

# Out-of-the-Body Experiences

## Implications for a Theory of Psychosis

Charles McCreery, DPhil

Formerly Lecturer in Experimental Psychology  
Magdalen College, Oxford

Oxford Forum



© Copyright Charles McCreery 2019

# Chapter 1

## The nature and range of hallucinatory experiences of the sane

### Introductory remarks

The idea of sane people experiencing hallucinations may at first sight seem a paradoxical, not to say contradictory, one. In the past, hallucinatory experiences have been almost exclusively studied by psychologists and psychiatrists, not so much as phenomena of interest in themselves, but as symptoms of underlying pathology, that pathology itself being the main focus of interest.

To the extent that hallucinations of the sane have been studied by psychologists it has usually been in contexts such as sleep deprivation, sensory limitation, or LSD intoxication, in which the subject, albeit ostensibly normal, was in an obviously abnormal state, either physiologically or psychologically.

Very little attention seems to have been paid to those relatively spontaneous episodes of hallucinatory experience, such as ‘apparitional’ experiences (Green and McCreery 1975) and ‘out-of-the-body’ experiences or OBEs (Green 1968b), which are reported by ostensibly normal subjects, and in states which in many cases do not appear *prima facie* to have been particularly abnormal, either physically or psychologically.

Such work as has been done on these phenomena has often been initiated by people with a parapsychological rather than a purely psychological motivation. This has tended to introduce certain biases into the results. For example, a large collection of cases of visual hallucination in ostensibly sane subjects was made by Gurney, Myers and Podmore (1886), working under the auspices of the newly founded Society for Psychical Research in London. Their avowed intention was to provide evidence for human survival of death, with the result

that their cases were highly selected in favour of so-called ‘crisis’ cases, in which the hallucination was alleged to have coincided with the death of the person hallucinated. By contrast, the collection of apparitional cases made by Green and McCreery (1975) suggests that the subject-matter of apparitional experiences is much wider than the Gurney *et al* collection might lead one to suppose, with the majority of all the hallucinated figures not being recognised at all, and animals and objects being hallucinated, as well as human figures, though the latter predominated.

West (1990) makes a similar point on the basis of a study of the parapsychological literature, which included two surveys of his own concerning the incidence of hallucinatory phenomena in the population at large (West 1948, 1990). He writes:

Most such experiences are meaningless to the percipient, although some will go to great lengths to try to link them with something that provides a possible explanation, such as a ‘haunting’. The results of an unselected survey serve to remind one that the apparitional cases featured in psychic research literature as illustrations of evidence for the paranormal are taken from a huge reservoir of similar visions that do not require a paranormal explanation. (West 1990)

The effects of selection may also have made itself felt in the case of studies of out-of-the-body experiences. For example, the largest collection of first-hand reports prior to that made by Green (1968b) was made by a geologist, Dr. Robert Crookall, over a number of years (Crookall 1964, 1966, 1970). Crookall himself was a committed spiritualist, and many of his correspondents were readers of spiritualist newspapers such as *Psychic News*. This may well have led to certain biases in his collection. For example, the majority of his subjects reported seeing a ‘silver cord’ connecting them to their physical body while they seemed to view the latter from outside, the silver cord apparently having a

significance in the spiritualist interpretation of such experiences. Green (1968b), on the other hand, who collected accounts from a much wider selection of newspaper readers, found fewer than 4% reported this ‘cord’, either spontaneously in their initial written account, or when explicitly asked about it subsequently in a questionnaire.

### **The concept of the *metachoric* experience**

Before proceeding to discuss various practical and theoretical arguments for studying the hallucinatory experiences of the sane, I shall discuss what I consider to be the range of such experiences, and give examples of some of the range’s constituents.

A preliminary consideration of the range of these hallucinatory experiences of the sane is desirable for two reasons, one practical and the other theoretical. (1) On the practical level, it is sometimes difficult to categorise a particular hallucinatory experience reported by a sane person as belonging to one empirical category rather than another within the range; in other words, the categories overlap. (2) On the theoretical level, it will enable us to introduce the concept of the *metachoric* experience, defined as one in which the subject’s field of perception is completely replaced by a hallucinatory one. This was a term and a concept originated by my colleague Celia Green, and developed in Green and McCreery (1975), Green (1990) and Green and McCreery (1994).

The term ‘metachoric’ was derived by my colleague from two Greek terms: *μετα*, connoting in this context the idea of change or transformation, as in the word ‘metamorphosis’; and *χωρη* meaning ‘a place’. The term was intended to be purely descriptive, and was not intended to imply that anything is literally translocated during the sorts of experience covered by it.

Green proposed that a complete replacement of the normal field of perception with a hallucinatory one has taken place even in those cases in which the content of the hallucination includes an apparently realistic representation of part or all of the percipient's real environment at the time. On the theoretical level it implies a particular sort of relationship between the various superficially disparate types of experience to which could be applied.

I will begin the present discussion by giving examples of the various types of hallucinatory experience of the sane. I shall focus particularly on ambiguous or borderline cases, which are capable of being regarded as belonging to either or both of at least two categories.

### **Apparitional and out-of-the-body experiences**

To illustrate the difficulty of classifying a significant proportion of the cases that are reported, I will begin with an example which appears to begin simply as an apparitional experience. We may define such an experience as one in which a hallucinatory element appears to be superimposed on the subject's real environment at the time, this real environment apparently being perceived normally. The experience to be quoted starts as an apparitional experience, but turns into an out-of-the-body experience in which the subject continues to hallucinate the apparitional figure.

At the time of the occurrence I was living in Australia, in the 'bush' at a place about 60-70 miles from Perth, W.A. A certain young lady and myself were head over heels in love with one another. At the time, she was staying at a place about 200-250 miles away. I had finished my work for the day, it was quite dark, and I had lit the hurricane lamp which was in the hut where I slept. I had washed and was lying on my bunk waiting for a call to the evening meal, when I saw the certain young lady approach the open doorway out of the darkness. As she approached into the light, I got off my bunk and went towards her. We greeted one another, and as we did

so, I realised I was *still lying on my bunk*. With the realization, the whole thing vanished, and I was indeed still lying perfectly still on my bunk. I was back in my body, on the *inside* looking *out*, instead of being on the outside and looking back at one's own body which appeared to be quite dead. (Green and McCreery 1975, p.27)

This is an example of a hallucinatory experience which on the face of it falls into two distinct categories; the first stage of the experience may be classed as an apparitional experience, and the second as an out-of-the-body experience. We will consider various possible definitions of the latter in the next section. Meanwhile, I suggest that this particular experience is better regarded as single, continuous experience in which the perceptual environment is completely replaced by a hallucinatory one throughout, in other word a single, metachoric experience in our definition.

### **Lucid dreams**

An unambiguous example of a metachoric experience is the *lucid dream*, which may be defined as a dream in which the individual is aware that he or she is dreaming. In some cases the subject may be able to exercise some degree of control over the dream, but this is not a defining characteristic. The next account will illustrate the point made by Green (1968a), that 'among those persons who have made deliberate attempts to cultivate such states [out-of-the-body experiences and lucid dreams] and have recorded their experiences, a close relationship between the two types of state is often thought to exist.' In some instances, such as in the following case, the subject herself has difficulty in unambiguously classifying some of her experiences. The subject was a university physics student at the time of writing.

I have had a number of astral projection experiences in the past. None have occurred in a year, primarily because I have not tried so much to

induce them. At one time it was very much a matter of will. The most striking thing about the experiences was the moving and floating sensations as well as spinning and a distinct shove in the small of my back. I would also shift limb positions only to find that when I opened my eyes, I hadn't. The experiences were not highly visual. [...] One of the most confusing things about the whole affair is distinguishing OOBE's from dreams. Some are in day-light, perfectly coherent etc. Most (esp. more dramatic ones) occur in the night and are confused and chaotic. [...]

An added complication is that of lucid dreaming, another thing I have experienced a lot. [...] I often found that I *couldn't* quite control things in dreams and would become annoyed with the characters concerned, once or twice being explicit that this was my dream and they ought [to] do as I demanded. On one particular occasion this resulted in my confinement to a dungeon prison where I experienced every calm second of several hours (dream duration) knowing I was dreaming and wanting desperately to 'escape' (wake up) but being unable to.

## **Waking dreams**

Green and McCreery (1975) proposed the term *waking dream* for:

'[the] type of experience in which the subject, who is awake at the time, temporarily loses his awareness of his normal environment, and seems to be perceiving a different one. That is to say, his field of perception is temporarily replaced by a hallucinatory one.'

A waking dream is therefore by definition an example of a metachoric experience, by virtue of the fact that, as long as the experience lasts, no part of the real environment is included in the field of perception.

The following is a case which was sent to me in response to my appeal for first-hand accounts of out-of-the-body experiences, but which may be regarded as fulfilling the criteria of a waking dream. The narrator appears to have considered herself awake at the time, but there seems to have been a sudden

and complete replacement of the real environment with a hallucinatory one, with no transitional experience of seeming to ‘leave the body’.

I [...] decided to write to you about the [out-of-the-body experience] I had, approximately 7 years ago when I was ten.

It happened on my first day at brownie camp, a week-long stay in the camp near Malvern. This was the first time I had stayed away from home on my own.

I was lying on my bunk in the dormitory when, in the only way I can describe it, I suddenly appeared to be back in my garden at home where my dog seemed to be aware of my presence and began to bark at me. I was wearing my brownie uniform, but I did not move or speak in any way, and although I think my feet were on the ground, I cannot be sure of it. I know I was looking down at my dog.

I’d never heard of an out of the body experience then, and at the time, I thought very little of it. It had dispelled the few fears of homesickness I had had, and, in fact, seemed to give me a pleasant, warm feeling of security, as if I was, in some way telling myself that being away from home was no cause for anxiety. It was only later when I heard of the experiences I wondered if this was what mine had been.

It is worth drawing attention to a particular feature of this experience, namely the fact that it seems to have had a beneficial effect on the subject. This is a feature which can occur in the case of both apparitional and out-of-the-body experiences. McCreery (1993, pp.49-50) summarised this phenomenon as follows:

[...] In many cases [the out-of-the-body experience] appears to have a positive, adaptive function in the life of the experiencing individual. In the short term it may result in an apparent reduction of pain, or at least a change in the subject’s attitude towards the pain he or she is experiencing, with a resultant reduction in stress. Over the longer term [out-of-the-body experiences] are often associated with changes of attitude or belief,



notably a reduction in the fear of death, which subjects claim to be adaptive.

It is worth adding that similar considerations regarding adaptiveness appear to apply to the seeing of apparitions. If recognised, as in the case of apparitions of deceased relatives, they may have the effect of convincing the percipient of the survival of the person represented, with consequent reduction in the distress associated with bereavement. Even if unrecognised, they appear in at least a sub-class of cases to have a reassuring effect on the percipient.

Green and McCreery (1975, pp.200-203) give a number of examples of apparitional experiences of this kind, which they termed 'reassuring apparitions', and from which the subject seems to have derived some psychological benefit. They calculated that 4% of their subjects reported this feature.

### **False awakenings**

A false awakening is an experience in which the subject believes him- or herself to have woken from sleep in the normal way, but in fact has not done so; i.e. the belief is mistaken. This experience may be regarded as metachoric, since the subject has by definition remained asleep with his or her eyes shut, so the perceived environment must be completely hallucinatory.

Green (1968a) distinguished two distinct sorts of false awakening, which she termed 'Type 1' and 'Type 2'.

Type 1, which seems to be the commoner, she characterises as follows:

The subject has a [...] dream experience in which he seems to be thinking or talking about some previous dream experience, lucid or otherwise. This dream may or may not start with a fairly realistic representation of the experience of waking up in bed. It may or may not occur to the subject to wonder whether he is still dreaming, and he may or may not examine his

environment critically in an attempt to find out. Finally, he may or may not realize that he is still dreaming. If he does, this may be the starting point of a further lucid dream. (Green 1968a, p.119)

The following is an example of a Type 1 false awakening:

I knew that X was reading a book and would probably be staying up late, when I went to bed myself about 1 a.m.

I was woken in the night by sounds of someone in the house going to the lavatory, and thought that this must be X who had finished reading his book and was going to bed. I looked at my watch, which was luminous, and the time seemed to be about ten past four. Some time later it seemed to me that I was being woken again by somewhat similar noises in the house. There was a period of gradual awakening, as it seemed, and I then found myself awake and realising that the sounds had resolved themselves into the sounds of someone coming I up the last flight of stairs towards my bedroom. I wondered if this might be Y, but when someone seemed to enter the room, and said, rather softly as if trying to find out if I was awake, 'Hello,' I realised it was X.

The room was very dimly lit and he didn't come in far from the door, but the shape of the figure appeared characteristic, and the verbal exchanges were very realistic, at least on the purely auditory level. I said, 'I'm awake', and raised my head a bit. I added, 'I heard the first time you went to the lavatory,' referring to the time when I had really been awake previously. X said, 'The first time? It was about the fourth,' and I took this to be some joking reference to the length of time he had been sitting up reading while I was asleep.

When I thought about this incident the next day, it still seemed very real and convincing, but I could not understand why I had not continued the conversation and could not remember X leaving the room. I concluded that I must have fallen asleep again and he must have gone away. But I found it hard to understand how I had fallen asleep so quickly and completely.

X later told me that he had not been near my room all night [...]  
(Green and McCreery 1975, p.22)

It is possible that this was simply a case of a hypnopompic hallucination; i.e. the subject had indeed woken up but had had a visual and auditory hallucination concerning the figure which appeared to enter the room. However, the subject had had no previous experience of hypnopompic apparitions, but did have considerable prior experience of both lucid dreams and false awakenings. It therefore seems more likely that an external observer would have seen the subject lying asleep throughout the experience. In support of this hypothesis I would adduce the fact that the subject was initially puzzled the next day at the lack of any recollection as to how the experience had ended. This would not be so puzzling if in fact the subject had not woken up at all.

A second type of false awakening was identified by Green (1968a), which she called Type 2, and which appears to be relatively uncommon. As Green remarks, 'not all lucid dreamers report it, and very few unsophisticated subjects.' She characterises the experience as follows:

In this type of false awakening the subject appears to wake up in a realistic manner, but to an atmosphere of suspense. These experiences vary in respect of the length of time which elapses before the subject becomes aware that something is unusual. His surroundings may at first appear normal, and he may gradually become aware of something uncanny in the atmosphere, and perhaps of unwonted sounds and movements. Or he may 'awake' immediately to a 'stressed' and 'stormy' atmosphere. In either case, the end result would appear to be characterized by feelings of suspense, excitement or apprehension. (Green 1968a, p.121)

The following is an example of a Type 2 false awakening:

I passed from unremembered dreams and thought I was awake. It was still night, and my room very dark. Although it seemed to me that I was awake, I felt curiously disinclined to move. The atmosphere seemed charged, to be in a 'strained' condition. I had a sense of invisible, intangible powers at work, which caused this feeling of aerial stress. I became expectant.

Certainly something was about to happen. Suddenly the room was faintly illuminated. A soft greenish glow, suggesting phosphorescence, was emanating from a glass-doored Japanese cabinet beside my bed. From this source it spread slowly and evenly, like a luminous gas – a cold, spectral light, of unvarying brightness. For a while I stayed motionless, watching it. I did not feel afraid, but I was filled with wonder. Then, wishing to observe more closely the source of this mysterious light, I made an effort to overcome my strange disinclination to move. Instantly the light vanished and things were as usual. I was really awake now, with my head half raised from the pillow. (Fox 1962, p.48)

We will be returning to the topic of false awakenings in Chapter 8 ('A theory of psychosis – I'). I shall discuss there the phenomenological similarities between the Type 2 false awakening and the 'primary delusory experience' of psychosis, and the possible significance of this resemblance for the theory of psychosis I shall be putting forward.

### **'Near-death experiences'**

I shall not be presenting an example of a 'near-death experience' (NDE), for the following reason: I consider that a subject's own assessment of his or her physical state at the time of an out-of-the-body experience is not on its own, in the absence of independent evidence, a sufficient indicator of that state. Stevenson (1987) studied the case notes of a number of patients reporting NDEs and found that 50% of them were not in fact near death in the opinion of the doctors who were treating them at the time.

Given that the concept of the near-death experience appears to have become a part of popular culture, there would seem to be a danger that subjects infer retrospectively that they must have been near to death at the time of the experience, simply because their experience contained features, such as a white

light and a tunnel motif, that they have heard or read are characteristic of such experiences.

It is interesting to note that in at least two instances reported to me one or more of the features associated with the concept of the near-death experience were present, despite the subject being apparently not in any sense near death. Here is the first of these examples, in which an unidentified 'brilliant light' is reported:

I was reading in bed when I found myself floating above a group of people, who were standing around a bed, on which lay a woman fully clothed, shoes etc. I recognised the clothing as being mine, so I came down closer to look at the woman's face, I was not surprised to see that it was myself and I presumed that I had died, I remember thinking afterwards 'that is the way I shall die', I had a wonderful feeling of relaxation and feeling so elated! It was marvellous, I didn't go back into my body, but just floated through walls, without any effort, although there was a brilliant light, I never got near enough to see what it actually was. I am so glad this has happened to me, and it has taken away any fear of death from me, I still remember everything that happened, it was so vivid. (This happened about 4 months ago.)

The second instance in which someone in apparently good health reported to me an experience reminiscent of accounts of near-death experiences occurred during the course of the experiment I conducted, which was designed to facilitate the self-induction of out-of-the-body experiences in the laboratory. This experiment will be described in Chapter 5, where I will quote the subject's post-experimental account of her experience.

### **Relationships between the various hallucinatory experiences**

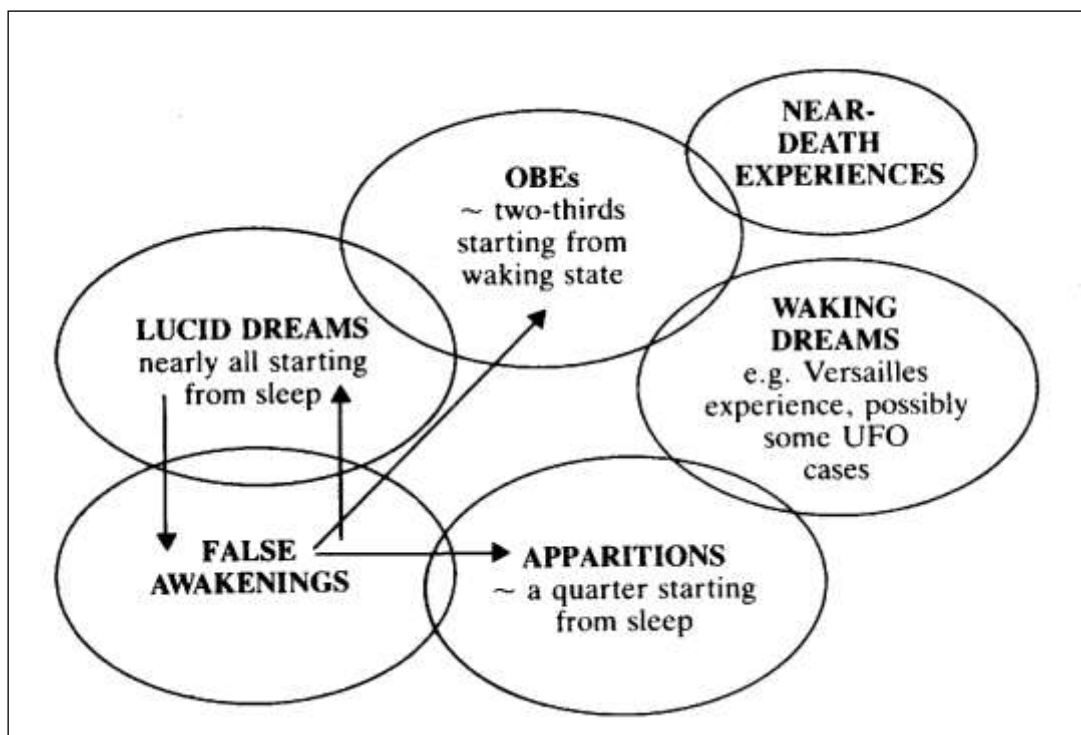
The relationships between the various types of hallucinatory experiences discussed so far are summarized in Figure 1.1, taken from Green (1990, p.127).

Overlapping ellipses indicate that categories overlap, and arrows indicate that the one type of experience may give rise to the other.

**Figure 1.1**

Relationship between various metachoric experiences  
(environment completely hallucinatory)

Reproduced from Green (1990)



The 'Versailles experience' referred to under the heading 'Waking Dreams' is that reported by Moberly and Jourdain (1911) as occurring during a visit to the Petit Trianon at Versailles, where Marie Antoinette was apparently accustomed to role-play at milk-maids with her ladies-in-waiting. Green (1990, pp.126-127) argues the case for this being an instance of partially collective hallucination, and draws various parallels between the two ladies' accounts of

their experiences and accounts of other types of metachoric experience. Of particular interest in the present context is the description of one of the participants, Miss Moberly, of at one stage ‘feeling as though she were in a dream with an unnaturally still, oppressive atmosphere’, a description reminiscent of various accounts of Type 2 false awakenings.

### **Advantages of studying hallucinations of the sane**

The neglect by psychologists of the spontaneous hallucinatory experiences of the sane is regrettable on both practical and theoretical grounds. On the practical level, they provide a rich and relatively untapped vein of data concerning the breakdown of the normal processes of perception. I suggest that such data are a potentially fruitful source for our long-term understanding of these latter processes, rather as Gregory (1970) has suggested that the study of visual illusions, which may also be thought of as failures of normal perception, may shed light on normal visual processing.

A practical advantage of using normal subjects, as opposed to subjects diagnosed as psychotic, in the study of hallucinations is that one avoids some of the difficulties of interpreting the verbal reports of disturbed patients. For example, it may not always be possible to distinguish immediately between the description by a patient of a visual hallucination, having all the force of a perception but without obvious external stimulus, and a delusory interpretation of normal visual stimuli. Horowitz (1964), summarising his experience of questioning chronic schizophrenic patients about their visual experiences during painting sessions, writes:

It was necessary to persist beyond initial verbal descriptions of their hallucinations, and insist that the patient describe and *draw* what he had seen. Initial descriptions of ‘vicious snakes’ might then be drawn and redescribed as wavy lines. ‘Two armies struggling over my soul’ arose

from the subjective experience of seeing moving sets of dots. ‘Spiders’ might be reduced, when the patient stated and drew what he actually saw, to a few radiating lines. In drawings of their hallucinations patients could often distinguish between those forms which duplicated what they saw with their eyes from those forms which were what they ‘made out of it’.

### **Comparison of the hallucinations of psychotic and non-psychotic individuals**

It might be argued that the hallucinations of the sane, and out-of-the-body experiences in particular, are predominantly visual, whereas the type of hallucination most associated with schizophrenia is auditory, namely the hearing of voices.

However, it is possible that auditory experiences are more common among normal subjects than has usually appeared from the surveys that have been carried out. Certainly, Sidgwick *et al* (1894) thought they had found indications that auditory experiences were more quickly forgotten by normal subjects than visual ones; they found a higher proportion of auditory cases among their recent reports. They concluded only that it was ‘legitimate to infer that *impressive* hallucinations of the visual class are considerably more frequent than those of the auditory [...]’ We may also note that Rees (1971), who exhaustively surveyed a group of bereaved people, found almost as many auditory experiences of the type targeted (hallucinations of the dead spouse) as he did visual ones.

At the same time, visual experiences may be more common among people diagnosed as schizophrenic than is generally recognized, for the converse reason, namely that to them the auditory experiences are more impressive, perhaps because of their relevance to their particular preoccupations, and therefore more likely to come to the attention of those looking after them.



Feinberg (1962) estimated 3-5% of all schizophrenics admitted to a large state hospital had visual experiences.

It may also be that true auditory hallucinations are not as common among schizophrenics as at first sight appears. It may be that many of the auditory experiences of schizophrenia are in fact pseudo-hallucinatory in character rather than hallucinatory; that is to say, the 'voices' heard may be experienced as originating within the person's own head, rather than perceived as originating in the external world.

We have already seen, in the previous section, that there may be difficulties in accurately classifying the phenomenology of hallucinations in psychotic patients, due to difficulties in communication. Here, for example, are some extracts from a passage in which Bleuler (1911) draws attention to the relatively complicated phenomenology of auditory experiences in schizophrenia:

Although auditory hallucinations are a matter of great preoccupation, even intelligent patients are not always sure that they are actually hearing the voices or whether they are only compelled to think them. [...] Sometimes it appears to the patients 'as if they heard,' which does not prevent them from opening the window a hundred times a day in obedience to such commands, or from making a special journey to the Rhine to jump in. The latter patient described the feeling: 'It was as if someone pointed his finger at me and said, "Go drown yourself." It is as if we were speaking to each other. I don't hear it in my ears, I have the feeling in my breast. Yet it seems as if I heard a sound.' At times one meets with a very noteworthy expression: the voices 'Seemed to me as if my ears breathed them out,' or as if 'Someone was talking to me from inside my ear.' It would appear that these patients have a certain feeling that the voices come from inside [...]

These examples are far from exhausting the possible nuances of the projection of auditory hallucinations. (Bleuler 1911, p.110)

In contrast to the auditory experiences of schizophrenics, at least as characterised by Bleuler, those reported by *prima facie* normal subjects to us (Green and McCreery, 1975) seem to have been predominantly of the externalized variety. For example, we noted that ‘many [...] if not the majority’ of the purely auditory hallucinations reported to them sounded, according to subjects’ accounts, as if they issued from a particular, localised source in the external world, like real sounds. Thus one subject described an old man’s voice as seeming to issue from a cupboard in her bedroom; another wrote that she heard her aunt calling her and the sound ‘came from the window’.

The following is an example of an externalised auditory hallucination reported by an engineer who was faced with having to make a difficult decision in his professional life.

[...] My guide suggested that after our evening meal we should drive to Grimsby and go to the cinema, to which I agreed. We proceeded as arranged and obtained seats in the circle which was well filled. The lights were dimmed and everyone stopped talking, settling back in their seats for the start of the performance. Then a voice said to me loudly and distinctly, ‘You can’t do it, you know.’ It was so clear and resonant that I turned and looked at my companion who was gazing placidly at the screen, then I looked at the people round about but nobody evinced the slightest interest in anything but the film being shown. I was amazed and somewhat relieved when it became apparent that I was the only person who had heard anything. (Green and McCreery 1975, pp.85-86)

This experience is an example of what Posey and Losch (1983) call ‘hearing a comforting or advising voice that is not perceived as being one’s own thoughts’. They estimated that approximately 10% of their student sample of ostensibly normal subjects had had this experience.

One characteristic which seems to distinguish a case such as this from the voice experiences of people diagnosed as schizophrenic is the fact that it is an

isolated rather than a recurrent experience. (In this case it was repeated once, but only the once, a few weeks later, as the subject lay in bed). However, even this characteristic is present in some cases reported by ostensibly normal subjects. The philosopher Sartre (1991), for example, describes recurrent experiences during his youth of hearing a voice commenting on his actions in the third person.