

THE INTRUSION OF ANOMALOUS COMMUNICATION  
IN GROUP AND INDIVIDUAL PSYCHOTHERAPY:  
CLINICAL OBSERVATIONS AND A RESEARCH PROJECT

James C. Carpenter, Ph.D.  
Rhine Research Center  
Durham, N.C.

A little over a week before the terrorist attacks on New York City and Washington DC, I was speaking in a psychotherapy session with a middle-aged woman who was in an agitated state of mind. The first day I met this woman she said that she considered herself somewhat psychic, and believed that she should be called Cassandra, since all her life she has given people prophecies that they are unhappy about. She was angry this particular day, and felt called to rise from her chair and lecture vigorously about the foolish arrogance of America and our illusion of safety. Many people hate us, she said, much more than we imagine, and our smug isolation would soon be shattered. According to my notes, she said “Our oceans won’t protect us. Remember the World Trade Center bombing in ’93? That was just a shot across the bow. Believe me, a shot across the bow. It was the tip of an iceberg. The whole thing will be a fiery ruin!” I wondered at the meaning of this speech, which went on a few minutes longer in the same vein, and chalked it up mostly to her anger at some family members. It wasn’t until her next session, when I reviewed my notes, that I was struck by the strange portent in her words. This woman had no ties to political organizations or international terrorism. She certainly had no knowledge of any impending attack. Nor did she think she was making a specific prediction. The reference to the World Trade Center simply leapt to her mind in the course of her invective.

**Psi in the Psychotherapy Session**

Anomalous information which the person seems to have no normal means of acquiring sometimes appears to enter into the process of psychotherapy, as this example

illustrates. I think of myself as a therapist who is parapsychologically informed. By this I mean that because of my knowledge of the scientific literature of parapsychology, I am persuaded that anomalous knowledge (or ESP) does in fact occur sometimes. Because of this I am open to the possibility that genuine ESP may intrude into psychotherapy, as into any department of life. It is another thing to entertain what Eisenbud (1970) has called the “psi hypothesis” in an active and perhaps explicit way in the treatment itself. To do so may seem audacious or even dangerous. Today I will primarily consider whether or *not we are entitled* to make the presumption that psi phenomena may be observed in the psychotherapy situation in particular. In considering whether we may legitimately entertain the psi hypothesis in the clinical setting, I will review some observations of my own and others that are suggestive of psi, and then describe a research project that offers more hard-nosed evidence. I will also touch on the question as to whether it is clinically wise to take the possibility of ESP seriously in psychotherapy

A number of writers have described what appear to be interesting examples of ESP information making its way into the therapeutic process. Freud himself (1933) reported a few astute observations suggesting the possibility of telepathy, and speculated about the mechanisms involved. He thought that perhaps telepathic experience was triggered by unconscious material that was on the verge of becoming conscious: issues of considerable emotional force that the patient was struggling with knowing or repressing.

Several psychoanalysts with an interest in parapsychology have watched their sessions with an eye to possible evidence of paranormally acquired information on the part of their patients or themselves. Perhaps because of their more wholehearted interest, they have had much more to report than did Freud.

The territory was first mapped by Jan Eherenwald (1942, 1948, 1955, 1978). He kept track of striking allusions in the dreams of his patients to events in his own life which the patient had no way of knowing, and also noticed dreams of his own that appeared to anticipate events in the lives of his patients, or to alert him to treatment issues

that he had not consciously known to be present. At a preconscious level, the ESP material in the dreams seemed to be serving the interests of the treatment by imparting important information and maintaining the transference relationship, much as other dream material could be seen to be doing. How could one guard against over-interpreting a mere coincidence? Ehrenwald and all the other therapists who have collected such material have been aware of this problem, and all have tried to develop criteria to guard against it

A number of other psychoanalysts and psychotherapists have offered collections, large and small, of ostensible paranormal material observed in the process of psychotherapy. Among the more important are Fodor (1942, 1949), Jung (1957, 1963), Servadio (1935, 1955), Ullman (1949, 1959, 1975), Eisenbud (1946, 1969, 1970), Schwartz (1965, 1967), Mintz (1983), and Orloff (1997).

Many examples could be given of this sort of material, but I will describe two from my own experience. They do not provide stunning evidence of paranormality, but they have the advantage of being fresh events I can vouch for firsthand, and display many of the features that others have noticed. In the first example, a male patient who had been involved in intensive treatment for over two years, emailed me the following dream prior to our session. "I'm at the White House. I park a car which then seems to be chained in, but I can get out anytime by opening the car door. The president and others retire for the night. Then I'm in my office. There's a guy from the White House outside the window and he seems to be intruding. I give him the finger. He breaks the window and seems to knock someone's head off. I get scared and run into a room in the White House." In another dream the same night he was "in my house. Then I see a store window with mannequins wearing tuxedos, as if moved there by some huge earthquake. I can't get out. Then the house shakes again. Seems very serious." At this point in his treatment, this patient had a strong positive transference to me, which had opened him to fears of rejection and abandonment. He had been emotionally abandoned by all the parental figures in his childhood, and had felt pressed into a position of premature autonomy at a very young age. He had difficulty in forming satisfying relationships, partly because of

the fears and consequent anger that emotional closeness would invariably bring him. When these issues arose, he also always felt confinement and a wish to escape (being “chained in,” and unable to “get out”). The dreams certainly seemed to be pertinent to these themes, and were familiar material in that sense. Unknown to this patient, however, during this time I had been wrestling with whether or not to take on the presidency of a board. I knew the job would involve considerable time and work, and I was concerned about how this would compromise my busy practice, particularly with patients like this one, who were working with considerable intensity. I was currently wrestling with that decision, and the night of his dreams I had attended a banquet of that organization. The event symbolized for me the first step toward a new role as president. I had bought a tuxedo for that event, and I remember thinking as I tried on several suits that I looked rather absurdly like a mannequin. The points of correspondence between the patient’s dreams and my situation at the time are obvious, but what about the other elements: the intrusion, the danger, the anger, the earthquake? Psychodynamically, considerable understanding is gained if we allow the premise that the dreams psychically referred to me. My accepting commitments that would lessen my ability to attend closely to his treatment would in fact be important concerns for him if he had consciously known of the danger. Apprehension and anger would certainly come up like clockwork. It would be a shift of the ground he stood on with me: an “earthquake.” Of course, all of this could be an interesting but meaningless coincidence. However, in none of hundreds of other dreams I collected from this individual, was reference ever made to a president or the White House or a tuxedo. More striking to me, it is also one among scores of dreams and associations from him that seemed to suggest paranormal information about me. They usually have seemed to occur when something I was involved in without his knowledge was drawing my interest away from our work. The transference issue was loud and clear. The apparently paranormal element only seemed to underscore the importance of the issue, and the vigilance he needed to maintain because of his concern.

My own need for psychic vigilance may have been expressed by this next dream of my own. It involved a patient I was to see for a session the next day. I quote from the notes I made about it early the next morning: “S. T. (the patient’s college age daughter)

climbs up and sits in my lap. W. T. (her mother) is in the room. She entwines her legs around mine arrogantly and suggestively. I'm confused, don't know why she is doing this, and make her get down. She is very hostile toward her mother, and insolent toward me." I was left not with a sense of an erotic theme, but mainly with an unpleasant feeling about an insolent attack on generational boundaries. I had seen this girl at a distance only once some years before, and felt little emotional reaction to her as a person. I was mystified about her dream appearance. I knew that my patient (the mother) was troubled at the time by her relationships with all her children, who were caught up in different ways in their parents' divorce battle. Mid-morning, my patient phoned me saying that this same daughter was in town and was upset and she wanted to bring her to the afternoon's session. I agreed. When they appeared, the quiet, rather gawky young teenager I had seen before had been replaced by an attractive, dramatically dressed young woman. Immediately the daughter launched into what had clearly been her agenda for the meeting: a furious denunciation of her mother. She wasn't happy about her mother's psychotherapy either. She blamed it for her parents' divorce. I knew that there was considerable distortion in what the daughter was saying, but I also understood that she was echoing her father's views. I was surprised by her feelings, since she and her mother had always been very close. Obviously she had come to ally closely with her previously distant and busy father, who I learned was leaning heavily on his children in his own distress and desire to influence the situation. As my dream had suggested, it seemed clear that there was an oedipal crossing of generational lines being carried out in an angry spirit by a daughter who had always admired her father but was never able to capture his attention for long. The quality of her position in the session was rather shocking and assaultive, and I was struck at the time that I was perhaps a bit more prepared for this event by my dream and my reflections on it.

Apparent ESP may also be seen in group psychotherapy. Mintz (1983) recounts a number of stories of this sort. Many of them involve intensive marathon therapy groups in which the therapist or other members role-play important figures from a patient's past, in order to work through important unfinished emotional business. Gestalt therapy, psychomotor and psychodrama techniques in particular use such approaches, and often

the patient's experiences are deeply moving and emotionally freeing. According to Mintz, they may also betray a surprising implicit knowledge of one another at a deep level, well beyond what they have actually been told. People often pick others in their role-plays who are uniquely equipped to participate deeply, without knowing very much about them. For example, one woman wanted to work on her frustration with her alcoholic husband. When asked to pick a member of the group to play the husband, she picked a much younger man she did not know at all, and who appeared particularly unlikely for the role. Without knowing it, she had picked the one man in the group who had suffered from alcoholism, even though he had been dry for two years and did not have the appearance of an alcoholic. When playing the husband, he expressed surprisingly similar ideas to those of the man he had never met, and also expressed some deeper fears and conflicts that lay behind "his" drinking, all of which was very useful for the woman. In another group, "Samuel" asked "Barry" to role-play his father. They began and then "Barry" began to have painful stomach cramps, of a sort he never remembered having before, and could think of no reason for the pain. "Samuel" then disclosed for the first time that his father in fact used to have acute gastroenteritis, and would often behave in exactly the way that "Barry" was at that moment.

Several writers have gone beyond the collection of anecdotes like these, to suggest some interesting patterns that the experiences suggest, and to speculate on their potential function and utility in treatment. Servadio (1935) and Eisenbud (1970) among several others, have suggested that such experiences are especially likely to arise from patients when there is a very strong, usually positive, transference with the therapist. Some have noted that the patient also tends to produce extrasensory material pertinent to the therapist either when there is a significant dovetailing of emotional issues between the two (e.g. Hann-Kende, 1953), or when there are important counter-transference reactions about which the therapist needs to become more aware for the sake of the treatment (e.g. Eisenbud, 1970). At other times it seems that, as Freud first implied, important unconscious material is needed by the patient for the treatment to proceed and is pressing for awareness, but is as yet unable to circumvent the patient's defenses. Such material may be, as Eisenbud (1970) has said, a "direct message from the unconscious," with the

unconscious wish that the therapist will understand it and employ it helpfully. In this sense, an extra-sensory dream or association or spontaneous utterance functions exactly as does any other expression of the unconscious, only perhaps with special insistence. The psychic element, if taken seriously, may serve to alert the therapist that something really serious is being expressed. Another incident related by Mintz (1983, pp. 83-86) illustrates this principle. A man, "Jack" had managed occasional sexual affairs in his life, but never a lasting relationship. He had been placed in a succession of foster homes since age 7, and could remember little of his life before then. His childhood experiences had been so negative and depriving that Mintz was impressed that he was able to function in society at all. He was participating in a 3-day marathon therapy group, and Mintz asked him to speak of his early experiences and he courteously said he could still remember almost nothing. Mintz then noticed that her own speech was showing an odd impediment of a sort she had only noticed once before when she had been exhausted with a bad cold. "My voice caught in my throat and became at once shrill and guttural, almost like a grunt." A member remarked that she sounded funny, and her co-therapist asked in a whisper if she was alright. She felt okay, but the odd speech continued, and then she realized that she wished to say "I'm going to send you off. I don't want you. I'll kill you!" Jack had no conscious memory of his mother, so Mintz knew nothing about her, and did not offer to role-play her. However, Jack asked her to, and she reluctantly agreed. To Mintz' astonishment, Jack then asked, "Mom, did you ever want to kill me?" Mintz became totally unable to speak. Only odd noises like pig grunts came out, but at the same time she thought "his mother put him in a foster home because she was afraid she'd kill him." Jack then glared and said, "Mom, you are a pig. You make me sick. I'm going to vomit you out." Jack then left the group, went to the bathroom and came back looking relieved. In processing this later, Jack remembered more about his mother who would beat him while she was so angry that she couldn't talk, but instead grunted like a pig. In this case as in others, the odd, anomalously acquired information was conveying material of the deepest possible importance at that therapeutic moment.

Several writers have also mentioned that the patient may be especially likely to convey apparently paranormal information about the therapist regarding matters about

which the latter feels somewhat secretive, troubled or guilty. One example of this came with an artistic client of mine who considered herself somewhat psychic, and was neither troubled nor overly excited about it. She did try to use her intuitive ability, however, and one way was to attempt to anticipate what my state would be when she arrived for her therapy session. She had a long drive, and at a certain point in the trip, would often consult her imagery for some tip. One particular day she arrived saying “I know you have done something really bad or stupid, and you won’t be worth much today.” In fact, I had arrived at the office that morning to find a very angry note taped to my door. Because of a scheduling error I had failed to meet an earlier patient at her appointed time. This very unstable person was furious, and her note implied that suicide would be a good revenge. I had spent the hour before this next client frantically trying to locate the one I had stood up. I finally managed to locate her, and just as my next session was to begin, got some reassurance about her safety until we could talk in a few hours. I was still rattled, though, when this next client appeared and announced her prediction. In her imagery she had seen my face looking forward calmly, then turning upward, where over my head a huge egg was splitting open and spilled its contents onto me. I had “egg on my face” in a big way, and she read her imagery to mean that I had somehow embarrassed myself and would be preoccupied.

Montague Ullman recounts another incident involving embarrassing material (Ullman and Krippner, 1974). He was in the process of building a house the cost of which was alarming him. A chromium soap dish had been accidentally shipped to him, and Ullman, who described his mood as “belligerent dishonesty” neglected to return the rather expensive item. A workman had noticed the dish and teased him about it, to which Ullman responded with a “sheepish smirk.” One day the incident, with its charge of embarrassment, came to mind in the course of conversation with a neighbor. On the same day a patient brought in this dream: “. . . 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. . . . Then I sort of smirked and said knowingly, well you’re building a house. He blushed, he smirked. . . .” Both Ullman’s and my client in these anecdotes shared some characteristics. Both were becoming intensely involved in the treatment, and both were extremely distrustful,



isolated people. Both had strong reasons in their personal histories to distrust situations that called for dependency and closeness, but both longed to be able to use the treatment toward the end of having deep relationships. If there was any unreliability, or even temporary inaccessibility, about their therapist they were strongly motivated to know about it, and seemed to “home in” at an extra-sensory level to seek the knowledge.

Ullman (1949) used the patient just mentioned to illustrate a pattern that he often noticed: that patients who are very withdrawn socially, perhaps even on the verge of psychotic withdrawal, appear to express psychic information about their therapist rather frequently. In these cases, Ullman believes, the psychic connection is serving a desperate need to maintain connectedness.

### **Psychotherapy as an Arena for Studying ESP**

Some writers have argued that the psychotherapist is in a uniquely privileged position regarding ESP. Eisenbud (1970) in particular believes that the emotionally intensive and intimate situation in psychotherapy is uniquely favorable for generating paranormal connections among different persons' experiences. He thinks the situation is also uniquely apt for observing such connections, given the depth of knowledge which the analyst develops about the patient, and the intimacy and frequency of his opportunity to observe. Even so, most researchers now agree that psychotherapy may be a fruitful place for generating scientific ideas, but it is deficient as an arena for drawing scientific conclusions.

In questions of paranormal knowledge, in particular, the drawbacks of clinical observation alone are obvious. Surely by now the skeptic in each of us is complaining about the stories I have just recounted: “But how do we know these are not just coincidences? And how do we know that ESP is responsible for the information? Perhaps clues were perceived subliminally and not noticed, or simply known and then forgotten.” Clinicians are free to observe and value intuitive information when that seems useful therapeutically. But intuition is a more generous construct than ESP, and it

is quite another thing to conclude that the information in question *could only* have been paranormally acquired and *is truly* extra-chance.

For these reasons, some colleagues and I embarked on a controlled study of extrasensory effects in a situation closely analogous to group psychotherapy.

## **Group Process as a Medium for Expressing ESP Information**

### *Overview*

We aimed to determine if extrasensory information can be reliably expressed in the ongoing interaction of a psychotherapy group, and if the members themselves can then assess that fact. I prefaced the study by engaging a group of volunteers from the Summer Study Program of the Rhine Research Center in a couple of sessions of gestalt therapy exercises while a target was being selected randomly and viewed in another part of the building. The fact that the target was kept securely away from the group prevented anyone from knowing it by normal means and the random selection assured that there was no rational way to guess it. I told them that I was assuming that an ESP target might function like a subliminal stimulus. Even though it is not consciously known by the subject, its effect may be expressed subtly by influencing the person's mood, or spontaneous speech, or associations, etc. I asked them to have "in the backs of their minds" the idea that the target might have a similar effect on them as they engaged in the play-like therapeutic exercises. I was intrigued by the results. In one session, for example, the target was an advertisement picturing a shiny red telephone with text about a worldwide network of affectionate connections among people. Two people entered most vividly into the exercises. The imagery of one centered upon very bright, shiny red fingernails. The other became a tree, with very large outstretched branches, and imagined his limbs reaching out to connect him lovingly with the whole world. The target was presented with a field of 3 decoy pictures and we could discriminate it easily prior to learning its actual identity.

This was encouraging enough that I collected a group of 7 colleagues who were willing to commit themselves to a series of group sessions with the dual aims of enriching their own personal adjustment, and also exploring how ESP targets might be found to influence therapeutic process. All were research workers in Parapsychology who also had some experience with psychotherapy. Fifty-two sessions were carried out by this group.

After the initial group disbanded, six months passed before another was assembled. This group contained some people who were interested in the parapsychological aspects of the project but who, in retrospect, should not have participated in the study since they had no experience with group psychotherapy and were not prepared for its emotional intensity. This group carried out 22 sessions, and ended after a meeting in which one member experienced considerable emotional distress. I and another clinical psychologist then decided that the project should be halted temporarily and the group be more carefully composed.

A year later, a new group of 8 was assembled. The meeting place was changed to my office in Chapel Hill, some 15 miles from the RRC where targets were still to be determined. After 108 sessions, 3 members left and one new person joined.

With one further change in membership, the group conducted 204 more sessions, at which point the ESP research was stopped by prior agreement with the beginning of a summer break. Thus, the life of the group may be roughly divided into 4 epochs (one at the Rhine Center, and the other 3 in Chapel Hill according to group composition). After the study ended, the group has continued to meet as a support and co-supervision group.

### *Procedure*

The potential targets for the sessions were comprised of 100 envelopes each of which contains 4 pictures taken from popular magazines. Each set of 4 was composed with an eye to providing some diversity of content and tone. At each session a computer

randomly selected two numbers, the first to pick an envelope, the second to select a target within the envelope. The numbers selected were always noted by someone not in the group, and the correct identity of the actual target was never revealed to the group until its session and all judging procedures were completed.

After the first two student sessions, no one ever looked at the target selected for the session while the group was ongoing. Thus, in the jargon of Parapsychology, the design tests for a clairvoyant effect rather than a telepathic one. Members understood that they were to conduct themselves as a leaderless psychotherapy group, bringing up whatever issues they wished to discuss, and trying to use the process for their own personal growth, as they would use any therapy experience. They also knew that an ESP target was being selected which, it was hoped, would subtly influence the process of their session in ways that would be discernable later. They were to expect that the emotional tone of the session, or the choice of material to be discussed, or spontaneous lexical choices made by participants, might all convey inadvertent influences of the target material.

### *The ESP Score*

At the end of each session, the number selecting an envelope was gotten by one member, and the 4 pictures in that envelope were spread out in front of all members for rating. After some discussion if any desired it, each member silently ranked the pictures from 1 to 4, with 1 being their choice as the picture most reflected in the day's session. After a few sessions, we also adopted the procedure of rating each picture on a scale of 1 to 100 for its degree of association to the session. After all rating was done, the second computer-number was obtained and the correct target was disclosed.

Each session yielded one ESP score, which was the rank of the average ratings given by all members to the correct picture. Averaged rank scores of 1 or 2 were considered a binary hit, for a simple index of success or failure.

### *Other Variables*

After the first 20 meetings, it became clear that sessions of the new group varied considerably in terms of the quality of group process, with some feeling rather strained and awkward while others were “deeper”, and more spontaneous and flowing. A global session rating was added to the procedure. Each member rated the session on a 5-point scale that was loosely defined as indicating overall satisfaction with the session. These were averaged as well, for one overall “session rating.” Some months later, dissatisfied with the vagueness of this measure, I added 7-point ratings on several other dimensions: *How meaningful was today’s session? How engaged did you feel today? How engaging was the session? How connected do you feel to others in the group? How revealing were the most involved people today? How much risk was taken today? How spontaneous and surprising was interaction today? How anxious do you feel right now? How helpful for you was the session? How hurtful was the session?* (Since scores on *anxious* and *hurt* were highly correlated, they were combined into a single composite measure). All ratings of group process were done at the end of the session, but before the pictures were displayed for rating. Group means were calculated for each score.

### *Analyses*

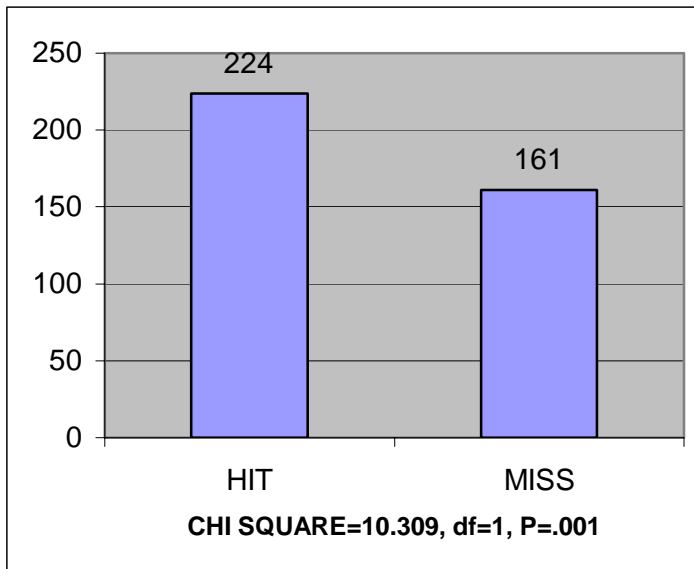
The success of the group at discriminating the correct picture was to be assessed by a simple chi-square comparing the binary hits to misses.

For analyses involving other measures, a continuous, roughly normal ESP score was calculated by first computing a Z score for each member by subtracting the (100-point) rating given to the target from the average of ratings given to all 4 pictures, with this difference divided by the standard deviation of the 4 ratings. All members’ Z scores were then averaged for a single group score. Pearson correlation coefficients and multiple regression were used to test the ability of the other variables to predict the ESP performance of the group.

*Results: Overall Hitting and Missing*

Altogether, 224 binary hits and 161 misses were observed. This 58% hit rate is statistically significant (chi square=10.309, df=1, p= .001). See Figure One.

*Figure 1: Total Hits and Misses*



When the life of the group is broken up into four epochs (Rhine Center, Chapel Hill Groups A, B, and C), no change in hitting rate across the life of the group was observed. (chi square = .97, df = 3, p = .81). For those concerned with security, it might be worth noting that the efficiency of the effect did not decline when several miles were interposed between the act of target selection and the group session, but instead inclined slightly. The Rhine Center hitting rate was 60.3%, while that of the first Chapel Hill group was 61.1%. After that the hitting rate did decline slightly but non-significantly, to 56.3% and then to 55.6%.

*What Did Hits Look Like?*

When hits were obtained, how had the target material been expressed in the session? I will sketch some examples. In one session early in the life of the group, two men who had been old friends but whose lives had rather grown apart were reflecting on the years in which they had been close and discussing the issues that had led to their distance. As the talk proceeded, there was an air of achieving something significant, of resolving some old issues and reanimating a very important relationship. They reminisced at length about a college hangout that had been the center of a lot of fun and wonderful talk for them and their friends. The target that day was of a seedy café that looked astonishingly like that place that the two had frequented together during their college years.

On another day, two members who had become quite important to the rest of the group discussed how they would be stopping soon. Some conflict between them had been part of their decision to stop, but that was largely now resolved. This led, however, to two members revealing their built-up resentment at me, for my “non-leader” approach to group leadership. This exchange led to an airing out of conflict between me and one other member that both of us had been totally unable to deal with before. By the sessions’ end we were embracing in light of the new understanding we had created. Everyone then addressed again the issue of the departing members, in a spirit of deep affection and appreciation. The target that day was a picture of two children walking away down a railroad track. Everyone rated it highly, but some for different reasons. Some thought of the children as the departing members, while some others associated the children to me and my prior antagonist, now heading off to play.

A younger man discussed what might be considered his “transference” feelings toward an older male member in an early session. He was urged to explore, in a gestalt therapy way, his responses to the man, which included admiration, affection and intimidation. At one point he was standing facing the older man when he was urged to “do something now!” He said, rather out of the blue, “I want to rub your bald head.” Then he stood behind the older man and did just that, talking about the feelings that emerged from his surprising choice. The target that day was a drawing of a bull, with a

shiny spot on the top of its head in the shape of a check mark. The father-like bull, the shiny, checked head, and the sense of impetuosity all resonated to the session.

The most striking material of another meeting involved one man talking with exuberant animation about resolving a grinding, longstanding conflict with his stepson. This event included successfully asserting both his love and his authority to a new, very satisfying degree. As the group cheered, another member called out: “You’re a champ!” The target that day was a triumphant picture of an athlete receiving a trophy before a large crowd.

In general, the group came to experience the target, not as influencing our process so much as being a relatively successful or unsuccessful *illustration* of our process. We experienced ourselves as doing whatever we wanted and needed to do, and came to expect the target, more often than not, to cooperate by giving us a decent representation of what we had developed.

#### *Session Process Scores*

The Pearson  $r$ 's of the 8 process variables with the averaged Z score are given in Table 1. The correlations are all small, all negative, and all but one are at least marginally statistically significant. The fact that all correlations are in the same direction is not surprising, since all the variables except *Anxiety/Hurt* are positively correlated with each other.

*Table One: Process Ratings and ESP Success*

<b>Variable</b>	<b>r</b>	<b>p</b>
Meaningful	-.11	.044
Engaged	-.09	.099
Engaging	-.09	.089
Connected	-.11	.049



Revealingness	-.12	.030
Risk	-.08	.145
Spontaneity and Surprise	-.14	.009
Anxiety/Hurt	-.10	.072

The relationships given in Table 1 were simplified by stepwise multiple regression analysis, which takes account of the intercorrelation of predictor variables. *Revealingness* and *Spontaneous/Surprising* emerge as negative predictors, while *Risk* predicts hitting. At first glance, this finding seems difficult to interpret, since *Risk* is rather strongly correlated with the other two variables (.88 and .67, respectively).

In order to explore whether this finding might make any psychological sense, I combined the 3 variables into a single composite score according to the loadings determined in the regression solution. I then listened to tape recordings of the five sessions that were highest and the five that were lowest on this combined dimension.

While this procedure is admittedly extremely subjective and selective, I did notice something striking. The sessions relatively high in *Risk* but lower on the other two might all be said to be deeply positive, in the sense that deeply personal material was being discussed, but a general tone of harmony seemed to prevail, with all members participating actively. There were choruses of vigorous laughter in some, and shared tears in others. Even when difficult emotional material was being discussed, all represented moments I remembered in the life of the group as being points of resolution and bonding. The sessions relatively low on *Risk* but higher on the other two, however, were all “deep” in a more troubling way. In each case there seemed to be an air of tension and suppressed disagreement, with long silences, or long soliloquies followed by nervous titterings of laughter or restless shuffling. The personal revelations in these sessions seemed to arouse discomfort that the other members were finding difficult to articulate. This latter group of sessions also received significantly higher ratings on *Anxiety/Hurt*. The group seemed to be using the dimension of *Risk* in a way I hadn’t

entirely anticipated: as indicating a generous reaching-out to others and a successful experience of resolving some issue that had been dividing people. However this may be, some important aspects of group experience might be suggested here that future research could attempt to measure more adequately.

### **Implications for the Therapist**

The results of this study provide evidence that the ongoing process of a psychotherapy group can in fact express extra-sensory information inadvertently. It also gives some hints about when such material might be most expected to emerge. If the patterns found here can be safely generalized, it might be that such information would be most likely to be expressed at times when the flow of material and feeling is moderately intense (as it came to normally be in our sessions), but not when it is so intense as to feel painful or insolubly difficult. Interactions that are unusually joyful, harmonious and playful may be especially psi-conducive.

However that may be, the fact remains that the therapist who wishes to approach the psychotherapy session with the “psi hypothesis” in hand is now more securely entitled to do so, since extrasensory information has objectively been found to be expressed in such sessions.

### **Even If We May, Should We?**

The welfare of the patient is the predominate concern in the therapeutic situation. The therapist must not harm and must try to help above all else. Even if we conclude that ESP may be observed in the process of psychotherapy, is it clinically wise to focus on the question, or even to discuss it with the patient?

I have come to believe that there are very few black and white rules that tell us what positions and behaviors will be beneficial or harmful to all patients. What is helpful or not has entirely to do with the meaning of the behaviors to the patient, in light of his or

her understanding and the unconscious issues that are at play. The best therapist is one who can develop a highly particular understanding of the client, using all the empathy and flexibility at his command, and chart his course accordingly. Too many preconceived opinions can limit such empathy and flexibility. On the other hand, knowing facts can add to our flexibility. This includes the fact that ESP can enter into psychotherapy process.

I can think of times in my own experience when it has seemed best to me to either mention the psi hypothesis in a treatment situation, or much more often, to decline to do so, and I acted accordingly. Generally it has seemed to work out well enough. In those cases in which patients brings up experiences that they construe as paranormal, an attitude of open-minded tolerance has never seemed to hurt the treatment, and *in no single instance* did those experiences remain the focus of attention for long. The issue was mostly an initial test for our relationship, and deeper, more personal matters quickly came to the fore.

If apparently paranormal information comes to light in the course of treatment, should the therapist consider that it might be genuine and reflect privately on its meaning? I don't see why not, and empirical results like the ones I have reported today make this seem more reasonable. Of course, the possible information should be treated as only hypothetical. The research literature in Parapsychology has taught me that psychic information, even when genuine, is usually quite partial and often metaphorical in nature. It is not a good basis for making important decisions if more certain knowledge is available instead. There may be times, however, when the therapist is being alerted to something important that she couldn't know about otherwise, and to ignore it might be unwise. Orloff (1997) tells of one situation in which she ignored a strong hunch about danger to a patient because of the defensiveness she had built up in medical school about her own history of psychic experiences. The patient attempted suicide and almost died. On one occasion I acted on an equally irrational hunch about a patient of my own whom I barely knew, and I averted a suicide that was certain to have happened, and that certainly would have been fatal. Such behavior was very unusual for

me, and I would be very hesitant to do it again, but I am glad that I acted on the hunch in that case.

There is much more to learn about the expression of ESP in the context of psychotherapeutic treatment. As more psychotherapists learn that psi phenomena may occur in treatment, we should increase our pool of clinical observations. Further controlled research, building from the starting point I have described today, should be especially helpful.

Alberti, G. (1974). Psychopathology and parapsychology: some possible contacts. In A. Angoff and B. Shapin (Eds.), *Parapsychology and the Sciences*, pp. 225-233. New York: Parapsychology Foundation.

Bender, H. (1935). Mediumistische psychosen. In *Aufsätze zur Parapsychologie*. Munich: E. Reinhardt.

Carpenter, J. (1988a). Parapsychology and the psychotherapy session: their phenomenological confluence. *Journal of Parapsychology*, **52**, 213-224.

Carpenter, J. (1988b). Quasi-therapeutic group process and ESP. *Journal of Parapsychology*, **52**, 279-304.

Edelstein, S. (1992). *Insight and Psychotherapy Outcome*. Unpublished doctoral dissertation, Wright Institute Graduate School of Psychology.

Ehrenwald, J. (1942) Telepathy in dreams. *British Journal of Medical Psychology*, **19**, 313-323.

Ehrenwald, J. (1948). *Telepathy and Medical Psychology*. New York: Norton.

Ehrenwald, J. (1955). *New Dimensions in Deep Analysis*. New York: Grune and Stratton.

Ehrenwald, J. (1970). *The ESP Experience*. New York: Basic Books.

Eisenbud, J. (1946). Telepathy and the problems of psychoanalysis. *Psychoanalytic Quarterly*, **15**, 32-87. (Also in G. Devereux (Ed.), *Psychoanalysis and the Occult*. New York: International Universities Press, 1953).

- Eisenbud, J. (1969). Chronologically extraordinary psi correspondences in the psychoanalytic setting. *Psychoanalytic Quarterly*, **56**, 9-27.
- Eisenbud, J. (1970). *Psi and Psychoanalysis*. New York: Grune and Stratton.
- Fodor, N. (1942). Telepathic dreams. *American Imago*, **3**, 61-83.
- Fodor, N. (1949). *The Search for the Beloved*. New York: Hermitage Press.
- Fowler, D, Garety, P. & Kuipers, L. (2000). *Cognitive Behavior Therapy for Psychoses*. London: John Wiley & Sons.
- Freud, S. (1965). *The Interpretation of Dreams*. New York: Basic Books.
- Freud, S. (1933) *Introductory Lectures on Psychoanalysis*. New York: Norton.
- Gassner, S., Sampson, H., Weiss, J., & Bruner, S. (1982). The emergence of warded-off contents. *Psychoanalysis and Contemporary Thought*, **5**(1), 55-75.
- Greyson, B. (1977). Telepathy in mental illness: Deluge or delusion? *Journal of Nervous and Mental Disease*, 184-200.
- Irwin, H. (1985). Parapsychological phenomena and the absorption domain. *Journal of the American Society for Psychical Research*, **79**, 1-12.
- Janet, P. (1886). Deuxieme note sur le sommeil provoque a distance et la suggestion mentale pendant l'etat somnambulique. *Revue Philosophique de la France et de L'Etranger*, **21**, 212-223.
- Loevinger, J. (1963). Conflict of commitment in clinical research. *American Psychologist*, **18**, 241-245.

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.

Neppe, V. (1983). Temporal lobe symptomatology in subjective paranormal experiences. *Journal of the American Society for Psychical Research*, **77**, 1-30.

Orloff, J. (1997). *Second Sight*. Boston: Warner Books.

Palmer, J. (1977). Attitudes and personality traits in experimental ESP research. In B. Wolman (Ed.), *Handbook of Parapsychology*, New York: Van Nostrand Reinhold.

Parker, A. (1989) The normality and abnormality of paranormal experiences. In L Coly and J McMahon (Eds.) *Psi and Clinical Practice*. New York: Parapsychology Foundation, Inc.

Raush, H. L. (1969). Naturalistic method and the clinical approach. In E. Willems and H. Raush (Eds.). *Naturalistic Viewpoints in Psychological Research*, New York: Holt, Rinehart and Winston.

Reik, T. (1964) *Listening with the Third Ear*. New York: Pyramid Edition.

Rogers, C. (1959). A theory of therapy, personality and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.) *Psychology: A Study of a Science*. Vol. 3. *Formulations of the person and the social context*. New York: McGraw Hill.

Schwartz, B. (1965). *Psychic-Dynamics*. New York: Pageant Press.

Schwartz, B. (1967). Possible telesomatic reactions. *Journal of the Medical Society of New Jersey*, **64**, 600-603.

Schwartz, B. (1971). *Parent-Child Telepathy*. New York: Garrett Publications.

Servadio, E. (1935). Psychoanalysis and telepathy. *Imago*, **21**, 489-497. (Also in G. Devereux (Ed.), *Psychoanalysis and the Occult*. New York: International Universities Press, 1953).

Servadio, E. (1955). A presumptively telepathic-precognitive dream during analysis. *International Journal of Psychoanalysis*, **36**, 27-30.

Silberschatz, G., Fretter, P., & Curtis, J. (1986). How do interpretations influence the process of psychotherapy? *Journal of Consulting and Clinical Psychology*, **54**(5), 646-652.

Tierney, Ian. (1989). The experience of significance. . In L Coly and J McMahon (Eds.) *Psi and Clinical Practice*. New York: Parapsychology Foundation, Inc.

Ullman, M. (1949). The nature of psi processes. *Journal of Parapsychology*, **13**, 59-62.

Ullman, M. (1959). On the occurrence of telepathic dreams. *Journal of the American Society for Psychical Research*, **53**, 50-61.

Ullman, M. (1975). Parapsychology and psychiatry. In A.M. Freeman, H. I. Kaplan, and B. J. Saddock (Eds.), *Comprehensive Textbook of Psychiatry*, 2<sup>nd</sup> ed., Vol. 2, pp. 2552-2561. Baltimore: Williams and Wilkins.

Ullman, M., and Krippner, S. (1974). *Dream Telepathy*. Baltimore: Penguin.



Van de Castle, R. (1989). Psi manifestations in multiple personality disorder. In L Coly and J McMahon (Eds.) *Psi and Clinical Practice*. New York: Parapsychology Foundation, Inc.

Weiss, J. (1993). *How Psychotherapy Works: Process and Technique*. New York: Guilford Press.