# by William Braud

# **Professor Braud replies:**

I agree with Mr. Kennedy and Dr. Kanthamani that experimenter effects and influences are important and that these deserve increased attention not only in studies of "paranormal" phenomena, but in all areas of psychology, medicine, and research in general. I also agree that paranormal and other exceptional experiences can have important impacts on the experiencers' lives and worldviews, and that such experiences frequently have spiritual implications. Indeed, I feel that understanding the impacts, meanings, and interpretations of such experiences, as they occur in everyday life, is perhaps even more useful than careful studies of these, or analogs of these, phenomena in more artificial laboratory settings. At the Institute of Transpersonal Psychology, several doctoral students and I have been exploring these very issues. Samantha Dowdall (1998) found that exceptional experiences (mystical/unitive, psychic, and related) occurring in the context of nature (especially if experienced as children) were not at all rare, and that these powerful experiences were predictive of later positive ecological attitudes and actions, spirituality, and psychospiritual health and well-being. Genie Palmer (1999) found that unitive, paranormal, and other exceptional human experiences contributed recognition and openness to Something More, were frequently affirmations of life choices and directions, indicated the profound interconnectedness of all of us, and that their disclosure and assimilation (through individual or group work) were psychologically and spiritually beneficial. Elsewhere, Rhea White (1998) and her associates have been doing extensive and important work in these areas. I feel Kennedy and Kanthamani are wise in urging us to explore the more transpersonal influences and implications of these profound, yet poorly apprehended, experiences.

- Dowdall, S. (1998). Roots of the spirit: Interrelationships among ecological actions and attitudes, nature-related exceptional human experiences, spirituality, and wellbeing. Unpublished doctoral dissertation, Institute of Transpersonal Psychology, Palo Alto, CA.
- Palmer, G. (1999). *Disclosure and assimilation of exceptional human experiences: Meaningful, transformative, and spiritual aspects*. Unpublished doctoral dissertation, Institute of Transpersonal Psychology, Palo Alto, CA.
- White, R. (1998). Exceptional Human Experience: Special Issue. Background Papers II. The EHE Network, 1995-1998: Progress and Possibilities. New Bern, NC: Exceptional Human Experience Network.

### **Professor William Braud replies:**

In his reply to my recent article, Dr. Anick makes many excellent points. His suggestion that patient and researcher intentions may themselves influence, and hence

confound, the outcomes of experimental designs is quite plausible. Indeed, parapsychological researchers have shown that similar effects are not only possible "in principle," but that they actually have occurred. Whether, and how strongly, such effects occur is a complex issue depending on such factors as the nature of the randomizing process involved, the specific intentional and observational conditions, and other motivational and psychological variables.

Although Dr. Anick emphasizes these possible intentional confoundings of randomized double blind placebo-controlled clinical trials (RDBCTs), such effects could occur in any laboratory experiment in any area of research—not only in conventional and alternative medical research, but also in biological, chemical, physical, and psychological investigations. I suspect that researchers in conventional areas realize, at some level, the implications of direct intentional influences for their own research projects (which depend upon assumptions about adequate randomization and the freedom of their designs from psychological "contamination") and for laboratory research in general, and that the troubling implications of the kinds of possibilities that Dr. Anick suggests may motivate at least some of the tremendous resistances that conventional scientists have shown to claims such as those described in my article.

I agree with Dr. Anick that it is important that we explore the extents to which RDBCTs might be vulnerable to direct intentional effects. Attention could be devoted to careful empirical explorations of the range and limits of these effects, as well as to the identification of the psychological, physiological, and physical conditions that might modulate such influences. Dr. Anick's warning of the limitations of experimental and clinical trials, and of excessive reliance upon them, is also well-advised.

Although implicit patient and researcher expectations and intentions can be troublesome confounding factors in laboratory studies, these same expectations and intentions can be useful facilitators of outcomes in real life situations. Here, multiple intentional influences could jointly contribute to the patient's benefit. This possibility reminds us of the importance of the stated and unstated expectations of everyone involved with a patient's well-being—attending physicians, surgeons, assisting personnel, family members, and loved ones—and the importance of their positive and aligned intentions.

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