CO-ORDINATION: C.R.(STEVE) WHITING
DISTRIBUTION : Chris. P. Harding.

Letter from member Dale Swain

"Dear Chris,

I have done some research on memory and have found nothing
definitive about why some people with eidetic imageary have much
difficulty handling higher cognitive functions. What may help is to
distinguish different types of memory: (I) Sensory or modality memory
(visual, auditory, tactile, etc.), (2) episodic memory(personal
experiences) and (3) semantic memory(Symbolic meanings). Lauria's
subject "S" possessed a remarkably strong visual memory (coupled with
extreme Synothesia) which was similar but not identical to eidetic
imagery; "S" would often use (naturally I think) the "method of loci"
mnemonic technique to remember lists of items, e.g. - he would visually
place each item in a familiar location in sequence; other times he would
read off the lists in eidetic-like fashion. "S's" main problem was in
understanding meanings - for example, if someone were talking to him,
often each word would evoke a series of vivid images, cluttering and
obscuring the semantic meanings. It may be that these types of memory
can never function with equal force in parallel but must be structured
hierarchically with the more primitive, literal, perceptual types at the
bottom and the more modern, conceptual, figurative types at the top.
But occasionally, as in the case of "S" a person inherits a "lower-level"
perceptual memory which functions with inordinate power, overriding all
others. As for higher cognitive vs memory functions, it seems to me that
some sort of memory is involved in all mental processing, it being
necessary in all cases but not sufficient in some. Most likely the type
of memory involved in a higher abstract mental activity like "reasoning"
would be the "semantic" , while possibly "rote memorization" might
represent lower abstraction on a very literal, fundamental level.
Concerning "forgetting" , there are several postulated reasons which
seem very plausible: (I) Failure to transfer data from short-term-memory
to long-term-memory, (2) Failure to transfer data from LTM (inadequate
associative indexing). (3) retroactive and proactive inhibition.
(4) interference, (5) failure Motivated forgetting(Suppression and
repression) and (6) failure to register adequate initial sense data(lack
of attention). "

Any member with anything to add should write to me.   P.T.O.

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NEW MEMBERS: (not in Alphabetical order.)

None to Friday 30th Jan 'SI.

REQUESTS:

A member to write a brochure?   This should be approached from a timeless
perspective!.

A member(s) to place recruitment notices, TNS(?) 4 Sigma(?) ISPE(?) Intertel
(??) Mensa(???). Others(?).

Suggestions, ideas etc on any other matter.

606 Level occures at the following values on tests indicated below.
ACE-I85; BAT-I70; CTMM-I86; OTIS-LENNON-I85; SKYSCRAPER-I70; STANFORD-BINET
-I85; THURSTONE-200; W87-I70; WISC-I80.   (Top-00.000,6 %).

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of the continuum of the normal population! What would be
valuable is a corrected standard of r_{xx} reliability. At least the
observed S_x of a high-range population would have to be
multiplied by something between 2 and 3, meaning that S_x^2
is 4 to 9 times larger ... That the "true" reliability of Skyscraper
and B.A.T. should be around .86 and .92 respectively and
probably higher. Otherwise, use of these validity standards
blatantly states that tests can be valid only when normed on the
standard general population. You cannot obtain "high validity" unless
the possibility exists for the variance to be large with respect to
$\varepsilon piqi$. The "unadulterated" KR-20 test for B.A.T. shows $r_{xx} = 0.614$
for the first 170 tests on hand, and I very much doubt that the
"orthodox" tests could even come near that.