

BOOK REVIEW

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With the Eyes of the Mind: An Empirical Analysis of Out-Of-Body States, by Glen O. Gabbard and Stuart W. Twemlow New York, NY: Praeger, 1984, 284 pp., \$33.95

In his foreword to this book, Stephen Appelbaum notes that the romantic, naturalistic, rebellious bent that began in the 1960s counter-culture and continues today in the "New Age" movement allowed anomalous events such as out-of-body experiences (OBEs) to be accepted and appreciated, yet also denigrated their scientific analysis and examination. Glen Gabbard and Stuart Twemlow, two widely published psychiatrists with broad backgrounds both in psychoanalytic psychotherapy and in altered states, attempt to balance that acceptance with objective analysis. To the extent that they succeed, this well-documented and well-reasoned book will outrage some readers and inspire others.

Of the several outstanding recent books on OBEs, few have considered the phenomenon within the context of an already established theoretical framework. Gabbard and Twemlow, by putting the OBE into the context of psychoanalytic theory, take advantage of an enormous body of knowledge that can now be brought to bear upon the OBE. The psychoanalytic framework in which they view OBEs is certainly only one of many lenses that may permit a clearer view of the

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phenomenon. While examining OBEs through the psychoanalytic lens does not contradict the view through any other model, it does provide a distinctly different view, and provides vital new information about these experiences.

Gabbard and Twemlow have organized their book into four parts, progressing from a phenomenological description of OBEs, to a rigorous differentiation of OBEs from other altered mind/body perceptions, to a consideration of NDEs as a special case of OBE, to an interdisciplinary integration of the data. In the course of that progression, the authors' data base shifts from limited secondhand sources (literature reviews and mass questionnaires), to firsthand clinical cases, in which their expertise as clinical investigators becomes manifest.

They begin with a definition of altered mind/body perception as an altered state of consciousness in which there is some subjectively perceived distortion of the normal spatial relationship between the mind and the body. By that definition, altered mind/body perceptions include OBEs, NDEs, depersonalization, and schizophrenic body boundary disturbances, a gamut that clearly runs from integrating and noetic experiences to pathological states. Their definition of altered mind/body perception excludes autoscopy and dissociation, the latter because they believe it involves a distortion in temporal rather than spatial sense. One may argue at this point, on the same ground, whether the NDE properly fits the authors' definition of an altered mind/body perception. Some investigators, such as Russell Noyes and Roy Kletti (1976) and Peter Hartocollis (1983), maintain that the loss of a sense of time is at least as critical to the NDE as is the altered spatial relationship; in my own research (1983), timelessness was described in 64% of NDEs, and OBEs in only fifty-three percent.

In Chapter one, a descriptive typology of OBEs, Gabbard and Twemlow provide an excellent summary of OBE reviews from psychology, parapsychology, sociology, anthropology, literature, and neurophysiology, an impressive literature review of unusual breadth. Their conclusions, based on their own study, as well as the extensive literature review, are that consciousness, when it is perceived to be outside the body, is rarely clouded, that the OBE is experienced as far more real than a dream, and that the typical OBE occurs in a state of relaxation and involves consciousness remaining near but separate from the body.

Chapter two, a psychological and demographic profile of OBEers, reports in detail the results of Gabbard and Twemlow's questionnaire mail survey. This chapter not only summarizes the authors' data

simply and clearly, but also compares their findings with the meager published literature on psychological correlates of OBEs. While there are methodological concerns about their recruitment of OBEs and control groups through appeals in a popular tabloid newspaper and the forced-choice format of the retrospective survey instruments, they nonetheless marshal documentation that OBEs are typical healthy Americans, without any indication of psychosis, hysteria, substance abuse, or thrill-seeking.

As a researcher myself who utilizes mail surveys similar to Gabbard and Twemlow's, I must comment on the limitations of that method of investigation. Leaving aside the concerns about the particular source of Gabbard and Twemlow's sample, we must recognize that subjects identified in mass surveys may differ substantially from those studied through personal investigation.

Ian Stevenson (1987) has reminded us recently that, relying solely on survey-based data, it is virtually impossible for the researcher to appraise the subjects' memory and reporting biases, to bring up details not mentioned in the written material, and to clarify meanings of ambiguous terms. The most carefully selected survey sample, therefore, can at best provide cases of questionable authenticity, validity, and completeness. Gabbard and Twemlow are aware of these problems, and restrict consideration of their survey data to one of the shortest chapters in the book.

Having provided a descriptive summary of OBEs and OBEs, the authors then turn to a differentiation of the OBE from other states, including depersonalization, autoscopy, and schizophrenic body boundary disturbances. That task, which occupies a full third of the book, is no mere academic exercise, but has critical implications for the clinical treatment of OBEs.

They commence in Chapter three with a comparison of OBEs with depersonalization. In this, the clinical section of their book, Gabbard and Twemlow frequently resort to psychiatric terms with specific technical meanings, such as "borderline," or to psychoanalytic constructs, such as an "early pregenital fixation" or the "rapprochement crisis of separation-individuation." Far from being psychobabble, these are, as the authors use them, well-thought-out conceptualizations of a topic that is very difficult to conceptualize. They do, however, require a specific background to appreciate fully, and their impact may be obscure to the general reader. That obscurity is unfortunate, as Gabbard and Twemlow's success in explicating the psychodynamics of OBEs is a critically important milestone in the normalization of those experiences. The authors provide a thorough review of psychoanalytic theo-

ries of depersonalization, including Gabbard's original contributions, but largely ignore cognitive and learning theories and other psychological models. That bias is found throughout the book, but appears most prominently in this chapter.

In the first of a series of admirably clear and concise tables, the authors itemize the differences between depersonalization and the OBE. Some theoreticians have argued that the OBE, since it does differ from depersonalization in many essentials, must be an atypical variety of depersonalization. One could likewise argue that a horse, since it lacks horns, udders, and four-part stomach, must be an atypical variety of cow. From a practical perspective, Gabbard and Twemlow have provided clinicians with clear diagnostic criteria for differentiating OBEs from depersonalization, and that achievement alone is a major advance for OBE research.

The next chapter, comparing OBEs to autoscopy, is far more digestible for the general reader. The authors here provide a brief overview of the voluminous literature on the double or *döppelgänger* in folklore and fiction, bring order to the confused clinical literature on autoscopic phenomena, and discuss both psychological theories and organic causes of autoscopy. Again, they list in clear tabular form the ways in which autoscopy can be differentiated from the OBE.

The fifth chapter compares OBEs to schizophrenic body boundary disturbances. Although most psychiatrists regard the schizophrenias as beyond the explanatory reach of psychoanalytic theory, Gabbard and Twemlow present an impressive case for the psychoanalytic understanding at least of the body boundary disturbances in these disorders. The authors' theoretical summary is effectively supplemented by their own case histories, and once more, a concise table summarizes how schizophrenic loss of body boundaries differs from OBEs. This chapter includes a brief reference to hallucinogenic alterations of mind/body perception, which are arguably the most common pathological category of altered mind/body perception today. While few critics have seriously likened OBEs to schizophrenic symptoms, legitimate researchers such as Ronald Siegel (1980) have compared them to psychedelic experiences. It would have been useful for Gabbard and Twemlow to have included a chapter on hallucinogenic misperceptions, with a table summarizing ways in which those experiences differ from OBEs.

The next chapter, comparing OBEs with dream-related states, is less focused than the previous one, since it covers a wide range of phenomena that may or not be related, such as lucid dreams, Isakower phenomena, and flying and falling dreams. Gabbard and Twemlow report that 94% of their sample described their OBEs as "more real than a

dream." But how did they conclude that the OBE was not a dream? According to the authors, "the experienced subject clearly considers the question a silly one and considers its answer self-evident" (p. 95).

That is hardly a satisfactory answer for the nonexperiencing researcher or clinician. That impasse of researchers asking questions that their subjects regard as self-evident is a major problem in near-death research. The "experienced subject" may learn a great deal by forcing himself or herself to verbalize how he or she "knows" the distinction, and in doing so may well escape some subtle self-deceptions. Researchers, on the other hand, may find their pursuits more productive if they use NDEs' insights to help focus their areas of study and to develop specific questions.

This chapter contains a wealth of data in several tables that are, again, less focused than those in previous chapters. One table compares subjects who were or were not dreaming at the time of the OBE on a variety of dichotomous dependent variables, such as feeling sadness during the OBE. Rather than using chi-squared, the customary statistic to test the significance of relationships between discrete categorical data, the authors used *t* without explanation. This peculiarity is repeated in the next table, comparing those whose dreams did or did not involve falling or flying on a series of dichotomous variables. To add to the confusion in this chapter, these two tables are bracketed in the text (on pages 96 and 100) by an incomplete and incomprehensible sentence fragment, a rare lapse in this otherwise well-proofread book.

Gabbard and Twemlow report that dream OBEs, and particularly flying-dream OBEs, are more similar to NDEs than they are to waking OBEs, again providing a clear table comparing these phenomena. This finding corroborates the time-honored association between sleep and death; the authors suggest that these similarities may reflect anoxic or toxic metabolic stimulation that is common to the near-death state and sleep. Nevertheless, in another of their concise tabular comparisons, they provide clear criteria for differentiating OBEs from dreams.

The secondary process mentation of lucid dreams invites comparison of such phenomena with OBEs. The authors review the literature, primarily from the annals of psychical research, associating lucid dreaming with OBEs, and then tabulate the ways OBEs differ from lucid dreams. Gabbard and Twemlow next address the view that OBEs are products of fantasy, with a table differentiating OBEs from daydreams. Since the perceived reality of hypnagogic imagery, in contrast to dreams, invites comparison with OBEs, the authors conclude this chapter with another table summarizing features that distinguish OBEs from hypnagogic and hypnopompic imagery.

This section of the book differentiating OBEs from other altered states provides much needed clarity that both clinicians and researchers should find extremely valuable. However, while many of these chapters include a discussion of treatments for those other altered states, nowhere is treatment for OBEs discussed. Although I agree with Gabbard and Twemlow that the OBE is not a pathological symptom, it nevertheless can cause considerable distress and become the legitimate focus of treatment (Greyson & Harris, 1987). While little is known about which intervention strategies are most effective with OBE-related problems, I wish that the authors had shared their thoughts on treatment from their psychoanalytic perspective. One of the major appeals of psychoanalytic theory is that it is ultimately rooted in clinical experience rather than in an abstract model of the mind, and therefore has direct implications for clinical practice. *With the Eyes of the Mind* develops a clear conceptual understanding of the OBE, but then stops short of drawing clinical implications from that understanding.

Having clearly differentiated OBEs from other altered mind/body perceptions, Gabbard and Twemlow devote the next three chapters to NDEs as a special case of OBE. In their brief overview of empirical near-death studies, they note that Ring (1980) described the OBE as the second of five NDE stages, and therefore not necessarily a cardinal feature of the NDE, while other investigators estimated the incidence of OBEs within NDEs to range from 26% (Gallup & Proctor, 1982) to 70% (Greyson & Stevenson, 1980).

In this overview chapter on NDEs, the authors assess various hypotheses advanced to explain the experience. They dismiss cultural or religious programming as a significant contributing factor on the empirical evidence, and endorse Carl Becker's refutation in this journal (1982) of the popular birth model of the NDE. They find neurophysiologic explanations, including anoxia and limbic stimulation by endorphins, simplistic, logically fallacious, and unable to explain the complexities of NDEs.

In their discussion of psychological explanatory hypotheses, Gabbard and Twemlow address the hazards of reducing the NDE to psychodynamics, that is, "explaining it away," citing the theoretical work of Michael Grosso (1981) and myself (Greyson, 1981) in this journal. They regard Grosso's invocation of a Jungian archetype of death as tautological and of no explanatory value, an accusation that Grosso has already countered in this journal (1983).

Gabbard and Twemlow view paranormal explanations as the only ones that agree with the common interpretation of NDErs themselves,

that the soul actually separates from the body. They cite Sabom's (1982) empirical studies of veridical out-of-body vision during NDEs as supporting such explanations, and conclude by adopting a multicausal view of near-death phenomena. While some critics regard such a view as an inability to take a stand, I agree with the authors that our current knowledge of NDEs simply cannot be accommodated by any unicausal explanation.

Addressing next the comparison between NDEs and OBEs occurring in other contexts, Gabbard and Twemlow report that, while no single feature of OBEs is unique to the near-death state, NDErs are significantly more likely than are non-NDE OBErs to hear noises, travel through a tunnel, sense nonphysical beings, encounter a being of light, and regard the experience as purposeful, beneficial, spiritual, and transformative. Again, in their comparison of dichotomous answers from NDErs and other OBErs, they utilize *t*-tests rather than the more appropriate chi-squared. In summarizing the special qualities of NDEs, they conclude (p. 138): "The results of our study suggest that the NDE cannot be written off as simply a typical OBE, bearing no relationship to survival threat."

Chapter eight, which addresses the context of NDEs, questions what Ring has called the invariance hypothesis: that all NDEs are essentially equivalent. Three tables comparing various preexisting near-death conditions (e.g., presence of fever) with NDE phenomenology (e.g., hearing noises) again utilize *t* to test associations between discrete data, rather than the expected chi-squared. Furthermore, only significant correlations were selected for presentation in the tables; the reader needs to know how many nonsignificant comparisons were excluded in order to assess the true meaning of the *p* values, since the Bonferroni inequality (Grove & Andreasen, 1982) was apparently not used.

The bulk of this chapter reprints material from Twemlow, Gabbard, and Lolafaye Coyne's article in this journal (1982), classifying preexisting near-death conditions on the basis of an innovative statistical method that the authors applied to their sample of 34 NDErs. The result of that multivariate analysis was a categorization of preexisting near-death conditions into five clusters: low stress; emotional stress; intoxicant (with emotional stress); cardiac arrest; and anesthetic. The intoxicant cluster NDEs tended to be bizarre and confused, more like depersonalization with hallucinations than prototypical NDEs.

In their overview of these data, the authors found no indication that preexisting psychopathology influences NDEs, although a cognitive style high on absorption appeared to foster either the NDE or, perhaps,

its recall. The physical cause of the near-death episode appeared to be irrelevant to the NDE, with the exception of the bizarreness of those in the intoxicant cluster. The data suggested that "before-death" experiences, precipitated by accidents or medical illnesses, may be clinically more like depersonalization, while "after-death" experiences, precipitated by cardiac arrest, may be more similar to OBEs.

The classification of preexisting conditions proposed in this chapter could be a valuable tool in the exploration of the invariance hypothesis; I would encourage other investigators studying NDE phenomenology and aftereffects to examine correlations of their data with the five clusters Gabbard and Twemlow identified.

In the final chapter on NDEs, the authors focus on experiences during childhood. After describing the NDEs of a 20-month-old boy who bit through an electric cord, a four-year-old boy who drowned, and a seven-year-old girl with the mumps, they find childhood experiences largely identical to adult NDEs, though they tend to lack a life review. The authors consider the consistency of childhood reports incompatible with the cultural conditioning theory of the NDE.

It is here, through an examination of the being of light in childhood NDEs, that Gabbard and Twemlow first show the power of a psychoanalytic understanding of the experience. They begin with the psychoanalytic premise that all significant persons in one's life are "transference objects" to one degree or another; that is, certain attributes of important people from our past are transferred in our perception to important people in the present. They then examine the being of light as part transference object, reflecting qualities of significant figures from one's past. William Serdahely (1987) has noted that in NDEs precipitated by child or sexual abuse, the being of light may have different attributes and roles than in other NDEs; interpreting the transference aspects of the being of light allows us to understand those differences.

Gabbard and Twemlow are not saying here that the being of light is *nothing but* a projection. They are saying that, just as cultural background will lead one person to identify the being of light as Christ, while another sees it as a yogi or yamdoot, so too personal background will lead us to see the being of light in terms of our own "internalized objects." The threat of death evokes internal parental images, in order to protect and comfort the individual; the being of light is viewed through the lens of these internalized parental images.

The authors describe what Sydney Smith (1977) called the Golden Fantasy, a nearly universal belief that someone will ultimately rescue us from death, which is derived from the infant's perception of an

omnipotent mother and activated by a life-threatening crisis to color our perception and interpretation of the being of light. They then trace, in the descriptions of beings of light by children of different ages, the development of internalized objects and the superego. By drawing parallels to what is known of the development of internalized objects in childhood, they make sense out of the differing descriptions of beings of light at different ages: from all-good loving figures who neither judge nor command; to good and bad figures not yet integrated into one being; to a being of light who loves and accepts but also judges and commands, a well-rounded God who evokes both love and fear, as does a parent.

Through the use of psychoanalytic interpretation, then, one can understand how the being of light reflects the developmental level of the NDEr's internalized object relations and superego formation. Conversely, descriptions of beings of light from children at different ages may give us new insights into the development of internalized objects in childhood and of moral behavior.

Gabbard and Twemlow, in their application of psychoanalytic theory, have given us a major new tool with which to understand otherwise perplexing inconsistencies in NDE reports. They do not attempt to "explain away" these phenomena, but simply to make sense of our perceptions of, and reactions to, NDEs. The authors risk being accused of calling the being of light "just" a projected internalized image. But they are not doing that. They are proposing instead that, unless we know what lens we are looking through to view the beings of light, we cannot know what really lies beyond that lens.

It is in the final section of this book that the full force of Gabbard and Twemlow's approach becomes evident. Chapter ten, on the metapsychology of altered mind/body perception, outlines an innovative explanation of OBEs, based on Paul Federn's (1952) ego psychology. Federn regarded the ego as composed of a bodily ego and a mental ego, the latter almost always experienced as being inside the former. Gabbard and Twemlow propose that in altered mind/body perceptions, those two subdivisions of the ego feeling separate. This chapter is critical to a full appreciation of the authors' thesis; it is therefore unfortunate that it is thick with psychoanalytic terminology, and may be difficult for those without a fair working knowledge of psychoanalytic constructs.

Developmentally, Federn postulated first a prereflective noncorporeal self-awareness; followed by noncorporeal but reflective mental ego cathexis; followed in turn by bodily ego cathexis with ego body boundaries. Gabbard and Twemlow describe in these terms a contin-

uum of altered mind/body perceptions, ranging from the OBE, a non-symptomatic altered state of consciousness that can occur in normal or abnormal persons; through depersonalization, a symptom that can occur within a pathological syndrome or as an isolated event in a normal person; to schizophrenia, an abnormal syndrome.

In the OBE, according to the authors, cathexis is withdrawn from the bodily ego but maintained in the mental ego; the ego boundary remains intact; there is no fusion with others, though the mental cathexis is experienced as separate from the body. Cathexis withdrawn from the body is then reinvested in what Paul Schilder (1935) called the body scheme, a constant mental configuration of one's body elaborated by the mental ego. This body scheme is analogous to the parapsychologists' astral body; it is a mental engram that has no physical properties.

In depersonalization, by contrast, the ego boundary is lost, and the experience consequently feels dreamlike and unpleasant. Cathexis withdrawn from the bodily ego is not reinvested in the body scheme, and thus there is no sensation of an astral body.

Finally, in schizophrenia, cathexis is withdrawn from both the mental and bodily ego boundaries. The self becomes fused with others, and since the lack of ego boundaries precludes reality testing, mental constructs are experienced not as being strange, as they are in depersonalization, but as being real.

Things are generally experienced as real when they impinge upon a well-catheted ego boundary. In OBEs, since the ego boundary is preserved, perceptions are experienced as real. In depersonalization, the ego boundary is decatheted, and consequently perceptions seem unreal. In schizophrenia, body boundaries are lost completely, and reality and hallucination cannot be distinguished.

While this is an unusually helpful way of conceptualizing OBEs, Gabbard and Twemlow acknowledge that it does not explain NDEs, which include, in addition to an OBE element, loss of consciousness, compromised physiology, and apparent defensive functions.

Chapter eleven, an examination of causation and meaning in OBEs, begins with an assertion that OBEs do not have one single cause, and that, in fact, the search for a single cause is the fundamental fallacy in much of OBE research. Gabbard and Twemlow here invoke the Freudian concepts of overdetermination and multiple causation. OBEs, they claim, are brought about by multiple causation; that is, different causes may bring about OBEs at different times, or in different individuals. Furthermore, they state that many OBEs are overdetermined, that is, brought about by several elements that act together to precipitate the OBE.

The authors do not hope to explain all elements of the OBE, for example, its paranormal features; they are interested in the psychology of the phenomenon, in the unconscious factors at work in the experience. They provide a painfully brief overview of other psychological theories of the OBE, and discuss those theories' similarities to and differences from the psychoanalytic approach.

To illustrate unconscious elements and the roles they play in OBEs, Gabbard and Twemlow present in depth five cases. They then use these five cases to show how different unconscious factors are significant in producing OBEs in different individuals, or at different times, and to underscore "the futility and absurdity of searching for one single cause and one single meaning of the experience" (p. 194). Though the authors are careful to draw distinctions in this chapter between causes and meanings, they say very little about the latter.

Chapter twelve, physiological correlates of OBEs, was included for the sake of completeness, a sop to "those oriented toward neurophysiology [who] treat data derived by laboratory experimentation as more real and more reliable than the more naturalistic 'subjective' data" (p. 203), a bias Gabbard and Twemlow obviously do not share.

Summarizing the few published studies, they conclude that, while neurophysiological changes may accompany OBEs, the two bear no stable, direct correlation. OBEs seem to occur during shifts between mental states, rather than during any one particular state.

Though this book is primarily concerned with the psychology of OBEs, Gabbard and Twemlow devote the last chapter to the provocative question of whether mind can "really" separate from the body. They begin by reviewing various inconclusive attempts at proof, and then grapple with two fundamental mind/body issues: the nature of objective versus subjective reality, and whether spirit and matter are discrete substances. To the question of whether there is an objective reality that can be experimentally verified, Gabbard and Twemlow present the case for our own subjective participation in creating our own realities. Though the world of consensually validated appearances may be real, the authors argue that that is not the only reality.

While they note that quantum physics is making the notion of objective reality increasingly untenable, they prefer metaphors derived from psychoanalysis rather than those from physics. In that vein, they propose that what we experience as reality is essentially a transference reality, a personal construct determined by our belief system, our state of consciousness, the usefulness of what we're perceiving, and our narcissistic investment in a particular paradigm. In fact, Gabbard and Twemlow maintain, objective reality totally free of personalized distortion is not real at all, but a nonexistent, idealized construct.

The authors assert that, because experiments to prove whether mind and body separate assume that there is an objective reality to OBEs, they consequently yield inconclusive results. OBEs are not real in any objectively demonstrable sense, but they *are* real in a powerful subjective sense.

Next Gabbard and Twemlow address whether mind, or spirit, is a substance distinct from brain, or matter, or whether it is rather a figure of speech or a creation of our ability for self-reflection. They conclude that we tend to believe in dualism in order to cope with the terror of annihilation: we know that the body dies, and we cannot bear the idea that everything dies with it. They reject dualism, however, in favor of a structural monism, in which structure can appear as mental or physical depending on the viewer's perspective.

The authors distinguish, in their version of a structural monism, between representational events, which can be identified with the concrete contents of conscious thoughts, and nonrepresentational events, which can be identified with the consciousness of those thoughts. Altered states of consciousness are alterations in the non-representational neural contexts, not in the representational thought contents.

In Gabbard and Twemlow's view, the OBE is a shift in attention from the bounded thought content to the boundariless observer of that content, from the thought to the thinker. The authors try, with questionable success, to operationalize that concept by suggesting a testable hypothesis: that all mystical-integrative experiences, such as the transformation that can follow OBEs, result from such a shift in attention. That is a reasonable hypothesis, but I'm not convinced that it is in fact testable.

Gabbard and Twemlow end with a recapitulation of their ego uncoupling model of the OBE, which I found helpful after their layer upon layer of thought-provoking analysis. In sum, they state, an altered state of consciousness is necessary for an OBE, in which external sensory input and internal proprioceptive input diminish and receive less attention, either because of relaxation, or forced sensory deprivation, as in the near-death state. Though OBEs can have many causes, uncoupling of the bodily and mental ego is the final common pathway.

The authors attempt to put to rest the assumption of mind as a substance or thing that can be disconnected from the brain; yet their data do not support the view of the OBE as an hallucination. They ultimately raise more questions than they answer, but leave us with a valuable tool with which to pursue those questions.

The style of the writing in this book is clear, though not simple, and it has been carefully proofread, with relatively few typographical er-

rors. The practical value of the long section differentiating OBEs from other altered states of consciousness should justify the purchase of this book by clinicians and researchers alike.

Despite the question of whether the NDE is in its essence an altered mind/body perception, and despite the limitations of their survey methodology, Gabbard and Twemlow have written an extremely important book, both for its clarification of the differentiation of OBEs from pathological states, and more critically for opening up the OBE to the insights of psychoanalytic understanding.

Clinicians will find much practical value in this book, and researchers may gain from it a clearer understanding of what these phenomena mean in the lives of individuals. Psychoanalysts, in addition to appreciating the authors' explication of the meaning of altered mind/body perceptions, may also begin to appreciate those experiences as avenues to the unconscious perhaps as rich as dreams; and nonclinicians may gain a respect for the elegance and utility of a psychoanalytic approach to the complexities of mental life.

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