

## SPONTANEOUS AND DELIBERATE OBEs: A QUESTIONNAIRE SURVEY

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### ABSTRACT

A questionnaire was given to 97 people attending two parapsychology conferences, asking about OBEs, dreams and related experiences. 36 people claimed to have had OBEs and of these 14 had had deliberate OBEs. Associations were found between having OBEs and reporting lucid and flying dreams, dream control skills and mystical experiences. When these were separated out for the different kinds of OBE it was found that the dream control skills were most common in those who reported deliberate OBEs and the mystical experiences in those who had spontaneous OBEs.

### INTRODUCTION

In the attempt to understand the out-of-body experience (OBE) many distinctions have been made. For example, Robert Crookall (e.g. 1961, 1964a,b) distinguished between natural and enforced OBEs; that is those which occurred under natural conditions such as exhaustion, meditation or illness (and he clearly considers that near-death is natural too!) and those which were 'enforced' by drugs, hypnosis or deliberate attempts. He suggested that there were two entirely different kinds of experience and that the 'natural' OBE was superior in terms of the quality of experience and the number of typical characteristics exhibited. He gave many examples of each (e.g. Crookall 1961) but the distinction seems somewhat arbitrary and the only theoretical justification given is in terms of the way in which the 'astral body' is supposed to separate more or less naturally.

More recently Alvarado has sought confirmation of this distinction by a phenomenological analysis of both Crookall's own data (Alvarado 1981), and data from a survey of 61 OBEs (Alvarado 1984). He tested two predictions derived from Crookall's distinction; that (1) persons reporting natural OBEs experience a higher frequency of phenomenological qualities than persons reporting enforced OBEs (e.g., going OB through the head, blackout of consciousness while going out of and returning to the body, seeing deceased persons during the OBE), and that (2) in natural OBEs the perceptual, mental and emotional aspects of the experience are qualitatively better than those during enforced OBEs'. (Alvarado 1984 p 222). Neither of these predictions was confirmed and Alvarado found no support for Crookall's distinction.

Perhaps a more natural (if I may overuse the word!) distinction is that between spontaneous and experimental or deliberate OBEs. Hart (1954) divided cases of 'ESP projection' into spontaneous and experimental cases and claimed that they exhibited different characteristics. In his categorisation the experimental cases included those induced by hypnosis, concentration and other more complex mediumistic methods.

A recent theory of the OBE suggests a rationale for such a distinction, but one closer to Hart's than to Crookall's. I suggested (Blackmore 1984a) that the cognitive system has to decide which of its models of the world represents

'reality' and that it takes the most stable model and treats that as 'real'. But it occasionally makes mistakes. This is most likely when perceptual input is disrupted and the normal model of the world becomes unstable. In this case the system seeks to re-establish sensory contact by constructing a new model of the surroundings from memory and imagination and treating this as 'real'. The viewpoint above the body comes about either because it is a preferred viewpoint in memory (see Nigro and Neisser 1983, Blackmore 1985) or because it is used as an escape from the precipitating conditions. In other words an OBE comes about when a person's normal perception-based construction of 'reality' is replaced by an internally generated 'model of reality'.

This theory suggests two rather different ways in which an OBE may come about. In the first type (the spontaneous OBE) the circumstances act to disrupt perceptual input. Once the normal model of reality is sufficiently disrupted some other model—such as a bird's eye view—may take over.

In such spontaneous cases it is of little advantage to have vivid or well-controlled imagery; indeed good imagery may even help to avoid the OBE by reconstructing an effective eye-level view instead. Also absorption in inner experience is not really necessary although it may be helpful. Indeed most of the 'blame' for the experience rests with the external circumstances. (In this sense such experiences may be better seen as 'enforced' by circumstances!). People who are especially susceptible to this kind of disruption should be more likely to have spontaneous OBEs and presumably also more likely to have other related spontaneous experiences, such as spontaneous mystical experiences.

It should be noted that the only other thing which will help in having spontaneous OBEs (as well as deliberate ones) is the ability to use a bird's eye view in imagery and the ability to switch to this viewpoint when desired. Indeed I have previously shown that OBEers are better in this respect than non-OBEers (Blackmore 1985).

On the other hand quite a different process leads to a deliberate or experimental OBE. There are no helpful circumstances to 'force' the perceptual model of reality out of the way. So the greatest problem in inducing OBEs is that of disrupting the enormously stable normal model.

The skills needed for a deliberate OBE are therefore (1) the ability to disrupt or ignore sensory input, (2) the ability to construct a viable alternative model from information in memory (i.e. to imagine it), and (3) the ability to attend to the imagery model rather than the sensory model. The first of these is really a skill of 'letting go' of the world. The second is more deliberate and conscious and involves the construction of convincing images, especially from alternative viewpoints. The third is related to the capacity for 'absorption' in inner experience, which has been shown by Irwin (1981, 1985) to be higher for OBEers than others.

It is interesting to note that most induction methods for OBEs can be seen as aiding these abilities. For example the sounds and whirling spirals of Palmer's (1978) laboratory methods or the immobility and relaxation of many traditional methods (see Rogo 1983), take attention away from the 'here and now' world and towards alternative imagery. In hypnosis, instructions such as 'you are going to sleep' help let go of the sensory world and allow further instructions to build up vivid alternative imagery. Perhaps most specific is the 'Christos Technique'

(Glaskin 1974) in which the subject is relaxed and immobile and is asked to imagine the legs and head lengthening and shortening. This disruption of the normal body image helps in letting go and is then followed by instructions to imagine flying over familiar scenery. In these ways the induction methods help the would-be-OBEr to let go of sensory input and adopt an alternative 'model of reality'.

If these are the necessary skills then we should expect deliberate OBErs to display them more than others. Interestingly this implies that imagery skills should be positively associated with having deliberate OBEs and not (or even negatively) associated with spontaneous ones.

We should also expect deliberate OBErs to have other experiences which require the same skills. Having vivid daydreams and the ability to concentrate on fantasy both imply immersion in inner experience. Various dream control skills also necessitate the ability to attend to one imagery model rather than another. For example stopping a dream or continuing a dream at will may involve a similar ability to swapping attention to an OB model. And having lucid dreams (in which you know you are dreaming) involves maintaining attention on a particular imagery model. Therefore we should expect all these experiences to be more common in those who have deliberate OBEs.

From this we may make the general prediction that those who have spontaneous OBEs will not exhibit any special imagery or dream control skills, while those who have deliberate OBEs will. The study reported here tested this prediction.

Previous surveys have shown that many experiences are correlated with reporting OBEs. These include having lucid dreams (Irwin and Blackmore in press), flying and falling dreams, various dream skills (Blackmore 1982, 1984b, Palmer 1979) and mystical experiences. A survey was carried out in which such correlations were sought, and compared for those reporting spontaneous or deliberate OBEs. A population likely to have a high percentage of OBEs was used to maximise the number of OBEs reported.

## METHOD

### *Questionnaire*

The questionnaire consisted of 18 questions on a single sheet. Apart from age and sex, respondents were given a list of 15 experiences and asked whether they had had them 'Often' 'Sometimes' or 'Never'. If they claimed to have had OBEs they were asked how many they had had and how many of these were (a) deliberate and (b) spontaneous. No further explanation of the distinction was given since the idea of a deliberate OBE was thought to be self-explanatory. It has sometimes been suggested that differences between OBErs and others can be attributed to a general tendency to say 'Yes' to any question. A 'dummy' question was therefore included concerning fear of heights.

### *Subjects*

The questionnaires were distributed at two conferences; the Annual Convention of the Parapsychological Association in Madison, New Jersey, and the International Conference of the Society for Psychical Research in London, both in 1983.

## RESULTS

A total of 97 completed questionnaires was received. 36 respondents (or 37%) claimed to have had at least one OBE. This is, as expected, far higher than typically obtained in random surveys (e.g. Palmer 1979, Blackmore 1984b). Out of these 36 OBEs, most (78%) claimed more than one OBE and several reported having both spontaneous and deliberate OBEs. All OBEs were divided into those who had had at least one deliberate OBE and those who only had spontaneous OBEs. This provided three groups of subjects; 61 nonOBEs, 14 deliberate OBEs and 22 spontaneous OBEs. The rest of the results are presented separately for these three groups. It was predicted that the deliberate OBEs would show greater differences from the non-OBEs, especially for the questions involving dream control and related skills.

There were 61 males and 34 females, with an average age of 46.7 years (s.d. 17.1). Those who reported OBEs were significantly younger than those who did not ( $t = 2.8$ ,  $p < 0.01$ ). However, this difference was attributable mostly to a difference in those who had deliberate OBEs. They were significantly younger than non-OBEs (means = 38.4 and 50.0,  $t = 3.3$ ,  $p < 0.005$ ) while those who had spontaneous OBEs were not (mean age 42.9,  $t = 1.8$  n.s.). There were no significant sex differences between those reporting OBEs and those not, although among the deliberate OBEs there were more females than among the other groups (see Table 1).

Table 1. Age and Sex Differences among Spontaneous and Deliberate OBEs

	Non-OBEs	Spontaneous OBEs	Deliberate OBEs
Mean Age	50.0	42.9	38.4
Percentage Male	65%	72%	38%

Relationships between reporting an OBE and other experiences were sought. The results are shown in Table 2. It can be seen that almost all of the other experiences are reported more frequently by OBEs than non-OBEs. An exception is the control question on fear of heights. This is reported very slightly more often by the non-OBEs; so confirming that a general tendency to respond 'Yes' to questions cannot account for all the other differences.

Significant associations are found between OBEs and lucid dreams, flying dreams, the ability to stop dreams, to control or change dreams and to decide beforehand what to dream about, and also between OBEs and mystical experiences and the ability to 'see' with the eyes closed. No significant associations were found with falling dreams, false awakenings, enjoying daydreaming, the ability to get to sleep, the claimed ability to concentrate, and the tendency to forget a drive or walk. These findings confirm many previously reported associations with OBEs.

More interesting is to see how these relationships appear when separated out for those with deliberate or only spontaneous OBEs. These are shown in Table 3.

Table 2. Relationships between Reporting OBEs and Other Experiences. Figures shown are percentages of those reporting each experience

Experience	Non-OBEs	OBEs	Chi Squared
Lucid Dreams	75	94	4.4*
Falling Dreams	85	86	0
Flying Dreams	59	94	12.4***
False Awakenings	60	76	1.9
Ability to stop dream	58	80	4.0*
Ability to change dream	48	71	3.9*
Ability to choose dream	35	61	5.2*
Enjoy day-dreaming	89	89	0.1
Concentration	90	91	0.0
Forgetting surroundings	49	69	2.7
Ability to get to sleep	89	94	0.3
Seeing with eyes closed	32	61	6.8**
Mystical experience	43	82	11.8***
(Fear of heights	67	63	0)

\*  $p < 0.05$

\*\*  $p < 0.01$

\*\*\*  $p < 0.001$

It can be seen that most of the other experiences are more commonly reported by people having deliberate rather than just spontaneous OBEs. As expected the dream control abilities are significantly associated with having deliberate OBEs and not with having spontaneous ones. Flying dreams are associated with both. All those reporting deliberate OBEs also reported lucid dreams. Interestingly mystical experiences appear to be associated with having spontaneous OBEs rather than deliberate ones.

These results confirm that spontaneous and deliberate OBEs are different to the extent that the people who have them report a different set of other experiences and abilities.

## DISCUSSION

These results confirm the main prediction; that is that those who have deliberate OBEs are also more likely to report dream control and related skills, while those who have only spontaneous OBEs are not. Also spontaneous OBEs are especially likely to report mystical experiences. However, this study suffers from several limitations.

The method of using questionnaires is open to criticism on the grounds that the OBEs have not been confirmed as such and people may have misinterpreted other experiences as OBEs. However, since the respondents were all parapsychologists and psychical researchers this possibility is reduced.

Second, and for the same reason, the skills were not properly tested but only asked about. A future study should compare spontaneous and deliberate OBEs in tested imagery abilities, abilities to concentrate and measures of 'absorption'.

Third the group of deliberate OBEs consisted mostly of people who had also had spontaneous OBEs. This cannot be avoided since few people try to induce

Table 3. Relationships between Deliberate and Spontaneous OBEs and other Experiences. Figures shown are percentages of those reporting each experience. Chi squared was calculated against non-OBEs and significant comparisons are starred

Experience	Non-OBEs	Spontaneous OBEs	Deliberate OBEs
Lucid Dreams	75	91	100
Falling Dreams	85	81	93
Flying Dreams	59	95**	93*
False Awakenings	60	76	77
Ability to stop dream	58	67	100**
Ability to change dream	48	67	79
Ability to choose dream	35	50	79**
Enjoy day-dreaming	89	90	86
Concentration	90	86	100
Forgetting surroundings	49	71	64
Ability to get to sleep	89	95	93
Seeing with eyes closed	32	50	79**
Mystical experience	43	86**	75
(Fear of heights	67	59	69)

\*  $p < 0.05$

\*\*  $p < 0.01$

\*\*\*  $< 0.001$

OBEs if they have not had a spontaneous experience. However, to find out whether these skills actually facilitate having deliberate OBEs quite a different kind of study would be needed, involving training different groups in having OBEs.

Nevertheless, within these limitations the results show that there are measurable differences between people who have spontaneous and deliberate OBEs, so giving some indication of the different processes underlying the two experiences.

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