

Research Note: Interpreting Key Variables in Parapsychological Phenomenology by Single vs. Screening Questions

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The article by Craig Murray and Jezz Fox (2006)—“From Dreams to (Virtual) Reality: Exploring Behavioural Embodiment in Out-Of-Body Experiences”—is an example of how one question alone has been used for studying a key variable in parapsychological research. As a referee for that article, it has led to a crucial debate. Is this approach legitimate? Murray and Fox make a pertinent comment in the results section:

Item for Assessing the Occurrence of Out-Of-Body Experiences: In order to ascertain whether participants had experienced an out-of-body experience, respondents were provided with the following statement from Palmer (1979) and asked to indicate ‘yes’ or ‘no’: “Have you ever had an experience in which you felt that ‘you’ were ‘outside of’ or ‘away from’ your physical body; that is, the feeling that your consciousness, mind, or centre of awareness was at a different place than your physical body? (If in doubt, please answer ‘no’). (Murray & Fox, 2006, pp. 130-131)

This issue is then exemplified in the journal editor’s unusual footnote to this paragraph (Murray & Fox, 2006, p. 131):

One of our reviewers criticised the use of a single question to divide the sample into two groups—OBErs and non-OBErs. The first author’s response was that Palmer’s item “was used precisely for the wide acceptance of this item in discriminating between OBErs and non-OBErs in a reliable manner—see Blackmore, S. J. (1982). Have you ever had an OBE? The wording of the question. *Journal of the Society for Psychical Research*, 51, 292-302 (Ed.).

As the reviewer alluded to above, in my refereeing of the article, I pointed out that there was a potential distortion that the research was measuring simply acquiescence to a single subjective question and not obtaining detailed subjective information based on a series of questions screening for and amplifying subjective out-of-body experiences. This means that what was being measured was not necessarily subjective out-of-body experiences but a differentiation of responders and non-responders to a single question that we like to regard as reflecting the construct of “Out-Of-Body Experiences.”

Murray in his letter to the editor when revising the article made appropriate rebuttal points:

. . . it is commonly accepted that samples can be divided on the basis of their response to one question (e.g., sex, age, ethnicity being the most common). Moreover, Palmer’s item for assessing whether a person has had a prior OBE was used precisely for the wide acceptance of this item in discriminating between OBErs and non-OBErs in a reliable manner (see Blackmore, 1982). . . . This item is used throughout most of the published work of Alvarado, Blackmore and Irwin (those researchers most associated with the study of OBEs) to discriminate between OBErs and non-OBErs. This would also contradict the reviewer’s [Neppe’s] claim that “this error should eliminate acceptance by many journals.” As well as the aforementioned authors, my own work using this item has been published in the *British Journal of Psychology*, the *Journal of Nervous and Mental Disease*, the *European Journal of Parapsychology* and the *Journal of the Society for Psychical Research*.

Whereas Murray quotes the work of others as a holy grail, and furthermore points out that this similar single question screen has been published in other prestigious journals, I believe the limitation is the same irrespective of where it is published, and irrespective of the authorship. Ironically, collaborating extensively as I have with John Palmer in our temporal-lobe/subjective-paranormal-experience (SPE) studies, Dr Palmer realises the virtues of using multiple measures to more clearly interpret key variables information (Palmer & Neppe, 2003, 2004). Additionally, with respect, having pioneered this area of phenomenology, I realise how information becomes limiting when we don’t amplify key items to at least subjectively increase validity somewhat.

Essentially, one single question on out of body experience studies those who responded in a specific way to that question—not necessarily

subjective out of body experience. When dealing with a specific subjective paranormal experience we need to carefully define what we purport to be measuring subjectively and we go to great pains to ensure what we are purporting to measure, in fact *does* measure that subjective phenomenon. This is less critical if the phenomenon, e.g., subjective out-of-body experiences, is only one of a series of criteria measuring for example the construct of Subjective Paranormal Experience (SPE), but it is clearly more relevant when the whole research is based on one question because conclusions are only as strong as their weakest link.

No matter how well a single question is fashioned it could create both false negatives and false positives due to misinterpretation. More powerful at least would be a series of questions, for example, on out-of-body experiences to establish whether the subjects' experiences purport to what it should, and if it does not, to be able to establish why not. Murray and Fox indirectly recognised this need because as separate correlating measures they use the DEQ (Dissociation Experiences Questionnaire) and TAS (Tellegen Absorption Scale) to measure Dissociation and Absorption respectively. Compare here the limitation of one key question on which the whole research is based with applying as they did 28 items to the DEQ and 34 items to the TAS.

The technique of detailing a single critical subjective phenomenon into numerous screen questions has been the fundamental methodology adopted by me in my detailed work, *inter alia*, on déjà vu (Neppe, 1981, 1983d; 2006a, Neppe & Funkhouser, 2006), on possible temporal lobe symptoms (Neppe 1983c; 1990) and on subjective paranormal experiences (Neppe 1979, 1983c), on olfactory hallucinations (Neppe, 1983a), and on soft organic brain signs (the SOBIN) (Neppe, 2003-2005), and in questionnaires on narcolepsy (the Neppe Narcolepsy Questionnaire) (Neppe, 2001-2005). Together this approach has created a significant body of information—possibly more than a hundred of my publications. For example, I developed a series of eleven screening questions for déjà vu in the original Neppe Déjà Vu Screening Questionnaire (Neppe, 1981, 1983d, 2006a). I did this because no single item was sufficient to ensure elimination of false negatives. Then I had a series of questions in the Déjà Vu Qualitative Questionnaire to ensure that what was being answered conformed to the definition of déjà vu (Neppe, 1981, 1983d; 2006a,b). Finally, I request a specific example to further ensure that measure. This just adds to the higher level of validity of such items, ensuring that what is subjectively measured is as appropriate a measure of the subjective phenomenon as possible. In fact, I have classified SPEs into “high-score” (meaning a lower level of subjective validity but more frequent events) and “low-score” SPEs (implying far fewer SPEs because each has to be

subjectively validated at a higher level—e.g., direct description and memory of a specific event, where pertinent writing it down or mentioning it to others) (Neppe 1979, 1983c)—these are listed in <http://www.pni.org/research/anomalous/low-score_spe_criteria.html>. For subjective out-of-body experiences this involves feeling completely outside one's body, seeing one's own body or obtaining information about physical events or places. There is a major need to classify subjective experiences in as much detail as possible (Neppe, 1982, 1985; Neppe & Palmer, 2005).

Even more telling is that this technique of amplifying detail into a coherent whole has been fundamental to the medical history-taking model since time immemorial, and allows the clinician to elicit more accurately what the patient is describing. Without such a technique there is the potential to overinterpret, underinterpret, and misinterpret complex subjective phenomena (Neppe, 1983b, 1988a,b, 1999). For example, the simple symptom of “dizziness” based on one screening question then leads to the physician amplifying exactly what the patient means by dizziness, and there may be several different descriptions that then arise. This again illustrates how the validity of the construct of equating one question with one kind of subjective experience is limiting.

Until such time as researchers realise that when using a key variable they must attempt to clarify that experience such that they can be reasonably certain that is what they purport, their potential to truly contribute to parapsychology or any other scientific endeavour, will I am afraid, be severely curtailed.

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