

Out-of-Body Journeys: Mystical Experience or Psychotic Episode?

Mystical experiences, such as becoming aware of oneself outside the body, visions of religious figures, or encounters with dead loved ones, angels and other beings, can be key components for some individuals when facing serious illness, trauma or death. But there is a lamentable lack of research in this area, in part because many people don't report these experiences for fear of being labeled as "crazy." Based on selected diagnostic criteria for a variety of psychoses according to the 2013 *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), these fears may, unfortunately, be well-founded.

The awareness of consciousness existing outside the physical body, specifically in near-death experiences (NDEs) and out-of-body experiences (OBEs), is frequently dismissed by the medical establishment as a hallucination. But while the DSM-5 acknowledges that "hallucinations may be a normal part of a religious experience in certain cultural contexts,"¹ in most of Western culture, these experiences are considered to be paranormal. Because an active "inner life" is often regarded with suspicion, and because the events, imagery and feelings experienced in an NDE or OBE could be interpreted as symptoms of delusional or schizoid disorders, the fear of being identified as mentally unstable may be keeping countless people from reporting these experiences to their doctors or their families. As a result, research on the incidence of these events is limited.

Laureys & Tononi² define these experiences as "an awareness of oneself existing in a location separate from the physical body." They also define an NDE as specifically prompted by an experience of clinical death or near-death, while an OBE can occur in ways not related to

¹ American Psychiatric Association 2013, p. 88

² 2009, p. 304

death, and can even be induced voluntarily.³ Although religious heroes, saints, sages and prophets have been journeying in this way for millennia, there is a glaring lack of support among theologians for a connection between these events and true mystical experience when they occur in the lives of average people. Dr. Mark Fox, in *Religion, Spirituality and the Near-Death Experience*⁴ calls this lack a “deafening silence in the field of religious studies.”

These experiences are not the exclusive domain of shamans, saints and psychotics. Forty years of research in mainstream scientific journals reveals that NDEs are reported by 12% to 18% of cardiac arrest survivors. These experiences have been explained as everything from hallucinations and fantasies to clear evidence of consciousness continuing to function after brain functioning has ceased.⁵ Unfortunately, research on OBEs is not nearly as compelling, because as Laureys & Tononi observe, there have been very few studies on OBEs, and research methods have not been consistent. They estimate the incidence of OBEs (conservatively, due to lack of accurate reporting) at about 5% of the general population.

Laureys & Tononi⁶ describe OBEs and NDEs as “a challenge to the experienced spatial unity of self and body.” Non-ordinary perceptions of that spatial unity are considered perfectly appropriate when they appear in religious scripture or mythology, but when these perceptions are described to most modern clinicians, a diagnosis of a mental disorder would likely be forthcoming.

³ Laureys & Tononi 2009, p. 309

⁴ qtd. in Irwin 2015, p. 159

⁵ Sleutjes 2014, p. 832

⁶ 2009, p. 304

Common features of NDEs/OBEs (Irwin 2015, p. 156)	Selected DSM criteria for Schizoid and Dissociative Disorders
A sense of separation from the physical body	Depersonalization disorder; a sense of split self with one part observing and other participating (American Psychiatric Association 2013, p. 303).
Enhanced cognitive abilities; intensification of feelings.	Delusions of grandiosity because the experience speaks of an important discovery or great insight (American Psychiatric Association 2013, p. 90).
A cosmic encounter with Light, God, or other manifestations of great ontological significance; A recall of past lives or possible future events	Bizarre delusions, defined as “clearly implausible and not understandable to same-culture peers, and do not derive from ordinary life experiences” (American Psychiatric Association 2013, p. 90)
Encountering a non-ordinary realm inhabited by postmortem others, including relatives, friends, animals, and “beings of light”	Visual hallucinations (American Psychiatric Association 2013, p. 90)
Telepathic communication with other beings	Auditory hallucinations (American Psychiatric Association 2013, p. 90)
	Functioning is not markedly impaired and behavior is not bizarre or odd. Hallucinations are not prominent and are related to the delusional theme. The disturbance is not attributable to the physiological effects of a substance or medical condition (American Psychiatric Association 2013, p. 90)

Sam Parnia MD, a leading researcher in the field of resuscitation medicine, reminds us that reality is defined by agreements made within groups or societies about the meanings of phenomena and experiences.⁷ A transcendent experience can be worthy of worship in one culture, but grounds for a psychiatric evaluation in another, and these variations in interpretation appear within research circles as well. Appleby believes that OBEs are a response to anxiety and stress, and that NDEs in which one meets departed loved ones in the afterlife are based on wish fulfillment.⁸ And Serdahely⁹ concludes that the “higher self” experienced when out of the body

⁷ Parnia 2014, p. 81

⁸ 1989, p. 975).

⁹ 1992, p. 36

is similar to the “inner self helper” identified by patients with multiple personality disorder, and that both share the awareness of a similar divine presence.

Until our religious institutions can move into a more inclusive understanding of mystical experience, and until the medical establishment embraces a more expansive view of the mind-body-spirit relationship, these experiences will continue to be under-reported and under-researched. Those of us who work to support the awareness of non-physical consciousness have a moral duty to study, speak, publish and teach what we know. As Jane Steger tells us,¹⁰ “The inner life may be just as full of adventure, explorations, hopes and fears and perilous seas as the outer life... There is a wide other world within, deep harbors of thought, marvelous seas of contemplation, waiting to be explored.”

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¹⁰ Thurman 1971, p. 43

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