PROCEEDINGS

PSI, SEXUALITY AND INTIMACY

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Education Center
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Carrollton, Georgia
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MODEL OF THE RELATIONSHIP BETWEEN HYPNOTIC ABILITY, PSI, AND SEXUALITY

BY IAN WICKRAMASEKERA

Oh, when I was in love with you,
Then I was clean and brave
And miles around the wonder grew
How well did I behave.
And now the fancy passes by,
And nothing will remain,
And miles around they'll say that I
Am quite myself again.

A. E. Houseman (1859–1936)

Love, like hypnosis, alters perception, motivates behavior, and may amplify psi. Love has been defined as being composed of three parts: passion (sexual arousal), intimacy, and commitment (Sternberg, 1988). It is hypothesized that sexual arousal, psi, and hypnosis share some common psychophysiological features (Wickramasekera, 1990a). The development of this hypothesis requires a definition of hypnosis and its parameters.

Hypnotic ability appears to have at least two orthogonal factors: (a) a fantasy or hallucinatory factor, and (b) a capacity to “make the mind blank” (Hilgard, 1982). It is important to separate the fantasy factor in hypnotic ability from the capacity to make the mind blank, that is, the cognitive-sensory inhibition factor. The fantasy factor is clearly related to subjective psi or the empirically unverified verbal report of psi; but the capacity to make the mind blank may be related to the “satori state” and empirically verifiable, or objective, psi.

Hypnotic Ability

Hypnosis can be defined as a psychophysiological condition in which there is a relative reduction of peripheral awareness and crit-

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The author would like to thank Ian Edward Wickram Ill for his conceptual clarification and commentary on the relation of satori and samadhi, and Olafur Palsson for his editorial assistance in reviewing this paper.
ical analytic mentation, which may lead in people of high hypnotic ability to major changes in perception, memory, and mood that are sufficient to produce significant behavioral and biological changes (Wickramasekera, 1986b, 1988). Hypnotic ability is measured by standardized tests like the Harvard or Stanford scales, which range from a low score of 0 to a high score of 12. The psychometric validity and reliability of these behavioral tests are high and well established (Barber, 1969; Hilgard, 1965; Kihlstrom, 1985). Hypnotic ability has been shown to be a normally distributed and stable individual-difference variable that is partly genetically based (Morgan, 1973; Morgan, Hilgard, & Davert, 1970). Current research suggests that it is best considered a mode of information processing (uncritical, holistic, imaginal, emotional) that can be intentionally accessed or can occur spontaneously in a variety of situations (for example, during hypnotic induction, in a sensory-restricted environment, during transferential relationships, etc.) but particularly under conditions of low or high physiological arousal. It is most important to stop thinking of hypnosis as an event that occurs only during hypnotic induction, in the same way that one does not think of intelligence as an event that occurs only during an IQ test.

Hypnotic Ability and Psi

I have previously (1979, 1983, 1986a, 1988, 1989) reported several studies showing that “high” (Stanford or Harvard scores of 12–9) hypnotic ability was a risk factor for somatization and subjective verbal reports of psi. These subjective reports were found to be unrelated to serious psychopathology (psychotic process) in both patients (somatizers) and samples of normal college students who scored high on hypnotic ability (Wickramasekera, 1986a). It is noteworthy that one of the most promising empirical sources of evidence for objective psi, the ganzfeld research (Honorton, 1985), incorporates two procedures—sensory restriction and verbal relaxation instructions for low physiological arousal—that are known to at least temporarily, but reliably, increase hypnotic ability above baseline levels (Barabasz & Barabasz, 1989; Engstrom, 1976; Wickramasekera, 1969, 1970, 1971, 1973, 1977). Does hypnosis potentiate the ganzfeld procedure? Are sensory restriction and relaxation instructions active ingredients in the ganzfeld procedure?

Prior reviews of the hypnosis and psi literature (Honorton & Krippner, 1969; Schechter, 1984; Van de Castle, 1969) have suggested that hypnotic induction amplifies objective psi performance,
but the experiments cited in these reviews failed to control systematically for hypnotic ability. Hypnotic ability is that normally distributed, stable, individual-difference variable that appears to be partly genetically based and is the basis of superior hypnotic behavior that was previously and erroneously attributed to the induction and the skill of the hypnotist (Perry, 1977).

Wilson and Barber (1983) confirmed my prior report of an association between high hypnotic ability and subjective psi verbal reports. In a sample of nonpatient professional females who had very high hypnotic ability (top 4% of population), they found that 92% of the highs (n = 27) and only 16% of the lows (n = 25, low and medium hypnotic ability control group) reported subjective psi experiences. These women were all selected for very high hypnotic ability with the Stanford Form C and the Creative Imagination Scale (Wilson & Barber, 1978). Subsequently there have been at least three independent replications of a positive correlation between hypnotic ability (Harvard scale) and verbal-subjective reports of psi with large samples of normal college students (Council, Greyson, Huff, & Swett, 1986; Nadon & Kihlstrom, 1987; Wagner & Ratzburg, 1987). Richards (1990), who studied an unusual sample of older adults (Association for Research and Enlightenment members, N = 120, mean age = 47, SD = 10.85), which consisted only of “sheep” (no “goats” or skeptics in the sample), failed to replicate with his overall sample the prior finding of an association between hypnotic ability (Harvard) and subjective psi reports; but in a subset (n = 32) of his larger sample he found such a relationship: Harvard and psi, r = .53, p < .01. Although hypnotic ability was normally distributed in Richards’s study, the lack of goats may have skewed the distribution and attenuated the correlation in his larger sample. The preceding reports are summarized in Table 1.

Wilson and Barber (1983) used a procedure that selected for very high hypnotic ability (somnambules) and described a personality construct they term “fantasy-prone personalities” or “fantasy addicts” who report intense imaginative involvements in reading, solitary play, and mystical/religious experiences that date back to their early childhood. These fantasy-prone personalities report: (a) multiple psi experiences, (b) ability to heal others, (c) out-of-the-body experiences, (d) fantasy of hallucinatory intensity in several sensory modalities, (e) the ability to reach orgasm without physical stimulation, and (f) false pregnancies with abdominal swelling, breast enlargement, and termination of menstrual cycle. This sample of fantasy addicts (N = 27) were all nonpatient females and
<table>
<thead>
<tr>
<th>Study</th>
<th>Those reporting subjective psi experiences</th>
<th>Group studied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wickramasekera, 1979</td>
<td>Highs = 80%, Lows = 25%</td>
<td>Patients</td>
</tr>
<tr>
<td>Wilson &amp; Barber, 1983</td>
<td>Highs = 92%, Lows = 16%</td>
<td>Nonpatients</td>
</tr>
<tr>
<td>Wickramasekera, 1983</td>
<td>Highs = 63%, Lows = 20%</td>
<td>Patients</td>
</tr>
<tr>
<td>Wickramasekera, 1986a</td>
<td>Highs = 71%, Lows = 19%</td>
<td>Patients</td>
</tr>
<tr>
<td>Wickramasekera, 1986a</td>
<td>Highs = 80%, Lows = 32%</td>
<td>College students</td>
</tr>
<tr>
<td>Wagner &amp; Ratzeburg, 1987</td>
<td>( r = .26 (p &lt; .04) )</td>
<td>College students</td>
</tr>
<tr>
<td>Nadon &amp; Kihlstrom, 1987</td>
<td>( r = .22 (p &lt; .01) )</td>
<td>College students ( (N = 219) )</td>
</tr>
<tr>
<td>Council et al., 1986</td>
<td>( r = .34 (p &lt; .05), r = .38 (p &lt; .01) )</td>
<td>College students</td>
</tr>
<tr>
<td>Richards, 1990</td>
<td>Overall ( r = .175 ) (nonsignificant)</td>
<td>ARE members</td>
</tr>
<tr>
<td></td>
<td>Subset ( r = .53 (p &lt; .01) )</td>
<td></td>
</tr>
</tbody>
</table>

Note: "Highs" denote subjects who scored high on the hypnotic ability scales; "Lows," those who scored low. Percentages refer to those who reported subjective psi experiences. Likewise, the correlations (r's) are between those who reported subjective psi experiences and those who demonstrated high scores on the hypnotic ability scales.
Hypnotic Ability, Psi, and Sexuality

Table 2
Fantasy Proneness and Subjective Psi

<table>
<thead>
<tr>
<th>Study</th>
<th>r (ICMI &amp; psi)</th>
<th>p</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.63</td>
<td>&lt; .001</td>
<td>169</td>
</tr>
<tr>
<td>2</td>
<td>.60</td>
<td>&lt; .001</td>
<td>337</td>
</tr>
</tbody>
</table>

Note: The Inventory of Childhood Memories and Imaginings (ICMI) was constructed by Wilson & Barber (1981). It is a 52-item checklist assessing fantasy proneness. Council et al. (1986) used it to study two samples of college students.

Postgraduate professionals without notable histories of psychopathology (without psychosis). Wilson and Barber (1983) proposed that the person with a very high hypnotic ability, the fantasy-prone personality, and the “psychic” are the same person. Lynn and Rhue (1988) wanted to check out a part of this formulation. They started, not with hypnotic ability, but with the ICMI or Inventory of Childhood Memories and Imaginings (designed by Wilson & Barber, 1981) to study fantasy proneness. They screened over 6,000 college students, selecting those with the top 2% to 4% of scores on the ICMI to be termed fantasy-prone personalities. They were able to generally revise, extend, and partly confirm some of Wilson and Barber’s (1983) prior findings—most importantly, that hypnotic ability (Harvard) and fantasy proneness correlate only .25. Therefore, fantasy proneness is not a reliable predictor of hypnotic ability (about one third of non-fantasizers can be classified as high hypnotic ability persons). Hence, excellent hypnotic ability subjects are not identical to fantasy-prone personalities. A minority (20% to 35%) of fantasy-prone people show signs of psychopathology. The hallucinations of the high “fantasizers” were found to be imperfect and less “real” than Wilson and Barber (1983) implied.

Measures of Fantasy and Subjective Psi

Several other studies using the ICMI and a closely related (Rhue & Lynn, 1989) measure of fantasy proneness, the absorption scale (Tellegen & Atkinson, 1974), have also reported a connection (r = .63–.51) between fantasy proneness and subjective psi reporting (Council et al., 1986; Nadon & Kihlstrom, 1987) in large samples (e.g., N = 1,000) of college students. (See Tables 2 and 3.)

The studies of Wilson and Barber (1983) and Lynn and Rhue (1988) are not strictly comparable because the former started out with very high hypnotic ability people and the latter with high fan-
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TABLE 3
ABSORPTION AND SUBJECTIVE PSI

<table>
<thead>
<tr>
<th>Study</th>
<th>r</th>
<th>p</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>(absorption &amp; psi)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Council et al. (1986)</td>
<td>.62</td>
<td>&lt; .001</td>
<td>68</td>
</tr>
<tr>
<td></td>
<td>.62</td>
<td>&lt; .001</td>
<td>336</td>
</tr>
<tr>
<td>Nadon &amp; Kihlstrom (1987)</td>
<td>.51</td>
<td>&lt; .001</td>
<td>&gt; 1,000</td>
</tr>
</tbody>
</table>

Note: Absorption is a measure of one's predisposition to become highly involved in sensory and imaginative experiences (like fantasy proneness).

tasy-prone people. One important conclusion to be drawn from the preceding studies is that people with high hypnotic ability and those who are "fantasy addicts" are not necessarily the same people (Rhue & Lynn, 1989). This is not an unexpected conclusion because for over 20 years factor analytic studies (Evans, 1965; Hammer, Evans, & Bartlett, 1963; Monteiro, MacDonald, & Hilgard, 1980) have suggested that standardized measures of hypnotizability are a composite of at least two uncorrelated or orthogonal factors. One factor is the capacity to self-generate fantasy of hallucinatory intensity. This factor correlates approximately .50 with standardized tests of hypnogenic ability (e.g., Stanford scales). The second factor is a capacity "to make the mind blank" (Hilgard, 1982) and is related to posthypnotic amnesia. Clearly the capacity to generate rich fantasy is related to subjective psi verbal reports (Council et al., 1986; Lynn & Rhue, 1988; Nadon & Kihlstrom, 1987; Wickramasekera, 1979, 1986b, 1988, 1989; Wilson & Barber, 1983); but there is no evidence to date that this fantasy factor per se is related to objective psi performance. The studies reviewed by Honorton and Krippner (1969), Schechter (1984), and Van de Castle (1969) did not control for hypnotic ability and certainly not for subcomponents of hypnotic ability like the fantasy factor and the capacity to make the mind blank.

Objective Psi (Empirically Verifiable) and the Cognitive Sensory Inhibition Factor in Hypnotic Ability

Various aspects of psi theories have suggested that the capacity to set aside personal preoccupations (internal "noise") and to be fresh and receptive in a given situation may facilitate objective psi performance. It has also been suggested that very different types of meditative approaches taken by people who are able to clear their minds voluntarily as in the samadhi state or the satori state of med-
Hypnotic Ability, Psi, and Sexuality

The states of zazen and samadhi are conceptually very different though both are characterized by hypoarousal (Fischer, 1975). I hypothesize that the cognitive-sensory inhibition factor is the common underlying factor in these topographically opposite meditative operations.
& Spiegel, 1989; Maslach, Marshall, & Zimbardo, 1976; Spiegel, Bierre, & Rootenburg, 1988; Spiegel et al., 1985). It appears that psychological and physiological functions coexist closer in these people (those scoring 12–9) (see Figure 1) than they do in people of moderate (those scoring 8–4) or low (those scoring 0–3) hypnotic ability (Wickramasekera, 1979, 1986a, 1988, 1989, 1990a, 1990b). For example, Wilson and Barber (1983) reported that orgasm could be induced cognitively without digital stimulation in 60% of the women who showed very high hypnotic ability and that in these women the incidence of false pregnancy with abdominal swelling, breast enlargement, and menstrual termination was also 60%.

Sexual arousal is another spontaneously occurring natural psychophysiological state (Masters & Johnson, 1966). The psychophysiological parameters of this state involve a blending of sympathetic (ejaculation, orgasm) and parasympathetic (lubrication, erection) phasic changes in males and females. Numerous electrophysiological studies (Cohen, Rosen, & Goldstein, 1976, 1985; Rosen & Fracher, 1983; Tucker, 1983) have found that integrated parietal lobe EEG amplitude was greater in the male’s and female’s nondominant (right) hemisphere, in right-handed subjects, during sexual arousal (self-stimulation) and particularly during orgasm. Studies of REM
sleep erections show greater right-hemisphere temporal lobe activation during penile erection (Hirshkowitz, Karacan, Thornby, & Catesby Ware, 1984). Hence, there is psychophysiological evidence that during sexual arousal in unselected males and females the right hemisphere (nondominant) was preferentially activated particularly at the point of orgasm as it also appears to be preferentially activated during hypnosis in people of high hypnotic ability.

Some Speculations on Objective Psi, Hypnotic Ability, and Sexual Arousal

It has been speculated that hypnotic ability and, more specifically, the cognitive-sensory inhibition factor in hypnotic ability may amplify objective psi. I also speculate that sexual arousal, the enhancement of objective psi, and the hypnotic mode of information processing appear to utilize preferentially the right (nondominant) hemisphere. More specifically, objective psi, hypnotic behavior, and sexual arousal appear to be potentiated by a relative inhibition of the left hemisphere's critical analytic brain functions. Hence, in all intimate interpersonal relations ranging from the hypnotic to the orgasmic, there is perhaps, first, a relative inhibition of critical analytic (left-hemispheric) brain functions and, second, an activation of a dynamic balance between, on one side, the projected fantasy needs of the lover invested in the love object, and on the other side, a rare cognitive-sensory inhibitory state (like samadhi or satori) that permits even an occasional glimpse of the other's "pilgrim soul"—a brief view of the love object as "it is" or as it exists in the moment independent of our own needs, wishes, and wants. Love is mostly projection and rarely and only episodically observation. It would be interesting to know if unselected subjects (without control for hypnotic ability) demonstrate any increase in the base rate of subjective psi reports among those who feel mutually sexually aroused as opposed to those who feel no mutual sexual arousal. Sexual arousal may be one condition that increases the probability of psi enhancement, but by itself it may be an insufficient condition. Hence, it may not be sufficient to be "tuned on"; it may also be important to be "tuned in" to the other person in a quiet unselfish way. There is some logical and empirical evidence for a temporary amplification of hypnotic ability even in people of low or moderate hypnotic ability under conditions of low arousal (relaxation), high arousal (trauma, sexual arousal, fight or flight), and sensory deprivation (Wickramasekera, 1977, 1988). These relationships are depicted in Figure 2. As sexual arousal (vasocongestion and mytonia) becomes more in-
Figure 2. Sexual arousal, hypnotic ability, and psi (Wickramasekera, 1990a). Psi ability and hypnotic ability will be more prolonged in A than B. Condition A (longer interval of high physiological arousal) will increase the probability of hypnotic ability and objective psi over Condition B (shorter interval of high physiological arousal).

tense and extended in a quiet controlled way, both hypnotic ability and psi ability may be amplified. Objective psi and hypnotic ability may be amplified and more extended in Condition A than in Condition B. Sexual arousal, like psi and hypnotic ability, cannot be directly willed but appears to occur invariably under certain conditions like those specified in this paper.

It has been shown (Wickramasekera, 1989) that the base rate of subjective psi experiences is related to the fantasy factor in hypnotic ability. It has been suggested that the base rate of objective psi may be related to the cognitive-sensory inhibition factor (the ability to make the mind blank). This second factor in hypnotic ability may enable the observer not only to set aside everyday jaded pedestrian reality and projected fantasies but also to be present in the moment and to be open to the other person in a fresh way or to be “tuned in” to the essence of the love object (“the pilgrim soul”). Observation, unobscured by the projected fantasy needs of the lover, may permit a brief glimpse of the love object’s “pilgrim soul” or the con-
continuity of the person in the flux of situations. This ability to see freshly across the flux of situations may be elaborated across time in a context of mutual sexual attraction and commitment. Sexual arousal may extend into intimacy and a commitment that amplifies objective psi. These new conditions (intimacy and commitment) may further enhance receptivity to subtle signals. This enhanced receptivity may be particularly likely to occur in loving or caring relationships in which the other is prized as a "pilgrim soul" in a nonpossessive or sublimated way (parent-child). Ideally, this type of relationship is supposed to exist in a healing doctor-patient or caretaker (parent-child) relationship. In this instance the purpose of psi may be to potentiate accuracy in identifying the child's needs, the love object's needs, or the doctor's diagnostic skill. If this were true, one would predict that the base rate of psi would be higher in such significant relationships (parent-child, ideal doctor-patient, ideal lovers, and so forth) than in impersonal or trivial relationships. In such an idealized psi-enhanced doctor-patient relationship, a one-sided illusion of intimacy (patient's self-revelation), transference attraction to the healer (sexual arousal), and mutual commitment to therapeutic work may potentiate all active ingredients in the doctor's healing procedures and in the accuracy of diagnosis.

_Predictions from the Model_

1. The fantasy factor in hypnotic ability is a risk factor for subjective psi reports (empirically unverified verbal reports).
2. The cognitive-sensory inhibition factor in hypnotic ability is a risk factor for objective psi (empirically verifiable psi).
3. There will be an amplification of objective psi in interpersonal relationships in which there is mutual sexual attraction, intimacy, and commitment.
4. In all ideal relationships (doctor-patient, parent-child, husband-wife, lovers) the base rate of objective psi will be higher than it will be in trivial relationships.
5. Objective psi will be maximal in ideal care-taker relationships in which both parties are high on the cognitive-sensory inhibition factor in hypnotic ability.
6. In people of low or moderate hypnotic ability, the following three conditions can temporarily boost hypnotic ability (Wickramasekera, 1977, 1988) and perhaps also objective psi ability (Wickramasekera, 1989):
a. Low physiological arousal training (e.g., relaxation, meditation, etc.).

b. High physiological arousal (trauma, major life changes, sexual arousal, tribal dances, etc.).

c. Sensory-restricted environments (e.g., space flight, antarctic deserts, isolation, etc.).

REFERENCES


