# Out-of-Body Experiences in the Blind

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*ABSTRACT:* The theoretical significance of out-of-body experiences in blind people is explored. In this context I report results of a survey of a small sample of blind adults. It is concluded that we have yet to locate a case of an out-of-body experience in the blind that has critical implications for the interpretation of the experience among the general population.

Instances of the out-of-body experience (OBE) among blind persons have been of interest to researchers from several perspectives. The bases of such interest first will be nominated, and after the presentation of some case material, a more critical examination will be offered.

The occurrence of OBEs in blind people could be deemed to bear upon the hypothesis that the OBE is a product of the imagination, or to be more precise, that the OBE essentially is an instance of visual imagery. Broadly speaking, there are two types of theoretical interpretation of the OBE (see Irwin, 1985, Ch. 6 for a more exhaustive review). The ecsomatic hypothesis proposes the OBE to be literally what it seems to be, a transitory separation of mind or soul from the physical body. Alternately under the imaginal hypothesis the experience is interpreted in terms of the processes of mental imagery. Various forms of the imaginal hypothesis have been expounded but most, either implicitly or explicitly, emphasize the role of specifically visual imagery in the OBE.

My interest in OBEs of the blind was aroused initially in relation to the latter approach to the experience. The rationale here is as follows.

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While partially sighted people certainly may have visual imagery (by way of pictorial dreams, for example), adults who have been totally blind since birth, or from the age of five years or less, do not experience visual imagery (Berger, Olley, & Oswald, 1962; Jastrow, 1888, cited in Ramsey, 1953, p. 434; Kimmins, 1931). The occurrence of an OBE in a completely sightless individual therefore might be held to contradict the imaginal hypothesis and perhaps even to support the ecsomatic approach.

Out-of-body experiences in the blind might be pertinent also to the issue of the contribution of sensory deprivation (or marked sensory restriction) to the occurrence of the experience. Conditions of acute sensory restriction have been found to facilitate OBEs (e.g., Heron, 1957; Palmer & Lieberman, 1975; Reed & Sedman, 1964), and indeed V. Krishnan (1980, 1981) has suggested the OBE may be purely a defensive response to circumstances of sensory deprivation. To the extent that blindness either intrinsically entails sensory restriction or increases the likelihood of sensory deprivation, the incidence of OBEs among the blind and the partially sighted should be relatively high. A survey of the OBE within this population therefore might permit an assessment of that hypothesis.

Upon the assumption or the confirmation of the ecsomatic hypothesis, OBEs in the blind also may illuminate the characteristics of the exteriorized self or so-called "astral body." Herbert Greenhouse (1975, p. 313), for example, asked if the astral body shares "the defects of the physical body." He maintained the occurrence of an OBE in a congenitally sightless person would offer a definitive context in which to test that issue.

More recently Krishnan (1984) has proposed the perceptual content of the OBE may have a "physical basis," that is, it may rely upon certain sensory mechanisms of the central nervous system. As a test of that proposition Krishnan (1983) hypothesized that the OBE of a congenitally blind person should be distinct from the experience in sighted people. Specifically, because people who surgically regain their sight take some time to learn visual identification of objects, the initial OBEs of the congenitally blind should exhibit the same property if the experience depends upon the operation of the visual pathways of the nervous system. The content of a congenitally blind subject's OBE therefore may speak to Krishnan's notion of the physical basis of out-of-body visual impressions.

The occurrence and the nature of OBEs in the blind therefore are potentially significant from several diverse perspectives. In that light

it is germane to mention some instances of such experiences from my case collection. These case studies were collected a few years ago, namely in the early months of 1981, but personal correspondence from V. Krishnan has prompted me to submit them now for publication. It was from the specific perspective of the role of visual imagery in the OBE that at the end of 1980 I commissioned a survey of OBEs among the blind. A questionnaire was devised for administration to blind people by field welfare officers of the Royal Blind Society of New South Wales, Australia. By arrangement with the Society's coordinator of field services, officers on their regular pastoral visits interviewed 24 blind adults. Participants were asked for their sex, approximate age, approximate age at the onset of blindness, the nature of the visual deficit, history of migraine attacks, the occurrence of OBEs, and a description of the content and context of any such experience.

The mean age of the survey participants was 58.5 years; the high level of that value was due to the sample's inclusion of many aged pensioners who require the assistance of the Royal Blind Society in order to cope with the demands of everyday life. The sample comprised 14 males and 10 females.

Three of the 24 participants either could not comprehend the question about OBEs or declined to answer it (two of these nonrespondents were aged 75 years or more, and the other was a young man blinded by inhalation of a drug). Of the remaining 21 respondents three acknowledged an OBE. This represents a net incidence level of 14%. Compared with data from other populations (see Irwin, 1985, pp. 174–175 for a summary) this is not a high figure and in that regard it does not provide support for the idea that the OBE fundamentally springs from some sort of sensory deprivation. The sample size, however, is too small for any definitive conclusion on the matter.

All three out-of-body experients (OBErs) reported a personal history of migraine headaches, whereas only 8 of the 18 nonexperients (nonOBErs) did so. That is consistent with an oft-cited association between OBE occurrence and migraine history, but subsequent to the present survey I found evidence that the association between OBE occurrence and migraine is a statistical artifact of a third (intervening) variable, proneness to lucid dreaming (Irwin, 1983).

Let us turn now to the three OBE cases themselves. Unfortunately the account in each case is not as detailed as one would wish, a consequence of my not having direct access to the survey participants.

*Case 1*

The 59-year-old female respondent suffered a stroke three years previously and was left with hemianopia. She reported once feeling very frustrated while watching television and then suddenly seeming to be walking on the window ledge.

*Case 2*

Due to a degenerative condition the 90-year-old woman in this case has been partially sighted since the age of 64. Once while in a "stressful situation" she had the impression that "mind seemed to be elevated from the body." No other details of the experience were recorded by the interviewer, and in particular it is not known if the experience had any visual content. The nature of the visual impairments in these two subjects effectively negates the evidential value of Cases 1 and 2 for an assessment of the imaginal hypothesis of the OBE. Although both women are classified as "blind" for legal and welfare purposes, they do have some residual vision. Further, their visual impairment was acquired late in life. On these grounds both subjects could be expected to be capable of experiencing visual imagery and thereby their OBE would not constitute an unequivocal counterexample to the imaginal hypothesis.

*Case 3*

The subject of this case was a 56-year-old woman with a congenital deficit that restricted her visual field to about 40 degrees. Her OBE took place at the time of a hemorrhage. She reported the impression of floating near the ceiling and looking down to see doctors working on her body. The subject also had the feeling she could not leave through the ceiling and notes her exteriorized self repeatedly bumped into the ceiling. She had the (not uncommon) reaction of scorn for her physical self during the experience. More unusually, although she had been married for some 13 years at the time, she thought of herself by her maiden name. The end of the OBE was marked by the experience of falling rapidly, then opening her eyes to find herself back in bed.

This case report does contain a measure of detail and clearly it evidences an OBE with some visual content. The subject also had a congenital condition and to that extent her OBE cannot be held to reflect memory images acquired before the onset of blindness. Again, however, there are certain shortcomings in the evidence provided by Case 3. First, the case subject does have some residual vision, namely a 40-degree visual field, and certainly that would be sufficient to form the foundation of a capacity for visual imagery. The case therefore cannot be used

against the imaginal hypothesis. Second, despite the amount of detail obtained by the interviewer, it is not certain that the OBE's visual content was qualitatively different from the subject's normal visual experiences. It is not clear, for example, whether the exteriorized self's visual field was normal or was restricted to 40 degrees. In that respect it is not possible to educe the implications of the case for either Greenhouse's query about the perceptual capabilities of the astral body or Krishnan's proposal of a physical basis for OBE content.

The few cases available in the literature also are inconclusive for the various hypotheses outlined earlier. The most carefully compiled report is Juanita Davis-Cambridge's (1976) account of her own OBE. That experience incorporated a realistic visual impression of the immediate environment, but the subject had normal vision until her mid-twenties and her visual-imagery skills could well have survived the onset of blindness. Some other cases were cited by Greenhouse (1975). In the first of those (p. 313), while the visual content of the OBE apparently was substantial, again the onset of blindness was in the subject's teenage years. Greenhouse's (p. 336) other cases related not to spontaneous OBEs but to conscious exercises in mental imagery, and despite the alleged veridicality of the imagery, no indication was given that the blind and partially sighted participants felt literally exteriorized during these experiences, that is, there was no testimony to the subjects' belief they had had an OBE rather than some other (e.g., extrasensory) experience.

Neither the published cases known to me nor those in my own survey have instanced an OBE in a person who has been totally sightless from birth. At the same time there were two *nonexperients* in my survey who were totally blind, one from birth and one from the age of three years. Although a capacity for visual imagery can be discounted in these individuals, the fact they were nonexperients of course does not demonstrate their inherent inability to have an OBE. Nevertheless it now remains for further surveys either to locate an OBE in a congenitally totally blind person or to document the consistent absence of OBEs among a large number of such people; then we shall be in a position to assess the possibility of OBEs in congenitally sightless people.

Be that as it may, some of the hypotheses outlined earlier might well be evaluated through evidential sources other than OBEs in the blind. Let us reconsider each hypothesis in turn.

The notion that the OBE relies extensively upon visual imagery can be examined in terms of the comparative visual imagery skills of OBErs and nonOBErs. Numerous and diverse studies of that sort have been conducted, and generally they do not indicate visual imagery to play a principal role in the OBE (for a review of this research see Irwin, 1985,

pp. 260–277). Of the processes of mental imagery that may be germane, those specifically pertaining to synesthesia and somatic imagery have emerged as worthy of further investigation (Irwin, 1985). If the involvement of these factors is confirmed, it would be conceivable that even congenitally totally blind people may encounter an OBE, although admittedly it would be an experience devoid of visual content.

That last point warrants elaboration. The visual quality of the OBE should not be regarded as a defining nor even characteristic feature of the experience. While more than ninety percent of OBEs do have visual content, there are recorded cases that lack that element (Green, 1968, pp. 67–70; Irwin, 1985, p. 97). The imaginal hypothesis of the OBE therefore should not be identified too strongly with the involvement of specifically visual imagery, and for that reason OBEs in the blind should not be accorded undue weight in this context. In other words the occurrence of an OBE in a congenitally sightless person may run counter to many imaginal interpretations of the OBE, but such a case should not be assumed to negate all versions of the imaginal hypothesis.

The proposal that the OBE fundamentally is a response to sensory deprivation also calls for closer examination. While circumstances of sensory restriction may evoke an OBE, such a situation in itself might not be the fundamental underlying causal element. Thus there are situations, such as extreme elation and sensory bombardment, that do not entail sensory restriction yet that are known to be conducive to the OBE. I have argued elsewhere (Irwin, 1985) that there is a factor common to acute sensory restriction and these various other OBE-conducive situations: it is known on independent grounds that each of these situations encourages a state of strong absorption in the content of one's experience or mentation. It is that process of absorption that I believe to be central to the occurrence of the OBE (Irwin, 1980, 1981, 1985); sensory deprivation itself is ancillary and at the same time inessential to that process.

Greenhouse's (1975) query whether the astral body shares the sensory deficits of the physical body of course is presumptuous: the very existence of the astral body has yet to be demonstrated satisfactorily. But granted the assumption of the astral body, the occurrence of OBEs among congenitally totally blind people surely would not be the only empirical index of Greenhouse's issue. Once the imaginal hypothesis is discounted and the ecsomatic hypothesis confirmed, Greenhouse's query would be addressed by the nature of OBEs in people with any of a wide range of sensory impairments. For example, Celia Green (1968, pp. 32–33) found individuals who have poor vision or hearing may "see" or "hear" clearly in their OBEs. If the ecsomatic approach is valid, such observations then would seem to establish that the astral body need not

share the defects of the physical body. Evidently Greenhouse's appeal for cases of OBE among the congenitally blind is not directed merely to establish the phenomenological properties of the astral body but is more basically an implicit attempt to rule out alternate explanations within the general framework of the imaginal hypothesis. At the present time, however, the reported nature of OBEs in the sensorially impaired can be accommodated by both the ecsomatic hypothesis and the imaginal hypothesis.

As yet I have been unable to find a case of the OBE that fulfills the requirements of a test of Krishnan's (1984) hypothesis about the "physical" bases of the experience. It does seem to me unlikely that an OBE in a congenitally totally blind person would show the characteristics he posits, but the resolution of the issue lies not in my particular theoretical orientation but in an empirical investigation. If visual OBEs are found in the congenitally blind, a potentially more instructive examination of Krishnan's hypothesis could seek to relate the nature of OBE content to the locus of the visual incapacity in each of the experients. That is, Krishnan might expect a systematic effect upon the visual quality of the congenitally blind person's OBE according to the point at which the visual mechanisms of the individual's nervous system become nonfunctional.

But first of course we must catch our congenitally totally blind OBEr.

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