

6 Cases of Astral Projection

One of the easiest ways to find out what the OBE is like is to collect a large number of accounts of cases and compare them. In this way any common features can be extricated and variations noted. A great deal can be learned about the conditions under which the experiences occurred, how long they lasted, and what they were like. But before going any further we should note the limitations of this method.

First, there are many important questions which cannot be answered by collecting cases. Since the people voluntarily report their experiences the sample necessarily ends up with a bias; only the most articulate and those who are willing to share their experiences are represented. Some types of people will be more prepared to give an account and some types of experience are more readily shared than others. Because of this biased sample it is not possible to determine, for example, how common the experience is amongst different groups or what circumstances most often precipitate it. To answer these questions a survey is required. Also it is impossible to be sure how much of the description is a simple account of the experience and how much has been modified to fit in with a particular interpretation or with what the writer thinks is expected. And memory is far from perfect. Many accounts are given many years or even decades after the event and it is then impossible to determine how much of the story has altered in memory with the passage of time. However, these are problems which just have to be faced.

Second, many OBEers claim that they were able to see rooms into which they had never been, describe accurately people they had never met, or move physical objects during their experience. Such claims are of great interest to parapsychology but cannot be tested by collecting cases. In some cases other participants involved can be interviewed and facts checked, but all of this can only add a little more certainty to what is essentially an indirect way of assessing an

event long past. The only direct way to test these claims is by experiment, as we shall see.

Third, there are some aspects of the OBE which can only be learned by experiencing it for oneself. No quantity of descriptions by others is sufficient to convey what it feels like, how free and real it seems, or what effect it has. Likewise, of course, no book is sufficient for that purpose, although in Chapter 10 I shall detail some of the many methods used to induce an OBE, which the adventurous reader may try for himself

With these limitations noted, however, let me not diminish the value of case collections, for in some ways they are the mainstay of research on OBEs. If there were not these frequent and persistent accounts of the spontaneous occurrence of OBEs, probably the other types of research would never have begun. It is these accounts which tell us what it is we are supposed to be investigating.

Accounts of OBEs have been collected since the beginning of psychical research, although they were not initially distinguished as a category. Soon after the founding of the SPR a collection of cases of spontaneous apparitions, telepathy, and clairvoyance was begun, and published in 1886 as *Phantasms of the Living* by Gurney, Myers, and Podmore, founder members of the Society (55). Among the many cases, 350 of them altogether, are some in which the likeness of a person is seen by others as an hallucination, a dream vision, or is mistaken for the real thing. Fetches are seen to arrive before the physical person, and sometimes wearing the right clothes, carrying the right odd-shaped parcel or being in other ways complete with details unknown to those who saw the vision. This kind of case would be relevant here if the 'agent' - the person who was seen at that time - seemed to be 'out of the body', but this was rarely the case. Most of the phantasms were seen when the 'agents' were unaware of anything untoward, and were carrying on with their everyday activities. Some occurred when they were asleep — occasionally when dreaming of the person who saw them. In yet other cases the 'agent' was apparently thinking at that moment of the person who saw his phantasm, but even this is not an OBE as we would define it here. Among the most interesting cases are those in which the 'agent' was dying at the time; these will be discussed in Chapter 13.

Frederic Myers also collected similar cases. In 1903 his great work *'Human Personality and its Survival of Bodily Death'* (99b) was published. In this massive two-volume masterpiece Myers discusses

at length the effects of hypnotism, the appearance of hallucinations and apparitions, the phenomena of mediumship and trance, telepathy and clairvoyance, and a vast range of psychological and psychical phenomena. Included here are some cases similar to those in the *Phantasms*, including those in which the vision of someone close to death was seen. Myers also includes examples of what he calls 'self projection' under hypnosis.

Collections specifically of OBEs were not made for many years. Although some OBEs were reported it tended to be those offering evidence of a paranormal nature, such as telepathy or clairvoyance, which were noted. Only more recently has the experience itself been considered of sufficient interest to collect the cases together.

The first major collection was made by Muldoon and Carrington and published in 1951 (97b). Muldoon's own experiences had already been published along with several other cases to illustrate his discussion of astral projection. Then in collaboration with Hereward Carrington he collected many more accounts of OBEs from the literature and from letters written in response to that earlier book. Nearly a hundred were categorized according to whether they were produced by drugs or anaesthetics, occurred at the time of accident, death or illness, or were set off by suppressed desire. Finally they gave cases in which spirits seemed to be involved, some occurring during sleep or without any apparent cause, and those induced experimentally or by hypnosis. By categorizing the cases in this way, Muldoon and Carrington were able to compare and interpret them in the light of their theories of astral projection, but they did not go beyond this rather simple analysis.

If hundreds of people report that they left their bodies and were able to travel around in what seemed to be a second body, and if the descriptions of these travels are all very consistent, does this indicate that we do have another body? This is the kind of argument Muldoon and Carrington used; and they added evidence that people in their astral travels could bring back information from distant places. All this implied to them that we do have a double, and that it is capable of perceiving at a distance and even of surviving without the physical body. I cannot agree with their conclusions about what the evidence implies; there are all sorts of possibilities which they do not even consider. But first, let us look at some of their evidence.

In several cases an anaesthetic was supposedly responsible for

driving the astral body out. In one example a school janitor, a Mr Landa, had to have an operation following an accident. He describes how nervous he was prior to the operation and how he became unconscious when given the anaesthetic. But total unconsciousness did not last long. He felt as though he were being torn apart in a sudden violent reaction; and then, just as suddenly, calmness followed. The rest of the story is best told in his own words:

I saw myself — my physical self — lying there. I saw a sharply outlined view of the operating table. I myself, freely hovering and looking downward from above, saw my physical body, lying on the operating table. I could see the wound of the operation on the right side of my body, see the doctor with an instrument in his hand, which I cannot more closely describe.

All this I observed very clearly. I tried to hinder it all. It was so real. I can still hear the words I kept calling out: 'Stop it—what are you doing there?'

Mr Landa adds, as do so many, that he will never forget his experience (97b pp. 56-7).

Muldoon and Carrington go on to give many more complex cases, but the essential features are the same : that under anaesthetic a person who would be expected to be unconscious finds he can see and hear, and feels more alive and well, rather than less. How can we interpret such experiences? Muldoon and Carrington of course describe them in terms of astral projection. The astral, or some higher body, is the seat of consciousness and an anaesthetic drives it out of the physical body. The reason why one usually forgets the experience is that for most people the astral body is not well formed and has not learned how to convey memories to the physical brain. Since astral projection in this way is unnatural or forced, the astral body leaves rapidly and often uncomfortably. Sometimes it seems to spiral up from the body with the shock as Muldoon and Carrington illustrate with a diagram (see Plate 6).

Obviously this interpretation is not the only one possible. The reason why so many anaesthetized patients describe this spiralling experience (if indeed they do) may reflect more the similarities in the action of the drugs upon the nervous system, than the fact that an astral body is forced out. It is interesting to note, in this context, that with the improved techniques of anaesthesia available today conscious experiences during an operation seem to be ex-

tremely rare. Within the theory of astral projection there will always be some sort of 'explanation' to account for such facts. Perhaps the astral body is now further away from the physical and so less able to transmit the memory back. I think a physiological explanation is far preferable. Still, let us return to Muldoon and Carrington.

Their next category of case is those occurring at the time of accident or illness. A Mr Johnson recounts how he got out of bed one night with severe cramps in his legs, and in pain fell to the floor. The next thing he knew was that he was watching his wife and daughters trying to lift him up, and there seemed to be two of him, the conscious part watching the corporeal body on the floor. Mr Johnson states that he knew nothing whatever of these things until he read an account by Sir Arthur Conan Doyle, and then he 'realized what the explanation was'. And what was the explanation? I do not know. But this statement of Mr Johnson's is not surprising. Many people who have had an experience like this, of seeming to leave the body, find the notion of astral projection a satisfying explanation; but the fact that it seems satisfactory to many people says little for or against its validity.

Muldoon and Carrington go on to describe many more cases. Among the most interesting are those provoked by suppressed desire, and many in which 'spirits' seem to play a part. After her husband's death Lady Doyle, wife of the famous creator of Sherlock Holmes, experienced a separation of etheric and corporeal bodies when dangerously ill. She seemed to travel to a region of 'light and calm, the portals of a marvellous other world'. There she saw her beloved husband with another figure, both of them happy and loving, and showing her a wonderful life awaiting her there; but she remembered her three children and decided to go back to help them instead.

In other cases projectors met people they did not know, were assisted out of their bodies by unseen helpers, and were taught something about the afterlife or psychic matters by loving beings, or heard voices addressing them. All these Muldoon and Carrington interpret as meetings with spirits of some sort, made possible by the fact that the person who sees them is temporarily on a higher plane. Not infrequently the person himself interprets the experience as given to him to comfort or lighten his mourning, or to teach him some necessary lesson.

Muldoon and Carrington also include several cases which were

not spontaneous but induced either by the desire to travel to a particular person or place, or by a deliberate attempt to experience astral projection. In their first book (97a) Muldoon had given many instructions for inducing the experience, and some of his readers tried and wrote to tell him of their success. Not surprisingly the accounts tend to be couched in the same terms as the book and it is impossible to know how much the expectation of 'astral projection' helped to make the experiences conform.

Many of Muldoon and Carrington's accounts described experiences starting from sleep or from the hypnagogic or hypnopompic state (just before or after sleep respectively). In some the projection was preceded by a falling or flying dream and in some by the unpleasant experience of waking up and finding oneself apparently paralysed. It was from this cataleptic state, as Fpx had already found, that projection was said to be very easy. One only needed to try to move to find oneself 'out'.

Other people felt as though they were being dragged from their bodies or pushed out of bed. For example a Mrs Haldey recounted how she got out of bed on one occasion to check that there was no one under the bed trying to push up. She found nothing but soon the odd sensation began again, only this time she found herself floating up and out of the body. Off she went to London where she entered a strange room in an unknown house. Some months afterwards she went to London and, '... Imagine my amazement when they opened the door and I walked into the very room I had been in while out in my spirit that night. Everything was just as I had seen it while out of my body!' (97b pp. 160-1).

In this case precognition, or seeing into the future, was not necessarily involved as the house was presumably there at the time of Mrs Haldey's experience, but there are many other cases in which it appears that the future events were 'seen' during an OBE. For these one has the choice of believing, among many possibilities, that the astral body can visit the future, that an hallucination may be combined with precognition (both of which involve difficult problems) or that the person who recounted the story was mistaken, had a very poor memory or was lying. But we should not prejudge these questions. The case collections can only tell us what people report about their experiences. Later on we shall consider ways of finding out whether the claims for paranormal vision in OBEs are justified.

For now let us note, with Muldoon and Carrington, that many people make these claims.

Muldoon and Carrington performed no further analyses of their cases, but they were able to come to some conclusions. They selected the following as points of similarity between the cases. There are sensations of floating or soaring, looking down on the physical body from above, seeing an astral cord uniting the two bodies, cracking or snapping sensations in the head, catalepsy of the physical body, a momentary blanking out of consciousness when entering and leaving the body. Sometimes there is a feeling of depression before projection and of 'repercussion' on returning, and often the projector thinks he must be dead. As they conclude, these characteristics are repeatedly found and surely require some explanation. Their explanation is that there is an astral world, that we all have astral bodies and can travel in them. We shall meet many other types of explanation in the course of this book.

The largest collections of accounts of astral projection have been amassed by Robert Crookall, a British geologist who devoted the last years of his life to the study of astral projection and mystical experiences. In his many books (26a-I) he has presented hundreds of cases which show the same kinds of consistencies as Muldoon and Carrington found. Crookall also divided the cases according to how they were brought about (26a, c). First there were the 'natural' ones which included those of people who nearly died or were very ill or exhausted, as well as those who were quite well. Contrasted with these were the 'enforced' cases, being induced by anaesthetics, suffocation and falling, or deliberately by hypnosis. Crookall argued that there were essential differences between the natural and enforced types.

He also claimed that descriptions of temporary OBEs in the living are essentially similar to descriptions obtained, through mediumship or other means, from the dead. This led him to conclude that both sets of accounts are 'substantially true'. He asked the reader 'to compare the accounts given in this book, to note the comments made and to consider whether the concordances and coherences that occur can be explained except on the assumption that the narratives are, in fact, descriptive of genuine experiences.' (26a p. 1). The implication of his argument, made more explicit in later books, is that the interpretation is also true, that there is an astral body, a

vehicle of vitality and a silver cord, and that we survive death to live on a higher plane.

Before I criticize this logic, let me follow Crookall's example by giving a few cases to illustrate, for certainly his painstaking collection has contributed a great deal to our understanding of the variety and consistency of the types of OBE.

Among Crookall's 'natural' cases is one previously recounted in more detail by Ralph Shirley in *The Mystery of the Human Double* (135). An engraver returned home one evening and although he felt an extraordinary lassitude he determined not to go to bed but lit a lamp and lay on the sofa to smoke a cigar. Resting his head on the cushion he felt giddy and the next thing he knew was that he was in the middle of the room and could see his body, still breathing, lying there. He was worried that the lamp would set fire to the curtains, but try as he would he could not turn it out even though he could feel it quite clearly. He noted that he could see through walls to the back of the pictures in his neighbour's room, As soon as he thought of doing so he found himself passing through the wall and inspected the next room, noting pictures, furniture and the titles of books, none of which he had seen before. Although the room was in darkness it seemed to be illuminated by a light emitted from his own 'physical body', which was clothed in white. Finding that he could 'will' himself wherever he wished he travelled as far as Italy, but the memory of that part of his journey was not very clear. Eventually he awoke at five in the morning, stiff and cold, and found the lamp had gone out. Later he took the caretaker into his confidence and was let into the next door rooms where he found everything, including the titles of the books, as he had seen it (26a pp. 38-9, 135 pp. 71-4).

Typical features of this account are the mysterious light illuminating the darkness, the white double, the ability to travel at will and the inability to affect material objects; Other features which Crookall claimed typified the natural projection were the cord joining the two bodies, the extraordinary feeling of peace and happiness which accompanies many experiences and the clarity of mind and 'realness' of everything seen. However, he included here 'natural' cases in which the person was in fact very tired, under extreme stress, or even close to death.

By contrast, when the experience is brought about by anaesthetics, suffocation or falling, Crookall argued, the person typically finds

himself not in happy and bright surroundings but in dream or 'Hades' conditions. Alternatively the victim of an enforced projection finds himself still on earth. In one example (26a p, 133) a soldier was blown up in an explosion and found himself up in the air, looking down at his own body lying some distance from him on the ground. He seemed connected to it by a slender cord of clear silvery appearance. He watched as two surgeons came by and remarked that he was dead. Stretcher bearers came and carried him to the rear whereupon he 'came down that silvery cord and returned to the old body'. Crookall concludes that an 'objective double' is 'clearly indicated'.

The reason for this difference in the types of experience is clear on Crookall's scheme. In projection two aspects can be exteriorized, the soul or psychical body, which is the same as the astral; and the 'body-veil' or 'vehicle of vitality', equivalent to the etheric double. In natural OBEs the soul body is ejected free of the vehicle of vitality and vision is clear. But when the OBE is enforced some of the lower vehicle is shed at the same time and clouds the vision, trapping the soul in earth or Hades conditions. According to Crookall the same principles apply in death. Natural deaths lead to paradise conditions but the victim of an enforced death is likely to find himself in Hades with clouded vision and consciousness.

Crookall also described many details of the process of separation. Sometimes clickings and other sounds are heard and as the double leaves, usually through the head, consciousness is momentarily lost or blanked out. In other cases there is the phenomenon of the tunnel. One woman who nearly died 'seemed to float in a long tunnel' (26a p. 8), and another described 'an opening, like a tunnel, and at the far end a light' (p. 13). There are many similarities here to my own tunnel of leaves. In more complex cases the two vehicles may be shed separately in two 'deaths'. They should then rejoin in reverse order.

Once 'out' the double is usually horizontal for some time before righting itself and being able to move. This movement is by the power of thought or will alone. The initial movement is often in spiral fashion, especially in enforced cases, and sometimes in moving the double leaves a trail of light behind.

One of the most important details of the OBE is the silver cord which Crookall likened (though as we have seen without much justification) to that of Ecclesiastes. It is luminous and, elastic, ex-

tending to great distances as the double travels away from the physical. It is not always seen but may be felt as a pulling to the body. At death the cord is severed and the astral body released to begin its new life.

Crookall was at pains to emphasize his contention that all these facts, and many more, point to an objective double and not a mental image (26b). He discussed psychological theories which suggest that the double may be a purely subjective phenomenon, created by the imagination, and argued that this could not possibly account for all the similarities found between experiences in people who previously knew nothing about the subject. He believed that in so far as it could be proved, the many cases of astral projection he had collected proved the existence of our other bodies.

Later I shall discuss this argument in more detail, and point out some of the psychological reasons why we might expect the experiences to be similar even if there is no double leaving the body. For the present it is sufficient to note some of the weaknesses of the 'astral projection' interpretation in general and of Muldoon and Carrington's and Crookall's arguments in particular.

The first problem arises from the methods used by these authors. They collected a great deal of evidence for certain types of experience and showed clearly how well they fit into the framework of astral projection; but what they did not do was to ask whether they could equally well fit into any other theory. Crookall briefly considered a psychological theory, but gave no details of what would be expected of the OBE within it. One may ask why any other theory is necessary, when astral projection seems to account so well for the phenomena. I have already mentioned some of the reasons; among them the flexibility and the complexity of the theory of astral projection.

The fact that the theory can be stretched to cover almost any kind of experience may be satisfying to some of its proponents but it is frustrating for any investigator. It makes it hard to draw definite predictions from the theory, and so to devise ways of testing it. And any theory which is untestable is useless in scientific terms. It would certainly be going too far to say that the theory of astral projection is useless. Its very powerful influence on research shows that it is not. But it has severe limitations.

The second of them is its complexity, which seems to have increased over the years. In general a simpler theory will be preferred

over one which becomes successively more complex as it tries to account for new facts; any theory which is neater and simpler, which is more easily testable, or which fits better with accepted psychology or physics is likely to be preferred to the notion of astral projection if it fits, the facts equally well. What we need to determine more clearly is just what those facts are before we start trying to decide how to interpret them or which theory they fit the best. Later collectors of cases have tried to find out those facts with less commitment to one particular interpretation, and it is to those that I shall turn next.



7 Analysis of Case Collections

The previous case collections were made by researchers who believed implicitly in the astral projection interpretation of the OBE; they did little more than put together large numbers of cases. However, such collections can be used in more constructive ways if appropriate analyses are applied.

Although limitations of the biased sample, possible errors of memory and so on still apply, a properly analysed case collection can provide a rich source of information about what the OBE is like. The case collections which have used further analysis include those by Hart, Green and Poynton, and my own analysis of SPR cases. Hart's is rather different from the others and so I shall consider it first.

HART

In 1954 Hornell Hart was a professor of sociology at Duke University in North Carolina; the place where Rhine began his famous research on ESP and where, to this day, parapsychological research continues in several independent laboratories. Hart collected together cases of what he called 'ESP projection' (60a). He defined this according to several conditions:

1. that an observer acquired extrasensory information such as he might have done if his sense organs had been located, at that time, at a position (L);
2. that L, at the time of acquiring this information, was outside the observer's physical body; and
3. that during the period of observation the observer experienced consistent orientation to the out-of-the-body location.

It should be noted that my definition treated the OBE just as an experience whereas Hart required that the person not only have an

OBE, but also acquire veridical information, as though from the OB location. This excludes many OBEs in which the information gained was wrong, or in which no information that could be checked was obtained.

Hart questioned students about their experiences and collected 288 cases from the literature. These included Muldoon and Carrington's, but Crookall's work had not been published then. Of these 288, only 99 fitted the definition and passed the Veridicality test'. These 99 were then categorized according to whether they occurred spontaneously or experimentally. Among the experimental projections, 20 had been induced by hypnosis, 15 by deliberate concentration and, 12 by more complex methods of induction. These included techniques used by mediums, medicine men, and Rosicrucians, and the use of drugs such as peyote.

Hart obtained some of his cases from members of the American Society for Psychical Research (ASPR) who attended a lecture given by Dr Gardner Murphy. One of these concerned a Mr Apsey who reported that one night he decided to try to project physically to his mother, without having told her of his plan beforehand. He focused his mind on her for five minutes and then at 12.30 A.M. seemed to see her. He says:

I then saw my mother in a flesh-colored nightdress sitting on the edge of her bed. A peculiar fact which I particularly noticed was that the nightdress was either torn or cut so exceptionally low in the back that my mother's skin showed almost down to her waist.

Mr Apsey then wrote down what had occurred, and in the morning told his wife all about it. Later that day his mother told his wife that she had indeed been wearing such a nightdress, which had been a present and did not fit well, being low at the back. Also she said she had been awakened by someone who did not look like her son: She screamed and opened her eyes, whereupon the figure faded away.

Hart developed a rating scale by which cases could be scored for evidentiality. The best possible case would gain a score of 1.0, but in fact the highest score given was .90. Cases offering no evidence of this sort had of course already been excluded. The Apsey case was given a score of .72. This is a fairly high score, but even here we see that many details were wrong. The son saw his mother sitting on the side of her bed, but when she recounted her side of the story she says she was awakened by a figure and opened her eyes. Unless she slept

sitting up we must assume that he saw her position wrongly. Also the figure she saw did not look like her son. These errors in no way detract from the evidence about the nightdress and the coincidence in time between the apparition and the projection; I point them out because they show a curious mixture of correct and incorrect vision which seems to be common in the OBE.

Hart goes on to list spontaneous cases. A first category included 30 cases in which an apparition of the living was seen at the time that the projectionist was concentrating, dreaming or having a vision corresponding to the appearance. These cases are similar to many given in the *Phantasms of the Living*, and include three from that source. The other 22 cases include those in which the projector obtained information about some event which he could not otherwise have known about.

Hart proceeded to compare the types of cases according to a list of characteristics. He considered eight features to be part of a 'full-fledged ESP projection'. These included such details as that the subject made careful observations of people or objects or events; that his apparition was seen by others and he was aware of being seen; that he saw his own body from outside; occupied a 'projected body' which was able to float and pass through physical matter without hindrance; and that he was aware of travelling swiftly through the air.

From the cases we have looked at so far it is clear that not every OBE includes all, or even most of, these features. Some people do not think to look at their bodies; many do not appear to others as an apparition or see any correct details of places and people, and many have no other body. Hart found that these features varied with the way the experience was induced. Hypnotically induced experiences tended to include the first but lacked the others. But this is not surprising when we consider that in many cases the subject was hypnotised with the expressed object of travelling to observe distant objects or events. The cases induced by concentration mostly included the second feature and lacked others, but again this is not surprising since many concentrated on appearing as an apparition. Some were not even aware of any travelling and would not have counted as an OBE at all on other definitions. Experiences induced by the more complex methods seemed to be more like the 'full-fledged ESP projection', as were the spontaneous cases, but in some of the spontaneous ones the projector seemed to go to strange regions

where he might meet people who had died, or other unworldly entities.

By comparing these different types of case Hart came to the conclusion that the most promising method for inducing ESP projection was hypnosis, and he outlined a programme for the further investigation of the phenomenon. Up to that time there had been many experiments with hypnosis in which subjects were asked to leave their bodies, but Hart's programme was never carried out and the use of hypnosis seems to have declined rather than increasing since he made his suggestions. Next to hypnosis, he argued, the method of simple concentration might be most useful for experimental work, for some of the other methods were far too complicated.

Through all of this research one assumption is crucial, that ESP projection is a single phenomenon which might have any or all of Hart's eight features. But what if it were not so? Rogo (124d) and Tart (146g) have both suggested that several different types of experience may have been lumped together under the label 'OBE'. It could be that astral projection, travelling clairvoyance, and apparitions, are quite different and need different interpretations, or other distinctions might be more relevant. And what about the non-evidential cases which Hart rules out, why should they be excluded? The reason Hart gave is far from satisfactory: if there was no evidence of ESP they did not count. But can we be so sure when ESP has occurred? The whole history of parapsychology indicates that we cannot, and that Hart was ruling out the majority of cases on the basis of a very shaky criterion. I think we have to accept that whatever definition we use we may or may not be studying one clearly distinct type of experience which requires just one type of explanation.

OTHER CASE COLLECTIONS

Three case collections besides Hart's have provided further information. Perhaps the most thorough, and certainly the best-known, was carried out by Celia Green of the Institute of Psychophysical Research (49c). The Institute, which is in Oxford (although not connected with the University), sent out an appeal in the press and on the radio for people to send in their accounts of experiences in which they seemed to be observing things from a point located outside their physical body. About 400 replies were received and two question-

naires were sent out to the subjects. 326 replied to the first and 251 to the second.

Note that Green's definition of an OBE was as an experience. In fact she referred usually to the 'ecsomatic experience', defined as follows, ' . . . one in which the objects of perception are apparently organised in such a way that the observer seems to himself to be observing them from a point of view which is not coincident with his physical body.' Green analysed the answers to the questionnaires so that she was able to assess what different forms the experience can take, how much it can vary, and whether any features stay constant.

In 1975 J. C. Poynton, a lecturer in Biological Sciences at the University of Natal, reported the results of a survey of 'separative experiences' (117). Although Poynton called it a survey I include it here because he made no attempt to question a random sample of people. Like Green, he advertised in the press, and circulated a questionnaire privately, in both English and Zulu. However, the response was rather poor. Although he received 200 replies from readers of the *Johannesburg Sunday Times* many of them described experiences which were clearly not OBEs. From the Zulu newspaper only one usable reply was obtained. Questionnaires were also given to 222 black medical students at the University of Natal, but no usable replies were received. Finally Poynton obtained useful accounts from 100 people, reporting a total of 122 experiences. On the whole Poynton's results, although less detailed, are similar to Green's.

Finally there are the cases collected by the SPR and by myself. As I have already mentioned the SPR has collected cases of all sorts for many years. In the files on astral projection are 44 cases available for analysis. For most of these little information is available because the people sent in their accounts, often decades ago, and they cannot now be contacted. If they failed to mention whether they had another body, then we shall never know whether they did or not. My own cases were collected from a survey of students and from letters, but they are few in number. I have therefore analysed all these cases for only a few features which I think are most important. The results of all these collections can be compared.

RESULTS OF ANALYSIS

Apparently most people have had only one OBE, the figures ranging from 47% to 69% as shown in Table 1. It seems that most OBEs

Table 1 Some Results of Case Collections

	<i>Green⁷¹⁾</i>	<i>PoyntonVW</i>	<i>SPR cases</i>	<i>Blackmore</i>
<i>Proportion of 'single' cases</i>	61%	56%	69%	47%
<i>Some features of 'single' cases:</i>				
Saw own body	81%	80%	72%	71%
Had second body	20%	75%	—	57%
Definite sensation on separation	'majority' none	25%	36%	—
Had connecting cord	4	9%	8%	—

occur as one-off events, never to be repeated, but the frequency of subjects claiming many OBEs is high enough to conclude that: if a person has had one OBE he is more likely to have another, a point to which I shall return. Also many people learn to control their OBEs to some extent, even if they never learn to induce them reliably at will. Few of Green's subjects could induce an OBE at will, but some said that they could get into a relaxed but alert state in which one was more likely. 18% of Poynton's subjects said they could induce an OBE 'more or less at will' and several of the SPR accounts appear to be from people who have had many OBEs and have some control over them; but I have found only one subject who claimed to be able to initiate the experience at will.

The circumstances of the OBE

We have already heard about OBEs occurring in a variety of situations. Green found that 12% of single cases occurred during sleep, 32% when unconscious, and 25% were associated with some kind of psychological stress, such as fear, worry, or overwork. These figures are given for single cases only, as they are in many of the following analyses, because it is impossible to obtain detailed information about every OBE if a person has had very many. It is simpler only to include the single cases in the statistical analyses, even though information from the multiple cases is used in discussion. In these a few of Green's subjects seemed to leave their bodies

while engrossed in some philosophical speculation. One subject achieved an OBE by repeating the question 'Who am I?' and another concentrated on 'What about me?'

Some subjects continued with their normal activities. One saw himself going on talking in a crowded room and another continued with her driving test. She says :

... as I settled myself, switched on the engine, let in the gear, I seemed to fill with horror because I simply wasn't in the car at all, I was settled firmly on the roof watching myself and despite a fearsome mental struggle to get back into myself. I was unable to do so and carried out the whole test, (30 mins.?) watching the body part of me making every sort of fool of myself that one could possibly manage in a limited time (49c p. 64).

The tale does not relate whether or not she passed !

In another case the subject described how, as he was delivering his sermon, he suddenly found himself watching from the west end of the church and listening to his own voice. After the service was over he asked some of the congregation, without explaining why, whether they had noticed anything amiss, but he was told that everything had been all right.

These cases show that it is possible to have an OBE while the body continues with complex and co-ordinated activity. Poynton mentions cases in which the subject was standing by a filing cabinet, putting on make-up and walking. The SPR cases include some in which the subject was sitting, walking, or even running, and apparently some OBEs occur during the stress of competitive sport (98). Arthur Koestler describes how he benefited from 'split consciousness' when he was afraid he was about to be executed (73 p. 350).

Among the SPR cases is an account by a Sapper Officer who was instructing a Company of Infantry in Hyde Park in 1939. He says :

Quite suddenly my spirit came right out of my body and rose some forty or so feet into the air above and to one side of the instruction area. I was with my spirit. I watched my body from above, which went on uninterrupted with the commentary. I could see the top of my head or rather hat just as though it was another person: in fact it was a simple bird's eye view, but I could not hear what was being said. After hovering like this for a very short time, I felt my spirit starting to return to my body; and as I got nearer, the words I (my body) was speaking became audible gradually until my spirit returned into my body and I picked up the thread of commentary and continued with it without a pause.

In this case it seems that the experience did not in any way affect the actions or speech of this officer. However, OBEs are far more common when the physical body is relaxed and inactive.

Most of Green's cases occurred to people whose physical body was lying down at the time (75%). A further 18% were sitting and the rest were walking, standing or were 'indeterminate'. In fact it seemed that muscular relaxation was an essential part of many people's experience, and some who had several OBEs claimed that they had to be relaxed before it would occur. Just a few found that their body was paralysed. Oliver Fox notes this as an essential part of his learning to have OBEs and Sylvan Muldoon talks about both physical and astral catalepsy, but it seems that this sort of paralysis, though it does sometimes occur, is only rarely a prelude to an OBE.

In Poynton's study, too, most OBEs were found to occur when the subjects were physically relaxed and either lying down or sitting, of the SPR cases the great majority (nearly 90%) occurred when the subject was in bed or ill, and of my own cases 5 out of 7 single cases were of this type. This raises another important question; the extent to which pathological aspects are implicated in the OBE. This is important in considering theories of the OBE because if most OBEs occur in severe illness then it seems more likely that a physiological factor is involved.

Here there is disagreement between the different studies. Green does not make it clear how many of her subjects were ill at the time of their OBE, although the relevance of stress has already been noted. Poynton says that 76% of his OBEs occurred when the subject was in a good state of health, but of the SPR single cases 64% mentioned illness, often severe illness. It is therefore hard to come to any firm conclusions about the number of cases which are set off by illness of some kind. Really all that can be concluded here is that although the OBE can occur in a wide variety of circumstances, muscular relaxation and a relaxed posture are the most conducive.

Age and Sex

Several of Green's subjects claimed that they had had OBEs when very young. One even recalled one from when he was only 18 months old. But most occurred later in life. Here a difference was found between the 'single' cases - i.e. those people who had had only one experience — and the multiple cases. The latter tended to have had experiences in childhood, and learned to repeat them. The

single cases tended to occur mostly between the ages of 15 and 35 years. But here we must note that Green's method was not really adequate to finding out about something like the age distribution of OBEs. After all, she only advertised for cases, and heard about them from people who were willing to respond. It could be that those under 15 and over 35 were less likely to read the paper which contained the advertisement, listen to the radio at the relevant time, or even if they did hear of the request, to write in. To find out at what ages these experiences do occur, it is preferable to conduct a survey, asking a properly selected sample of people about their experiences. The other studies did not analyse according to age, but Poynton did find that many more of his cases came from females than males. Among SPR cases there are more males than females, but in any case this sort of difference is most likely to be due to sample differences.

The Nature of the Experiences

Floating and soaring sensations are certainly common. Many of Green's subjects described the way that they were able to fly about and view scenes from above. Most also looked down on their own body. Some subjects described the fascination of seeing that body in a new way, not at all like looking in the mirror, and some were startled. Green compares it to the surprise of suddenly seeing yourself on television 'Oh, there's me!'

Poynton also found that most of his OBEers saw or felt their physical body; and among the 25 SPR single cases 18 saw their own physical body. Only one tried to see it and could not. One man was disgusted at his unshaven appearance and another '... thought how funny I looked with a sheet pulled up over my clothes and my arms on top of the sheet with my navy blue dress ...' One woman even thought, 'Just fancy having dragged that heavy body about all this time! How awful!'

Muldoon and Crookall made a point of the definite sensations on leaving and re-entering the body, including sounds heard in the head, catalepsy, a momentary blanking of consciousness, and the sensation of travelling down a tunnel. According to these writers we should expect that, if most OBEs involve the separation of the astral body, then they should also involve some of these sensations on separation.

This was not found in Green's study. Catalepsy rarely occurred.

Some subjects mentioned noises at the beginning or end of the experience and one or two noticed a momentary blacking out, but this did not seem to be the rule. The majority of subjects just 'found themselves' in the ecsomatic state. Typical accounts are given '... suddenly I found myself in mid-air, looking down at myself (49c p. 125)j or 'I was laying on my side in bed. Then I was standing by the side of the bed looking down at myself in bed.' If the OBE started from sleep or unconsciousness the subjects described themselves as waking or 'coming to' in the ecsomatic state. As for the return, for most it was as sudden as the departure.

Poynton's findings were similar. Catalepsy was present in just nine cases (out of 122). Altogether a quarter of the accounts included some 'peculiar sensation', the others being strange noises, tingling feelings and shivering or shaking. To check whether these odd sensations might have been part of any illness from which the subject was suffering at the time Poynton compared the frequency of occurrence in ill and well people. He found that 'peculiar sensations' were less common in ill people, indicating that they have little to do with previous ill health.

Among the SPR cases very few mentioned any strange sensations either on separation or return. Only 1 out of 25 mentioned catalepsy, one felt 'thrills of sensation' and another 'rushing winds', one describes dropping endlessly, and one passed through something like a TV screen, but most just found themselves 'out'. On the whole I think there is little evidence that strange feelings do accompany the processes of separation and return, at least in single spontaneous cases.

An interesting finding by Green was that more of the subjects who had had *many* OBEs went through complex processes on separation and return. Muldoon, Fox and Whiteman all describe complicated procedures. Perhaps it is only in the deliberate OBE that they are especially important. As for the tunnels which feature so prominently in the writings on astral projection, Green mentions none. Poynton mentions none, and there is none among my survey cases. In the SPR cases is one mentioning 'funnels of darkness' through which the subject 'dived' back into his body.

So far there seems to be little evidence from the case collections to support the usual details of astral projection. But what about the most characteristic of them, the astral body and the silver cord?

Green separated her cases into those she called 'parasomatic', inr

volving another body, and those she termed 'asomatic' in which there was no other body. Her surprising finding was that 80% of cases were asomatic-they had no other body. It seems that many were something like a disembodied consciousness. One woman who had an OBE whilst in bed recalled, 'I wondered if I could wake my husband and tell him but I seemed to have no hands to shake him or touch him, there was nothing of me, all I could do is see.' (49c p. 24)

80% seems a large majority, but in fact it is not quite clear that all these cases were asomatic. Some subjects claimed to have no other body, but then recounted how they stretched their feet, or reached out a hand to touch something. One had 'astral' hands but when she tried to touch her other head she found she hadn't one! So it must be accepted that some cases are neither clearly parasomatic nor asomatic, and Green's figure of 80% may be only a rough estimate. Poynton found that 75% did have another body of some sort and for most of these the other body was similar to the physical. Rogo (124b) collected 28 cases of which 12 (or 43%) reported seeing an 'ecsomatic form' while several more implied there was one. Others denied having any other body while some seemed to have experiences in between, and in one case two bodies were seen from a third position. From these findings Rogo argued that there are three distinct types of OBE but he did not analyse his cases further. Among my survey cases 4 had another body and 3 did not. The SPR cases only mentioned what the subjects thought important and in the 25 single cases only 2 mentioned another body, both like the physical. This indicates that for many OBEers the question of whether there is another body is so uninteresting that they say nothing about it, even in accounts several pages long. Perhaps this is part of the reason for the varied results. Even if you force people to answer the question they may not really know whether they had another body or not.

What does this tell us about astral projection? One could argue that in the 'asomatic' cases the astral body was, for various reasons, invisible. The defender of the theory can always find ways to justify it but I would only suggest that these cases tend to weaken the case for astral projection, or at least put difficulties in its way which can only be resolved by complicating the theory yet further.

Even bigger problems confront the theory in connection with the silver cord. Green asked her subjects whether they had felt any

connection between themselves and their physical bodies. Under a third said they had, and only 3.5% reported a visible or substantial connection such as a cord while most felt no connection at all. Poynton's results tell a similar story. He asked about a 'perceptible link between you and your physical body'. In response one described 'an elastic cord with [*sic*] tightened and slacked off as I moved up and down'; another, 'an invisible, but tangible, cord'; and a third 'a thin silvery cord. .. shiny like quicksilver and quite opaque', but only 9% reported any connection at all. Among the 25 SPR cases only 2 seemed to have a cord, 1 a 'rubber cord' and the other a 'long silver thread attached to my earth body'.

The details of the cord provide evidence both for and against the traditional astral projection theory. First, when cords are mentioned at all they do seem to be very similar to the 'silver cord'. It has often been suggested that people who have read about astral projection would be more likely to see an astral body and a silver cord. Poynton asked his subjects whether they had read anything about the OBE before their own experience and found that prior reading made no difference to the kinds of experience they reported, which is evidence that this criticism does not hold. Of course it could be argued that these subjects had read something and forgotten about it, or heard something about the cord from a friend or on the radio, but if we accept Poynton's findings at face value they indicate that the origin of the silver cord lies in something other than the books describing it.

Against this is the fact that cords are so very rare. On this point all the studies agree. Can we say that everyone did actually have a cord, but most of them failed to perceive it? We could, but I think this is just another difficulty in the way of the theory of astral projection.

OB Perception

One of the most interesting questions, to me, concerns the nature of the world seen in the OBE. Is it just like the physical world? Is it more like the 'thought created' world described by Muldoon, or is it like some dream world or an imagined world?

Green found that on the whole perceptual realism was preserved. Subjects saw their own bodies and the rooms they travelled in as realistic and solid. In many SPR cases, too, the surroundings were a familiar room, but in some 'heavenly scenes' were glimpsed, or 'other

realms of existence'. One travelled in another world complete with fields, trees and gates, and one of the people she saw remarked 'Oh, she's from the earth'. Are these strange environments parts of the astral world, and accessible to us all, or are they products of the imagination of one person alone? Certainly many are not parts of the normal physical environment.

Even when the scene appears to be perfectly normal there may be slight differences. Some of Green's subjects said that everything looked and felt exaggerated. Others noticed a strange quality about objects. One said, 'I am tempted to say just as normal, but there is a qualitative difference, there is something about the colour that is too vivid and sparkly...'

I experienced this extra vividness in my own OBE, and many of Green's subjects tried to put it into words: 'objects and places showed brilliant colours', or 'Colour very clear and bright and very stereoscopic'. One asked himself, 'is my hearing acute, without ears?' Some of the SPR accounts describe seeing things in very small detail, and with a vividness never to be forgotten.

The experience is typically in only one or two modalities: vision and hearing. Green found that 93% of single cases included vision, a third also had hearing, but the other senses, touch, temperature, taste and smell were rarely noted. There are many possible reasons why. Green pointed out that the same is found for apparitions. It is also true of dreams, and much of the experience of the imagination. Does this then indicate that the OBE world is a world of images? This is the sort of information which will be useful when we try to piece together just what it is for which a theory of the OBE needs to account.

Another interesting feature of the OBE world is its lighting. In some mysterious way the surroundings become lit up with no obvious source of light visible, or else objects seem to glow with a light of their own, as in the descriptions by Fox and Monroe. One of Poynton's subjects described her feelings, 'I could see the garden with all its normal surroundings. The thing that surprised me was the fact that the garden was so clearly visible, even though my mind told me it was nearly midnight and there was no moon' (117 p. 121).

Paranormality

Perhaps the most important question about the OBE is whether

people can see things they did not know about; in other words use ESP in an OBE? Among Green's subjects, some felt as though they could have seen anything, but lacked the motivation to test this out. However some did claim to see things they could not have seen in the physical. One woman in hospital described another patient fairly accurately, down to the colour of the wool she was knitting with, and that patient was round the corner in the L-shaped ward. These cases were not common in Green's collection, but she claimed, 'In no case of an involuntary nature has it been yet observed that the information obtained was incorrect.' The emphasis on those of an involuntary nature is because in some of the deliberate OBEs mistakes were made. For example one man rose through the roof of his house and saw a chimney stack; when he looked the next day he found that it was not there. This kind of mistake is similar to those I made in my own experience, and to many we shall find later in other OBEs.

Is there then a difference between the spontaneous cases and the deliberate ones in this most crucial aspect? This could be important because it is almost impossible to test claims of ESP by collecting cases, and most of the available evidence comes from experiments. But if the experimental OBEs are different from the natural ones in this respect then the experiments are not likely to be very fruitful. This is a problem to which I shall return.

Another related question is whether subjects in an OBE can affect objects, or have the power of psychokinesis. On the whole the evidence is against it. Some of Green's subjects tried to move things and failed, just as Muldoon and Fox had done. One thought that she had moved an anemone from a vase but Green is careful to point out that she might, consciously or unconsciously, have seen the flower beforehand and been under the illusion that she had placed it there. Claims of this sort are very hard to test, as are claims that the OBEer appeared as an apparition to someone else. Hart's collection included many apparition cases, but Green mentions none and Poynton found only 4 cases out of 122.

One last feature needs comment. That is that a spontaneous OBE can have a profound effect on the person who experiences it. Sometimes OBEs can be very frightening, sometimes exciting and sometimes they provide a sense of adventure. Interestingly, Green found that fear was more common in later, not initial experiences. Pleasant emotions are common too. Poynton found that just over

half of his subjects found the experience pleasant. Many of the SPR accounts include descriptions of ecstatic states, most beautiful places, and heavenly sounds. One woman described a 'delightful light feeling' another a 'happy, no *joyous* sense of well-being, light, freedom'. Very typical is the insistence that the experience was immensely real and will never be forgotten.

The analysis of these case collections has provided some useful information. We now know that common features of the OBE include sensations of flying or floating, seeing things unusually vividly, and observing one's own body as though from outside. Other features are more variable. Usually the transition is sudden, but some subjects have odd sensations on separation or return. Some have another body, but many do not. A very small proportion have a cord of some sort joining the two bodies, but the majority do not. The world seen when OB can vary from a very realistic version of the actual situation at the time, through a slightly odd or distorted version, to all kinds of strange other worlds. Similarly the reaction of the subject can vary from pleasure to terror, and from joy to indifference. Claims for psychic ability, or paranormal events in the OBE are made, but they are rare. For most OBEers this does not seem to be a crucial part of the experience.

Some of these details seem to fit the traditional astral projection interpretation quite well, while others seem at variance with it. Some seem to indicate an imaginary component to the OB world, and most show up the extreme variability of the experience. It is facts like these which we shall need to take into account when assessing the theories and trying to explain the OBE.



8 The OBE in Other Cultures

So far most of our cases have come from people living in the western world, in complex and highly educated societies. But OBEs are certainly not confined to these. Tales of the double come from so many different cultures that it would be impossible to look at them all. We have already heard of the Doppelganger and 'fetch' and it is clear that many people who believe they have a soul or spirit would not be too surprised to hear that it could separate from their physical body. But among different cultures the belief in this possibility takes different forms. The Aranda, a tribe in central Australia, believe that men have a double, or *ngancha*, which is like the physical man but is the source of life itself. I say they believe that *men* have a double, and indeed the women are excluded here, and have none.

In his study of shamanism, the eminent anthropologist Mircea Eliade (35) has described how the Siberian and North American shamans prepared for their 'flights'. The Yenisei Ostjak shaman apparently begins by fasting and carrying out a series of rituals, leaping into the air and crying, 'I am high in the air; I see the Yenisei a hundred versts away' (p. 223). The Kazak Kirgis shaman undergoes most unpleasant rituals in the preparation, including walking on fire, touching red hot coals and slashing his face with sharp knives. The use of the ancient Yoga tradition of Kundalini can lead to states of ecstasy, Ehrenwald (34) quotes one such experience: 'I experienced a rocking sensation and felt myself slipping out of my body. I felt the point of my consciousness that was myself growing wider and wider . . . while my body . . . appeared to have receded into the distance.'

Lukianowicz (85) describes the role of the shaman in the circum-polar area, in 'sending the soul'. The shaman becomes 'possessed' in a self-induced trance and is then able to send his soul to distant places to perform such useful acts as bringing back the soul of another

member of his tribe. This unfortunate person who has lost his soul remains in an hysterical stupor until his soul is returned. Alternatively, the shaman can send his soul to another place, far or near, even to the moon, to find out what is going on there.

Clearly the members of these tribes find some value in this activity. To Lukianowicz, writing in a psychiatric journal in 1958, 'It seems to be quite obvious that this form of clairvoyance has only a pretending character, resembling the make-believe nature of the imaginary companions in children.' But is this quite obvious? Need we be convinced that the experiences described are entirely 'make-believe'? A more detailed study of some beliefs may help us to find out.

In 1978 Dean Sheils (134) compared the beliefs of over 60 different cultures by referring to special files kept for anthropological research. These Human Relations Area Files contain information on many cultures organized into topics, coded sentence by sentence and kept on microfilm. For each culture he extracted any information relating to the ability of a double or soul to travel without the physical body. Of 54 cultures for which some information was reported, 25 (or 46%) claimed that most or all people could travel in this way under certain conditions. A further 23 or (43%) claimed that a few of their number were able to do so, and only three cultures expressed no belief in anything of this nature. In a further three cultures the possibility of OBEs was admitted but the proportion of people who could experience it was not given. From this superficial analysis alone it can be seen that the belief, of some sort, is very common.

The Azande, in Africa, believe that the *mbisimo*, one of two souls, can leave the body when it is asleep and travel, have adventures and meet other *mbisimo*. This is thought to be a common occurrence and one that can occur to anyone, but it will not be remembered on awakening. The Azande need to be woken carefully to avoid the unpleasant experience of having the *mbisimo* return too quickly to the body.

Another culture in which travelling is said to occur during sleep is the Bacairi from South America. The *andadura*, or shadow, 'takes off its shirt' during sleep. That is, it throws off the body. But there is an important difference between the beliefs of the Azande and the Bacairi. The African tribe do not equate dreams with the travels of the soul, those travels are forgotten and dreams may be remembered. But for the Bacairi dreams are of great importance and are

interpreted as the real events experienced by the shadow. It is said that on one occasion a whole village was thrown into panic when one man dreamed that enemies were creeping upon the village. Again, danger can result from too quick an awakening. Even death may be caused because the shadow cannot return to its body in time to sustain it. An echo of this kind of belief can even be seen in our own culture. Falling and bumping sensations on awakening are sometimes attributed to the 'astral body' or the soul returning too quickly. There is also a superstition that if you reach the bottom of the cliff in a 'falling dream' you will die.

Sheils reports several other cultures who believe that a soul or double travels in sleep. These include the Andamanese from a little island in West Asia, who believe that the *ot-jumulo*, or double, leaves the body in sleep; the Cuna from South America whose *purba*, or soul, leaves the body, and the Burmese who call their travelling counterpart the butterfly, a name which suits it well since they believe it to be fragile and easily hurt.

It seems that as many cultures interpret dreams as OBEs as those who do not. And there are some, like the Burmese with their 'butterfly', who distinguish two types of dream. For them the dreams in the early part of the night, on first falling asleep, are called 'false dreams'. Later there may be mixed dreams, and it is only those which occur in the early hours of the morning that are called 'true dreams' and interpreted as memories of the journeys of the butterfly.

But in addition to sleep other conditions may lead to an OBE type, of experience. The bush Negroes of South America believe that a slip or fall may occasionally result in projection. In Indonesia it is believed that extreme anger, especially in children, can cause the soul to become separated from the body. The North American Maya believe that the soul travels to the afterworld shortly before death and the African Mossi hold that illness or intense sorrow can also be a cause. But beliefs such as these are relatively rare in comparison with the occurrence during sleep. This is most interesting when compared with the cases from our own culture which we have considered so far, many of which seemed to have been brought about by a variety of types of trauma, shock or illness, or by deliberate effort.

The notion that one may induce an OBE deliberately is not entirely absent from the cultures included by Sheils, though it is usually confined to certain types of people. Often only shamans

can do it, sometimes by using special drugs or methods for inducing a trance. But as well as the shaman other categories of people may be regarded as more prone to OBEs. In several cultures the very old are mentioned; and more commonly, children or the very young.

Where does the soul or double go during these expeditions? According to the theory of astral projection the astral body travels in the astral world. According to other theories it does not travel at all. We can compare this with the reports from other cultures. Of those described by Sheils there were several who believed that the soul could only travel in earthly places, others who believed it could move in the world of the dead or spirits, and others who could include both. Sometimes ordinary people may only travel in earthly locations while the shaman, the specially trained or the dying may commune with the afterworld.

For example, the Tikopia believe that the double can visit far-off lands because it moves about so quickly that it effectively annihilates distance; and in addition to travelling on earth the double can visit heaven and meet the spirits of people long dead. The Maltese have a rather nasty tradition according to which only people who are born on Christmas Eve are *gaugau*; on Christmas Eve they may travel the countryside moaning and frightening people and then return with no memory of having done so. Among those to whom projection is only to 'higher' levels are the Apache whose souls are said to travel to the 'camps of the dead'. Finally, among the Pukapukans most people are confined to earthly levels except for shamans who can visit the underworld.

I have referred to the soul, spirit, and double as though all these terms meant the same thing, but of course different concepts are used in different cultures and there is also variation in the forms which the travelling portion of man is believed to take. We have seen that in some cases from our culture there is a complete replica of the physical body, while in others the OBEers seem to be a vague shape or no more than a point in space. The Lepcha, from Western Asia, describe the soul as the mirror image of the physical body and the Marquesans believe that it has the same appearance as the physical, but other descriptions include a 'whirlwind', of malicious and vicious temperament or the forms of animals or insects.

The connection between the soul and body may vary too. In many cultures it is thought that any damage inflicted upon the soul may be felt in the physical body too. But there was only one culture

in Sheils's sample, the Kol, from India, in which mention was made of a 'thin cord' joining the projected soul to the body.

It should be remembered that all this information was drawn from cards collected together by a large number of investigators who were not necessarily especially interested in OBEs and who could not therefore be expected to make great efforts to establish exactly what the beliefs were. One might expect to obtain more detailed information from a traveller with a particular interest in OBEers.

Alastair McIntosh worked for two years as a volunteer teacher and then deputy headmaster at a school near Kerema in the Gulf Province of Papua New Guinea. While he was there he worked on a small hydro-electric project and of course he got to know the schoolboys and other workers who were building new classrooms. In the evenings they would all sit together telling stories and Alastair took the opportunity to ask them about their beliefs. He asked, "Do your people believe it is possible for a person's spirit to leave his body for a short time while he is alive?", and also 'What happens to a person's spirit when his body dies?' (89b).

He was able to ask these questions of members of three groups, the Elema, the Gulf Kamea and the Rigo peoples. The Elema were happy to talk about their beliefs and described how the spirit leaves the body at death to stay close to the village for about a week or until the main funeral rites are over, before leaving for the spirit world. (Some believed this spirit world to be a foreign country somewhere to the west!) It was also thought that sorcerers were able to induce OBEs and to travel anywhere, communicate with spirits and work magic while their body remained cataleptic. Interestingly, when McIntosh was lucky enough to spend some time talking to a sorcerer, the grandfather of one of his students, he found that the man was no OBE adept, though he told him a good deal about magic and ritual; quite frequently, it seems, the claims of the sorcerer are far more modest than the abilities their fellow men attribute to them and fear of them. Like many of the cultures we have already considered, this sorcerer said that the spirit leaves the body in sleep but that the traveller always forgets this on waking, and dreams are not the product of such wanderings but are given by spirit ancestors.

Asked about OBEs under other conditions, one boy said, 'If you are walking through the bush and suddenly somebody steps out from behind a tree and puts a hand on you, your body will jump.

The spirit also jumps, but it jumps higher than the body and so for a short time the two separate.' A particularly interesting suggestion was that 'the spirit may leave the body in search of drinking water if a person is so ill that he cannot walk to water and has nobody attending him' (89b p. 463)- particularly interesting because, as we shall see later, one of the ways suggested for inducing an OBE is to go without water in the hope that the 'astral body' will leave the sleeping and thirsty physical in search of some.

The people of the Gulf Kamea told a very different story. In fact it was almost impossible to get them to tell any story at all. But once they had all conferred together and tried to understand what was being asked of them they said, with some embarrassment, that as far as they were concerned the spirit dies along with the body. For them death is the end of all existence.

Finally, of these three groups, the Rigo from the Central Province described well-developed beliefs in OBEs. They distinguished two types, the dreaming and sleeping OBE and the magic type. Only the magic type were said to be 'real' and were induced by sorceresses. Many tales of the exploits of the Samarai sorceresses, or 'flying witches', from the Milne Bay Province in the southeast were told. One doubting Rigo boy was invited to sleep with his girlfriend's mother, a sorceress, so that she could show him that it was possible. In his sleep she took him back to Rigo, some 250 miles and as proof carried back a bunch of bananas from his father's garden. He said that his father thought they had been stolen until he was told the story.

Of course we have no corroboration for this story; but it is interesting in many aspects, not least for the tale of the 'magic cotton'. The 'magic cotton' keeps the body and spirit connected during the flight and acts 'like a fishing line', remaining taut but extending indefinitely as the spirit travels. The Rigos believe that if it is broken when the spirit is far away the body will die, but on returning to the body, in an interesting analogy with birth, the sorceress herself must break the cotton in order to re-enter the body. The boy who travelled to his father's garden apparently had great trouble when the cotton became entangled, but eventually he succeeded in breaking it and returning to his body.

This belief is all the more interesting because it is so rare. It bears many resemblances, apart from the necessity for breaking it, to the 'silver cord', but it seems that the Rigo are one of the few peoples

to have any such belief. Muldoon and Carrington (97b) cited the Tahitians as believing in a vapoury cord and Crookall (26h) describes the 'magic cords' of the Australian aborigine 'clever men', but as we have seen Sheils found only one culture in his sample, with any related belief. The Rigo also have well-developed beliefs about the nature of the travelling spirit. Apparently it can take the exact same form as the physical body, or with further magic it can take on the form of a bird or flying fox (fruit bat), or of a light. This light can be small to football-sized, shaped like a shooting star with a tail, and the faster it moves the more it twinkles brightly in colours of yellow, red or blue. This sounds a fanciful description but remember that Muldoon claimed that at the intermediate moving speed light was thrown off behind the moving astral body, and Crookall mentions something similar.

There are many other accounts from different cultures which may or may not have some bearing on the OBE. Carlos Castaneda was a student in California who travelled to Mexico in search of information on the use of hallucinogenic drugs. He subsequently wrote several books on his supposed apprenticeship to the sorcerer Don Juan (19), I say 'supposed' because doubt has been cast on the veracity of the stories (28) but whether or not there is such a man as his Don Juan, Castaneda has described some fascinating experiences. Among them are 'flights' of many kinds, some from which he returned to find his body as he left it, and others from which he had a long walk home. Such drug-induced adventures can be found in many cultures. Rogan Taylor (147) has suggested that the whole tradition of flying Father Christmas and his reindeer may have evolved from the intoxication by fly agaric mushrooms in northeastern Siberia. The tribes there depend on reindeer for food and clothing and their one intoxicant is the mushrooms which send them 'flying'. Even the colour of Father Christmas's cloak suggests the red and white mushroom.

This brief exploration into the beliefs of other cultures has necessarily been selective, but it is enough to answer one of the questions posed. Yes, beliefs in OBEs are widespread and come from cultures as different as the most developed western nations and some which have barely changed in thousands of years. What is more difficult to answer is why. Is it because we all have a travelling double, or is there some other reason? There are four main contenders, as follows:

1. The theory of astral projection (or other theories involving the separation of a double from the physical body).
2. 'Social control' and 'crisis' theories.
3. Dream theory.
4. Psychological theories of the OBE.

Many authors have come to the conclusion that only the first of these can account for the similarities between the beliefs of such widely separated cultures. These include Sheils and McIntosh as well as Muldoon and Carrington and Crookall. I believe that the last theory is preferable, but let me consider the arguments used.

On the basis of the evidence he collected Sheils rejected the second type of theory. This suggests, for example, that many cultures may hold beliefs of this kind in order to use the occurrence of the experience as a form of social control, in reward or punishment to maintain the norms of the society. Many cultures certainly use the threat of the wrath of the gods, to keep behaviour in line. Angry ancestral spirits may visit a misbehaver and so frighten him into submission. If this kind of social control were the reason for belief in OBEs we should expect to see many instances in which the occurrence of an OBE was used in this way. McIntosh (1999b) tells a story of a boy called Daniel in the Trobriand Islands who had hurt a friend in a fight over a cricket bat. That night he had a terrible nightmare. The friend's grandmother, whom he described as a 'champion flying witch', was flying around his bed and trying to swallow him up in her enormous mouth. His screams brought help from his friends but even then when awake he saw a fiery square moving towards him and knew that the witch was still there. Two days later the grandmother arrived from the island on which she lived and told the boy that she had come to frighten him to ensure that he would not hurt her grandson again. Now she made the two share food together to reform their friendship. As McIntosh points out there could be a number of 'normal' explanations for this story, but it does show a possible use of OBEs as a means of social control. Sheils describes two societies in which OBEs are treated in this kind of way. For the Mundurucu projection is very dangerous and may occur if any important social norm is violated. The Vietnamese believe that if the *khi* or soul Leaves the body it will become ill and this is a way of punishing the body for 'bad deeds'.

However, Sheils describes two, and only two, such societies. The

use of OBEs as a means of social control is rare and does not seem to contribute significantly to overall occurrence of the phenomenon. Another possibility that Sheils considered was the 'crisis' theory: that is, that OBEs might be used as a means of providing people with a sense of control over situations which they could not in fact control. Many magical methods are used to provide a semblance of control over the weather, the failure of crops or illness, but as Sheils found no evidence that OBEs were ever used in this way he dismissed the theory.

The third type of theory maintains that OBEs are so widely believed in because they are a way by which people try to account for the universal experiences of dreaming. Sheils specifically refers to Tylor's dream theory of the soul and calls it the Goliath of alternative explanations. Roughly speaking, this theory holds that primitive man, when confronted with his own dreams, tried to explain such occurrences as meeting with friends or enemies in a dream, or even speaking with the dead, or travelling to distant places. In an attempt to explain these otherwise impossible feats he came to the conclusion that something, the spirit, of the dead person had survived his physical death. In a similar way he might conclude that when he dreamed of travelling to distant places it was actually his soul or spirit which had done the travelling.

If this theory were correct we should expect to find that most cultures interpreted dreams as OBEs, or that those which did held different beliefs about OBEs from those who did not. In addition we should not expect specific and common OBE beliefs to be based on experiences claimed to occur during waking states. The evidence shows quite the opposite. As Sheils demonstrates, only 14 of the cultures he studied (that is 32% of the total) equated dreams with OBEs. As we have already seen many do not, and some specifically distinguish between dreams and OBEs. In addition there are many stories of OBEs occurring when the person was awake, and the stories and beliefs surrounding dreaming OBEs and waking OBEs show remarkable similarities, so that one is tempted to think that they stem from a common basis. All this indicates weaknesses in the dream theory. Attempts to interpret dreaming may be an important stimulus to belief in OBEs, but they cannot explain why such beliefs are so common or why specific details are similar in cultures separated by continents, oceans, and vastly different life-styles.

The argument for the first theory seems to depend a good deal

on the similarities between the experiences, but these are arguable. Crookall (26h) gives an impressive-sounding list of cultures in which a cord, tape, or ribbon is mentioned, but he also includes bridges, sticks and posts, and in any case he has taken them all from Eliade's list of symbols used by shamans for the ascent into 'Paradise'. Crookall argues that Eliade did not know about the 'objective' cords, but we could equally well argue that Eliade was correct in calling them symbols. Also we have seen that belief in a connecting cord is not common, and the appearance of a cord is not even common in OBEs in our own culture. As with many of these details it is hard to know just how similar the beliefs are. Crookall's argument is certainly not as convincing as it may initially appear.

Having considered the evidence and alternative theories McIntosh and Sheils come to similar conclusions. McIntosh concludes that the cross-cultural similarities lend support to the classical astral projection theory (or 'CAP', as he calls it). However he argues that we should need to find very close and detailed correspondences on such matters as the silver cord and the appearance of the double for CAP theory to be justified, and he concludes that CAP is not the only viable theory. Sheils rejects the three 'social science' explanations he considered and prefers the possibility that, in his own words, 'the specificity and generality of OBE beliefs is simply a response to a genuine event; i.e., the actual occurrence of an OBE'.

Crookall argues that the widespread similarity of experiences is evidence of an objective double, and Carrington (97b) asks his reader compare the experiences of the Tahitians with those of Muldoon:

How could S.M. . . . living in a small town in Wisconsin (and having read nothing of the subject) have made these identical observations in his early 'teens - noting the form and method of egress of the body, the cord attaching the astral to the physical, the mode of travel and his reception on the other side, when projected, and all the rest — if he had not undergone identical projection experiences? It is preposterous to assume that these were mere coincidences, or hallucinations, or that they had dream experiences which were so exactly similar. What had he in common with a Zulu witch doctor which would make them think or dream alike in all these respects? No! It is only logical to assume that they had similar experiences, which they each noted in their own way; and these experiences were the phenomena of astral projection ... [97b pp. 23-4].

Ultimately all these authors are using the same basic argument. I agree with them this far: that the widespread belief in OBEs and

the consistency in its description, suggests that OBEs do occur not just in our own society but in many others. This is only reasonable. If large numbers of people describe an experience and we have no good reason to believe that they were lying or making it up we should be perverse if we did not start by believing that they did experience it. When a child wakes from a terrible nightmare we do not try to tell him that he did not dream, or when a friend tells us of beautiful visions when taking an hallucinogenic drug we do not try to convince him that he did not see them. No, we usually accept the *experience* as genuine. However, what we need not accept, at least without further confirmation, is the proffered interpretation.

Having ruled out the 'social control', 'crisis' and dream theories two of the original suggestions remain: the 'astral projection theory' favoured by many previous writers, and what I have referred to as a psychological theory of the OBE. This would involve no necessity for anything to travel anywhere and would explain the experience in terms of imagery, hallucination, and memory. According to such a theory the similarity between the experiences would be a result of the similar nervous systems and psychological processes in different people. Clearly this would not be satisfactory to Crookall or to Carrington. Indeed as it stands it says little, but certainly a theory along these lines could potentially account for the similarities. Later on I shall consider such a theory in more detail and only then will it be possible to make a fair comparison between that and the 'astral projection' interpretation.

For the moment it is sufficient to note that OBEs and related experiences have been reported from widely different cultures, as have beliefs in other bodies beyond the physical. And this is just one of the interesting facts which we shall have to take into consideration when trying to decide just what does happen in an OBE.



9 Surveys of the OBE

One of the first questions my own OBE prompted me to ask Was, 'how common are these experiences?' A case collection cannot answer this question, but a survey can. I have distinguished case collections from surveys on the basis that in the former cases may come from any source, but in the latter an attempt is made to sample a specific population and to ask the same questions of a number of people. When this is done questions can be answered about the frequency with which the experiences are reported, the types of people most prone to them, and their characteristics. There have been several surveys of the OBE, but before discussing their results it is as well to consider some of the problems they have to face.

To find out, for example, how common the OBE is we may ask a number of people whether or not they have had one. Ideally we might want to ask every individual in a given population a question such as 'Have you ever had an OBE ?' In practice, of course, we can only ask a sample of those people and the sample chosen may not be representative of the whole in terms of age, sex, occupation and, naturally, the incidence of OBEs, among the people asked. Not all these factors need be relevant, but in any case there are the problems of choosing a sample and avoiding a sampling bias. In particular, if the sample chosen is very small any results obtained are less likely to be dependable.

Having chosen the sample one asks the question. But which question? Is it to be in written form, or asked personally by an interviewer? How should it be worded? Asked simply, 'Have you ever had an OBE?' many people would not understand, and so be incapable of answering honestly. How they answer may then depend on the 'demand characteristics' of the situation: that is, what they think is expected of them, and so on. At the extreme, the question 'You haven't had one of those weird OBEs have you?' is likely to produce different answers from 'OBEs are very common experiences

among all normal people, have you had one?' The situation, the time of day, the place or even the weather may affect people's replies or convey an expected or 'preferred' answer.

Finally, if the question is asked personally the interviewer may convey something of his expectations or biases by his tone of voice, and manner, and the type of person he is seen to be may be relevant. A young and attractive interviewer may have a different effect on respondents of the opposite sex than those of the same sex. An older person may feel more comfortable answering such 'personal' questions in the presence of another his own age or sex. So the interviewer's age, sex, clothing, perceived status and so on, may all affect the ease with which he receives an honest reply.

With all these complications to consider we cannot accept at face value the truth or generalizability of the answers given by a group of people to even one question. We must acknowledge possible sources of bias due to the sample of people asked, the question used, the situation in which it was asked and the person (if any) who asked it. However, all this should not lead us to despair of ever drawing any conclusions from the results of surveys; only to treat any conclusions with care. Bearing these problems in mind we can examine the few surveys there have been and the questions they have attempted to answer.

1. Incidence: how common is the OBE?

We may read such phrases as 'the OBE seems to be a rather common phenomenon' (124f p. 17) or 'it is a common psychical experience' (139 p. 1); but only a survey can tell us just how common it is. The first survey was carried out by Hornell Hart, at Duke University (60a). In a pilot study a 'representative sample' of sociology students was asked a number of questions on psychic matters embedded among other questions. One hundred and thirteen students were asked 'Have you ever dreamed of standing outside of your body, or floating in the air near your body?', to which 25% replied 'yes'. A further 42 students were asked another question 'Have you ever actually seen your physical body from a viewpoint completely outside that body, like standing *beside* the bed and looking at yourself lying *in* the bed, or like floating in the air near your body?' This time 33% answered 'yes'. Hart combined the two groups and concluded that 27% reported having had an OBE.

But had they? Hart's first question asked whether the students

had *dreamed* of being out of their body. According to the definition used here we might choose either to include or exclude dreamed OBEs, but if we include them we may have to include all sorts of very common dreams in which the dream observer is not the same as the dream actor, but these may only be recalled on waking and have none of the qualities of 'realness' so often associated with waking OBEs, or with lucid dreams. Hart's question, might also exclude many OBEs. For example I would answer 'no', as in my OBEs I was not dreaming, as far as I could tell. On the other hand I would answer 'yes' to his second question. So we can see that the two questions are not equivalent. The wording was crucial. Hart's sample was small and very restricted. We cannot assume that the answer would be the same if a different group of people was asked. We can only say that the results give a rough estimate of the incidence of OBEs.

Hart also surveyed another group. One hundred and eight people in the audience at a lecture filled out a questionnaire and gave percentages 'fairly similar' to those before. Unfortunately Hart does not say which question was asked and nor does he elaborate on 'fairly similar'. Since the audience was at a lecture on psychical research it probably consisted of people interested in this field, and with more than an average number who had had OBEs. In other words it was probably a biased sample, so no firm conclusions are possible. Vague statements about the OBE being 'common' were given some backing, but clearly better evidence is needed.

Green attempted to find out how common are OBEs among students in England. She asked 115 undergraduates at the University of Southampton the question, 'Have you ever had an experience in which you felt you were "out of your body"?' 22 of these, or 19%, said 'yes' (49a). In a second survey she asked 380 Oxford undergraduates a similar question 'Have you ever had an experience in which you felt you were out of your body?' (the only difference being in the inverted commas). Of this group 131, or 34% said 'yes' (49b).

How likely are these estimates to be accurate, and why are they different? In my opinion the question asked was fair. Unlike Hart's questions it does not specify whether 'dreaming' or not, nor does it stress 'actually' out of the body. The respondent only has to say he 'felt' that he was. It may be rather a loose question, but so is the definition of the OBE; I think it is a good one. The samples, however, were not so satisfactory. In the Southampton study the ques-

tionnaire was given to those who attended a previously advertised talk on 'extra-sensory perception'; they would probably be biased in the direction of an interest in the paranormal and would probably include more than a representative number who had had OBEs. Green argues that: the bias may be in either direction. '... It might equally have been the case that the notices attracted those who were inimical to the idea of ESP and that these came to criticise the speaker. There would seem to be no way of deciding what was the bias, if any' (49b p. 361). This may be so for attitudes to ESP but I would argue that any bias would be far more likely to lead to an overestimate of the number of OBEs.

The same can be said of Green's second sample. As the students were volunteers for ESP experiments, we might expect them to have had more than their fair share of OBEs. As for why the percentages differ so much, I can offer no plausible explanation. As the samples appear to be biased it is quite possible that one is more biased than the other, but any such speculation can be only *post hoc*. Green herself does not offer any explanation. I think we can only accept these as estimates - and probably overestimates, by an unknown amount - of the incidence of OBEs among students.

Two surveys have used properly balanced samples drawn from specified populations. The first was conducted by Palmer and Dennis (111, 110d). They chose the inhabitants of Charlottesville, Virginia, a town of some 35,000 people, as their test population and selected 1,000 of these as their sample. The University of Virginia at Charlottesville accounts for a large part of the population and so students and townspeople were sampled in the appropriate ratio. Seven hundred townspeople were selected from the city directory and 300 students from the University directory, using computer-generated random numbers. A questionnaire on 'psychic experiences' was sent, by mail, to each person and of these 534 of the townspeople (51%) and 268 of the students (89%) returned usable replies. The question on OBEs was worded as follows: 'Have you ever had an experience in which you felt that "you" were located "outside of" or "away from" your physical body; that is, the feeling that your consciousness, mind, or center of awareness was at a different place than your physical body? (If in doubt, please answer "no".)' To this, 25% of the students and 14% of the townspeople said 'yes'.

As before we must ask how reliable these estimates are likely to be. The sample was well selected, and although not all questionnaires

were returned this is unlikely to have biased the results. In the case of the students the return rate was 89% which is very high for a survey of this kind. And although for the townspeople it was less satisfactory (51%), Palmer sent the questionnaire altogether three times to people who did not respond at first. As subsidiary analysis showed no progressive changes in the pattern of responses across the three sets of returns, he concluded that those who never returned them at all would not give markedly different answers.

We may then wonder why the students gave the much higher figure. Since they were probably younger, on average, they could have been expected to report fewer experiences, having had less time in which to have them. But there are other possibilities. Perhaps they could more clearly recall childhood experiences than older people. Perhaps they had taken more psychoactive drugs than the townspeople, and these had occasioned the experiences. Perhaps there are differences in social pressures between the groups. Reporting an OBE may be seen as desirable within 1970s student society but be considered with less approval by the townspeople. If this were the reason for the difference it would imply that it was largely artificial rather than due to genuine differences in incidence.

Further data from this survey allow us to pursue these possibilities - a benefit of this kind of survey. The students were younger (almost all were under 30) but no relationship between age and reported OBEs was found. Although the question of social pressure cannot be answered, there is evidence that drug-taking was important. One question asked whether respondents had ever used ' "mind-expanding" drugs or medicines', and if so whether they had had any psi-related experiences while under their influence. Seven per cent of the townspeople and 32% of the students said they had. This is likely to be a considerable underestimate, as the respondents might have feared legal complications if they said 'yes'.

Palmer found that drug use was a poor predictor of most psi-related experiences; but in the student sample he found a significant positive relationship between drug use and OBEs and concluded that this could account for the higher prevalence of OBEs in students. Of course the OBEs did not necessarily occur while under the influence of the drugs but they may have facilitated such experiences. In fact 13% of the townspeople and 21% of the students who reported OBEs said they had had at least one when taking drugs.

That there is a relationship between drug use and OBEs receives

confirmation from work by Tart (146c). In a survey of 150 marijuana users he found that 44% claimed to have OBEs. Since this is well above the percentage claimed so far for any other group it seems possible that the use of this drug facilitates OBEs. Of course there may be other reasons for the high figure. The people who are most likely to have OBEs may be just the same kind of people as those who are likely to take marijuana. Since the survey was specifically of drug users the results cannot be directly compared with those of other surveys. Nevertheless, taken together with Palmer's findings it seems at least possible that certain drugs encourage OBEs and that is why his students claimed more of them.

The second survey using a properly constructed sample was carried out by Erlendur Haraldsson, an Icelandic researcher, and his colleagues at the University of Iceland in Reykjavic (58). Iceland is a small country with a population of only about 210,000 people. For the survey a questionnaire was sent to a random sample of 1157 persons between the ages of 30 and 70 years, selected from the National Registry. When those residing abroad, the deceased and so on were excluded there were 1132 persons in the survey. After three mailings and a follow-up by phone calls and even visits, a return rate of 80% was achieved. There were 53 questions on various psychic and psi-related experiences including a translation of Palmer's question. To this, only 8% of the Icelanders replied yes.

Does this low figure reflect a feature of the Icelandic people? If so, it is an odd one because in the same survey it was found that the Icelanders reported more of all sorts of other experiences than the Americans had done. Could they have understood something different by the question? This is very difficult to assess, and leads us to another problem which may apply to all the surveys: the possibility of a bias arising because people who have had an OBE understand the question better than those who have not, regardless of how carefully worded is the question.

Let me explain this in more detail. If a person who *has* had an OBE is asked a question about it, for example Palmer's question, he will know immediately what is being talked about, will recognize his own experience, and reply 'yes'. He is very unlikely to say 'no' and there will be few false negatives. On the other hand the person who has *not* had an OBE is less likely to understand the question because he has nothing in his own experience to help him. Many will say 'no'; perhaps most will, but some may be unable to imagine

an OBE and answer 'yes' on the basis of dreams or daydreams. There will therefore be some false positives and overall this effect will tend to produce an overestimate of the incidence of OBEs. The effect will be greatest where there is most ambiguity in the question, or least knowledge about OBEs in the group being asked; or when for any reason the respondents are most likely to misunderstand the question. It was presumably for this reason that Palmer added 'If in doubt, please answer "no"', but this cannot be expected to exclude the effect entirely.

Table 2 Surveys of the OBE

Author	Year	Respondents	N (size of sample)	N 'YES'	% 'YES'
Hart	1954	Sociology students Sociology students	113 42	28 14	25 33
					} 27 %
Green	1966	Southampton Univ- ersity students	115	22	19
	1967	Oxford University students	380	131	34
Palmer	1975	Townpeople } Charlotte- Students } seville	- -	- -	14 25
Tart	1971	Marijuana users	150	66	44
Haraldsson	1977	Icelanders	-	-	8
Blackmore	1980	Surrey University students	216	28	13
		Bristol University students	113	16	14
Irwin	1980	Australian students	177	36	20 12
					* (dep on criterion)
Bierman & Blackmore	1980	Amsterdam students	191	31	16
Kohr	1980	Members of ARE	-	-	50

It should be possible to find out whether this effect is important. Two surveys are relevant here. In a parapsychology course at the

University of Surrey I gave students a questionnaire each year from 1976 to 1979. This included the question, 'Have you ever had an out-of-the-body experience?' All the students knew about OBEs, had attended a lecture on the subject, and had heard cases discussed. I doubt that any could have misunderstood the question. It is therefore interesting that overall only 13% claimed to have had an OBE (see Table 2). In a pilot study with students who did not know about parapsychology 11 out of 33, or 33% claimed to have had an OBE (9d). This seemed to indicate a difference, but was probably spurious because in a second, larger, study, 115 students at the University of Bristol were asked the same question, with only a definition of the OBE given. Of these 14% had had an OBE. So it seems that it makes little difference whether the students know a lot about OBEs beforehand. This was further confirmed in a study carried out to compare two groups, one given some detailed information about the OBE, and one told nothing. In this study both groups, students at the University of Amsterdam, included 18% who said they had had an OBE.

Individually the studies of these different groups all suffer from problems. The parapsychology students might be expected to have a special interest in OBEs and possibly to report more of them. Also none of the groups was very large, but overall we get a picture showing that 13% of the British students, and 18% of the Dutch ones claim to have had an OBE regardless of how much they were told about the phenomenon beforehand.

Another survey was carried out on the other side of the earth, with Australian students. Irwin (65a) gave a simplified version of Palmer's questionnaire on psychic experiences to students on a psychology course at the University of New England. The OBE question was the same as Palmer's and to this 36 out of 177 students, that is 20%, said yes. But Irwin did not accept this as the true incidence of OBEs. He also asked for descriptions of the putative OBEs which allowed him to exclude some. Of the 36, five gave descriptions which Irwin considered were not OBEs; another nine gave descriptions too vague to allow definite categorization; and one gave no description. Using the more stringent criterion only 21, or 12%, were counted as having had an OBE. Like Palmer, Irwin had included the 'If in doubt, please answer "no"', but clearly this is no safe way of excluding all errors. So it seems that with a stricter criterion for what counts as an OBE the incidence

falls considerably. Finally, Kohr (74) gave Palmer's questionnaire to members of the Association for Research and Enlightenment. Over 400 responded and 50% claimed to have had an OBE, but this very high figure is not surprising given the fact that these people were especially interested in the subject.

So what is the incidence of OBEs? The exact figure obtained will depend on who is asked, what question is asked, and when and where. But we can draw some conclusions. The results of eleven surveys have been discussed and are all presented for comparison in Table 2. The percentages range from 8% to 50%.

In general the earlier surveys suffered from more problems in terms of the samples used and the questions asked, but none is perfect, and we are left with several estimates. Since there are reasons to believe that many of the figures may be overestimates, I would guess that the lower figures are more accurate. Also we know that students tend to give higher figures, and most surveys have used students, so the percentage for other people may be lower. But how accurate do we want our answer to be? There comes a point when increasing accuracy is not worth the effort expended. If we try for ever better surveys we may get more accurate estimates of incidence but we shall have to specify ever more closely the criterion of an OBE and finally the definition. For ultimately, if we ask a person *X*. has or has not had an OBE we need a very well-specified definition of an OBE in order to answer, and this raises all the problems of definition already discussed. I would conclude that these surveys, with all their problems and inadequacies, have enabled us to answer the first question fairly well. Those vague statements about OBEs being 'common' are now backed up by a variety of figures. If I had to give a personal estimate of the incidence of OBEs, based on all the available evidence, I would put it at around 10%. Others would undoubtedly place it higher, but all in all I think we can now say with more conviction that the OBE is a fairly common experience!

2. The distribution of OBEs

In the case collections we saw that while some people had only one OBE in a lifetime, others had many and could even learn to induce them at will. By conducting a survey it is possible to find out what proportion of people report different numbers of OBEs. In my own student surveys exactly half of those who reported an OBE had had

more than one. But of well over 300 students only two claimed to be able to induce one at will. In Palmer's survey over 80% of his OBEers, both students and townspeople, had had more than one experience and 20% claimed to have induced one at will, which is a rather different finding. Of Kohr's OBEers 72% had had multiple OBEs. Then in comparison Green, in her case collection, found that only 39% had had more than one OBE; different again. So there is no clear picture to emerge here. One thing can be said though. If a person has had one OBE he or she is more likely to have another. All these figures are far higher than you would expect if OBEs were distributed at random in the population. So we can conclude either that certain people are more likely to have OBEs, and so to have more than one as well, or that once a person has had an OBE he has learnt something which enables him to have another more easily. It could be that people who have had them are keen to have another and so try harder than other people, although of course some OBEers do not want any more - one is quite enough ! If there are certain types of people who are more prone to OBEs this too should be detectable from the results of surveys, and indeed some surveys have been conducted with this in mind.

3. The people who have OBEs

Having found a 34% 'yes' response to her initial question Green went on to compare different groups to see whether they had had different numbers of OBEs. In both Southampton and Oxford students she found no difference according to whether they were 'arts' or 'science' students, male or female, or had been to different types of school. Her only finding was that OBEers were more likely to report experiences which they thought could only be attributed to ESP. This same effect was found by both Palmer and Kohr. Of course Green's subjects were a biased sample in the first place, but Palmer's group can be considered as more representative both of OBEs and of the population he used.

Palmer and Kohr found that subjects who reported one type of 'psychic' or 'psi-related' experience also tended to report others. Of course this could be due either to a genuine occurrence of all types of psi-related experiences in the same people, or to some non-specific tendency for certain people either to report more of all sorts of experiences or to interpret everyday occurrences more frequently as 'psychic'. Very little is known about the way in which such

experiences come to be labelled as 'psychic' or 'paranormal'. Clearly some people, wanting strongly to believe in their own psychic ability, will interpret almost any tiny coincidence as 'psychic'. Others, extremely sceptical, will put the most extraordinary events down to chance. The first of these is sometimes seen as pathological, but HttL is known about the variations between the extremes. And these variations could certainly be responsible for large differences in the answers given to questions in the survey.

This may lead us to wonder whether the same effect might be responsible for the large numbers of people reporting multiple and varying OBEs. Could it be that they just have a tendency to 'overinterpret' their experience, or to want to claim more? If this were so we should expect that less multiple OBEs would be reported in surveys in which the criterion was more strict. Potentially this could be investigated, but Irwin does not report multiple OBEs, and in my surveys there seems to be little difference according to whether the students knew a lot about OBEs or not. So we cannot be definite about this point.

Palmer also, like Green, found that many simple variables were irrelevant. Sex, age, race, birth order, political views, religion, religiosity, education, occupation and income were all unrelated to OBEs. There was one exception in marital status but given the very large numbers of analyses this was probably spurious. Haraldsson does not report these details for OBEs alone, but I think it is fair to say that these simple subject variables do not allow us to decide who is more likely to have an OBE.

4. Other questions

Potentially, many other questions could be answered by using a survey. I gave some of my subjects an ESP test and showed that their results were not related to whether they had had an OBE or not. Palmer found significant relationships between OBEs and practising meditation, mystical experiences and, as we have already seen, drug experiences. He then went on to find out more details about the OBEs reported. This was possible because he had used a much larger sample than most surveys. Palmer had over 100 people reporting one or more OBEs, and asked them various questions about the experience. They were asked whether they had seen their physical body from 'outside' and this was reported for 44% of the experiences and by nearly 60%, of the OBEers. It therefore seems

that this feature, though common, is certainly not universal. Far fewer OBEers than this reported travelling to a distant place to 'hear' or 'see' what was going on there. Fewer than 20% of experiences involved 'travelling' and fewer than 30% of OBEers reported it. Still fewer, as might be expected, reported that they had acquired information by ESP while 'out-of-the-body' (about 14% of people and 5% of experiences) or had appeared as an apparition to someone else (less than 10% of OBEers). These results confirm the findings of the case collections: that few OBEs include all the features of a classical astral projection.

Osis (103f) gave a questionnaire to groups of parapsychology teachers and other interested people. Any figures on incidence would, of course, be heavily biased, but he was able to find out a lot about the nature of the experience. For example, the subjects typically reported rich visual experience with details sharply accentuated. Most saw things in normal perspective but for many (40%) this occasionally broke down producing 360° vision, seeing round corners and so on, and half the subjects saw objects glowing or transparent, or they saw auras around them. All these details may sound rather bizarre and dream-like, but only 4% of this group claimed that their experience was similar to dream imagery.

As for another body, 36% had one. 22% had something like a 'spaceless body', 14% were a ball or point and others varied. Overall the OBE seemed to have had a highly beneficial effect on its experiencers. Many claimed their fear of death was reduced, and their mental health and social relationships improved. Ninety-five per cent said they would like to have another OBE.

I have not mentioned two other important aspects of some surveys. Several have investigated the relationships between reporting an OBE and the respondents' imagery ability, and several have asked questions about lucid dreams and their relationship to the OBE. Since these are important questions I shall return to them soon, but first I would like to pursue some of the methods which have been used to induce an OBE.



10 Inducing an OBE

I have mentioned several adepts who could induce an OBE at will, and judging from the case collections and surveys many other people can do the same. You may now be wondering what methods they used and whether it is possible for anyone to learn to have an OBE. In this chapter I shall discuss several of the methods which have been recommended.

As we shall see, many of these use as a starting point techniques designed to improve the novice's powers of relaxation, imagery, and concentration. Many occultists have noted the importance of physical relaxation in OBEs. It has even been suggested that relaxation is essential to ensure a 'good' experience (12). The ideal state appears to be one of physical relaxation, or even catalepsy, combined with mental alertness. Meditators will find this state familiar and indeed OBEs have occasionally been reported during meditation and yoga.

If you don't know how to relax, one of the easiest ways is to use progressive muscular relaxation. In outline this consists of starting with the muscles of the feet and ankles and alternately tensing and relaxing them, then going on up the muscles of the calves and thighs, the torso, arms, neck and face, until all the muscles have been contracted and relaxed. Done carefully this procedure leads to fairly deep relaxation within a few minutes, and with practice it becomes easier.

Many astral travellers have stressed the importance of clear imagery or visualization for inducing OBEs and of course imagery training forms an important part of magical development. Most people have some ability to imagine, and later on I shall discuss ways of measuring this ability, but for the moment just try this simple task to see how effective your own imagery is. Read the description slowly and then try to imagine each stage as you go along.

Imagine an orange. It is resting on a blue plate and you want to eat it. You dig your nail into the peel and tear some of it away. You

keep pulling off the peel until all of it, and most of the pith, is lying in a heap on the plate. Now separate the orange into segments, lay them on the plate as well, and then eat one.

If this task does not make your mouth water, and if you cannot feel the juice which inadvertently squirts from the orange, and smell its tang then you do not have vivid or trained imagery. Try it again with your eyes open and then with them closed to determine which you find easier. The colours should be bright and vivid and the shapes and forms clear and stable. With practice at this and similar tasks your imagery will improve until you may wonder how it could ever have been so poor.

Progressive methods of imagery training are often described in magical and occult books, and helpful guidance can be found in Conway's occult primer (24), and in Brennan's *Astral Doorways* (14). Most involve starting with regular practice at visualizing simple geometrical shapes and then progressing to harder tasks such as imagining complex three-dimensional forms, whole rooms and open scenery. Imagining your body growing very large or very small, changing shape or flitting in and out of solid objects, are also popular feats. Here is a rather harder one.

Visualize a disc, half white and half black. Next imagine it spinning about its centre, speeding up and then slowing down, and stopping. Next imagine the same disc in red, but as it spins it changes through orange, yellow, green, blue and violet. Finally you may care to try two discs side by side spinning in opposite directions and changing colour in opposition too. In my own training I found that many of these tests, which seemed so very difficult to begin with, soon became easier and easier. Of course no one but yourself will know how well you are doing, but the change should be obvious to you.

Other useful skills are concentration and control. Not only do you need to be able to produce vivid imagery, but to abolish all imagery from your mind, to hold images as long as you want and to change them as you want, both quickly and slowly. Brennan (14) suggests trying to count, and only to count. The instant another thought comes to mind you must stop and go back to the beginning. If you get to about four or five you are doing well, but you are almost certain to be stopped by such thoughts as 'this is easy, I've got to three already', or 'I wonder how long I have to go on'. People trained

in certain types of meditation will find this sort of thing easy, but for others some practice is useful.

All these skills, relaxation, imagery and concentration, are suggested again and again as necessary for inducing an OBE at will. Other aids include posture. If you lie down you might fall asleep, although Muldoon (97a) advocates this position. On the other hand discomfort will undoubtedly interfere with the attempt. Therefore an alert, but comfortable posture is best. Some have suggested that it is best not to eat for some hours before and to avoid any stress, irritation or negative emotions. Alcohol is not helpful. Others suggest long contemplation of the desire projection, but probably different conditions suit each person and these can only be discovered by practice. Bearing all of these things in mind, we may now turn to some methods used for inducing an OBE.

1. Imagery techniques

It is possible to use imagery alone but it requires considerable skill. There are two basic methods.

(a) Lie on your back in a comfortable position and relax. Imagine that you are floating up off the bed. Hold that position, slightly lifted, for some time until you lose all sensation of touching the bed or floor. Once this is achieved move slowly upwards, floating gradually higher above the body. Move slowly into an upright position and begin to travel away from your body and around the room. Pay attention to the objects and details of the room. Only when you have gained some proficiency should you try to turn round and look at your own body.

Although I have often heard this method suggested, each stage may take months of practice and it seems to me to be too difficult for any but a practised OBEer. However, it can be useful in conjunction with other methods.

(b) In any comfortable position close your eyes and imagine that there is a duplicate of yourself standing in front of you. You will find that it is very hard to imagine your own face, so it is easier to imagine this double with its back to you. You should try to observe all the details of its posture, dress (if any) and so on. As this imaginary double becomes more and more solid and realistic you may experience some uncertainty about your physical position. You can encourage this feeling by contemplating the question 'Where am I?', or even other similar questions 'Who am I?' and so on. Once the double is

clear and stable and you are relaxed, transfer your consciousness into it. You should then be able to 'project' in this phantom created by your own imagination. Again, each stage may take long practice.

If you try these exercises a question of theoretical importance takes on practical significance. That is, what is the difference between imagining you are having an OBE, and really having one? If you imagine a double does this process bring about the separation of the astral body in some way, as astral projection theory suggests, or are all OBEs entirely imagination anyway? As far as the definition of the OBE is concerned you are having one if you 'seem to be' out of your physical body. Accordingly it is up to you to decide whether you are or not. If you are strongly aware of your physical position then you are not 'out of the body', but there are many stages in between. Some adepts have claimed that it is obvious when you have achieved the desired state, and that there is a clear difference between imagination and the unimaginable clarity of the OBE state. Others have found that in time they experienced states which could be placed on a continuum from clearly imaginary and rather dim, to brightly conscious and realistic. Are there then two types of experience, 'imagination' and the true OBE? Or are there a wide range of experiences with no dividing line being possible? We shall keep returning to this question as we try to understand the OBE.

These are just two methods using imagination only, but there are several more which extend and develop these in different ways. The next five methods also involve visualization but as part of a more specialized technique.

2. Inducing a special motivation to leave the body

You can trick yourself into leaving your body according to Muldoon and Carrington (97a). They suggested that if the subconscious desires something strongly enough it will try to provoke the body into moving to get it, but if the physical body is immobilized, for example in sleep, then the astral body may move instead. Many motivations might be used but Muldoon advised against using the desire for sexual activity which is distracting, or the harmful wish for revenge or hurt to anyone. Instead he advocated using the simple and natural desire for water - thirst. This has the advantages that it is quick to induce, and it must be appeased.

What you have to do is to refrain from drinking for some hours before going to bed. During the day increase your thirst by every

means you can. Have a glass of water by you and stare into it, imagining drinking, but not allowing yourself to do so. Then before you retire to bed eat 'about an eighth of a teaspoonful 'of salt. Place the glass of water at some convenient place away from your bed and rehearse in your mind all the actions necessary to getting it, getting up, crossing the room, reaching out for it, and so on. You must then go to bed, still thinking about your thirst and the means of satisfying it. The body must become incapacitated and so you should relax, with slow breathing and heart rate and then try to sleep. With any luck the suggestions you have made to yourself will bring about the desired OBE.

Muldoon has described his results with this method (97a p. 129):

I dreamed that I was walking along a dusty road. It was a sweltering hot day. I was thirsty, but could find no place to get a drink. I pulled off my shirt and tried to moisten my mouth with the perspiration which it contained.

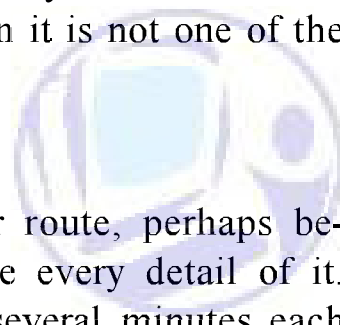
My thirst was increasing. I was becoming weak and blinded by the sun, when finally I reached a farm-house. There was a windmill! I hurried as fast as I could to the tank below it — but it was dry! I looked up at the wheel above me and saw that it was not turning, and, knowing that it would pump water if the wheel turned, I began to climb the structure, intending to stand upon the platform at the top and turn the wheel by hand, and thus pump some water into the tank, and then descend and drink it.

I began to climb up the ladder of the windmill. Just as I reached the top, the wheel began to turn rapidly and, catching my clothing, threw me outward through the air. I was glad (in the dream) that I was flying through the air, for I could see that I was speeding toward a river near my home, and that I should probably get a drink there. Soon I was by the river and on my knees drinking. It was at this moment that I became clearly conscious, and I found myself in the astral body on the bank of the river.

In this way, through inducing the desire for drink, dreaming of trying to get water, going upwards and outwards in the dream, and finally becoming lucid or aware that it was a dream, Muldoon achieved projection. However, I do not know of anyone else who has succeeded with this technique and in my opinion it is not one of the most pleasant or effective methods.

3. Ophiel's 'little system'

Ophiel (102) suggests that you pick a familiar route, perhaps between two rooms in your house, and memorize every detail of it. Choose at least six points along it and spend several minutes each



day looking at each one and memorizing it. Symbols, scents and sounds associated with the points can reinforce the image. Once you have committed the route and all the points to memory you should lie down and relax while you attempt to 'project' to the first point. If the preliminary work has been done well you should be able to move from point to point and back again. Later you can start the imaginary journey from the chair or bed where your body is, and you can then either observe yourself doing the movements, or transfer your consciousness to the one that is doing the moving. Ophiel describes further possibilities, but essentially if you have mastered the route fully in your imagination you will be able to project along it and with practice to extend the projection.

4. The Christos technique

This technique was originally developed as a means of contacting 'past lives'. G. M. Glaskin, an Australian journalist, tried it out with his friends and popularized it in several books, starting with *Windows of the Mind* (48). Subsequently the technique was adapted for inducing OBEs. The basic method is as follows.

Three people are needed: one as subject, and two to prepare him. The subject lies down comfortably on his back in a warm and darkened room. Soft lights and music can be used to produce a relaxing atmosphere. One helper then massages the subject's feet and ankles, quite firmly, even roughly, while the other takes his head. Placing the soft part of his clenched fist on the subject's forehead he rubs it vigorously for several minutes. This should make the subject's head buzz and hum, and soon he should begin to feel slightly disorientated. His feet tingle and his body may feel light or floaty, or changing shape. The massage seems to produce something like the effect of that childhood game in which you stand in a doorway and try to push your arms up hard against the door frame.

When this stage is reached, the imagery exercises begin. The subject is asked to imagine his feet stretching out and becoming longer by just an inch or so. When he says he can do this he has to let them go back to normal and do the same with his head, stretching it out beyond its normal position. Then, alternating all the time between head and feet, the distance is gradually increased until he can stretch both out to two feet or more. At this stage it should be possible for him to imagine stretching out both at once, making him

very long indeed, and then to swell up, filling the room like a huge balloon. I have often found that subjects who thought they 'could never do this sort of thing' suddenly found the sensations of swelling and growing immensely amusing, or fascinating, and from this point in the procedure felt less self-conscious. All this will, of course, be easier for some people than others. It should be taken at whatever pace is needed until each stage is successful. I have known people complete this part in five minutes, or take more than fifteen minutes, the essential thing though is to take it at the subject's preferred pace.

Next he is asked to imagine he is outside his own front door. He should describe everything he can see in detail, with the colours, materials of the door and walls, the ground, and the surrounding scenery. He has then to rise above the house until he can see across the surrounding countryside or city. To show him that the scene is all under his control he should be asked to change it from day to night and back again, watching the sun set and rise, and the lights go on or off. Finally he is asked to fly off, and land wherever he wishes. For most subjects their imagery has become so vivid by this stage that they land somewhere totally convincing and are easily able to describe all that they see.

When Glaskin used this technique the subjects supposedly landed in a past life, but one can equally well land in a different place in the present. Alistair McIntosh (89a) describes several experiments in which he used the Christos technique to induce lucid dreams or OBEs, and his subjects seemed to travel to a variety of places. One reportedly visited a friend's room and was able to describe someone there whom she had never met.

You may wonder how the experience comes to an end, but usually no prompting is required; the subject will suddenly announce 'I'm here', or 'Oh, I'm back', and he will usually retain quite a clear recollection of all he said and experienced. But it is a good idea to take a few minutes relaxing and getting back to normal.

I think it is interesting that this technique seems to be very effective in disrupting the subject's normal image of his body; of its shape, size and position. It then guides and strengthens his own imagery while keeping his body calm and relaxed. I think it is a very useful method, but of course all the same old questions apply. What is the role of imagination; does anything leave the body; and is the Christos experience identical to, or similar to, other OBEs?

5. Robert Monroe's method

In his book *Journeys Out of the Body* (93) Monroe describes a complicated-sounding technique for inducing OBEs. In part it is similar to other imagination methods, but it starts with induction of the 'Vibrational state'. We have already heard that many spontaneous OBEs start with a feeling of shaking or vibrating. Monroe deliberately induces this first. He suggests you do the following. First lie down in a darkened room in any comfortable position, but with your head pointing to magnetic north. Loosen clothing and remove any jewellery or metal objects, but be sure to stay warm. Ensure that you will not be disturbed and are not under any limitation of time. Begin by relaxing and then repeat to yourself five times, 'I will consciously perceive and remember all that I encounter during this relaxation procedure. I will recall in detail when I am completely awake only those matters which will be beneficial to my physical and mental being.' Then begin breathing through half-open mouth.

With eyes closed look into the blackness at a spot about a foot from your forehead, concentrating your consciousness on that point. Move it gradually to three feet away, then six, and then turn it 90° upward, reaching above your head. Monroe orders you to reach for the vibrations at that spot and then mentally pull them into your head. These directions sound obscure but Monroe explains in several different ways how to get the vibrations and then to recognize them when they occur. 'It is as if a surging, hissing, rhythmically pulsating wave of fiery sparks comes roaring into your head. From there it seems to sweep throughout your body, making it rigid and immobile' (93 p. 205). In my experience this method is easier than it sounds. I have found myself simultaneously aware that my body was quite still and relaxed, and yet feeling that it was flipping backwards and forwards between two spots. Sometimes the vibrations seem to be related to eye movements, but I think this is not always the case.

Once you have achieved the vibrational state you have to learn to control it, to smooth out the vibrations by 'pulsing' them. At this point, Monroe warns, it is impossible to turn back. He suggests reaching out an arm to grasp some object which you know is out of normal reach. Feel the object and then let your hand pass through it, before bringing it back, stopping the vibrations and checking the details and location of the object.

To leave the body Monroe advocates the 'lift-out' method. To

do this you think of getting lighter and of how nice it would be to float upwards. An alternative is the 'rotation' technique in which you turn over in bed, twisting first the top of the body, head and shoulders until you turn right over and float upwards. After this you can explore further and with sufficient practice Monroe claims that a wide variety of experiences are yours for the taking.

Since 1972, when his book was published, Monroe has set up the 'Mind Research Institute' near the Blue Ridge mountains in Virginia. There he apparently uses a variety of techniques for inducing OBEs, using vibrating waterbeds, special sound effects, and isolation to help his students along. With these methods he hopes to be able to train a number of people to make the journeys together so that they can report on and compare what they see.

6. Ritual magic methods

Most magical methods are also based on imagery or visualization and use concentration and relaxation. In many cases these abilities are the necessary prerequisites, and once mastered the student can use them as a basis for learning the special techniques for ritual and inducing altered states of consciousness. Among these altered states is the OBE, but I think few magicians would differentiate an OBE from many other experiences of 'working in the astral'. Since much magical work is performed in this state it is essential to know how to get there and back, and there are many methods.

All these methods require good mental control and a sound knowledge of the system being used, with its tools and symbols. As a technology, the magicians have probably progressed further than anyone else in this direction. Charles Tart, in introducing the concept of 'state specific sciences' (146e) also considered state specific technologies, that is, means of achieving, controlling and using altered states of consciousness. Many magical rituals are just this. In a typical exercise the magician will perform an opening ritual, a cleansing or purifying ritual and then one to pass from one state to another. Once in the state required he operates using the rules of that state and then returns, closes the door that was opened and ends the ritual. Even in this barest outline one can see the aims of keeping separate the 'astral' and everyday life, ensuring the right intention and state of mind, and carefully structuring the task.

So what is the 'astral' according to the magicians? Probably there are as many answers as magicians and these range from one extreme

in which all the higher realms are thought of as aspects of the magician's mind, to the other in which they are given objective existence and are thought to interact with the material world. Then there are those who would reject this dichotomy as irrelevant. I shall return to these views later on, but here I just want to point out that the methods of magic can be seen as a technology of altered states of consciousness.

This technology varies almost as much as the theory, for there are a multitude of ways of reaching the astral. One can use elemental doorways, treat the cards of the tarot as stepping stones, perform cabbalistic path-workings or use mantras (14, 102). I shall not discuss these in any detail. Some are supposed to be secret, and possibly with good reason, although some can be found in books such as Brennan's *Astral Doorways* (14). Ophiel's book on astral projection (102), *SSOTBME* (148) or Conway's occult primer (24). But all are probably best learned as part of a magical training, and that is not for everyone.

However, I should point out that for all the esoteric paraphernalia of ritual magic, the techniques are very similar to all the others we have been considering. The initial state required is similar. The process of stepping through an 'astral doorway' is reminiscent of Fox's and Monroe's experiences of passing through symbolic doorways, or even the fairly common tunnel experience, and the ways of dealing with trouble advocated by Fox are very similar to those taught in magic by people such as Dion Fortune (43). So we can see the complexities of ritual magic as just another related way of achieving the same ends.

7. Hypnosis

External aids to achieving the OBE include hypnosis and the use of certain drugs. In the early days of psychical research hypnosis was used a great deal more than now to bring about 'travelling clairvoyance'. But it can still be used now. All that is required is a skilled hypnotist, with some understanding of the state into which he wants to put the subject, and a willing subject. But the method is not that easy. All the natural reactions of fear are still there, and the subject must have confidence both in himself and the hypnotist before he will be able to have an OBE.

The subject must be put into a fairly deep hypnotic state and then the hypnotist can suggest to him that he leaves his body. Any of the

imagery techniques already described can be used. The subject can be asked to lift up out of his body, to create a double and step into it, to roll off his bed or chair, or to leave through the top of his head. He can then be asked to travel to any place desired, but the hypnotist must be sure to specify very clearly, and in terms the subject understands, where he is to go, and to bring him safely back to his body when the expedition is over. If this is not done the subject may have difficulty reorientating himself afterwards.

Hart considered hypnosis the most promising method for artificially inducing the OBE, and, as we have seen, he provided evidence that the state reached is more like that of the spontaneous OBE than it is using some other methods. Later on I shall describe in detail some of the fascinating experiments carried out using hypnosis in the early part of this century.

8. Drugs

There are some drugs which can undoubtedly help initiate an OBE. Hallucinogens have long been used in various cultures to induce states like OBEs, and in our own culture OBEs are sometimes an accidental product of a drug experience. In the absence of any further information we might already be able to guess which are the sorts of drugs likely to have this effect. They might be those which physically relax the subject while leaving his consciousness clear and alert. Drugs which distort sensory input and disrupt the subject's sense of where and what shape his body is ought to help, and so may anything which induces a sense of shaking or vibration. Imagery must be intensified without control being lost and finally there must be some reason, or wish, for leaving the body.

Considering these points hallucinogens might be expected to be more effective than stimulants, tranquillizers or sedatives. The latter may aid relaxation but help with none of the other features. Few other types of drug have any relevant effect. This fits with what is known about the effectiveness of drugs for inducing OBEs. Monroe (93) states that barbiturates and alcohol are harmful to the ability, and this makes sense since they would tend to reduce control over imagery even though they are relaxing. Eastman (33) states that barbiturates do not lead to OBEs whereas morphine, ether, chloroform, major hallucinogens and hashish can.

Relatively little research has been carried out in this area, partly because most of the relevant drugs are illegal in the countries where

that research might be carried out. However, Masters and Houston (88) and Grof (52) found that subjects taking LSD experienced separation from their body on occasions. In studies with LSD therapy for the dying, Grof and Halifax (53) describe experiences which seem clearly related to OBEs, and Tart (146c) describes OBEs occurring in people smoking marijuana. (Hashish, grass, and marijuana are all names for, or products from, the cannabis plant or Indian hemp, of which the main active ingredient is tetrahydrocannabinol, THC.) Tart also showed that the proportion of smokers who had experienced an OBE was much higher than expected.

So it seems that certain drugs can facilitate an OBE but what is not clear is why the drug experience should take that form rather than any other. Part of the answer is that usually it does not. There is no specific OBE-creating drug, and OBEs are relatively rarely a part of a psychedelic drug experience. Probably many psychological factors are involved. It is known that the setting in which these drugs are taken is crucial in influencing the nature of the experience and clearly if the person has some reason, conscious or unconscious, for wanting to 'leave his body', the drug experience may be more likely to take this form. But there is very little research on drugs and OBEs which can help us here.

Hallucinogenic drugs may help in inducing the OBE but I would not recommend them as a route to the instant projection. For successful use the set, setting and preparation must be just right, and among the dangers is that the flood of perceptual, emotional and cognitive changes may be totally overwhelming and frightening. Drugs may be a useful adjunct to other methods but they are no alternative to learning the skills of relaxation, concentration, and imagery control.

9. Dream development

Many OBEs start from dreams and since, by definition, one has to be conscious to have an OBE, they tend to start from lucid dreams. The dreamer may become aware that he is dreaming and then find himself in some place other than his bed and able to move about at will. He may have another body and may even attempt to see his physical body lying asleep. A good example is the dream Muldoon induced by thirst. There are many ways of learning to have lucid dreams, and projecting from dreams. Both Fox (44c) and Ophiel (102) describe techniques, but consideration of them can be

left until the next chapter when I shall discuss the whole topic of lucid dreams and their relationship to OBEs.

10. Palmer's experimental method

Obviously if there were a simple and effective method of inducing an OBE in a volunteer in an experimental setting this would be an enormous aid to research. In the search for such a technique Palmer and his colleagues (112a, b, c, 113a, b) used relaxation and audio-visual stimulation. Subjects went through a progressive muscular relaxation session and then heard oscillating tones and watched a rotating spiral. This method and the results obtained are all described later on, but one of the interesting findings was that many of the subjects claimed that they had been 'literally out of their bodies, and there were indications that their experiences were very different in some ways from other OBEs. This raises yet again the question of whether all these methods of inducing an OBE are inducing the same thing or whether we have a whole variety of experiences on our hands.

In conclusion, there are numerous ways of inducing OBE-like experiences. Common features tend to be relaxation, concentration, and control of imagery, but all pose a major question. Do they all induce the same experience? Do ritual magic and Monroe's method produce the same effect? Do the imagery techniques evoke a similar experience to that with drugs or hypnosis, and how can we tell?

The problem seems to amount to the impossibility of comparing private experiences. But perhaps impossibility is too strong a word. If several people were together to learn to explore these techniques, and if they could develop methods for describing their experiences, then the venture might not seem impossible at all. For this, if for no other reason, I think there is a need for experimenters who can themselves have OBEs. I shall return to such exciting possibilities, but first it is time to turn to that other related experience, the lucid dream.

