

TELEPATHIC DREAMS AND THE FOUR FACES OF PSI IN THE PSYCHOTHERAPEUTIC SITUATION

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EHRENWALD: The psychotherapeutic situation presents an almost ideal setting for the exploration and psychological evaluation of telepathy and related occurrences under more or less spontaneous conditions. But I believe that our approach in this situation must include both physiological and psychodynamic aspects. This is particularly true if we focus on telepathic dreams. Clearly, one of the major predisposing factors of telepathic dreams is sleep itself and in particular the REM state, with all its attending neurophysiological and EEG characteristics. Today it is nearly a truism to say that, psychologically speaking, sleep and dreaming involve an altered state of consciousness. More specifically, they involve what I described as a minus function of the ego¹ with its accompanying tendency to compensation by unconscious or preconscious levels of either the agent or the percipient's personality, or both. Needless to say, minus functions and the telepathic compensation of altered states of consciousness are not, however, confined to the analytic situation, nor to sleep alone. They may be organic or functional, global or circumscribed, lasting or transient, as in trance states, in hypnosis, absentmindedness, psychedelic conditions and the like.

This is, however, only one side of the coin. A more specific contribution of the psychotherapeutic situation to our topic is the light which it can throw on the personalities involved in the occurrences and on the psychodynamics, including the motivations of those involved.

In order to do justice to our topic we should not confine ourselves to dreams alone. We must extend our frame of reference to what may

be called the four faces of psi in psychotherapy. The first face is represented by what I described as telepathic tracer effects in dreams and in other spontaneous phenomena. They include clear-cut transfer of information from one person to another—an admittedly rare incident. For instance, a patient may report a dream whose manifest content includes some specific and unmistakable reference to a unique item in the therapist's mental content at the time the dream occurred. The item may include names, numerals, or a multiplicity of distinctive features whose correspondence in dream and real event cannot reasonably be attributed to chance alone. If so, they are characterized by the criterion of uniqueness of specificity. Such occurrences have been observed by a number of experienced psychoanalysts, starting with Freud himself. Yet we must realize that their emergence, however intriguing it may be, has to be regarded as an accidental (if not an undesirable) by-product of the treatment situation. It has little to do with its primary purpose. Michael Balint² cautioned us that if and when such an event occurs, it is usually due to an error in technique and, therefore, nothing to boast about.

In my own experience, the incidence of tracer elements showed considerable fluctuations over the years. During periods of intense preoccupation with the matter, as from 1949 to 1953, when my interest received added stimulation by monthly meetings with a group of like-minded psychiatrists, members of the American Society for Psychological Research, the pages of my diary were dotted with entries of this type. At other times the phenomena seemed to recede into the background or were completely in abeyance. Yet I noted that the emergence of such artifacts is only one of the four faces of psi in the therapeutic situation.

Another face is less readily identifiable, but is of major significance in both psychoanalytic theory and practice. We know that virtually every school of psychotherapy invariably finds a wealth of confirmatory evidence to bear out its respective hypotheses. Freudian patients, if I may exaggerate and simplify the point, dream Freudian dreams, Jungian patients, Jungian dreams, etc. More generally speaking, we find that the patients' production tends to meet the therapist's expectations concerning the validity of his doctrine. This is what I described as "doctrinal compliance."³ Such doctrinal compliance may in effect be responsible for some of the telepathic tracer effects and for the occurrence of telepathic dreams. I do not claim for a moment that doctrinal compliance is exclusively manifested through telepathy operating between analyst and patient. It may be aided by suggestion, by operant reinforcement,

by various non-verbal cues which give away the game, but to the extent that a telepathic factor is involved in doctrinal compliance, it represents the second face of psi in the therapeutic situation.

Indeed, the part played by this factor in psychotherapy and in the behavioral sciences in general cannot be overestimated. It is a potential source of error in virtually all aspects of human affairs. It shows a striking similarity to the Heisenberg principle in physics, which implies that on the microphysical scale the observer is bound to affect the phenomenon he tries to observe in a supposedly objective way. Exactly the same is true for the behavioral sciences: we cannot help but influence the mental events which are the objects of our research.

But it is needless to say that the therapist's unconscious or pre-conscious wishes and expectations need not necessarily be confined to the emergence of telepathic tracer effects or doctrinal compliance. It can rightly be expected that a substantial part of the therapist's motivations are directed toward effecting cures. Indeed, the doctor's conscious and unconscious therapeutic motivations, including his faith in his own much maligned omnipotence, meeting halfway with the patient's expectations to be helped, may play a major role in his personal impact upon the patient, regardless of his school of thought or of the technique used in his clinical approach. The circular feedback between these emotionally charged reciprocal attitudes constitutes the third and perhaps most significant aspect of psi in the therapeutic situation. Unfortunately, in the absence of clearly defined criteria, tracer effects or what not, the actual role of this factor in the therapeutic process is difficult to evaluate.

There is a fourth aspect of psi which is relevant in the present context: psi missing in laboratory experiments, as described by Rhine,⁴ Rao⁵ and others. In these cases, the scoring level of the subjects—usually doubting Thomases—tends to fall consistently below chance expectation, confronting us with the puzzling question of how their "selective inattention" to the missed items has come about. Psi missing has been defined as the exercise of psi ability in a way that avoids the target the subject is attempting to hit. By this definition, any reference to psi missing in the therapeutic situation must necessarily remain conjectural. Still, every experienced therapist is familiar with specific situations in which the patient seems to develop an uncanny capacity to block, to distort, or to misinterpret his analyst's therapeutic interventions. This is particularly true for certain schizophrenics or borderline schizophrenics. To the extent that an anxiety-laden avoidance of psi influences is involved in the patient's behavior in therapy, psi missing may play an as yet undetermined role in his resistance to psychotherapy. The danger of

the therapist responding to this form of negative feedback from the patient is obvious. It may also interfere with the process of communication in a wide variety of social situations, far beyond the confines of psychotherapy.

In conclusion, let me repeat that in trying to evaluate psychoanalytic dream material for psi research, we have to make allowance for both the physiological and the psychological factors involved in the origin of telepathic dreams. We have to make allowance for both psychodynamics and such structural aspects as minus functions and their compensation.

The key to the usefulness of the analytic method in psi research lies, therefore, in the dynamic understanding of the therapist's and the patient's deeper motivations. Given such an understanding, causal observations in the therapeutic situation can serve as theoretical models for hopefully more successful experiments in parapsychology.

MARGENAU: Thank you, Mr. Ehrenwald. We shall hear now from Mr. Servadio.

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