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ANOMALOUS REMOTE DIAGNOSIS: MENTAL AND MOTOR PSI IMPRESSIONS UNDER ICONIC REPRESENTATION OF THE PERSON-TARGET

BY ALEJANDRO PARRA AND JUAN CARLOS ARGIBAY

ABSTRACT. A common procedure to encourage self-claimed psychics is to use iconic representations (photographs) as inductors. The aim of this study was to compare 2 conditions – “mental” and “motor” – using images of the faces of persons as targets. Specifically, we wanted to determine if the scores were different based on 2 kinds of stimulus (diseased and healthy). Participants were clustered as psychics and nonpsychics. The sample consisted of 224 participants, recruited through an e-mail list, and their ages ranged from 18 to 75 ($M = 44.19$ years old). Eight photographs included 4 of subjects “sick” with a medically diagnosed disease and 4 of healthy persons (the “controls”). All of the images of sick persons were taken from 6 months to 2 years before the diseases were discovered. The results of the 2 procedures were significantly above chance: the mean “mental” score = 2.32 ($p < .001$, 1-tailed), and the mean “motor” score = 2.15 ($p = .016$, 1-tailed). A second analysis was carried out to determine if the mental and motor procedures led to different scores; indeed, mental scored significantly higher than motor (the mean “mental” score = 2.32 vs. the mean “motor” score = 2.15 ($p < .001$)).

Keywords: psychics, psychometry, remote diagnosis, dowser

Anomalous detection, or psychic diagnosis, is reported frequently by healers and psychics. They may include several components—such as unusual awakenings, understandings based upon sensory observations, and data analysis—which are suddenly perceived in a novel relationship and order, or data based on information from anomalous cognitive processes—such as telepathy or clairvoyance—which appear to transcend ordinary reasoning (Benor, 1992).

Psychics claim that such impressions may sometimes be obtained through scanning the “energy body,” and a number of them have gained reputations as psychic detectives using psychometry, such as Ossowiecki (Stevenson, Barrington, & Weaver, 2005) and Croiset (Anderson, 2006; Pollack, 1964). One of the most impressive examples of this approach was the American psychic healer Edgar Cayce (Stearn, 1967), who was able to provide accurate diagnoses given only the name and address of participants, some of whom were many miles away. However, there are few reports on quantitatively evaluated studies with psychics. Vaughan (1974), Shealy (1988), Young and Aung (1997), Mison (1968), and Brier, Savits, and Schmeidler (1974) reported results indicating some correspondences between the psychic diagnoses and medical records of patients, but these correspondences tended to be insufficiently impressive to warrant considering psychic diagnosis as a useful alternate method for diagnosing disease.

A common procedure for self-claimed psychics to obtain extrasensory or psi impressions is to use iconic representations (photographs) as inductors (Rogo, 1974). The use of an inductor is by no means a requirement, and many psychics provide impressions about target persons without involving any object, using instead, for instance, just the name and age of the target person. Another procedure, dowsing—the supposed evocation of unconscious responses by use of ideomotor responses magnified by a physical device, such as forked twigs or a pendulum—has long been espoused as a technique for helping individuals to utilize untrained psi abilities (e.g., Eastwood, 1993). Laboratory research on the direct mental influence of living systems (DMILS) and the detection of remote staring suggests that an individual’s conscious response may not be a good measure of psi, whereas such an individual may indeed show a physiological reaction to certain psi-mediated stimuli (e.g., Sah & Delanoy, 1994). If this is the case, then a system looking at the physiological responses of individuals undertaking a psi task might be useful in helping to train them to recognize when they were using psi. In effect, it would be a technological version of the old dowsing devices.

This ideomotor phenomenon, repeatedly described in the medical literature over 150 years ago by William Carpenter (1852) and later elaborated upon by the noted psychologist William James (1890), is clearly not a recent discovery. A very good overview is presented by Herman Spitz in his book *Nonconscious*

Movements (Spitz, 1997). The interesting question in relation to the pendulum's use in dowsing is whether these unconscious muscular movements may be produced by extrasensory perception, or psi. Normally, dowsers use the pendulum to get answers to questions that they are interested in. Dowsers (and healers as well) will need to decide in advance what each direction of movement means. The pendulum simply acts as an amplifier of subconscious ideomotor movements, so that they can be more easily detected.

An important question to consider is whether the motor system of the subject is influenced indirectly, translating certain "mental" impressions to a "motor" form, or directly, if the subject has no intervening "mental" impressions but only "motor" ones. Or, stated in a more general way, the question is whether a percipient is better able to locate the target paranormally when asked to imagine it (the "mental" way of receiving) or when asked merely to designate it directly with a simple motor response (the "motor" way of receiving). For instance, healers report intuitive awareness and understanding of patients' physical, emotional, mental, and spiritual problems (Benor, 2002; Krieger, 1979) as words appearing in their mind, including technical diagnoses that they themselves do not comprehend but which doctors later confirm to be accurate (Stearn, 1967); as body sensations—especially pain—that reflect those of patients; as smells; as visual images of organ dysfunctions; or simply as an "inner knowing" (Brennan, 1987; Freed, 1992; Schwartz, 1967).

Both psychics and their clients must be sincerely impressed on occasion by the achievements that confirm the psychics' belief in their abilities, mainly in terms of face-to-face interventions. The face is often an important source of identification with others and conveys significant social information (Nelson, 2001; Bruce & Young, 1986). It is known that early perceptual experience is crucial to the development of visual perception; this orienting response undoubtedly encourages the rapid development of face-specific skills such as the ability to identify friendly others and relatively complex preverbal communication. There are seven distinct types of information that we derive from seen faces, namely: pictorial, structural, visually-derived semantic, identity-specific semantic, name, expression, and facial speech code. Whatever the source of psychics' statements, their experience and expertise in certain areas might make it worth consulting them for advice, even if they were to make no genuine paranormal statements in a given session.

A series of psychometry-based experimental sessions was designed. We explored the "token-object" effect in groups in the context of a program on psi development based on Tart's learning theory of ESP (1975). Our design here is similar to a previous one (Parra & Argibay, 2007b), where we used personal objects (comb, handkerchief, hair brooch, or billfold) from four adult volunteers who suffered from medically diagnosed diseases. Participants, who were clustered as psychics and nonpsychics, performed trials of psychic diagnosis. Although neither group obtained highly significant results, we found high variability in a positive direction for the psychics and in a negative direction for the nonpsychics ($p < .05$). It appears that psychic diagnosis relates to perceptions of "information" in and around the person-target, and that these may be difficult to translate into physical diagnoses.

Following on a number of previous experiments (Parra & Argibay, 2007a, 2007b, 2008, 2009a, 2009b), ordinary people (nonpsychics) were tested using photographs of the faces of sick persons as targets. We wanted to explore two strategies for using and appraising the so-called token-object effect. Instead of objects, photographs of the faces were used along with the nicknames of the person-targets. The aim was to compare two conditions—"mental" and "motor"—using images of the faces of sick persons as targets. Specifically, we wanted to (a) determine if the participants scored differently with the two kinds of stimulus (diseased and healthy persons), and (b) determine if the whole sample of participants used both kinds of procedures (mental and motor).

Method

Participants

The sample consisted of 224 participants, 208 (76%) females and 68 (24%) males, all of whom were well-educated and believed in psi. Their ages ranged from 18 to 75 ($M = 44.19$; $SD = 12.90$). Personal experiences suggestive of psi were reported by the majority of the participants, such as having experienced

ESP feelings around sick people (58%), around past place events (50.8%), around token-objects (34.7%), and around token-photos (38.3%). Participants were recruited through an e-mail list, and an announcement was also placed on a web page (www.alipsi.com.ar). The announcement provided a brief explanation of the test procedure and encouraged people to schedule an interview with us in order to obtain more information.

Participant Setting

Seventeen separate groups were tested by the first author (AP) and the second author (JCA) at the IPP headquarters in Buenos Aires, in 2-hr sessions over a period of 3 years. There were between 5 and 10 participants in each group. AP and JCA aimed at creating a friendly and informal social atmosphere.

Two rooms were required to conduct the experiment: one for AP and the participants, and one for JCA. The participants were seated in chairs and tested in groups. All participants were present together when handling the photographs, but they operated individually; no interaction was allowed. AP handed out envelopes containing the pairs of photographs. Each pair was supplied with an answer sheet including written test instructions (although instructions were also given verbally). The participants were informed that we were doing a test of ESP using material said to stimulate extrasensory abilities in people.

Target Material

Two coexperimenters (RM and JMC), not present during the sessions with the participants, gave us eight photographs. People were selected as person-targets because they suffered highly symptomatic, noncontagious diseases. Four of them were “sick” with a medically diagnosed disease at the time of the experimental session; these photographs were matched with four photographs of healthy persons (the “controls”). The people featured in those photographs were unknown to JCA and AP. We decided to use people who had been diagnosed with the following four diseases: Diabetes mellitus (Type 2; Fabiana S.), Non-Hodgkin’s lymphoma (Héctor M.), Osteoarthritis (Pamela R.), and Anosmia (Romina A.). The person-targets and conditions are presented in Table 1.

Security Measures

All the images of sick persons were taken months or years before the diseases were discovered, so there were no visual cues of disease in the face. Before each session, the coexperimenters JMC and RM coded the pairs of photographs of diseased and healthy people in a manner unknown to JCA and AP. Then they delivered the eight photographs in an envelope to JCA. To avoid direct contact with the original colour photos, and to preserve their print style, JCA scanned the photographs in black and white and then printed them on high-quality glossy paper; he also recoded the pairs of photographs in a manner unknown to AP. The nicknames were printed on each photograph.

Table 1
Nickname, Disease, and Test Condition Under Which Each Trial Was Performed

Nickname	Disease	Test condition
Héctor M.	Non-Hodgkin’s lymphoma	motor
Roxana M.	Healthy (“control”)	motor
Fabiana S.	Diabetes mellitus	mental
Andrea A.	Healthy (“control”)	mental
Romina A.	Anosmia	motor
Laura S.	Healthy (“control”)	motor
Pamela R.	Osteoarthritis	mental
Liliana P.	Healthy (“control”)	mental

Using a list of random numbers, JCA selected the order in which the photographs (sick/healthy persons) were used for the tests. JCA put two photos of sick persons and another two photos of healthy persons, in a counterbalanced way, in an envelope to be used for both conditions, mental and motor (N trials = 8). All procedures related to the presentation of the targets were randomized using an RNG.

JCA did not enter the room during the testing but remained in a nonadjacent, sound-attenuating room. The details of all these procedures were unknown to AP, so that he remained unaware of which photographs corresponded to the diseased/healthy conditions. Once the experimental sessions had been completed for the whole group, AP handed the photographs back to JCA, who recoded them to their original state and then returned them. This procedure was repeated for each group.

Consent Form

Participants signed an appropriate consent form, in easily comprehensible language. The form specified that the person (a) had the capacity to consent, (b) had received all significant information about the procedure, (c) had freely and without undue influence expressed consent, and (d) was aware that the consent had been appropriately documented (cf. Beahrs & Gutheil, 2001). Joining the group was voluntary, and all data collected were treated confidentially.

Instructions

Instructions on each form were related to short descriptions about the sickness symptoms in easy, nontechnical language:

1. *Diabetes mellitus*: It often involves frequent urination and increased thirst, with a consequent increase in fluid intake. There may also be weight loss (despite normal or increased eating), increased appetite, and irreducible fatigue. Thirst develops because of osmotic effects, that is, overly high glucose in the blood is excreted by the kidneys. Another common symptom is altered vision. Especially dangerous symptoms include the smell of acetone on the patient's breath (a rapid, deep breathing), and any altered state of consciousness or arousal.
2. *Non-Hodgkin's lymphoma*. This is a type of cancer that originates in the lymphatic system. The NHLs are a diverse group of blood cancers that include any kind of lymphoma except for Hodgkin's. They vary significantly in their severity, from marginal to very aggressive. Symptoms and signs of non-Hodgkin's lymphoma include swollen lymph nodes and fever.
3. *Knee arthritis*: This is usually a slowly progressive degenerative disease in which the joint cartilage gradually wears away. It most often affects middle-aged and older people. Pain associated with arthritis develops gradually. The joint may become stiff and swollen, making it difficult to bend or straighten the knee. Pain and swelling are worse in the morning or after a period of inactivity. Pain may also increase after activities such as walking, stair climbing, or kneeling. The pain may often cause a feeling of weakness in the knee, resulting in a "locking" or "buckling."
4. *Anosmia*: Lack of functioning olfaction, or, in other words, an inability to perceive odors. It is caused by chronic meningitis that increases intracranial pressure over a long period of time. People experience sudden-onset anosmia, finding food less appetizing, though congenital anosmics rarely complain about this. The loss of smell can also be dangerous because it hinders the detection of gas leaks, fires, and spoiled food.

Task Conditions

The experimenters delivered two photographs in little envelopes to each participant. For each pair of photographs (diseased/healthy persons), a form contained printed instructions for the participants (in addition to instructions given verbally). Before completing the ESP test, each participant underwent a 9-min relaxation exercise for both conditions. The experimenters told the participants that they were doing an ESP test, adding that the test could stimulate psychic diagnosis abilities in people. AP remained in the room as a silent observer throughout the testing period, which lasted about 40 min. The participants did not provide any verbal reports; instead, they just checked "diseased" or "healthy" for each photograph.

Once the participants had completed the answer sheets for each pair of trials, they passed the envelopes to AP, who handed them and the answer sheets back to JCA for recoding. This procedure was repeated for each participant. Participants were not given any trial-by-trial target feedback during the testing period. The trials were performed in a counterbalanced way, four using the “mental” procedure and four using the “motor” procedure.

1. *Mental condition.* Experimenters asked the participants to “remain with eyes closed, quiet, waiting for mentations about the object during a few minutes.” Participants remained with their hands over the photograph stimulus, waiting to receive impressions. The aim of the mental procedure was to obtain a combination of impressions, feelings, intuitions, and imagery related to the photograph-target. Afterwards, participants wrote the nicknames printed on the photographs on a form.
2. *Motor condition.* Experimenters asked the participants to “remain with the pendulum in their hand (right or left), quiet, waiting for responses magnified by a physical device, namely, the pendulum.” Participants held the pendulum between the thumb and first finger of the dominant hand, with about 7 in. of string to the point of the pendulum (a small ball of wood), which was about 1/4 inch (0.5 cm) above a stimulus photograph, waiting to receive impressions for movement of the pendulum. The yes–no responses were obtained by coding clockwise or counter-clockwise pendulum movements. Afterwards, participants wrote the nicknames printed on the photographs on a form.

Results

The experiment examined the performance of two conditions (mental and motor) using a procedure featuring photographs of diseased and healthy persons in a forced-choice test. Four trials were performed for “mental” (psychometry) condition and four trials for “motor” (pendulum) condition, so the *MCE* is $4 \times .5 = 2$ per each condition (diseased/healthy; see Table 2).

Table 2
Score Differences Between Diseased and Healthy Persons

Condition	<i>N</i>	<i>TP</i>	<i>MCE</i>	<i>M</i>	<i>SD</i>	One-sample <i>t</i>	<i>p</i>
Mental	224	4	2	2.32	1.00	4.83	< .001 (1-t)
Motor	224	4	2	2.15	1.04	2.17	.016 (1-t)

Note. *TP* means target persons.

As shown in Table 2, the two groups scored significantly above chance: Mean “mental” = 2.32, $t(223) = 4.83$; $p < .001$; and Mean “motor” = 2.15, $t(223) = 2.17$, $p = .016$.

Table 3
Score Differences Between the Mental and Motor Conditions

Condition	Mental	Motor	Paired-samples <i>t</i>	<i>p</i>	Effect size (r^2)
<i>M</i> (<i>SD</i>)	2.32 (1.10)	2.15 (1.04)	3.61	< .001	.055

A second analysis was carried out to determine if participants using the mental and motor conditions scored differently with the two kinds of stimulus (diseased and healthy persons). As shown in Table 3, “mental” scored significantly higher than “motor” condition: “Mental” = 2.32 versus “Motor” = 2.15, $t(223) = 3.61$, $p < .001$.

Discussion

In the present study, we conducted a number of trials of psychometry with a group of ordinary people. The aim was to determine if the whole sample of participants scored differently with the two kinds of procedures (mental and motor conditions) and if they scored differently when reacting to photographs of sick versus healthy persons. The two groups scored significantly above chance. We conclude that this experiment offers support for the claim that iconic representation through mental condition (psychometry)—implying mental (visual) representation of the person-target—is psi conducive. In this case we found a significant difference between the mental and motor conditions, notably in a positive direction for the psi impressions/imagery. The iconic representation appeared to favour psi because it was more ecologically valid.

Also, a substantial number of participants indicated having had some training in meditation or other techniques involving psychic abilities and/or internal focus of attention; thus maybe psychometry (the mental procedure) favoured psi itself. However, some problems were involved in terms of participants' impressions, as some of them had difficulty expressing their feelings and sensations or describing the target person (through imagery), or experienced psychological resistance (fear of psi) or trouble using the pendulum (mainly in people untrained in dowsing). Future experiments should explore a nonvisual approach (with photographs or objects), under both conditions, in order to test a "blind" condition using a pendulum. Psi seemed to work better in the mental than the nonmental condition, such as using visual targets instead of token-objects as stimulus (Parra & Argibay, 1997a). It may be that a mental condition is more congruent with the way ESP functions. Finally, a mental condition may add motivation compared to the pendulum condition, and that could also facilitate the psi task.

We are working under the assumption that psi results from the detection of a weak energetic signal propagating in space and/or time. Psychometry continues to be an area for exploration into ESP, and there is a logical basis for further experimentation in this area. However, at this time it may require the services not only of parapsychologists but also of—particularly—biologists, neurologists, and physicists. Certainly a biophysical approach to the issue of ESP seems called for. Moreover, it is proposed that a psi signal contains second-order information about the psi source's physiological reaction to the stimulus. This signal might be affected by poor encoding (i.e., the cognitive functions of the transmitter), as well as noise (an environmental factor) and psychological filters applied by the receiver. At the same time, the information transmitted may be second-order, that is, relating to how the transmitter's brain reacts upon perceiving the target stimulus. In other words, when perceiving the original stimulus, the transmitter's brain produces a specific pattern of activity. Further research should examine that possibility.

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French

**DIAGNOSTIC ANOMAL A DISTANCE : IMPRESSIONS PSI MENTALES ET
 MOTRICES PORTANT SUR LA REPRESENTATION ICONIQUE DE LA PERSONNE-CIBLE**

RESUME: Une procédure commune pour encourager les sujets psi auto-proclamés est d'utiliser des représentations iconiques (photographies) en tant qu'inducteurs. Le but de cette étude est de comparer deux conditions – « mentales » et « motrices » – en utilisant des images des visages des personnes en tant que cibles. En particulier, nous avons cherché à déterminer si les scores étaient différents en fonction des deux types de stimulus (malade ou sain). Les participants étaient regroupés en « sujets psi » et « non-sujets psi ». L'échantillon comportait 224 participants, recrutés sur une liste électronique, et leurs âges allaient de 18 à 75 ans ($M = 44,19$ ans). Le matériel était composé de huit photographies incluant quatre de personnes « malades » (avec une maladie diagnostiquée médicalement) et quatre de personnes saines (les « contrôles »). Toutes les images des personnes malades furent prises de 6 mois à 2 ans avant que la maladie ne soit découverte. Les résultats des deux procédures furent significativement supérieurs au hasard : le score « mental » moyen = 2.32 ($p < .001$, one-tailed), et le score « moteur » moyen = 2.15 ($p = .016$, one-tailed). Une seconde analyse fut réalisée pour déterminer si les procédures mentales et motrices menaient à des scores différents ; en effet, le score « mental » moyen était significativement supérieur au score « moteur » moyen ($p < .001$).

Spanish

**DIAGNOSTICO ANOMALO A DISTANCIA: IMPRESIONES PSI MENTALES
 Y MOTORAS BAJO LA REPRESENTACION ICONICA DE LA PERSONA OBJETIVO**

RESUMEN: Un procedimiento comun como estimulo a individuos que dicen ser psiquicos es el uso de representaciones iconicas (fotografias) como inductores psi. El objetivo de este estudio fue comparar dos condiciones – “mental” y “motora” – usando imagenes de los rostros de personas como objetivos. Especificamente, pretendemos determinar si los resultados fueron diferenciales en base a dos tipos de estímulos (personas enfermas y no enfermas). Los participantes se re-agruparon como psiquicos y no psiquicos. La muestra consistio de 224 participantes, reclutados a traves de e-mails. Sus edades oscilaban entre 18 a 75 ($M = 44.19$ años de edad). Ocho fotografias incluyeron cuatro individuos “enfermos” con una enfermedad medicamente diagnosticada y cuatro de personas sanas (“controles”). Las imagenes de personas enfermas fueron tomadas de 6 meses a dos años antes que las enfermedades fueron descubiertas. Los resultados de ambos procedimientos dieron significativamente por encima del azar: la puntuacion media de “mentales” = 2.32 ($p < .001$, a una cola), y la puntuacion media de “motora” = 2.15 ($p = .016$, a una cola). Se realizo un segundo analisis para determinar si el procedimiento mental o motora produjeron resultados diferenciales, lo cual, de hecho, el procedimiento mental obtuvo puntuaciones mas altas que la motora (“mental” = 2.32 vs. “motora” media = 2.15; $p < .001$).

German

**ANOMALE FERNDIAGNOSE: MENTALE UND MOTORISCHE
 PSI-EINDRÜCKE BEI BILDLICHER DARSTELLUNG DER ZIELPERSON**

ZUSAMMENFASSUNG: Eine verbreitete Technik, um selbsternannten Medien Mut zu machen, besteht darin, bildliche Darstellungen (Fotografien) als Induktoren zu verwenden. Die Absicht dieser Studie bestand darin, zwei Bedingungen – „mental“ und „motorisch“ – miteinander zu vergleichen, indem die Gesichter der Personen als Zielobjekte verwendet wurden. Wir wollten besonders herausfinden, ob sich die Trefferergebnisse unterschieden, wenn sie auf zwei Reizen beruhten (erkrankt und gesund). Die Teilnehmer wurden in Medien und Nichtmedien unterteilt. Die Stichprobe bestand aus 224 Teilnehmern, die anhand einer E-Mail-Liste rekrutiert wurden, wobei sich ihr Alter zwischen 18 bis 75 Jahren bewegte ($M = 44.19$ Jahre). Acht Fotografien zeigten vier Teilnehmer, die einer medizinischen Diagnose zufolge „erkrankt“ waren, und vier gesunde Personen (die „Kontrollen“). Die Bilder der erkrankten Personen stammten alle aus einer Zeit 6 Monate bis 2 Jahre vor Ausbruch der Krankheit. Die Ergebnisse der beiden Techniken lagen signifikant über dem Zufall: der mittlere „mentale“ Trefferwert = 2.32 ($p < .001$, einseitig), der mittlere „motorische“ Trefferwert = 2.15 ($p = .016$, einseitig). Eine zweite Analyse wurde durchgeführt, um zu bestimmen, ob die mentalen und die motorischen Techniken zu unterschiedlichen Trefferwerten führten; in der Tat lag die mentale Technik signifikant über der motorischen (der mittlere „mentale“ Trefferwert = 2.32 vs. dem mittleren „motorischen“ Trefferwert = 2.15 ($p < .001$)).