

# **Transpersonal and Transformative Potential of Out of Body Experiences**

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## **Introduction**

In this paper, I describe the out of body experience (OBE) as a type of exceptional experience resulting from spontaneous spiritual emergence. More specifically, the paper presents findings of some of the earlier scientific research conducted on the topic of OBEs, including their phenomenology, semiology, as well as their transpersonal/transformative element. It further presents a report of different types and levels of OBEs of a 44-year-old experiencer who, for this study, is named John. John has experienced spontaneous OBEs since birth. The paper mainly presents anecdotal reports of John's OBEs supported by firsthand accounts. The majority of information was collected informally, relying on personal, subjective testimony of John's accounts. The specific descriptions of John's OBEs are based on information obtained from my working diary which collects individual cases of John's OBEs. I have been observing John's OBEs for the past 20 years and have been recording individual instances of phenomenology, semiology, and a possible etiology of John's out-of-body encounters. At the end of the paper, I provide John's analysis of replies to the CAPS (The Cardiff Anomalous Perceptions Scale) which aimed at assessing the intensity of his OBE-related anomalous perception.

## **Spiritual Emergence/Spiritual Emergency**

I posit that OBEs are an integral part of the spiritual emergence phenomenon which includes a range of extraordinary spiritual experiences happening either spontaneously or induced by spiritually oriented practices and other outer elements, techniques, and agents. The spiritual experiences are also known by the name of spiritually transformative experiences (STEs), non-ordinary transcendence experiences (NOTEs), or exceptional human experiences (EHES).

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Spiritual emergence is a profound spiritual opening that takes place in the form of different spiritual experiences which usually do not cause too serious problems, challenges, or impairments in the everyday lives of individuals who experience them. According to Crowley (2006), this kind of emergence is an organic process within human development during which individuals can experience transpersonal elements. Spiritual emergency, a term first used by Stanislav Grof, a psychiatrist and a noted transpersonal researcher of Czech origin, is closely related to spiritual emergence. Grof posits that the phenomenon of spiritual emergency can help ease many problems today's world is facing if this phenomenon is supported and understood in the right way (Grof & Grof, 1990). He was one of the first professionals working in the field of transpersonal psychology to identify spiritual awakenings suddenly happening to many individuals as spiritual emergencies (Grof, 1989). During a spiritual emergency, individuals experience mild or severe distress resulting in impairments in their psychological, social, or academic life. A spiritual emergency may be defined as a crisis during which experiences are so intense that they temporarily disrupt the sense of the self (Collins, 2007). According to Bradgon (2013), the phenomenon of spiritual emergency is quite broad and may be seen as the basis of different forms of an individual's struggle, including addiction. I further agree with Lukof (2007) who posits that spiritual emergency oftentimes involves nonordinary states of consciousness.

## **Religious, Mystical, Out-of-Body, or Near-Death Experiences as Spiritual Problems**

There is new hope for people experiencing distressing spiritual experiences which are too much for them to digest without proper professional help. The hope comes in the form of a new diagnostic category called "Religious or Spiritual Problem" which in 1994 was officially entered into the Diagnostic and Statistics Manual of Mental Disorders (DSM) -IV (American Psychiatric Association, 1994). The new category defines spiritual problems as distressing episodes in the life of an individual involving among others questioning of spiritual values which are not necessary related to an organized church or religious institution (American Psychiatric Association, 1994). Based on this diagnostic category spiritual problems such as mystical experiences, near-death experiences (NDEs), OBEs, kundalini opening, alien encounters, etc. may for the first time be officially treated as non-pathological rather than pathological problems.

According to Keri (2017), spiritual experiences may be accompanied by pathological symptoms such as hallucinations, odd behavior, depression, and or odd thoughts. Therefore, individuals suffering from such symptoms may be misdiagnosed with mental illness. According to Grof, spiritual and mystical experiences have personal growth potential. They can trigger a powerful transformation and further personal development in individuals undergoing such experiences (Grof & Grof, 1990; Grof, 1989). Mislabeled them as pathological symptoms may be damaging to further spiritual development as well as psychological and physiological being of an individual.

## **Transformative Potential of OBEs**

Keri (2017) points out that OBEs and other exceptional human experiences such as glossolalia, or possession, may be mistaken for psychoses if the cultural background of the individuals experiencing them is being ignored. Persinger's study (1984) for example, revealed intriguing EEG activity in separate cases of glossolalia and transcendental meditation. It showed delta wave activity in the temporal lobe that lasted about 10 seconds and occurred during transcendental meditation. The second case involved spike-wave activity in the temporal lobe of an individual who performed glossolalia. Both cases represent healthy individuals with no history of pathology. Based on the study, Persinger hypothesized that experiences of mystical and religious nature naturally occur in the temporal lobe and are transient.

According to Twemlow (1989), OBEs should not be treated as pathological or something abnormal. He, therefore, posits that transpersonal therapists should view OBEs as experiences with potential spiritual transcendence. Furthermore, De Foe (2012) suggests that since both near-death experiences (NDEs) and OBEs are transformative experiences that may have a significant impact on an individual's psychological well-being, experiencers should be encouraged to openly talk about their extraordinary experiences within a counseling setting.

In addition, some therapists are interested in the potential healing element of the OBE and have introduced techniques aimed at helping a client during the therapy session to trigger an out of body like experience by artificial means. The aim is to encourage spiritual as well as personal development a transformative OBE may offer. However, there is little research done so far linking the therapeutic utilization of "artificial" OBEs induced during the counseling session. Schenk (2006), in his book on the hypnotic use of waking dreams, suggests that waking dreams provide certain elements occurring during both NDEs, as well as OBEs. Within the framework of his therapies, he encourages clients to deliberately induce the state of the waking dream with the help of different visualization or imagination-based techniques. The aim is to attain an OBE/NDE-like experience that can be utilized for further personal and spiritual growth.

Interestingly, in their research, Gelfkopf & Meyerson (2004) attempted to utilize OBEs during hypnosis. Their study describes three different individuals who were able to induce spontaneous OBEs during hypnotherapy sessions. According to the study, the induced OBEs proved helpful in advancing the therapies in all three individuals. Moreover, the OBEs seemed to help the clients with anxiety-related problems and proved to be an effective therapeutic resource. However, a certain degree of caution should be exercised in the study as it is not clear whether the OBEs induced during the therapies were authentic OBEs or rather what I refer to as out of body like experiences. Sensations of separation from the physical body induced under virtual reality settings often feel like authentic OBEs. Lucid dreams too are frequently mistaken for authentic OBEs. Shenk (2006) tried to use waking dreams which are referred to as lucid dreams in his therapies, to attain an OBE/NDE-like experience to advance the personal growth of his clients. During lucid dreaming, the experiencer is asleep but aware of the fact that he/she is dreaming. Lucid dreamers can further navigate their dream.

Although different intensities of OBEs may be distressing to one degree or another, they may not necessarily be pathological. Having an OBE does not automatically mean that the experiencer suffers from psychosis. I believe that spiritually based OBEs may be considered profound transformational experiences and/or spiritual problems experienced by those who undergo spiritual emergence or its more intensive form-spiritual emergency. They may or may not have features resembling psychosis. Some authors are implicating a resemblance between paranormal experiences and pathological states such as psychosis. Keri (2017) studied the relationship between religious conversion, as a form of spiritual emergency, and psychosis. The study showed that 24 individuals out of 53 referred to a psychiatry center with psychosis, actually were not pathological ill at all. Instead, they experienced spiritual experiences such as religious conversion which resulted in a deep transformative episode in their lives. The transpersonal element of altered states of consciousness, including OBEs, has been recognized by many transpersonal authors. According to De Foe (2012), the topic of OBEs deserves more attention, especially from the point of view of how therapy may aid those experiencing OBEs. The majority of the current OBE literature examines elicited OBEs in the clinical population rather than the healthy population, or OBEs that are induced artificially rather than at will or occurring spontaneously in the waking/active state.

OBEs in people with pathological conditions such as epilepsy have been studied by a fair number of researchers to date. However, there is a severe lack of studies aimed at researching spontaneous OBEs (within a nonpathological population), which have healing as well as transformative potential. Blackmore (1982) posits that one of the reasons why it may be complicated to study the OBE phenomenon in depth is that individuals may encounter an OBE only once or twice in a lifetime. Blackmore (1982) further opined that 10% and above of incidences of OBEs occurring in the general population would probably be an overestimate. The study conducted by Blanke and Dieguez (2009) claims the estimate to be even lower, around 5%. Some individuals representing the healthy population claim to have OBEs occurring spontaneously, unexpectedly, and unintentionally (Krst, 2018). Individuals who undergo spontaneous, naturally occurring OBEs may be hesitant to talk about it out of fear of being put down or ridiculed if they do (Parra, 2009). De Foe in his study (2012) argues there has been a severe lack of research into the therapeutic benefits of exploring OBEs. According to him, one of the reasons why this may be the case is the lack of a general agreement on how to approach the phenomenon of OBEs within the counseling framework in the first place. Being an experiencer myself, I can easily imagine that within a counseling setting a therapist may experience great difficulty in how to professionally respond to my accounts of OBEs, given the fact that individual methods of intervention for OBE counseling have not been satisfactorily researched as of today.

### **Transpersonal Element of NDEs**

In a study on NDEs and attempted suicide Greyson (1981) suggested that suicide attempts that were accompanied by profound transformative NDEs may decrease future suicide attempts of the individuals who underwent those profound transformative experiences. Research studies on NDEs generally agree that OBEs are part of NDE-related encounters. Furthermore, a correlation seems to exist between the level of spiritual growth and the depth of NDE as reported in a recent study by Greyson & Khanna (2014). The study on spiritual transformation occurring after NDEs further showed that near-death survivors claimed stronger spiritual growth than comparison survivors. Since an OBE is usually an intrinsic part of each NDE, I can hypothesize that OBEs too carry an element of potential spiritual growth including spiritual transformation.

The religious experiences individuals encounter during NDEs may have profound transformative effects notwithstanding the fact they may have common elements with pathological symptoms. The study conducted by Greyson (2003) researched the connection between NDEs and psychological distress associated with them. It showed that 22 percent of the patients who underwent NDEs reported experiencing less psychological distress compared to patients who did not report having NDEs.

In another study, Greyson (1997) examined the differentiation of NDEs and other related phenomena from mental disorders. Greyson posits that the inclusion of the then-new diagnostic category of religious and spiritual problems in the DSM-IV allows for acknowledgment of exceptional experiences such as NDEs, OBEs, and other paranormal experiences as a form of spiritual emergence rather than psychotic pathology given the fact that both may have some common features. The study conducted by Nobakht & Dale (2018) implies that dissociation, as well as trauma, are a common feature in both NDEs and mystical experiences in general. Kroll et al. (1996) studied the relationships between different types of altered states of consciousness such as mysticism, absorption, and dissociative episodes and childhood and adolescent trauma and neglect. The study showed that the tendency to experience dissociative states of consciousness was not correlated with the tendency to undergo mystical experiences characterized by altered states of consciousness.

According to Ataria (2016), similarity exists between mystical and traumatic experiences. The author posits that one of the most significant common elements of both experiences is the subject's encounter with nothingness. Interestingly, Greyson & Khanna's study (2014) of near-death survivors showed that NDEs are associated with greater posttraumatic spiritual growth. The study further revealed that NDEs do not influence post-traumatic spiritual decline.

Another phenomenon that belongs to the category of spiritual emergence (Lukoff, 1998) and whose transformative element has not yet been taken into consideration in full is paranormal experiences of UFO-related Non-Human Intelligence (NHI). Interestingly, the UFO Experiencer Research Study surveys conducted by the Dr. Edgar Mitchell FREE Foundation (FREE) revealed that 60% of respondents stated their concern with spiritual matters strongly increased since they first became interested in their UFO experience regardless of whether the experience was OBE or non-OBE related NHI contact (Hernandez, Schild & Klimo, 2018). Moreover, the study showed that the overwhelming number of respondents considered their NHI contact positive as well as spiritually transformative. The survey further revealed that the respondents desired to achieve a higher consciousness as well as their understanding of what life is about strongly increased. Many NHI experiencers experienced NDE/OBE-related contact modality with NHI. Furthermore, The FREE survey data showed that 81% of the respondents who took the Phase 1 survey experienced OBE (Hernandez et al. 2018).

## **OBEs and Spiritual Emergence**

OBEs are oftentimes experienced by individuals who undergo STEs or NOTEs. In the study on NOTEs and their aftereffects, Dr. Nicole Gruel describes a case of a woman whose spontaneous OBEs triggered deep transformative experiences (Gruel, 2017). The process of the psychic opening of the woman culminated in a period during which she was able to function in a profound altered state of consciousness for a period of more than one year.

According to Lukoff (1998), spiritual emergence includes experiences such as mystical experience, near-death experience, meditation-related experience, kundalini awakening, psychic opening, visionary experience, alien encounters, other spiritual problems, etc. John has experienced all spiritual experiences mentioned above except the meditation-related spiritual experiences since he never tried to meditate. He tries to keep himself grounded as much as possible the reason that his OBEs are mostly triggered spontaneously, they are massive, occur every day, and cannot be controlled. Moreover, in John's case, different spiritual experiences as listed by Lukoff overlap and are combined. Consequently, in addition to experiencing an OBE, John may be experiencing other spiritual experience modalities happening at the same time.

John's instances of spiritual emergence (spiritual experiences) mostly take the form of massive spontaneous OBEs. I suspect that these in turn give rise to other extraordinary (exceptional, non-ordinary) ex- experiences John have been experiencing jointly with the OBEs since birth. They include the following—

### **Perceiving subtle energies around individuals Clairvoyance**

- Retrocognition, precognition
- Direct vibrational cognition in the form of a heightened and unusual sensory perception
- Telepathy in the form of animal communication, communication with the deceased, toddlers, newborns, as well as babies in the prenatal stage
- Ability to remote view Visionary experiences
- Mystical experiences (states of unitive consciousness)
- Non-human intelligence (NHI) contacts (formerly known as alien encounters),
- Retrieving information from walls, doors, wood and trees, pieces of furniture, stones, crystals, and plants (basically anything that is organic in nature)

John has experienced OBEs in the form of spontaneous non-ordinary states of consciousness which in my prior study I have named the "states of accreted consciousness" (SACs) (Sellers, 2017). At the age of 13, John was hospitalized due to his massive spontaneous OBEs. Back in these days, OBEs had not been recognized as nonpathological and this may be one of the reasons why John's OBEs were mistaken for psychotic features by the medical community. Indeed, during OBEs, John exhibits certain types of behaviors and characteristics that may be similar to the symptoms of depersonalization, derealization, and dissociations. This seems to correspond with Lukoff's (1998) study which relays that certain types of extraordinary experiences may indeed be mistaken for psychosis. It is also important to stress that from an early age when he started to experience OBEs, John would not share them with anyone. He mistakenly considered OBEs an ordinary feature of human behavior and posited everyone else experienced them to the degree he did. Further, every time he tried to share some of his OBEs with his close environment, he was ridiculed and turned down. Consequently, for many years, he chose to keep silent about them. Due to the reason that back in the 70s there was low awareness of the real meaning of paranormal encounters such as OBEs or other extraordinary experiences, the chances that John's OBE encounters would be recognized as non-pathological were minimal. Shortly after hospitalization, John was diagnosed with ADHD, Dysthymia (persistent depressive disorder) primary type, early onset as well as pervasive developmental disorder not otherwise specified, which under DSM -V would qualify as an autism spectrum disorder. John was therefore heavily medicated.

## **Introduction to OBEs**

Understanding the true nature of OBEs has come a long way. In the earlier literature of the last century, OBEs were mostly linked with the phenomenon of astral travel such as in the work of Sylvan J Muldoon and Sylvan Hereward Carrington (Alvarado, 2016). I posit that the current scientific research on the phenomenon of OBEs tends to diminish the value of OBEs in that it does not treat them as a separate category of anomalous experiences. Rather, it classifies them as autoscopic phenomena. Brugger and Regard (1997) differentiate autoscopic phenomena (where they include also OBEs) based on phenomenology. They came up with the following six different modes of autoscopic phenomena: the sensed presence, heautoscopy proper, autoscopic hallucinations, the out-of-body experience, and two forms of autoscopic phenomena which the authors distinguished as inner and negative.



During autoscopic hallucinations, experiencers fail to see their own physical body from the elevated visuospatial perspective typical for full-blown OBE (Sellers, 2017). Rather, they see it from an egocentric perspective. Due to this, I consider them out of body like experiences. Furthermore, the research shows robotic gadgets can elicit out-of-body hallucinations (similar to OBEs) during which manipulation of the sense of self-location occurs (Chapuis, Fornari, Heydrich, Ionta, Lenggenhager, and Mouthon et al., 2011). Additionally, natural spontaneous OBEs should be differentiated from those elicited by the means of virtual reality. Experiments involving different virtual reality settings made people believe a virtual body was their own by producing sensations similar to OBEs (Blanke, Lenggenhager, Metzinger, and Tadi, 2007).

I agree with Nahm (2015) in that if we reduce OBEs to OBE-like experiences, such as autoscopies, we may get a misleading concept of OBEs in general. I posit that for unbiased scientific research, full-blown OBEs which usually happen spontaneously under full consciousness and in a healthy population have to be distinguished from out-of-body-like experiences such as autoscopic phenomena or body parts distortions created under a virtual reality.

## **OBE Definition**

The available scientific literature on OBEs uses many definitions to describe the phenomenon. Irwin described OBEs as a state during which "the center of consciousness appears, to the experiencer, to temporarily occupy a position which is spatially remote from his/her body" (Irwin, 1985, p.5). Blackmore suggested OBEs were an experience in which the experiencer "seems to perceive the world from a location outside his physical body" (Blackmore, 1982, p.1). She further suggested that during an OBE account the individual remains conscious, but with no sensory input from the physical body (Blackmore, 1982). A study conducted by Messier and Smith (2014) described an out-of-body experience as an experience that is based on both visual as well as somaesthetic perception in which the physical body, seen from a third-person description, is illusory.

In general, OBEs are differentiated from other similar phenomena by several features which usually accompany the phenomenon. The features are as follows: a) sensory perception of floating (Monroe, 1971), b) a profound feeling of being outside the physical body (Messier & Smith, 2014, p.2), and c) subjective meaningfulness and enhanced reality (Anzellotti, Franciotti, Bonanni, Onofri and Maruotti et al., 2011, p.5). The enhanced reality element of OBEs seems to support John's perception of reality when out of the body. His OBEs which usually occur spontaneously in the waking state feel hyper-real. Moreover, the feeling of enhanced reality when experiencing OBE is one of

the major elements of John's OBEs. This seems to support reports of other experiencers who too reported that their OBEs felt very real while they were happening (Blanke, Brugger, and Mohr, 2006). According to John, his OBEs are always extremely real and could be distinguished from a state of sleep. This is in line with the majority of OBE researchers who suggest the element of experiencing vivid reality during OBEs is very real (Brugger, 2002). John further experiences different situations under different scenarios, and settings that not only feel extremely vivid and real but are also accompanied by telepathic communication, highly intensified affective component, as well as intensified sensory input.

One of the most important challenges concerning the OBE phenomenon is formulating a clear-cut definition of an OBE. The central question in determining a suitable OBE definition is whether OBE only should include cases where the experience remains fully conscious during the OBE, or it should also include states different from waking.

The type of OBE an individual can experience depends on the level of consciousness the experiencer can attain when out of body. OBEs which include elements of full-blown OBEs, but occur in states different from the waking might constitute states of hypnagogia, hypnopompia, OBEs under hypnosis, trance, the influence of drugs, the borderline between sleeping and waking states, the state of the so-called sensed presence, unconscious astral projection and many more. Many OBEs further occur during epilepsy, migraines, cardiac arrests, brain injuries, life-threatening situations, sudden shocks, and extreme activities such as jogging or exercising. OBEs may further be induced by electrical stimulation of the cortex, as shown by prior research studies (Penfield, 1941 as cited in Tong, 2003; De Ridder, Dupont, Menovsky, Van de Heyning, & Van Laere, 2007). Finally, OBEs always occur during the NDEs as reported by many thousands of NDE experiencers who were able to describe their OBEs in detail after they returned from "the other side". Furthermore, as of today, no unified hypothesis exists as to the probable causes of OBEs. The available literature implicates possible disruption in the processing of multisensory integration (Blanke, Landis, Seeck, & Spinelli, 2004) to be the main cause of OBEs. Other studies describe OBEs as part of the so-called autoscopic phenomena. However, it is hard to differentiate between different autoscopic phenomena as they include experiences such as floating, seeing the Self from within the body as opposed to outside the body, as well as sensing different levels of the intensity of disembodiment (Blanke & Mohr, 2005). It is worth noting that the majority of OBEs caused either by artificial stimulation of parts of the brain or elicited by brain damage, implicate the angular gyrus on the right side (Blanke, 2012).

## **Introduction to John's OBEs**

For this article, it is important to mention that John represents the healthy population, and his OBEs which are present since birth are not the result of pathologies such as epilepsy, other forms of ictal states, or any brain damage. John experiences his OBEs primarily under full consciousness and spontaneously, but also at will. John can be standing, sitting, walking, working at a computer, driving a vehicle, etc., while experiencing a clear sense of separation from the body, enhanced reality, or sensation of his self/consciousness traveling long distances away from his real physical body. Unfortunately, only a limited amount of scientific studies examining OBEs in the healthy population was conducted to date. Consequently, this significantly decreases the possibility of a thorough examination of the nature of OBEs occurring spontaneously within a healthy population.

## **OBEs and the Element of Spirituality and Mysticism**

During his OBEs, John often experiences increased spirituality and elements of mysticism. The phenomenon of paranormal or mystical experiences is often implicated in people that experience temporal lobe disturbances. Persinger's (2001) study on paranormal experiences implied a connection between anomalous cognition and temporal lobe activity. Persinger in the study further posits that paranormal experiences which I believe should be considered instances of spiritual emergence may be linked to different neuronal activity within the temporal lobes. The study describes a male experiencer who when engaging in paranormal activities such as spontaneous precognition or retrocognition showed increased alpha activity in certain parts of his brain. The Paranormal (psychic) perception of Persinger's subject was remarkably similar to the psychic perception of John in that both were showing signs of precognition, retrocognition, telepathic communication, clairvoyance, etc. (Persinger, 2001; Sellers 2017). There are cases of other individuals, mostly OBE experiencers, who during states of altered consciousness engaged in the range of psychic experiences (Osis, 1977; Tart, 1968; Tart, 1998). Based on this I hypothesize that certain types of OBEs in the healthy population may involve different paranormal experiences.

## **OBEs, Temporal Lobe Disturbance, and Pathological Symptoms**

The study conducted by Beauregard & Paquette (2006) showed that during praying or contemplating, certain parts of the brain such as the orbitofrontal cortex (OFC) activated significantly. OFC is a prefrontal cortex region in the frontal lobes in the brain that among others is involved in the cognitive processing of decision-making. The study aimed at researching neural correlates in Carmelite nuns, during their mystical

experiences. Persinger (1984) described a case of a transcendental meditation practitioner who during mediation showed surprisingly low brain activity in the delta rhythm over the temporal lobe. Based on this Persinger speculated that religious experiences including mystical perception spontaneously occur in the temporal lobe within a healthy population.

This seems to support a study conducted by Persinger and Valliant (1985) which too links temporal lobe disturbances with experiencing paranormal states including mystical experiences. It is important to note that the study was conducted within a healthy population. Interestingly, experiencers in the study, although healthy subjects, reported experiencing different pathological symptoms during their paranormal experiences, such as hearing voices, olfactory disturbances, anomalous vestibular experiences as well as depersonalization symptoms. According to John, when out of body he would sometimes perceive his body parts such as legs or arms distorted. They would either appear shorter or longer than normal or enlarged as if looked at from under the microscope. These symptoms may be considered symptoms of depersonalization based on DSM-V characteristics of depersonalization (American Psychological Association, 2013). OBEs as described by John may indeed resemble depersonalization, derealization, or dissociation symptoms. Dissociative identity disorder, which is a disruption of identity characterized by two or more distinct personality states, may in some cultures be described as an experience of possession. Cases of possession are considered a form of spiritual emergency (Lukoff, 1989).

### **Aphasia, Alexia, and Ineffability**

Furthermore, the semiology of some of John's OBEs reveals features similar to features of aphasia, dyslexia, dyspraxia, agnosia (spatial and visual), as well as alexia. This seems to be in line with Blanke, Landis, Spinelli, and Seeck (2004) study, which aimed at studying autoscopia including OBEs in pathological populations, specifically neurological subjects. The study revealed that some of the subjects would indeed show symptoms of aphasia, agnosia, and apraxia, accompanied by verbal fluency impairment as well as challenges in oral and written comprehension.

John similarly experiences challenges in verbal expressions as well as problems with spoken and written English which is his mother tongue. According to him, when out of body he can perceive cognitive thoughts in the form of symbols, colorful geometric forms, or different shapes which he can comprehend as thoughts appearing in his mind. However, as soon as he tries to interpret them into words, he is not able to. He posits they are beyond descriptions. He further claims to experience feelings of ineffability, which overwhelms him to the degree that he is not able to communicate his thoughts at a given moment. Ineffability is a common feature experienced by individuals during mystical

states. Bennet-Hunter (2015) considers ineffability divine. He posits that the topic of ineffability was largely omitted in the writings of philosophers despite the fact it is an integral part of Christian mysticism. Interestingly, according to Eichstaedt, Kem, Le Nguyen, Schwartz, and Yaden et al. (2016) mystical experiences including experience of ineffability can be meaningfully communicated with the help of quantitative language analyses.

## **OBEs, Bright Light, and Different Levels of Disembodiment**

As stated earlier, John's states of accreted consciousness during his OBEs occur mostly spontaneously or sometimes at will while in the waking state and active. Sometimes, he would experience OBEs while relaxed or resting. According to John, he could be walking or performing other activities during the day, when suddenly he would spontaneously find himself out of his body and at a different spatial location than his physical body.

Moreover, based on John's firsthand accounts, the environment he can perceive during OBEs appears in brighter colors than what is considered normal under a regular state of consciousness. Furthermore, upon leaving the body, John oftentimes perceives the surroundings as if "bathing in a bright light." Interestingly, seeing a bright light is a feature that commonly happens during the episodes of the NDEs (Facco, 2012).

Furthermore, when out of body, John perceives colors that he is not able to see when in the physical body: "These are new shades of colors which I am only able to perceive during OBEs."

Next, during his OBEs, John perceives a clear separation between himself and the physical body in the form of disembodiment experienced in varying intensities. This does not mean, however, that during his OBEs John has to see his own physical body from an outside elevated position. This is in line with a study conducted by Bagshaw, Braithwaite, Broglia, & Wilkins (2013) which too suggested that one does not have to see a representation of their physical body during an OBE. Furthermore, during his OBEs, John would localize his "consciousness" in an extrapersonal space, which is outside his physical body as opposed to localizing it in an illusory or subtle body. According to John, his "higher self hangs in the space, independently of the body". It feels like a point of consciousness hanging in the air with no parasomatic body being present in any form. During his frequent out of body states John in "the form of pure consciousness", is present at different locations than his physical body. This form of consciousness or self does not show any elements of a physical double, such as contours or outlines of the physical body. Furthermore, the essence of consciousness John is aware of during his

OBEs, not only is located outside his physical body but at the same time can perceive the environment with all five basic senses intact and in a highly intensified mode. Moreover, John sometimes experiences feelings of being located at 2 places at the same time, which is similar to the feelings experienced by a research subject in the study conducted by Anzellotti et al. (2011). John's OBEs are oftentimes accompanied by vestibular challenges mainly in the form of attempts to find the right balance between intrapersonal and extrapersonal space. The study conducted by Blanke and Mohr (2005) similarly suggested vestibular challenges to be a frequent element of OBEs.

## **Time and Space Distortion as Transpersonal Elements of OBEs**

Another frequent element of John's OBEs is severe time distortion. This is consistent with Persinger's (1974) study which links paranormal experiences with distortions in physical time. Every time John experiences OBE there is a strong perception that time does not exist. According to him, during his OBE triggered accreted states of consciousness "neither time nor space exists, information is instant telepathic thought, and forward and backward is equal." John can perceive in a multisensory mode, different scenes, situations, and happenings from a very distant past as well as from the future during his OBEs. John is further able to visit different remote places at the speed of thought and independently of distances. During his out of body visits, John often perceives space distortions as well. It is worth mentioning that time and space distortions were implicated in the research on the neurophysiology of mediation. Studies on alterations in the sense of time and space and body connected to mindfulness meditation show that mindfulness meditation induced feelings of timelessness as well as spacelessness in the subjects of the study (Berkovich-Ohana, Glicksohn, Goldstein, and Ziderman, 2013). John's OBE-related sensations of timelessness were described in Sellers's study (2017) as follows—

*The 6 hours felt like 20 minutes to me. I was under the impression that the time difference between the onset of the SAC and the time I returned to the regular state of consciousness was about 20 minutes, not 6 hours. At least this is how it felt to me. I was horrified.*

This is how John described one of his regular OBEs. Shortly before the onset of the OBE, John checked the time. It was 2 p.m. Upon returning to his ordinary state of consciousness, John checked the time again and discovered it was six hours later, but felt like 20 minutes (Sellers, 2017).

Persinger in his study (1974) likewise concludes that paranormal experiences which I posit should include also the category of OBEs, cause distortions in physical time. The Study of Berkovich-Ohana et al. (2013) further revealed possible implications of right temporoparietal junction (TPJ) in the distinct sensations of time and space

distortion. This is intriguing as TPJ on both sides of the brain is implicated as the cause of possible OBEs in many studies. According to the study conducted by Messier and Smith (2014), the left TPJ may be the cause of eliciting OBE in a woman who belonged to the healthy population. She was able to elicit OBE at will during which she found herself floating above her physical body. Bos, Schouten, Smits, Spoor, and Vincent (2016) in their study also implicate TPJ in eliciting out-of-body experiences. The study describes a pathological individual who reported sensations of floating after the area of the brain near the left TPJ was stimulated subcortically.

The connection between the states of OBEs and meditation is further implied in Tart's (1998) study. The study speculates that the hypnagogic state involving mostly theta rhythm produced during spontaneous OBEs of a male experiencer may be similar to features experienced in meditation of Zen masters. Similar information was imparted in the study of the Hemi-Sync application aimed at the synchronization of brain waves (Sadigh and Kozicky, 2017). The study revealed that when applying Hemi Sync the subjects participating in the study produced synchronized theta activity. Interestingly, a fully synchronized theta activity is also produced during Zen meditations (Tart, 1968). I hypothesize that theta activity produced during the out of body states and Zen meditation may be compared to the states of wake sleeping, wakeful dreams, or controlled dreaming (Tart, 1968). Moreover, they all may share common neural substrates.

## **OBEs and NDEs**

Another interesting phenomenon occurring during John's out of body states is the so-called tunnel experience, which frequently happens during NDE. Even though the tunnel experience is being reported mostly by near-death-experiencers, such an experience could also happen during an OBE. John's first-person accounts of OBEs do describe such experiences. He reports frequent travel via tunnel during his OBEs. However, during his tunnel episodes, John does not report meeting the deceased relatives and/or family members as NDErs frequently report. Instead, he reports occasional encounters with spiritual entities. Could the tunnel experience be occurring not only during the process of dying but also as an organic part of other phenomena such as time travel or quantum tunneling? Research on NDEs conducted by Ring (1980) suggested that out of 102 who reported being near to death, a quarter would experience the tunnel journey. Interestingly, the study further found that suicide attempters would describe NDEs differently from those who experienced NDEs as the result of a disease or accident. According to the study, NDEs resulting from a suicide attempt did not last long and included elements similar to those occurring during OBEs such as detachment of the physical body or floating in space. It is further intriguing, that the element of a tunnel in NDEs occurring during suicide attempts was missing (Ring, 1980).

A couple of OBE/NDE researchers suggested that John's limbic as well as a reticular activating system be investigated due to his lengthy OBEs (Sellers, 2014). Instances of individuals that reported staying out of their physical body for a longer period are mostly connected to NDEs. A recent study on NDE memories showed that individuals who experienced an NDE reported NDE memories as real events, with a high emotional content when compared to real or imagined memories (Brédart, Charland-Verville, Dehon, Ledoux, Thonnard, et al., 2013). This is in line with John's OBE reports which suggest that his sensorial, perceptual, cognitive, as well as affective processes during OBEs, felt hyperreal. According to John, they were "extremely real, with extremely vivid settings, highly intensified emotional perception, as well as intensified sensory input."

However, near-death experiences mostly occur in life-threatening situations or during the process of dying, so the individuals experiencing NDEs would be expected to be in other than the normal waking/active/ relaxed state such is the case with most of John's OBEs. As previously stated, John's OBEs happen spontaneously in the waking state and under full consciousness, where there is no life-threatening situation preceding the onset of the OBE. OBEs, as well as NDEs, are often associated with each other as it is a general understanding that an OBE is a part of every NDE. However, these two phenomena should not be confused with each other. In one NDE study, 76% of NDE experiencers suggested they also experienced an OBE (Mattingly, Nelson, & Schmitt, 2007). They further reported they existed outside their physical bodies after the onset of the OBE. Furthermore, a study conducted by Greyson (2007) suggested the reliability of NDEs for almost 20 years; the study also showed that some individuals who experienced NDEs also experienced OBEs.

Greyson et al. (2014) in their study on OBEs associated with seizures reported that out of 100 patients studied 7 patients in their responses on the NDE scale reported that they experienced sensations that felt like they left their physical bodies. Patients were asked to report subjective out of body sensations during their seizures. Interestingly, during her OBE, one woman reported what may be defined as a dual consciousness. Based on her description, while she was floating above her physical body, she continued to be aware of sensations pertaining to her physical body. She was further able to view the surroundings from the elevated visual-spatial perspective. Greyson et al.'s (2014) study also revealed that individuals who experienced sensations of leaving the physical body reported sensations of entering other dimensions and/or realms. Furthermore, out of the seven individuals reporting the seizure-related sensations of OBEs, only one described the experience as being pleasant. The rest of the patients characterized the sensations as unpleasant.



John, on the other hand, experiences positive or neutral emotions during his OBEs. On one occasion he feared that his consciousness would permanently separate from the physical body. This seems to be in line with the study of Mulligan, Murphy, Persinger, and Saroka (2010). It implied that some OBEs were associated with fear. Moreover, OBEs may cause depression. Anzellotti et al. (2011) reported an interesting case of an autoscopic patient. Her OBEs were frightening to the degree she considered suicide. Some researchers claim there are fundamental differences between OBEs induced electrically in different parts of the brain versus OBEs happening naturally such as OBEs experienced as part of NDEs (Holden, Long, & MacLurg, 2006).

In addition, individuals who have had an NDE often report accounts of mystical perception as well as undergoing a profound spiritual transformative experience (STEs). It is also interesting that individuals with temporal lobe epilepsy report religious or spiritual experiences happening in between, during, or after seizures (Devinsky & Lai, 2008). Some of the experiences such as unitive consciousness, ineffability, visionary experiences, and other exceptional experiences encountered during mystical or religious encounters may be compatible with experiences John undergoes during his OBEs.

### **"I Orient Myself through Touching at Distance"**

The following are some of the first-hand descriptions of John's OBEs so that readers may familiarize themselves with the feelings, moods, states of mind, and cognitive as well as affective processes occurring during an OBE of a firsthand experiencer. The information included in the descriptions was written down during a joint session with John which aimed at obtaining information on some of the phenomenological as well as semiological aspects of John's OBEs:

When I am out of body, my orientation relies on extrasensory perception solely. I orient myself by touching at a distance. This is similar to experiencing heightened vibrations of feelings. The energy quantum that leaves my body (or rather extends beyond its physical boundaries) is spread in the area and with the help of feeling-based vibrations can describe at a distance any person or object observed. It's a principle similar to that of an animal that does not see at night and yet can navigate its body. Vibratory-oscillation energy, which is a part of my body, but is at the same time extended in the broader space/time area, can cover my vision, touch, taste, hearing, feeling, and sense of smell. My physical eyes, ears, nose, tongue, and skin don't have to be used when I achieve a particular vibratory-oscillation pulse within my body. When out of body, I am being hooked up to a resonance that helps me enter a higher rhythm that can uncover the world of extrasensory perception for me. One of the most significant factors affecting human perception is human feelings. I can reveal information on many scientific topics. However, people do not know how to communicate with me at the level of my mind,

which is telepathic. I could teach people a variety of new scientific theories as well as explain them. My problem, however, is that the regular words of our language cannot convey the information I want to cover. This being the case, I am only able to express basic ideas or supporting points on the topic I want to cover. I see all information in one indivisible whole unit via symbols, geometric shapes, colors, and radiation. What I perceive, sometimes cannot sufficiently be expressed in terms of a language. The core ideas on certain topics that I have stored in my body cannot be read by anybody or retrieved in any way. The information and knowledge are not stored in the brain. The information I have downloaded has nothing to do with the brain. It comes from within my body and is stored inside my body. In my spirit. In my inner being. The regular brain is not the control center as scientists believe to be the truth.

When I am here on earth and in my physical body, I have problems with my eyes. I do not read through my eyes. I know it sounds crazy. I can read through touching, feelings, emotions, and thoughts of other people. I understand and see things through touching at a distance, through taste, smell, and sound. When I write on a computer, I recognize the individual letters through their shape as well as the form of air that is in space. Sometimes, my physical eyes do not work when I am in the body. It is as if they are turned off.

## **The Sense of Presence**

Another phenomenon linked to the anomalous perception John experiences while out of body is the so-called "sense of presence." This phenomenon identified in the healthy population is probably caused by a disturbance in the temporal lobe ( Persinger 2001; Persinger and Makarec, 1986). This seems to be consistent with Sellers' report (2017), which describes John's experiences of increased spirituality and mysticism, including the sense of presence.

## **Synesthesia**

During his OBEs, John further experiences synesthesia or linking of senses. Synesthesia is defined as a condition during which a unimodal sensory event is perceived by an experiencer in multimodal perceptual experiences (Blake, Flanery, Palmeri, Marois, Whetsel Jr., 2002). Bor, Clayton, Rothen, Seth, and Schwartzman, (2014) define synesthesia as a condition where the perception of one class triggers separated perceptions of other perceptual classes. Based on that I hypothesize that John's synesthesia is probably manifested when one of his sensory input links with the other while experiencing OBEs. Bor et. al. (2014) further posits there may be a learning component in synesthesia. He suggests that synesthesia can be learned and synthetic experiences can be gained by training.

When John listens to music or hears sounds, he sees colors as well as geometrical forms attached to them. John further sees forms for words; each syllable has a form to him as well as color. Palmeri et al. (2002) posits that the perception of synesthetic colors experienced by some individuals may be connected to a possible neural locus of synesthetic binding within the visual processing system. When listening to music, John can further see different shapes and geometric patterns the individual notes generate. Each note, as well as each alphabetical letter, has its vibration and thus its unique shape or form. John claims that he perceives colors to have their sounds or notes. They have their temperature too. John can feel whether a color is cold or warm. Different colors merged to create different tunes or songs. Furthermore, John can hear, see, smell, taste, and feel vibrations. Vibrations of joy and love compared to vibrations of anger and hatred have different scents and completely different tastes.

### **OBEs as Means to Inspect Distance Locations**

According to John, his conscious self, after it separates from the physical body, can inspect different places, including non-earthly environments, as well as different subjects, or objects at a great distance. John describes his OBE as the ability to leave the body spontaneously in the waking state accompanied by a strong feeling of being taken into another space/time, dimension, remote past, distant future, or an environment substantially different from terrestrial. One of the other earthly environment John can frequently inspect are the so-called rough planets.

The following are paraphrased research questions (replies included) pertaining to topics of interest in astrophysics, addressed to John in July 2016, by Dr. Rudy Schild as published in the new book of Mary Rodwell "The New Human." Note: Dr. Schild has been collaborating with John, to learn what he understands of NHIs, ETs, space, planets, inter-dimensions, galaxies, etc. John was able to gather information based on more than forty years of experiences traveling out of body. Dr. Schild has commented that John's views are consistent with his research on astrophysics for over forty years.

### **Yes or No Questions and Replies:**

Dr. Schild: "In your out-of-body experiences, do you ever explore the cold, dim, planet-like objects everywhere in the vast spaces between the stars? Yes or No?"

J: "Definitely, yes."

Dr. Schild: "I have detected their gravitational signature and call them 'rogue planets. They should have masses and solid cores with atmospheric gasses and weather effects much like our Earth, even with no nearby sun to warm them. On Earth, we have life forms occupying the oddest places, like sulfurous ocean vents and freezing-cold regions; on Earth, we call these life forms extremophiles."

J: "Yes, it has weather and yes, solid cores."

Dr. Schild: "Is there is one planet beyond the planet Pluto?"

J: "Yes, it has weather, but harsh. This planet has no CO2 ocean."

Dr. Schild: "Do you know if the rogue planets (or other planets) everywhere host primitive life forms like our terrestrial extremophiles, such as in sulfurous ocean vents and freezing-cold regions; Yes or No?"

J: "Definitely yes. I talk only about the rogue planet beyond the planet Pluto. It is a damp planet. People must accept it supports life."

Dr. Schild: "Do these rogue planets have roles in life-formation throughout the Universe? Yes or No?"

J: "Definitely, yes."

With respect to the above, it is worth noticing that a dwarf planet called Goblin was recently found on the edge of the Solar system (Mazza, 2018).

Note: Dr. Schild was the Director of the Dr. Edgar Mitchell FREE Foundation and he is currently a board member of the Consciousness and Contact Research Institute (CCRI). Rudy is also an emeritus research astronomer at the Harvard/Smithsonian Center for Astrophysics, following an extensive career studying Dark Matter, Black Holes, and the fluid mechanical origins of Cosmic Structure. Because of his long association with Dr. John Mack, he has become interested in the formulation of a coherent understanding of the nature of space-time in the Universe. As the Editor-in-Chief of the Journal of Cosmology, he has attempted to broaden the scope of scientific inquiry to include the nature of consciousness and the Universe of Universes.

### **Precognition, Retrocognition, and Spontaneous Childhood OBEs**

Next, I will discuss certain elements of OBEs described by authors whose studies researched the phenomenon of out of body states in specific individuals. The elements were experienced by individuals belonging to the healthy population and are remarkably similar to the OBE elements experienced by John.

The first such study was conducted by Messier and Smith (2014). The study involved a 24-year-old healthy female student who reported she was able to induce OBE at will. She further claimed she was able to leave her physical body at will. She learned to do this as a small child and use the technique of leaving the body as an aid to help her fall asleep when she was bored especially during her younger age. This is in line with the report of John, who too claimed to have been able to leave his body regularly as a child. He further utilized the ability to leave the body as part of an everyday game he played as a boy, which according to him was "great fun." He also used OBEs frequently as the means of his childhood exploration of different questions or topics of interest he posed to himself mainly before the onset of sleep. Furthermore, the research subject of Messier and Smith reported instances of watching herself move from above while perceiving herself clearly from outside of the boundaries of her own physical body. The element of frequently watching his physical body from above during his OBEs was also reported by John. Messier and Smith, in their study, refer to an OBE as an extra-corporeal experience (ECE). The brain imagery of the female student experiencing the ECE revealed left-sided activation of the supplementary motor area.

The second study (Persinger, 2001) presents an interesting case of the occurrence of OBEs in a healthy individual. It describes remote viewing visions of Ingo Swann, the former U.S. government psychic spy involved in the secretive Star Gate Project. Mr. Swan showed brain activity of 7 Hz over the occipital region of his brain (bilaterally) while engaging in remote viewing. Interestingly, the 7 Hz brain activity was paroxysmal and its proportion was correlated with the accuracy of the information Ingo Swann was reporting during his remote viewing episodes. Ingo Swann is further well known for his out of body-based descriptions of Jupiter. During his out of body visit to Jupiter, he reported he was able to see bands of crystal, which according to him might have been Jupiter rings (Swann, 1995). John similarly has visions of both Jupiter and Mars during his OBEs. He shared his observations of Mars with me 20 years ago. They were recorded in my diary in 1998. The observations were also reported in Chapter XX of Mary Rodwell's book. The book further quotes John as saying: "Whole seas and oceans used to exist on Mars" (Rodwell, 2016, p.352). What is intriguing about the description is that the same description was given by Ken Farley, the project scientist for NASA's Mars 2020 rover mission in his July 18, 2017 testimony during a hearing of the U.S. House of Representatives Committee on Science, Space, and Technology's Space Subcommittee (U.S. House of Representatives, 2017). At the hearing, Mr. Farley stated that Mars had lakes and rivers, and perhaps even a huge ocean in the Northern part (U.S. House of Representatives, 2017). This is in line with John's description of the Red Planet as it appeared in Rodwell's book. John's description of Mars as it appears in my diary, which was later adopted by Rodwell's book, is remarkably similar if not identical to the words testified as many as 20 years later by Mr. Farley during the House of Representatives hearing in July 2017.

It is interesting that the way Swann and John made their observations of the planets based on OBEs carry some similarities. First, they both asked for silence before making the observations. Silence, according to John, is always needed, to be able "to tune outside in". Second, Swann took about three and a half minutes to be able to start his Jupiter observation. John, depending on his emotional state of mind, similarly takes around 4 or 5 minutes to get into the out of body state during which he can make the observations.

Both John and Swann further claimed their experiences of observing the planets out of the body felt hyper-real with intensified sensory input as if the observation took place in the physicality and the real world as opposed to it happening out of the physical body: "Now I'll go down through. It feels really good there (laughs) (Swann, 1995). According to John, when out of body visiting other places, it still feels like he is physically there: "When out of body, I function multi-dimensionally and I am not just an onlooker but rather a participant as well. I am not only an observer, like if you are watching a movie. I am a part of the movie my- self. " (Krst, 2018). Based on the above, I posit that instances of precognition, retrocognition, remote viewing, or telepathic downloading of information from space among others are all different forms of exceptional human experiences within spiritual emergence and as such carry transpersonal as well as transcending potential.

## **Predisposition to OBEs in a Healthy Population**

Predisposition to OBEs as anomalous perception in the healthy population is a topic that does not attract much scientific attention. The study on anomalous perception conducted by Bell, Ellis, and Halligan (2006) proposes a new validated measure of perceptual anomalies. More specifically, the study which involves CAPS (The Cardiff Anomalous Perceptions Scale) described unusual or distorted sensory experiences concerning the five basic human senses as experienced by participants from the healthy population. The study revealed the subjects taking part in the study experienced disturbances attributed to the temporal lobe such as distortion of time, a feeling of sensed presence, body distortions as well as feelings of elevations. Based on my research as well as information presented in this study, all of the above elements also are experienced by John during his OBEs.

John participated in answering the (CAPS) which aimed at assessing the intensity of his anomalous perception. Analysis of the replies showed John regularly experiences changes in the intensity of sensory perception, distortions in sensory experience, sensing a presence of an overwhelming force that comes from an unexplained source in the form of sensory auditory hallucinations; distortions in form/size/shape/, sensory flooding, and hearing own thoughts in the form of an echo. Moreover, during his OBEs, John often experiences highly unusual tactile sensations. His skin may be sensitive to the point that he would be able to touch objects at distance.

## **The Main Elements of Phenomenology and Semiology of John's OBEs**

The phenomenology and semiology of John's OBEs may be divided into the following categories:

### **Visual perception**

- visions of bright light at the locations where OBE took place or other locations while out of body
- blurry or double vision
- 360-degree vision (the so-called circular vision)
- wave-like distorted vision of surrounding objects
- changes in the form of objects in unusual ways
- 180-degree inversion in perceiving the environment around Bodily, vestibular, and proprioceptive perception
- dizziness, brief states of vertigo sensation of falling into an abyss
- sensations of floating
- vestibular challenges/attempts to find the right balance between intrapersonal and extrapersonal space
- watching own body from an elevated position,
- an instant transfer over long distances
- passing through tangible objects such as walls, doors, windows
- traveling through a tunnel (Note: John reports the so-called tunnel experience occurring during his OBEs. Based on this, it may be hypothesized that even though the tunnel experience mostly occurs only during the NDEs, such an experience could also happen during an OBE, as follows from John's first-person accounts.)

### **Sleep paralysis**

- paralysis of the whole body and/or certain body parts ( inability to close/ open the eyes)
- total inertia and inability to control one's own physical body Auditory sensations
- hearing sounds resembling buzzing bees or flies
- hearing sounds similar to rattling
- hearing sounds similar to the sound of the Indian Ohm mantra
- hearing sounds of bells
- listening to the sounds of your breath, and heartbeat as if coming from an outside source such as radio
- ability to hear people talking at a location different from the location of the physical body
- ability to hear through walls Anomalous perception
- ability to telepathically perceive information from other human beings (including unborn or deceased), animals, trees, and plants
- ability to perceive thoughts/feelings/emotions of other subjects as if they were one's own

- ability to extract information from inanimate objects providing they are organic such as rocks, minerals, crystals, wood, metal, water
- ability to draw information from electromagnetic radiation such as different shapes of light, colors as well as audible/inaudible sources of sound
- ability to sense the moods of others, examine their states of consciousness, energy flow/aura
- ability to withdraw meaningful information from other individuals based on tactile, auditory, gustatory, and olfactory sensory perception
- ability to smell different scents such as roses, lilies, cigarette smoke, incense, vanilla, menthol, and other odors even though the objects emitting the fragrance are not at the location where the physical body is located
- ability to read and distinguish individual letters through touch and feel
- spatial orientation through touching at a distance
- ability to feel the shape of objects at a distance-enhanced multisensory perception (including visual, auditory, tactile, olfactory, as well as gustatory perception)
  - perception of double reality taking place simultaneously (being at two places at the same time or living in 2 holographic realities at the same time)
- ability to perceive unusual symbols, numbers, geometric images, as well as light patterns of different shapes
- experiencing synesthesia (linking senses)
- episodes of both precognition as well as retrocognition
- ability to perceive and experience real future life events before they happen in physical reality (the case of retrocausality)
- ability to remote view

The following information imparts a portion of characteristics of John's OBEs on the following specific categories: OBE occurrence, modes of exiting the physical body, and modes of OBE cessation.

### **OBE occurrence**

- spontaneously, naturally, in the waking state, under full consciousness
- induced at will
- in an active state such as standing, walking, talking, working on the computer, etc.
- in a resting state such as sitting or lying down
- Modes of exiting the physical body
  - leaving the body in the waking state, while fully conscious, but without intending to do so, unexpectedly
  - leaving the body in the waking state, while fully conscious, and at will
  - leaving the body while standing, sitting, walking, talking, working at the computer, exercising, lying down, or resting
  - leaving the body by awakening from a deep sleep, semi-sleep, lucid dreaming, REM intrusion such as hypnopompia, hypnagogia, false awaking, sleep paralysis



## **Cessation of OBEs**

- by own volition
- automatically and unexpectedly as if pulled back by an unknown force
- a slow return to the body while the experiencer can observe the specifics of the return to the body

## **Conclusion**

The paper presented some of the transpersonal as well as phenomenological characteristics of OBEs occurring to John, a 44-year-old man who claims to be OBEr since birth. John has developed a very special relationship with the phenomenon; they form an intrinsic part of both his childhood as well as adulthood.

Based on the knowledge from his experiences, he came to believe death does not exist, space and time are transcendent, and life itself is but a small portion of a physical dimension of much greater holographic multidimensional existence of consciousness. The transformative nature of John's OBEs was not a one-time event. Rather, it has gradually developed throughout his life. It got stronger and deeper with each of John's OBEs.

The paper posits that OBEs in healthy individuals are an essential part of the development of the human psyche as well as what could be referred to as extraordinary or transcendental states of consciousness. I further believe OBEs within a healthy population where there is no history of clinical pathology should be fully respected by society and treated as non-pathological. I posit as of today, there is no substantiated scientific evidence that extraordinary or other experiences of spiritual nature are pathological. OBEs are among life's transformative events that bring a host of potential benefits to their experiencers, especially in the form of spiritual transformation. The 15,000+ OBEs John has experienced (I counted a minimum of one OBE per day) have helped him greatly on his journey of spiritual emergence, leading to transformation and even transcendence. Based on John's reports, his OBEs have a high potential to heal both on the psychological as well as physical levels. Further scientific research on the effects of spontaneous or trained OBEs on the overall well-being of an individual, especially the potential to heal and transform spiritually, should be conducted.

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