

The Out-of-Body Experience: A Phenomenological Typology Based on Questionnaire Responses

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The authors review the few surveys that have been made of the incidence of out-of-body experiences. They then present data on 339 respondents to questionnaires who reported having had out-of-body experiences and 81 who had not. They analyze these data according to the conditions existing at the time of the experience, phenomenological features, and the long- and short-term impact of the experience. Finally, they raise questions about the etiology of out-of-body phenomena and their meaning to individuals who have such experiences.

In his 1979 presidential address to the American Psychiatric Association, Dr. Jules Masserman (1) noted that there was a growing interest in "what we call metapsychiatry . . . , reflecting parallel preoccupations among the general public with esoteric faiths and transcendental seekings for the ultimate." There is scant recognition of such areas in the traditional psychiatric literature, although periodic case reports appear; for example, Kennedy's case study of what he termed "self-induced depersonalization" (2). It is true that increasing numbers of patients who are involved in phenomena such as transcendental meditation report experiences traditionally classified as psychopathological. People involved with such phenomena emphasize that some symptom complexes should not be *treated* in the way that a symptom is usually treated (e.g., interpretation or medication) but should be viewed by a physician who is not familiar with the individual with "benign neglect" and that the individual should be referred back to the meditation teacher for management. This is because a number of symp-

toms are common and expected accompaniments of changes in cognition, perception, and affect modulation that are considered desirable (3, 4).

DEFINITION OF OUT-OF-BODY EXPERIENCE

We chose to define the out-of-body experience in a very general way because a review of the literature clearly revealed that there is little, if any, agreement about what characterizes the state phenomenologically, physiologically, in terms of personality structure, or in terms of meaning to the individual. We chose the following definition: "an experience where you felt that your mind or awareness was separated from your physical body." In agreement with Palmer and Vassar (5), we felt that the only theme in the literature which distinguishes these experiences is a sense of location of the total sense of self at some place other than in the physical body. We did not feel that it was wise to restrict our definition further at this point until the experience had been more thoroughly studied, although other writers (6) require satisfaction of the criterion of seeing one's own body as if from a different position in space. Osiris' view (7) represents another extreme. He feels that objective laboratory demonstration of a separation of "mind" from "brain" is required to meet the definition of an out-of-body experience. Although psychophysiological studies such as those of Twemlow (8) and Tart (9, 10) have shown some unusual EEC changes not characteristic of normal sleep and dreaming stages, no existing data meet Osiris' criteria.

Some writers feel that an out-of-body experience is a specific form of depersonalization (2), but others, such as Ehrenwald (11), emphasize not only the sense of separation but also what is seen by the self located "outside" the body.

To flesh out these rather abstract definitions, we selected 1 letter from approximately 700 describing such experiences received by one of us (S.W.T.). The letter provides an example of an out-of-body experience without many of the dramatic trappings reported in the parapsychological and theosophical literature. The writer of the letter was a retired man living in Puerto Rico:

When I was approximately 10 years old I was living

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together with my older brother at my uncle's house, a major in the U.S. Army Medical Corps. One day I was reclined on my bed quite awake and was looking at the ceiling beam of the old Spanish building where the living quarters were located. I was saying to myself many questions such as what was I doing there and who was I. All of a sudden I got up from the bed and start walking toward the next room. At that moment I felt a strange sensation of weightlessness and a strange mix of a sense of a feeling of joy. I turned back in my steps in order to go back to bed when to my surprise I saw myself reclined on the bed. This surprising experience at that very small age gave me the kind of jerk which, so to say, shook me back to my body.

This description particularly well exemplifies the ordinary, even mundane, content of the experience, its vivid emotional impact, the sense of a complete functioning self located outside the brain, the considerable surprise when the physical body is seen, and the way this anxiety upsets the delicate balance of the alteration in consciousness, causing a restitution of the normal cognitive set of "in-body state."

SURVEYS OF OUT-OF-BODY EXPERIENCES

Few surveys of the incidence of out-of-body experiences exist; the earliest, to our knowledge, was reported by Hart in 1954 (12): 27% of his student sample said that they had had several such experiences. In 1967 Green (13) reported that 34% of 380 Oxford undergraduates had had an out-of-body experience. Palmer and Dennis (14) in 1975 published a random survey of 1,000 students and townspeople: 25% of the students and 14% of the townspeople reported having had an out-of-body experience. Shiels (15) collected data on belief in such experiences in nearly 70 non-Western cultures. Despite cultural differences, the beliefs were strikingly similar. A South African study that analyzed 122 accounts in response to a press request (16) found that the experience often occurred while the subject was asleep, relaxed, or dozing and that more than 50% of the subjects claimed to have been in a normal mental state when the phenomenon occurred.

There are anecdotal accounts from people already convinced of the veracity and validity of such experiences (17, 18). All contain vivid and exciting descriptions and are based on the assumption that an objective separation of mind from body is possible and that the mind can have an existence independent of the body. Eastman (19) reported a summary of conditions under which out-of-body experiences occur: before, during, and after sleep; during hypnotic trance (not supported subsequently in the literature); during illness and drug states; and after shock or accident. The sparse psychiatric literature (11) provides elaborate frameworks to explain the experience on the basis of psychoanalytic theories, which usually emphasize de-

fenses against the imminence of physical death and various ways to deal with infantile omnipotence.

METHOD

On February 15, 1976, one of us (S.W.T.), in an interview with a national periodical with a circulation of 15 million, solicited letters from people who thought they might have had an out-of-body experience. Of about 1,500 responses, 700 reported experiences in which the individual thought his or her consciousness was separated from his or her physical body. About a year after the interview we sent two questionnaires—the Profile of Out-of-Body Experiences (POBE) and the Profile of Adaptation to Life (PAL) (20)—to these 700 individuals; 420 people returned valid questionnaires. Of these, 339 reported out-of-body experiences; 81 did not report such experiences but expressed a strong interest in learning more about them. For the purposes of this study we used these 81 respondents as a comparison group to control for high interest in esoteric phenomena.

The POBE is an anonymous, multiscale questionnaire developed specifically for this study (available on request from Dr. Twemlow). Its format and layout closely parallel those of the PAL; it has a forced-choice format with no more than four choices, and space is available for individual elaboration. Fifty-one items explore conditions existing at the time of the experience and phenomenological characteristics of the experience, selected from the following sources: 1) reports of near-death experiences, 2) mystical religious literature, 3) philosophical-occult-psychoanalytic and psychiatric data describing depersonalization; psychotic, autoscopic, and hysterical-dissociative states; and dreaming. Twenty-two items questioned the range of possible feelings about and reactions to the experience, both long- and short-term. Five psychological test scales were included: Tellegen and Atkinson's Attention Absorption Scale (21) to examine capacity for daydream and fantasy, Caine's Hysteroid Scale (22) to determine hysterical-dissociative traits, the Eysenck Psychoticism Scale (23), 10 items from Dickstein's Death Anxiety Scale (24) (which in our preliminary research best discriminated high from low death anxiety), and Tellegen and Atkinson's Danger-Seeking Scale (21) (used similarly to stimulus-seeking scales to expose a tendency to actively seek out exciting and unusual stimuli). Finally, 12 items collected basic demographic data and information on religious affiliation and drug, meditation, and hypnosis experience.

The PAL questionnaire is a 154-item, well-validated psychological health scale. This instrument is one of the few available tests of psychological health suitable for use in nondisturbed populations. Its health criteria

are largely based on concrete behavioral measures rather than on subjective assessment of mood states.

FINDINGS

Detailed psychological and demographic characteristics of the 339 respondents who reported having had an out-of-body experience are given in a 1980 unpublished study by Jones and associates (available on request from Dr. Twemlow). In summary, 161 (47.5%) of these respondents were male and 178 (52.5%) were female; 173 (51%) were married, 81 (24%) were single, and 85 (25%) were separated, widowed, or divorced. The responses came from 38 states. The respondents' ages ranged from 12 to 83 years, with a mean age of 44.4. There was a wide range of occupations without striking overrepresentation of any one category. The educational level of the 339 respondents exceeded the U.S. population average reported in the 1970 census. Drug use (including marijuana and alcohol) was generally low.

In comparing the 339 respondents who had had an out-of-body experience with the 81 who had not, we found no striking differences in experience with hypnosis and meditation. The five psychological test scales, including measures of psychoticism and hysteroid propensities, failed to demonstrate significant differences in pathology between the two groups by univariate group independent two-tailed *t* tests. Only 173 (51%) of those who had had an out-of-body experience were still affiliated with the religion of upbringing at the time of the survey, compared with 50 (61%) of those who had not, but this difference was not significant.

The 339 respondents who had had an out-of-body experience were significantly healthier than a group of psychiatric inpatients and outpatients and a group of college students according to PAL measures (unpublished 1980 data of Jones and associates). Two hundred twenty-five (66%) of these respondents reported having had more than 1 out-of-body experience (range, 2-100), and 114 (34%) reported having had only 1.

Conditions Existing at the Time of the Experience

Table 1 summarizes the conditions described by the respondents as existing at the time the out-of-body experience occurred. An overwhelming majority of the respondents were in a relaxed and calm state of mind. An analysis of 85 (25%) of the respondents who reported the most out-of-body experiences (range, 10-100) compared with 85 (25%) of the respondents who reported having had only 1 such experience failed to find any condition that reached the significance level of $p < .01$ (univariate group independent two-tailed *t* tests).

Eighty-five of the subjects who reported having had only one out-of-body experience reported significantly

TABLE 1. Conditions Existing at the Time of the Out-of-Body Experience Reported by 339 Respondents to Questionnaires*

Condition	Reported Yes		Reported No	
	N	%	N	%
Feeling physically relaxed	263	78	70	21
Feeling mentally calm	261	77	69	20
Dreaming [†]	117	35	211	62
Meditating	88	26	241	71
Under emotional stress	74	22	250	74
Unusually fatigued	51	15	279	82
Near death	34	10	298	88
Experiencing cardiac arrest	17	5	313	92
Using a drug	26	8	300	88
Under general anesthetic	20	6	312	92
In severe pain	21	6	307	91
Experiencing childbirth ⁰	14	4	316	93
Involved in an accident	13	4	318	94
Experiencing a high fever	11	3	320	94
Having a sexual orgasm	11	3	322	95
Drinking alcohol	5	1	328	97
Driving a vehicle	3	1	324	96

*Numbers do not add up to 339 and percents to 100% because of missing data. ⁰97 subjects who reported dreaming (83%) described the dream as a "flying or falling" dream.

[†]178 of the respondents (53%) were female.

more spontaneous experiences (those occurring without the subject's making an effort to leave the body) than 85 of the subjects who reported the most out-of-body experiences ($t=2.61$, $df=62$, $p < .01$). Out-of-body experiences that occurred while the subject was dreaming were distinguished emphatically by most of the respondents as being "more real than a dream." Flying and falling dreams, quite common in childhood, represented a majority of the dreams occurring at the time of the out-of-body experience. The certitude with which the respondents emphasized that they knew the difference between a dream state and an out-of-body experience was of interest to us.

A significantly greater proportion of the respondents who were in a state of mental calmness than of those who were not at the time they had the out-of-body experience were meditators ($t=5.17$, $df=178$, $p < .0001$). No other condition significantly differentiated these two groups. We intend to apply multivariate analyses to these data to determine any cluster emerging from the conditions listed.

There was a low incidence of drug and alcohol use among the 339 respondents who reported having had an out-of-body experience. The drugs our subjects reported using were not classifiable, ranging from antihypertensives through vitamin pills and antibiotics. Only 4 subjects reported using psychedelic drugs (LSD and marijuana) at the time of the experience.

The 74 respondents who reported that they were under emotional stress at the time the out-of-body experience occurred described themes of loss, mourning, and loneliness (21 of the subjects); the threat of death—including illness, being in a war zone, about to have surgery, and having cancer (20 subjects); having marital and family problems (12 subjects); and miscel-

TABLE 2. Nature of the Out-of-Body Experience Reported by 339 Respondents to Questionnaires¹

Attribute	Reported Yes		Reported No	
	N	%	N	%
Experience was more real than a dream	315	93	19	6
Form of out-of-body figure similar to physical body	232	68	73	22
Out-of-body figure in same environment as physical body	197	58	123	36
Felt a sense of energy	177	52	145	43
Wanted to return to physical body	164	48	138	41
Felt able to pass through objects	155	46	157	46
Felt vibrations in body	128	38	204	60
Was aware of presence of nonphysical beings ^h	121	36	209	62
Felt that part of awareness was still in physical body	120	35	203	60
Felt a change in time sense	107	32	220	65
Saw a brilliant white light ⁱ	96	28	225	66
Felt the presence of guides or helpers	85	25	238	70
Felt a sense of being in a dark tunnel with a white light at the end of it	85	25	242	71
Heard noises in early stages of experience* ¹	71	21	123	36
Felt attached to physical body	68	20	259	76
Felt able to touch objects	54	16	251	74
Felt that people who were not out of their bodies were aware of presence	45	13	277	82
Felt a sense of borders or limits	44	13	279	82
Experienced panoramic vision	14	4	313	92

¹Numbers do not add up to 339 and percents to 100% because of missing data.

^h23 of these subjects (19%) said these were people close to them who had died.

ⁱ44 of these subjects (46%) found the light strongly attractive; 32 (33%) felt it was a being trying to communicate with them.

¹A variety of noises were reported: the most common were buzzing (21 subjects, 30%), roaring (14 subjects, 19%), and music or singing (12 subjects, 16%).

laneous themes, including unspecified tension states (21 subjects). When the descriptions were reviewed from the point of view of those who had had only one experience (N=33) and those who had had more than one (N=41), 7 (21%) of those who had had only one reported stress involving loss, mourning, and loneliness, compared with 14 (34%) of those who had had more than one such experience.

In response to a question about why they wanted to have an out-of-body experience, 91 of the 339 respondents who had had an out-of-body experience provided classifiable answers. Nineteen (19%) of these were simply interested for curiosity or fun, 21 (23%) were members of a psychical research or study group, 23 (25%) were involved in personal, existential explorations associated with major developmental stages, and for 28 (31%) the experience was entirely spontaneous and unexpected. Only 34 (10%) of the subjects had previously attended workshops on out-of-body experiences.

Nature of the Experience

Table 2 summarizes a number of phenomenological features of the experience. The first five features, which were reported by more than 45% of the subjects, are not the more esoteric aspects often described in the literature but represent a simple subjective perceptual experience of great vividness and reality. The respondents reported not only a sense of separation of the total self from its normal location in the head but also being aware that this self existed in the same environment as the physical body and was associated with a feeling of unusual energy and a desire to return to the body.

As might be expected, some of the more vivid and detailed phenomenological features were overrepresented in 85 (25%) of the subjects who reported having had the highest number of out-of-body experiences. For example, using group independent two-tailed t tests, we found that the following features were more common in this group than in 85 (25%) of those who reported having had only one experience: a sense of energy (t=2.88, df=94, p<.005); hearing noises, particularly roaring noises (t=2.99, df=39, p<.005); feeling vibrations (t=2.57, df=97, p<.01); seeing the body from a distance (t=2.84, df=97, p<.005); feeling a sense of being able to pass through objects (t=3.57, df=93, p<.0006); being aware of the presence of nonphysical beings (t=2.89, df=96, p<.005); and seeing a brilliant light (t=3.17, df=96, p<.002).

Impact of the Experience

As shown in table 3, a majority of the subjects had remarkably positive reactions to the experience. What is striking is the use of superlative adjectives in the reports. Even those who felt that the out-of-body experience was extremely frightening or gave them sensations of great power did not have significantly higher mean scores on the Hysteroid Scale (22) and the Psychoticism Scale (23) (chi-square, two-tailed), suggesting that the experience itself did not occur in particularly sick people and that it did not have pathological impact.

Two-tailed t tests revealed, as would be expected, that those who were in a state of mental calmness at the time of the experience had more positive moods both during and after the experience. Mood states such as joy (t=2.38, df=304, p<.01), freedom (t=2.67,

TABLE 3. Impact of the Out-of-Body Experience Reported by 339 Respondents to Questionnaires^a

Impact	Reported Yes		Reported No	
	N	%	N	%
During the experience				
Felt calm, at peace, quiet	281	83	90	27
Felt sense of freedom	215	63	103	30
Felt sense of purpose	182	54	115	34
Felt joy	173	51	139	41
Felt fear	111	33	209	62
Had no special feelings	91	27	161	47
Felt sense of power	89	26	218	64
Felt sad	39	12	267	79
Felt one was going crazy	15	4	294	87
Immediately after the experience				
Became interested in psychic phenomena	266	78	46	14
Talked about the experience	242	71	85	25
Felt curious	232	68	95	28
Felt life was changed	188	55	127	37
Felt it was a spiritual experience	174	51	145	43
Felt one possessed psychic abilities	136	40	180	53
Felt it was an ordinary event	120	35	195	58
Felt confused	87	26	233	69
Kept experience a secret	77	23	237	70
Felt upset and frightened	80	24	242	71
Forgot about the experience	20	6	295	87
Felt one was going crazy	15	4	304	90
A longer time after the experience				
Wanted to try to do it again	284	84	34	10
Developed a greater awareness of reality	281	83	47	14
Felt the experience was very pleasant	273	81	47	14
Felt experience had lasting benefit	240	71	67	20
Felt a change toward a belief in life after death	215	63	109	32
Felt the experience had great beauty	208	61	112	33
Felt experience was like traveling to a faroff land	165	49	149	44
Felt experience was the greatest thing that ever happened	136	40	177	52
Felt experience was reminiscent of childhood experiences	68	20	248	73
Felt experience was disappointing	20	6	299	88
Felt experience was like being drunk or high	20	6	297	88
Felt experience was mentally harmful	7	2	313	92

^aNumbers do not add up to 339 and percents to 100% because of missing data.

df=309, $p<.008$), and calm, peace, and quiet ($t=3.84$, $df=90$, $p<.0002$) were experienced much more frequently in those who were calm than in those who had feelings of fear during the experience. Two-tailed t test comparisons also revealed that those who were mentally calm had more detailed and vivid experiences than those who experienced fear at the time of the out-of-body phenomenon; for example, they more often had a sense of energy ($t=2.24$, $df=312$, $p<.02$), felt vibrations ($t=2.45$, $df=332$, $p<.01$), and had feelings that people who were not out of their bodies were aware of their presence ($t=2.66$, $df=155$, $p<.008$). In the mentally calm group the experience was seen as having a more lasting and dramatic impact on life; for example, it was described as a spiritual or religious experience ($t=2.8$, $df=302$, $p<.01$), an experience of great beauty and lasting benefit ($t=3.7$, $df=301$, $p<.0003$), and as effecting a change toward a belief in survival after death ($t=2.6$, $df=313$, $p<.01$).

Subjects who ascribed a sense of purpose to the experience in general indicated that the experience enabled them to obtain closure on some of the major existential questions, for instance, "to show me every-

thing is possible," "to show me new possibilities or new realities." These accounts reflected a large number of subjects who were dealing with issues associated with major life changes requiring much introspection, review, and assessment of personal strengths and weaknesses.

DISCUSSION

In addition to the widely recognized defects of the questionnaire approach, this study has a number of other defects, including the fact that many of the experiences were remembered from years before. Although a large number of questions were asked, this approach suffers from a lack of detailed individualized protocols, a defect to be remedied in future studies. The generalizability of these data is aided by the semirandom nature of the study and the anonymity of respondents. The study group is highly representative of the general population at large. Separate research on 1,738 subjects to provide normative data for the Profile of Adaptation to Life found the group who had

had out-of-body experiences to be the norm group for the populations surveyed (20).

The finding that the out-of-body experience was not usually associated with illness or stress is similar to Crookall's finding (25), but our results contradict Green's report that those who had had only one out-of-body experience were characteristically under identifiable stress (6). Out-of-body experiences occurring near death have a cluster of phenomenological features similar to the near-death experience described by Ring (26), as we have reported elsewhere (27). Future analyses will determine how much the feeling or medically proven fact of having died influences the experience. Our results do not support the findings of others that drugs influence the experience (28), or that religious conditioning, preoccupation with esoteric belief systems, or preexisting psychopathology explains the out-of-body experience. Phenomenological characteristics of the experiences reported by our subjects were similar to those reported by Green (6), who found few subjects who saw a cord connecting them to the physical body, but they differed markedly from Crookall's findings of subjects' seeing a connecting cord, seeing apparitions, and having extrasensory experiences (29).

We have elected not to address the issue of whether mind *really* separates from the physical body, but our research has raised in our minds fundamental questions about the nature of what is "really real." In the out-of-body experience the whole self, including observing *and* experiencing ego functions, is felt to be located at a point in perceptual space other than the brain; the physical body is seen as inert and "thoughtless." There is no clouding of consciousness as is reported in dream states, however. In fact, our respondents were absolutely certain that they were not dreaming. As expected, those who were fearful or in pain when they had this experience tended to remember it negatively, showed less attitudinal change, and retained the experience less vividly in their memory. Future studies will further differentiate this group, which might have been experiencing depersonalization, autoscapy, or psychotic decompensation (30).

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