New Zealand Skeptic

Newsletter of the NZCSICOP (inc.)

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Proper Criticism

Ray Hayman

Since the founding of CSICOP in 1976, and with the growing numbers of localized skeptical groups, the skeptic finds more ways to state his or her case. The broadcast and print media, along with other forums, provide more opportunities for us to be heard. For some of these occasions, we have the luxury of carefully planning and crafting our response. But most of the time we have to formulate our response on the spot. But, regardless of the circumstance, the critic's task, if it is to be carried out properly, is both challenging and loaded with unanticipated hazards.

Many well-intentioned critics have jumped into the fray without carefully thinking through the various implications of their statements. They have sometimes displayed more emotion than logic, made sweeping charges beyond what they reasonably support, failed to adequately document their assertions, and, in general, have failed to do the homework necessary to make their challenges credible.

Such ill-considered criticism can be counterproductive for the cause of serious skepticism. The author of such criticism may fail to achieve the desired effect, may lose credibility, and may even become vulnerable to lawsuits. But the unfavorable effects have consequences beyond the individual critic, and the entire cause of skepticism suffers as a result. Even when the individual critic takes pains to assert that he or she is expressing his or her own personal opinion, the public associates the assertions with all critics.

During CSICOP's first decade of existence, members of the Executive Council often found themselves devoting most of their available time to damage control—precipitated by the careless remarks of a fellow skeptic—instead of toward the common cause of explaining the skeptical agenda.

Unfortunately, at this time, there are no courses on the proper way to criticize paranormal claims. So far as I know, no manuals or books of rules are currently available to guide us. Until such courses and guide books come into being, what can we do to ensure that our criticisms are both effective and responsible?

I would be irresponsible if I told you I had an easy solution. The problem is complicated and there are no quick fixes. But I do believe we all could improve our contributions to responsible criticism by keeping a few principles always in mind.

We can make enormous improvements in our collective and individual efforts by simply trying to adhere to those standards that we profess to admire and that we believe that many peddlers of the paranormal violate. If we envision ourselves as the champions of rationality, science, and objectivity, then we ought to display these very same qualities in our criticism. Just by trying to speak and write in the spirit of precision, science, logic, and rationality—those attributes we supposedly admire—we would raise the quality of our critiques by at least one order of magnitude.

The failure to consistently live up to these standards exposes us to a number of hazards. We can find ourselves going beyond the facts at hand. We may fail to communicate exactly what we intended. We can confuse the public as to what skeptics are trying to achieve. We can unwittingly put the paranormal proponents in the position of the underdogs and create sympathy for them. And, as I already mentioned, we can make the task much more difficult for the other skeptics.

What, then, can skeptics do to upgrade the quality of their criticism? What follows are just a few suggestions. Hopefully, they will stimulate further thought and discussion.

1. Be prepared. Good criticism is a skill that requires practice, work, and level-headedness. Your response to a sudden challenge is much more likely to be appropriate if you have already anticipated similar challenges. Try to prepare in advance effective and short answers to those questions you are most likely to be asked. Be ready to answer why skeptical activity is important, why people should listen to your views, why false beliefs can be harmful, and many similar questions that invariably are raised. A useful project would be to compile a list of the most frequently occurring questions along with possible answers.

Whenever possible try your ideas out on friends and "enemies" before offering them in the public arena. An effective exercise is to rehearse your arguments with fellow skeptics. Some of you can take the role of the psychic claimants while others play the role of critics. And, for more general preparation, read books on critical thinking, effective writing, and argumentation.

2. Clarify your objectives. Before you try to cope with a paranormal claim, ask yourself what you are trying to accomplish. Are you trying to release pent-up resentment? Are you trying to belittle your opponent? Are you trying

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to gain publicity for your viewpoint? Do you want to demonstrate that the claim lacks reasonable justification? Do you hope to educate the public about what constitutes adequate evidence? Often our objectives, upon examination, turn out to be mixed. And, especially when we act impulsively, some of our objectives conflict with one another.

The difference between short-term and long-term objectives can be especially important. Most skeptics, I believe, would agree that our long-term goal is to educate the public so that it can more effectively cope with various claims. Sometimes this long-range goal is sacrificed because of the desire to expose or debunk a current claim.

Part of clarifying our objectives is to decide who our audience is. Hard-nosed, strident attacks on paranormal claims rarely change opinions, but they do stroke the egos of those who are already skeptics. Arguments that may persuade the readers of the *National Enquirer* may offend academics and important opinion-makers.

Try to make it clear that you are attacking the claim and not the claimant. Avoid, at all costs, creating the impression that you are trying to interfere with someone's civil liberties. Do not try to get someone fired from his or her job. Do not try to have courses dropped or otherwise be put in the position of advocating censorship. Being for rationality and reason should not force us into the position of seeming to be against academic freedom and civil liberties.

3. Do your homework. Again, this goes hand in hand with the advice about being prepared. Whenever possible, you should not try to counter a specific paranormal claim without getting as many of the relevant facts as possible. Along the way, you should carefully document your sources. Do not depend upon a report in the media either for what is being claimed or for facts relevant to that claim.

Try to get the specifics of the claim directly from the claimant.

4. Do not go beyond your level of competence. No one, especially in our times, can credibly claim to be an expert in all subjects. Whenever possible, you should consult appropriate experts. We, understandably, are highly critical of paranormal claimants who make assertions that are obviously beyond their competence. We should be just as demanding on ourselves. A critic's worst sin is to go beyond the facts and the available evidence.

In this regard, always ask yourself if you really have something to say. Sometimes it is better to remain silent than to jump into an argument that involves aspects that are beyond your present competence. When it is appropriate, do not be afraid to say, "I don't know."

5. Let the facts speak for themselves. If you have done your homework and have collected an adequate supply of facts, the audience rarely will need your help in reaching an appropriate conclusion. Indeed, your case is made stronger if the audience is allowed to draw its own conclusions from the facts. Say that Madame X claims to have psychically located Mrs. A's missing daughter and you have obtained a statement from the police to the effect that her contributions did not help. Under these circumstances it can be counterproductive to assert that Madame X lied about her contribution or that her claim was "fraudulent." For one thing, Madame X may sincerely, if mistakenly, believe that her contributions did in fact help. In addition, some listeners may be offended by the tone of your criticism and become sympathetic to Madame X. However, if you simply report what Madame X claimed along with the response of the police, you not only are sticking to the facts, but your listeners will more likely come to the appropriate

New Zealand Committee for the Scientific Investigation of Claims of the Paranormal (inc.)

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Ms. Margaret Holmes, Invermay Agricultural Centre, Mosgiel.

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Mr. Keith Lockett (Editor, The New Zealand Skeptic), 72 Awanui Street, New Plymouth.

conclusion.

6. Be precise. Good criticism requires precision and care in the use of language. Because, in challenging psychic claims, we are appealing to objectivity and fairness, we have a special obligation to be as honest and accurate in our own statements as possible. We should take special pains to avoid making assertions about paranormal claims that cannot be backed up with hard evidence. We should be especially careful, in this regard, when being interviewed by the media. Every effort should be made to ensure that the media understand precisely what we are and are not saying.

7. Use the principle of charity. I know that many of my fellow critics will find this principle to be unpalatable. To some, the paranormalists are the "enemy," and it seems inconsistent to lean over backward to give them the benefit of the doubt. But being charitable to paranormal claims is simply the other side of being honest and fair. The principle of charity implies that, whenever there is doubt or ambiguity about a paranormal claim, we should try to resolve the ambiguity in favour of the claimant until we acquire strong reasons for not doing so. In this respect, we should carefully distinguish between being wrong and being dishonest. We often challenge the accuracy or the validity of a given paranormal claim. But rarely are we in a position to know if the claimant is deliberately lying or is selfdeceived. Furthermore, we often have a choice in how to interpret or represent an opponent's arguments. The principle tells us to convey the opponent's position in a fair, objective, and non-emotional manner.

8. Avoid loaded words and sensationalism. All these principles are interrelated. The ones previously stated imply that we should avoid using loaded and prejudicial words in our criticisms. We should also try to avoid sensationalism. If the proponents happen to resort to emotionally laden terms and sensationalism, we should avoid stooping to their level. We should not respond in kind.

This is not a matter of simply turning the other cheek. We want to gain credibility for our cause. In the short run, emotional charges and sensationalistic challenges might garner quick publicity. But, most of us see our mission as a long-run effort. We would like to persuade the media and the public that we have a serious and important message to get across. And we would like to earn their trust as a credible and reliable resource. Such a task requires always keeping in mind the scientific principles and standards of rationality and integrity that we would like to make universal.

Ray Hyman is a Fellow and member of the Executive Council with CSICOP, and professor of psychology at the University of Oregon.

"Cancer Line"—a Commentary

The "Cancer Line" programme shown on TVNZ (November 11) was in some respects an undoubted success. Television in general demands that most topics be exploited in terms of their emotional dimensions. (If you're ever interviewed by the "Close-up" team, you can be assured that your contribution will make it to air only if you manage to weep: the "Close-up" producers think the zoom lens was invented to magnify teary eyes). Not wanting to take the depressing route, "Cancer Line" determined to make cancer a real laugh, with McPhail and Gadsby and other entertainers. This probably helped keep viewer interest high.

I sat through much of it waiting to see if any mention would be made of alternative cancer treatments, and indeed, Sharon Crosbie finally did ask a radiologist about the topic. His answer was most surprising. You need everything going for you with cancer, he said, as though to imply that there's no harm in it, and it may help. He then outlined his four rules for alternative treatment: (1) Alternative treatment must to taken along with orthodox treatment; (2) the treatment must be harmless (shades of the famous "Freireich Experimental plan"!); (3) the alternative treatment must be compatible with orthodox treatment; and (4) it ought to be inexpensive.

This advice can be seen in two ways. It can be viewed favourably if one assumes that nothing will stop cancer patients from seeking alternative treatment anyway: the advice is designed to limit damage done to the patient either medically or financially. Seen thus, it is also an encouragement to the alternativists and their supporters, at least indicating a laissez-faire attitude on the part of orthodox medicine. But there is another way to view the situation: it might be said that it is patronising in the extreme for a physician to go before the public and endorse the value of treatments which he says must be cheap and harmless, and which he knows full well—but won't admit—are worthless.

It's a familiar argument to me: "Of course that medium isn't talking to the dead, but she isn't doing anybody any harm." Serious harm can be done by false or selfdeluded mediums, and you can't know in advance in every case who might be harmed. There is a similar uncertainty with regard to judgements about whether any alternative course of treatment will turn out to be harmless, either with regard to its intrinsic effects of with regard to how it might impinge on the patient's ultimate utilisation of science-based medicine. I view the advice about alternative medicine presented on "Cancer Line" as increasing the liklihood that people will be harmed and taken advantage of. Cancer patients should be free to choose treatments, but they ought to do so in the cool light of facts about the effectiveness of available treatments. I also consider the advice extremely condescending, as though the public are children who will never understand, and whose childish predilections for alternative cures must be channelled into treatments that are at worst cheap and harmless.

Does anyone else have an opinion on this issue?

American Faith Healers Again

Keith Lockett

I had intended to make this issue one devoted to the conference and was going to reprint all the talks and discussions there. However the conference was such an overwhelming success and there was such a fine attendance, that it would be a waste to reprint what so many had heard in person. I therefore asked all those who spoke to give me their second thoughts on their talks, the things they meant to say but forgot, the replies they would like to have made in the discussions, the witty rejoinders that came to them in the middle of the night after we had all gone home. Most of the speakers have had nothing to add but I should like to make a correction to the impression left with my hearers.

While many of the American faith healers are undoubtedly hucksters and con men, using all the tricks I described, it must not be thought that they are basically insincere. They all, or nearly all, genuinely believe in miracles and expect them to happen. The purpose of all the singing, preaching and laying on of hands is to create an environment in which miracles can happen. Even the blatant money raising and commercialism is only so that more healing missions can be organised, so that more people may be enabled to witness miracles. If only they can inspire a sufficient degree of faith in their audience then they will see miracles in abundance. So the evangelist works like a slave, entreating, exhorting, commanding that the miraculous be seen by all. If the miracles do not happen then that is not his fault, the congregation has let him down. He has done all that man can do, he has fulfilled his part of the bargain and they have failed him, their faith was not sufficient. (Indeed, being a faith healer is killing work, only the very vigorous last more than a few years, they need time to recover after such a strenuous effort.)

So the healing service must be seen as a theatrical performance, an interaction between the evangelist and audience. If the preacher uses a few tricks of the trade, then that is all part of the theatrical hocus-pocus. No one is dismayed because a radio transmitter is used to relay information, just as no one minds if a microphone is used at a pop concert. It is not real, it is an act. We know that it is not real blood that spurts from Scarpia's chest when Tosca stabs him and we know that the Desdemona will take her curtain call after Othello has strangled her. We willingly suspend disbelief. We do this so as to enter into their situation. We become Desdemona and Othello and (God forbid) Tosca and Scarpia. We are only willing to do this if the characters are capable of stirring us. Great drama gains credibility only if it takes a meaning that can not be confined to the stage. We can not invest much effort in the Young Doctors as they are so uninteresting, they have no point of contact which our world. The audience for faith healers are prepared to make the effort to enter into the world of healing since they too believe in miracles and they see them as the supreme experience in their lives. A genuine healing, is far more enthralling than the East Enders, this is the real McCoy. They can bear witness to the truth of the miracle, they have seen it with their own eyes. This is better than

Michael Jackson, they can't wait for the healer to come back again. Moreover, they are not alone, the whole congregation is united in a single purpose, the creation of an atmosphere in which miracles can occur. Hence the element of pretense is not seen as fundamentally evil or deceitful. To condemn him is to condemn themselves.

The main function of the healing service is, then, to generate faith. Outsiders see only gullibility and fraud, participants see faith. Thus Zossima in Dostoevsky's Brothers Karamazov shows that it is not that miracles create faith but that faith creates miracles. The fact that many miracles fail shows the need for more faith. Thus a failure does not generate doubt but inspires the need for more faith. There are some things in life that can only come about through faith in their possibility. Friendship is impossible if the belief in the possibility of friendship does not exist. You act friendly in order to establish friendship. You cannot fall in love if there is no belief that love is possible, you must have a predisposition to love. The healing service is a kind of stage rehearsal just in case the real performance of actually witnessing miracles comes into being. This is part of the fevered excitement and intense expectation of the meeting. Evangelists vary in the extent to which they take themselves seriously, some admit that most of their attempts fail, some will even acknowledge that they use tricks and practice a measure of deception but they would defend that on the ground that they are God's instruments for generating faith and if their offering is whole-hearted enough it will be blessed; the outcome can be left to God. The point of interest comes at the distinction between pretending to trick others (in this case for their good) to getting tricked by one's own lie so that is becomes no longer a lie but something one sincerely believes. For example, it seems that President Reagan now genuinely believes that he bore arms in the Second World war and was in action on many battlefields whereas we now know that he never left Hollywood. Each faith healer must be judged on the extent to which he practices self deception and whether if this is explained to him he wishes to continue to deceive himself. Thus if we went to a healing service we would say that the participants were caught up in a scenario that we would find neither credible, helpful nor meaningful. They would certainly find it full of meaning and one of the greatest experiences of their lives, full, rich and exciting. They would pity us for missing out on this wonderful experience.

Conference Postscript

Peter Dady

Since the August meeting I have had a number of letters (six to be precise), hardly an avalanche, but they raise some interesting points.

My thanks to member Jim Ping of Nelson for sending details of the American publication, rebutting many of the alternative medical arguments, which has been ordered for the Wellington Medical School Library.

When I was looking for references for my talk I came across a little gem in the Medical School Library. It was written by a qualified doctor, who in persuit of holism has made a heroic attempt to provide a rational explanation of the entirely irrational. It seems that the true believing holist must believe everything from acupuncture to Zen, the doctrine of infinite credulity (or gullability). In dealing with the loonier flights of alternative fantasy he asserts that they work but he doesn't know why, in the sections on the 'respectable' methods like acupuncture there is a subtle change to 'this really works' (but he still doesn't know why).

Doctors need to know about alternative medicine because many of their patients like to talk about it. Understandably many doctors, who often do not have time to spare for irrelevancies, cut short such discussions by telling patients that they don't know anything about alternative medicine. Unfortunately this lends credibility to the alternativist claims that doctors have dismissed alternative medicine through ignorance. Reasoned rebuttal can turn some patients away from alternative medicine.

Alternative medicine is an important issue because it causes unnecessary suffering in vulnerable patients. One lady wrote about the effects of an alternative diet on her husband who was dying of cancer. The patient hated it and only persisted because of the enthusiasm of his children, but eventually he gave it away in a glorious orgy of fish and chips and felt better for having done so. The letter was a dignified expression of regret, the lady wished to remain anonymous, had this not been so I would have sent it to this newsletter.

A second lady, whose family and friends appear to be getting more than their fair share of cancers wrote extolling the virtues of various fashionable alternative treatments without being too specific about what these were supposed to have achieved. She urged union of orthodox and alternative medicine but did not say how this was to be achieved. The letter was obviously sincere and well meant, unfortunately in medicine as in most other human activities you need more than good intentions to produce results.

Another lady wrote to tell me that she had seen through my disgraceful attack on those wonderful people in alternative medicine and that she knew that I was trying to divert attention from the inquiry at the National Women's Hospital. It is ironic that she should have picked this particular example of the shortcomings of the medical profession as a justification for alternative medicine.

If it is shown that the allegations were correct, the con-

duct of the doctors concerned is indefensible. It should be remembered that the major allegation was that women who needed surgery to cure cancers did not get that surgery. The alternativists believe that cancer surgery (hacking and slashing as they call it) merely spreads the disease and if they had their way nobody would have it. The inquiry will reach its decision on the basis of medical evidence, not that of naturopaths, acupuncturists, gurus or pyschic surgeons.

Apparently doctors are awful, the people of New Zealand are thoroughly fed up with them and unless we mend our ways we are heading for some kind of unspecified bad end. Unfortunately I have not as yet been able to alert the whole medical profession to its impending doom, so like that of the Gadarene swine it is probably inevitable now. The writer did not give her occupation, but I was reminded strongly of a headmistress upbraiding a wicked and recalcitrant first form.

Chairman Denis Dutton has taken to reading the New Zealand Journal of Alternative Medicine (also known as the *Listener*) and is not liking what he finds. I have warned him that too much exposure to that which passes as thought and insight in the *Listener* may soften and damage the brain and taking it too seriously could raise the blood pressure. As is so often the case my wise advice has fallen on deaf ears, developments are awaited with interest.

The editor of a journal distributed to all the G.P.s in New Zealand has written inviting some words on alternative medicine. This invitation was accepted with alacrity because it is a golden opportunity to propogate the gospel of rational medicine, but I have to admit that the offer of money may have increased the level of enthusiasm slightly.

Skeptics on Radio

Shortly after our Wellington convention, Radio New Zealand presented a superb Insight documentary on NZCSICOP. This half-hour programme was broadcast on a Sunday morning on National Radio and rebroadcast the following evening. The producer was Colin Feslia, who will be remembered for having patiently taped the whole of our Wellington meeting. We have to admire the way he assembled the material into a coherent, interesting half hour of radio. It is an excellent introduction to the Skeptics.

Any member may borrow a copy of the tape for free. The purchase price for a cassette copy is \$5.00, cheque payable to NZCSICOP. To borrow or buy a copy of the tape, write Dr. Denis Dutton, School of Fine Arts, University of Canterbury, Christchurch.



5

A front page report of a self-proclaimed psychic's prediction that Louisa Damodran's body would be found "on a beach has earned the "New Zealand Truth" an award for gullibility from the country's Skeptics.

The weekly newspaper will receive the 1987 Bent Spoon Award by the New Zealand for the Scientific Committee Investigation of Claims of the Paranormal, which will meet in Wellington this week-end.

association's chairman, Dr Denis Dutton of church, said the prediction was made at a time when it was widely understood that the sixyear-old girl had been thrown into the Waimakariri River near its mouth.
"We are not impressed by the

perceptiveness of the prediction," said Dr Dutton, a lecturer in fine arts at the University of Canterbury. "In fact, 'Truth's' report of this so-called psychic vision strikes us as crass exploitation of a tragic event.

"As a demonstration of psychic abilities it's pretty feeble. As journalism, it's disgusting."

The article also contained an assertion from the same "psychic" that Louisa's killer would turn out to be someone already known to her or her family.

"This was of course false, and under the circumstances the claim had the potential for creating mischief.

"We think 'Truth' should aim

less for psychic scoops and more for the responsible, critical news reporting of which we know it is capable," Dr Dutton said.

"Truth" was also criticised by the Skeptics for "a credulous report on a faith healer who successfully claims to have treated A.I.D.S." His only apparent cure was lost track of when the patient moved to Scotland.

"This story, headlined 'Miracle Cure' has all the symptoms of being just another cruel false hope about a cure for A.I.D.S., said Dr Dutton.

Runners-up for gullibility, said the Skeptics' announcement, were "The New Zealand Woman's Weekly" for an article on iridology, and Television New Zealand for a "Credo" programme which featured an Auckland medium who professed to from outer space.

The programme was "laughably earnest" and reduced the Skeptics to uncontrolled gig-gling, Dr Dutton said.

The association made four awards for journalistic excellence. One went to Howard Warner of the Wellington newspaper, "The Evening Post," for an article on advice from a tarot card reader.

The other three arose from the visit to New Zealand by a British spiritualist medium, Mr James Byrne. One went to Sue Kedgley of "The Dominion," one to Michael Fallow of the "Southland Times," and other to Tina-Marie Nixon for a very aggressive interview with Mr Byrne on Radio Otago.

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The Press, 22 August 1987

The recent conference recommended that we reprint the NZCSICOP statement of aims for those members that do not have a copy.

The New Zealand Committee for the Scientific Investigation of Claims of the Paranormal (inc.)

Statement of Aims

- (a) To investigate claims and events of an apparently paranormal nature scientifically and with an open mind.
- (b) To report the results of these investigations and where possible to provide rational, scientific explanations,
- (c) To provide reliable information about paranormal claims.
- (d) To encourage a more critical attitude to pseudoscience and to bogus paranormal claims, and to alert people to the dangers of uncritical acceptance of such claims.
- (e) To increase public awareness of the difference between legitimate science and pseudoscience.
- (f) To investigate the psychological, social, and ideological factors behind belief in the paranormal.

The aims will be pursued by:

- Establishing a network of people interested in critically examining claims of the paranormal.
- Publishing a newsletter and distributing informational material.
- Publishing articles, monographs, and books that examine claims of the paranormal.
- Encouraging and commissioning research by objective and impartial enquiriers.
- Conducting meetings, seminars, and conferences.
- Making available informed members to the media and interested groups.
- Setting up controlled tests and investigations of paranormal claims.
- Encouraging informed and critical enquiry into paranormal claims by the press and broadcast media.

The Skeptical attitude means:

- Seeking all relevant factual evidence concerning an event, claim, or theory.
- Keeping an open mind until a satisfactory explanation is found, and not rejecting a priori any paranormal claim without enquiry.
- Maintaining a position of uncertainty when there is insufficient or ambiguous evidence; recognising that having no explanation at present is preferable to jumping to false conclusions.
- Avoiding cynicism, as this is not in the spirit of open-minded enquiry.
- Seeking scientifically, where possible, a normal explanation of any claimed paranormal event.

Critical Thinking

Robert Persse

"Critical thinking" is the name given to a way of reasoning, in everyday language, which is a great benefit to everybody who uses it. It is a tool which can be used to improve our understanding of other people's arguments, to improve our own reasoning, to improve decision making, and to aid communication. It is especially useful for skeptics and debunkers. It is also a new idea, since in the past people have never been taught how to reason properly using everyday language, which is how most of us reason most of the time. Most of us could improve our thinking considerably by using critical thinking methods. I would like to see the Skeptics involved in the promotion of this subject.

I first became aware of critical thinking when I heard about a Massey course (Philosophy 34.103). I had always thought of myself as good at reasoning especially since I had done logic in maths at university. Skimming through the textbooks I found that I had a lot to learn. I have taken this paper extramurally this year, and can certainly recommend it.

The University of California has made critical thinking courses compulsory for all degrees. John Naisbitt, in his book *Megatrends* points out that trends that appear in California often sweep the US and later the Western World, I hope that this is true of critical thinking.

The Skeptical Inquirer, Summer 87, has two reviews of books to do with critical thinking. "...Skeptics have asserted......that if everyone were properly educated in critical thinking no one would be taken in by inadequate arguments for paranormal claims." (p402). "Critical thinking is currently a hot item in higher education..." (p405).

The Economist, 11 July 1987

Ham-fisted in Rhodes

FROM OUR ATHENS CORRESPONDENT

Rhodes, which gave the classical Greek world one of its seven wonders, also gave it Cleobulus, one of the seven wise men. The recent search for the lost 100-foot bronze Colossus, prompted by the visions of an Australian clairvoyante, revealed nothing except, perhaps, that there is little wisdom left on the island.

The Colossus, put up at the height of Rhodes's prosperity early in the third century BC, portrayed, suitably enough, the sun god Helios. Rhodes is still sunny, but no longer as prosperous as its hoteliers would like. Rich tourists pass Rhodes by, they complain, because the island has become a package-holiday resort. Searching for the Colossus, they thought, would restore a touch of class.

Where did the idea come from? A local travel agent had brought to Rhodes Mrs Ann Dankbaar, an Australian clair-voyante born in Holland. She claimed she could "see" the Colossus lying 700 yards outside the harbour in deepish water. Greece's merchant navy minister, Mr Stathis Alexandris, keen to help depressed island economies, supported Mrs Dankbaar's theories. A search began.

Excitement ensued when a one-tonne hunk of light brown limestone was hauled off the seabed and placed under armed guard. This was a giant fist, officials said: its grooves marked the fingers of a left hand that had once held a torch.

In the thrill of discovery, awkward details were overlooked: the presumed fist was of limestone, not bronze; the stone had no incrustations after supposedly lying on the seabed for 2,200 years; and, according to Pliny, who claimed to have seen the fallen Colossus, the limbs of the statue were hollow.

Eager for credit, and in apparent disregard of due Greek procedure for handling antiquities, Mr Alexandris kept archaeologists from the ministry of culture at bay until coast-guard frogmen had hauled the stone to land and he had held his news

conference. To confuse matters, he said the frogmen had stumbled on the stone while searching for narcotics hidden in submerged car tyres.

At this point, Miss Melina Mercouri, the minister of culture, who is responsible for monitoring archaeological research in Greece, decided to step in. With archaeologists in tow, she flew to Rhodes on July 7th. One look at the find was enough for the experts to pronounce it "an ordinary rock". The grooves on the stone fitted exactly the teeth of the grab-bucket on a floating dredger that had cleared the harbour of Rhodes three years ago and dumped unwanted blocks of limestone into the open sea.

As tactfully as she could, Miss Mercouri said: "Unfortunately, this is not the Colossus. I wish it were. But we must tell the truth even if it hurts." This is what happens, she bluntly added, if archaeological research is not left to archaeologists. "We cannot", she said, "rely on fortune-tellers."

As a sop to the disappointed people of Rhodes, Miss Mercouri said that the department of underwater antiquities would soon be mapping all the antiquities strewn along Rhodes's coastline. These include an ancient wreck off Lindos, on Rhodes's eastern coast, near where, according to early Christian tradition, Saint Paul was shipwrecked on his way to Rome.



During the Skeptics conference I noted several times when critical thinking skills could have been used to advantage. One person clearly did not understand the essential difference between the phenomenon of evolution and the various possible processes that may drive it. If meanings are likely to be misunderstood they should be carefully spelled out, and there is no point in continuing an argument unless people are clear on meanings. At one point a creationist used the argument that cars have designers therefore animals had to have been designed. This is an example of argument by analogy which is considered to be a fallacy by many philosophers.

NZCSICOP Archive

Our NZCSICOP archivist, Phil Bradley, continues to build our Archive. Phil needs from members cuttings appropriate for the collection. Please keep your scissors handy and send Phil reports of paranormal claims which appear in your newspaper. We depend on our members for this. His address is:

Box 10-428, The Terrace, Wellington.

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Health skills course opposed

AN ACCESS training scheme to teach alternative medicines is about to start in New Plymouth.

But the four-week health skills course has drawn criticism from people opposed to alternative therapies and to the course's government funding.

The course, starting in mid-November, will teach homeopathy, reflexology, massage, herbal knowledge and stress management.

It is to be run by a naturopath couple who operate a health clinic in New Plymouth. Organiser Shirley Tussery

Organiser Shirley Tussery said the course aimed to help the 12 trainees feel better about themselves.

"The course is not just physical. It operates on all levels and makes the trainees feel more worthwhile," she said.

There could also be employment opportunities, specially for people who might seek work in health food shops.

People could also set themselves up, part-time or fulltime,

By COLIN WILLIAMS

with the skills that will be learnt. New Plymouth Regional Employment and Access Council coordinator Dianne Van-de-Water said the health skills course was "one off" at this stage.

Evaluation afterwards would decide if it was to be repeated.

Factors in that evaluation would be the administration of the course, any placement into further training and "an enhanced job readiness through self development," she said.

The cost of the government-

The cost of the governmentbacked scheme was not to be made public, a policy of the New Plymouth Regional Employment Access Committee, she said

Access Committee, she said.
REAC's New Plymouth chairwoman, Elaine Gill, defended the worth of the course.

"There is a whole range of courses that could be called esoteric under Access and don't necessarily have any direct path to employment." But New Plymouth had a wide range of alternative health services and job opportunities could open up, she said.

Access was a community programme and it was accountable to the public but disclosures about the cost of the course were not to be made, she said.

Criticism of the course would come only from "a few rationalists doing their bun," she said.

One critic is Dr Peter Dady of Wellington Hospital's oncology department.

Such a training scheme under Access was worrying and potentially dangerous, he said.

tially dangerous, he said.

The whole area of alternative medicine was an article of faith, without any evaluation, he said.

The Access course could only encourage people to feel legitimate about their services.

"People are seeking these services and anyone can set themselves up offering their help," he said.

Government funding of the

scheme would provide a dangerous edge to the course.

"People tend to look uncritically at government sponsored things. It puts a mark of respect on them that shouldn't be there."

Keith Lockett, a member of the New Zealand Skeptics Society, has also opposed the Access course.

The subjects to be taught were dangerous if applied instead of conventional medicines to sick people, he said.

The trainers and the trainees would be well meaning but ill advised, he said.

"I fail to see why Access should legitimise this at all. It is an insult and it's dangerous. People can die from homoeopathy practices."

He said he would appeal to his local MP and to Health Minister David Caygill, to have the funding reviewed.

The Dominion Sunday Times, 1 November 1987

Health Delusions

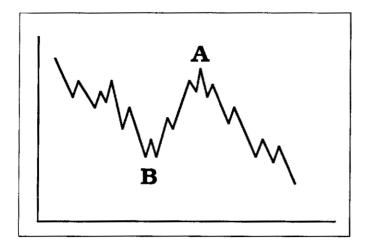
(Address to Joint Australia/New Zealand Health Inspectors Conference, Christchurch, 15 October 1987)

Denis Dutton

Many of you are public servants, and as we live in a time which is not always kind to public servants-our age no longer offers those in the public service assured lifetime employment-I want to give you some friendly advice on starting a new career, should you find yourselves unexpectedly made redundant in middle age. These ideas are based on the suggestions of a cancer reseacher at the M.D. Anderson Hospital in Houston, Texas. His name is Dr. Emil J. Freireich, and he has come up with what he calls the "Freireich Experimental Plan" for establishing an alternative medical therapy which is, as he puts it, "guaranteed to produce beneficial results."1 It is a very interesting plan indeed, and attending to it can tell us much about the nature of alternative-or, as it's variously called, fringe, complementary, or holistic-medicine. For that is what I wish to suggest as your new source of income, should you be made unexpectedly redundant: set yourself up offering alternative medical advice and treatment.

First, choose a form of treatment. This can be anything, really: shining coloured lights on your patients, having them eliminate cheese, or white sugar, or red meat from their diets, administering some drug which has been diluted to the point where it is chemically indistinguishable from pure water, waving a silver wand around them to cleanse their "auras," having them meditate, or smell strange or pleasant essences, repeat a mantra, examining their irises and giving them flavoured water, massaging the soles of their feet, or whatever. Use you imagination; and perhaps you will wish to try a combination of treatments. But just make sure of one thing: the form of treatment you choose or invent must be absolutely harmless. It will help the psychological dimension of your treatment if you present some sort of pseudoscientific or, to take another tack, a mystical or spiritual basis for it. And it would be especially helpful if you could subject your patients to some sort of diagnostic procedure using an impressive machinepreferably one with dials, wires, lights, and VU meters. If it incorporates something "advanced", like a low-powered laser, then all the better.

Next, you can apply your treatment. Here, timing is very important, for you want to exploit the fact that all disease tends to be variable over time in its effects. No disease takes the sufferer on a continuous, uninterrupted downhill slide. There are always stages of remission, periods of improvement which come and go.



Try to avoid initiating your treatment during a time when the patient has recently improved (A). Instead, commence treatment at a point (B) when things are worse than ever. Actually, this won't be difficult, as many of your patients will come to you precisely because some chronic or long term condition has been getting worse and the best efforts of their family physician, or specialists, have not permanently reversed it. Now it is clear that if you do this, you will have before you a number of possible outcomes. First (and this is of course the hoped-for result), the patient may actually improve. Since the natural variability of disease demands that this must now-and-then occur, your chances are good. What is important to point out to your patient is that if this does happen, it is proof your treatment works. You might even decide to decrease the dosage. Or, you may find that the patient, while not getting any better, is apparently not getting any worse. Good; this is proof that the treatment has arrested the disease. Now you can increase the dosage-which is all right, since your treatment is absolutely safe—and hope for improvement. Of course, there are two other possibilities: the patient may actually continue to get worse. This just means that the level of initial treatment was insufficient, and must be increased; or, on the other hand, it may mean that the treatment just hasn't been allowed enough time.

Finally, however, you may have to face the fact that in some cases your patient may die. Or rather, you don't have to face the fact, since death can be taken as a sure indication that the treatment was initiated when it was already too late. Besides, by the time the poor desperate patient had come to you, he or she had probably been severely debilitated by some awful drugs administered by an orthodox physician. However, better to play it safe: if a patient looks very seriously—perhaps mortally—ill, send him or her back to the physician. That way, if the patient does die, it will be out of your hands and clear to all that the

fault is the doctor's.

But there is no reason to expect such a gloomy outcome in the great majority of your cases. Most people who consult medical advisors of any sort—including you—do not do so with potentially fatal complaints, and in most cases people get well in any event—the body does tend to heal itself. Besides, many or most of your patients will just need someone to talk to anyway, and a display of warm concern from you would even be enough without your treatment. So the odds are very much on your side in your new fringe medical practice. In fact, your odds are better than those facing the ordinary doctor, since you can refuse to deal with patients with obviously life-threatening afflictions, and can refer your patients whose symptoms get worse—the ones who came to you too late—back to orthodox medicine.

The net effect is that you will be able to develop a thriving practice about which you can boast that you have no failures. The logic and effectiveness of your technique will be fully demonstrated by the improvement your patients will be showing. If sceptics or medical authorities raise awkward questions about the actual medical value of your treatment, you can tell them that you don't need to have your treatment tested; simply look at your success rate. If they persist, explain that you don't have the time: just look at your crowded waiting room. And crowded it will be, as your first cures will be advertised by word-of-mouth, and soon friends of your patients and then their friends will be seeking you out.

And particularly in your case: since you have an established background in science-based public health, people will be all the more eager to take you seriously. Not long after you begin your practice, you'll come across someone who has been seeking a cure for some chronic condition for a long time, and whose affliction has greatly improved sinces he or she has been seeing you. At this point, contact a local journalist—perhaps a feature writer who knows little of science or medicine, but who has a sensitive eye for the human angle—to write a story on your activities. The story can lead off, as these things so often do, with the "miracle cure" you have provided your patient. And to be sure, you will be treated as news. Except for glamour operations such as heart transplants, newspapers are not interested in ordinary medical successes: you never see the headline, "Doctor Cures with Antibiotics." But "Former Public Health Official Cures with Coloured Lights" will be journalistically irresistible!

You will tell the reporter that, like so many in orthodox science, you too used to be ignorantly closed-minded about complementary medicine. You'll explain how despite your initial scepticism you were drawn to alternative medicine after having witnessed orthodox medicine's many failures to deal with the afflictions of modern times. (You'll always use that phrase "orthodox medicine," incidentally, since the very adjective "orthodox" tends to suggest closed, tradition-bound religion and dogmatism. Physicians help too by looking down their noses at what they call "lay" opinion.) You'll never miss the opportunity to accuse orthodox medicine of being cold and inhuman and not caring about the *needs of people*. And finally, just for good measure you'll explain that your own change of mind was also

encouraged by your increasing awareness of pollution, the ever-present dangers of pesticides and chemicals, the multinationals that produce the many dangerous or harmful drugs incessantly prescribed by all orthodox physicians—oh, and if possible, try somehow to work in your concerns about the risk of nuclear destruction.

It's easy to laugh, or to wonder if alternative medical practitioners are all so cynical as my little sketch might suggest, but while I laugh too, I would strongly object to labelling all alternative practitioners cynical. There is no need to posit conscious cynicism; the sort of selfsupporting intellectual structure displayed by alternative medicine is perfectly consistent with pure and sincere selfdelusion on the part of the fringe practitioner. This is why we cannot easily call the fringe medical practitioners of today's world "quacks" or "frauds". Most are in fact quite convinced of the efficacy of their techniques. And herein lies the problem. If the dangers posed by alternative medicine were matters of simple chicanery, they could be exposed, and that would be the end of it. But the current situation is much more complex and involves very many people who see themselves as acting from the highest moral principles. Because of this, the present situation in some respects is even more fraught with dangers to public health than the phenomenon of old-time criminal quackery.

Don't be surprised, for example, if, after you've been on the receiving end of some months of praise from your grateful patients, you yourself begin to believe some of the things they're saying. You'll remember my address to you, of course, and you'll admit that much of what I say still applies to many fringe practitioners, but you'll also wonder if you really don't have some kind of a special healing power, some ability to make people feel better. Perhaps you'll suspect that there might after all be something in your treatment, your coloured lights or whatever. Let's be honest: few citizens are interested in heaping adulation on even the most conscientious health inspectors. But as an alternative healer, you'll find you have patients at your feet, and like most of such practitioners, you'll probably come to be convinced by the real effectiveness of your treatment. Moreover, you'll find hard to resist the idea that you have a personal gift of healing.

Under such circumstances, you will find it easy to devise justifications for your new "profession." These will include, no doubt, the common idea that alternative medicine can be credited with providing a needed psychological boost for people who need help and in any event can do no significant harm to the interests of the patient. This is implied by some defenders of fringe medicine who insist on calling it "complementary"; the idea seems to be that ill people will eventually consult their physicians anyway; the iridologist or the naturopath simply represents another possible choice along the way, another point of view—no more detrimental than trying a different church one Sunday, or a different daily newspaper.

But if we return for a moment to reality, we observe that the truth is somewhat more disturbing. The Clinical Oncology Group of New Zealand has recently published a survey of alterative medical advice given to New Zealand cancer patients.² Of 463 patients with proven cancers, 148 (or 32%) had received alternative medical advice for their

condition. Many ignored such advice, or if they took it, viewed it as merely supplementary to the treatment they were receiving from stardard medicine. But fully 26% of the patients who had received fringe medicine advice considered it to be received instead of, rather than in addition to, ordinary medical treatment. (And the survey only included patients who had already sought orthodox medical diagnosis or treatment—it did not include those cancer sufferers who had sought only alternative treatment.) Given such results, it is clear that there must be people right now, right here in New Zealand who are dying from having lost the chance to achieve early, accurate diagnosis of cancer, and who are, through choice based on alternative misinformation, denying themselves adequate, effective treatment for cancer.

Far more numerous would be the patients cited by Dr. Peter Dady of the Oncology Department of Wellington Hospital as suffering from needless, silly, or uncomfortable forms of treatment advocated by fringe practitioners.³ The most common are dietary restrictions which, for example, deny the patient meat or wine. More bizarre are such remedies as the coffee enema treatment, which is messy and unpleasant, even when undergone as directed using a brew of freshly ground beans on plastic sheeting on the kitchen floor. As Dr. Dady has pointed out, if any of these procedures actually worked in favour of the cancer sufferer, they would be eagerly welcomed by orthodox medicine. As it is, they are demonstrably worthless, and in the case of severe dietary restrictions, can actually work against the overall well-being of the patient.

Nor can it be claimed that the techniques of alternative medicine are invariably helpful even from the point of view of the psychology of the patient. Many theories of alternative therapy suggest that the patient has an active role to play in fighting off disease. This may seem to some extent plausible, as there may be benfits derived from having a patient with a positive frame of mind. But there is a downside to this: for the patient who does not improve has the burden not only of suffering the disease, but of having to feel guilt because he or she is not getting better. The kind of cruelty here is most apparent in religious faith healing, where the sufferer who succumbs to a cancer does so because he or she did not possess the requisite faith in God. But it is found in alternative medicine as well. The Listener recently published an article on Aids which quoted an alternative therapist who claimed that with regard to the outcome of the disease, "the strength of an individual's will determines their fate."4 Death is described as an "escape" for Aids sufferers who have failed to "accept the ultimate responsibility for their life." I find these thoughts cruelly unrealistic.

Beyond such questions of comfort, physical and psychological, there is the matter of cost. Alternative medicine can be very expensive. The Clinical Oncology Group discovered one cancer sufferer within its target study group who had paid in excess of \$30,000 for alternative treatment. Others claimed per session treatment costs of between \$10 and \$240, and a course of treatment may include a series of sessions extending over many months or years. Moreover, many of the fringe practitioners actually sell their remedies—their herbal extracts, vitamins, and so forth—themselves. (I wonder what the public and journalistic reac-

tion would be if orthodox physicians were allowed to prescribe to patients drugs which they then sold to them-at an unregulated mark-up-right there in the surgery.) In fringe medicine, these expenses are sometimes considerably in excess of the consultation fees. I emphasise that in many cases all these costs are placed on patients who may not be financially well off and whose physical and psychological states may be described as stressed. It is not an altogether pretty picture.

But then why, we may now ask, is it such an attraction to so many people? I have already alluded to the ways in which the dangers which looms large in public consciousness—pesticides and other chemicals, the general distrust of technology, a romantic longing for a more natural age or wholesome way of life, fear of drugs and their dangerous side-effects and of being manipulated by multinational pharmaceutical corporations, and so on-can be skillfully exploited by alternativists. Now I do not intend to make light of these concerns. They are legitimate concerns that many people have: I myself do try to avoid pesticides in my garden, resist X-rays from my dentist (who

offers them), or antibiotics from my GP (who, like most GPs these days, is reluctant to prescribe them anyway), I have trouble seeing technology as providing the answers to all human problems, and I have for years sported an antinuclear bumper sticker on my car. (Hey, I'm the kind of guy who oughta see a naturopath!) But consider it for a moment: if you want to exploit people's fears to further your own alternative practice, you will be careful precisely to choose real fears which some people may rationally have—you may even appeal to some fears you share yourself. And it doesn't accomplish much for opponents of alternative medicine sarcastically to dismiss such fears.

For example, we know that pesticides have been widely relied upon for many years in New Zealand and that the farmers who have used them have in many cases been careless. It is universally realised that this can have serious envionmental effects, and that some pesticides cause serious health problems for individuals. In fact, it is not too much to say that there is a popular paranoia with regard to pesticides. So pesticides are an ideal peg on which to pin an alternative practice. If your patient has ever lived on a farm,

The Dominion Sunday Times, 4 October 1987

Sceptics put challenge to psychic sex healer

THE Sceptics Society has challenged a Christchurch psychic to substantiate claims that he can cure habitual sex offenders with his healing touch.

Professionals in the mental health field are also concerned about the claims.

In a large pamphlet delivered to areas of Christchurch last week. Wim Mentink - who describes himself as a professional psychic healer and therapist - refers to the murders of six-year-old Louisa Damodran and Napier schoolgirl Theresa Cormack.

He claims psychiatrists failed Peter Holdem, the man convicted of the Damodran murder, whereas he has successfully treated dozens of people suffering from so-called incurable physical and psy-chological disorders by simply scanning his hands around their bodies.

Mr Mentink declined to be photographed or interviewed in person. However, in a telephone interview with The Dominion Sunday Times, he said he regarded psychiatrists as criminals. He said drugs electric shock treatment and self-esteem courses were rather futile, if not downright destructive.



MR MENTINK

curable. They say that about a lot of people. I say they are curable, if they only find out the truth about the make-up of the human being."

Dr Denis Dutton is chair-man of the Sceptics Society, known officially as the Com-mittee for the Scientific Investigation of Claims of the Paranormal. He said he was very disturbed by the leaflet. "I think it's most re-

markable that he would claim he might have successfully treated someone such as Peter Joseph Holdem. This to me is "They say Holdem is not about as modest as the fact that he has chosen to announce his amazing discoveries through a mail-box circular which features a full-page picture of himself on the cover.

"I feel in society today there is a great concern and even fear of sex offenders. The recent cases have been very disturbing for all of us and I'm bothered by someone appealing to this kind of case in order to gain public attention.'

Dr Dutton said he would like evidence that Mr Mentink's therapies were as successful as he claimed, and pointed out that some drugs have proven to be a godsend for some psychiatric patients.

"It's our view that anybody who is claiming to be able to heal, treat or cure an affliction, physical or psychological, ought to be able to offer reasonable evidence that their treatments have benefit beyond the mere placebo effect or psychological effect of the laying on of hands,'

Mr Mentink said he would welcome a serious investigation of his work. It was based on the theory that humans have within them a highly sensitive organism he calls the "energy body", which cannot be detected or measured by scientists.

When a person became ov-

erloaded by pain this could distort the mind or the body. A child that became overloaded was frozen in its tracks emotionally and this was how child molesters were made.

The psychology department at Canterbury University said it could set up trials, but if Mr Mentink was purporting to have an effect on people who were ill, tests would take time.

Mr Mentink said he was not interested in laboratory tests. He just wanted doctors and psychologists to "observe" the change in his patients.

Dr Dutton said it was difficult to know how the claims were supposed to be in-vestigated when the "energy could not be detected or measured and he thought the theory was a "mish mash of incomprehensible psychic mumbo jumbo".

Dutch-born Mr Mentink said he discovered his psychic healing powers during a trip to Europe in 1978 and had treated several hundred people during the past eight years.

I know where people have problems. I only have to scan my hands over people, it hits me like a thunderbolt," he said.

He said the aim of his pamphlet was to put across his theories. It was not touting for business because he was already quite busy enough.

you'll have no trouble showing that he or she is suffering from residual effects of pesticides; if the patient has never lived on or even near a farm, still not to worry: you'll explain that sprayed pesticides can drift for miles, and that they sometimes spill from tankers using the public roads. Of course, the current fears of a society change from time to time, and you'll want to tap into whatever seems most to concern people at the current juncture. (In the decaying industrial city of Detroit, where I used to live, there was for a time a popular but largely unfounded fear of general environmental poisoning by lead and other industrial metals. This fear was cleverly exploited by some alternativists and even GPs who did a thriving business "treating" heavymetal poisoning.)

But it's not just fear or an anti-technological spirit which attracts people to alternative medicine. Another recent *Listener* article attributed the popularity of alternative medicine to a reaction "against a high dependency on drugs and a quick zip-zap through the doctor's surgery." Indeed, that zip-zap remark has a point. A British study compared the average length of time spent by patients with general practitioners with the time spent with alternative practitioners. Alternativists were found on average to spend 51 minutes on the patient for the first visit, and 36 minutes for subsequent visits; this was roughly six times the amount of time of GPs. Who can doubt that a major function thus served by fringe practitioners is the providing of a sympathetic ear for the troubled patient, who needs someone to talk to as much as he or she needs a physical therapy?

Indeed, I think this fact was implicitly recognised by a physician who last year made some discouraging remarks to me when I asked him for help in a planned test of iridology. "Leave the iridologists alone," he snapped. "They keep the hypochondriacs off my back." You can interpret that as cynical, I suppose. But you can also see it as the perhaps brutally honest view of an overworked man who wants to devote his time and expertise to helping the seriously ill. He feels he doesn't have 51 minutes to spare for the sufferers of the general malaise of modern living, the people who just need someone to talk to. And who are we to challenge his priorities, at least insofar as he personally judges what is the best use of his own professional time?

Still, even though we might feel that there should be some sympathetic ear available to these people, I am disturbed by a *Listener* editorial not long ago on the topic of alternative medicine which has gone so far as to call for government funding for fringe medical services. And this editorial ought not to be dismissed as an insignificant abberation: in the present user-pays climate of medical policy decisions it is possible that there will be increased pressure to turn our backs on expensive, science-based medicine in favour of popular but worthless pseudoscientific placebos. I think it is imperative that health professionals throughout New Zealand work to resist such pressures. Our stretched public health resources must be directed toward valid, effective science-based medical care. Anything less will prove an expensive and dangerous.

Emil J. Freireich, "Unproven Remedies: Lessons for Improving Techniques of Evaluating Therapeutic

- Efficiency," Cancer Chemotherapy (1975), pp. 385-401. The "Freireich Experimental Plan" is described and elaborated in ways similar to my use of it by Karl Sabbagh in "The Psychopathology of Fringe Medicine," Skeptical Inquirer 10 (1985-86), pp. 154-64.
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- 4. Jacqueline Steincamp, "Positive Thinking," New Zealand Listener, 5 September 1987.
- Graham Ford, "Holistic Health," New Zealand Listener, 3 October 1987.
- S.J. Fulder and R.E. Munro, The Status of Complementary Medicine in the United Kingdom (London: Threshold Foundation, 1982).
- David Young, "Exploratory Medicine" (editorial), New Zealand Listener, 22 November 1987.



On fanatical religious belief

14

Ovington Goulding

Reductio ad absurdum Futile dreams of apocalyptic grandeur The urge of Homo sapiens to believe The unreality of faith and creed, The primitive puzzling over cosmic questions, Of origins, where from, where to, 'Whither goest thou?' repeated eternally, The apotheosis of venerating saints, The idealisations of unreality, Contrasting a musical Magnificat With deifying joss-sticks. Can repetitious Te Deums Renew a dead faith? Can morning Matins Satisfy the hunger of deities? The need for sacrifice Which leads to violent death An induced opium of the masses. Ponder too sectarian violence Rivalry in regulating minds, In controlling creative thought. Do the judges of Galileo and Erasmus Still haunt the towers of orthodoxy? Proselytical fanatics still roam, Unleashed by reactionary priests? Creationism still singing, siren-like, Its bewitching allurements? Renaissance man beware! Leviathan may yet consume thee.

Trivialising the art of Te Maori

Gordon McLauchlan

A common failure of the imagination and of intellectual rigour is the belief that these two qualities cannot co-exist. In fact one is indispensable to the other if art and intelligence are not to be separated and trivialised.

An Italian American woman, Carol O'Biso, has written a book called First Light (Heinemann), a vivacious and entertaining account of her five years' association with the Te Maori exhibition which closed in Auckland last week. I admire her writing for its briskness and energy, but I am repelled by what I consider her determination to cheapen the artistic and spiritual impact of the Te Maori exhibits.

O'Biso is a native New Yorker who began her association with Te Maori five years ago as chief registrar of the American Federation of Arts. She was involved in organising and supervising the American tour. She claims to have developed a spiritual relationship with the exhibition. When it came back here so did she, and she now lives in Auckland.

When she first came to New Zealand she didn't much like either the country or the Maori people she met. These encounters she describes with great vigour and skill at the beginning of the book.

She has been feted by the media lately with the unquestioning acceptance that is becoming distressingly typical of both print and electronic journalism in New Zealand.

Last Sunday on television's Weekend I asked her to tell me about some of the incidents she mentions in the book that convinced her that objects in the exhibition could exert a physical influence over events.

She mentioned the case of the small statue that was slightly damaged and would not be photographed in its impaired state. Cameras mysteriously would not work.

I suggested to here that this implication, and others she makes in the book, cheapen the works of Maori art by suggesting some magical power to intervene in practical

events through some circus-like,

trick-playing power.

She retreated into the sort of "then how do you explain these coincidences?" sort of argument that is commonly used by people who are trying to push the paranormal

Unfortunately, because time is critical in a live magazine programme like Weekend, I had to end the interview quickly and was perhaps abrupt and even snide. That I regret.

But the response of listeners was overwhelmingly against me. and mostly abusive, because of the total misconception that I was attacking the spiritual power of the

Te Maori works of art; whereas in fact I was defending it.

Let me explain. I have recently rediscovered Shakespeare's sonnets. I have been reading at least one a day. I marvel at them. I am awed by the purity of the poet's genius. I am intensely moved by their beautiful, rhythmic declarations of love.

Now, would you be more or less impressed if I went on to say that several nights in a row after I had been reading them, I couldn't turn my light out; or that the book would not allow itself to be closed physically until I had finished them; or that no one could get my telephone to ring until I had finished the poems I was reading that day?

Perhaps you would say I was trivialising Shakespeare by putting his work in the same sort of category as, say, The Paul Daniels Magic Show.

That is what I think O'Biso's book does to Te Maori. It doesn't think the power and beauty of Te Maori is enough to impress people in its own way with its own intrinsic worth. It wants a circus trick or two added to get "Oh-my-goodness", "gee-whizz-ain't-that-something?" effects. And that, in my opinion, trivialises the spirituality of art and betrays an inadequate imagination, brings then whole thing down to the level of spoon-bending.

What surprises me is how desperately so many people seem to need to believe in spoon-bending, or in sculpture playing tricks with cameras, even though these are things entirely outside their own experience. They apply no intellectual measure against their desire to believe in cheap magic. They ground their imagination at the level of circus acts.

Well-known writer and broadcaster Gordon McLauchlan is a member of NZCSICOP.

The Evening Post, 31 August 1987

Space walker hunts for Ark's remains

ANKARA, August 28. - Former astronaut James Irwin has set up camp to resume a hitherto ill-fated hunt on Mount Ararat for the biblical Noah's Ark, news agencies said.

Irwin said he also hoped to receive a permit to fly over parts of Ararat, Turkey's highest peak, near the sensitive borders with Iran and the Soviet Union, Hurriyet and Anatolian news agencies reported.

Irwin, whose camp is near the town of Dogubeyazit at the foot of the 5165metre mountain, believes the Ark's remains lie near the permanently snowcapped summit.

His past attempts over six years to find the Ark have been dogged by failure and bad luck. He has been badly hurt in a climbing fall, given up when comrades fell ill, upstaged by a rival Ark-hunter and kept off the peak by guerrilla activity.

Last year police sequestered him in a hotel for making an illegal flight over

Irwin, 57, of Colorado Springs, Colorado, walked on the moon in 1971 as part of the Apollo-15 space mission. He retired from the US space programme two years later. - NZPA-Reuter

Commentary on the Following Report Concerning Retroactive Psychokinesis or Backward Psychic Causality and the Sabotage of Psychic Experiments

Andrew Skolnick New York, NY.

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Kullins and colleagues at the Center for New Science studies, University of Limelight, England, sound an alarm which needs amplification. If their conclusions are true, the foundations of scientific investigation may be undermined, for the phenomenon of backward psychic causality would have far reaching effects, not just on paranormal research, but on all scientific inquiry as well as on world peace.

The findings of Kullins, et al. follow a half-century of startling discoveries that challenge several long-held notions of conventional science. Nearly 50 years ago, J.B. Whine observed that negative attitudes (i.e. skepticism) can block the functioning of psychic powers.² This observation helped to explain why skeptical scientists have not been able to replicate any psi experiments reported to produce significant results.³ More recently, Androcles Poopovich has sited the presence of debunking disbelievers in the audience as the reason why strong sensitives, such as Uri Guiler, find themselves powerless and are unable to satisfy demanding crowds without resorting to cheating.^{4,5}

Whine was also the first to demonstrate the psi forces are not attenuated by distance.⁶ This surprising attribute of paranormal phenomena has been confirmed by many other researchers.^{7,8} More recently, it has been shown that paranormal forces are no more restrained by the limitation of time than they are by those of space.^{9,10} In an elegant experiment using roaches (*Blatta orientalis* Linn.) Helmsley Smyth posulated backward-time psychokinesis to explain how his subjects were able to bias a random event generator retroactively in favor of administering electric shocks to themselves. In another experiment, he was able to show that roaches could similarly affect a random event generator in the future.^{11*}

Even more intriguing, Tug and Putzoff showed that random events can be affected by the simple fact that the outcome is being observed by people, even when those people observe it at some future time.¹³ Finally, Kullins has suggested, here and in previous publications,¹ that negative psychic forces have been systematically destroying data that proves the existence of the paranormal. According

* An alternative explanation was later offered by Smyth who suggested that, out of his strong dislike for roaches, he might have been using his own psychokinetic powers unconsciously to influence the random event generator to shock the vermin. However, in support of Smyth's original hypothesis, the Freudian parapsychiatrist Vile Fliess believes the insects were manifesting masochistic tendencies, probably resulting from psychosexual maldevelopment brought about by the unnatural crowding conditions of captivity.¹²

to Kullins, certain agents may be using their psychic powers, consciously and unconsciously, to tamper with psychic experiments, to alter or even erase positive results.

Several possible motives for this sabotage are proposed: the most plausible theory, first suggested by the Israeli sensitive Uri Guiler, ¹⁴ is that Soviet psi agents are trying to block psychic research in the Free World, while they develop their own army of psychic warriors who will soon be able to zap our computers and satellites, and knock our planes and missiles out of the air; in other words, a cadre of Soviet Darth Vaders to counter our developing Star Wars technology.

Not only does the evidence demonstrate the possibility of psychic interference with on-going psychic experiments, it also shows how it is possible to retroactively tamper with psychic research. Thus, merely by reading the results of successful psychic experiments published in Western journals, Soviet psychic saboteurs can change significant results into insignificant ones. Kullins suggest that this is exactly what the Soviets have been doing to derail our psychic research program, and that this alone may explain why, despite one hundred years of scientific effort to verify the existence of psi, not one repeatable experiment has been produced.

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Because of the gravity of this problem and its farreaching ramifications, it is of utmost importance for scientists throughout the Free World to cooperate in the development of effective psychic blocking screens to protect our research from Soviet sabotage. It may also be necessary to investigate and expose skeptics who would have us disbelieve in psychic phenomena. Knowingly or not, these persons are psi agents—paraprovocateurs and parasaboteurs. They are psychic fifth columnists; they must be weeded out.

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Another note from the typesetters

Just a reminder:

Do you have any small quotations or one-liners (even two-liners) that you think other members might appreciate—send them to the editor.

Also more feedback about the layout of the newsletter is always welcome. For example, do you prefer one column or two? Would you prefer A3 pages folded down the centre? and, if you can spot the stylistic difference between the Proper Criticism and Cancer Line articles, which do you prefer?

> Mark Davies Karen Turner Andrew Vignaux



"Actually, it was a day not without interest. As I approached my office, I was mysteriously drawn into an alien spacecraft which transported me at the speed of light to the far reaches of the universe. There I was the subject of bizarre sexual experiments which continued until I was returned to earth just in time to catch the 5:27 back home."