

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

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Abstract

This short essay was written for a graduate class in *Psychopathology and Diagnosis* at Fordham University, Summer 2015. As a supporter of the idea that mystical experience is a key component for some individuals when facing illness, trauma, loss, death and grief, I lament the lack of research in this area, and suggest that there is insufficient reporting of near-death experience and out-of-body experience because experiencers fear being labeled as “crazy.” Based on selected diagnostic features for a variety of psychoses according to the DSM-5, unfortunately, their fears may be well-founded.

Overview/Introduction

This essay explores the experience of consciousness existing outside the physical body, specifically in near-death experiences (NDEs) and out-of-body experiences (OBEs). While the DSM-5 acknowledges that “hallucinations may be a normal part of a religious experience in certain cultural contexts” (American Psychiatric Association 2013, p. 88), in the West, these experiences are still considered to be paranormal. 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 labeled as “crazy” has kept countless people from reporting their experiences. As a result, research on the incidence of these events is sketchy, and in Western culture, an active inner life is often regarded with suspicion by the mainstream.

Laureys & Tononi (2009, p. 304) define these experiences as an awareness of oneself existing in a location separate from the physical body. An NDE is specifically prompted by an experience of clinical death or near-death, while an OBE can occur in ways not related to death, and can even be induced voluntarily (Irwin, qtd. in Laureys & Tononi 2009, p. 309).

Although 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* (qtd. in Irwin 2015, p. 159) goes so far as to call this lack a “deafening silence in the field of religious studies.”

Inspiration or Insanity?

But these experiences are not the exclusive domain of shamans, religious heroes or 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 (Sleutjes 2014, p. 832). 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 (conservatively, due to lack of accurate reporting) at about 5% of the general population.

Laureys & Tononi describe OBEs and NDEs as “a challenge to the experienced spatial unity of self and body” (2009, p. 304). 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.

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 (Parnia 2014, p. 81). A transcendent experience can be worthy of worship in one culture, but grounds for a psychiatric evaluation in another. Appleby believes that OBEs are a response to anxiety and stress, and believes that NDEs in which one meets departed loved ones in the afterlife are based on wish fulfillment (1989, p. 975). By contrast, Serdahely (1992, p. 36), concludes that the “higher self” experienced when out of the body 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.

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