

“TOKEN-OBJECT” EFFECT AND MEDICAL DIAGNOSIS: AN EXPERIMENTAL STUDY

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ABSTRACT

Some psychics and healers claim to obtain impressions of body sensations, visual images of organ dysfunctions, or an “inner knowing”. However, there are few reports of quantitatively evaluated studies with psychics. They sometimes perform “psychometry”, which is defined as an anomalous cognition system, specifically the ability to get “impressions” from objects. Usually it is described as a type of knowledge which allows a psychic or sensitive to receive impressions using a physical object as an inductor or instrument. A series of psychometry-based experimental sessions was designed. The aim was to explore if there is a significant difference between psychics and nonpsychics. One hundred fifty participants (M age = 45.85; SD= 12.29) who reported personal experiences of psi were split into two groups, persons claiming ESP experiences but no abilities, or “nonpsychics” (N= 88) and persons claiming ESP skills as well as experiences, or “psychics” (N= 62). Four adult volunteers who suffered from medically diagnosed diseases (i.e. diabetes mellitus, hernia hiatal, osteoarthritis, and varicose veins) acted as target persons (TPs). They delivered personal objects (a comb, handkerchief, hair brooch, or billfold), which were coded and recoded blind by both experimenters. Instructions asked participants to describe the symptoms in non-technical language. Each participant received four pairs of objects (target and control) to be “touched”. They performed four trials of psychic diagnosis of the TPs, who remained unidentified. Although both groups combined scored significantly above chance ($p = .01$), there was only slight support for the claim that the “psychics” ($p = .03$) scored higher than the nonpsychics ($p = .08$). Although neither group obtained highly significant results, high variability was found; it was in a positive direction for the psychics and the negative direction for the nonpsychics ($p < .05$). It appears that psychic diagnosis relates to perceptions of “information” in and around TPs, and that these may be difficult to translate into physical diagnoses. The psychics and healers were also not trained in medical terminology, anatomy or physiology, and therefore may have had difficulties providing impressions specific to anatomical structures and quantifiable in conventional terminology.

INTRODUCTION

Anomalous detection, or psychic diagnosis, is reported frequently by healers and psychics. Similar intuitions have also been mentioned by people in others walks of life. 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 upon information from anomalous cognitive processes –such as telepathy or clairvoyance– which appear to transcend ordinary reasoning (Benor, 1992). Despite the fact that psychics have been the focus of interest from the beginning of psychical research, frequently people want to know whether they should or should not consult such persons, and if they do, what they might expect and how they might evaluate the statements made to them by the psychic (Schouten, 1993).

Psychics claim that such impressions may sometimes be obtained through scanning the “energy body”, which surrounds and interpenetrates the physical body. For instance, healers report intuitive awareness and understanding of healees’ physical, emotional, mental, and spirituals problems (Benor, 2002). These may come to them as sensations in their hands during laying-on of hands treatments (Krieger, 1979), as words appearing in their mind, including technical diagnoses which they themselves do not comprehend but which doctors later confirm to be accurate (Stearn, 1967), as body sensations –especially pains– which reflect those of patients, as smells, as visual images of organ dysfunctions, or simply as an “inner knowing” (Brennan, 1987; Freed, 1992; Schwartz, 1967). In anecdotal reports, diagnoses seem to be

provided by the colors of an energy field, or “aura vision”, perceived by healers visually around the body (Karagulla & van Gelder Kunz, 1989). People report various observations and distinctions in the energy field. Nash (1987) observed a relationship between cervical cancer and the use of hope and hopelessness words. He suggested that some of the patients extrasensorially perceived the presence of their cancer and that this caused them to use hope words less and hopelessness words more, but the absence of a correlation between physical changes and the use of such words does detract from this explanation. It is also possible that the cancers were extrasensorially perceived by the physicians rather than by the patients.

However, there are few reports on quantitatively evaluated studies with psychics. Edgar Cayce is probably the best known American psychic diagnostician (Stearn, 1967). Under hypnosis he was able to provide accurate diagnoses given only the name and address of subjects who could be many miles away. Systematic assessment of his diagnostic accuracy was only made posthumously, with 43% of a randomly selected 150 cases demonstrating documented confirmation of an accurate diagnosis and/or treatment recommendations (Cayce & Cayce, 1971). Numerous testimonials from patients and doctors are preserved in the files of the Association for Research and Enlightenment in Virginia Beach. They and others are continuing to research the unusual but successful remedies which Cayce recommended intuitively for various types of problems (McGarey, 1983). Czech physician Karel Mison (1968) reported 2005 paranormal diagnoses. In each case, a physician and a “biodiagnostician” examined the same patient. Congruence of diagnoses where healers directly examined patients ranged from 45–85%. Overall congruence for diagnoses from a distance was 29%. No statistical analyses were reported and raw data were not presented. A study carried out by Brier, Savits and Schmeidler (1974) divided graduates of the Silva Mind Control Program (SMCP), who claim to be able to make diagnoses from a distance, into five groups with minimal symptom overlap. The researchers had a surgeon select 25 cases, identifying each by first name, an initial of the last name, age, and sex. Five graduates of the SMCP made intuitive diagnoses. No significant results were produced in the first study. A second study, performed on the day after graduation, again showed non-significant overall results. Two subjects were children and gave minimal information not useful for diagnosis. One subject’s results were significant ($p < .05$), and if the scores of the three older subjects had been examined separately, they would have been significant. A separate evaluation of another Silva graduate also produced significant results ($p < .05$).

Alan Vaughan (1974) studied another 21 graduates of the SMCP. He sent them the following data on five patients whose diagnoses were known to the referring physician (but not to Vaughan): first name, last initial, sex, age, and the city of residence. Vaughan paired the 21 readings of two patients matched for age and sex and sent the 42 randomized readings to the physician. The physician judging matched only 16 correctly; twenty-one matches would be expected by chance. He then reviewed the entire series, finding only one correct diagnostic impression. Norman Shealy (1975) reported that he selected an unspecified number of patients whose illnesses appeared to be physical (i.e. excluding patients with presumed psychosomatic problems). Several unconventional diagnosticians participated: a palmist, a graphologist, and three psychics (clairvoyants). A psychologist making no claim to psychic abilities also participated. The psychics gave the most accurate diagnoses; the graphologist and psychologist least. Shealy (1988) also discovered Caroline Myss, a psychic diagnostician who appears incredibly accurate. She was able to achieve 93% accuracy when given only the patient’s name and birth date. Shealy also found that a consensus diagnosis by several psychics was more accurate than one alone. In a semi-formal pilot study of seventeen or so patients, whenever there was a consensus of opinion among the psychics they were 98% accurate on personality disorders. Recently, Young and Aung (1997) reported results which indicated some correspondences between psychic diagnoses and medical records of the patients, but the correspondences were not sufficiently impressive to warrant considering psychic diagnosis as a useful alternate method for diagnosing disease.

We use the term “psychics” in this paper to refer to their activity, which is to provide information not normally known at the time by paranormal means. They are defined as persons who believe themselves able to obtain paranormal impressions at will. Usually they perform “psychometry”, which is defined as an anomalous cognition system for psi-detection (Buchanam, 1885; Richet, 1922). Some psychics claim the ability to get “impressions” from objects, these impressions constituting information about the owners and past histories of the objects other than what could be inferred from their known physical properties. It

usually describes a type of knowledge (or extrasensory perception, ESP) which allows a psychic or sensitive to receive impressions using a physical object as an inductor or instrument to express the information perceived (Bentley, 1961; Rogo, 1974).

Two major studies of psychometry came out in the early 1920s: Pagenstecher's (1922) and Prince's (1921) research with de Zierold (see also Roll, 1978), and that of the French physician and later director of the Institut Metapsychique International, Eugene Osty (1923). The main reason why Pagenstecher and Osty explored psychometry was to throw light on the nature of psychic awareness; for example, an unfavorable relationship between psychic and target may cause the psychic's ability to remain unexpressed. If one or two more tests with the same person-target pair are also barren, it is best to try another method. A reading may also be complete fantasy: The unconscious of the psychic, receiving no stimulus from the target, constructs a story of its own. In addition, it was easier to control for sensory cues when objects other than those of the owners were used in an experiment.

Normally in studies with psychics, the aim is to demonstrate that they are able to provide better information on target persons than can be expected by chance. However, in most studies the experience of psychics in dealing with persons not known to them cannot be ruled out as a contributing factor when positive results are obtained. Therefore, the proper question, and the only one of practical use, is not whether psychics are able to do better than chance, but whether psychics are able to do better than nonpsychics of comparable experience in dealing with target persons. Boerenkamp (1985) compared impressions of 10 nonpsychics and 25 psychics about six target persons. Three series of sessions under conditions that were as similar as possible to the conditions of their normal daily practice were involved. It was found that the number of statements depends on the amount of feedback given by the sitter. Moreover, only about 12% of the statements were considered to be based on paranormal impressions. Boerenkamp concluded that research with psychics is no more promising than any other avenue of parapsychological research.

A series of psychometry-based experimental sessions was designed. We explored some strategies for using and appraising "token-object" effect in groups in the context of a program on psi development, based on Tart's learning theory of ESP (1977) using correct and incorrect feedback. Following on two previous experiments (Parra and Argibay, 2007a, 2007b), ordinary people (nonpsychics) and self-claimed psychics were compared, using objects as targets .

METHOD

Participants

The sample consisted of 150 participants (77.3% females and 22.7% males) who were all well-educated and believed in psi. The ages ranged between 18 and 76 ($M = 45.85$; $SD = 12.29$). Personal experiences suggestive of psi were reported by the majority of the participants, such as ESP "feelings" around sick people (56%), around past place events (50.8%), around "token" objects (34.7%), around unknown people (69.4%), and around "token" photos (38.3%). Seventy-eight percent of the participants have had some training in meditation or other techniques involving internal focus of attention. Participants were recruited by media announcements and a mailing list. An announcement was also placed on the internet (www.alipsi.com.ar). The announcement provided a brief explanation of the ESP test procedure and encouraged people to have an interview with us in order to gain more information.

Classification Procedure

Inspired by other paranormal experience questionnaires (*Psychic Experiences Scale*; Richards, 1990 and *Anomalous Experiences Inventory*; Gallagher, Kumar, and Pekala, 1994), we designed a 17-item self-report questionnaire to split the sample into two groups, psychics (with ESP ability) and nonpsychics (with just experiences). Items included three factors (a) belief in psi, (b) extrasensory experiences (telepathy, ESP dreams, anomalous cognition events, clairvoyance, paranormal/anomalous feelings or impressions, being at unknown places or touching things, and aura vision), (c) extrasensory abilities (e.g.,

“Could you or can you control your mind to pick up psychically the thoughts or feelings of another person at a distance?” or “Could you or can you control your mind to pick up psychically physical sensations or to diagnose diseases at a distance employing only an object from a person unknown to you?”). Belief in psi (items 1.1 to 1.6 marked as Yes/No) was very high (98.4% answered all items about ESP belief positively).; questions 2.1 to 3.5, which concerned frequency of each experience, were marked as never, once, sometimes, and almost always. Participants who indicated “never” to all the items of the questionnaire were excluded from the sample (i.e., people who believe in ESP but have had no ESP experiences). Extrasensory experiences were defined as extrasensory perception, mind-to-mind communication, any form of precognition, or paranormal knowledge of the future or past. Participants (N= 88, 58.7%) who indicated “sometimes” on at least one of the five items on ESP ability, or indicated “once” on at least three ESP ability items were classified as “psychics”. Participants (N= 62; 41.3%) who indicated “sometimes” on at least one ESP experience item, or indicated “once” on at least three of these items, or indicated “once” on one or two ESP ability items were classified as “nonpsychics”.

Participant Orientation

Fourteen separate groups were tested by AP and JCA at the IPP headquarters in two-hour sessions over a period of two years. There were between 5 and 10 participants in each group. AP and JCA created a friendly and informal social atmosphere, engaging in conversation with the participants before the test. The psi task was to choose which of two objects was owned by someone who was ill (the TP).

Target Persons (TPs) and Objects

Explanations of the experiment were given to the targets persons (four adult volunteers, two males and two females, who led ordinary lives). None of them had extraordinary events (that we know about) during the course of the experimental series. JCA asked them for a handkerchief, comb, hair brooch, or billfold for fifteen days (an object of either current or previous use). Each TP gave only one object. All were “sick” with a medically diagnosed disease. Their objects were matched with a control group of objects from a healthy person (JCA) with no medically diagnosed sickness at the time of the experimental session. These objects were unknown to AP. People were selected as TPs because they suffered highly symptomatic, noncontagious diseases. We decided in advance to consult two doctors about what diseases to select. They recommended diabetes mellitus (type 2) (the comb), hernia hiatal (the handkerchief), osteoarthritis (the hair brooch), and varicose veins (the billfold).

Target Security

Eight objects were used in this experiment. Four were “token” objects that TPs had owned for at least two years, and four of them (the “controls”) were owned by JCA. Before each session, TPs delivered the objects in a box to JCA, who then added the four “control” objects to the box and coded both groups of objects. AP did not know how JCA had coded the “token” and “control” objects. JCA also did not enter the test room during the test; he was in a nonadjacent, sound attenuated room. (The presence of JCA in the same room as the participants and the decoding of the objects would have allowed for sensory cues from JCA to the participants.) Then, JCA used a random procedure (a list of numbers) to determine the order in which the pairs of objects would be rated by each participant. JCA also alternated in which side of a small box each member of the pair was placed. These procedures were unknown to AP. Once the test period for the group was over, AP delivered the objects to JCA, who recoded them as they were originally and returned them to the appropriate TPs. JCA and AP kept independent paper-and-pencil records during all randomization procedures and handling of the token and control objects. The above procedure was repeated with each group.

Test Procedure

Two rooms were necessary for the test procedure; one for AP and the participants, and the other for JCA. The participants were tested in groups and were seated in chairs. Participants were all present

together when handing the objects. AP delivered the pairs of objects to the participants in the small boxes, and they handled them in order. For each pair of objects (TP and “control”) there was a form with printed test instructions (although instructions were also given verbally). Before the completion of the ESP test, all participants underwent a 9-minute relaxation exercise, which included progressive autogenic phrases using the voice of one of us (AP). We told participants that we were doing an ESP test using objects, which it is said can stimulate psychic diagnosis abilities in people. Short descriptions of the symptoms were printed in non-technical language and randomized on each form:

1. *Diabetes mellitus*: Type 1 diabetes often involves frequent urination and increased thirst, and 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 —sufficiently high glucose in the blood is excreted by the kidneys, but this requires water to carry it and thus causes increased loss of fluid, which must be replaced. 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. *Hiatal hernia*: This may cause heartburn, belching or chest pain when stomach acid backs up into the esophagus. It tends to become worse when one leans forward, strains, lifts heavy objects, or lies down. In some cases, the part of the stomach that protrudes into the chest cavity may become twisted (strangulated) or have its blood supply cut off, leading to severe chest pain, difficulty in swallowing, and obstruction of the esophagus.

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. *Varicose veins*: The word “varicose” refers to a vein that is unnaturally and permanently distended. Vein walls or vein valves near the skin can become damaged from natural stretching or weakening because of the pressure of the blood flowing through the veins. Varicose veins often appear through the skin on a person's legs as blue, bulging, and twisted. They can cause pain in the legs, a feeling of fullness and heaviness, mild swelling of the ankles, brown discoloration, and skin ulcers near the ankle.

The test instructions for each participant during the test were simple: AP asked he/she to “remain with eyes closed, quiet, waiting for mentations about the object for a few minutes.” AP remained silent in the room to observe the testing period, which usually lasted 60 minutes. Each participant received four pairs of objects (TP and control) to be “touched”. Afterwards, the participant marked on a form which object they thought belonged to an ill person, by writing the code printed on the object. (They did not give impressions about the illness; they just marked for “target” or “control”). Four trials were performed by each participant on a single visit. Once participants completed the four forms (corresponding to each pair of objects), they passed the objects on to AP, who gave the boxes and the forms back to JCA for recoding. After placing the forms from the participant in an envelope, JCA passed the objects for the next participant to AP. This procedure was repeated for each participant. Participants were not given trial-by-trial target feedback of the TP scores during the test period. Total scores were provided only at the end of the workshop and TPs remained unidentified. The randomness source was an electronic random number generator (RNG).

Consent Form

Participants signed an appropriate consent form, using language they could reasonably understand. The form specified that the person (1) had the capacity to consent, (2) had been informed of all significant information concerning the procedure, (3) had freely and without undue influence expressed consent, and

that (4) consent had been appropriately documented (Beahrs & Gutheil, 2001). Membership in the groups was voluntary, and material discussed in the group was confidential.

RESULTS

The experiment studied two groups (“psychics” and “nonpsychics”) using a psychometry procedure with “token” objects in a forced-choice ESP test. The number of hits on the four trials were summed for each participant, creating a 0-4 scale with MCE = 2. The two groups combined scored significantly above chance: $t(149) = 2.32$; $p = .01$, one tailed.

TABLE 1
ESP RESULTS: PSYCHICS VS. NONPSYCHICS

	Mean	<i>t</i>	df	p (one tailed)
Psychics(N=88)	2.18	1.86	87	.03
Nonpsychics (N=62)	2.13	1.38	61	.08

As shown in Table 1, the prediction was correct in terms of the difference between both groups, that is, psychics scored higher than nonpsychics, but it did not reach significance, $t(146) = .376$; $p = .35$, one tailed. As we expected, we obtained a significant score for “psychics” and a nonsignificant score for “nonpsychics”.

Because of an experiment by Novillo Pauli (1975, pp. 283-288), an analysis was performed to assess if the groups differed in terms of the variance of their ESP scores. A significant difference was obtained: $F(87/61) = 1.57$; $p < .05$. The “psychics” had greater variability than the “nonpsychics”.

Another analysis was carried out to determine if there were differences between the four diseases (diabetes mellitus, hernia hiatal, osteoarthritis, and varicose veins). The results did not show any significant differences ($X^2 = .77$).

DISCUSSION

It can be concluded that those participants who claimed to have ESP skills (“psychics”) tended to score higher in a forced-choice ESP test with “token objects” than those who claim only ESP experiences, with no ESP skills (“nonpsychics”). A datum of interest is, however, the difference in variability between the two groups. Participants who claimed psi ability had greater variability in their psi hits. This result could be due to the fact that some of the participants in this group had difficulty in correctly interpreting the “psi signal”, so that in an experimental setting where they were asked to attempt to detect information via ESP, they could not “decode it” adequately. Those who decoded the psi signal adequately gave the correct response, while those who could not decode adequately responded systematically in the opposite direction, obtaining psi-missing. This would partly explain the variability in the psychics group compared with the nonpsychics group, in which there were more participants who obtained scores above chance.

Traditionally, most research on people who claim to be psychics has yielded nonsignificant results. Even with a star subject such as G. Croiset, most experiments failed, and the successful ones rarely exceeded the .01 significance level. In comparison with laboratory research with mainly unselected subjects, for instance the Ganzfeld studies, studies with psychic claimants clearly are not more successful. Although, in principle, anyone may call him- or herself a psychic, with few exceptions the survey is based on work with well-known psychics.

This result is clearly at variance with the popular image of the abilities of psychics. If that image is not based on demonstrable ESP ability, as the data suggest, then the question remains as to why so many people are impressed by what psychics do. This image is mainly based on a few spectacular cases, often rather selectively and incompletely reported by the media. The popular image of the psychic, at least in

Argentina, is often based on a few highly publicized cases concerning a small number of “stars”, together with the endless and often distorted repetition of these few cases on popular TV programs. This image is probably reinforced by what people experience when consulting a psychic.

It appears that many psychic diagnostic impressions relate to perceptions of apparent energies in and around target persons, which may be difficult to translate into physical diagnoses. A physician familiar with energy medicine would possibly assign energy dysfunctions to relevant organs, making intuitive diagnoses more useful. A doctor who is unfamiliar with energy medicine is likely to find psychic impressions too vague to be useful. Psychics and healers are not trained in medical terminology, anatomy, or physiology, and therefore they may have difficulties providing impressions specific to anatomical structures and quantifiable in conventional terminology.

Different psychics use different methods to facilitate mental images; some do so in a hypnotic state while others divert their attention to the target while remaining awake. The perception of targets also differs among psychics. For the most part, they are specialists, some perceiving bodily changes, others emotional or intellectual states, and still others social events. For example, E. Osty found his psychics adept at untangling the mental problems of the target persons. His psychics were also good at describing bodily problems, but they lacked the medical vocabulary to make specific diagnoses. Osty suggested that the best procedure would be for a physician to work in tandem with a psychic. The doctor would provide an initial diagnosis and the patient would see the psychic for further diagnosis and prognosis.

Roll (2004) attributes psychometry to a memory-like process in which psychics recall events in the history of objects other than his/her own brain. The stimuli to which the psychic responds are not the familiar physical properties of the object, as in sense perception, but memory-like elements associated with the object. In this respect, Pagenstecher (1922) found that objects that had not been exposed to traumatic events elicited images of the manufacture of the objects, that is, of primary events. In ordinary memory, recent or primary events tend to be recalled more often than others.

The process may be easier to understand if the definition of “person” is extended to include objects in the environment. There would then be two types of memory, recall of events in the life of the psychic and recall of events in the lives of persons with whom the psychic is connected. A material object can be a bridge, not only because it is visible and tangible but also because it extends into the past and thereby forms a link to people in whose life it has figured. Once this bridge has been established, the psychic may follow the activities of a person as well as others whose lives intersect with that person.

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