

PARAPSYCHOLOGY AND THE PSYCHOTHERAPY SESSION: THEIR PHENOMENOLOGICAL CONFLUENCE

BY JAMES C. CARPENTER

ABSTRACT: An analogy may be drawn between psychotherapy and parapsychology. Both share common historical roots, including the similar interests and concepts held by the people who did the cornerstone work in both areas. There are phenomenological commonalities in both endeavors: in both one is attempting to push back the boundaries of what is known and draw forth something that is unknown but important and desired. Many apparently psychic experiences have been described within the context of psychotherapy, and several conditions and circumstances that have been found to be especially psi-conducive in the research literature bear close resemblance to similar procedures and conditions relied on by many psychotherapists.

Quasitherapeutic attitudes and "atmospheres" may also be important ingredients in parapsychological research, even though these are often outside the concerns discussed in research papers. It is suggested that more conscious attention to what is known in psychotherapy about experiential growth and self-discovery could add fruitfully to our study of psi phenomena.

After a long involvement with both parapsychology and psychotherapy, it has struck me that an analogy may be drawn between the attempt to acquire ESP information in a parapsychological experiment and the attempt to acquire personally useful and healing information and understanding in a psychotherapy session. Both historical and phenomenological parallels exist.

The forerunner of contemporary psychotherapy is psychoanalysis, and the forerunner of contemporary parapsychology is psychical research. Both of those parent disciplines were developed at about the same time, in the same cultural atmosphere, and by people who shared many important interests. Both Freud and the first psychical researchers, notably F. W. H. Myers, were fascinated early in their work by hypnosis and by hysteria. It had been discovered that, with hypnosis, one could induce people to exhibit behaviors and even involuntary physiological responses that apparently were caused by the hypnotist's suggestions but were outside the subject's conscious awareness and volition. In hysteria, behaviors and physiological re-

sponses analogous to those caused by hypnosis seemed to occur spontaneously. Parts of the body became dysfunctional or acted involuntarily, bizarre alterations of consciousness were experienced, and sensory malfunctions were observed. Mediums generally were not impaired by their quasihysterical experiences, but they, too, were found to display dissociated behaviors, such as automatic writing or speaking with the voices of other personalities, and to describe odd alterations in experience. The apparent connection among these things was heightened by the knowledge that hypnosis could be used to alter the phenomena of hysteria and mediumship. Symptoms could sometimes be relieved, altered, or replaced; and the mediumistic experiences were often induced by hypnotic trance and guided by suggestion. Myers and Freud were both extraordinary observers and inventors of ideas. Both wrestled with these dissociative phenomena, and both developed conceptions of the mind that had some remarkable similarities. Both saw the conscious human mind as a mere film on the surface of a much larger region, called the subliminal mind by Myers and the unconscious by Freud. For both, this nonconscious depth was seen as being much vaster in scope and importance than the conscious film.

There were also important similarities in the ways in which both men thought that one could have access to these nonconscious regions. Myers (1961) emphasized the importance of what he called "sensory and motor automatisms." He defined automatism as:

the widest term under which to include the range of subliminal emergences into ordinary life. The products of inner vision or inner audition externalized into quasi-percepts—these form what I term sensory automatisms. The messages conveyed by movement of limbs or hand or tongue, initiated by inner impulse beyond the conscious will—these are what I term motor automatisms. And I claim that when all these are surveyed together their essential analogy will be recognized beneath much diversity of form. They will be seen to be messages from the subliminal to the supraliminal self; endeavors—conscious or unconscious—of submerged tracts of our personality to present to ordinary waking thought fragments of a knowledge which no ordinary waking thought could attain.

Some of the most important sensory automatisms discussed by Myers were hypnotically induced hallucinations, imagery from gazing into crystals or similar devices, and dreaming.

Freud also pondered ways to make access to the unconscious mind. After becoming disenchanted with the unreliability of hypnosis, he shifted to a less directive mode: free association. Ernest

Jones (1961) has described this decisive act of Freud's as: "the one from which all his discoveries emanated." By simply asking the patient to tell his or her thoughts freely, without censoring, and by listening patiently and nonjudgmentally, it seemed that thoughts of symptoms would lead reliably to memories that offered to explain them, even though the patient himself realized no important connection. This freely wandering chain of ideas, apparently playful and pointless, like the random images of Myers's crystal-gazers promised to lead straight into the recesses of the unconscious mind and reveal its powerful secrets. Freud soon discovered that the resistances to free association promised to be even more telling than its direct revelations. He also came to find great meaning in parapraxes, those little slips and inadvertent behaviors that occur to everyone frequently and that we ordinarily pass by as being meaningless. These showed, for Freud, that even in the everyday life of normal people unconscious forces were at play. And finally, dreams became for Freud (1965), even more than for Myers, the "royal road to the unconscious." If properly understood, they offered the most direct statement of all of the energetic dramas of the unconscious.

Of course, so far I have been ignoring the enormous difference between these two pioneers' conceptions. Although both considered themselves to be scientists, they had very different worldviews and purposes. However, I want to merely mention the differences and leave them. To do that, I wish to emphasize a phenomenological point of view, which will let us keep in mind the important similarities between Myers and Freud, avoid the conceptual estrangement that has developed between psychotherapy and parapsychology, and shed helpful light on contemporary developments in both fields.

The phenomenologist attempts to be the most radical sort of empiricist, bracketing out all theoretical assumptions and abstract beliefs, and observing simply what is given in experience. Human existence, as experienced, has a concrete reality prior to what anyone may make of it. There are countless abstractions one may draw from existence, and countless beliefs one may impose on it, but all these are after the fact of existence itself, are basically arbitrary inventions, and do not define reality, only channel and limit our ability to perceive it. This is what Sartre meant by saying that "existence precedes essence." Now, it may sound easy to approach experience naked of all assumptions, but it is not, and in fact most of us would not consider it at all desirable. Without our familiar assumptions we may well feel disoriented, confused, and helpless.

Why should we wish to do that? For the sake of greater freedom. Our assumptions can imprison us. In fact, that imprisonment has a lot to do with the kind of illness that existentially oriented psychotherapy attempts to cure. I believe it also has a lot to do with why we live in a world today in which the phenomena of parapsychology are conceptually invisible. To put it as simply and briefly as I can, our contemporary world is suffused with a mentality in which the subject is split from the object, the observer from the observed, me from myself, me from you, you from each other. The dominant images that seem to structure our intellectual work are images of machines and mechanism. Like Freud, we tend to define reality by our image of science, and our image of science is based on physics and the undeniable power of technology. Parapsychological phenomena are invisible because we imagine that a person is a kind of thing, a mind-in-a-box, with input and output channels like a computer or a carwash. With such an image, we have to try to imagine how something could get into the box before we can conceive of its being known by the person, and to imagine how something could get into the box, we need mechanistic images of how it entered, by what influence, and through what it traveled. Since even the well-controlled, highly significant instances of ESP cannot be imagined that way, they cannot be "seen." From the point of view of existential psychotherapy, a person is not a mind-in-a-box, but is, to use Medard Boss's (1963) phrase, "a world luminating realm of openness." Each of us is an arena of light, surrounded by darkness, full of themes and moods and projects, and each of us contains each other. I know that I cannot briefly make this point of view sensible to those who are not already familiar with it. It is simply too great a departure from ways of thinking we all tend to take entirely for granted. However, I do hope to illustrate at least a bit the kinds of advantages I believe would follow from applying such a viewpoint to the mutual problems of psychotherapy and of parapsychology.

When one studies with a phenomenological openness the early observations of Freud and Myers, some commonalities stand out. First, both were willing to pay very careful and respectful attention to experiences and behaviors that were, and are still, generally considered to be trivial and meaningless. Second, they both felt themselves to be making very important, even revolutionary, discoveries digging in those unlikely pits. Where his teacher Breuer saw only the random misfunctions of a neurological deficit, Freud thought he heard the murmurings of a powerful, implicit intelligence. The more he studied his patients' symptoms, free associations, resist-

ances, and dreams, the more he found evidence of the powerful wishes and forgotten fears they seemed driven to express but not realize. Myers pored over the productions of his sensory and motor automatisms as if they were coded messages from some vastly powerful and unknown nation, instead of the theatrical nonsense and trivial gibberings they would superficially seem to be; and he found in them what often seemed to be undeniable evidence of the expression of knowledge that the person had no ordinary, sensory means of acquiring. Of course, both Myers and Freud had philosophical presumptions and theoretical commitments that limited and colored their respective observations. In terms of the subject-object split that the existentialists have tried to avoid, both were charmed implicitly by the image of a person as a mind-in-a-body. Leaning to the subjectivist side of the split, Myers saw minds in action in his observations, minds that leapt across time and space and whispered to each other without any encumbrance of bodies, and promised to transcend even physical death itself. Leaning to the objectivist side, Freud saw the dramatic collisions and compromises of energies and counterenergies.

Looking at the present day, what has become of psychotherapy and parapsychology? Psychotherapy, although not universally understood and respected, has grown enormously and is now a complex, highly elaborated field of endeavor with a multitude of practitioners and competing voices of authority. Parapsychology is much smaller and more humble, operating at the fringes of intellectual life and commanding only dubious validity. Have the two had any important impact on each other over the years? I think it is clear that psychotherapeutic thinking has had significant impact on parapsychology, although the opposite is probably not so. Two important lines of research come to mind in particular, both of which can be traced back to Freud for their basic inspiration. The psychoanalyst Montague Ullman (1973), a prominent innovator in the use of dreams in psychotherapy, has studied the parapsychological implications of dreams. Using modern methods of dream detection, experimental control, and analysis, his team demonstrated that the dreaming experience can convey the content of material to which the dreamer has not been exposed at all, but which is being viewed at the time of the dream by a distant "agent." That is, dreams can show ESP. The second line of work was spearheaded by Charles Honorton (1977) and a team of collaborators and explored the parapsychological importance of the quasi-dreamlike state known as ganzfeld. The ganzfeld procedure was introduced by the

psychologists Bertini, Lewis, and Witkin (1964) as an experimental procedure for the study of hypnogogic phenomena. In it, the subject is placed in a relaxed, comfortable position. Earphones playing white noise at a comfortable level are placed on the head, and halves of ping pong balls are pasted over the eyes. These things have the effect of providing a "relatively unvarying field of homogeneous stimulation or 'ganzfeld'." These sensory manipulations are usually presented as constituting the definitive aspects of the procedure, and doubtless they are important and contribute to the unusual flow of semiautonomous imagery that subjects experience. Another important part of the procedure, I believe, lies in the instructions with which the experimenters structure the experience. After describing the physical aspects of the procedure, the authors said: "What I would like you to do, when we are ready, is to start talking and to keep talking. Talk about anything you please. Talk about anything that you see, anything you feel in your body. The important thing is that you keep on talking continuously. Are there any questions you have?" This situation is quite reminiscent of the couch and the attentive silence of Freud's consulting room, with his primary rule of free association: "please say everything which comes to mind, without censoring." These experimenters must have had at least subliminal awareness of these famous words. At any rate, they were quick enough to note the similarity to free association in the experiences that emerged. Subjects reported experiencing a wealth of personal memories, many not thought of for a long time and many of emotional significance. They allowed themselves to be revealing to the experimenter to a surprising degree, and many felt emotionally better after the experience. Some also developed a keen preoccupation with the experimenter: a phenomenon the experimenters called a "budding transference." This ganzfeld situation was used by Bertini et al. to study the effects on imagery of experiences previously seen but then dismissed from awareness. Subjects had been shown films before the ganzfeld, and numerous indirect references or allusions to aspects of the films could be seen expressed in the imagery reported, even though the films themselves were not then being thought of. Honorton saw the ganzfeld as a perfect candidate for a situation in which extrasensory information might also be expressed. A forgotten experience is, after all, phenomenologically identical to an ESP target in that it is not present in awareness, although it may sometimes seem to influence it. Honorton's hunch proved true to an exciting degree. As with the dreams of Ullman's subjects, the imagery of Honorton's ganzfeld subjects showed strik-

ing allusions to target as contrasted to control material, and it did so at an undeniable level of statistical significance.

The dream and ganzfeld studies of ESP are important instances of psychotherapeutic understanding and technique having a fruitful bearing on parapsychological work. Both dreams and free associations apparently can yield ESP information, as well as the personally relevant and healing information of unconscious needs and conflicts. Is more such fruitful impact possible?

Before attempting to answer that, I want to develop what I believe to be some important, defining characteristics of experientially oriented psychotherapy. By "experiential," I mean to include all those approaches that emphasize communication, relationship, and self-exploration as ingredients in the healing process. In this discussion, I will be trying to stick to a phenomenological perspective, avoiding theoretical commitments, and moving beyond Freud to also include reference to the work of other, more recent therapists whom I have come to appreciate.

What is psychotherapy? In basic phenomenological terms, it is an intimate, caring, and nonreciprocal relationship that is formed around one person's pain and frustration and devoted to the care and existential growth of that person. When it has been successful, the person leaving the therapy relationship is significantly freer, happier, and stronger than he or she was before the relationship began. Typically, the therapist has also grown in similar ways too. What constitutes the therapeutic process? Basically, I think the answers come in two broad domains: the formation of a relationship and environment in which therapeutic work is made possible, and the therapeutic work itself.

If therapeutic work alone were all that is necessary, we could long ago have dispensed with the need for new therapists and instead turned out manuals that would teach us each all we need to know and do. Self-help, self-lecturing, meditation, the keeping of journals, and so forth, would do all that is necessary. While such things can be helpful, they are not enough. As Martin Buber has said, "It is from one man to another that the heavenly bread of self-being is passed" (1965). Apparently we need one another to become what we can be.

What sort of being-together is specifically therapeutic and sustains therapeutic work? A great deal more explicit attention has been given to this question since Freud's day, although he showed in his clinical behavior a keen understanding of what is necessary. A number of terms come to mind, which reflect different orienta-

tions but which also converge to some extent: empathy, unconditional positive regard, the holding environment, good-enough mothering, containment, encounter, projective identification. It seems to me that the therapist best approaches the patient with an unusual degree of interest, patience, concern, and tolerance. Where the patient expects correction, he is greeted with tolerance; where he expects, or even wishes for criticism, he experiences a relentlessly permissive interest; where he expects abstract discussion of impersonal truths, he is shown an intensely personal cherishing of his most private feelings. For therapy to occur, the patient needs to be approached in a reliable and very attentive way; he needs to be held securely within the therapist's understanding (both theoretical and personal), and within the therapist's emotional tolerance for his potentially strong and difficult emotions. He needs to be cared for by a genuine and present person, who is caring in a selfless way. Is all of this as comfortable as it sounds? It is and it isn't. It is not comfort in the sense of the comfort we strive for in everyday banality, the comfort of boredom, chatter, and role-defined behavior. It is the deepest sense of comfort, of being received and somehow held, but within that comfort things begin to happen. And that is where therapeutic work comes in.

How does one do psychotherapy? There are multitudes of answers to that question. Freud had some advice. He suggested that the analyst adopt a posture analogous to that being requested of the patient—a posture of evenly hovering attention. The free associations should be listened to attentively, but in a rather open and drifting way, without assuming any responsibility to understand them immediately or respond to them. The associations of the analyst himself should be allowed to drift to mind and be considered alongside those of the patient which are somehow evoking them. In this way, Freud thought, the unconscious of the patient is allowed to speak to the unconscious of the analyst, and bits of understanding may surprisingly burst forth. When such insights are interpreted carefully to the patient, the processes of free association and resistance are themselves altered. The patient may feel powerfully understood, and the flow of feelings, thoughts, and memories may take some new and deeper turn.

How do other therapists proceed? Let me sketch a couple of vignettes of psychotherapeutic moments before I attempt to generalize.

A married couple is sitting in therapy. Their talk is listless and boring. They hardly look at each other. The husband describes wor-

ries about his health in a rather high-pitched, low-volume voice. The wife is haughty and disinterested. The seconds pass slowly for the therapist, who notices that he is working his toes invisibly inside his shoes. At that moment he thinks of an impatient judge drumming his fingers on his bench. The wife is looking at the wall, twisting her wedding ring around and around. The therapist asks her to continue doing it, and she does. He asks them, "Can you think of anything else here that is going around and around?" The answer is obvious to both of them. It's them! Some new ideas and fresh feelings enter the discussion.

A middle-aged man is talking with his therapist. He talks for several minutes about his major relationship, a frequent preoccupation for him, and all he says seems to the therapist as too familiar and rehearsed to be of much use. Then the patient shifts to a book he has been reading, about the midlife crisis in men, what is supposed to happen to them at 40, concerns they generally have, and so on. Although the patient is speaking with some animation and with a pleasant expression on his face, the therapist is aware of becoming increasingly bored. His boredom is not irritating for some reason, but rather mildly interesting, and he lets his mind wander. Suddenly he has a vivid image of an 8- or 9-year-old boy playing alone with great pleasure by making up stories and telling them to himself. When the patient pauses, the therapist changes the subject and tells about the image, saying that it seemed a rather pleasant picture, with a certain energy to it. The patient is surprised at the shift in focus, and seems to wonder for an instant if he feels insulted. Then a smile spreads over his face, and he says that in fact he used to do just that a lot, that he would make up stories, rehearse them, change them, and sometimes write them down, and spend many happy hours that way. He enters his memories more fully, and then mentions with a chuckle his mother's absence and how "worthless" she was. The therapist notes within himself a little jab of pain at the patient's chuckle, and tells about it. The patient laughs, says that he is aware of needing to laugh with the memories he is considering, and both agree to have quite different feelings for the time being. He pictures his mother, who was often depressed during his childhood and hospitalized, sitting by the stove and reading. He is asking her over and over to read to him, and she says repeatedly, "After awhile." The patient repeats the phrase "after awhile" several times with a deep sadness, and begins to weep. He is working again on a deep, unfinished sorrow about his mother's abandonment, which he has touched before. The session flows on with a new depth and intensity.

In both of these incidents, therapists are working by sensitively occupying the situation in which they find themselves and by scanning the margins of that situation for aspects that somehow seem to beckon as if important but have only very uncertain meaning. One watches the inadvertent behaviors of the patient's hands, which seem random, and questions their implicit meaning. Another consults his own images and flow of emotions, and offers them to the patient as if they are sealed envelopes that, opened, could have meaning for their exchange.

Phenomenologically oriented therapists do not focus on diagnostic abstractions or moral presumptions, but accept their given situations, colored by the presence of the client, and dwell with them attentively. They focus on the obvious. When the obvious becomes mired, or boring or hollow, or unmanageably anxious, they let their attention wander to the fringes of awareness and consult the myriad of events occurring there, which all seem more or less random or meaningless. With luck, something will strike them as somehow significant, with potential meaning and excitement. Then, if they decide to, they try to find some way to address and question those events.

From a broad, phenomenological perspective, each human being is a luminous realm, a lit arena where certain projects, roles, behaviors, and so forth, can usually be seen in clear focus. Each realm is bounded by a darkness of indefinite extent. In that darkness dwells what is potential for the person: potential moods, potential perceptions, potential realizations, potential ways of being. On the border of darkness and light is a shadowy, apparently meaningless host of events. Psychotherapeutic growth, from this point of view, is the growth of light into darkness, it is the elaboration of personal meaning and freedom (Boss, 1963). The therapist provides a relationship of enough safety and energy that the patient can approach the marginal phenomena of potential meaning without being paralyzed by anxiety or halted by defensiveness.

The findings of parapsychology add to this picture only one thing: that in the boundaries of awareness one may sometimes seek and find information to which the person has never been exposed: that is, ESP.

The skills of facilitation that the therapist uses to assist the psychotherapeutic unfolding of awareness may also have some use in the attainment of ESP information when that is what is being sought. Providing a facilitative environment and inventing ways to

use resistance as more grist for the mill of experiential unfolding are things that many therapists are good at, and this might help in free-response work. I know personally three of the researchers who have been among the most successful in free-response investigations, and I think it likely that quasitherapeutic factors have aided their success. All of them have unusually warm hearts and adventurous minds. I can easily imagine their subjects feeling relatively comfortable in unfolding intimate and perplexing experiences before these people. If these factors are important, it may have implications for the problem of replication in parapsychology. I know of no critic of psychotherapy who has claimed that personal growth and experiential unfolding cannot be believed to occur unless these can be observed in interviews with hostile, judgmental people, in threatening, public or depersonalizing circumstances. Most people seem to realize that when we feel threatened or unwelcome we do not play creatively at the margins of experience, we focus on what we most know, do best and most routinely, and avoid vulnerability and self-exploration. Perhaps the discovery of the extrasensory is an equally tender business. If so, we should expect to replicate it only under the correct circumstances.

I asserted initially that there is an analogy to draw between seeking knowledge in a parapsychological experiment and seeking it in a psychotherapy session. From the perspectives of the experimenter and the therapist, the two situations may seem very different. It is from the point of view of the one seeking knowledge, the subject or client, that the analogy is clear. Both do not know what they are to discover. Their adventurous and baffling task is to find the unknown, solve the hidden puzzle, unlock the unseen door. Whether untangling the roots of self-defeating behavior or chronic depression, or peering into the contents of a sealed picture or computer circuit, the human seeker is attempting what might seem humanly impossible. Both efforts may be successful, and the processes involved may be similar.

I have argued that there are parallels between the discovery of meaning as it is pursued in psychotherapy and in the parapsychological experiment. ESP certainly seems mysterious, but do we really understand how the therapist or patient discovers in behaviors and images and feelings the possibilities that are significant and new, and permit insights and solutions not conceived before? I believe that we cannot really explain those phenomena either, though there are ways we think we do. No one can really say how hypothetical

psychical structures or physiological processes could grow beyond themselves existentially. From the perspective of physical science, this process is as mysterious as ESP.

In fact, if ESP occurs (and I believe it does), it seems likely that the psychic thread, in Elizabeth Mintz's (1983) phrase, is woven into the fabric of all such discovery and growth, although it is usually subsidiary and not noticed as such. Generally, it must be sought explicitly for explicit evidence of it to emerge. Explicitly parapsychological research using consciously psychotherapeutic approaches may offer new understanding of the patterns in that fabric.

REFERENCES

- BERTINI, M., LEWIS, H., & WITKIN, H. (1964). Some preliminary observations with an experimental procedure for the study of hypnosis and related phenomena. *Archive of psicologia Neurologia & Psichiatrica*, **6**, 493-534.
- BOSS, M. (1963). *Psychoanalysis and daseinsanalysis*. New York: Basic Books.
- BUBER, M. (1965). *The knowledge of man*. New York: Harper and Row.
- FREUD, S. (1965). *The interpretation of dreams*. New York: Basic Books.
- HONORTON, C. (1977). Psi and internal attention states. In B. B. Wolman (Ed.), *Handbook of parapsychology*. New York: Van Nostrand Reinhold.
- JONES, E. (1961). *The life and work of Sigmund Freud*. New York: Basic Books.
- MINTZ, E. (1983). *The psychic thread*. New York: Human Sciences Press.
- MYERS, F. W. H. (1961). *Human personality and its survival of bodily death*. New Hyde Park, NY: University Books.
- ULLMAN, M., KRIPPNER, S., & VAUGHAN, A. (1973). *Dream telepathy*. New York: Macmillan.

727 Eastowne Drive
Suite 300-B
Chapel Hill, NC 27514
