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The Relationship of Mental Telepathy to Trauma and Dissociation

Sharon K. Farber, Ph.D.

Frontiers in the Psychotherapy of Trauma & Dissociation

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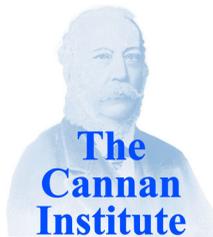
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ARTICLE

THE RELATIONSHIP OF MENTAL TELEPATHY TO TRAUMA AND DISSOCIATION

SHARON K. FARBER, PhD

New York University, School of Social Work

Many apparently gifted psychics have raised the issue of dissociation and psi from the days of mediums in séance rooms to the present, because such persons often appear to be unusually dissociative. And looked at from the other angle, a high proportion of people with marked dissociative experiences (and often trauma histories) report an unusually high frequency of ostensible psychic experience.

James Carpenter (2015),
First Sight: ESP and Parapsychology in Everyday Life (p. 231)

When we regard telepathy as a weird new-age concept, we can easily lose sight of how psychoanalysis seems to so many patients to be a form of mind-reading. The paranormal has always been controversial in psychoanalysis, and Freud's deep interest in it has been marginalized. Several studies have found that a person with a history of trauma and dissociation will be more likely to report a high frequency of psychic or paranormal experience than a person who does not have such a history (Carpenter, 2015). The reasons for this will be explored, and a case demonstrating telepathic communication between a very dissociated, traumatized patient and her therapist will be presented. Using an information-processing model, I will illustrate how the patient's sub-symbolic information became converted to the verbal symbolic by means of my use of evoked images.

KEYWORDS *telepathy, paranormal, trauma, dissociation, thought-transference*

Author Contact Information: Sharon K. Farber, Ph.D., 142 Edgars Lane, Hastings-on-Hudson, NY 10706, (914) 478-1924, Email address: sharonkfarber@gmail.com.

INTRODUCTION

Helene Deutsch (1953) thought that every analyzed person will remember times when he thought his analyst was a mind reader (Farber, 2017). Freud understood telepathy, or thought-transference, as a form of unconscious communication, with which he had a life-long fascination. When Freud said, "The analyst must bend his own unconscious like a receptive organ towards the transmitting unconscious of his patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone" (Freud, 1912, pp. 115–116), he was describing a telepathic trance-like state (Farber, 2017). Some years later, he used the concept of body language when he referred to sensations as organ speech (Farber, 2017; Freud, 1915). Both conscious and unconscious nonverbal communication can be understood as a form of "body language," a communication between the psychic bodies of patient and therapist (Arizmendi, 2008). Our patients who rely heavily on dissociative processes often communicate by means of sensory experiences, "using their psychic body to inform and simultaneously, to regulate the analyst via these sensory messages. The therapist, in turn, communicates via a type of 'body language' as well, receiving the patient's nonverbal communications through the messages she (therapist) receives from her own psychic body" (Arizmendi, 2008, p. 444; Farber, 2017, p. 720). A major challenge in working with dissociative patients is to transform that which is received from implicit to explicit knowing (Arizmendi, 2008).

Freud wrote a number of papers on "thought-transference" (Freud, 1919, 1922, 1925, 1933). He wrote to French mystic Romaine Rolland that mysticism and the occult were dangerous but fascinated him because of their nearness to the unconscious. He expressed regret that his study of religion did not include the experience of the mystics and saints (Farber, 2017; Jones, 1957). Ferenczi went to a séance which Freud wanted to hear about but warned Ferenczi not to speak of it to others. They visited a medium together in Berlin; Freud visited one alone in Munich. Ferenczi was an outstanding thought reader (Farber, 2017; Jones, 1957). Although he planned to write a book on thought-transference, he never did. He regarded the psychoanalyst as being a potential medium. Freud conducted telepathic experiments with Ferenczi and his daughter Anna (Evrard, Massicotte, & Rabeyron, 2017; Gay, 1988). Not only did Freud have a deep interest in telepathy, he was also a psychic and psychic researcher himself (Farber, unpublished paper).

In 1921, Freud was invited to become co-editor of three periodicals devoted to the study of occultism but declined, writing that if he could relive his life, he would devote himself to psychical research, not psychoanalysis. He predicted that psychoanalysts would come to believe in the existence of telepathy and would use the process in treatment (Farber, 2017; Jones,

1957). This has come true, largely through the efforts of the relational school of psychoanalysis (Farber, 2017).

Psychoanalyst Jules Eisenbud (1953, 1992) thought it remarkable that Freud's publications on the subject of telepathy were received with indifference. This can be explained through the tremendous influence of Ernest Jones, Freud's biographer and former president of the International Psychoanalytic Society, who marginalized Freud's lifelong fascination with telepathy (Farber, 2013, 2017; Hewitt, 2014; Massicotte, 2014). Ever since Freud insisted psychoanalysis was a science, anything that smacked of the occult was to be avoided.

Because the field of parapsychology has always been so controversial, I will describe how my position on the subject has evolved from being dismissive to being an open-minded skeptic to developing the conviction that telepathy is real. I began taking the paranormal seriously after stumbling across Elizabeth Mayer's ground-breaking book (Mayer, 2007) *Extraordinary Knowing: Science, Skepticism, and the Inexplicable Powers of the Human Mind*. She wrote about William James, who ventured unflinchingly into the public arena to help separate legitimate fields of psychological inquiry from quackery. James was one of the founders of the American Society for Psychic Research, and published a remarkably predictive essay called "The Confidences of a Psychic Researcher," in which he said

our "normal" consciousness is circumscribed for adaptation to our external earthly environment, but the fence is weak in spots, and fitful influences from beyond leak in, showing the otherwise unverifiable common connexion . . . Assuming this common reservoir of consciousness to exist, this bank upon which we all draw, and in which so many of earth's memories must in some way be stored . . . the question is, What is its own structure? What is its inner topography? Are there subtler forms of matter which upon occasion may enter into functional connexion with the individuations in the psychic sea, and then, and then only, show themselves?—So that our ordinary human experience, on its material as well as its mental side, would appear to be only an extract from the larger psychical world? Vast indeed and difficult is the inquirer's prospect here . . . But when was not the science of the future stirred to its conquering activities by the little rebellious exceptions to the science of the present?

(Mayer, 2007, p. 261)

Gardner Murphy, president of the American Psychological Association and the American Society for Psychical Research, brought James' words into the twenty-first century when he predicted in 1968 that psychology would recognize parapsychology as being completely incorporated within mainstream psychology (Farber, 2017; Mayer, 2007). James said

psychologists will probably witness a period of slow but definite erosion of the blandly exclusive attitude that has offered itself as the only appropriate scientific attitude in this field. The data from parapsychology will be almost certainly in harmony with general psychological principles and will be assimilated rather easily within the systematic framework of psychology as a science . . . The twenty-first century can offer less terror and more joy, but only if psychologists have learned . . . how to recognize the reciprocities of inner and outer, through methods that are as far ranging and as deeply human as is the human stuff that is being studied.

(Mayer, 2007, p. 262)

Although psychoanalysis has historically shown an interest in the paranormal, at the same time it has every reason to be suspicious of a field of study that takes seriously a group of alleged phenomena which correspond closely to delusions that have always characterized the mentally ill (Eisenbud, 1953). Greyson (1977) asked to what extent might the claims of psychotic patients that they can read the minds of others be accurate, pointing out that these hypotheses are not mutually exclusive. Telepathy can be a common delusion *as well as* a real paranormal power. What may appear to be a psychotic delusion of possessing paranormal powers may be a conviction about a real but unusual ability the psychotic person possesses.

Thurschwell (1999) suggested that paranormal hypersensitivity and psychic illness may come from the same causes. "For Ferenczi, the best analysts and the most damaged psychotics share the ability to transgress normal sense boundaries, linking the most immaterial forms of transmission with the most material" (p. 171). Ferenczi (1932), found that occult powers are aligned with psychosis, with paranoid individuals experiencing an unusual form of psychic and physical permeability. He asked to what extent do psychotics become able to experience a part of reality which remains inaccessible to the rest of us, and suggested we further explore the occult (Farber, 2017). Freud conducted psychic experiments with Ferenczi and with his daughter Anna (Evrard, Massicotte, & Rabeyron, 2017; Farber, 2017). Jules Eisenbud (1992) also did experiments in telepathy. Like Freud, he reported on telepathic dreams. "When a clinically based system of dream analysis was brought to bear the everyday dreams of people were seen to incorporate more frequently than heretofore had been imagined, information paranormally received" (Eisenbud, 1992, p. 20). Carpenter (2015) found that paranormal experiences may be found in those with Dissociative Identity Disorder.

Eisenbud (1970) thought that the emotionally-intensive and intimate situation of the psychoanalytic session is exceptionally favorable for generating paranormal connections but is also uniquely equipped for observing them. He kept track of remarkable allusions in the dreams of patients to events in his own life that the patient had no way of knowing about, and

noticed dreams of his own that seemed to anticipate events in the lives of his patients or to alert him to issues in their treatment that they had not known consciously to be present (Eisenbud, 1953). Eisenbud insisted that paranormal effects are often mediated by the unconscious processes well known to psychoanalysts, such as repression, distortion, symbolization, displacement, etc., and go unnoticed in everyday where they are omnipresent. In a play on Freud's words "The Psychopathology of Everyday Life," Eisenbud (1970) wrote of

the psychic pathology of everyday life. Under this heading we can bring a variety of events—slops, errors and the like—where the application of the psi hypothesis enables us to corral into a deterministic sphere occurrences which would otherwise go begging for explanation, if they excited our interest at all. (p. 287)

Eisenbud believed "that few psychiatrists or analysts possess . . . psychically sensitive dispositions and do not, consequently, create—and thus have the opportunity to observe—psi-conditioned experiences in their interactions with patients" (Pilkington, 2010, p. 13). The therapists who evoke these experiences seem to be very interested in psi, were unusually open and creative and were frequently artistic people, and tend to be unusually non-defensive themselves (Carpenter, 2015).

HOW BROMBERG'S RELATIONAL MODEL OF PROJECTIVE IDENTIFICATION EXPLAINS TELEPATHY

In his book *First Sight: ESP and Parapsychology in Everyday Life*, psychologist and parapsychologist James Carpenter (2015) provides compelling evidence that psychic experience consists of preconscious experience that is actually going on all the time and is almost always out of sight in its functioning, preconscious processes dealing with things that have not yet reached our physical senses.

An understanding of how telepathic communication works is quite comfortable and familiar to those who have been trained in relational psychoanalysis, although they probably do not realize it. When Philip Bromberg (1998, 2001, 2006) described projective identification as a dissociative process of communication, although he did not call it telepathic, he was really describing a telepathic process of unconscious communication that was hidden in plain sight in the comfortable and familiar relational concept (Farber, 2013, 2016, 2017). Bromberg proposed that when dissociation is a major component of the patient's defensive organization, this can induce a parallel dissociative process in the therapist, in which the patient disavows some unwelcome aspect of his experience and through an unconscious process, projects that same experience into the analyst, thus getting

him to feel what the patient feels (Bromberg, 1998, 2001, 2006). When we regard this projective identification as an early form of empathy, we can understand that the therapist's mirror neurons become activated, thus mirroring the patient's experience (Gallese & Goldman, 1998). Today functional magnetic resonance imaging (fMRI)

allows unparalleled access to our thoughts and mental states, a form of telepathy unheard of a decade ago. Now "mind reading" in various guises is beginning to dominate the field of neuroscience . . . And the method is still in its infancy; the most exciting breakthroughs are no doubt still to come.

(Bor, 2010, p. 54)

Although I have come to practice relationally, I was not trained in the relational model and so Bromberg's model was not comfortable and familiar (Farber, 2017). After reading Bromberg's description of projective identification, it immediately struck me as describing a telepathic process of communication (Farber, 2017).

When Elizabeth Mayer (2007) said that hardly ever has the analyst told a patient that some communication between them seemed telepathic, she was anticipating Bromberg's paradigm of dissociated communication. She thought that this was problematic because if only one party is considering its nature, our ability to learn about what occurred will be limited. She suggested that if we can abandon anonymity as an ideal, patients may well respond by telling us more of what they know about us. She believed that patients restrict what they tell us because they feel our need for anonymity. When we allow clinical theory to shift, this may permit us to truly get to know the mind of another (Farber, 2017).

Like Mayer, Bromberg (1998) promoted speaking openly about the links between dissociated aspects of his and the patient's mind as a form of communication. Although he seemed fearful of calling this process telepathic, he implied that the process was telepathic, saying that so much of his new book is *about* telepathy (P. Bromberg, 2011; personal communication 2013). He wrote about patient and analyst being together in a dreamy dissociative self-state and how the analyst awakens the patient-dreamer and finds "his own 'dreamer' awakening in synchrony with the patient's" (Bromberg, 2006, p. 22). He referred to Freud's paper on dreams and telepathy, Ullman's work on dream telepathy, and quoted Ferenczi's thoughts that so-called supernormal ability "may well be ordinary processes, in the same way that animals (dogs) . . . possess such supernormal faculties (sense of smell at a colossal distance, the inexplicable adoption of the owner's antipathies and sympathies" (Bromberg, 2011, p. 174). Mayer's description of the emergence of an anomalous perception as a *dissociative jolt* reminded Bromberg of an analyst's discomfort when initially feeling the experience of something telepathic happening between him and his patient, something

that Mayer states, feels very different from ordinary knowing. He anticipated that Mayer's book "could well hold the future of psychoanalysis between its covers" (Bromberg, 2011, p.137; Farber, 2017, p. 726).

HOW THE UNCONSCIOUS MIND PRODUCES PARANORMAL EVENTS

Unfortunately, it is little known to the scientific world that Stan Gooch (1978, 2007) was a British psychic who became a trained research psychologist, had a Jungian psychoanalysis and published a number of books on the paranormal (Farber, 2017). "I myself developed as a medium at one time, so that I can speak with some knowledge of what takes place internally during trance" (Gooch, 2007, p. 106). Using a psychoanalytic lens to examine unexplained phenomena, Gooch found that the workings of the unconscious mind illuminated telepathy and other paranormal phenomena. Like Freud, he thought that unconscious communication can be telepathic (Farber, 2017). Gooch believed the paranormal was once conscious material that had become dissociated and disowned, the result of the repression of paranormal powers as we left childhood. Gooch seemed to use the words "dissociation" and "repression" interchangeably. Ideally we would train children to develop and apply these special gifts. The young child's mind

is open to telepathic and clairvoyant impressions in a way that the adult mind (with its 'meddling intellect') seldom is . . . I have been sent many anecdotal reports by mothers of strong telepathic rapport between themselves and their pre-school children, a rapport that is usually subsequently lost. For example, a mother . . . was sitting watching her small daughter and another little girl play weddings with their dolls. The mother herself was wondering whether or not to go and see the film Blood Wedding that afternoon. To her astonishment she heard her daughter announce, "This isn't a church wedding, it's a blood wedding."

(Farber, 2017, p. 721; Gooch 2007, pp. 86–87).

It is possible that the mother forgot mentioning wanting to see the film to her daughter or in her presence. If not, then it had been communicated telepathically.

Just as Freud (1922) thought that sleep creates positive conditions for telepathy, Gooch considered dreaming the best initial road into the paranormal. Both Freud and Gooch thought the stimulus for a dream might be stored in the unconscious and emerge later in a telepathic dream. Psychoanalyst Montague Ullman (Ullman & Krippner, 2003) embraced quantum theory to study dream telepathy.

Gooch thought the dream-producing part of the brain was the cerebellum and explored its functions, discovering how the unconscious mind can

find signs of its workings in the external world. The paranormal was material coming from the unconscious, from *inner*, not *outer, space*. Gooch found women to be more psychic than men and have larger cerebella, confirmed by brain imaging techniques. They were more hypnotizable and creative, inspired by their unconscious and their own dreams. Similarly, Persinger & Lavalee (2010) found that that information can be transmitted from one mind to another by very low-frequency electromagnetic waves occurring during the rapid eye movement (REM) dream state. Carpenter (2015), like Gooch, found that creative people are more open and share ready access to the unconscious, and are more inclined toward paranormal experience.

In schizophrenics, the boundaries between conscious and unconscious, outer and inner world, are dissolved, as if they are dreaming while awake (Farber, 2017; Gooch, 2007).

Schizophrenics 'know their own unconscious'. They may speak word-salad—a continuous flow of word association and puns, of references and allusions bouncing one off another like a display of fireworks, sometimes incoherent and completely unintelligible, at other times invested with flashes of mysteries and poetic insight, or half-insight, where the listener feels he is being witness to revelations. Indeed, the utterances of schizophrenics are sometimes published as poems or poetic prose . . . (schizophrenics) are dreaming while awake.

(Gooch, 2007, p. 178)

Ullman (Ullman & Krippner, 2002) said psychoanalysis has a unique advantage for discovering telepathic dreams because dreams are regularly reported in sessions. The most important factors are the therapist's *interest*, the therapist's *need* dovetailing with the patient's need, and the therapist's *anxiety* dovetailing with the patient's anxieties.

HOW TRAUMA AND DISSOCIATION ARE LINKED TO THE PARANORMAL

When physicist Freeman Dyson reviewed what were considered to be psychic events collected by the Society for Psychical Research, he wrote

The members of the society took great trouble to interview first hand witnesses as soon as possible after the events, and to document the stories carefully. One fact that emerges clearly from the stories is that paranormal events occur, if they occur at all, only when people are under stress and experiencing strong emotion.

(Mayer, 2007, p. 238)

How can we understand this? We know that people who have been traumatized tend to suffer from anxiety, and often find certain situations to be threatening and fear-inducing, which tends to make them dissociative so that they do not feel their anxiety. Often their anxiety is expressed through both subliminal and extrasensory perception (ESP) (Carpenter, 2015). When people are asked to draw, rather than verbalize their responses, sensory experience decreases and often induces a hypnotic or trance state, eliciting free association and exploration of dreams, evoking a state of reverie and providing a positive encouraging environment for inducing psychic experience (Carpenter, 2015).

In a study to determine the prevalence of experiences of possession and paranormal phenomena in the female general population, women with a dissociative disorder reported all types of possession and paranormal phenomena (except telepathy) more frequently than those without. Twenty percent reported at least one type of PNP and 2.1% reported possession (Sar, Alioğlu, & Akyüz, 2014). Dissociative ability and hypnotizability have been found to be important in predicting who will report experiencing spontaneous paranormal and anomalous experiences, with dissociative ability being somewhat more important (Pekala & Marcano, 1995). A study of non-clinical participants who reported extrasensory perception, such as telepathy, clairvoyance, and precognition, reported higher levels of emotional abuse, sexual abuse, emotional neglect, physical neglect and traumatic intrusions, compared to a control group (Scimeca et al., 2015).

Severe, life-threatening illness can be traumatizing, producing in some a near-death experience. Most of those who have studied near-death experiences found that some of those who have had them feel that since this experience, they have become more sensitive or intuitive. In fact, 47% of Peter and Elizabeth Fenwick's (1995) sample reported some psychic ability after the experience. Several transmission mechanisms have been proposed but are difficult to test. One that has been tested is the theory postulated by Jacobo Grinberg-Zylberbaum, who suggests that the electromagnetic fields produced in the brain by the passage of nerve impulses in some way interact with the fabric of space, allowing the transmission of an effect from one brain to another, a shared telepathic experience (Fenwick & Fenwick, 1995). He has produced some evidence for his theory, as has neuroscientist Michael Persinger who found that that information can be transmitted from one mind to another by very low-frequency electromagnetic waves occurring during the rapid eye movement (REM) dream state (Persinger & Lavallee, 2010). He found that creative people share ready access to the unconscious, are more inclined toward paranormal experience, and tend to have a temporal lobe sensitivity. He also found that patients who sustained mild brain injury reported increased paranormal experience (Farber, 2017).

Studies show that the near-death experience and other paranormal phenomena are related to REM sleep (Nelson, 2011; Persinger, 2001). Neurologist Kevin Nelson (2011) tells us that the brain mechanism that flip-flops

between REM sleep and wakefulness is in either the REM-on or REM-off position 90% of the time. However, in those who had a near-death experience, rather than passing from REM sleep to wakefulness, their brains tend to blend and fragment these two states. When this occurs, they find themselves both awake and in the REM state, experiencing light and out-of-body sensations. They are conscious but unable to move and participate in most imaginative narratives, all features of near-death experiences that are traced to REM sleep. Nelson discovered that out-of-body experiences were as likely to occur during the transition between waking and sleep as during near-death experiences. The near-death experiences were not like our usual nighttime dreams but more like the lucid dreams of the REM borderland, mixing the two conscious states of REM sleep and wakefulness, something that happens in only three percent of dreams. We might think of lucid dreaming as being awake while we dream. The dream feels as real as the world we know when we are fully awake. Lucid dreamers can feel fear, sexual bliss, and ecstasy (Farber, 2013; Nelson, 2011).

This may explain why those who have had a near-death experience speak of “going toward the light.” Carl Jung’s near-death experience may have been a factor in his acquiring his belief in telepathy or thought-transference, about which he corresponded with Freud. Jung had a near-death experience after he broke his foot, and had a heart attack, followed by visions and delirium. He saw the earth from a vantage point of around a thousand miles above it. His remarkably accurate view of the earth from outer space was described around two decades before astronauts in space first described it.

It seemed to me that I was high up in space. Far below I saw the glow of the Earth, bathed in a gloriously blue light. I saw the deep blue sea and the continents. Far below my feet lay Ceylon, and in the distance ahead of me the subcontinent of India. My field of vision did not include the whole Earth, but its global shape was plainly distinguishable and its outlines shone with a silvery gleam through that wonderful blue light. In many places the globe seemed colored, or spotted dark green like oxidized silver. Far away to the left lay a broad expanse—the reddish-yellow dessert of Arabia; it was as though the silver of the Earth had there assumed a reddish-gold hue. Then came the Red Sea, and far, far back—as if in the upper left of a map—I could just make out a bit of the Mediterranean. My gaze was directed chiefly toward that. Everything else appeared indistinct. I could also see the snow-covered Himalayas, but in that direction it was foggy or cloudy. I did not look to the right at all. I knew that I was at the point of departing from the Earth.

Later I discovered how high up in space one would have to be to have so extensive a view—approximately a thousand miles! The sight of the Earth from this height was the most glorious thing I had ever seen. After

contemplating it for a while, I turned around. I had been standing with my back to the Indian Ocean, as it were, and my face to the north. Then it seemed to me that I made a turn to the south. Something new entered my field of vision. A short distance away I saw in space a tremendous dark block of stone, like a meteorite. It was about the size of my house, or even bigger. It was floating in space and I myself was floating in space. . .

This experience gave me a feeling of extreme poverty, but at the same time of gratefulness. There was no longer anything I wanted or desired. I existed in an objective form; I was what I had been and lived. At first, the sense of annihilation predominated, of having been stripped or pillaged; but suddenly that became of no consequence.

Everything seemed to be past; what remained was an “fait accompli”, without any reference back to what had been. There was no longer any regret that something had dropped away or been taken away. On the contrary; I had everything that I was, and that was everything.

(Jung, 1989, pp. 289–291; Farber, 2013)

Ferenczi too corresponded with Freud about telepathy, about how at times, his free associations to what the patient was saying seemed to replicate what the patient was saying to him, as if he were holding some of the patient's thoughts which the patient could not allow himself to think (Phillips, 1995), much like Philip Bromberg's concept of projective association (1998), which aptly described telepathy (Farber, 2017).

The patient could evoke in the analyst, as though by thought transference, the disowned parts of himself . . . And it was obvious to Ferenczi that if this was true, then it was going to be a two-way traffic; it couldn't only be the patient doing this to the analyst; it must also be the analyst doing it to the patient. This made psychoanalysis a rather more reciprocal venture that Freud's resolutely quasi-scientific model could allow.

(Phillips, 1995, p. 22)

Eisenbud (1953) maintained that “the telepathic episode is a function not only of the repression of emotionally charged material by the patient, but of the repression of similar or related emotionally charged material by the analyst as well.” According to Eisenbud,

there are many times when the use of the telepathic hypothesis brings material to light that would appear not to be accessible to analytic approach, especially where patients hold back their deeper attitudes and feelings towards the analyst. When patients are provided with telepathically perceived data, they seem immediately to grasp the core of the situation and exhibit evidence of an effective interpretation.

(Eisenbud, 1953, p. 228)

HOW DISSOCIATION CAN HELP DEVELOP ONE'S PSYCHIC ABILITIES

Psychologist and parapsychologist James Carpenter (2015) thinks we all have psychic abilities which we can develop. Having an adventurous nature, being playful and relatively free from anxiety, believing that astonishing things are possible, having charisma and creativity all help. So, is the somewhat dissociative ability to enter into trance needed.

It might seem paradoxical, but a different path to consistent unconscious intention is a dissociative state. I know from my clinical work that this permits an unusual single-mindedness of intention at both a conscious and unconscious level of functioning. Highly dissociative people can sometimes seem disorganized and self-contradictory when we know them over time, across the shifting ascendancy of different "parts" of themselves.

But while firmly in one part and not another, we can see in the dissociative person a remarkable singularity of purpose that is not granted to less dissociated persons who are more likely to shift intentions as situations develop (just try to reason out alternatives with a very self-destructive part of a very dissociative person.

(Carpenter, 2015, p. 317)

MY TELEPATHIC JOURNEY WITH A DISSOCIATIVE AND TRAUMATIZED PATIENT

I will describe a case of telepathic communication with a very dissociative and traumatized patient that occurred at a time when I knew little about dissociation (Farber, 2017). There was nothing in my training that had prepared me to work with Jean and so I decided to improvise (Ringstrom, 2001). I discovered that improvising provided the complex links between experience, knowledge, and consciousness that I needed to treat Jean. These links are more complex than has been generally assumed. The subconscious is critical to understanding how people come to discern and comprehend something new, for which there was no prior explanation (Underwood, 1982). Elaborating on improvisation, Ringstrom said

These improvisational moments ineluctably communicate to the patient a special instance of authenticity, which may well be antidotal to the crushing reality of the patient's life of pervasive inauthenticity. They also enable analysts to more readily engage disparate, often dissociatively disconnected parts of the patient through imaginative intersubjective engagement with each. This may take the form of reverie within

the analyst—from which his own mental state of play informs his interpretations. Still, at other times, it may involve a form of spontaneous engagement that conveys not only a moment of deep recognition but also the purest state of authentic engagement—that is, one that cannot arise with comparable impact when reflection precedes the analyst’s action. In sum, the capacity for engaging in improvisation may well be one of the most defining capacities for the development of a genuine psychoanalysis.

(Ringstrom, 2001, p. 727)

As I came to trust my intuition more and more, my unconscious became increasingly more receptive to Jean’s transmitting unconscious. I discovered that her severe depersonalization and trance states spoke of a severe dissociative disorder.

We managed to connect by alternating between mutual deep reverie trance states and spontaneous play, which produced moments of deep recognition and, authenticity. I managed to contain, tolerate, and occasionally interpret Jean’s projective identifications, and I had to tolerate her chaotic regressions until they became healthier progressions. Years later when I read that Bromberg (1998) noted that many of his patients needed to be a mess with him, and in order to know them he had to be part of the mess in a way he could feel internally, I understood the value that came from Jean and I becoming a mess together. As we muddled through, her growing ability to move from dissociation to conflict and reflection depended on my ability to relate to her several self-states at the same time and to tolerate various internal somatic sensations. A more cohesive self started to emerge.

DISSOCIATIVE ATTUNEMENT PROMOTES THE TELEPATHIC PROCESS

The key to understanding the telepathic process that emerged in this treatment is the analyst’s attuned unconscious receptivity which “makes possible a form of human experience not quite like any other, through sharing elements in common with other relationships of intense resonance, intimacy, care, vulnerability, and mutual personal and interpersonal knowledge” (Bass, 2001, p. 701; Farber, 2017). The therapist must become a microtonal tuning fork, having a dissociative attunement that is an implicit knowing (Hopenwasser, 2008). Treatment “must be a hands-on, body-on, mind-on therapy, in which the therapist’s whole self vibrated like a tuning fork to every quiver in the client’s being without, however, losing the basic emotional stability that the client needed to regulate his or her runaway emotions” (Wylie & Turner, 2011, p. 25).

When Elizabeth Mayer and Carol Gilligan started an ongoing discussion called *Intuition, Unconscious Communication, and “Thought-Transference”*

at the American Psychoanalytic Association's meetings, Mayer found that the more open she was about it, the more others disclosed their telepathic experiences, often using the word *attunement* to describe them, a word that suggests *at-one-ment*. That is, empathic attunement was experienced as a telepathic message that activated the symbiotic fantasy of being at one with the good mother of early childhood (Silverman & Weinberger, 1985). The subjective sense of oneness pinpointed by Silverman and Weinberger repeatedly turned up in reports of anomalous cognition (Mayer, 2007).

Young children who have been exposed to the frightening or frightened behavior of a parent tend to develop disorganized attachments and are prone to dissociation (Liotti, 1995; Main & Hesse, 1990), a capacity that has been found to be associated with being prone to fantasy, absorption, creativity, and with belief in the paranormal (Carpenter, 2015). I propose that these children are more prone to developing paranormal beliefs and abilities because of their inclination to fantasize about being at one with the good mother of early childhood. The case I present here is an example of a disorganized attachment in which clinical moments of dissociative attunement and heightened intuitive receptivity became telepathic moments of communication.

HOW I BECAME A TELEPATHIC TUNING FORK

When I first met Jean, she was married, had two children, an advanced degree and professional career, but she had never developed a sense of competence. She was most disorganized, bouncing checks, overcharging credit cards, and cancelling appointments at the last minute.

From the beginning she tormented me relentlessly by belittling social workers, opening an old wound. In my years of practice, social workers were often treated as hand-maidens to the physicians (men included); the psychologists had the same attitude. Jean snickered, "Don't you social workers read the tea leaves or throw the *I Ching*?" I was unprepared for this and tolerated it far too long. Looking back, I understand that these new-age type references may have been telepathic communications that I abandon traditional technique to connect with her.

Interestingly enough, when Jean called me, she *knew* I was a clinical social worker. Among her insurance plan's list of participating therapists, I was in the social worker category, the only one with a PhD. She could have chosen a PhD psychologist. Her husband was determined that she stop treatment with me, insisting I was a fraud because there was no PhD in clinical social work, only a DSW (Doctorate in Social Welfare). She took his word. Pointing to my diploma on the wall, I asked if she thought I had a fake one made up just to trick her.

Jean's choice, it seemed, was a compromise formation (Freud, 1923) but a dissociated one, joining the PhD's higher status with the social worker's

lower status, a clever mental trick. If Jean wanted to torture someone, choosing a social worker allowed her to do that. If she wanted to get started with a competent therapist (in her mind, only those with PhDs were competent), her compromise was choosing a social worker with a PhD. It was her dissociation that let her keep this compromise a secret from herself. Secrets were precious to her, *especially* those she kept from herself. She kept it a secret from herself how she sometimes shoplifted, drove dangerously fast, and tolerated her husband's emotional and sexual abuse.

Jean had never developed her own taste and preferences, imitating her mother's. She often showed me a new garment she was wearing, asking if it was all right. Other times she harshly criticized my clothing and office. When I dressed in the morning, if I expected to see her that day, I'd anticipate her nasty remark about my clothing. I suggested that instead of attacking me, she *tell* me about the *wish* to attack so that we could talk about it instead of her acting on it. This fell on deaf ears. It was becoming unbearable. Once she came in, took a look at me, and said, "You actually *bought* that outfit you're wearing?" I refrained from saying that at least I had *paid* for it and had not stolen it. I told myself, as if it were a mantra I was muttering, that some patients can provoke their own murder. I enjoyed revenge fantasies and had to struggle not to act on them.

My mantra did not work very well. One day I was out having lunch and was startled to hear her voice, dripping with venom. "Enjoying your salad—on my time?" I looked up; there she was, hovering over me. I immediately knew that I had forgotten her appointment and had gone out for lunch instead. She had gone to my office, found nobody there, got in her car and tracked me down. Like a dog.

I felt humiliated, caught with my pants down and was unable to consider the length to which Jean had gone in order to find me because she valued me so much. Towers (1956) reported a similar countertransference lunch enactment. I told her that by the time she came in for her next session, I hoped to understand more of what led me to forget her appointment. What Bromberg (1998) said was relevant: ". . . it is as if the patient is communicating that the analyst must somehow 'lose' his mind in order to know the patient's" (Bromberg, 1998, p. 138).

Two days later she came in and sat down, smirking, asking if I'd figured it out yet. "I did," I said, "I had not allowed myself to know how enraged I've been at you for treating me so badly. Forgetting your appointment was a wakeup call that I had disconnected myself from my rage." I could feel it bubbling up hot inside me. My trembling voice told her I would no longer tolerate her contempt. "Go find yourself a good clinical psychologist whom you *can* respect because it is not good for you to be in treatment with a therapist for whom you have no respect, and it sure as hell is not good for

me” (Farber, 2013, 2017). Stone. Cold. Silence. The essence of the projective identification phase of enactment is that the

analyst has to get fed up . . . But he shouldn't get so detached from his own "fed-upness" that he cannot perceive the retaliatory component of his behavior. If he is open to that, he will feel the communication from the patient as it is pressed into his soul through her silence as well as into his brain through her words.

(Bromberg, 1998, p. 249)

I just wanted her to get the hell out. And fast. I was shocked when she began to sob, telling me how much she valued our work together, that no other therapist had been able to connect with her as I had, and pleading with me to reconsider. She appreciated that I had told her what I had. She wondered how long I could tolerate her infuriating behavior. It seemed that the passion with which I set a limit had a profound effect, awakening something vital in us both. This disturbing experience

forces him to experience dissociated aspects of his own selfhood that lead to the recognition of dissociated aspects of the patient's self, and as this oscillating cycle of projection and introjection is processed and sorted out between them, the patient reclaims what is his.

(Bromberg 1998, p. 15)

I had, as Bromberg said, lost my mind in order to know hers. Apparently before this incident, Jean had been feeling safe and secure with me; the incident cemented the bond. After thinking a moment, I told her that if she would assume some responsibility for maintaining our relationship, I would continue working with her. She agreed that she would.

There are times when a patient needs to feel the therapist's vulnerability and confusion; its absence may be felt as the absence of love (Farber, 2000, 2013). It is when we risk feeling confused and vulnerable that we may be most effective in reaching our patients. At these times, they can feel our love for them telepathically. Freud wrote to Jung, "Essentially . . . the cure is effected by love" (McGuire, 1994, p.10).

Still improvising, I followed Jean's lead as she walked around my office in a trance, a dreamlike journey for us both, which reminded me of the Australian film *Walkabout*. Abandoned by their father, a brother and sister made their way across the outback, and met a young aboriginal who was on his *walkabout*, a transitional phase of life where one discovers if he can survive on his own (Farber, 2013). Although they did not speak the same language, they found ways to communicate telepathically, as aborigines and others have done since the beginning of time (Carter, 2012). And so it was with Jean and me. I learned to speak her language and walked with her in a reverie (Ogden, 1997).

This process of reverie went something like this. The door to my playroom was ajar. Jean surreptitiously peeked in, as if it were forbidden. I told her that this is where I work with young children, walking in, motioning her to follow. Her gaze lingered on the toys, dollhouse, crayons. I said, "Maybe you'd like to play." (She enjoyed playing with her mother before her mother became so mentally ill). A child who cannot play does not communicate his feelings or intentions, and suffers a failure of relatedness (Sanville, 1994).

Then into my consulting room, looking up, down, sideways, scanning for what had changed the slightest bit since the last time she was there—my desk, envelopes, mail—from whom? what, what, what? Her eyes darted down to my feet, then up. I noticed; she saw that I had and laughed anxiously, her secret exposed. "My feet?" I asked. "Your shoes. They're new. You take care of yourself. You went shopping. They're nice. Maybe I'll get a pair like that too. We'll be like the Bobbsey twins." A peek at the book next to me. I held it up, displaying the cover. "This is what I'm reading." She laughed (secret exposed again!), asked if it is good, said maybe she would read it too. I said that she seemed to like doing what I did and seemed to think my way is the way it should be. She replied that if I'm reading something it must be good to read and what I'm wearing must be the right thing to wear.

Suddenly her eyes dart to the wall. Her tone shifts, becoming shrill and anxious. "You need a paint job. Why don't you get it painted? What will people think?" "I don't know," I said and asked what *she* thought about it. "You don't care enough about what things look like. If the walls look shabby, people will think you are a shabby therapist. (Now becoming indignant.) "What's more, your plants are withering away. They look terrible; you don't take care of them. If you take care of your patients the way you take care of your plants, people will think you're a terrible therapist." (Jean's mother let their apartment become dilapidated while decompensating). I responded slowly, "If you need a gardener, you don't look for a therapist." Jean laughed, then tossed back, "If you need a therapist, you don't look for a gardener. Is this one of those Zen poems, the sound of one hand clapping or whatever?" We both laughed. Then she was quiet, relaxed. Agitation again, panic. Her eyes dart to the wire spindle memo holder on a shelf, its point piercing the memos. "That should not be here. Why do you have it? What do you do with it?" I felt my breathing get faster, and deliberately inhaled deeply to slow it down. Speaking slowly, deliberately, I asked what she *thought* I might do with it. "I don't know. It's not safe! Get rid of it!" I asked again if she thought I might stick myself or her with it. "Who knows what you would do! You never know what someone might do. Never!" (Jean felt that her mother, who had cut herself and had been hospitalized repeatedly for depression, had cut Jean out of her life.) I said slowly and deliberately, "We've known each other quite awhile now. Do you *really* think I might stick myself or stick you with it?" "You could;

you might. How do I know what to expect?" I told her of course *anything* is possible, but use your mind and *think* for a moment. "Do you *really* think I would?" Long silence, then no, she did not think I would. She relaxed, then asked if I wanted her to leave. "You're always sure I want to get rid of you. Maybe you're thinking about getting rid of me?" She was on her way to the bathroom. "Before you go, can you tell me what you're thinking or feeling, what's making you feel you have to go right this moment?" "I'm dieting, I drink a lot of water, I have to pee right now." She returned moments later with a playful smile. "I'm back. Surprised?" "No, I'm used to you running away for a bit. It seems to make you feel better." "Yes, sometimes I just have to get away from you. It's too much. When I can get away from you, then I can come back." I told her that I was glad that she came back and that she told me how she needed to get away from me. I wondered too if perhaps she wanted to get rid of me by peeing me down the toilet. "What an absolutely disgusting thing to say!" Then a long pause as she thought about it. "Do you *really* think so?" I shrugged. "It was a thought." Silence, then a smile as she said. "Wouldn't it be wonderful if we *could* pee people away?" This was the beginning of acknowledging hostile aggressive emotions. She had begun to play. Jean's projective identification exemplified Bromberg's dissociative process of communication, which was really a telepathic process (Farber, 2017).

In this telepathic communication, Jean taught me to taste the many flavors of her pain.¹ We began to explore the many ways she keeps herself from knowing what she really knows, how her dissociation allows her to disavow what she knows to be true.

From the outset, Jean's husband insisted that she end her treatment with me. She secretly defied him. She started to dress more in my style and had her hair styled like mine. As she disclosed more of her husband's emotional and sexual sadism and her shame at tolerating it, Jean's readiness to tolerate his dangerous sadomasochistic practices frightened me, and I told her why. She did not enjoy them; she feared he would leave her if she refused. I understood then something she told me early on, a telepathic communication, "He puts his venom in me, and I have no choice but to spew it out into you." Over the course of treatment I began to understand this as a telepathic communication of Jean's projective identification.

Jean continued to walk around in her disembodied state. After a good deal of time, she told me that from the beginning of treatment, she had kept a journal in which, immediately after each session, she recorded things I said that she knew were valuable for her to think about, because she knew that she would not otherwise hold onto them. She wanted to protect herself

¹Robert Stoller (1991) wrote, "In writing this chapter, I sense a vocabulary weakness. There are not enough words for the colors of pain" (P. 8).

from herself, to protect me from herself. And it meant a great deal to her that I *wanted* to protect her.

A continuous theme was that I really did not want her there. She had difficulty beginning, remaining for, and ending her sessions, often getting up suddenly to leave because she was sure I did not want her there. She was testing me to see whether I really wanted her there and at the same time, I think she wanted to see if I could tolerate her leaving, which would be proof that I did not need her to fill in my gaps and spaces.

Jean managed to sniff out books that lead her to a deeper place inside where she needed to go. She needed me to go there with her, and so she left me a trail of bread crumbs to follow. She would bring in a book she was reading, tell me something about it, I would obtain a copy, start to read it, and then we talked about what the book had to do with her. We shifted from her reading books I was reading, to my reading books she was reading. One was *The Particular Sadness of Lemon Cake* (Bender, 2010), in which nine-year-old Rose's mother made a special lemon birthday cake for her because she loved sour food. The first mouthfuls were delicious, but then a very strange thing happened; the cake began tasting empty. Rose's mouth filled with the taste of smallness and shrinking, which is how she began to know that her seemingly cheerful mother tasted of despair, a telepathic communication to Jean of her mother's depression and frightening behavior, which she had lived with since she was born (Main & Hesse, 1990).

I gave Jean my cell phone number, inviting her to call as needed, to use me as a transitional object (Winnicott, 1953). At times she would call when feeling confused or extremely anxious, and a few moments of talking helped her calm down. Occasionally, just listening to my recorded voice was enough. When she sent me a payment, she sometimes included a note. This is one: "I think of you often and always have a piece of you with me—based on our work together—and your capacity to reach me and connect in a very powerful way—through my fragmentation and anxiety." The distance provided by a note seemed to allow her to acknowledge her need for me, something difficult to do directly.

There were times when she stopped treatment, enacting a wish not to need me, but after awhile found herself far more dissociated and would return. She began drawing boundaries with her husband as to what was and was not acceptable behavior. It seems that my having drawn the line with her enabled her to do so. Angry affect that remained dissociated became conscious. She has developed a capacity for intrapsychic conflict, although intruding dissociative states make it difficult to maintain it. A delightful sense of vitality, humor and creativity has emerged. She enjoys recalling tracking me down like a dog and finding me eating my countertransference lunch. That early turning point when I told her to find another therapist got her to accept that she needed me, something that is becoming easier to acknowledge.

Improvising and letting her set the tone and following her lead was critical. I let her call the shots, which helped her feel more powerful and see me as more vulnerable. Throughout her treatment, Jean's unconscious projected many telepathic communications into me. With time, my unconscious became more receptive to them and I became a telepathic tuning fork (Farber, 2017). As she became more securely attached to me, the dreamer awakened. She no longer needed to dissociate so much. Bass (2001) posed a question related to quantum physics, which connects everything in the universe. "Could it be that we have discovered or created a form of human relatedness in which . . . a connection so profoundly wrought is never truly broken, irrespective of apparent distances of time and space? (p. 701; Farber, 2017)."

SUMMING UP

Because the First Sight model unconsciously draws upon all available sources of information in arriving at an orientation to developing experience, paranormal experiences are expected to be drawn upon, along with memories, subliminal stimuli and elements of the imagination in contributing to the formation of the ongoing flow of experience (Carpenter 2015). Because the ability to bring preconscious material into consciousness is impeded if the person is in a state of anxiety, the dissociative response that defends against overwhelming anxiety provides access to this preconscious material, which is where psi starts. A relational listening stance is needed, in which the therapist's creative and intuitive dissociative attunement and stability enable the patient to regulate his runaway states of consciousness and emotions. With traumatized dissociated patients, it is more likely to produce a dissociative attunement, which develops the more these abilities are used. It is this kind of receptivity that promotes a telepathic communication. Sometimes it is when we risk letting ourselves feel confused and vulnerable with our patients that we may be truly effective in reaching them telepathically (author citation 2000, 2008). Articulating the complex processes involved in telepathic communication can only help us better understand anomalous phenomena.

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