

ard is that of being overwhelmed by the experience and losing control of the outward life. Another is turning inward and living only for the experience with a lessening of interest in the outer life. Both of these may be overcome by bringing more light into the material world.

Psychic abilities are a more sophisticated pitfall and their varieties have been described by Patanjali in his Yoga Sutras. In addition to out-of-body experiences, thought transference, and bodily sympathy or feeling another's feelings at a distance, levitation and the ability to see through solid objects are said to appear at times to distract the aspirant. Because these abilities are so novel, some aspirants stop their refocusing practices at this point; others will keep at it until light and life are one.

Perhaps other readers can add details to this theme.

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Concerns About Ring and Rosing's Omega Project

To the Editor:

While I have long been an admirer of the work of Kenneth Ring, I found Ring and Christopher Rosing's (1990) recent article, "The Omega Project: An Empirical Study of the NDE-Prone Personality," troublesome for several reasons.

The weakest part of this article was the Instruments section. Of the nine tests reported, only three have been cited in other studies and all to date are unpublished. While this is not a problem in and of itself, no data on norms, reliability, or validity of these tests are given, with the exception of incomplete data on the Psychological Inventory. While it is customary to omit this information on well-known tests like the

Minnesota Multiphasic Personality Inventory (MMPI), this lack of basic information seriously weakens the study.

In a study that has as its stated purpose exploring the personality of the near-death experiencer (NDER), it would have been nice to have one or two major personality tests, such as the Personal Orientation Inventory, which measures mental health, the Loevinger Test of Ego Development, which measures global ego development, and/or the MMPI or similar test of psychopathology. I mention the latter since the authors raised the question of dissociative disorders among NDErs.

Additionally, in spite of their thoughtful disclaimer to the contrary in the Implications and Conclusions section of their paper, it cannot be stressed enough that the NDE is independent of psychopathology. In this regard I offer the following points:

1. NDEs can happen to anyone; no one plans a heart attack or a death on the operating table, and only the suicidal plan car wrecks, drownings, or other life threatening events;
2. while figures vary from study to study, 27 to 62 percent of individuals near death report NDEs (Rogo, 1989); and
3. the number of NDErs is quite a bit higher than population estimates of dissociative disorders (National Institute of Mental Health, 1985).

In other words, some NDErs may have emotional problems and may have been abused, but it is unlikely that most have. It is noteworthy that among mental health patient populations, victims of childhood sexual abuse often show signs of dissociative disorders (Gregory-Bills, 1988), but among normal, nonclinical samples, victims of childhood sexual abuse do not show retarded development (Jennings, 1989). The difference is one of sampling.

There are differences between NDEs and related paranormal and abnormal states. In discussing this subject in classes on abnormal human behavior, I have pointed out that NDEs differ from out-of-body experiences (OBEs) in that they include features common to all subjects while OBEs are unique to each person, and NDEs are involuntary while OBEs are voluntary; and NDEs differ from dissociative disorders in that they again share universal features while dissociative disorders are unique to each person, and NDEs are usually pleasurable while dissociative disorders are characterized by marked distress.

I continue to admire Ring's work and hope my overall comments have been helpful and not hurtful.

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Kenneth Ring Responds

To the Editor:

I appreciate Ken Vincent's thoughtful critique of the Omega Project and the reasons for some of his reservations about the study. Indeed, in my reply I think I can show that we are, on most points, in essential accord and not nearly so much at odds as his letter may have suggested. Let me, then, take up each of his concerns in the order in which he presents them.

His first animadversion relates to the instruments that comprised our Omega Project battery about which he correctly states that there is essentially no information concerning their psychometric properties. This lack is certainly a deficiency of the study, but it is hardly one of which I am unaware. For example, in another, more complete published version of the Omega Project (Ring and Rosing, 1990), I conclude with the following cautionary statement:

Finally, we must, needless to say, recognize the many limitations of this study, especially its total reliance on self-report measures and in some cases previously untested measures. (p. 95)

Moreover, there are slight, but important, inaccuracies in Vincent's critique on this point. For example, it is not true that all the questionnaires in our study are in unpublished sources. Two of them, for

example, are either identical to or slightly adapted forms of the instruments that I used for the near-death research I reported in *Heading Toward Omega* (Ring, 1984). And an additional study on psychological dissociation, carried out by Barbara Sanders and Marina Giolas (1991), also used one of our Omega project questionnaires—the one pertaining to child abuse and trauma—and found a Guttman split-half reliability of 86.

The reason that Christopher Rosing and I did not report reliability coefficients in our study was simple, if regrettable: it turned out that the statistical program we used to analyze our data did not, to our chagrin, provide any indices of reliability. But, in fact, our research was not undertaken with the aim of assessing specific psychometric issues. It was, rather, an effort to explore entirely new ground concerning predispositional factors and aftereffects of NDEs, and for this the general approach that I followed in *Heading Toward Omega* seemed warranted, especially in view of the fact that the findings reported there concerning aftereffects have generally been supported by the research of others (Atwater, 1988; Flynn, 1986; Grey, 1985; Sutherland, 1989). *Of course*, the validation of these instruments is a necessary task for the future, but, because, as I have indicated in a future article in this *Journal* (Ring, in press), I have now completed my own work in near-death studies, I must hope the direction of research that Rosing and I initiated with the Omega Project will be carried forward by others.

In answer to Vincent's second point—why not some generally recognized personality tests to measure mental health (or psychopathological) factors?—I have a similar reply: that was not an objective of this study. I have elsewhere (Ring and Rosing, 1990) argued that such assessments have not proved especially illuminating in investigations of persons reporting other kinds of anomalous experiences, and I had no special reasons for thinking they would be particularly helpful here in clarifying the questions that the Omega Project was designed to address. After all, in any research project, one can only do so much, especially when one is already asking respondents to fill out a batch of questionnaires, and the instruments we employed were precisely the ones we thought would give us the most return for our investment. Needless to say, I have no objection to someone conducting the kind of study that Vincent suggests, but the evaluation of the mental health status of NDErs and those interested in NDEs was never at issue in the Omega Project.

This last comment relates in turn to Vincent's final major objection,

which has to do with his contention that the NDE is independent of psychopathology. Of course, that is, as Vincent notes only in passing, exactly what Rosing and I say in our article (see p. 236) and indeed say emphatically. I will not take the space here to comment on each of the various points Vincent makes to buttress his own position, other than to state that, by and large, I agree with him and to say that I'm surprised that one could draw any other inference from our article. Again, however, as much as I generally concur with Vincent's views here, I must note that there are again some inaccuracies and misleading implications in his commentary on this matter. For instance, it is simply not true that a difference between OBEs and NDEs is that the former are voluntary whereas the latter are not; it is well known that many OBEs occur inadvertently and unintentionally. Furthermore, in consistently using the term dissociative *disorder* in his critique, an important distinction is lost: there are dissociative tendencies, which are not in themselves pathological; and dissociative disorders, which are. Someone who suffers from multiple personality disorder certainly does, by definition, have a dissociative disorder. NDErs, as a rule, do not suffer from such disorders, and nothing in our paper was meant to imply that. Some NDErs may have dissociative *tendencies*, however, and that would be the term that I would prefer to use in this context.

Still, these quibbles aside, I want to conclude by re-emphasizing what I said in the beginning: Vincent and I are largely in agreement, and I found the spirit and substance of his critique helpful in suggesting the kinds of theoretical, methodological, and empirical issues with which further research along the lines of those explored in the Omega Project needs to concern itself.

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