring some type of further explanation as they have been reported in this phase (although there are others in the first two phases as well):

\*[Questionnaire narrative:] I was in Italy and my husband in our home in London. One night I was lying in bed thinking about him and found myself rising out of my body and suddenly I was in our London home. I thought I would go to our bedroom and see him lying asleep. He wasn't there. I was puzzled and went down stairs into the living room. He was asleep on the sofa bed there. I stood at the end of the bed for a while, felt love for him and then returned to my bed in Italy and went to sleep. The next day I called him. He told me he'd had a strong dream that I had flown in and stood at the end of the bed for a while and then flown away. He also told me he had been sleeping downstairs. I think because friends had come and he'd

given them our big bed but I can't actually remember exactly why he was downstairs. (#250, AMOBE-2, non-trans)

\*[Questionnaire narrative:] I had given birth to my first baby. The after birth was not delivered and I started to hemorrhage. I was in a cottage hospital and have a rare blood group. 2 doctors with supplies of my blood group were flown to the hospital by helicopter. I do not remember any of this because I was unconscious. I recall floating near the ceiling, I could see things on top of the tall cabinets. I saw a young woman on the bed with two doctors leaning over her. One was in a white shirt with roller up sleeves he had very black hair. He seemed to be pressing down on my stomach. I have to say I did not feel any personal connection to the girl on the bed she just looked like me. I can remember saying to the doctor's 'leave her alone, she just wants to go to sleep'. They did not seem to hear me. My next memory is sitting up in bed with a nurse combing my hair. She told me I had caused a lot of excitement at the hospital. I said to her 'please thank the doctor's for me especially the one with black hair. The nurse told me I had not seen the doctor's as I had been unconscious. My own GP [general practitioner?] was now at the hospital, he told me I had been very lucky. He said my feeling of floating was a dream. (#273, NDOBE, non-trans)

\*[Questionnaire narrative:] I was in hospital after an eye operation, I can remember I was above all the beds in the ward looking down at everything, I saw nurses coming in and going out again, in particular I saw a nurse come in and help herself to my orange juice and then leave, I can remember seeing lots of thing happen in the ward, the next I remember was being spoken to and told to open my eyes, I recognised the nurse who had helped herself to my juice, with the one eye that was not bandaged, I said to her you stole my juice,, she looked shocked and said you were asleep how did you know/ I told her I was up on the ceiling watching her, she just laughed and left, a doctor came later and asked me how I was up on the ceiling, I told him I didn't know, but I told him everything I saw from there, the nurse came back and they both asked me just what I had saw, so I told them. (#282, OSOBE, non-trans)

\*[Questionnaire narrative:] I started to I guess drift upwards I could see my hands in front of me but they were luminescent, then I drifted to a friend's home where I saw him assault his partner (he lived on the fourth floor in a high rise) but I saw clearly what he did and the shock of seeing that caused me to feel like I was being yanked backwards I woke up next! morning and meet my friend told him what I saw thinking I had a dream but his response was of surprise and accusations that I must have been in his home (hiding) or had contact with his partner for me knowing what he did. After that I looked into obe and found maybe all those times it had happened it might not have been just dreams, after I had a very bad experience during a obe I for some reason never was able to do or experience them again. (#283, OSOBE, non-trans)

\*[Questionnaire narrative:] I was meditating in the nurse's dorm (in association with my physical body) and after some time a thought popped into my mind: Do they have any lemon pie in the cafeteria? Immediately I was "dissociated" from my physical body and in the hall leading to the cafeteria. I got to the door to the cafeteria and tried to open it but my hand kept going through the knob. Of course! I thought. OK, I shut my pretend eyes so I wouldn't feel

funny walking through the door. As my "dissociated" energy moved through the door it made a "ping" sound. There were people in line and I knew I could walk right through them, but I didn't as it would seem impolite. I peered between them and saw that there was lemon pie. Great, I thought, then realized I couldn't get any in my condition. I quickly returned to my body so it could take me over and get the pie. Lemon pie was infrequent and I wanted to make sure I got a piece before my shift. (#379, AMOBE-1, non-trans)

\*[Questionnaire narrative:] When I was 10 years old I was ill with bronchitis and was laid on top of my bed, propped up with several pillows. I had a coughing fit and the next thing I knew was being up near the light on the ceiling, looking down at me on the bed. The strangest part of this event was seeing a dead spider in the "U" shaped part of the light fitting. I jumped backwards to get away from the spider and the next thing I knew, I was back in my physical body. I shouted for my mum and told her what had just happened. I told her about the spider and where it was. The spider could not be seen when standing on the bedroom floor or the bed. I persuaded her to fetch the steps to climb up on and she saw it, and I passed her a tissue to wrap it in before she disposed of it. (#339, LDOBE, non-trans)

\*[Questionnaire narrative:] At this point I looked back at the front of the car to see the whole of the windscreen lying in one piece in front of the car. I could also see myself sitting in the drivers seat. I then heard what I can only describe as a loud zinging noise that vibrated through my head. Quite painfully actually. And I sat up to find myself back in the car. No-one believed me when I tried to describe what had happened until I told them about seeing the windscreen lying in one piece just in front of the car, and they realised there was no way I could have seen it from where I was and where I was taken after I was helped out. (#301, LDOBE, non-trans)

I did not, however, authenticate nor seek out corroboration for any of these cases. It does need to be pointed out that these types of reported cases are not absolute proof that a perceived OBE with such veridical perceptions is a genuine excursion into the spiritual world, and I want to advise caution against prematurely assuming that this is so. Nevertheless, I do not intend to get into a thorough discussion about other possibilities and explanations here in this specific report at this time. However, these types of cases are a dilemma that must be explained and resolved before we can confidently take a firm stance on the nature of the perceived OBE.

**Hearing and Sound.** As in Phase I and Phase II, the participants in this phase were asked on the questionnaire about sound during non-transcendental environments of their perceived OBEs. This finding included reports (either from the primary question, the narrative, other questions, or follow-up interactions) in which it could be determined with certainty that real earthly sounds (such as people talking, snoring, electronic or mechanical noises, etc.) were in fact occurring within the perceived earthly environment. The quantitative results for those 47 particular perceived OBEs are provided in the table below.

**Table 8**

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

*N = 47*



| Feature<br>(specific<br>question)  | NDOBE<br>N = 15                | LDOBE<br>N = 10   | AMOB            |                 | OSOB<br>N = 19     |
|--|--------------------------------|-------------------|-----------------|-----------------|--------------------|
|  |                                |                   | AMOB-1<br>N = 2 | AMOB-2<br>N = 1 |                    |
| Hearing real<br>physical<br>sounds in an<br>observed<br>earthly<br>environment | 9 (yes)<br>6 (no) <sup>a</sup> | 5 (yes)<br>5 (no) | 2 (yes)         | 1 (yes)         | 13 (yes)<br>6 (no) |

*Note.* A pseudo perceived OBE (#294) was not included because what was seen and heard never occurred.

<sup>a</sup>One of these participants (#257) did not hear people speaking at first, but then heard them speaking as distant and garbled.

The cumulative total of the quantitative results from Phase II and this phase was that during at least 35 perceived OBEs (35.4%) out of 99 the participants did not hear the actual sounds that they should have been able to hear in the presumed vicinity of their extrapersonal self. In another study, Green (1968) also pointed out that the ability to hear real sounds taking place in the immediate observed environment of a perceived OBE was 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 earthly environment and others could not is uncertain, so such a finding further necessitates a reasonable explanation in any serious discussion about perceived OBEs.

As pointed out in the Phase II report when discussing this matter, when noises or sounds from the surrounding physical environment were heard, they were usually reported as normal, but they were also sometimes reported as distant or distorted in some way even though they had the perception of still being in the same earthly environment. This further reduces the amount of those who heard sounds clearly as one might while in the physical body. In this phase, one participant indicated that what they heard was like hearing another language:

\*[Questionnaire answer:] Could hear my teacher still talking but it was like she was talking in another language. (#276, OSOB, non-trans)

This is interesting because another participant from Phase II also reported this same type of experience:

\*[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)



Instead of meaningful words, these two experiencers heard word-like sounds that they could not understand and lacking any apparent meaning. It should be further noted that one study on laboratory-induced syncope (Lempert et al., 1994b) found that when audible human voices were reported during visual hallucinations, they never contained intelligible speech. This occurrence of unintelligible speech during at least some perceived OBEs also calls for a logical explanation and is perhaps a case of incorrect auditory perception.

**Spiritual Personages.** During all three phases of this research there have been reports of encountering various types of spiritual personages, which participants have identified as deceased people, spirits, angels, and/or some form of deity. While there were also some additional reports of hearing, feeling, and/or sensing a perceived OBE personage during a perceived OBE somewhere on the questionnaire, the specific focus here is on actually seeing them, so any other reports of only hearing, feeling, or sensing them (without seeing them) are not included in the quantitative data below (also, simply seeing a light without any indication of a specific form or shape would not be included either even if they presumed it was a personage). It is uncertain why in some cases experiencers actually see spiritual personages and in other cases they only hear, feel, or sense them. So this still needs to be explored and logically explained rather than simply reverting to ad hoc explanations that really do not resolve this dilemma.

In providing quantitative results of seeing spiritual personages, I have only included perceptions that occurred while actually having the impression of being out of the body, and did not include visionary or hallucinatory experiences while in the physical body. This also did not include those that were only seen during the sleep paralysis portion of an experience accompanied with the impression of still being in their physical body unless that same personage was then seen during the perceived OBE portion as well. Additionally, in all three phases, the quantitative findings of this feature has not included reports of seeing an additional extrapersonal self (multiple extrapersonal-selves perception). I also decided not to include observations of perceived OBE animals unless they were either a deceased pet or an intelligence appearing in an animal form.

**Table 9**

*Spiritual Personages Seen During Perceived OBE (Phase III)*

*N = 152*

| Feature<br>(specific<br>question)                                 | NDOBE<br>N = 33  | LDOBE<br>N = 19                        | AMOB  |   | OSOB   |
|---|--|--|---|---|--|
|   |  |  | AMOB-1<br>N = 19                                      | AMOB-2<br>N = 8                               |  |
| Spiritual<br>personages<br>were seen<br>during<br>perceived<br>OB | 13 (yes)<br>16 (no)<br>3 (unclear)<br>1 (no<br>answer) | 1 (yes)<br>15 (no)<br>3 (no<br>answer) | 2 (yes)<br>13 (no)<br>1 (unclear)<br>3 (no<br>answer) | 2 (yes) <sup>a</sup><br>5 (no)<br>1 (unclear) | 13 (yes)<br>53 (no)<br>1 (unclear)<br>6 (no<br>answer) |

<sup>a</sup>One of these was reported as another human spirit seen during a deliberately arranged shared perceived OB for a mutual meeting in the woods.

As can be determined by the above table, seeing perceived-OBE personages was again, as in Phase I and Phase II, reported as having occurred during all types and subtypes of perceived OBEs. Based on all three phases of this research there have now been 95 reports of seeing perceived-OBE personages out of 404 cases (23.5%). This has been 46 out of 120 during near-death conditions (perceived NDOBEs/LD-NDOBEs) (38.3%) and 49 out of 284 (17.3%) in other types of conditions (perceived LDOBEs, perceived OSOBEs, and perceived AMOBEs).

**Deceased personages.** During this phase of the research, there were 11 perceived OBEs that included a perception of actually seeing a *known* deceased relative or friend. This was reported during perceived NDOBEs (6) a perceived LDOBE (1), and perceived OSOBEs (4). Based on all three phases of the research, seeing a deceased relative or friend has now occurred in all types of perceived OBEs.

In some other cases of seeing spirits without any reported *known* deceased personages, it was still stated or implied that some of those spirits that were seen included deceased spirits that were *unknown* to the experient from this physical world. This was the case in at least one perceived NDOBE, two perceived OSOBEs, and one perceived AMOBE-2 in this phase. This was also the case in at least five perceived NDOBEs from the first phase and at least one perceived NDOBE during the 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 all three phases combined consisted of at least 38 cases out of 404 accounts (9.4%). This included 22 cases out of 120 (18.3%) that occurred during real near-death circumstances (perceived NDOBEs/LD-NDOBEs). There were, however, also 16 cases out of 284 (5.6%) that were not associated with real near-death conditions (perceived LDOBEs, perceived OSOBEs, and perceived AMOBEs). This is not all that surprising, however, because Kelly (2001) specifically examined NDEs with reports of seeing deceased personages and found that 24% of those experients were not actually close to death. One important implication of this is that one does not have to actually be near death to see a deceased personage during a perceived OBE so seeing a deceased personage does not necessarily infer that one was near death. In addition, it should be pointed out that in this phase of the research comes the first report of seeing deceased personages during a perceived LDOBE, although there were two perceived LD-NDOBEs in the first phase in which this was also the case.

During all three phases there have been some other cases for which it was unclear—or the experient was unsure—if any of the personages seen were deceased. Furthermore, there were also some cases in this research so far in which known deceased personages were reported as 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 these results for deceased people. In this phase there was another report of a deceased cat, but this later incident also included known deceased people so that incident was included.

I also wanted to point out that having seen a Jesus personage was reported in at least four perceived OBEs during the first phase of this research, at least six perceived OBEs during the second phase, and at least three perceived OBEs in this phase, and that in ten of those 13 accounts there were no clear indications of having actually seen other deceased personages. 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 because he did previously live on Earth and then died before being resurrected. There were not any reports in any of the phases of having seen Mary, the mother of Jesus, nor deceased apostles, prophets, or famous people.

**Facial features.** There was a new focus concerning perceived OBE personages beginning with Phase II of the research project that has continued into this phase. 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 so was difficult to determine because this specific detail was frequently left out of self reports and I have not been able to find any indications that it had ever been specifically asked about and reported in published research with any type of quantitative results. So in Phase II and Phase III 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, but many of the participants who actually reported seeing such a personage did not make any response to this specific question about facial features; however 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 10**

*Facial Features on Seen Spiritual Personages (Phase III)*

*N = 31*

| Feature<br>(specific<br>question)                                   | NDOBE<br>N = 13   | LDOBE<br>N = 1 | AMOBEE<br>N = 4   |                        | OSOBEE<br>N = 13                 |
|---|---|----------------|-------------------|------------------------|----------------------------------|
|   |   |                | AMOBEE-1<br>N = 2 | AMOBEE-2<br>N = 2      |                                  |
| Observable<br>facial features<br>on seen<br>spiritual<br>personages | 1 (yes/no) <sup>a</sup><br>1 (yes)<br>5 (no)<br>6 (unclear) | 1 (yes)        | 1 (yes)<br>1 (no) | 1 (yes)<br>1 (unclear) | 1 (yes)<br>5 (no)<br>7 (unclear) |

<sup>a</sup>Indicates that facial features were seen on one or more spiritual personages but not seen on one or more other spiritual 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 on what were seen and interpreted as OBE personages were often absent for one reason or another. In fact, based on the 31 cases in this phase of the research that reported seeing such a personage, there were at least 11 incidents that included the absence of clear and visible facial features, which equates to 35.5%. In Phase II it was 43.3%. These analyses also indicate that this absence of facial features can occur during most types and subtypes of perceived OBEs; although

I have been unable to confidently affirm this to be the case so far during strictly defined perceived LDOBEs (but the small sample size in this research so far of just five incidents in which a spiritual personage was seen is still too small to have any significance).

As I pointed out in the Phase II report, this absence or obstruction of facial features is reported elsewhere as well (*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.).

Although Fenwick and Fenwick (1995) have suggested that there might be psychological causes for the absence of facial features in contrast to organic mechanisms of the brain (pp. 203–204), I suggest that these incidents probably instead indicate physiological difficulties of the brain in formulating faces. 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. In the Phase II report, I also noted that Lempert et al. (1994a) reported a similar absence of discernable faces on some perceived personages seen during incidents of laboratory-induced syncope, and I further pointed out this also sometimes occurs during dreams (Kahn et al., 2000).

Another matter I wanted to point out here is that I have begun to notice that when faces are seen among known deceased personages, in a small amount of those reports, there is an oddity in facial expressions noted by the experient, such as the face being emotionless and/or harsh and/or angry in an unfamiliar manner by which they were known. Here is an example of this:

The person in black turned to face me and it was my [deceased] Mother!! I remember feeling a heavy weight on my chest as her face was devoid of any emotion as she was telling me I could not go any further and I had to go back because it was not my time yet. [Questionnaire answer:] I saw my Mother's face as plainly as in life, but I had never seen her with such a hard, emotionless face before. (#329, NDOBE, trans)

**Perceived Bereavement OBEs (BOBEs).** Although officially classified in this research as a perceived OSOBE, there is a certain specific type of perceived OBE occurring during bereavement that has been noticed during this research and enough cases have now been gathered to offer a preliminary definition and explanation of their occurrence. They are generally related to psychological distress, stress, and/or grief over a loved one who has recently died and involve an encounter with that loved one during the perceived OBE. Perceived BOBEs can sometimes be very similar to transcendental perceived OBEs that occur near death (or during threat) with many of the same features. Here is one example reported in this phase of the research:

\*[Questionnaire narrative:] My brother passed away unexpectedly in a road accident and completely distraught the family. For me I felt completely helpless. I travelled to the country he died in to view his body and confirm it was him. I just couldn't come to terms with his passing especially learning the events leading up to his death. I struggled to function, and

sleep. I wept day and night. One night I felt a hand touch my cheek waking me and [the] next minute I was walking in a meadow the colours radiant and the sky blue and could feel the warmth of the sun but couldn't see the sun. Ahead of me on a slight hill was a large tree and as I focus on the tree I seemed to move toward it quickly and under the tree was a wooden bench and on the bench sat a figure I immediately recognised as my brother. I was next to him in a blink of an eye and he got up and hugged me and we sat down. I asked him if he felt pain on passing and he said God had sent our dad to meet him, our dad had passed many years before. Dad told him he was going to stay with him till he was ready to go to heaven. My brother explained he was very angry as he wasn't ready to go. He actually survived almost two weeks before he passed - the mission hospital where he ended up said he arrived there in a coma and never regained consciousness. I asked him if he was ok, he jumped up, spread his arms and said he never knew heaven was so incredible. He also told me to do the best I can to live a good life and we hugged and I woke up in bed feeling a peace I have never felt. My husband said he woke up with a loud bang on the bedroom door and he saw me sit straight up in bed and mumbling like I was talking to someone. It scared him. To this day, 26 years later, I vividly remember every second of that experience and firmly believe I visited my brother in heaven. I have never seen colours so vibrant and felt a peace like I felt. My visit was real. (#291, OSOBE, trans)

Whereas many spontaneous perceived OBEs are related to personal threat of danger or death (NDOBEs and LDOBEs), this type of spontaneous perceived OBE is related to distress or stress during grief and/or bereavement that might in some cases be a threat to health and/or healthy psychological functioning. In other words, this type of grief and/or bereavement can still be a threat to optimal survival and well-being.

**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. Although 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. Five participants from this phase each clearly reported one such event that can be defined as a VLRE, which was based on their answer to a specific question about the matter on the questionnaire, the narrative or other portions of the questionnaire, and/or follow-up interactions.

**Table 11**  
*Visual Life Review Experiences (Phase III)*  
*N = 152*

| Feature<br>(specific<br>question) | NDOBE<br>N = 33    | LDOBE<br>N = 19   | AMOBE<br>N = 27   |                  | OSOBE<br>N = 73   |
|-----------------------------------|--------------------|-------------------|-------------------|------------------|-------------------|
|                                   |                    |                   | AMOBE-1<br>N = 19 | AMOBE-2<br>N = 8 |                   |
| Visual life<br>review             | 5 (yes)<br>23 (no) | 15 (no)<br>4 (no) | 16 (no)<br>3 (no) | 7 (no)<br>1 (no) | 64 (no)<br>9 (no) |

|            |   |         |         |         |         |
|------------|---|---------|---------|---------|---------|
| experience | 1 (unsure)<br>2 (unclear)<br>2 (no<br>answer) | answer) | answer) | answer) | answer) |
|------------|---|---------|---------|---------|---------|

Here are the five reports of VLREs in this phase that took place in association with a perceived OBE:

\*[Questionnaire answer:] A few childhood flashbacks of parents and family. [Follow-up interactions:] There were flash backs of me as a young man setting out on life with his new bride without a care in the world and looking forward to a rich rewarding life. [Follow-up interactions:] The past images are those doing things with the family. ... my baby girl sitting on my shoulders, taking her on my motorbike in a rucksack. Carrying them both up to the top of the [hills] on my back (I was strong then). There [were] images of me and my boy riding our motorbikes across the [dales] in the early hours of a bitter cold night battling to get to the lee of the hills so the journey home would be a bit warmer. Just real life family images really but just nano second movie snapshots. (#247, NDOBE, Mixed)

\*[Questionnaire answer:] I saw myself at a very young age progressing towards the 21 year old I was at the time with scenes from that life. Walking back and forth to school, reading. I don't recall if there was color. There was no sound. It was only pictures of me doing every day activities. None of the abuse I suffered [in life] was shown to me. [Follow-up interactions:] The life review images were glimpses that changed quickly. [Follow-up interactions:] There was no one but myself in the life review scenes. (#266, NDOBE, mixed)

\*[Questionnaire answer:] Yes, I had memories of sitting in my sister's pram [carriage] when I was 2 and she was [a] baby. Mum put me in as I got tired playing in the park. One memory was of my paternal grandfather who died when I was 4. I had a memory of him taking me for a walk. He carried me and I put my head on his shoulder. He was singing a song in my ear. A special song only for me. For some time I remembered the song and the lyrics but have completely forgot it now. (#299, NDOBE, mixed)

\*[Questionnaire narrative:] The impact was at 60 kph (35 mph)[. . .] but I recollect nothing of the crash itself. In that moment between that sight and the impact itself, or as the impact was taking place, my life literally passed before my eyes. Previously, this had just been an expression to me. It is hard to describe now, but it was as if my life disgorged every memory it held—instantly. I was basically presented with a flash highlights reel of my life. [Questionnaire answer:] The "life flashing before my eyes" which was incredibly rapid in earthly time—but normal to my dissociated self. [Questionnaire answer:] The images were moving images in colour. [Follow-up interactions:] They were in sequential order, but very tightly packed into (seemingly) a very brief amount of time. [Follow-up interactions:] They are best described as vivid memories, seemingly both first and third person. [Follow-up interactions:] Spoken parts were directed at me as the first person, "through my eyes and ears", and situations were seen as a third person, similar to how you would place yourself in a dream. [Follow-up interactions:] The review was forward from earlier life to present. I



believe it started with me sitting on a sofa in my dressing gown getting my picture taken when I was around three. I could feel the scratchy texture of the sofa. I believe the next memory was playing with matches with a girl under a water tank at a country property we were visiting. I would have been around 6 years old and she slightly younger. I pictured her face talking to me, clearly I was in the first person. I cannot confidently say I remember any other parts of the review and I start to question myself as to whether they were part of the review or I'm simply remembering the events. However, I vaguely remember the final parts of the review with myself in situations at the same age I was at the time of the accident, but don't recollect the specific events. However, I do know that I was witnessing those events in the third person. Follow-up interactions:] That is the only vague part of my memory now, everything is as fresh as it was at the time except I don't recollect exactly what the scenes were, but I do remember they were all significant memories of my actual life to that date—in order according to timeline. Quite an amazing recollection, like a “memory dump.” [Follow-up interactions:] At the time, I felt “content,” there was nothing unpleasant. The feeling was as if I had a satisfied smile in a physical sense. [Follow-up interactions:] I had no thoughts as to wanting to live or die, I simply had a feeling of satisfaction during the life review. (#332, NDOBE, mixed)

\*[Questionnaire narrative:] The next thing that I remember, I was standing in this giant room with tapestries and drapes with what appeared to be pictures and films of my life and the people that I loved. [Questionnaire answer:] The tapestries in the room had both still pictures and moving films, ranging from memories that I know were mine and others that I didn't recognize but felt as though they were my memories or connected to me in some way. It was filled, this grandiose room filled with tapestry after tapestry (#367, NDOBE, trans)

In this research so far, there has been a combined total of 12 VLRE reports from the three phases. It should be pointed out that all VLREs reported in all three phases of this research either took place during a perceived NDOBE or LDOBE, and that there are no reports of such occurring during perceived OSOBes or AMOBes. 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 12**

*Visual Life Review Experiences (Phases I, II, and III)*

*N = 12*

| Features                 | NDOBE<br>N = 11   | LDOBE<br>N = 1        |
|--------------------------|---|-----------------------|
| Associated Circumstances | Syncope physiological (1)<br>Sudden physical trauma (1)<br>Vehicle accident (3)<br>Heart attack (1)<br>Cardiac arrest (2)<br>No pulse or sinus rhythm (1) <sup>a</sup><br>Organ failure (1) | Syncope from fear (1) |

|                 |                              |                          |
|-----------------|------------------------------|--------------------------|
|                 | Ruptured Tubal Pregnancy (1) |                          |
| Temporal Factor | During perceived OBE (7)     | During perceived OBE (1) |
|                 | Prior to perceived OBE (2)   |                          |
|                 | Unclear (2)                  |                          |

<sup>a</sup>The medical staff was suddenly having difficulties in finding any pulse or sinus rhythm.

There have now been 12 reports of a VLRE out of the 404 perceived OBEs included in this research, which equates with 3%. However, they have all occurred during either perceived NDOBEs or LDOBEs, and if calculated only among the 170 of these types of perceived OBEs (NDOBEs, LDOBEs, and LD-NDOBEs), that number changes to 7.1%, which is still a low prevalence of VLREs. For recently I finished conducting research on 3,394 real or presumed near-death or life threatening incidents (that were also associated with perceived OBEs) in which I determined that at least 432 (12.7%) of them included VLREs (King, 2022b). Although that particular study can be compared to this study with 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.

Based on the fact that in all three 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 (NDOBEs and LDOBEs), this may perhaps suggest that they generally occur with a presumption, either consciously or unconsciously, that there is a danger to life and/or a possibility of death. In fact, what is perhaps the most basic form of the VLRE can occur without a perceived OBE during threatening conditions (King, 2024b). 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 associated with the passing away of a loved one by either death (*Kathy M SDE*, 2016; *Lorette C NDE*, 2011; Noyes & Kletti, 1976, p. 109; *Vergil C experience*, 2024) 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 well-being in the world environment. Perhaps this subtype 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 well-being. However, for a much more thorough discussion on visual life reviews and relevant research, see the reports from Phase I and Phase II (King, 2021, 2023a).

**Other Reported Visual Phenomena.** There are two other types of visual phenomena besides VLREs that have been reported in this phase. I will now discuss those in more detail.

**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 and/or the funeral, and/or conveying the effect that death or an absence from life might have on loved ones or others. The three such cases in this phase are posted below:

\*[Questionnaire answer:] Images of my wife and family being on [their] own. [Follow-up interactions:] Many of the images took the form of my wife and family at the funeral and grieving over my grave. There were flash forward videos of my wife alone in the house slowly and sadly going about her daily chores. Other videos were of me on a cold Christmas day (my birthday) looking into our conservatory at the family gathering all happy and enjoying their Christmas lunch with my wife's new man and his family and me realising that I am being forgotten. [Follow-up interactions:] The most prominent and least hazy images are those in the future of my family without me. It's usually me looking into a window of our house at some family gathering. Sometimes they are happy. Sometimes not. One of the images is of my wife sitting on her own, looking a bit sad and lost reading a book as if she's waiting for her turn. (#247, NDOBE, Mixed; also had a VLRE as reported above)

\*[Questionnaire narrative:] [I] was able to look down and see what appeared to be my physical body. It was lying motionless and silent and with my eyes closed on a hospital style bed [her body was not in the hospital, but on her couch at home] which was in the most rudimentary version of what could be considered a room. The "room" was like looking into a cube that had two out of four walls and the ceiling removed, and the walls and floor that were present were only very thin lines of light. I observed multiple relatives of mine walking into and out of this "room" in succession. [. . .] [My mother's] parents, my father, and my siblings were all present, along with additional grandparents. All the grandparents that appeared were deceased at this time in my waking or living life. My father and siblings were (and still are) living. None of the relatives spoke at all, they were all completely silent even while moving, and there was a total absence of any sound whatsoever throughout this entire experience in this "void" space. [Questionnaire answer:] The only visual images perceived in the void were of relatives, some living, some dead, silently moving into and out of the "room" like structure where my physical body was. Each came to stand at my bedside for a period of time, and then turned and left, at which point another came into the room and stood at the bedside for a time. [Questionnaire answer:] My physical body was completely soundless and motionless while lying in a bed. My chest was not even moving to indicate breathing activity. It was there as if a corpse. [Follow-up interactions:] From purely contextual clues if I had to pick I'd say my body was dead as there was no medical equipment anywhere to be seen and no one spoke to me. (#365, LDOBE, trans)

\*[Questionnaire answer:] I seen my mom and little brother in white room crying over me. (#370, OSOBE, trans)

I suggest that the primary purpose of the VDPE is generally to boost the will and/or desire to survive and live during times of threat by stressing the negative effects that an experient's death would have upon loved ones. It might in at least some cases also emphasize to the experient that they are in possible danger of dying (King, 2023c).

**Visual life-relations reminder (VLRR).** Another visual phenomenon found in all three phases of this research has been the VLRR, an involuntary influx of non-self-inclusive imagery of living loved ones, which may include anywhere from a single image to multiple images. Although 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, 2024c). There was one report of a VLRR in this phase, which is quoted below:

\*[Questionnaire answer:] When this happened, I (my physical self) was in my dormitory room away from my family. In that moment when I felt like I was dying, I saw my parents for a brief moment. I couldn't die like that. That image gave me more power to release myself from that situation. [Follow-up interactions:] It wasn't a picture, it was like a real thing, the way we perceive real life. As far as I can remember, I saw my parents and they couldn't see me there. I was just watching them for a very brief moment. It was like they were getting ready to leave the house and my dad was waiting for my mom to get ready to leave the house together. Something like this I guess. It was like I was there, but I knew that I wasn't. I just knew how they would feel without me. I couldn't leave them yet. This is how I remember the experience. [Follow-up interactions:] I saw my parents, almost as a reminder that they are awaiting my return. The thought of them finding me in such a state in a dorm room was unbearable. These thoughts only crossed my mind briefly, but they definitely reignited my desire to live. [ . . . ] I can say with certainty that it [this vision of her parents] wasn't in real time. Because when I woke up, it was early in the morning and both my parents are retired and they never wake up so early. For sure it wasn't a real image. It was just a product of my imagination. (#279, OSOBE, non-trans)

This visual phenomenon of the VLRR seems to be purposeful and beneficial in the sense of boosting the will and/or desire to survive and continue living by reminding experiencers of important relationships in their current life (King, 2024c).

It should be noted, like in regards to the VLRE, that these other types of visual phenomena in all three phases of this study either took place during a perceived NDOBE or LDOBE except for one VDPE up above (#370) and the VLRR above (#279). However, there are some other important and pertinent factors regarding those two perceived OBEs. The VDPE was associated with heavy usage of different recreational drugs (“I can't remember all the drugs I was doing”) and the VLRR was associated with a nightmare that included fear and stress that might be similar to a perceived LDOBE (“In my dream I was close to death”). The primary purpose of such phenomena seems to be to boost the will and/or desire to survive and live.

**Observed Somatic Continuance (OSC).** Although most perceived OBEs take place while the physical body is supine, prone, or on its side with muscular relaxation and cessation of movement during a state of somatic unconsciousness, sleep, or meditative repose, all three phases of this research have shown that this is not always the case. There are also reported cases of *observed somatic continuance (OSC)* in which the physical body persisted in what appeared to be a self-sustaining, autonomous, or semi-autonomous behavior, such as sitting erect, standing, walking, running, or performing other actions.

While 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. However, in this phase, this information was requested along with the question about whether or not they saw their physical body, allowing them to indicate OSC in the open-ended text box provided. Based on this request, the questionnaire narrative, other question answers, and/or

follow-up interactions, there were 21 cases (13.8%) out of 152 perceived OBEs in this phase. The table below provides the quantitative data of OSC for each of the three phases.

**Table 13**

*Observed Somatic Continuance (Phases I, II, and III)*

*N = 404*

| Feature   | NDOBE<br>N = 117               | LDOBE<br>N = 51                   | LD-<br>NDOBE<br>N = 2 | AMOBEBE<br>N = 72             |                               | OSOBEBE<br>N = 162                 |
|---|--------------------------------|-----------------------------------|-----------------------|-------------------------------|-------------------------------|------------------------------------|
|   |                                |                                   |                       | AMOBEBE-<br>1<br>N = 40       | AMOBEBE-<br>2<br>N = 32       |                                    |
| Observed somatic continuance (Phase I) <sup>a</sup>   | 52 (no or unclear)             | 7 (yes)<br>8 (no or unclear)      | 2 (no)                | 3 (yes)<br>7 (no or unclear)  | 1 (yes)<br>6 (no or unclear)  | 7 (yes)<br>23 (no or unclear)      |
| Observed somatic continuance (Phase II)               | 32 (no)                        | 3 (yes)<br>12 (no)<br>2 (unclear) |                       | 11 (no)                       | 17 (no)                       | 10 (yes)<br>45 (no)<br>4 (unclear) |
| Observed somatic continuance (Phase III) <sup>a</sup> | 1 (yes)<br>32 (no or unclear)  | 8 (yes)<br>11 (no or unclear)     |                       | 1 (yes)<br>18 (no or unclear) | 8 (no or unclear)             | 11 (yes)<br>62 (no or unclear)     |
| Total for all three phases <sup>a</sup>               | 1 (yes)<br>116 (no or unclear) | 18 (yes)<br>33 (no or unclear)    | 2 (no)                | 4 (yes)<br>36 (no or unclear) | 1 (yes)<br>31 (no or unclear) | 28 (yes)<br>134 (no or unclear)    |

<sup>a</sup>Only definite OSC cases were calculated in Phase I and Phase III, so all other perceived OBEs in those phases are listed here as no or unclear although most of them would be no.

This now indicates so far that OSC can occur during most types and subtypes of perceived OBEs, although this was extremely rare for perceived NDOBEs with only one case (and this was also non-existent for perceived LD-NDOBEs of which we only have two cases for examination). Here are the new reports from this third phase:

\* [Follow-up interactions:] There was a huge snow storm. . . . Visibility was almost 0 and there was about 8 inches of snow on the road. The wind blew me off the road to the right side of the highway and I was stuck in the snow banks. I exited my car and opened the trunk to obtain the snow tires and chains that I always carried. [Follow-up interactions:] I actually remember when I opened the door. I did not realize that I was experiencing an out of body experience until I was a few yards away from my car when I turned around to look at the car and realized that there was another body in the car. [Follow-up interactions:] I really remember my vision of the situation switching back and forth between the two positions I have described. First I was sitting in my car. I was approaching hypothermia, my arms, legs

seemed to be suffering from frostbite. Then I have no idea what happened. Follow-up interactions:] I [also] watched myself jacking up the car and replaced the rear wheels with the 2 chained up snow tires and started digging around the front wheels. Follow-up interactions:] Once I got my car back on the road I stopped transferring back and forth to the 2 different states of consciousness. (#376, LDOBE, non-trans)

\*[Questionnaire narrative:] When having a remote beach party only accessible by boat I was drinking and smoking hash I had to swim out to retrieve our boat on East Coast of Scotland after a long swim to get to the boat a storm blew up and was unable to get the boat to the beach due to huge waves etc so [I] decided to drop anchor and swim back to beach[. T]he waves were at least 30 foot and I was absolutely exhausted and disoriented to the point I could not tell which way to go anymore [so I] had no choice but to give up[,] knowing I would drown[,] so making this decision[,] I luckily sunk down and touched the bottom and was able to jump up and make my way to shore[. I] was taken to [the] hospital with sever hypothermia (North sea)[. A]bout 6 months later while thinking about the whole experience[,] I realised I could remember seeing my self being tossed about in the water just before I gave up. [Questionnaire answer:] My dissociated self was floating in the air above my physical self. [Questionnaire answer:] I can only remember looking down at my physical self. (#244, LDOBE, non-trans)

\*[Questionnaire narrative:] Spontaneous. This was my first experience. After a warm bath at around 1am. My physical body was totally relaxed (unusual for me). I felt a strange sensation, like being stroked with a feather, moving inside my physical body from my ankles up towards my chest. ... then the sensation left me. My dissociated self seemed to be floating high in the room. As my "eyes" looked at the light fitting, I was surprised to see that it was level with me instead of being above. This made me open my physical eyes ... so ... I saw the light in two places. The shock of realisation resulted in my dissociated self crashing down back into my physical body ... and left me with a headache. I slept OK, but at work the next day it was as if I had two bodies. My physical body was sat at my desk, I looked up to see my other self leaning against the filing cabinet and looking straight at the physical me. I cannot recall if there was eye to eye contact but it was unnerving enough. A few minutes later, my dissociated body was looking over the shoulder of my physical body. I cannot recall any more as the rest of the day passed in a blur. Although I cannot remember anything further it took the best part of a week to get back to normal. [Follow-up interactions in regards to the first incident:] The vision of the light was seen by both my physical eyes and from the aspect of my dissociated self. It is important to note that the vision was very clear....there was no merging. I was seeing the light from two different angles at the same time. [Follow-up interactions in regards to the second incident at work the next day:] Simultaneous dual consciousness most definitely. Difficult to explain. [. . .] I was two people, but the same person. I was totally aware, and knew my identity. I knew which was the real me....strange as it may seem. [. . .] The other me [leaning against the cabinet] was as solid as a rock. Completely three dimensional. [. . .] I could not see my other self when she was looking over my shoulder because she was behind me. However, I did feel her presence, and, just as with the light [the day before], I saw the paper I was working on in two places.....only this time they were slightly merged as my "heads" were almost in the same place....just one higher and only a little to the side. [. . .] I was writing out credit notes for customers who had been sent



incorrect items. Well, I was TRYING to write. There were no issues when my other self was some distance away, but when she looked down at my work the visual distortion prevented me from writing. This was becoming annoying. "Will you just get back in your box!" I hissed, louder than intended as my work colleague looked up and asked if I was alright. (#248a and #248b, OSOBE, non-trans) [This includes two different perceived OSOBEs]

\*[Questionnaire narrative:] I was about 10ish and quite often my father would come home to my mum and his 8 kids in a fowl angry mood. I think on reflection he did not want all the hassle and chaos of his family around him. Quite often I would try and get out of the way when it was time for him to come home. Before he lashed out and started getting angry. On many occasions he would ask me to Quote the times tables (he never taught us anything academically math/English, ect., but expected us to know the answers.) I was put under pressure, what with his anger and me not quite knowing all the answers. My back was up against the wall as I wished I was further and further away from him. He shouted harder and angrier at me really really aggressively, I could just tell he was going to strike out at some point. Then I drifted out of my physical body and looked down at my cowering self below. I just knew that I left my body to escape what was going on. That happened on a number of occasions under the same circumstances. (#253, LDOBE, non-trans)

\*[Questionnaire narrative:] I was about 17 years old, riding a horse. It threw me, and when I landed on the ground it stomped down on my leg, hoof biting into my calf (I still have the scars!). The pain was excruciating. Worst ever. Unbearable. Next thing I knew "I" was up in the sky, separated from my body—and from the pain—just calmly looking down at "me" writhing on the ground. [Follow-up interactions:] [I was] looking down on my body gripping its excruciatingly painful leg. [Questionnaire narrative:] When the pain abated I returned to my body, and carried on. (#286, LDOBE, non-trans)

\*[Questionnaire narrative:] We [her and some friends] were walking away from the farmhouse towards the fields—so house behind us on right and large barn ahead on left. It's been many years, but I also seem to remember a smaller wooden shed ahead on the right. The dirt road curved around a large boulder and sloped gently downhill. We walked together, talking amongst ourselves—no idea about what. The air was still, like an old fashioned summer day. We were far from any modern noise, in fact, I don't remember any sounds at all. We had rounded the boulder and were maybe 15-20 feet past it. And suddenly, my dissociated self was behind the group of us, in the air slightly behind and above the boulder, watching the group and my physical self walk away. [. . .] It was not frightening, just very odd. It didn't last long—seconds maybe. None of the others seemed to notice. [Questionnaire answer:] I was floating, maybe 15 feet up, and 15 feet behind. My physical body kept on walking and maybe talking. (#295, OSOBE, non-trans)

\*[Questionnaire narrative:] At about age 50 I was taking part in a 10 mile road race in Leigh, Lancashire, England. This was quite normal; I often took part in races. The course was pretty level. At some point in the race I found my disembodied body a few feet up in the air watching my physical body running along the road, directly above the physical body. This continued for several minutes. There were no other unusual features in the race. I completed

the race in 1h 3m 30s. I've competed in many races but never had any other similar experience. (#324, OSOBE, non-trans)

\*[Questionnaire narrative:] When I was 10 years old I was ill with bronchitis and was laid on top of my bed, propped up with several pillows. I had a coughing fit and the next thing I knew was being up near the light on the ceiling, looking down at me on the bed. The strangest part of this event was seeing a dead spider in the "U" shaped part of the light fitting. I jumped backwards to get away from the spider and the next thing I knew, I was back in my physical body. I shouted for my mum and told her what had just happened. [Follow-up interactions:] My physical body [while she observed it from above] was [. . .] leaning against the headboard of the bed with pillows behind me. It appeared to be still but it didn't concern me. I did not appear to be slumped. I can only assume it was still functioning as it didn't move in any way. [Follow-up interactions:] My [physical] eyes were definitely open [while she observed that physical body from above]. (#339, LDOBE, non-trans)

\*[Questionnaire narrative:] I was a child of maybe 10 years old, I had been regularly beaten, on this particular day I was laying on a concrete path being thrashed with the buckle end of a heavy leather belt. It was not as it usually was, there was no pain, I was an observer watching from above as my physical self was beaten unconscious below me. Not from a great height but maybe fifteen or twenty feet. [Questionnaire answer:] I observed the beating, the beating continued even after I was unconscious. My physical self was laying in a recovery position on the concrete path, hands covering my face until unconscious, then just lay there limp and lifeless while the beating continued. [Questionnaire answer:] I didn't have any feelings or emotions, simply observed. [Questionnaire answer:] [N]o emotions, no pain, no anger, nothing. (#344, LDOBE, non-trans)

\*[Questionnaire narrative:] For background information, I was brought up by my father who is ex-army and who was a strict disciplinarian. I was the apple of his eye. I was dating a guy for about 7 years and we decided to move in together in our own flat. Everyone at home, except my dad, knew this. On the day I chose to tell him, everyone made sure they were out of the house, because they knew what his temper was like. I remember opening the living room door, and everything slowed down, I paused at the door for a moment. He was on the sofa watching the TV. I remember looking down at myself at the door, I was petrified. I watched myself walk over to the armchair, and was watching my dad and I sitting on the chairs. I could see I was talking and watching his reaction, the next thing I was back on the chair looking at him. (#383, OSOBE, non-trans)

\*[Questionnaire narrative:] I had my experience over 20 years ago, I was preparing for karate training in which we all the students kneel down in a line to begin to focus on the evenings training. We are meant to meditate but the time is really too short, so really you are just in a heightened state of excitement and your adrenaline state rises. I had been only a couple of minutes in the kneeling position trying to focus on my training when I suddenly felt my dissociated self looking down at the line of students all meditating. I just felt this is weird, I was up in the corner of the room at ceiling height looking down the experience lasted for only 5-6 seconds. And I was back in line with everyone else in my physical body. I enjoyed the experience but it has never been repeated. (#385, AMOBE-1, non-trans)

\*[Questionnaire narrative:] I was 16 years old when I had my awake obe It was a Sunday in August and I had nothing to do so I thought I'd go and see my friend in the next town, as I was walking to get the train I saw it coming into the station, Sunday was an hourly service and I didn't want to wait another hour, running isn't something I particularly enjoyed but I had no choice, if I didn't I'd miss it, I raced through the station not stopping for a ticket ( could pay the ticket checker on board ) I raced down the stairs under the station and raced up the next set of stairs, it was the fastest I'd moved in my life I think, as I got into the platform about 14ft from the train I immediately was inside the train looking at myself on the platform. It's very hard trying to explain this bit, I realised I was looking at myself and I was thinking how do I get back and then as quick as I arrived I was back and by a whisker caught the train, this has changed my entire outlook on life ever since, whilst it must of been no time I was "out." I felt I had enough time to take it in and thoroughly absorb what I was experiencing, I didn't travel from A-B I was running flat out, then I was looking at myself and then I was back. no in between. [Follow-up interactions:] I was in full running mode and the next second I was in the train looking directly at myself, it was ' no time' because it all happened in a flash and the next second I was immediately back, there was no journey so to speak from my physical to my dissociative self, I didn't have any feeling of being in both places at once, but the odd thing is whilst out of body I felt I had about 4 seconds to realise, digest and panic on the absolutely bizarre event and how to get back, it sounds really odd, the distance between my physical and dissociative self was about 14ft at a guess and my physical self was as I'd left it, sounds bonkers I know but this truly occurred. (#267, OSOBE, non-trans)

\*[Questionnaire narrative:] I went to a take away to get some food on Sunday night. When I walked into the shop there were 2 other male customers and a young female server. As soon as I walked in I noticed a negative atmosphere. I was 21 years of age. The two other male customers were verbally harassing the younger female staff member. I took a deep breath as I stood behind them at the counter, thinking how to get them to stop their abusive behavior. The smaller guy was drunk and doing most of the talking. So I lent in from behind and coughed. For a moment I had his attention, he turned around and tried to focus on me. After a few seconds he turned back to the girl behind the counter and started being abusive again. This time I took a very deep breath and coughed in his ear. This got a response, he spun around to face me and started pointing and asked 'what my problem was.....?' 'People like you are my fu\*\*\*\*g problem. Would you want your mother to hear you talking to someone like that?' was my response. At this point I quickly ordered my food. While being handed my change and food he saw my hand shaking (adrenaline was pumping though me as I was regrettably thinking that I was going to have to defend myself) When he noticed I was shaking he stopped shouting abuse at me and exclaimed 'Look he's shaking he must be scared of me! As I took my order he danced around the shop and bowed down and opened the door for me. I couldn't resist and knocked him out with quick shoulder to his face. Luckily his body held the door open so I hopped over him and started running down the road. After 10m [10 meters] I slowed down and thought why should I be running? Now this is when my dissociated self kicked in. From a point of view above the shop doorway like a cctv camera. I watched the man get up and start running towards me as I was slowing to a walk, [with my] back towards him. This dissociated clip lasted maybe 2 or 3 seconds. The images faded and I

heard 3 heavy quick footsteps then silence. Putting the dissociated view and the sound of the footsteps stopping I quickly judged he was jumping and in the air. With this dissociated insight I knew what was about to happen. I braced myself as he landed on my back and tried to break my neck. Luckily when I was little I'd learnt judo to a green belt level. This training instinctively kicked in, I got him off my back and knocked him out again. I was only out of my body enough time to show me the danger seconds before it happened. [Questionnaire answer:] I could see both my conscious view and dissociated view at the same time. Like an overlay, the dissociated view was stronger. It happened within a few seconds. And I didn't have time to think about it as it was happening. It felt instinctive, I felt more present in that moment than ever before or since. [Questionnaire answer:] My physical body was still aware of its surroundings. My dissociated view was being projected over my physical view.

(#268, LDOBE, non-trans)

\*[Questionnaire narrative:] It was my wedding day, the hottest day of that year on 30th July 1999. I was wearing a big white wedding dress and my Dad was surprisingly giving me away, which I was chuffed about, as I never thought he would. We were in the car of the photographer, it was a gold Rolls Royce. I wasn't used to being the centre of attention. As we drew up to the registry office, I saw all my friends and family. There were 60 people I counted later so many! As Dad and I got out I had my OBE. My physical body was standing with Dad. My dissociated self was up in the sky looking down at me in my wedding and Dad in his smart blue suit. The sun was glaring down too. I don't know if I was looking at all my family and friends too? The OBE experience didn't last long. [Questionnaire answer:] My physical body was normal, walking with my Dad to greet my guests and meet my husband to be. My disassociated self was up in the sky looking down. (#278, OSOBE, non-trans)

\*[Questionnaire narrative:] I went to lay down for the night but I was still texting a guy that I liked and I would say within 10 minutes of me laying down I felt my physical body go into a trance of some sort, almost like going through a tunnel is the best way I can really explain it. And then I was floating above kinda to the left looking down at my physical body. I had my phone in my left hand and I watched myself texting. I'm not really sure how it was happening as I don't know a lot about OBE, just my experiences and told by others that it is what I experienced. And this being my last one I've had I wasn't scared like I was in my other ones prior to this one. After I watched my physical body text for a couple seconds which seemed so long I somehow went back into my physical body. I looked at my phone and I had texted exactly what I watched my self text. (#330, OSOBE, non-trans)

\*[Questionnaire narrative:] I have autism and I often daydream because I can't focus. When I was 15, I was in science class (Not my best subject and I'm not interested in it at all) I often go into a OBE when I day dream, not on purpose, it just happens. This specific day, I start drifting off, then I'm all of a sudden watching myself (my dissociated self watching my physical body) I don't do anything, It was like watching a movie at the cinema but in my eyes. Its so hard to explain but I was still there and (physical body) looking at my teacher but in my (physical body) eyes i was behind me. I then manage to basically wake myself up and everytime I daydream when I'm coming back to reality I know I am because I start feeling really lightheaded everytime, like almost what just happened didn't happen. This happens alot but this was one time I haven't been able to forget. (#276, OSOBE, non-trans)

\*[Questionnaire narrative:] Giving birth to my first child. A complicated delivery and I watched myself giving birth. [Follow-up interactions:] It was like watching myself and my husband and the 2 doctors delivering my son. (#342, OSOBE, non-trans)

\*[Questionnaire narrative:] Many years ago whilst in The Boys Brigade I wasn't feeling too well and one of the officers walked me home. It was only a 10 minute walk. When we entered my road I suddenly found myself walking alongside of myself/ I could see me walking alongside the officer. It was a very weird experience. (#387, OSOBE, non-trans)

\*[Questionnaire narrative:] I was nearly 5 years old[. . .] My mother was beating me at one end of our hallway, I cowered into a ball on the floor to shield as much of myself as I could ... She then started kicking me down the hallway, and my physical body was painfully rolling, almost somersaulting to the other end of the hall, while also ricocheting hard off the walls ... After a few kicks, partway down the hallway, suddenly, the pain was non-existent ... And my dissociated self floated out of my body, backwards and upwards, in a way that I was looking down at my body, and then far enough up, about 6 or 7 ft, high enough to see my mom still kicking my and screaming, and my body still rolling—that's how and when I thought it looked like somersaults ... or like a lumpy ball being kicked ... only I knew it was me, and was shocked I was no longer having to feel the pain. [. . .] My physical self had been terrified, screaming, crying, cowered and huddled tightly on myself in pain. Dissociated, I was instantly separated from physical pain, fear, or any strong emotions, other than a bit of awe at the relief and floating plus perspective and processing slight curiosity at the floating, not feeling pain, and being freed from the attack, and the unusual vantage point of how I looked, the situation, my mom doing that to my body, our size difference, that my body could roll like a ball, that my mom could do that with no sense that I was a person ... But not upset ... Just awareness ... Processing ... Observing. [Questionnaire answer:] My physical body stayed conscious while my dissociated self separated and floated out, up, and backwards, looking down on my physical self and mother abusing me. My physical self continued to hold my body in a tight fetal ball to protect my organs, I still yelped and moved ... But I no longer felt my physical body or main self was in the "present moment" of my dissociated self, not my physical self, although my physical self did not lose animation nor consciousness. (#358, LDOBE, non-trans)

\*[Questionnaire answer:] I felt myself as a Presence; I was upright if I decided to go to another part of the room I was there instantaneously. I saw my physical body lying on a bed, and then being hit with paddles, I saw myself vomiting or trying to. Not sure how this was possible as I was not in my body at the time, and I knew this, as I felt sympathy for the woman in distress. [Follow-up interactions:] I was a presence looking on. I thought I was Me, but not aware of my body. The woman (Me) I saw was across the room hanging onto the railing of a bed and a nurse was there. The woman was jerking her body and retching. That's why I felt sorry for her. The nurse said 'She's dry heaving doctor'. The woman's eyes were wide open in distress. (#354, NDOBE, non-trans)[It is not certain at what point during the perceived NDOBE this occurred.]



OSC was found in at least 52 perceived OBEs (12.9%) out of the cumulative 404 examined in this research so far, which included all types and subtypes of perceived OBEs (except for LD-NDOBEs, although there are only two LD-NDOBEs to examine). As already mentioned in the reports for the first two phases, 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). While it is somewhat difficult to interpret the statistical findings of Green (1968) on this matter with certain clarity, it appears that at least 9.1% (but probably many more who may have been sitting erect) out of 176 perceived OBEs she examined included some form of somatic continuance (pp. 44–45). So far, OSC occurring during a perceived NDOBE in this research has been extremely rare with only one certain case (and even in that case it is unclear at what point during the perceived NDOBE that occurred); when perceived NDOBEs are excluded from consideration, there were 51 perceived cases of OSC (17.8%) out of 287 other types of perceived OBEs.

It should also be mentioned that there have been some perceived OBEs during this research with somatic continuance that was not perceived by the extrapersonal self because it occurred during a transcendental perceived OBE; this can be referred to as *non-observed somatic continuance* (NOSC).

**Memory retention during OSC.** There is another important feature of OSC that needs to be mentioned that was first brought up in Phase II. In further follow-up contact with participants who had experienced OSC from all three 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 all 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 most 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)

\*[Follow-up interactions:] No other memory, just looking down on the writhing [of her physical body]. (#286, LDOBE, non-trans)

\*[Follow-up interactions:] No recollection from my body during the event, only from myself, my awareness, and I was, apparently, up in the air watching my body run. I had no feeling of my body being aware of its mind being up above it. (#324, OSOBE, non-trans)



\*[Follow-up interactions:] My only memory was of watching myself. (#387, OSOBE, non-trans)

As I first pointed out in the Phase II report, 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, conscious 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. It also cannot be determined at this point if the experience from the perspective of the physical body was unconsciously encoded into memory or not.

**Multiple Extrapersonal-Selves Perception (MESP).** The term *multiple extrapersonal-selves perception (MESP)* was defined in the Phase I report of this research as referring to the perception that there were 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 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 not officially included due to only a brief mention of the experience when reporting another perceived OBE. Despite a larger sample size of perceived OBEs in the second phase of the research project, there were only three certain reports of MESP. In this third phase, with an even larger amount of participants, there was only one. Here are the relevant quotes about that one experience:

\*[Questionnaire narrative:] I awoke to find myself lying on my back in a cave. To say that I was puzzled is an understatement. In front of me stood a tall figure, dressed in dusty black robe with a large hood almost covering its face. I know it seems ridiculous but there is no other way to describe it than it was exactly like the figure of Death. I felt panicked when I realised that I could not move and somehow I knew that I was bound heavily in chains. It was as though I could both see myself on the floor while also seeing through my eyes as normal, though I could see a length of bright metal chain coming from between my feet and disappearing into a tunnel, flickering with a red, yellow and orange light. [Follow-up interactions:] I could see from two different angles but cannot say if it was at exactly the same time or if there was a subtle switch from one view to the other. It was as though I was looking at myself on the floor of the cave from a standing position but also from my position on the floor of the cave. [Follow-up interactions:] My body on the cave floor appeared to me to be 100% identical to my body in the physical world, with all its senses as they were in the physical world. It also looked just as physical from the outside. However, although seemingly just as real, the second body, observing from above and behind the scene had no physical sensation of pain, just the sight associated with physical eyes. I could not see the second body

from the cave floor so I do not know if it was as physical, or just a point of view. (#310, NDOBE, trans)

There have now been a total of 10 reported cases of multiple extrapersonal-selves perception (MESP) in this research so far (with nine of those as officially included in this research). This has 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 differed in the sense of observing the actions of a second extrapersonal self. This necessitates some very important considerations because it shows that experiencers can sometimes observe a second self during a perceived OBE state that is not perceived as the real physical body.

So far, the results of this study indicate that MESP is possible during perceived NDOBEs, perceived AMOBE-2s, and perceived OSOBEs. Furthermore, their occurrence tends to favor either a transcendental perceived OBE or the transcendental portion of a mixed perceived OBE with only two having taken place during a non-transcendental perceived OBE. However, it is still premature to make any other absolute conclusions due to the small sample size of only ten cases (nine officially included from the three phases, with one additional non-official case in Phase I) discussed in this research so far.

Although MESP during perceived OBEs seems to be uncommon, as I noted in Phase I and Phase II, there are other published reports of such occurrences that are actually somewhat comparable examples (Crookall, 1960, pp. 34–35, 66, 174, 210–211; 1964, p. 75; 1972, pp. 39, 96; *Debra H's experience*, 2012; *Finnish woman*, 2021; *Flynn B possible NDE*, 2015; *Heart attack*, 2021; *Jessica's experience*, 2004; *Lizzette T NDE*, 2006; *Rachel F NDE*, 2019; *Randy P probable NDE*, 2008; *Robert E NDE*, 2007; *Sarah W probable NDE*, 2013; Sartori, 2008, pp. 170–171; *Skylar H's experience*, 2013; Sutherland, 1995, p. 108). I would also like to note again, as I first did in Phase I (King, 2021), that an advanced Buddhist meditator explained that the experiencer can with practice deliberately choose to be in two supposed places at once during meditation-induced perceived NDEs (Gordon et al., 2018, participant #9)—which are really perceived AMOBEs according to the classification of this research project.

## 6. Further Discussion

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### 6.1 The Primary Factors Associated with Perceived OBEs.

Despite a variation of possible triggers such as disruption of oxygen flow and pain, threat seems to be the most salient factor for the initiation of spontaneous perceived OBEs. After evaluating over 400 perceived OBEs in this study and thousands elsewhere, it is now my position that the spontaneous perceived OBE in its most basic functional form is an adaptable response to threat and related to survival during real or presumed life-threatening incidents or near-death conditions. This can manifest as a meaningful orienting response to evaluate threat in the non-transcendental spontaneous perceived OBE or as an absorption response with beneficial outcomes in transcendental spontaneous perceived OBEs. These threats are interpreted by the unconscious as such, which then initiates the spontaneous perceived OBE. This can even occur at times during only presumed threatening situations, including seizures, nightmares, and sleep paralysis. A spontaneous perceived OBE can also take place whether the individual is conscious

of the threat or not. The primary condition for such a response seems to be when such a threat is associated with an atypical arousal state of lowered arousal or heightened arousal such as often found during conditions of real danger to life.

However, any type of acute or chronic stress associated with an atypical arousal state can contribute to the unconscious decision to initiate a spontaneous perceived OBE. This also includes conditions of abuse, anxiety, worry, grief, denied autonomy, and the tension of longing, for example. This is especially so not only when there is a possible physiological threat interpreted as so by the unconscious, but when there is a possible threat to psychological well-being or social standing. Other factors might also be associated with and/or contribute to activating this primary threat response, including various drugs or medications, as well temporal or permanent brain disruptions. The initiation of a spontaneous perceived OBE is based on idiosyncratic factors that vary between people and circumstances. Even the self-induced perceived OBE probably uses this same mechanism with desire as a form of stress in which tension exists coupled with atypical arousal states. In other words, it mimics the conditions that are necessary for a spontaneous perceived OBE.

One very substantial finding is that most reports of perceived NDOBEs in all 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, or cardiac arrest. As reported up above, this consisted of 86 such perceived NDOBEs out of 117 (73.5%). This is possibly because such a condition would in many cases be unconsciously interpreted as a threat to life.

## **6.2 Incorrect Perceptions and Veridical Perceptions.**

An important discovery in this research has been the large volume of incorrect perceptions during all types of perceived OBEs and the recognition of certain pseudo perceived OBEs. There is no doubt at this point that at least some perceived OBEs can include errors in the actual observations of the presumed surrounding environment, including both visual and audible perceptions. To further widen this dilemma, many participants across all types and subtypes of perceived OBEs reported that the facial features on interpreted OBE personages were absent or obscured in some way. Furthermore, 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 extrapersonal observation was occurring. These findings are not minor issues that can be explained away by ad hoc solutions. Instead, they most likely indicate reliance upon brain function that does not always work correctly during these specific perceived OBE incidents. However, there does appear to be a genuine process of the mind to formulate a feasible observation of the environment consisting of the actual surroundings in most cases even if that turns out to be a simulated environment.

On the other hand, there are also reports of veridical perceptions in this research, which in some cases cannot be easily explained away. Such incidents have been reported elsewhere as well (Cook et al., 1998; Holden, 2009; Ring & Lawrence, 1993; Sabom, 1998, pp. 37–51, 184–191). However, there may be reasonable explanations in some cases that are not dependent upon a genuine detachment from the physical body, but this matter must also be addressed; I hope to take this up in the future as I am still conducting research in this area.

It is, of course, possible that some perceived OBEs are genuine detachments from the physical body and others are not not—a conclusion reached by Tart (1998) after decades of

reflection on the research conducted by himself and others. Even if this is so, the major problem here is that because of incorrect perceptions and pseudo perceived OBEs, it is difficult, if not impossible, to accept the perceived OBE as a reliable source of information about spiritual reality, and I would advise extreme caution in this regard.

### 6.3 Commonalities and Differences of Perceived OBEs.

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) and Phase II (King, 2023a), 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 threat of death. 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, encountering perceived OBE personages, seeing a bright light of some sort, encountering tunnels, and experiencing a transcendental locale.

One very important difference so far in this study is that visual life reviews have only been associated with real or presumed near-death experiences or life-threatening incidents (perceived NDOBEs and LDOBEs). This is also usually the case for other similar types of visual phenomena such as visual death preview experiences, visual life preview experiences, and visual life relations reminders that were first discussed and defined more specifically in the Phase II report (King, 2023a). In addition, strictly non-transcendental perceived OBEs were found to collectively be more common than strictly transcendental perceived OBEs. Furthermore, a transcendental environment (with either transcendental perceived OBEs or mixed perceived OBEs) was associated more often with perceived NDOBEs than any other type.

## 7. Final Thoughts

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The results of this research questions any hypothesis asserting that just being in a physiological near-death situation is in itself a catalyst for the onset of a perceived OBE indicating that experiencers are actually dead or dying. The fact that most perceived OBEs in near death situations and life-threatening conditions occur prior to any actual finality of death (even if that is only seconds or minutes in some cases) and often even when a real death does not actually occur seems to suggest that perceived OBEs in those types of circumstances might be purposeful in some way that does not necessarily indicate stages or phases of dying as has often been incorrectly postulated. Instead, they seem more likely to be associated with threat or stress, and so related to facilitating survival and well-being to *prevent* one from dying, even though it might sometimes also result in a peaceful and painless condition in which death may be more comforting if death actually does occur (see King, 2022a).

Based on the conditions, circumstances, and situations associated with over 400 perceived OBEs examined in the existing three phases of this research project, I lean toward a hypothesis that the catalyst for all types of perceived OBEs is likely an unconscious, adaptive, reactionary

process triggered by various physiological and/or psychological stimuli indicating threat and/or stress, and so initiating a nonpathological dissociation or detachment. In many cases this dissociation or detachment most often includes a beneficial element of an orienting response to various types of threat and/or an absorption event that increases the odds for survival and/or restores healthy physiological and psychological states that are important for survival, which on some occasions might simply improve effective functionality in the world and/or in maintaining social status. Such a hypothesis does not necessitate taking an absolute stance on whether or not a particular perceived OBE is an objective event in time or space or a subjective experience of a realistic simulated environment created or mediated by the brain. However, there is strong evidence at this point that at least some perceived OBEs are simulated environments rather than a genuine excursion into the spiritual world.

It is also important to point out that even if all perceived OBEs were shown to be subjective in nature, this would not support an argument that denies the existence of a spiritual world or that of conscious survival after death. In fact, it is my own personal, professional, and scholarly opinion that both are true regardless of whether the perceived OBE is subjective or objective.

## 8. 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, while there was some further interaction or follow-up contact with many of the participants (at least 68 of the reported perceived OBEs during Phase I, 55 of the reported perceived OBEs during Phase II, and 62 of the reported perceived OBEs during Phase III), there was no official face-to-face or telephone interviews conducted with any of them. Because of this, the information provided by the participants on the questionnaires or obtained from additional interactions may in some cases be subject to misinterpretation. Furthermore, there were no medical records for review (except for one incident during Phase I) because this study did not ask for that 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 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 many NDE studies include participants who were not really physiologically near death at some point during the experience, 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 sometimes 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.

## 9. 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 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 doctrine that there will be a future literal bodily resurrection from the dead.

Furthermore, in 1980 I had two perceived OSOBEs, later followed by many 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 many perceived OBEs, I strive to reflexively conduct and evaluate my research into perceived OBEs without confirmation bias in order to arrive at a scientific interpretation of any apparent observations.

## 10. Ethical Considerations

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All participants included in all three 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 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 having agreed to this when filling out the questionnaire.

## 11. Funding

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

## 12. Special Acknowledgement

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



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## 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   | Late 30s or 40s           | F             |
| 2                  | AMOB-1 (OSOB) <sup>a</sup>             | Trans       | 53                        | F             |
| 3                  | NDOB                                   | Mixed       | 18                        | M             |
| 4                  | AMOB-2 (Self-induced OBE) <sup>a</sup> | Non-Trans   | 37                        | F             |
| 5                  | AMOB-1 (OSOB) <sup>a</sup>             | Trans       | 27                        | M             |
| 6                  | NDOB                                   | Mixed       | 61                        | F             |
| 7                  | OSOB                                   | Trans       | 21                        | F             |
| 8                  | AMOB-1 (OSOB) <sup>a</sup>             | Non-Trans   | 44                        | F             |
| 9                  | NDOB                                   | Trans       | 40                        | M             |
| 10                 | NDOB                                   | Mixed       | 4                         | F             |
| 11                 | NDOB                                   | Trans       | 45                        | M             |
| 12                 | OSOB                                   | Non-Trans   | 22                        | M             |
| 13                 | NDOB                                   | Trans       | 9 months                  | F             |
| 14                 | OSOB                                   | Non-Trans   | 51                        | F             |
| 15                 | OSOB                                   | Non-Trans   | 19                        | M             |
| 16a                | OSOB                                   | Non-Trans   | 6                         | F             |
| 16b                | NDOB                                   | Trans       | 30s                       | F             |
| 16c                | NDOB                                   | Trans       | 34                        | F             |
| 17                 | NDOB                                   | Trans       | 5 months                  | F             |
| 18                 | OSOB                                   | Trans       | 25                        | F             |
| 19                 | OSOB                                   | Non-Trans   | 20                        | F             |
| 20                 | LDOB                                   | Non-Trans   | 11                        | M             |
| 21                 | NDOB                                   | Trans       | Early 60s                 | F             |
| 22                 | NDOB                                   | Non-Trans   | 6                         | M             |
| 23                 | LDOB                                   | Non-Trans   | 26                        | F             |
| 24                 | NDOB                                   | Trans       | 36                        | F             |
| 25                 | NDOB                                   | Non-Trans   | 62                        | F             |
| 26                 | OSOB                                   | Trans       | 31                        | F             |
| 27                 | AMOB-1 (OSOB) <sup>a</sup>             | Trans       | 35                        | M             |
| 28                 | NDOB                                   | Mixed       | 28                        | F             |
| 29                 | LDOB                                   | Non-Trans   | 39                        | F             |
| 30                 | OSOB                                   | Non-Trans   | 16                        | M             |
| 31                 | LD-NDOB                                | Mixed       | Early 20s                 | M             |
| 32                 | NDOB                                   | Mixed       | 67                        | F             |
| 33                 | NDOB                                   | Non-Trans   | 25                        | M             |
| 34                 | AMOB-2 (Self-                          | Non-Trans   | 33                        | F             |

|     |  |           |          |   |
|-----|--|-----------|----------|---|
|     | induced OBE) <sup>a</sup>              |           |          |   |
| 35  | AMOB-2 (Self-induced OBE) <sup>a</sup> | Trans     | 29       | F |
| 36  | OSOB                                   | Non-Trans | 22       | M |
| 37a | LDOB                                   | Non-Trans | 8        | M |
| 37b | LDOB                                   | Mixed     | 12       | M |
| 38  | NDOB                                   | Mixed     | 19       | M |
| 39  | LDOB                                   | Non-Trans | 19       | M |
| 40  | OSOB                                   | Trans     | 25       | F |
| 41  | NDOB                                   | Trans     | 10       | F |
| 42  | OSOB                                   | Trans     | 8        | F |
| 43  | NDOB                                   | Mixed     | 41       | F |
| 44  | NDOB                                   | Mixed     | 38       | M |
| 45  | LD-NDOB                                | Mixed     | 25       | F |
| 46  | NDOB                                   | Mixed     | 53       | F |
| 47  | OSOB                                   | Non-Trans | 25       | F |
| 48  | NDOB                                   | Trans     | 19       | M |
| 49  | OSOB                                   | Non-Trans | 7        | M |
| 50  | AMOB-2 (Self-induced OBE) <sup>a</sup> | Non-Trans | 28       | M |
| 51  | OSOB                                   | Mixed     | 41       | F |
| 52  | NDOB                                   | Trans     | 58       | F |
| 53a | LDOB                                   | Non-Trans | 2        | F |
| 53b | LDOB                                   | Non-Trans | 12       | F |
| 54  | NDOB                                   | Non-Trans | 22       | F |
| 55  | OSOB                                   | Non-Trans | 35       | F |
| 56  | NDOB                                   | Trans     | 31       | F |
| 57  | NDOB                                   | Non-Trans | 25       | F |
| 58a | NDOB                                   | Non-Trans | 18       | M |
| 58b | NDOB                                   | Non-Trans | 18       | M |
| 59  | AMOB-2 (Self-induced OBE) <sup>a</sup> | Non-Trans | 20       | M |
| 60a | NDOB                                   | Mixed     | 16       | F |
| 60b | LDOB                                   | Non-Trans | 18       | F |
| 61  | OSOB                                   | Non-Trans | 49       | F |
| 62  | AMOB-2 (Self-induced OBE) <sup>a</sup> | Non-Trans | 55       | F |
| 63  | LDOB                                   | Non-Trans | 3        | F |
| 64  | NDOB                                   | Non-Trans | 6        | F |
| 65  | OSOB                                   | Non-Trans | 43       | F |
| 66  | NDOB                                   | Mixed     | 20       | F |
| 67  | NDOB                                   | Non-Trans | 4        | F |
| 68  | OSOB                                   | Trans     | 16 to 20 | F |
| 69  | NDOB                                   | Mixed     | 25       | F |
| 70  | NDOB                                   | Non-Trans | 6        | M |

|     |                             |           |           |   |
|-----|-----------------------------|-----------|-----------|---|
| 71  | NDOBE                       | Non-Trans | 54        | F |
| 72a | OSOBE                       | Non-Trans | 27        | F |
| 72b | OSOBE                       | Trans     | 27        | F |
| 73  | LDOBE                       | Non-Trans | 19        | M |
| 74  | LDOBE                       | Trans     | 28        | F |
| 75  | AMOB-1 (OSOBE) <sup>a</sup> | Non-Trans | 25        | F |
| 76  | OSOBE                       | Non-Trans | 7         | F |
| 77  | AMOB-1 (OSOBE) <sup>a</sup> | Non-Trans | 53        | F |
| 78a | NDOBE                       | Trans     | 24        | F |
| 78b | OSOBE                       | Non-Trans | unknown   | F |
| 79  | NDOBE                       | Non-Trans | 19        | F |
| 80  | LDOBE                       | Trans     | 16        | F |
| 81  | OSOBE                       | Trans     | 22        | M |
| 82  | OSOBE                       | Non-Trans | 12        | M |
| 83a | NDOBE                       | Non-Trans | 11        | M |
| 83b | AMOB-1 (OSOBE) <sup>a</sup> | Non-Trans | 12        | M |
| 84  | OSOBE                       | Mixed     | 18        | M |
| 85  | AMOB-1 (OSOBE) <sup>a</sup> | Non-Trans | Early 20s | M |
| 86  | NDOBE                       | Mixed     | 23        | M |
| 87  | NDOBE                       | Non-Trans | 18        | M |
| 88  | OSOBE                       | Mixed     | 28        | F |
| 89  | NDOBE                       | Trans     | 40        | F |
| 90  | AMOB-1 (OSOBE) <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 | 20        | F |
| 96  | NDOBE                       | Non-Trans | 20        | F |
| 97  | AMOB-1 (OSOBE) <sup>a</sup> | Trans     | 35        | M |
| 98a | NDOBE                       | Non-Trans | 28        | F |
| 98b | NDOBE                       | Non-Trans | 72        | F |
| 99  | OSOBE                       | Non-Trans | 62        | M |
| 100 | NDOBE                       | Non-Trans | 52        | F |
| 101 | NDOBE                       | Trans     | 57        | M |
| 102 | NDOBE                       | Mixed     | 37        | F |
| 103 | NDOBE                       | Mixed     | 13        | F |
| 104 | OSOBE                       | Mixed     | 34        | M |
| 105 | OSOBE                       | 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 before the inclusion of an additional category in Phase II.

### Study Participants (Phase II)

| Participant number | Perceived OBE type | Environment | Age during perceived OBE* | Sex (M/F) |
|--------------------|--------------------|-------------|---------------------------|-----------|
| 107                | NDOBE              | Mixed       | 16                        | M         |
| 108                | OSOBE              | Mixed       | 24                        | M         |
| 109                | AMOB-2             | Trans       | 40                        | M         |
| 110                | OSOBE              | Non-Trans   | 63                        | M         |
| 111                | LDOBE              | Mixed       | 18                        | F         |
| 112                | OSOBE              | Non-Trans   | 17                        | F         |
| 113                | AMOB-2             | Non-Trans   | 41                        | F         |
| 114                | OSOBE              | Non-Trans   | 14                        | M         |
| 115                | NDOBE              | Mixed       | 43                        | F         |
| 116                | AMOB-1             | Non-Trans   | 66                        | F         |
| 117                | AMOB-2             | Mixed       | 39                        | M         |
| 118                | OSOBE              | Trans       | 31                        | F         |
| 119                | NDOBE              | Trans       | 24                        | F         |
| 120                | NDOBE              | Non-Trans   | 24                        | F         |
| 121                | LDOBE              | Trans       | 44                        | 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   | 21                        | M         |
| 136                | LDOBE              | Non-Trans   | 16                        | F         |
| 137                | AMOB-1             | Non-Trans   | 36                        | 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  | OSOB   | 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 | Mid 30s              | F |
| 157  | LDOB   | Non-Trans | 30                   | F |
| 158  | OSOB   | Non-Trans | 38                   | M |
| 159  | NDOBE  | Mixed     | 16                   | F |
| 160  | OSOB   | Non-Trans | 40                   | F |
| 161  | NDOBE  | Non-Trans | 27                   | F |
| 162  | OSOB   | Non-Trans | 27                   | F |
| 163  | OSOB   | Non-Trans | 30s                  | M |
| 164  | NDOBE  | Trans     | 19                   | M |
| 165  | AMOB-1 | Non-Trans | 35                   | M |
| 166  | OSOB   | Non-Trans | Mid 20s              | F |
| 167  | AMOB-1 | Non-Trans | 18                   | F |
| 168  | NDOBE  | Non-Trans | 48                   | F |
| 169  | AMOB-2 | Non-Trans | 32                   | M |
| 170  | OSOB   | Mixed     | 1                    | F |
| 171a | NDOBE  | Mixed     | 13                   | F |
| 171b | OSOB   | Non-Trans | 36                   | F |
| 172  | OSOB   | Non-Trans | 33                   | F |
| 173  | LDOB   | Mixed     | 43                   | F |
| 174  | OSOB   | Mixed     | 42                   | M |
| 175  | AMOB-2 | Non-Trans | 25                   | F |
| 176  | NDOBE  | Trans     | 40                   | F |
| 177  | OSOB   | Mixed     | 36                   | F |
| 178  | OSOB   | Trans     | 9                    | F |
| 179  | OSOB   | Non-Trans | 27                   | F |
| 180  | OSOB   | Non-Trans | 53                   | F |
| 181  | NDOBE  | Non-Trans | 33                   | F |
| 182  | OSOB   | Non-Trans | 28                   | F |
| 183  | OSOB   | Non-Trans | 40s                  | F |
| 184  | AMOB-2 | Non-Trans | 40                   | F |
| 185a | OSOB   | Non-Trans | 26                   | M |
| 185b | OSOB   | Non-Trans | 26                   | M |
| 186  | OSOB   | Non-Trans | young adult<br>years | F |
| 187  | OSOB   | Non-Trans | 30                   | F |
| 188  | AMOB-1 | Non-Trans | 12                   | F |
| 189  | OSOB   | Non-Trans | 15                   | M |
| 190  | OSOB   | Mixed     | 37                   | M |
| 191  | NDOBE  | Trans     | 21                   | F |



|     |        |           |    |   |
|-----|--------|-----------|----|---|
| 192 | AMOB-2 | Mixed     | 41 | F |
| 193 | OSOB   | Non-Trans | 25 | F |
| 194 | OSOB   | Trans     | 33 | M |
| 195 | AMOB-2 | Non-Trans | 37 | M |
| 196 | OSOB   | Non-Trans | 61 | F |
| 197 | OSOB   | Non-Trans | 23 | M |
| 198 | NDOB   | Non-Trans | 25 | F |
| 199 | AMOB-2 | Non-Trans | 33 | M |
| 200 | NDOB   | Mixed     | 51 | M |
| 201 | AMOB-1 | Trans     | 30 | F |
| 202 | NDOB   | Trans     | 18 | F |
| 203 | OSOB   | Trans     | 28 | F |
| 204 | LDOB   | Non-Trans | 45 | M |
| 205 | OSOB   | Non-Trans | 5  | M |
| 206 | LDOB   | Non-Trans | 27 | M |
| 207 | OSOB   | Non-Trans | 37 | M |
| 208 | OSOB   | 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     | 3  | F |
| 235 | AMOB-1 | Trans     | 27 | F |
| 236 | OSOB   | Non-Trans | 22 | M |

|     |       |           |    |   |
|-----|-------|-----------|----|---|
| 237 | LDOBE | Non-Trans | 11 | F |
| 238 | OSOB  | Non-Trans | 30 | F |
| 239 | NDOBE | Non-Trans | 13 | M |
| 240 | LDOBE | Non-Trans | 76 | M |

### Study Participants (Phase III)

| Participant number | Perceived OBE type | Environment | Age during perceived OBE* | Sex (M/F) |
|--------------------|--------------------|-------------|---------------------------|-----------|
| 241                | OSOB               | Trans       | 26                        | F         |
| 242                | NDOBE              | Mixed       | 27                        | M         |
| 243                | OSOB               | Non-Trans   | 4                         | F         |
| 244                | LDOBE              | Non-Trans   | 25                        | M         |
| 245                | OSOB               | Trans       | 19                        | F         |
| 246                | LDOBE              | Non-Trans   | 32                        | F         |
| 247                | NDOBE              | Mixed       | 59                        | M         |
| 248a               | OSOB               | Non-Trans   | 28                        | F         |
| 248b               | OSOB               | Non-Trans   | 28                        | F         |
| 249                | AMOB-2             | Non-Trans   | 56                        | F         |
| 250                | AMOB-2             | Non-Trans   | 38                        | F         |
| 251                | OSOB               | Non-Trans   | 18                        | M         |
| 252                | OSOB               | Non-Trans   | 15                        | F         |
| 253                | LDOBE              | Non-Trans   | 10                        | M         |
| 254                | OSOB               | Non-Trans   | 8                         | M         |
| 255                | OSOB               | Non-Trans   | 23                        | F         |
| 256                | OSOB               | Non-Trans   | 17                        | F         |
| 257                | NDOBE              | Mixed       | 16                        | M         |
| 258                | AMOB-2             | Non-Trans   | 32                        | F         |
| 259                | NDOBE              | Mixed       | 23                        | F         |
| 260                | AMOB-1             | Non-Trans   | 18                        | F         |
| 261                | OSOB               | Non-Trans   | 27                        | F         |
| 262                | AMOB-2             | Trans       | 30                        | M         |
| 263                | AMOB-1             | Non-Trans   | 15                        | F         |
| 264                | OSOB               | Non-Trans   | 15                        | F         |
| 265                | LDOBE              | Non-Trans   | 9                         | M         |
| 266                | NDOBE              | Mixed       | 21                        | F         |
| 267                | OSOB               | Non-Trans   | 16                        | F         |
| 268                | LDOBE              | Non-Trans   | 21                        | M         |
| 269                | OSOB               | Mixed       | 3                         | M         |
| 270                | AMOB-2             | Non-Trans   | Late teens, early 20s     | F         |
| 271                | OSOB               | Non-Trans   | 5                         | M         |
| 272                | OSOB               | Non-Trans   | 45                        | F         |
| 273                | NDOBE              | Non-Trans   | 18                        | F         |
| 274                | OSOB               | Non-Trans   | 22                        | M         |

|      |        |           |          |   |
|------|--------|-----------|----------|---|
| 275  | AMOB-1 | Non-Trans | 28       | M |
| 276  | OSOB   | Non-Trans | 15       | F |
| 277  | OSOB   | Non-Trans | 16       | F |
| 278  | OSOB   | Non-Trans | 29       | F |
| 279  | OSOB   | Non-Trans | 24       | F |
| 280  | OSOB   | Mixed     | unknown  | F |
| 281  | AMOB-1 | Non-Trans | 19       | M |
| 282  | OSOB   | Non-Trans | 8        | F |
| 283  | OSOB   | Non-Trans | unknown  | M |
| 284  | AMOB-2 | Trans     | 19       | M |
| 285  | NDOB   | Non-Trans | 33       | F |
| 286  | LDOB   | Non-Trans | 17       | F |
| 287  | OSOB   | Non-Trans | 36       | F |
| 288  | NDOB   | Trans     | 11       | F |
| 289  | LDOB   | Non-Trans | 8        | M |
| 290a | AMOB-1 | Non-Trans | 13       | F |
| 290b | AMOB-1 | Non-Trans | 13       | F |
| 291  | OSOB   | Trans     | 30       | F |
| 292  | AMOB-1 | Non-Trans | 17       | F |
| 293  | OSOB   | Non-Trans | 18       | M |
| 294  | NDOB   | Non-Trans | 8        | M |
| 295  | OSOB   | Non-Trans | 8        | F |
| 296  | AMOB-1 | Non-Trans | 37       | F |
| 297  | OSOB   | Non-Trans | 31       | F |
| 298  | OSOB   | Trans     | 75       | M |
| 299  | NDOB   | Mixed     | 25       | F |
| 300  | AMOB-1 | Non-Trans | 14       | M |
| 301  | LDOB   | Non-Trans | 27 to 30 | F |
| 302  | OSOB   | Non-Trans | 26       | M |
| 303  | AMOB-1 | Mixed     | 29       | F |
| 304  | NDOB   | Mixed     | 4        | M |
| 305  | OSOB   | Non-Trans | 33       | M |
| 306  | OSOB   | Mixed     | 20       | M |
| 307  | NDOB   | Non-Trans | 19       | M |
| 308  | OSOB   | Non-Trans | 18       | M |
| 309  | LDOB   | Non-Trans | 5        | M |
| 310  | NDOB   | Trans     | 19       | M |
| 311  | NDOB   | Trans     | 8        | F |
| 312  | OSOB   | Non-Trans | 20       | M |
| 313  | OSOB   | Non-Trans | 37       | F |
| 314  | OSOB   | Non-Trans | 25       | F |
| 315  | OSOB   | Non-Trans | 12       | M |
| 316  | AMOB-1 | Non-Trans | 38       | F |
| 317  | OSOB   | Non-Trans | 14       | F |
| 318  | LDOB   | Non-Trans | 13       | F |

|     |        |           |         |   |
|-----|--------|-----------|---------|---|
| 319 | NDOBE  | Non-Trans | 40      | F |
| 320 | OSOB   | Non-Trans | 4       | M |
| 321 | LDOBE  | Non-Trans | 13      | M |
| 322 | OSOB   | Non-Trans | 23      | M |
| 323 | OSOB   | Non-Trans | 4       | F |
| 324 | OSOB   | Non-Trans | 50      | M |
| 325 | OSOB   | Mixed     | 22      | M |
| 326 | OSOB   | Non-Trans | 6       | F |
| 327 | NDOBE  | Trans     | 13      | F |
| 328 | OSOB   | Non-Trans | 22      | F |
| 329 | NDOBE  | Trans     | 56      | M |
| 330 | OSOB   | Non-Trans | unknown | F |
| 331 | OSOB   | Trans     | 16      | M |
| 332 | NDOBE  | Mixed     | 19      | M |
| 333 | AMOB-1 | Non-Trans | 17      | F |
| 334 | OSOB   | Non-Trans | 30      | F |
| 335 | NDOBE  | Non-Trans | 28      | F |
| 336 | OSOB   | Non-Trans | 25      | M |
| 337 | OSOB   | Non-Trans | 26      | F |
| 338 | OSOB   | Non-Trans | 28      | M |
| 339 | LDOBE  | Non-Trans | 10      | F |
| 340 | OSOB   | Non-Trans | 29      | F |
| 341 | OSOB   | Non-Trans | 38      | F |
| 342 | OSOB   | Non-Trans | 31      | F |
| 343 | OSOB   | Non-Trans | 66      | F |
| 344 | LDOBE  | Non-Trans | 10      | M |
| 345 | AMOB-1 | Non-Trans | 24      | F |
| 346 | NDOBE  | Non-Trans | 14      | F |
| 347 | LDOBE  | Mixed     | 63      | M |
| 348 | OSOB   | Mixed     | 11      | F |
| 349 | AMOB-1 | Non-Trans | 25      | F |
| 350 | NDOBE  | Non-Trans | 37      | F |
| 351 | OSOB   | Non-Trans | 50      | F |
| 352 | NDOBE  | Trans     | 45      | F |
| 353 | OSOB   | Non-Trans | 27      | F |
| 354 | NDOBE  | Non-Trans | 42      | F |
| 355 | LDOBE  | Non-Trans | 15      | F |
| 356 | OSOB   | Non-Trans | 28      | F |
| 357 | OSOB   | Non-Trans | 42      | F |
| 358 | LDOBE  | Non-Trans | 4       | F |
| 359 | OSOB   | Trans     | 10      | M |
| 360 | OSOB   | Non-Trans | 5 to 8  | F |
| 361 | LDOBE  | Non-Trans | 50      | M |
| 362 | AMOB-2 | Trans     | 12      | M |
| 363 | AMOB-2 | Non-Trans | 54      | M |

|     |        |           |           |   |
|-----|--------|-----------|-----------|---|
| 364 | NDOBE  | Non-Trans | 29        | F |
| 365 | LDOBE  | Trans     | 36        | F |
| 366 | OSOB   | Non-Trans | 5         | M |
| 367 | NDOBE  | Trans     | 25        | F |
| 368 | NDOBE  | Mixed     | 20        | F |
| 369 | OSOB   | Non-Trans | 14        | F |
| 370 | OSOB   | Trans     | 14        | M |
| 371 | NDOBE  | Non-Trans | 33        | F |
| 372 | AMOB-1 | Non-Trans | 17        | F |
| 373 | NDOBE  | Trans     | 10        | M |
| 374 | NDOBE  | Trans     | 29        | F |
| 375 | NDOBE  | Non-Trans | 3         | F |
| 376 | LDOBE  | Non-Trans | 50        | M |
| 377 | OSOB   | Non-Trans | 51        | M |
| 378 | NDOBE  | Mixed     | 46        | M |
| 379 | AMOB-1 | Non-Trans | 23        | F |
| 380 | AMOB-1 | Trans     | 49        | F |
| 381 | NDOBE  | Trans     | 33        | F |
| 382 | NDOBE  | Non-Trans | 63        | M |
| 383 | OSOB   | Non-Trans | 23        | F |
| 384 | OSOB   | Non-Trans | 50        | F |
| 385 | AMOB-1 | Non-Trans | 43        | M |
| 386 | AMOB-1 | Trans     | 30        | F |
| 387 | OSOB   | Non-Trans | 14        | M |
| 388 | OSOB   | Trans     | 39        | F |
| 389 | OSOB   | Mixed     | Early 20s | M |
| 390 | OSOB   | Trans     | 45        | M |

\* Although most of these OBE accounts in this research have included the exact ages for the time of occurrence provided by the experiencers or otherwise estimated by the birthdate compared to the event date, some of those may still nevertheless be approximate due to incorrect memories. In addition, sometimes the age data for the time of the OBE was provided with the indications of approximation (“about,” “approximately,” “around”). On occasion it was a range spanning across two ages such as “16 or 17” or spanning across three ages such as “16 to 18,” for which the younger age was selected for the former and the missing middle age for the latter. In the cases in which a statement indicating a wider range such as “5 to 8,” or “early 20s,” or “late 30s,” or “20s,” etc., I have now specified this in the above chart for all three phases, and have only included “unknown” for cases in which there is no available information provided. There have also been some changes to a few of the ages provided in earlier tables of the initial reports for phases I and II because of further clarification, although those usually only differed unsubstantially by merely one year or so.



## 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 at any time 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 or 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. It is suggested that a sensation of extrapersonal movement should be included in these types of cases.