

What Would Change Our Minds?

A practical companion for evaluating consciousness claims, including psi, altered states and psychedelics, without losing curiosity or moving the evidential goalposts.

OPEN QUESTION: Before seeing the result, what would raise confidence, lower it, or leave the question unresolved?

Start With A Bounded Claim

Replace a broad statement such as “consciousness is nonlocal” with a specific claim about a specified task, population, measurement and predicted result. Broad worldviews rarely stand or fall on one experiment. A bounded prediction can be checked without pretending it settles the whole worldview.

This guide proposes an editorial method, not a validated scoring system or research protocol. Its examples illustrate questions to develop with researchers; they do not authorise participant testing.

Separate Three Records

Observation: the recorded outcome, including uncertainty, exclusions and missing data.

Interpretation: the mechanism claimed to explain that outcome.

Meaning: the personal, spiritual or ethical significance attributed to it.

Respecting a person’s experience does not require accepting every explanation of it. Equally, uncertainty about an explanation does not erase the experience or its importance to that person.

Agree The Test Before The Outcome

Write down the primary outcome, analysis, sample or stopping rule, effect size of interest and plausible confounds. Decide which results count against the claim. Keep exploratory analyses clearly labelled, and register changed predictions as revisions rather than retroactive successes.

A small p-value alone does not provide the probability that a theory is true. Look at effect size, precision, design quality, multiplicity and compatibility with alternatives. An imprecise null result may say little; a precise result excluding the predicted effect can be informative.

A Model Of Constructive Disagreement

Cogitate brought proponents of IIT and GNWT together with theory-neutral researchers to agree predictions and testing criteria in advance [S2]. The general lesson is to make disagreements measurable. A failure of a specific prediction is not automatically a refutation of every version of a theory.

What Would Move Confidence?

Microtubules And Orch OR

Would raise confidence in a specified mechanism: replicated target engagement, the predicted microtubule property measured in relevant conditions, and a causal result that a credible conventional model does not explain.

Would lower confidence: the preregistered distinctive prediction fails with adequate sensitivity, or ordinary cellular effects account for the result. Would remain unresolved: altered anaesthetic responsiveness alone. The rat righting-reflex study [S3] does not separately test objective reduction.

Psi And Alleged Information Transfer

Would raise confidence: independent, preregistered replications of a defined effect with concealed random targets, secure logs, blinded scoring, sensory-leakage controls and complete reporting. Ask whether the effect survives negative controls and adversarial scrutiny.

Would lower confidence: disappearance under stronger controls, dependence on flexible exclusions, or precise independent results incompatible with the predicted effect. Would remain unresolved: compelling anecdotes or a statistical anomaly with unresolved ordinary explanations. Even a robust unexplained effect would not identify an Akashic field as its cause.

Psychedelics, Meditation And Altered States

Would raise confidence in a brain-experience link: convergent measures, suitable comparison conditions, independent replication and predictions that distinguish neural mechanisms. For treatment claims, define the clinical outcome and follow-up separately.

Would lower confidence: results explained by expectation, unblinding, task changes or analytic flexibility. Would remain unresolved: whether feelings of unity or timelessness reveal an external reality. The imaging findings in [S4] do not decide that ontological question. These are research appraisal questions, not dosing or treatment advice.

AI And Fundamental-Consciousness Claims

Would raise confidence in a proposed indicator: theory-specific predictions tested across architectures and controls for learned imitation. Would lower confidence: the indicator tracks prompting or task skill rather than the proposed property.

If two ontologies predict the same observations, this test cannot discriminate them. “No difference detected” is not evidence that both are true. State the present empirical limit rather than treating every outcome as confirmation.

Carry This Into The Conversation

The Confidence-Change Card

Claim: In [system and conditions], [mechanism] predicts [outcome].

Best alternative: [specific competing explanation].

Raise confidence if: [distinctive, measurable result].

Lower confidence if: [result inconsistent with prediction].

Leave unresolved if: [insufficient precision or shared prediction].

Record: source, date, method, uncertainty and independent replication.

An Example Without Invented Data

Claim to develop: a measured microtubule property contributes to a defined anaesthetic transition beyond conventional effects. Alternative: changes in ordinary cellular function or drug action explain the behavioural timing.

The next task is to agree a measurable discriminating prediction and feasibility constraints with relevant specialists. Do not assign numerical success thresholds without a justified design. Failure to find a practical discriminator is a limitation of the current proposal, not evidence for it.

A Conversation Starter

What result would make you revise your preferred interpretation? Could you and a thoughtful critic agree the measurement, controls and revision criteria before collecting the data?

After The Conference

Keep exact quotes separate from paraphrases and your own inferences. Ask consent before attributing informal comments. Link original papers and corrections; an abstract or conference talk is not independent replication. Track why confidence changed, and avoid counting repeated reports of one study as separate evidence.

The AkashicNET Commitment

AkashicOMNI can organise claims and proposed tests [S5]. It cannot confer scientific support by including a claim. These guides do not change any Big Question conclusion, imply speaker endorsement, or establish quantum consciousness, survival after death or a universal memory. Curiosity stays open; conclusions remain proportionate to the evidence.

Read The Originals

Selected anchors, not a systematic review. Source access checked 30 September 2026. The questions and comparison categories are original AkashicNET editorial proposals.

S1 TSC 2026: official programme

https://tsc2026.org/program_details.html

Programme context only; listing is not validation of a claim. Checked 30 September 2026.

S2 Cogitate Consortium et al. (2025). Adversarial testing of GNWT and IIT. *Nature* 642, 133-142.

<https://doi.org/10.1038/s41586-025-08888-1>

Primary experiment. Tests specified predictions about conscious visual content.

S3 Khan et al. (2024). Microtubule-Stabilizer Etoposide B Delays Anesthetic-Induced Unconsciousness in Rats. *eNeuro* 11(8).

<https://doi.org/10.1523/ENEURO.0291-24.2024>

Primary animal experiment; loss of righting reflex is a proxy. Abstract/method summary checked; publisher full text was blocked in this pass.

S4 Siegel et al. (2024). Psilocybin desynchronizes the human brain. *Nature* 632, 131-138.

<https://doi.org/10.1038/s41586-024-07624-5>

Primary human imaging study; brain dynamics and experience, not proof of a metaphysical interpretation.

S5 AkashicOMNI: Is Consciousness Multiscale?

<https://akashicnet.org/akashicomni/multiscale-consciousness>

Independent editorial comparison and further source ledger; not independent scientific evidence.

Independent Conference Companion

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Web Edition And Related Reading

<https://akashicnet.org/tsc2026/field-guides/what-would-change-our-minds>

Conversation starters and speaker materials: akashicnet.org/tsc2026/conversations. Use Guide 01 for the disciplinary map and Guide 02 for confidence-change questions.