

MORNING GENERAL DISCUSSION

DAY TWO

CARPENTER: This is really another question for Rex. It seems to me you are moving the focus away from internal attention states to both conditions and individuals that facilitate moving away from ego behaviors to behaviors that do not feel as though they originate in one's self. And if that is an important aspect of what seems to facilitate psi, and it seems to me that it probably is, do you have an interest in the study of multiple personality disorder? People who are afflicted with that disorder are enormously vulnerable to shifting away from the ego and also sometimes enormously flexible at doing it at will. And another question is what do you think about the importance of what seems to me to be therapeutic elements in the environment of a laboratory, that put people in testing situations like this? In my own experience in the ganzfeld, for example, I experienced initially a certain amount of conflict because the instant I closed my eyes I was flooded with primary process material most of which I wouldn't tell most of the people around me most of the time. It seems to me that the therapeutic safety that we rely on in clinical settings is probably an important aspect of the more successful free-response laboratories.

STANFORD: Absolutely. I appreciate both of those questions. Let me comment on the last one first. I could not agree more. In internal state settings, be they hypnosis or ganzfeld, we are asking the subject to be passive and, by implication, dependent on the setting, the experimenter, etc. This is potentially a very conflict-ridden situation for many individuals. Let me give you an example. There was a word association experiment that was done some years ago in which people were just asked to associate to a single word. It was found that if subjects were asked to lie back, a certain class of neurotic individuals tended to give high commonality responses, go to the popular response, stay away from that stuff that might be the deep dark unconscious. Defensive behavior, in other words. When those same neurotic individuals sat up in a chair, they did not show such defensiveness. Well, we are in a very passive splayed-out situation with ganzfeld. The experimenter-subject relationship takes on the greatest importance. I suggest in my paper that one thing we do have to do is to start probing the subject afterwards

using probably another person other than the person working with the subject, unless that person is extremely skilled, almost like a clinician, to be able to bring up all kinds of reactions because that may account for a lot of the variability of what goes on here. I quite agree and I hope we look at that. Regarding the multiple personality, that is one that hypnosis and internal states researchers have been getting very excited about lately. They find that that relates to some of the same childhood experiences that hypnotic susceptibility does. For instance, there are a number of studies showing hypnotic susceptibility relates to being rather severely punished as a child, including physical punishment. The same thing applies, as I am sure you know, to a lot of multiple personality cases. There are definitely commonalities. I do not know whether you want to try to get multiple personality people into our experiments because you know that might have some threats for them. But, yes, I agree. When I go into a good ganzfeld setting at PRL or somewhere like that I not only feel safe—I feel wanted. I do not feel as though I am being used. I feel that this is a wonderful participation in something and somehow or another we have got to get hold of those social aspects. I believe it is triply important in situations where you are asked to be passive and dependent like this.

HONORTON: I have a couple of comments on some things that William was talking about. Someone suggested that we really should not generalize so much from these very small effects, because they are after all very small effects. But as I recall William said that the overall effect size in his living systems work is on the order of .28. Once again I will remind you that that is a magnitude of the recent heart attack-aspirin study that was discontinued because it was absolutely conclusive and ethically inappropriate to continue a study with such a consistently strong effect. Robert Rosenthal likes to use what he calls his "binomial" effect size display to point out that in correlational studies, for example, people very frequently get in the behavioral sciences correlations of a magnitude of .35. A lot of people say, "But that only accounts for about 10% of the variance." But another way of looking at it is in a health-related study. If the treatment is effective relative to the control such that the correlation is about .35 and that is the same order of magnitude as this effect size William is talking about, that means that if you are in the control condition you might have a 10% greater chance of living than if you are in the control condition. So whether it is a large effect or not depends on who you are. So I would suggest that we start thinking about small effects in a little bit broader context rather than just in terms of the percent above some chance baseline.

The other thing I wanted to ask William is if he has done any kind

of meta-analytic comparison of his living system work with the other researchers he has been involved with? Are you getting stronger effects there or are they about the same? And finally have you considered the possibility of using the living system paradigm as a way of assessing the noise reduction model? For example, you said you were planning to do some auto-regulation work. Would some of these systems be more or less amenable to psi interaction if they were trained down to a very low noise level, so that for example with GSR you had a very quiet skin state to begin with?

BRAUD: A meta-analysis of the bio-PK literature is now in progress. We have not yet been able to compare it with the other kinds of procedures. In terms of the last question it seems to be easier to activate someone than to calm him or her at a distance, so your idea of calming one down beforehand, lowering the noise and then bringing the signal out of the noise might be a good strategy.

HONORTON: It might also be a way of testing the noise reduction model by starting with a very noisy system or a very quiet one.

PALMER: I would also like to go back to William's presentation and the exchange between him and Sybo. There is one point where I have to disagree with Sybo. That is where he said it is inappropriate to speculate about the possible relevance of William's kind of research to healing. It seems to me that either directly or indirectly our basic research in parapsychology is sponsored by society at large, particularly in terms of funding. Thus, it seems to me that we have a social responsibility to inform society about the long-range implications of our research. William pointed out in his response that if you carry this thinking to its logical conclusion his research might well have relevance to healing. The one proviso, though, is that we have to be very frank about what the research findings at present allow us to conclude. We have to be very clear that we are talking about *possible* implications not *definite* implications. I think a lot of the uneasiness people feel when we speculate about possible implications is really addressed to the exaggeration of current findings. I think it is important to keep these two issues separate.

SCHOUTEN: I think there is some misunderstanding here. I thoroughly agree research in parapsychology should be more directed towards social issues. The only thing I am saying is that as far as paranormal healing is concerned, I think research should be directed at paranormal healing first and then try to find out which are the factors which contribute. To turn it around and say that a specific factor like PK might have relevance, is a little bit as if you say, "Well, you know, there are many road accidents so let us only look at mechanical failures

because we know they might affect accidents" and as a consequence perhaps leave out that 80% of other causes which play a much more important role. Look at paranormal healing. If PK is found to be an important factor go ahead with it, but do not start the other way.

RAO: By paranormal healing are you implying that it is psychic healing or that it is PK healing? You are not talking about psychosomatic healing. You are also not talking about other forms of non-conventional healing. By saying paranormal healing you are talking about healing mediated by paranormal processes. No?

SCHOUTEN: No, actually.

RAO: Then use some term other than paranormal healing.

SCHOUTEN: No, because I am not the one who defines it in society. People act as healers and call themselves paranormal healers and have an effect on patients. That is the issue. Those people think they do it by paranormal means, but they can not prove it of course. And all I am saying is we should not accept that immediately as the model to start with.

RAO: I think we should be conceptually clear.

BRAUD: I am going to put this in a historical context, about why we first did what we did. We started doing these living system experiments because they seemed to satisfy three conditions all at the same time. One is that the target systems were very variable and I was in the midst of thinking about lability at the time, so it was a natural kind of system to use. Secondly, the motivation is extremely high in these experiments and anything that makes our subjects or ourselves more interested or involved in the experiments should facilitate the results. Thirdly, we saw this as a very convenient way of studying healing through the back door, as it were, by making these experiments healing analog studies. It was almost an historical accident that these three kinds of motivations or influences came together in these living system PK experiments. So I did not really set out to study healing or to study psychokinesis but this was a fortuitous convergence of a lot of factors. Maybe even in ordinary healing there is a psychic component. If you want to begin at the beginning, maybe influencing my own breathing rate or my immune system in the most ordinary way possible may have imbedded in it some psychic influences. So we do not even have to go to extraordinary healing to begin.