

This outline is divided into ^{FOUR} three sections: one for each of the three specified areas of basic research and a final section devoted to general comments and suggestions relating to the overall research design. It is suggested that the extensive batteries of standard tests listed below be given only to those gifted subjects used in developing the 'applied' research data and to an appropriate number of controls.

PART I: Identification of Measurable Characteristics Possessed by Gifted Subjects (approximately 20% of the total project effort)

Sensory Evaluation

- Auditory A - Simple tones, check extremes of spectrum--going as far beyond thresholds as instrumentation permits
B - As much fancy audiometry as facilities permit
B - Include if possible measures relating to implicit speech

INTENSIVE SPECTRA
Well Beyond THRESHOLDS

- Visual A - Check acuity, defining the extreme limits
B - Visual fields by instrument with several types of targets and varying dimness-intensity-color factors
A/- Pseudoisochromatic plates
(- Color discrimination with monochrometers or yarn test
A- Explore vision beyond visible range, beyond visual threshold
A - Flicker-Fusion test

- Tactile A - Two-point discrimination
A - Vibratory
A - Heat and Cold discrimination
B - (Synesthesia test?)

UNDER NECESSITY

STANDARD TESTS

Psychological Evaluation

ILLEGIB

- A - Omnibus Personality Inventory (OPI)
A - Projective tests -- TAT and/or Rorschach
A - WAIS/PAS test (by)
A - Luscher Color test
B - Strong and/or Allport-Vernon -- aptitude/values
B - Reaction time tests -- latency
B - Raven's Matrix -- abstractions
B - Embedded Figures tests -- illusions
A - Memory tests, including eidetic imagery is possible
B - Suggestibility tests (Ernest Hilgarde, Stanford)
A - Field Dependency tests (Witkin)
B - If facilities permit, tests relating to 'information processing' rates and modes

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HANDWRITING

In-Depth Interview

- This item is listed separately but will obviously be closely tied to both the psychological evaluation (above) and the medical evaluation (below). We visualize the possibility of separate but related interviews by medical, psychiatric and psychological personnel; but this needn't

preclude its being handled by one person who is qualified and interested enough to cover all of the facets in appropriate depth. These facets should include, for instance: complete medical history, with particular focus on childhood or later diseases which might relate to the 'giftedness'; family medical history; curriculum vitae; objective events and subjective views relating to the discovery and enhancement of the subject's paranormal capacities; other special skills or interests; socio-economic, cultural, familial environment; outstanding 'peaks', experiences, traumas; religious content of the subject's life; other paranormal or related experiences (e.g., *deja vue*) on which the subject has not been tested; and such psychiatric and psychological interview techniques as may shed further light on the subject's personality, values, motivation, mental state and interpersonal style.

Medical Evaluation

- A
- Medical history (as above)
 - General physical examination (normal lab work as well)
 - EEG
 - Neurological examination, Dynamometer
 - Opthomological exam (see Sensory Evaluation)
 - ENT exam (see Sensory Evaluation)
 - Such other examinations as may be suggested by the above

Behavioral Evaluation

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- Interviews (as above)
 - A - Time estimates
 - A - Recognition tests (tachistoscope)
 - A - If feasible, certain sponsor-provided tapes and films designed to test observation, recall and assessment skills

PART II: Identification of Neurophysiological Correlates (approximately 20% of the total project effort)

Note: the CNS and ANS testing should be done during paranormal experimentation, with truly random inter-trial intervals.

Central Nervous System

- Evoked potential -- tones and ~~lights~~ lights, several frequencies at specified amounts above and below threshold
- EEG
- CNV -- lights, words, tachistoscope

Autonomic Nervous System

- GSR
- Heart rate
- Finger plethysmogram
- Respiration -- pneumatic or nasal

NOTE: For all of the above ANS measures we should have:

- (1) baselines and resting levels
- (2) response to tones and lights
- (3) sub-threshold stimuli
- (4) specialized testing

PART III: Identify (or provide theories on) the nature of the validated paranormal phenomena and energy (approximately 10% of the total project effort)

- B** - Use of Beischer probes, if feasible) specifying the energy
- A** - Use of Gradiometers (S. S. S. P. A. C. I. O. N.) level, field strength, intensity of stimuli
- Whether in eclectic or creative mode, attempt to provide basic theoretical constructs on the underlying dynamics, the mode of communication or of energy transference which seem consistent with the validated phenomena
- Provide theories on means of developing/enhancing the gift

PART IV: General Comments and Observations, Additional Suggestions

- (1) For optimum credibility with sponsor elements (assuming validation of the phenomena) we urge adoption of the most stringent experimental controls feasible under the circumstances--including, but not necessarily limited to, use of non-paranormal lab referees (e.g., ~~physicist~~ and/or a *mutually agreeable* physicist) who would: initially check the balance of the overall experimental design; establish daily procedures and routine management practices before beginning experimentation with the subjects; spot-check the on-going experiments; establish the random trials involving CNS, ANS and other (e.g., X-Ray) tests.
- (2) Throughout the experimentation, use only qualified experts to administer the various specialized tests;
- (3) Before a day's experimentation, subjects should strip-down (removing rings, wristwatches, etc, as well) and put on a special lab garment (jumpsuit).
- (4) We should have a clearer understanding of the criteria employed by the contractor in determining who are 'gifted' and 'superstar' subjects;
- (5) It should be understood that, while the sponsor will not be given the identities of the subjects along with the results of testing, the sponsor will have access to all of the specified raw test data (above);
- (6) If X-Rays are done on a spot basis during experimentation, it should be limited to chest, hands and skull; (ultra-sound?)
- (7) We should also have a clearer understanding and, if possible, a set rate (\$10 per hour) for the subjects' fees;
- (8) There should be matched normal-control subjects throughout;
- (9) should be on the list of 'authorized' supervisors;
- (10) It might be useful to have a simple yet comprehensive self-inventory form (e.g., mood, rested, ailments, etc) for the subjects to fill out on the morning of each test day before interaction with lab personnel;
- (11) Matters of protocol and procedure for any given experiment should not be discussed with the subjects beforehand; and *IN THE SENSE OF THAT*
- (12) We should be clear on the nature of 'feedback' (when, how, how often) to be given to the subjects during experimentation.
- (13) *EXPERIMENTORS NOT SUBJECTS*

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CHANGE IN PROTOCOL