

Clinical Implications of Synchronicity and Related Phenomena

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Synchronicity, as defined by the Swiss psychiatrist Carl Gustav Jung, encompasses a range of phenomena. Broadly speaking, Jung used the term to describe “the simultaneous occurrence of a certain psychic state with one or more external events, which appear as meaningful parallels to the momentary subjective state, and, in certain cases, vice versa.”¹ Within this framework, Jung included more typical, meaningful coincidence experiences, as well as a range of psychic or “psi” phenomena, such as precognitive dreams, clairvoyance, and telepathy. Jung’s interest in



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these areas stemmed from a number of unusual personal experiences, as well as observations from his clinical work with patients. He was also influenced by relevant scientific research, most notably that of J.B. Rhine, with whom he maintained a long-term correspondence.²

In addition to believing that synchronicities represented a connection between an inner psychic state with one or more external events, Jung also believed that synchronicities were not bound by the constraints of space or time, that they were emotionally meaningful, that they

occurred in a setting of activated archetypes, that they promoted individuation, and that they were “acausal” in nature (ie, they did not follow normal laws of cause and effect). Many of these suppositions have been questioned by researchers of psi phenomena,^{2,3} and there is some question whether the same mechanisms underlie meaningful coincidences and other psi phenomena. In this article, we will discuss clinical implications of the phenomena themselves, without limiting ourselves to the specifics of Jung’s conceptualization.

It bears noting that we will be dealing with areas of experience that science has yet to fully elucidate, and that are likely to reflect a variety of causes. Meaningful coincidences may derive from numerous sources including delusional thinking, self-deception, cognitive information processing deficits, and probability misjudgment. In other cases, they may point to something entirely different, which stretches our current scientific understanding of how the universe operates and the nature of consciousness itself. Overall, approximately one-half to two-thirds of individuals in societies around the world have reported experiencing at least one psi experience over the course of their lives.⁴⁻¹¹ Some differences have been noted depending on country — for example, lower percentages reported in Norway, Denmark, and Sweden,^{4,5} and higher percentages reported in Brazil.⁸ There is also a considerable body of research attempting to study psi in controlled laboratory settings. This has proved to be a difficult task, in part because laboratory settings can only approximate the natural conditions in which psi typically manifests. In addition, researchers have identified a number of factors that seem to influence the expression of psi in research settings, including whether or not research participants and investigators themselves believe in the possibility of psi. Variability among research findings has been taken to support individual predilections for or against the possibility of psychic functioning. However, most meta-analyses of the data taken in aggregate have supported the possible existence of psi, sometimes with astronomical statistical odds.^{12,13}

Whatever one's views regarding whether human consciousness has properties that transcend space and time, or whether synchronicities represent more than simple chance coincidences, the fact that a significant number of people have these experiences, and that they manifest at times in therapeutic contexts, makes

them an important topic of consideration for mental health professionals.

In this article we will discuss ways that meaningful coincidence and psi experiences can present in clinical settings, and will go on to consider clinical implications.

TYPES OF SYNCHRONICITIES/ PSI EVENTS ENCOUNTERED IN THE CLINICAL SETTING

Meaningful Coincidence in the Therapeutic Environment

One type of synchronicity experience is when the therapeutic setting itself becomes part of the meaningful coincidence.

Jung's classic example of the golden scarab is an example of this along with incorporating all of the major tenets of his theory. A patient whose reliance on intellectualization had led to a therapeutic impasse reported a dream of being given a golden scarab. Just as she was recounting the dream, Jung heard a gentle tapping at the window, only to discover a beetle whose appearance closely resembled a golden scarab. When Jung opened the window, he caught the beetle just as it flew into the room and handed it to the patient stating, "Here is your scarab."¹ The incongruous event, which seemingly had no rational explanation, broke through the patient's defenses and heralded a time of "re-birth" in the therapy paralleled by the archetypical significance of the scarab as an Egyptian symbol of rebirth.

A colleague reported the following notable synchronicity. During a period in which she had not been able to move a female client beyond what felt to her like superficial discussion, she happened to borrow a book that looked interesting from another therapist. That afternoon, as the client was leaving the session, the client noticed the book and commented that the same book had been in the office of a therapist who had abused her for years as a teenager, adding that perhaps they should talk about that in therapy

sometime. This event heralded a turning point in the therapy, ultimately leading to tremendous growth and empowerment on the part of the client.

Coincidence experiences that are directly tied to the therapeutic environment can be particularly powerful for clients, even with only minimal input from the therapist, as this author experienced first-hand many years ago. During a transition period after making an unconventional decision to change career paths, I entered therapy to explore/confirm my decision. I took an immediate liking to a poster in the therapist's office. The poster showed a path with winding steps and the Lao Tzu saying, "A journey of a thousand miles begins with a single step." The poster took on added meaning when I started my first job during this period, which was working in a private psychiatric hospital. To my surprise, I discovered the same poster prominently displayed throughout the hospital, with the name of the hospital emblazoned on the bottom. The true impact of this synchronicity was not realized until several months later, however. I had been hired to work on a unit that was being renovated and was being temporarily housed in a different building. When the renovated unit opened, I discovered that the poster was a photograph of the path and steps, which led directly to the unit I worked in. At the time, I took this as powerful confirmation that I was indeed taking the first step on my own epic "journey of a thousand miles."

Client Types

Many therapists have reported apparent coincidences in the issues that clients bring with them to therapy. Sometimes this takes the form of clients whose issues eerily parallel those of the therapist. For example, a colleague whose father had just died found himself facing a new client dealing with similar issues related to his own father's recent death. Another colleague who

was dealing with in-law issues found herself counseling a client with almost identical issues. Psychiatrist Jean Shinoda Bolen has commented, "As an analyst, it seems to me that my patients come through my office door bringing with them the opportunity and necessity for encountering aspects of myself. Whatever I need to become more conscious of, whatever could be an Achilles heel, whatever is my growing edge, synchronistically seems to arrive on my doorstep. Realizing this, when synchronicity seems to be playing a hand in bringing someone to me, I now wonder whether it will be a meeting of special significance for me as well as for the patient."¹⁴ Therapists have also reported "runs" of similar clients. Seen from a classical analytic perspective, experiences such as this could be attributed to projection or countertransference on the part of the therapist, and could potentially distort the therapy. However, seen from a synchronistic perspective, they are a logical extension of the view that outer experiences can parallel inner psychic states, and can provide useful information to guide the therapy.¹⁵ The extent to which coincidences of this type occur in therapy has not been formally studied.

Synchronicity/Psi and Psychotherapy

The association of psi experiences with psychotherapy has a long history, with reports stemming back to the early days of psychoanalysis. Freud, himself, had a personal fascination with this area, but was reluctant to voice this interest for many years, due to concerns that it would undermine the credibility of his newly emerging field. In her book, *Extraordinary Knowing*, psychoanalyst Elizabeth Lloyd Mayer presents a fascinating exchange between Freud and Hungarian psychoanalyst Sandor Ferenczi in which Freud implored Ferenczi to keep quiet about thought transference

(telepathy), at least for a few years. In one letter, Freud referred to "initiating Jung at a later date," with the series concluding with Freud's ultimately granting permission to Ferenczi and Jung to openly pursue interests in the area, noting that "these are dangerous expeditions, and I can't go along there."¹⁶ Over time, Freud went on to write a number of papers on occultism and psychoanalysis

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and was the first to suggest that psi information was subject to the same distortions as other material in dreams, even giving examples of how knowledge of dream interpretation could be used to reveal hidden psychic content.¹⁷

There are several aspects of psychotherapy that parallel real-life situations in which psi experiences are commonly reported. At least half of spontaneously reported psi experiences (especially precognitive experiences) involve information received in dreams.¹⁸⁻²⁰ In addition, spontaneous reports of psi typically occur between individuals who have strong emotional ties.¹⁹ The focus of psychoanalytic/analytic therapy on dreams has made it a prime context for the relay of psychically derived information. Emotionally charged transference/countertransference reactions may contribute to the transfer of psychic information.^{21,22} Regression to primitive states in which boundaries between self and other become blurred may also prime the setting for psychic information transfer.²³

The following manifestations of psi in the therapy setting have been reported:

Psi Reported in Dreams

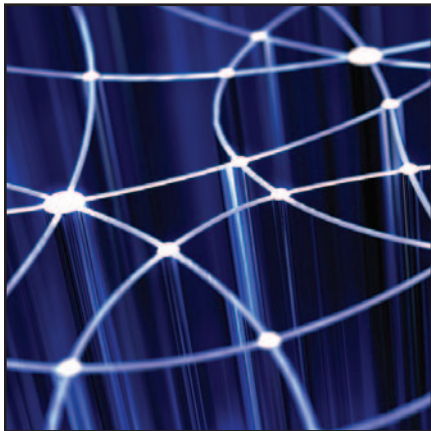
There is a little-known body of case literature documenting apparent psychic information expressed in client's dreams. This includes reports of clients "accurately seeing the therapist" in a dream preceding their initial session,¹¹ clients having dreams that parallel real-life experiences in the therapist's life,^{21,24-28} and different clients reporting almost identical or related dreams.^{21,25,28-30}

Much of the psychoanalytic literature has focused on understanding psi content in dreams or what arises in the therapy session from a therapeutic context. This literature has included theories that patients may present psi material as a way of communication with the therapist (sometimes an outlet for expression of feelings they could not directly discuss), or as a way to engage the therapist when the therapist's attention strays.^{17,21,26} Several therapists have suggested that often the nature of the information picked up regarding the therapist deals with content that is repressed by the therapist and/or patient,^{21,22,25} or that "either therapist or patient is unwilling to discuss."²⁶

Psychiatrist Jule Eisenbud, an early pioneer in the study of psi and psychoanalysis, has written extensively on this subject and provides numerous case examples in his writings.^{21,28} In one example, a patient dreamed of looking at "the mechanism of a watch through the far end of a watchmaker's conical magnifying piece ... on the watch was the inscription: 'Made in U.S.A.' or 'Made in Switzerland' ... I think it was U.S.A."²⁸ Initial analysis of the dream suggested that the watch represented the patient and his sense of himself as inferior (made in the U.S.A. as opposed to Switzerland). However, this did not correspond with the fact that the patient had progressed from feelings of inferiority in therapy and had begun to think of himself as a superior person. On the following day, the patient received a call from an attor-

ney who was settling his father's estate and learned that there remained a valuable pocket watch of his father's, which was to be disposed. Seen from this light, the watch was interpreted to represent the patient's father, with the corresponding message that the patient's father "was not the superior person he always made himself out to be."²⁸

At the time of the patient's dream, Eisenbud himself had been preoccupied with a valuable pocket watch he had inherited from his own father. Eisenbud had taken the watch to be repaired many months previously and had been negligent in retrieving it from the jew-



eler. He noted "a few days before the patient's dream, my negligence in the matter of picking up this watch came to my mind in some connection, and for a fleeting moment the singularity of my tactics of procrastination and my seeming wish to lose the watch struck me as somehow significant. Strange as it may seem, however, I put the matter quickly out of mind without achieving the insight ... the watch represented my father and I was simply acting out an incompletely resolved attitude of ambivalence toward him. It was only in connection with the latter analysis of my patient's dream that the meaning of my behavior in regard to my father's watch became all at once clear to me in a sudden, affective insight."²⁸

Eisenbud further noted "In the final analysis of the patient's dream was the aspect of it that seemed clearly to give expression to one of my hidden, repressed wishes, along with a similarly repressed wish on the part of the patient which ... I might have allowed to remain unanalyzed had not an awareness of the telepathic latent content of the dream (which derived, as it were, from both of us) forced me to unrepress."²⁸ Ultimately, Eisenbud's "corrected attitude evoked an immediate reaction in the patient who responded by bringing up a considerable amount of hitherto repressed, affect-laden material from the corresponding side of his ledger."²⁸

Psychoanalyst Elizabeth Mintz recounts that after discussing the possibility of seeing a client in her home rather than the office, the client had a strikingly accurate dream of Mintz's

have recognized and discussed the idealization and she would not have needed to produce a telepathic dream."²⁶

Psychiatrist Montague Ullman reported a number of correspondences between patients' dreams and events in his own life. Along with fairly benign examples, he noted that sometimes defensive, distrustful patients could become like "psychic super spies." A patient fitting this description dreamed, "... I was wrapping up a few of the samples that had been on exhibit and was preparing to leave. Someone gave me, or I took, a chromium soap dish. I held it in my hand, and I offered it to him. He took it. I was surprised. I asked him, are you a collector too? Then I sort of smirked and said knowingly, well, you're building a house. He blushed. He smirked and kept on smoking his cigar."²⁷ The patient

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who has dreams related to therapy.*

living room. The dream was also notable for the inclusion of elements that were not part of the actual living room. Mintz pursued the meaning of the inaccurate elements and discovered that they reflected features taken from the client's childhood living room.²⁶ Further exploration of the dream's meaning with the client enabled Mintz to observe, "By fusing the living room of her childhood with my living room, she had expressed the wish 'If only you had been my mother!'"²⁶ In reflecting on the dream, Mintz noted that "there was a strong countertransference element. At that time I was greatly concerned about one of my children and was dissatisfied with my handling of the family situation. I believed that I unconsciously sensed (the client's) idealization of me, but failed to become consciously aware of it because I felt that I did not deserve it. Otherwise, I would almost certainly

could not identify any personal significance of the dream's content. However, just prior to the session with the patient, Ullman had, in fact, synchronistically recalled his own somewhat shady incident involving a chromium soap dish. A year and a half prior, while building a new house, Ullman had mistakenly received an extra chromium soap dish. He states "in a spirit of belligerent dishonesty inspired by rising cost on the house, I had no intentions of returning it."²⁷ The week before Ullman's session with the patient, a workman who had come by to inspect a problem with the house had noticed the unused chromium soap dish in the basement, and "made a wise crack about [Ullman's] having gotten away with it."²⁷ Ullman noted, "Having long since rationalized it out of the realm of 'larceny,' I found myself somewhat embarrassed, and managed a sheepish smirk, though not with a cigar in my mouth."²⁷ In the

example cited, Ullman noted that the patient was in a state bordering on schizophrenia, in which his “lack of emotional responsiveness and profound feelings of withdrawal, resignation, cynicism, and futility” were mitigated by a last-ditch effort to maintain relatedness through psi communication.²⁷

Ullman was so impressed by telepathic dreams such as these that, in collaboration with psychologist Stanley Krippner, he started an extensive 6-year dream research program at the Maimonides Medical Center in New York. Some striking correspondences were noted between subjects’ dreams and target material used in telepathic or precognitive protocols.²⁷ Radin noted that of 25 studies published between 1966 and 1973, 19 had positive outcomes (hit rates greater than 50%). However, in 18 of the 25 studies “the 95 percent confidence intervals included the chance level of 50 percent.”²⁷ Radin subjected the overall results to an informal meta-analysis, based on all 450 sessions of the 25 published studies. Using this meta-analysis, “the overall hit rate (was) 63 percent ... (and) the 95 percent confidence interval clearly (excluded) the chance expected hit rate of 50 percent,”²⁷ with “odds against chance of ... seventy-five million to one.”²⁷ These results support a possible psi effect but do not “prove psi,” because, as Radin noted, factors other than chance were not included in his analysis, such as “assessing how many studies might have been conducted that were not published ... evaluating the quality of individual studies ... and assessing the degree of replication across different experiments and experimenters.”²⁷

Sometimes, it is the therapist, not the patient, who has psi dreams related to therapy. Psychiatrist Judith Orloff, who has had numerous psi experiences throughout her life, reports having had a number of precognitive dreams involving future patients, in which she was told they would be contacting her.

She also reports having had psi-related dreams about patients she was currently working with, who she “(felt) closest to or (had) known for a long time.”³¹ In one case, Orloff dreamt of seeing a patient, who was a recovering alcoholic, in a state of despair. The image was so strong that she phoned the patient to find her distraught over a fight with a boyfriend and about to take her first drink in years. Orloff noted, “As a result of my dream, I was able to intervene at a critical moment and point her in a healthier direction.”³¹

Jung reported awakening one night with the strong sense that someone had come into his room, although no one was there when he’d turned on the light. He’d “been awakened by a feeling of dull pain, as though something had struck my forehead and then the back of my skull.” The following day he learned that a former patient had committed suicide, by shooting himself. The bullet “had come to rest in the back wall of the skull.”³²

Psi during the Therapy Session

In his book, *Psi and Psychoanalysis*, Eisenbud presents numerous examples of patients apparently picking up on his thoughts during the therapy session. In one series, he had been musing about an incident from the previous evening. After presenting a seminar during which he discussed a linkage between cardiovascular and peripheral vascular disorders and sexual conflicts, one of his female students had asked him (rather provocatively, he thought) what could be done about her cold feet and poor circulation. Eisenbud found himself thinking about this interaction during a session with a male epileptic patient, who simultaneously began complaining, “I must have poor circulation or something ... my limbs seem cold and as if they are going to sleep.”²¹ Eisenbud noted that the patient had never previously complained of poor circulation and that the room was “comfortably warm.”²¹ In this case, the

patient’s response was consistent with other dynamics in the therapeutic relationship, including ambivalence about an impending marriage and a desire to “(remain) in a passive, submissive relationship to a father figure.”²¹ Interestingly, Eisenbud found himself pondering the previous correspondence during his next session with a female patient, known for presumptive psi responses in therapy. Just as his thoughts had begun to stray, she interrupted her train of thought to complain of having cold hands and feet, stating that it didn’t feel that cold in the room. She also displayed unusual clonic movements reminiscent of epileptic convulsions that the first patient sometimes had. Eisenbud noted, “In this instance ... we seem to have a double identification: both with my ... student with the cold hands and feet and also with my epileptic patient, as if to say “What have they got that I haven’t got?”²¹

Similar accounts of patients discussing information in therapy that appeared related to preoccupations on the part of the therapist have been reported by Freud¹⁷ and Hitschmann.³³

There have also been numerous accounts of therapists apparently receiving information about clients that they could not explain having access to. Often this is simply dismissed as “intuition.” In some cases, familiarity with the client’s issues and strong observational skills may provide adequate explanation. However, sometimes the information appears to go beyond this. Therapist Belleruth Naparstek reports getting “useful psi fragments” in her work with clients. For example, while working with a “tired and beaten-down middle-aged man” she “would occasionally glimpse flashes of a very faint but fetching image of a young boy about eight or nine, romping in the snow with two big dogs.”³⁴ She asked the client if “he could ever remember a time when he felt carefree and joyful and strong.” In reply, he mentioned happy times as

a boy on his grandparents' farm, where "there were two golden retrievers he adored, and he would take them into the field by the woods in back of the house to roll around and wrestle with them in the snow."³⁴ According to Naparstek, "This childhood memory became key to helping him get back in touch with his courage, hope, and energy, all of which he'd be needing if he was going to make the necessary changes in his life."³⁴

Sometimes the synchronicity event can go beyond the therapy session. Many years ago, during the span of a week, for no obvious reason, two friends individually gave me almost identical earrings as spontaneous gifts. During the same week, a therapy client (who was not prone to giving me gifts) presented me with the same distinctive earrings, stating that for some reason they'd reminded her of me, and she'd felt compelled to buy them for me. The client's desire to "be my friend" was therefore doubly conveyed.

In another case, a psychiatrist reported encouraging a patient who was phobic about an air flight to push through his fear and take the flight. The patient's taxi driver to the airport turned out to be the father of the pilot of the patient's plane. As a result, "He met the pilot who showed the patient the cockpit and provided a personal reassurance." The patient's "phobia abated ... more freedom followed .. (and the) patient (was) more free to explore characterological blocks."³⁵

Sometimes clients will report their own psi or meaningful coincidence experiences to therapists. This can run the gamut from simply wanting to share their experiences with the therapist, to trying to make sense of experiences that defy conventional world views, to dealing with feelings of fear or guilt related to the experiences. For example, many individuals who have precognitive experiences in which they seemingly know of negative events before they happen, have

difficulty reconciling the experience afterwards, wondering if somehow they "caused" the negative event to happen, or should have taken some action to try to prevent the event. Sometimes, clients will specifically seek therapeutic help in dealing with their psi experiences.

CLINICAL IMPLICATIONS

By now it should be obvious to the reader that the concept of synchronicity is exceedingly complex, interwoven as it is, with psi phenomena, and that synchronicity can manifest in numerous ways in clinical settings. In our discussion of clinical implications, we will first consider synchronicity as meaningful coincidence and then move on to more general issues associated with psi experiences.

Synchronicity as Meaningful Coincidence

Many explanations have been posited to explain experiences of meaningful coincidence. Jung had a very specific viewpoint, involving the activation of archetypes, with the working through of synchronicities leading to greater personal growth and individuation. Also included in the Jungian perspective is the idea that our inner psychic states may be mirrored in the experiences we encounter. Furthermore, Jung believed that synchronicities were acausal and did not follow normal laws of cause and effect. Others have taken this a step further, and believe that synchronicities are consciously or unconsciously mediated, that through our thoughts (perhaps even not fully conscious thoughts), we literally create our reality. Seen from this perspective synchronicities reflect popular notions of the "Law of Attraction" and psychokinesis or mind/matter interaction effects. There are those who believe that synchronicities reflect the work of angels or God. Such a view is closely tied to the concept of Divine Providence, with strong roots in Judeo-Christian views. This latter view is common in

popular media and press. It has also been suggested that meaningful coincidences may reflect "implicit psi."³⁶ According to this view, in conditions of need, individuals may use unconscious psi abilities to arrange to be at the right place and the right time to meet those needs. Yet another view is that synchronicities are nothing more than chance events which people misinterpret and project meaning onto, for various reasons.

Related to this latter viewpoint is the observation that, in extreme cases, the meaning attached to synchronicity experiences can approach delusional ideas of reference seen in psychotic individuals. To add an interesting twist to this, Psychiatrist Diane Hennecy Powell has observed an increased incidence of synchronicities and psi experiences reported by many of her patients with bipolar disorder or schizophrenia, particularly when their illnesses are active, and especially if they've been sleep deprived. Powell notes that in her experience, it is not simply a matter of patients imagining the increased synchronicities, but actually experiencing more synchronicities. She cites an extremely paranoid patient who repeatedly encountered objectively verifiable synchronicities supporting her delusion. Dr. Powell believes that synchronicities increase during states of high limbic activation. She notes, "Periods of increased synchronicities don't appear to be merely the result of our being on the alert for the symbols that have become very meaningful to us. When our limbic system is in an activated state, our thoughts seem to increase the likelihood of experiencing these synchronicities, almost the way a magnet attracts metal."³⁷ (Association of psi experiences with the temporal lobes has also been proposed by Neppé³⁸ and Persinger.^{39,40})

There is still no consensus view of what synchronicities mean. Advances in quantum physics support the idea of quantum interconnectedness or "entanglement," which would support the no-

tion of an interconnected universe that could give rise to synchronicities. However, we currently don't have a scientific model that conclusively explains these meaningful coincidences. Added to this is the likelihood that different factors contribute to different synchronicities.

We do know, however, that experiences of meaningful coincidence can be very powerful. Depending on the meaning that individuals attach to these experiences, they can foster personal growth or less favorable outcomes. For some, the experience of meaningful coincidence can be an uplifting spiritual experience, invoking a sense of wonder and connection to something greater than oneself. The idea that one lives in a benevolent interconnected universe, in which individual lives have meaning, can provide support against existential anxiety and personal isolation or loneliness. Seen from this perspective, the experience of synchronicity can promote psychological health and a sense of well being. At the other end of the spectrum, when synchronicity experiences are used to reinforce delusional belief systems, they can fuel paranoid and persecutory beliefs and increase negative emotions such as anxiety, distrust, and anger. In addition, some individuals (psychotic or not) may believe that synchronicities are divine messages which must always be acted upon.

Therapists working with clients who report meaningful coincidences or experience meaningful coincidences in the context of therapy must consider a multitude of factors, including the significance of the synchronicity for the client as well as what it may reflect about issues in the therapy itself. Beyond this, the perspective taken is likely to be shaped by the therapist's training and views. If one takes the perspective that synchronicities simply represent projection and misinterpretations on the client's part, one must still deal with why the client chose to present this particular material

to the therapist, and what the symbolism of the synchronicity may reflect about the client's key issues or needs, or the therapeutic relationship. From a cognitive behavioral perspective, one would want to consider the cognitions and attributions made about the synchronistic events. Therapists with an interest in spiritual approaches to psychotherapy may find that the meaning attached to a synchronicity is the beginning of a broader understanding of a client's spiritual views. Taking things further, Jungian analysts have written most extensively on clinical applications related to meaningful coincidence and report that the Jungian model (including consideration of activated archetypes) provides a very useful framework.^{15,41,42} Even if one simply takes the perspective that (for currently unknown reasons) there appears to be a parallel between an

individual's needs and/or psychic state and events they encounter, much useful guidance can be obtained from the Jungian literature.

Under appropriate circumstances, addressing synchronicity can add a helpful dimension to therapy that promotes psychological growth and can deepen the therapeutic relationship. However, the decision regarding whether to act on a synchronicity in the therapy setting can be complex and should be guided by the patient's needs and ego strengths, as well as the therapeutic relationship. Had Jung handed the "golden scarab" to a delusional patient or a patient struggling with boundary issues, the result may have been one of increased anxiety, paranoia, or suspicion, as opposed to personal growth. In addition, synchronicities involving the therapist can raise critical issues regarding self-disclosure and maintaining

appropriate boundaries in the therapy relationship. The therapist can use his/her awareness of the synchronicity to guide therapy without necessarily informing the client of the synchronicity. Marlo and Kline note that it is particularly important that “therapists ... evaluate their own development, needs, and countertransference in cases where synchronicity is disclosed. The therapist could be enacting his or her own unresolved issues, which could cause significant and irreparable harm. The clinician must, therefore, base his or her disclosure of the event on a careful assessment of factors in both par-



ticipants.”¹⁵ In addition, potential pitfalls of therapy that focus on synchronicity include patients becoming “fascinated with the transpersonal aspects of his or her life to the exclusion of everyday reality,”⁴¹ as well as ego inflation.⁴¹

Clinical Implications of Synchronicity as Psi Experiences

Many of the clinical issues discussed above regarding meaningful coincidence can be applied to psi experiences as well. When presumptive psi information arises in the context of therapy and relates to personal details regarding the therapist’s life or thoughts, the decision regarding whether to address it in the therapy setting should be guided by the client’s ego strengths, needs, and the therapeutic relationship (including the possible mean-

ing of the psi information in the context of the therapy). Issues regarding maintaining appropriate boundaries and risks of self disclosure need to be carefully considered. As with coincidence events, one need not necessarily inform the client of a psi “hit” for it to inform the therapy. Furthermore, as discussed with coincidence experiences, understanding the meaning that the client attaches to a psi experience, and the meaning of the experience in the context of the client’s life, remains key.¹¹ However, psi experiences bring with them their own additional complexities as well.

One complexity concerns the stigma that has been attached to these experiences. This includes religious stigma

patients.³⁷ Psychiatrist Vernon Neppe has identified a syndrome that he has termed “subjective paranormal experience psychosis” in which a subset of individuals who have a long history of well-validated psychic experiences starting in childhood, experience a psychotic episode related to a presumed psi experience which is in reality a “self-reference delusion.” Often the presumed psi experience may involve a premonition of one’s impending death, leading to a phase of acute turmoil, which resolves quickly once the premonition is shown to be false.⁴⁴ Lastly, it can sometimes be difficult to distinguish between psi experiences and psychotic delusions or hallucinations. Individuals who are frankly

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(in some religious circles psi experiences are still considered the work of the devil), scientific and societal stigma (the validity of such experiences continues to be a matter of mainstream debate), as well as concerns about potential mental health stigma, fears that mental health professionals will not understand the experiences, and will immediately label a client who reports them as “crazy.”

Fears of being considered mentally ill are not entirely unfounded. There is considerable overlap between symptoms of schizotypal personality disorder and characteristics of psi related experiences.¹¹ Ullman noted that “patients who function close to a psychotic level without disengaging from the real world often reveal profound psi ability in the clinical context,”⁴³ an observation similar to that noted earlier in this paper by Powell, who, however, reports observing increased psi in her actively psychotic

psychotic may, for example, believe that others can read their thoughts, or that thoughts are being projected to them from others.

However, the association between mental illness and psi is not clear-cut as the high prevalence of psi experiences in the general population attests to. In addition, research assessing psi ability in mental patients has yielded mixed results, and when reviewed in aggregate has not revealed any conclusive trends linking psi ability with schizophrenia or mania.⁴⁵ Lastly, there has been increasing interest in positive schizotypal features (“positive schizotypy”) seen in non-clinical populations. Positive schizotypal traits include unusual perceptual experiences and magical beliefs while negative schizotypal traits include social withdrawal and anhedonia. Positive schizotypy has been associated with artistic creativity and flow states.⁴⁶

In addition to fears about possible mental illness, psi experiences can be distressing for a variety of other reasons. As mentioned earlier, a common cause of distress occurs when individuals have precognitive experiences, especially regarding harm to others. In these instances, a frequent concern is that the client somehow caused the negative event to happen, or through inaction, allowed it to happen. This can become magnified if the client had actually harbored negative conscious or unconscious feelings toward the harmed individual(s). Potential precognitive material related to an event that has not yet occurred can also fuel anxiety as clients struggle with whether or not to share the information. For some individuals, difficulty understanding experiences that seemingly conflict with their world view can be a source of distress and lead them to seek help integrating the experiences. There is a subgroup of individuals who report multiple psi experiences which can become distressing when they feel overwhelmed by unwanted information. Another cause of distress involves poltergeist phenomena, where an apparent correspondence exists between an individual's mental state (typically repressed anger) and environmental influences such as the movement of objects. In typical poltergeist cases, the agent is identified as a disturbed teenager who cannot give overt expression to their hostile feelings. Poltergeist experiences can create considerable environmental chaos (including concerns about being haunted).⁴⁷

At the other end of the spectrum is the fascination that individuals can have with psi experiences. For the client, this can take the form of seeking ego gratification through affirmation that he/she has special abilities. For the therapist, this can take the form of a desire to focus on verifying the psi experience instead of focusing on the client's needs related to the experience, particularly the meaning of the experience for the client.²⁶

Related to this, issues regarding disclosure can take on additional meaning

when psi information is involved. This becomes especially important in situations where the therapist believes he/she has received psi information regarding the client. Disclosing this to the client can potentially lead to anxiety or distrust including fears on the client's part that the therapist can read his/her mind or has some kind of magical power. Clients may also experience anxiety related to difficulty integrating information that defies conventional scientific thought. Mintz suggests that "possibly-telepathic information about a patient that appears as a hunch should be treated not with ordinary but with extraordinary caution."²⁶ In addition, Mintz cautions that "most dangerous of all is the possibility that the therapist himself may, perhaps unconsciously, begin to regard himself as a guru, a magician, placing less and less reliance upon his solid knowledge of psychodynamics and technique ... (forgetting) that any hunch may be the product of his own needs and feelings, and not a psychic communication from the patient."²⁶ When appropriate, therapists can find creative ways to explore the applicability of potential psi information without necessarily revealing the source of the information.

When addressing psi experiences with clients, education regarding the unpredictable nature of these experiences can be extremely helpful. As appropriate, it is also important to normalize the experience for the client, providing information, for example, about the prevalence of reported psi experiences in the general population. A general familiarity with the research literature can be very helpful in this regard. The reader may also wish to become familiar with more detailed discussions regarding clinical aspects of psi.^{11,26,48-51} Some institutions associated with research in the field offer specific counseling or support for individuals seeking help with psi experiences.⁵²⁻⁵⁴ To help with these questions, proceedings from a "Clinical Parapsychology Expert

Meeting" held in 2007 in Naarden, Netherlands, are pending publication.⁵⁵

Finally, it should be noted that there is some literature suggesting that psi experiences may be associated with positive benefits such as increased sense of meaning in life and positive affect, and are correlated with reports of ecstatic or mystical experiences.^{11,56,57} In some circumstances, psi experiences may foster increased bonding between patient and therapist, even when not directly addressed,¹¹ and may provide useful information that can guide the therapy.^{11,21,26}

CONCLUDING THOUGHTS

Synchronicity and related psi experiences can take many forms in therapy settings and raise a number of complex therapeutic and philosophical issues. Such experiences can be very powerful, in part because they challenge fundamental notions regarding how the world operates, and the nature of human consciousness itself. Therapists may find synchronicity and psi experiences useful when they are considered as another source of information about their patients and themselves.

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