

What are Out-of-Body Experiences (OBE's)?

Out-of-body experiences (OBE's) are real experiences, but they occur inside of brains, not outside of bodies. OBE's are caused by a condition called "[Hyperphantasia](#)" (HPH). People with HPH have "[extremely vivid mental imagery](#)". They route their thoughts and memories through the sensory cortices of their brains, so that when they think of mental images and sounds, they also experience the visual [qualia](#) (e.g. colors) associated with the images, and the auditory [qualia](#) (e.g. musical tones) associated with the sounds. For example, when a hyperphantist remembers the experience of viewing a clear blue sky, they attach to that memory the actual experience of the color quale "blue" in their mind's eye. Or when they remember a favorite song, that memory is accompanied by the auditory qualia associated with hearing the actual musical tones of the song.

Most people have common [phantasia](#). Common phantists are able to construct mental images in their mind, but the images they construct with their memories and imaginations are less clear and vivid than their original sensory experiences. That's because their memories and imagined thoughts are not accompanied by any mental qualia.

(Some people have [aphantasia](#) (APH). They are unable to form any mental images at all in their minds. But that's a different topic.)

Hyperphantists often are extremely talented in the visual and auditory arts. They often have photographic memory. They can vividly remember the details of a face, or of a landscape scene, and can make a detailed drawing of it from memory. Or they can hear a complicated musical piece for the first time, and immediately go to a piano or other instrument and replay the entire piece from memory.

But HPH can have drawbacks. Hyperphantists can find it more difficult to distinguish reality from imagination than do people with common phantasia (i.e. most people). Common phantists use the sensory qualia that they experience to help them differentiate between real experiences of the outside world that they encounter with their senses, and imagined thoughts or memories that they produce inside their minds. They learn from a multitude of experiences that real events that they observe are consistently associated with vivid mental qualia, whereas memories and imagined thoughts are not.

Common phantists also learn the differences between real and imagined experiences based on the feelings of mental control that they can impose on their imagined experiences, and also based on feedback from other people around them that they trust (e.g. parents). But these methods of differentiation are strongly reinforced by the corresponding plethora of corroborating personal experiences, in which real sensory interactions are always accompanied by mental qualia, and remembered or imagined

experiences are not. These experiences allow common phantists to form solid and consistent dividing lines between what is real in their world and what is imagined or remembered.

In contrast, hyperphantists generally can't use the existence of vivid mental qualia to determine whether an image they are seeing, or a sound they are hearing, is coming from the outside world, or from their own internal imagination. They must rely on other cues, such as their own feelings of mental control, or the feedback of others. Sometimes those other cues can fail them.

Now it's true that common phantists can also sometimes fail to properly distinguish between real and imagined experiences, e.g. when they are under stress, or under the influence of psychedelic drugs, or approaching death ([NDE's](#)). But hyperphantists are more susceptible to having these hallucinations, and more apt to categorize them as actual OBE's.

A common form of OBE occurs on the operating table during surgery. A patient who is under anesthesia may still experience [low levels of conscious thought](#). (The technology in the brain is so advanced, that this level of thought may occur at intensities too low to be detected even by sensitive operating room monitors.) The patient may hear actual sounds of conversation from the surgical staff, and then accompany those sounds with imagined views of the scene as pictured from above the operating table. If the imagined images of the scene are also accompanied by vivid visual qualia, then the patient can become convinced that they have experienced an OBE. Subsequent promptings and discussions with accommodating friends and family members may reinforce this perceived experience. As a result, internal imagined experiences can be perceived and recorded and believed as OBE's.

Addendum: Two hyperphantists walk into a bar. "I'm so thirsty", declares the first, "that I can taste my first beer right now!" "Taste it now?" sashes the second, "why, I finished my fifth one as we walked through the door!" (And then he passes out. Hyperphantists are easy to entertain, but they don't last long at parties.)