PRECOGNITION IN THE THERAPEUTIC SETTING JOOST A. M. MEERLOO (U.S.A.)

Thirty years ago I was myself stimulated by Felix Ortt, the great stimulator of psychic research in Holland. Through him I first learned of subjective time and its potential relationship to so-called objective time. Today we consider a special aspect of this relationship as experienced in the therapeutic setting—some phenomena of precognition.

A craving for timelessness and foreknowledge plays a role in every neurosis,—an unconscious wish for immortality and eternity. Professed foreknowledge is often a form of wishful thinking to this end. By it the pains and stresses of waiting

and uncertain anticipations are evaded.

The organic conflict implied in "waiting" represents symbolically for most people the lifelong conflict of separation: from the nirvanic past, the matrix, the womb, the breast by weaning, the mother by walking, the home by maturity and marriage, from more organic life by awareness of God and his moral commandments. To them, precognition implies emotional security, return to a protected world without individual

responsibility.

Yet less fictitious processes are involved. The therapist himself may have sudden foreknowledge and certainty of what course the patient will take, as if the unconscious future program in the patient's mind were communicated unconsciously. Prognosis as a science is based upon awareness that such clinical receptivity and foreknowledge exist. Patients with suicidal fantasies are especially obsessed with need for precognition—to enjoy beforehand the future effects of their demise upon others. This is also true about anticipated deaths of relatives, where tension between the guilt of the death-wish and love

may become so anxiety-provoking that a more archaic telepathic communication breaks through and their death is "fore-seen."

Parapsychological literature is full of impressive examples of such precognition. Mostly, they are of future dangers for beloved persons. Many well-controlled experiments have tried to verify such phenomena, but lack the usual physical and psychological frames of reference. In general, premonitions and precognitions as experienced in therapeutic relationships are related to simultaneous anticipation and telepathic transfer between patient and therapist, to a special danger-mindedness, and a special ego-pull toward mastering the future through pre-determined imaginings and schemes. Foreknowledge and precognition in a psychoanalytic sense constitute telepathic transfer of unconscious expectation, planning and determination.

Dunne has advanced an original theory of precognition: man is perceptually conscious only of a three-dimensional cross-section of a four-dimensional world. In the succession of moments he becomes aware of successive three-dimensional cross-sections, but in so doing he travels unknowingly along the fourth dimension of the manifold three-dimensional images. A three-dimensional world, enduring in time, is an illusion. Time is the continuous awareness of man's progress through the four-dimensional world. In order to explain this "time-needed" attention, Dunne postulates a fifth dimension and a second awareness travelling along it. But clinical experience does not require so complicated a hypothesis. In this world, everything is there. The problem of precognitive time is that of the higher placed telepathic observer traveling along the dimensions and viewing a determined reality from a vantage-point outside the special dimensions.

We can now study many precognitive phenomena clinically, with verification of facts. It is unconsciously mingled with our subjective concepts of time, the mystery of which is highlighted by the modern physical approach and the newer psychological and parapsychological evidence.