Wilde, D. and **Murray, C.D.** (in press) The evolving self: finding meaning in near-death experiences using interpretative phenomenological analysis. *Mental Health, Religion and Culture*.

Abstract

Objectives: A variety of anomalous experiences have been reported in the research literature as enhancing, rather than indicating poor mental health. The out-of-body experience (OBE), where the person's self and body are phenomenologically separate, is a relatively common anomalous experience. The aim of this study was to investigate the experience of an OBE and its resultant after-effects.

Design: An idiographic, phenomenological, qualitative approach was adopted.

Methods: Three participants took part in recorded face-to-face, semi-structured interviews. Data were analysed using Interpretative Phenomenological Analysis.

Results: IPA found experients perceived their OBEs as occurring at times of personal significance. They were inextricably linked with participants' lives beyond their point of occurrence and played an adaptive role in response to difficult life events. The process of integration was helped or hindered by the varying reactions from others to the disclosure of the OBE.

Conclusions: The idiographic nature of this study was instrumental in highlighting the subtle personal and social factors that influenced how the OBE was managed and integrated.

Key words: Anomalous experiences; out-of-body experiences; Interpretative phenomenological analysis; mental health; qualitative methodology

Introduction

The Out-of-Body Experience (OBE), whereby "the centre of consciousness appears to the experient to occupy temporarily a position which is spatially remote from his/her body" (Irwin, 1985, p.5) has been a topic of research in the psychological sciences for over 100 years (Alvarado, 1992). Whilst the experience incorporates a variety of features, those most commonly reported are: a floating sensation, seeing the physical body from a remote point in space, and the impression of travelling to distant locations (Alvarado, 2000). Prevalence in the general population is widely considered to be between 10-12% (Alvarado, *op cit*), rising to about 25% in student populations (Gow, Lang & Chant, 2004), and 82% in those with a strong interest in the paranormal (Alvarado & Zingrone, 1999). The OBE tends to be a phenomenon that the person will experience more than once. Murray and Fox (2005) found that 79% of their OBE respondents experienced at least two OBEs, 39% at least five, and 17% had experienced more than 10.

Previous research has aimed to 'profile' people who have OBEs; in order to describe their personality, or to predict what kind of personality would be most likely to have an OBE. People who have had out-of body experiences (OBErs) do score higher on measures of dissociation, especially somatoform dissociation (Irwin, 2000, Murray & Fox, 2005), fantasy proneness (Gow et al., 2004), paranormal belief (Tobacyk & Mitchell, 1987), and display a propensity to become more psychologically absorbed (Myers, Austrin, Grisso & Nickeson, 1983) than their non-OBE counterparts.

A considerable body of psychological research has been conducted with the theoretical assumption that the OBE is some form of hallucination (Blackmore, 1984) and that it may be linked to mental health disorders, such as depersonalisation

(Whitlock, 1978) or schizophrenia (Rawcliffe, 1959). However, there appears to be no evidence linking OBEs to psychosis (McCreery & Claridge, 1995) depersonalisation (Twemlow, 1989) or schizophrenic body boundary disturbances (Blackmore, 1986a).

One personality variable that has received considerable research attention is that of schizotypy, in particular the fully dimensional model proposed by Claridge (1997). This model portrays schizotypy as a psychological concept which encompasses a range of personality traits related to psychosis and schizophrenia, varying over a normally distributed continuum from psychological good health to psychological ill health (Goulding, 2004). This is distinctly different to the categorical view of the same illnesses, where someone either has the illness, or does not. Schizophrenia and psychosis, on the other hand, are considered to be breaks in normal psychological functioning, which make up a second continuum, with schizotypal personality disorder at one end and advanced schizophrenic psychosis at the other (Claridge, 1997). Claridge's model effectively decouples the concept of schizotypy from that of mental illness whilst still allowing for certain aspects of schizotypy, particularly at the higher end of the spectrum, to be causally linked to such illnesses (McCreery & Claridge, 1995).

Claridge's model comprises four factors, 1) aberrant perceptions and beliefs (sub-clinical forms of positive symptomatology), 2) cognitive disorganisation with anxiety (sub-clinical forms of thought blocking and high social anxiety), 3) introvertive anhedonia (sub-clinical forms of the negative symptomatology of schizophrenia), and 4) asocial behaviour, such as social non-conformity, impulsiveness and disinhibition of mood.

Evidence from research into this model suggests that schizotypy, although associated with psychopathology, may also have an adaptive value, particularly where

anomalous experiences are concerned (McCreery & Claridge, 2002). For instance, McCreery and Claridge (1995) found that OBErs scored higher on the positive factor of aberrant perceptions and beliefs than non-OBErs, moderately on neuroticism, and low on physical anhedonia and social anxiety. In another study (McCreery & Claridge, 2002) the same authors found that the only discriminating factor between OBErs and non-OBErs was the aberrant perceptions and beliefs factor.

Research on schizotypy has been extended to other anomalous experiences, some of which have been linked with OBEs. In a review of the literature, Goulding (2005) listed 18 studies conducted over a 25 year period that showed people who were believers in, or who claimed to have experienced, paranormal phenomena also scored high on measures of schizotypy. Goulding's research adds support to McCreery and Claridge's (2002) view of the healthy schizotype, which they define as people who are fully functional in everyday life "in spite of, and even in part because of, their anomalous perceptual and other experiences" (p.141).

A criticism of much of the previous work on the OBE is that it takes a largely 'top-down' approach rather than first eliciting such experiences in detail before forming testable hypotheses which would provide the best psychological insight into the phenomenon (Alvarado 1997). In particular, Alvarado and Zingrone (2003) have been critical of the lack of systematic work conducted to elicit the impact the OBE has on the experient. In so doing, research in this area has tended to overlook the relevance or the significance of the experience for the person having it.

While this previous work has added substantially to our understanding of the OBE, there is a need for an examination of the longitudinal after-effects experienced by people who have them, and the nature of those after-effects. To date there has been no in-depth examination of the lived experience of having an OBE and what meaning

OBErs attribute to that experience. Such work would be expected to contribute to an understanding of how anomalous experience (or aberrant perceptions) may contribute to, or impact upon the mental well-being of such persons. The present research aimed to address these issues.

Method

Study Design

A qualitative, phenomenological approach, that of Interpretative Phenomenological Analysis (IPA) (Smith, 1996), was adopted which enabled an in-depth analysis of, and engagement with, individual accounts of OBEs. This was achieved through the use of face-to-face, semi-structured interviews. The use of IPA to study the OBE here is focussed upon the interpretation and meaning of such experiences, drawing out the implications for mental health issues. It makes no claim, nor do we have an interest here, with regards to whether these experiences are of 'real' veridical events.

Sample

Sampling in IPA research is purposive; that is, it seeks the experiences and opinions of the most appropriate persons for the particular research issue being addressed. Although, there are various factors that may influence the sample size of a study, Smith and Osborn (2008) point out that there is no objectively finite sample size for an IPA study. The intense analysis of individual accounts and the examination of shared meaning, along with any nuances in these meanings, are reflective of the idiographic characteristic of IPA which is generally characterized by small and homogeneous samples (Smith, Jarman, & Osborn, 1999). To meet these requirements three participants (two males and one female) were recruited; one participant was

recruited at a local paranormal annual conference day. The remaining two participants were recruited from a database of respondents who had taken part in previous research studies and who had given their contact details with the wish to take part in future research.

Mark (age 30) estimated he had had between 20 and 50 OBEs. These had begun in childhood. A typical OBE for Mark began when he experienced a variety of physical sensations usually beginning with a buzzing or vibration that ran up and down his body; a stage of sleep paralysis followed and a feeling of pressure on his chest area. This was followed by a period of light-headedness before finally he felt he had exited his physical body into the OB environment. His adult OBEs started shortly after the death of his brother and the most significant content of his OBEs are his self-believed evidential communications with his deceased brother.

Cindy (age 45) reported 2 prior OBEs. She described having floating, out-of-body sensations when she was a teenager whilst listening to music. She had her first full OBE while going to sleep when she was 20 years old, 4-5 weeks post-child birth. Cindy described the exit from her body as very quick and recalled suddenly finding herself looking down on her body as she lay in bed. She described the OB environment as similar to the physical room she was lying in, except that the walls and ceilings were transparent. She then heard a voice telling her to go back as it was not her time yet. She returned to her body quickly and hard. Before waking up she then heard her step-grandfather's voice telling her not to worry and that the baby was not well. At that point she 'woke up' feeling very frightened. The next day she took her baby to the local doctor's surgery and then later to the local hospital, where upon the baby was diagnosed with bronchial pneumonia.

John (age 28) reported 2 prior OBEs. He had been diagnosed with nocturnal epilepsy at the age of 10 and received medication to control it. His first OBE happened when he was 17 years old and asleep in his room. He experienced sleep paralysis, which he described as “terrifying”. After the paralysis, John went back to sleep, then next remembers being out of his body, sitting on top of the bookcase in the corner of his room, looking down on himself as he lay in bed. As he looked back at his physical body the whole room seemed to come towards him and he found himself back in his body and awake again.

Interview Procedure

A pre-prepared interview schedule contained a list of main topics to be covered, including biographical details, background to the and full details of the OBE, what happened immediately after, and questions about the person’s life since and any other experiences they may have had. All questions were open-ended; for example, “Can you please tell me about your experience in as much detail as you can remember?” Interviews were conducted by the first author and lasted approximately one hour and were audio recorded and fully transcribed. Semi-structured interviews in IPA are participant led, with the researcher facilitating the interview in a non-directive manner. The attitude of the researcher is one of empathic attentiveness; the interviewer tries to establish a rapport with the participant, ideally based on non-judgemental acceptance and openness (Smith & Eatough, 2006). Alongside empathic attentiveness, the researcher attempts to retain a critical distance so that they can remain aware of interesting and unusual instances in accounts as they happen ‘live’

and can be subsequently followed up. It was in accordance with these principles that each interview was conducted.[1]

Data Analysis

IPA was used to analyze the data. This approach has its roots in phenomenological psychology, hermeneutics and symbolic interactionism (Smith et al., 1999). It is phenomenological in that it seeks to obtain and honour a person's experiences, understandings, perceptions and accounts (Reid, Flowers, & Larkin, 2005). There is no attempt to construct an objective truth about an experience; rather IPA is more concerned with the subjective account and meaning of the experience (Brocki & Wearden, 2006). However, IPA acknowledges that, in attempting to gain access to another's world that "access depends on and is complicated by the researcher's own conceptions...required in order to make sense of that other personal world through a process of interpretative activity" (Smith, Jarman, & Osborn, 1999, p. 218-219). Inherent in the above is the idea that people are social beings and engage in meaning making in social contexts and interactions. IPA thus draws upon a symbolic interactionist perspective to emphasize that the meanings that individual's attribute to experiences, events or objects are primarily the result of the process of sense-making between actors in a social world. In acknowledging this social interaction in the

[1] One possible critique of qualitative research is the effect of the researcher on collected data, in particular, the interactional process occurring during the interviews, which may have unduly shaped and given rise to particular responses given by participants. Wooffitt and Widdicombe (2006) highlight IPA as a particular approach which does not fully consider the manner in which the utterances of the interviewer give rise to particular responses from participants. The manner by which a person's utterances can be shaped by the design of another person's preceding utterance has been a particular focus of another qualitative approach, conversation analysis (Hutchby & Wooffitt, 1998), which shows that turns at talk are invariably connected in significant ways to prior turns, with turns in interaction being designed with respect to the activities performed by prior turns. However, in accordance with the theoretical interest of IPA, which builds up a phenomenological understanding of participants' experiences, analysis emerges as a consequence of data provided in depth over the course of interviews, and the research presented here has therefore focused on the interactional turns of the interviewee.

formation of meaning, IPA also recognizes that a participant's interpretation of an experience is not always idiosyncratic but grounded, at least in part, in a shared psycho-social space between social actors.

IPA deals exclusively with text, so the starting point for an IPA analyst is with the production of a full verbatim transcript of each interview, complete with participants answers and interviewer's questions (Smith & Osborn, 2008). As IPA is essentially a semantic level analysis, it is not necessary or usual to transcribe the more prosodic features of talk.

Smith and Osborn (*op cit*) stipulate that IPA takes a 'non-prescriptive' approach to data treatment and encourage researcher's to remain creative wherever possible when engaging with data. Nevertheless, there are numerous, detailed worked examples of IPA (e.g. Smith & Eatough, 2006) that guide the researcher through four distinct stages in the analysis process (Willig, 2001).

The first stage involves the researcher immersing themselves with the data and will be familiar to most qualitative researchers, but from a more phenomenological point of view, the researcher is actively encouraged to try and 'walk in the shoes' of the participant as much as possible in order to get a rich flavour of what their world is like. The researcher makes notes about how they perceive the participant makes sense of their world, while at the same time noting the course of their own sense-making. Traditionally in IPA, these notes are usually a mix of the researcher's own words and phrases culled verbatim from the transcript text, which serves to keep the analysis grounded in the data.

The second stage involves taking the researcher's preliminary notes and transforming them into specific themes, usually in terms of psychological language

and terminology. In stage three, the researcher looks for common 'reference points' (Willig, *op cit*) between the themes and a process of clustering the themes begins.

In the fourth and final stage, a summary table of clusters and themes is produced, which should provide a clear overview of how the clusters and themes fit together as a coherent analysis. This table is usually augmented with keywords (Willig, *op cit*) and a line/page number reference and textual extract to support each theme and to ensure that an 'audit trail' can be traced back to the raw data (Smith & Osborn, 2008).

In the case of small samples, once this process has been exhausted on the first case, the procedure is repeated for all other cases in the sample. When all cases have been analysed, cross case comparisons can then be made (Smith & Osborn, *op cit*).

Reliability and Validity

Given the different epistemological basis, aims and objectives of quantitative and qualitative research paradigms, achieving adequate reliability and validity in research for each are judged in different ways (Smith, 1996). Here, a number of appropriate procedures were adopted. First, the authors met frequently to compare their independent analyses of the transcripts. These analytical comparisons enabled a check on the validity of the primary researcher's analysis and interpretation of participants' accounts. However, the aim of this process is to ensure the credibility of the analysis rather than to produce an analysis which is objectively 'true' (Yardley, 2008). Two further criteria to assess the internal validity and reliability of qualitative research are whether the argument presented within a study is internally consistent and supported by the data, and there being sufficient data from participants discourse within a report to enable readers to evaluate the interpretation (Smith, 1996). Therefore, the emergent

themes presented here are appropriately supported by participants' actual transcribed speech.

Results

Three interconnected themes emerged when considering participants' OBEs.

(1) barriers and facilitators to sharing the experience: negative and supportive reactions;

(2) recovery, rescue and consequence: the positive effects of OBEs;

(3) the OBE within a biographical context: an adjunct to personal growth and understanding.

Each theme will be discussed in turn and illustrated by direct quotations from the transcripts. Ellipsis points denote a short pause in the flow of a participant's speech.

Barriers and facilitators to sharing the experience: negative and supportive reactions

Both Mark and Cindy had a strong desire to share their OBEs with others as part of an attempt to better understand them. They had both encountered mixed reactions from within and outside of their family circle. By contrast, John had not tried to talk in detail about the OB aspect of his experiences as he was concerned that this might provoke derision from others. Instead he had preferred to talk about the sleep paralysis aspect of the experience which frightened and confused him, as he had thought it might indicate the recurrence of his epilepsy, despite taking medication to control it. Mark described his parents' initial reaction to hearing what he had to tell them about his first frightening OBE:

> I just explained to her [his mother] what I'd seen and me parents…they just listened to what I had to say and then they just…parents tend to dismiss things, and…they just put it down to dreams- a dream experience, so, you've had a bad dream or nightmare, erm, and then when you're that age as well you tend to accept that.

The early dismissiveness Mark experienced from his parents helped galvanize a long-term personal inhibition about talking to others about any kind of experience which might be perceived as out of the ordinary. This inhibition may have contributed to his self-declared reduced social skills and strategies in later life, particularly in regards to knowing when, how, and with whom to broach these topics. Diminished opportunities to talk about these personally significant experiences left him with long-term feelings of being undervalued, powerlessness, frustration and isolation, which had been compounded by the negative reactions he had received when he had tried to discuss his experiences within a workplace setting:

> I've found that, I think I made a mistake sometime by discussin' it in, perhaps in the workplace…People just tend to dismiss it an' go, what are y'on about, y'know…its probably because the' don't really, the' not really interested…so they just tend to sort of dismiss it y'see. But like I say, I don't think it's, the workplace is the right place to discuss it…it's quite, er, a clumsy thing to do really.

In contrast, John had never really spoken in depth to anyone else about the OB aspect of his experience, although he felt that he wanted to. Although he had a desire to talk about what he had experienced, like Mark, he felt inhibited. However, John's inhibition was made in anticipation of negative reactions from others:

> It's the sort of thing I would want to share, but I'd only tell select people that, y'know, that I could trust, they wouldn't laugh at me and that sort of thing.

All three participants had received support from a variety of sources since having their first OBEs, which had been crucial in helping them to integrate the experience. Mark's already close relationship with his mother became stronger following the death of his brother. His accounts of his OBEs, in which he described being visited by his deceased brother, were a source of comfort and healing for them and their family:

> It has a kind of positive uplifting effect on me mum and I feel a lot happier, in life…it's just a, an inner sense of peace within myself that I know me brother's spoken to me an' I've seen him and I feel real happy about that…and I think been able to share that with me mum as well, erm, is, is really good, an' other members of me family.

Outside of the family, Mark had found support and acceptance for his experiences and beliefs at a local paranormal investigation group, which he joined shortly after the death of his brother:

> I don't expect the group to just believe what I say…and I don't enforce me beliefs on anybody else erm, it's entirely up to anybody else whether they believe me or not…It's just that I feel that I want to share the experiences with other people an' see what their views and opinions are.

The sharing and accepting process within his family and with his peers at the paranormal group had helped reduce the early apprehension he had felt about his OBEs. Beyond being a source of comfort for himself and his mother, there was a

wider social implication in that he felt more confident and independent and enjoyed being a part of something to which he had something to contribute. This had raised his self-esteem, provided him with a wider social network and given him a definite sense of being more in control of his life.

However, Cindy differed from Mark and John in that she felt less inhibited about talking about her experiences and less concerned about potential negative reactions to her story. She attributed this confidence and certainty to the felt realism of her experience itself as it in some way given her a glimpse of life after death:

> It's convinced me so much, no one will tell me anything different that the-, as far as I'm concerned there's another side and that is it…I'm a hundred percent about that.

Recovery, rescue and consequence: the positive effects of OBEs

Each participant spoke resolutely for the positive effects the experience brought to their lives. For Mark, this was a story of recovery and healing after tragedy. The sudden tragic death of his brother in a car accident had a profoundly upsetting effect upon him and his family. Shortly after his brother's death Mark began having his OBEs in which he felt able to communicate with his deceased brother within the OB state. For him, this had provided proof that his brother was happy, having 'crossed over'. Communicating this to his mother and other family members, who accepted Mark's experiences as 'real', had in turn aided his family's healing. Therefore, an initially frightening experience became transformed and imbued with positive meaning and purpose. Mark felt that, notwithstanding the relatively recent loss of his brother, life had become better, and this he partly attributed to the after effects of

having his OBEs. He considered himself to be happier and to have benefited from the experiences.

Cindy's story was also one of recovery and healing for her and of rescue for her newly born baby. From a very early age Cindy was extremely afraid of death, in particular she feared her grandparents dying as she had a close relationship with them. This fear was characterized in later life by refusing to attend her grandfather's funeral:

> I don't think I fear death…like, erm, when you are [a] young child and you hear the word death it sort of fills you with absolute dread…y'know, when my granddad died, y'know, I was pregnant at the time, I didn't, y'know, want to go and visit him because I didn't want to see someone on their death bed and there was seeing him in the coffin and things like, that because I was so scared of death, so, but I've, obviously, because of these things that have happened I'm the complete opposite end now.

Cindy also firmly believed that there was an immediate positive outcome to the OBE she had as it saved her baby's life:

> I just understood that this presence was there and it was there to sort of look after, like me and the baby…I think it was a positive experience for me. Without that the chances are, y'know, my son might've died.

John was somewhat different in that the OB aspect had had a milder positive effect than it did for Mark and Cindy. Rather, it was his fear of an aspect of his OBE – the paralysis which preceded the OBE – and its immediate association with a potential return of his epilepsy, which caused him most concern. Having now accepted and

overcome this fearful aspect of the experience, John was convinced that as whole it was a positive one, which he would like to repeat:

> If I had the chance to do it again, I would, knowing that it was safe, y'know, if you could get it controlled or whatever, it doesn't scare me, the paralysis thing scared me…so, hey, I'd love to able to just turn it on, on and off, it would be great.

The OBE within a biographical context: an adjunct to personal growth and understanding

John felt there had been little in the way of significant changes in his life since his first experience. The initial shock of the sleep paralysis preceding his OBE seemed to have overshadowed the OB aspect itself, which appeared to have been more quietly integrated and John made his own suggestions as to why this might be the case:

> I think maybe that's why I'm not, it's not made such a big impact 'cos I know other people that's been sleepy, y'know, there is a buzz word to describe sleep paralysis… so I think, maybe if it was, if someone had said sleep paralysis is a paranormal event that happens because of this, that and the other, then it would have had more of a, an impact.

The OBE is often viewed as a paranormal event by many lay people and some professionals. This is partly because of the implication within its name that something detaches itself (e.g. the mind, or consciousness) and travels beyond the confines of the physical body. In this study, both John and Mark shared the same view about the 'paranormality' of their OBEs. Both had prior knowledge of the paranormal and of OBEs, yet both suggested that, having experienced them, they saw them as naturally

occurring events in their lives, something which they both viewed as positive life-affirming experiences. In this extract, Mark not only highlights the normality of the experience, but also minimizes the difference between himself as an OBEr and other people who may not have had OBEs:

> It feels like it's a naturally occurring experience that are a part of life, and personally I believe that they've always been there, an, and I don't believe that I'm special in the way that it only happens to me, I just, I genuinely believe that this is the case for all human beings.

Since his experiences, Mark had developed an open-minded view towards anomalous experiences and paranormal phenomena. He placed his faith in scientific research to find out the answers to the questions he had about his own, and other experiences. His experiences had been catalytic in fuelling his desire to find out more about what his experiences are and how they come about. Since the onset of his OBEs, he had begun a distance learning course about how to scientifically research the paranormal, including OBEs. An important consideration for Mark when he was seeking out a programme of study was that the course should not be purely academic, but also incorporate the personal experiences of the student, thus allowing him freedom of expression and a chance to evaluate his experiences alongside known scientific data about OBEs:

> Well, the course is based on twenty modules, it's, like I say, it's a scientific based organization, which personally I think is really important because you share a lot of common ground with other people…then in some of the answers you can interpret your own belief system as well, y'know you can mix some of your experiences in with scientific knowledge.

Mark's overall feeling about his OBEs was that they had been mostly very positive and uplifting experiences. Despite the negative reactions from outside of the family, he seemed to have become resolute in his belief that his OBEs were indeed as they appeared to be. Beyond being a source of comfort for himself, his mother and family, there was a wider social implication. His OBEs had been instrumental in forging a 'new' Mark, someone who has left behind old ways of inhibition, doubt and self-consciousness, and had raised his self-esteem, provided him with access to a wider social network and afforded him a sense of being more in control of his life. The initially negative response he had had to his experiences had encouraged him to be more accepting of other's views, particularly of those who don't believe in the veridicality of his OBEs:

> I'd say it's been a very uplifting experience, erm, and a very positive experience…I would say since the experiences…I'm more conscientious about life and I've found that I want to learn more…I feel more in control of me own life and I don't worry about what other people think as much.

Cindy's OBE seemed to have played a dual role in her life. As mentioned earlier, she felt it was instrumental in warning her of her baby's impending illness and in reducing her fear of death and dying. She had an unwavering attitude towards most reactions to her story and attributed this to feeling so convinced that her OBE was completely veridical. She also attributed an increased sensitivity to death and accidents to her OBE, and felt this was a sign of having attained a spiritual connection with the world:

> When I got, when my dad died, y'know, I was, y'know, I wouldn't leave the room, I knew and the funny thing is I knew he was going to die. No one in my family, didn't even know he was ill and I just…I can sense things now really sense things…I dunno, if there's a bit of a connection somewhere in whatever it is spiritual, I feel like I've got a bit of a connection now.

Like Mark, Cindy's OBE was a catalyst for her starting to search for answers to explain what had happened to her. Her early attempts to seek out explanations and answers to her experience led her to attend a spiritualist church, and she began to avidly study areas of the paranormal and spirituality.

Discussion

Within this paper we have examined the longitudinal after-effects experienced by people who have out-of-body experiences, and the nature of those after-effects, including the pathways people take whilst attempting to integrate their experiences, and the temporal, social and psychological factors that may impinge on the integration process. The above analysis has revealed that the OBE is both socially and affectively complex; the successful integration of which may add positively to a person's mental well-being. In this section of the paper we will discuss these findings within a theoretical context.

As discussed earlier, OBEs have sometimes been researched in the past in connection with mental illnesses. Mental disorders themselves have attracted stigma throughout history, often in the form of direct discrimination (personally, institutionally or structurally) or through social psychological processes which engage the perceptions of the person being stigmatized, for example, psychosis (MacDonald,

Sauer, Howie, & Albiston, 2005), schizophrenia (Dinos, Stevens, Serfaty, Weich, & King, 2004), and bipolar disorder (Perlick et al., 2001).

Whilst it can not be said that any of the participants in this study *directly* experienced stigma and discrimination, some of the views expressed did suggest encounters with others who perceived a person who has OBE as having something else 'wrong' with them. Such negative perceptions alone can have debilitating effects on a person's sense of identity and self-esteem. Poor experiences of self-disclosure can also have negative long-term consequences in terms of how the experience may be integrated.

To begin the process of successful integration, open and honest disclosure must be met with acceptance, empathy and understanding, particularly if it is from those perceived by the experient as a caring and trusted role model. In this study, participants did find those sources of support, though not always where they might have initially expected and not always upon first disclosure.

The positive effects of successful sharing and disclosure of experiences such as OBEs have been noted by Palmer and Braud (2002), who found that scores on measures of disclosure of Exceptional Human Experiences (EHEs) positively correlated with measures of personal and existential meaning in life and psychological well-being. There was also a negative correlation with stress related physical and psychological illnesses.

All participants in the present study emphasized positive aspects of their OBEs, such as finding greater meaning and a sense of purpose in life, compassion, happiness and a reduced fear of death. Similarly, in a questionnaire survey comparing OBErs and non-OBErs, Osis (1979) found that 88% of OBErs reported having beneficial changes post-experience, such as, a deeper philosophical consideration of life and

death, and a reduced fear of dying. The positive moods reported post-OBE by participants here echoes findings from McCreery and Claridge (1995). In their work on schizotypy, they found that OBErs scored higher on a measure of hypomania, which they found consistent with their model of schizotypy in that, to a certain degree, the hypomania measure was tapping into a person's tendency towards positive mood states.

Two of the three participants reported experiencing encounters with deceased individuals during their OBEs. This is particularly interesting as while extant literature suggests such experiences are a relatively common aspect of the near-death experience (during which experients feels as if they are experiencing bodily death and the continuation of consciousness outside of the body), they have not previously been reported as part of an OBE. This may be a methodological issue, in that previous structured approaches to these issues have not enabled the expression of these facets of people's experiences. However, this also leads to the question of whether it was the OBE per se or the believed communications with deceased relatives that led to the positive effects (e.g. greater acceptance of death) reported here. However, it is a common report that the perceived detached of consciousness from the body during the OBE is sufficient to instill a belief that consciousness will continue after bodily death.

The above participants reported their experienced communication with deceased relatives as beneficial, helping them to cope with emotionally difficult situations that had happened in their lives. Similarly, McCreery and Claridge (2002) have suggested that there may be an adaptive value underlying some kinds of anomalous experiences, citing an example of someone who is experiencing post-operative pain before an OBE, who once having an OBE, then report less pain. Green and McCreery (1975) have also described what they called 'reassuring apparitions', forms of hallucination

in which human figures appear which have the subsequent effect of calming a person who is experiencing a stressful life event. This finding is in part supported by the work of Palmer and Braud (2002) who found that there was a needs related aspect to the occurrence of the EHEs that their participants were reporting. In many instances, their participants would recall how these experiences would happen as "helper experiences just when they needed the help" (p.35).

All three of the participants in this study had prior knowledge of OBEs before they happened and had strong beliefs themselves about the nature and veridicality of the experience. The role of an experient's belief system, particularly their belief in the paranormal, has also received research attention in relation to the 'healthy schizotype' personality and the adaptive value of anomalous experiences. For instance, Williams and Irwin (1991) suggested that having a belief in the paranormal may provide individuals with a mechanism by which to accept and explain their anomalous experiences. This was supported by Schofield and Claridge (2007) who found that participants who had a framework by which to support their belief in the paranormal were less cognitively disorganised and recounted their paranormal experiences as more pleasant, which also may have a bearing on the experient's psychological well-being. The authors also suggest that persons with a weak belief framework may find the same experience alarming and unwanted. This scenario fits well with the experiences of all participants in the present study, who, despite some previous knowledge of OBEs and the paranormal before their OBEs, found their initial experiences disturbing. However, upon subsequent reflection and with at least one additional OBE a stronger belief has been forged that their experiences are veridical OBEs.

It must be noted, however, that there are limitations to this study. The three participants in this study are not entirely representative of the broader population of OB experients on two counts. Firstly, all three participants' OBEs were sleep related and two of the three participants had there OBEs in conjunction with episodes of sleep paralysis. Paralysis is a not an uncommon onset feature of OBEs, for instance, in a study looking at how the two phenomena might be related, Blackmore (1999) examined 201 reports of people who had experienced sleep paralysis and found that 21% of them had also had OBEs. Secondly, one participant, John, did have a history of epilepsy for which he was taking meditation. It has been noted by some authors (e.g. Palmer & Neppe, 2003) that OBEs and other anomalous experiences have been linked with temporal lobe symptomatology although John did describe himself as "fit free for ten years now" and never reported having had an OBE during a seizure episode.

The present study involves a small sample size and therefore broad claims about the generalizability of the results to the wider OBE population are not made here. While IPA is not opposed to more general claims for larger populations, it is "committed to the painstaking analysis of cases rather than jumping to generalizations" (Smith & Osborn, 2008; p.54). While generalizable claims regarding a sample in a single IPA are not made, as more studies with other samples are carried out with similar findings, more general claims become possible. Smith and Osborn (2008) refer to this as 'theoretical generalizability', rather than 'empirical generalizability'. With regards to the data presented in this study, the focus of interest has been on the detailed experience and meaning of the OBE for the individual participants. While we do not make any claims that experiences are universal to all

OBEs or OBErs, we have explicated the meanings of the OBE which emerge for all three participants.

Conclusions

The qualitative findings presented here adds to existing knowledge of OBEs in showing that participants tended to follow a pattern of healthy adaptation following their OBE(s), characterized by adaptive tasking (i.e. dealing with the implications of the experience and sustaining everyday relationships) and the employment of active, constructive coping strategies.

Experients first cognitively appraised and then redefined their OBEs, which involved moving from a period of initial confusion as to the causality of their experience to later framing it as a positive life-affirming occurrence. Experients then engaged in more specific problem-focused behaviours in which they actively sought out information and support, and then, in some instances, acted upon that information, in order to further understand and bring meaning to their OBEs.

The idiographic, phenomenological approach taken in this research has been instrumental in highlighting the subtle personal and social factors that influenced how the OBE was managed and integrated during the maturation process. The present work, then, provides an in-depth account as to how the mental well-being of people may be improved as a consequence of such anomalous experiences.

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TBA

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