

Telepathic Entanglements: Where are we Today? Commentary on Paper by Claudie Massicotte

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In this commentary, stemming from Freud's conflictual interest in psychic phenomena, I examine current views of telepathy as reflected in controversial parapsychological research and theories of nonlocal mind. I hope to inspire readers' curiosity about the possible existence of telepathic communication by proposing clinical examples and raising the feasibility of the impact of the therapist's own predisposition and belief system. Finally I speculate about how findings from parapsychology research in combination with findings from neuroscience and quantum theory might influence the evolution of psychoanalytically based practice methods in the future.

Psi¹ experiences have been reported since the dawn of human storytelling. Their universality transcends time, culture, and language. Massicotte's invitation to revisit Freud's conflictual beliefs in telepathy fans the flames of a controversial topic that has been smoldering in the belly of Freudian-based psychoanalysis for over one hundred years. As cutting-edge psychoanalytic theories delve into subtle forms of unconscious-to-unconscious communication, the meanings of transference/countertransference enactments, neuropsychological theories of empathy, and the "porousness" and "permeability" of mind,² Massicotte's essay on Freud and telepathy strikes a timely chord.

What does the reemergence of this topic signify for psychoanalysts? Perhaps it calls for a present-day reevaluation, given the convergence of (a) legitimate advances in the field of telepathy research, (b) growing popular interest in the "paranormal," (c) influences from field theory in physics and the quantum world of interconnectedness, and (d) continued psychoanalytic fascination with unconscious-to-unconscious communication.

By drawing us into Freud's internal struggles, vulnerabilities, and passions, Massicotte contextualizes Freud's conflicts about the paranormal not only from a sociocultural/historical

¹ "Psi" is a term coined in 1942 by British psychologist Thouless for parapsychological manifestations, derived from the Greek word *psyche*, for 'mind' or 'soul,' referring to psychic experiences ranging from clairvoyance to precognition, telepathy, and psychokinesis. The term "paranormal" was adopted in the 1930s by J. B. Rhine to replace "psychical research."

² See Allik, 2003; Balsam & Harris, 2012; Bass, 2001, 2004; Berlin, 2011; Bromberg, 1998, 2006, 2011; Eigen, 1981; Gallese, 2006; Harris, 2002, 2004; Loewald, 1978; Mayer, 2007; Schore, 2003, and others.

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perspective but also from a personal perspective, contrasting Freud's unwavering commitment to rigorous scientific exploration with his extraordinary "spirit" of curiosity.

Honoring this "spirit" of curiosity, if we integrate current research in parapsychology, neuroscience, the new physics, and biology, how might we reformulate our beliefs about the separateness/interconnectedness of minds and the possibility of telepathic communication? If we listen in a different way, might we pick up attenuated moments of telepathic transmission that are taking place routinely, slipping by unnoticed?—moments of silent anomalous shifts in understanding, or demonstrations of exquisite empathic attunement that defy logic by transcending information gleaned through the five senses? How would paying greater attention to this anomalous form of attunement affect our clinical practice?

TELEPATHY RESEARCH: HOW FAR HAVE WE COME?

Telepathy research has been plagued with associations of fraud for 125 years. Nonetheless hundreds of studies around the world have reportedly demonstrated "thought transference" tested under controlled conditions (see Radin,³ 2006; Schlitz,⁴ 2004). Overall results are mixed and ambiguous, and many studies have been deemed questionable, inconclusive, or nonreplicable (see Alcock, 1990, 2003; Hyman, 2007). Within the past 30 years, research standards have rigorously improved (see Bem & Honorton, 1994; McTaggart, 2002; Radin, 2003, 2006, 2013; Rhine et al., 1966; Schlitz, 2004), and despite mainstream science's prevailing view that the study of parapsychology is a "pseudoscience," telepathy research is increasingly attracting a roster of highly respected academics.⁵ A critical review of telepathy research would necessitate dredging the quagmire of controversial research methods and design models—an undertaking well beyond the scope of this paper. Yet meta-analyses (systematic quantitative literature reviews) conducted by some of these researchers (e.g., Honorton et al., 1990; Bem & Honorton, 1994; Radin, 2003, 2006, 2013; Schlitz, 2004) claim, as reported by Mayer (2007), that recent research has "not only met but far exceeded ordinary standards of rigorous mainstream science" (p. 70).

The most widely known and successful of these research methods is the "Ganzfeld"⁶ experiments reported in combined, independently published meta-analyses by Honorton (1985) and Hyman (1985) to show a combined hit rate of 37% where chance expectation is 25%.⁷ These results are considered significant in the world of scientific data collection, yet counterstudies

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⁴Marilyn Schlitz, Ph.D., is a research scientist and medical anthropologist, former president and CEO of IONS from 2009 to 2012.

⁵See Targ and Puthoff (1974), and other researchers including D. Behm, W. Braud, B. Dunne, C. Honorton, R. Jahn, E. Mitchell, A. Parker, M. Persinger, D. Radin, J. Rhine, M. Schlitz, R. Sheldrake, and P. Tressoldi.

⁶In the *ganzfeld* method the "receiver" relaxes in a controlled environment deprived of sensory input, reclining in a comfortable chair with halved Ping-Pong balls over the eyes, listening to pink noise or whooshing sounds through headphones while the "sender" in a distant room repeatedly views short video clips and tries to mentally "send" them. The "receiver" is repeatedly shown four different video clips in random order (the actual target and three decoys), and describes out loud his or her impressions. The probability that the "receiver" will succeed in guessing the actual target correctly is one in four, or 25% (see Radin, 2003).

⁷As reported by Radin (2003, p. 28).

were quickly designed that cast doubts over their results (Milton & Wiseman, 1999). Skepticism and heated debate over this research persist, yet as study designs continue to improve some argue that replicated scientific results are becoming harder to debunk.⁸

Additional data from telepathy research stem from twin studies (e.g., Dimitrovsky, 1989; Playfair, 2003) in which twins separated at birth later demonstrate uncanny similarities and bizarrely aligned thought patterns. Telepathic dream research (e.g., Eshel, 2006; Ullman, 1973a) is particularly compelling since the “telepathic” transmission takes place at night with one subject (asleep) apparently receiving information from another subject (awake) at a different location. This anomalous communication is scientifically fascinating since it defies all known boundaries of space and time.

In the neurosciences, studies examining the brains of meditators (such as Standish et al., 2003) further support the notion of porousness of mind by showing a measurable correlation in brain activity between people separated by physical distance who have practiced meditation techniques such as “Primordial Sound Meditation.” Other research on meditation (see Lutz et al., 2008; Mascaro, Rilling, Negi, & Raison, 2013; Radin, 2013, p. 184) demonstrates that by withdrawing the five senses in conjunction with meditation practice, one facilitates a deeper awareness of subtle inner impressions and heightened empathic connection.

Many of these studies point to the possibility that the human mind/brain is indeed capable of communicating at a distance, and challenge the underlying assumption that in order for unconscious forms of communication (e.g., projective identification) to take place, physical proximity and dependence upon the five senses is a necessary prerequisite.

Despite three decades of ganzfeld experiments with an impressively high alleged overall observed hit rate of about 34%,⁹ telepathy research continues to be pounded by counter reports,¹⁰ and skepticism is alive and well. Travelers embarking on these “dangerous expeditions” risk being typecast as “flaky” or “whacky,” and become associated with Spiritualism, Voodoo, and fraud. Within psychoanalysis, despite the early interest of founding visionaries such as Freud, Jung, and Ferenczi, contemporary skeptics still attempt to dismiss telepathy research studies, linking their therapeutic implications to “touchy-feely” therapies, or “airy-fairy” spiritual healing.

As Massicotte argues, Jones (1961) dismissal of Freud’s belief in telepathy as “irrational superstition” was driven largely by Jones’s own fears, beliefs, and devotion to protecting the still fragile legitimacy of psychoanalysis. The implication of this claim is astounding, suggesting that Jones’s biography of Freud significantly influenced psychoanalytic history by cementing the discreditation and embarrassment already associated with the study of parapsychology since the early twentieth century, and contributing to its asylum for a further fifty years.

Despite the need for further research, it is worth underscoring Massicotte’s and others’¹¹ courage in advancing the subject of telepathy for serious intellectual inquiry, thereby forcing

⁸For elaboration on this controversy, see Pratt and Rhine (1967); Radin (1997, 2006, 2013); Salmon, “The Richard Wiseman Challenge,” in *Integral World Forum*; and Mishlove’s (1980) interview in *Skeptical Inquirer* of renowned skeptic, Ray Hyman, who acknowledged, “most of the criticism of current parapsychological research is uninformed and misrepresents what is actually taking place” (pp. 63–67).

⁹Radin (2006).

¹⁰For example, Milton and Wiseman (1999).

¹¹Recent psychoanalytic authors exploring telepathic themes include Bass (2001), Blechner (1994), Bromberg (2011), Eshel (2006, 2010), Lazar (2001), Mayer (2001, 2007), Rosenbaum (2011), Sands (2010), Suchet (2004), and Tennes (2007).

us to examine our *current* fears and beliefs, and honoring this long-neglected and enshrouded realm of Freud's genius.

CONTROVERSY OF THE NONLOCAL MIND

Despite growing scientific data supporting the existence of telepathy, telepathy research nonetheless stalls on one central scientific controversy: Are mind and brain the same?

The current dominant philosophy in the neurosciences still maintains that the brain and mind are identical (Damasio, 1994; Schlitz, 2004).¹² Minds are viewed as nothing more than physical objects—information processing, bio/electrical/chemical machines (or “epiphenomenal illusions”¹³). From this perspective, how can the notion of telepathy (the capacity for two minds to communicate with each another at a distance) ever be taken seriously? How can one brain *interpret* another brain's complicated brainwaves, and do so at a distance across time and space? From a Newtonian-based scientific worldview telepathy cannot exist, yet neuroscientific evidence also struggles to explain *consciousness* and *subjective experience*. How does the mind develop the capacity to experience itself and reflect upon itself? How can electrochemical brainwaves create the experience of consciousness?

The neural basis of consciousness cannot possibly recognize all forms of subtle communication, no matter how sophisticated a sensory, somatic, emotional, or imagistic instrument the brain might be. Telepathy seems to extend beyond all traditional connotations of “empathic attunement.” It defies logic and seems to occur at random. Perhaps it makes sense to place telepathy at the extreme end of a continuum of mutual receptivity and human empathic responsiveness. Yet the “nonlocal” enigma of telepathy ultimately leads contemporary parapsychologists such as Charles Tart (2009) to conclude that telepathy must be nonphysical in nature and thus cannot be fit into any current physical theory (p. 111).

A new scientific paradigm is called for to unravel the notions of telepathy, nonlocal mind, and “spooky actions” that take place at a distance.¹⁴ Dean Radin (2003, 2006) is among a growing body of scientists who propose that quantum theory¹⁵ (the notion of nonlocal connections between objects) provides the best explanation to date for telepathic communication. Radin (2003) asked, “Is it such a stretch of the imagination that conscious awareness, conceived of perhaps as a self-reflective quantum system, is precisely the sort of natural detector required for the nonlocal entanglements we subjectively experience as telepathy?” (p. 26).

Foremost in Radin's (2006) work is the suggestion that although far from providing a comprehensive explanation for telepathy, the quantum mechanics notion of entanglement of elementary

¹²For further discussion, see Mancia and Longhin (2000), Meissner (2003), Schore (2001), A. Schwartz (1988), and Solms (1997).

¹³See Taylor (1991).

¹⁴Einstein's famous slight describing occurrences when the observation of one object instantaneously influences the behavior of another object at a distance, with no physical force connecting the two.

¹⁵For explanations of quantum theory, see Bohm, Planck, Bohr, Heisenberg, Schrödinger, and more recently Feynman, Penrose, Hawking, and Kaku.

particles,¹⁶ when broadened to apply to the macroscopic world, provides the most plausible template for understanding the “entanglement” of minds that we recognize as telepathy.

SKEPTICISM VERSUS EVIDENCE OF TELEPATHY IN CLINICAL WORK

As physicists and parapsychologists scour for new theories and explanations for telepathy, a growing number of psychoanalysts are engaging albeit cautiously with this phenomenon.¹⁷ One of the most striking clinical accounts of telepathy was made public by Elizabeth Lloyd Mayer (2001), who posthumously published an unpublished paper written by Robert Stoller in 1973 entitled “On ‘Telepathic Dreams’?” Stoller, a renowned psychoanalyst and researcher, had begun in 1960 to have multiple experiences of telepathic dreams with his patients, never daring to “go public” with these accounts. In conversations with Stoller’s widow after his untimely death in 1991, Mayer (2007) reported that he had planned to publish this paper, being “convinced that the far reaches of unconscious communication, telepathy included, were the single most exciting frontier awaiting a Western science of mind” (p. 20). It is notable that as recently as 1991 an author as respected as Stoller inhibited his authorship for fear of ridicule and criticism from within his own psychoanalytic community. Participants in Mayer’s later APA discussion groups (Mayer, 2007) as recently as 1997 were also still reluctant to speak out publicly about their experiences. So how far have we really come since Freud’s death in 1939?

If we are to accept that telepathy exists, what might determine whether we notice it? Does it depend on one’s belief system? Are we communicating telepathically regardless of whether it breaks through to conscious awareness? Does telepathy require an open mind, or can it happen to even the most skeptical among us?¹⁸ Having had occurrences of otherwise unexplainable unconscious communications in my own life and clinical work¹⁹ I became curious and stirred to investigate others’ experiences.²⁰ Clearly there is much we do not understand about the interconnectedness of minds and how this connection might make itself “knowable” to the conscious mind. Ideas previously taken for granted about boundaries between states of consciousness melt away as concepts of dissociation and disembodied self-states transform our understanding of transference and countertransference. What form does telepathy take clinically? How do we know when it is happening? Does it happen only during sessions or in-between sessions? Could its influence be tracing seamlessly, unnoticed throughout our clinical work?

Let us consider a few examples: A supervisee reaches a specific breakthrough about a patient in a supervisory session, then the next time she meets with her patient she finds the patient has simultaneously reached the same breakthrough with no intermittent contact. You find yourself

¹⁶See Radin’s (2006) *Entangled Minds*, in which he extends Schrödinger’s entanglement theory proposing that the interconnected nature of reality at the quantum level gives rise to psi phenomena.

¹⁷For example, Altman (2002, 2007), Bass (2001), Bromberg (2011), Eshel (2006), Harris (2004), Lazar (2001), Mayer (2007), Rosenbaum (2011), Suchet (2004), and Tennes (2007).

¹⁸See Mayer’s (2007) experience of having her own mind changed by the anomalous relocation of her daughter’s harp.

¹⁹de Peyer, J. *Raising the curtain: Unconscious communication and the uncanny*. Paper presented at IARPP, Madrid, Spain, 2011, and presented at the NIP, New York, NY, 2013.

²⁰See Altman (2002, 2007), Bass (2001), Eshel (2006), Harris (2004), Mayer (2007), Rosenbaum (2011), Suchet (2004), Tennes (2007).

thinking about a patient whom you haven't seen in years, and within days he calls you to return to treatment. How often does a therapist notice an uncanny selection or exchange of imagery with a patient that could not be consciously "known" yet eerily hits a synchronistic mark? Or a therapist feels a sensation in her own body without knowing (or having been told) that this sensation has particular relevance to a previous trauma in her *patient's* body? What of the patient who voices an unbidden feeling of concern about her therapist, sensing that something major is happening in her therapist's life (like a death), and with no tangible evidence to that effect, is accurate?

Dream material sometimes presents with jarring synchronicity, such as in Stoller's case of the patient who dreamt over the weekend that an older man had fallen through a glass door, not knowing that Stoller, himself, had fallen through a glass door during that same weekend. Patients/analysts prescient dreams of frightening events (see Krippner, 1969; Rosenbaum, 2011; or Reiner, 2004, on 911 precognition) can be particularly challenging for therapists, whether believers or nonbelievers in anomalous precognition.

Subtler forms of telepathic transmission might occur more routinely than we realize, such as therapists and patients frequently finding themselves wearing the same color clothing on days that they meet, or patients seeming to synchronistically reschedule appointments right when (unbeknownst to them) their therapist might be in the midst of a scheduling jam or family crisis and be grateful for the freed-up hour. Are these coincidences, or is there some underlying phenomenon tying these experiences together? What about therapists' reports of uncanny synchronicity between issues their patients present and issues currently occurring in their own lives? Are these examples of unconscious, synchronistic, mutual, and bidirectional influence (Ferenczi, 1932), or telepathic interconnectedness? In these situations, *who* is "healing" *whom* (Searles, 1973; Slavin & Kriegman, 1998), and how do we understand this synchronicity?

THERAPIST'S PREDISPOSITION AND VARIED CLINICAL APPROACH

Does an open-minded, positive predisposition toward the existence of telepathic communication enhance its rate of occurrence? Some studies show a higher success rate among telepathic research participants who believe in telepathic transmission than among those who do not (Carpenter, 2012). We are reminded of Stoller's conscious decision to block his telepathic receptivity after 10 years of shared telepathic dreams with his patients: "I had had enough of it and 'just' turned it off" (Mayer, 2001, p. 638). If we can *consciously* decide to switch off our awareness or receptivity, does this mean that we might also *unconsciously* set up some kind of "resistance" to "reading" telepathic communications if we are skeptical?

If an anomalous occurrence takes place between a patient and therapist, how might a skeptical therapist's attitude impact the patient differently from that of an open-minded therapist? Might the patient feel pathologized? Dismissed? Or accepted and understood? Much would depend on the patient's belief system and established sense of selfhood. I once randomly chose a name to illustrate a relational issue with a new patient only to find that I had chosen the exact name of his previous lover. In this case my patient was impressed by my "intuitive powers," but "coincidences" like these can trigger conflictual needs—for connection and understanding versus boundaries and safety; or fantasies of merger versus fears of colonization. A patient might feel profoundly "known" and understood, or he might fear that you can read his mind.

If the possibility of anomalous transmission exists, shouldn't we pay closer attention to transference/countertransference "fantasies" or inadvertent feelings/flushes that "pop" into our minds about patients during and in between sessions? Perhaps the study of transference/countertransference should routinely include potentially anomalous transfers of information²¹ and correlations between two (or more) "entangled minds." What should we do with such "fantasies" or "flushes" if we become aware of them, such as spontaneous images of scenes from our patient's childhood, or symbolic dream images? When/why might we explore such reveries with the patient, and when should we just keep them to ourselves? Can discussing moments like these be clinically useful, or can it be intrusive and even potentially harmful? The future of an entire treatment could hinge on how receptive or rejecting a therapist is toward a patient when a heightened moment of uncanny interconnectedness occurs.

IF FREUD WERE ALIVE TODAY . . .

If Freud were indeed at the beginning of a scientific career today (Massicotte, this issue) and were influenced by recent innovations from neuroscience, physics, biology, psychoanalysis, parapsychology, and the healing arts, which would be his chosen discipline? Would he be among today's leading telepathy researchers,²² combining forces to establish credibility for telepathy within the scientific mainstream? Would he even *be* a psychoanalyst? Or might he be a cognitive neuroscientist challenging the neuroscientific mainstream with innovative research such as Persinger²³ (2009), who proposes that telepathic information might be transmitted by extremely low-frequency electromagnetic waves? Persinger and Saroka (2012) asserted that functional magnetic resonance imaging studies reveal corresponding EEG patterns between "psychics" (e.g., Sean Harribance) and human subjects whose minds they are supposedly "reading."

Was Freud "prescient" in his conception of the "fundamental rule"?²⁴ By encouraging the patient to enter a relaxed, regressed state, loosening his/her grip on cognitive functioning, and engaging in free association, did he realize he was encouraging therapeutic access to what we now refer to as the neural networks of the limbic system where intense emotional experiences and their associated constructs are stored (Ecker, Ticic, & Hully, 2012; Toomey & Ecker, 2007)? Freud seemed to intuitively understand the benefits of trance-like states for the facilitation of deep psychic reorganization. But in his advocacy of the analyst's stance of "evenly suspended attention," was he not also encouraging the *analyst* to slip into a trance-like state (albeit while simultaneously maintaining awareness of his professional role)? According to telepathy research, this mutual relinquishment of cognitive, explicit levels of consciousness, where both therapist and patient shift together into slower, more powerfully rhythmic brain waves, is most conducive to telepathic transmission.²⁵

²¹ See Jourard (1971).

²² D. Behm, W. Braud, B. Dunne, C. Honorton, R. Jahn, E. Mitchell, A. Parker, M. Persinger, D. Radin, J. Rhine, M. Schlitz, P. Tressoldi, and R. Sheldrake.

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²⁴ See "Freud's Psycho-Analytic Procedure" (Freud, 1904 [1903]), and "Five Lectures on Psycho-Analysis" (Freud, 1910).

²⁵ See Radin's (2003) review of Ganzfeld studies.

Perhaps Freud (along with Bion, 1962a, 1962b; Bollas, 1983, 2002; Klein, 1946; T. Ogden, 1997a, 1997b; Winnicott, 1971, and others) intuitively cultivated attunement to what might currently be referred to as nonverbal, unformulated, dissociated, subsymbolic, implicit, right-brain, imagistic, sensorial, or telepathic levels of brain connectivity. Today, therapeutic methods engaging somatically based hypnogogic states are among the vanguard of integrative clinical practice²⁶ aiming to unlock synapses on a cellular and molecular level. But during implementation of such methods with patients, what do we know about the EEG patterns of the therapist? Might the Freud of today be devising methods of cultivating neurologically malleable, corresponding hypnogogic states (or unconscious entrainment) between patient *and* therapist in order to enhance therapeutic responsiveness (and telepathic receptivity)?

LOOKING FORWARD: EVOLUTIONARY PRACTICE MODELS

In the early twentieth century psychoanalytic practice entailed seeing a small number of patients per day, each patient four to five times per week. Patients reclined on the couch and were encouraged to enter a regressed state in which they free associated. This continuity of sessions flowed from one day to the next, allowing analyst and patient to maintain a high level of connectedness through sequential, intimate contact. Compare that model with many psychoanalytically based practices of today in which therapists sometimes see *four times* that number of patients per week, mostly in once- or twice-per-week sessions, often engaging in direct-mutual-visual stimulation with the patient sitting up. In urban environments such as New York City, patients often arrive harried to their sessions, fitting their therapy session in between other scheduled obligations, and sometimes resisting switching off their handheld devices in order to “get off the grid.” Many therapists conduct back-to-back sessions with little time to “reset” or clear their therapeutic instrument, and sessions last a mere 45 minutes. If we speculate that meaningful therapeutic change occurs when brain waves slow down to an “alpha” rate (N. Burton, personal communication), how much lasting change can we really expect with these pressured practice methods? Do we need to rethink what we’re doing?

Let us brainstorm about evolving practice models. Notwithstanding the raised eyebrows that the following ideas and references might evoke, if we integrate some of the aforementioned research and extend the notion of mental “entrainment”²⁷ to include telepathic communication, why not let the spirit of curiosity take us on a psychoanalytic caper?

Perhaps the clinical office of the future will be designed to promote a state of relaxation or readiness before the patient even enters his or her session. What if we imagine an optional room next door to the waiting room—an “ante-chamber”—in which patients are offered a large comfortable chair fitted with headphones in which they can sit quietly before or after sessions and enter a self-reflective state? Relaxation tapes²⁸ or biolateral music²⁹ might be offered to assist

²⁶See, among others, EMDR: Parnell (2006), Shapiro (1989, 2001); AEDP: Fosha (2002); Focusing: Gendlin (1996); Internal Family Systems Therapy: R. C. Schwartz (2001); Somatic Experiencing: Levine (1997); Sensorimotor Psychotherapy: Ogden et al. (2006).

²⁷Abraham and Shaw (1992), Galatzer-Levy (2009), and Harris (2009).

²⁸For example, Steven Halpern’s “Inner Peace Music.”

²⁹For example, BioLateralTM Sounds.

the patient in entering a trance-like state, or patients might choose to sit in silent contemplation. To promote the *therapist's* receptivity to intuitive, empathic work, perhaps more practitioners will practice yoga, meditation³⁰ (such as Kundalini Yoga, “the yoga of awareness”) and breathing techniques intermittently throughout their clinical day to self-regulate, restore a state of calm, and facilitate access to evenly hovering attention. Of course some healing arts practitioners already integrate such methods, but they are not customarily associated with psychoanalytic practice.

NIH researcher [Sternberg \(2010\)](#) offered research on the effect of our environment, linking sensory perception (such as visual stimulation) to neural pathways in our ability to heal. Perhaps choosing visually calm yet expansive artwork and furnishings will reduce patients' stress level facilitating receptivity, along with scents from essential oils that stimulate the smell receptors and enhance the healing response by sending messages of calm through the nervous system to the limbic system ([Edris, 2007](#)).

Therapists might integrate silent meditation with patients at the beginning or end of sessions, and breathing techniques³¹ might become a regular component of therapeutic release-work. Attention might be given to ensure that these techniques are strategically employed in moments to deepen the work rather than to counteract symptoms or perpetuate dissociated affective states ([Ecker, Ticic, & Hulley, 2012](#)). Of course these methods might run the risk of inducing patients' “resistance” or passive “compliance,” but some might argue, so does the suggestion of the analytic couch ([Jacobson, 1995](#)). If these methods were employed within a structure of transference/countertransference exploration, focus on dynamics and patient–therapist enactments would be ongoing areas of exploration.

As for developing mutual telepathic receptivity, clinical practice might include the expansion of one's mode of “listening” to include (where appropriate) the mutual exchange of spontaneous imagery between patient and therapist, and the invitation to pay close attention to potential telepathic dream material. Therapists' thoughts/images/feelings about their patients throughout the week would be closely monitored, and those who are *strongly* invested in the notion of nonlocal, interconnected mind, might even engage in the practice of “distant healing intention” ([Radin, 2013](#), p. 208) in which they regularly focus on “cultivating and sending compassionate intention to [their patients] at a distance” (p. 207).³²

Clinical supervision might also be viewed differently through the lens of telepathic influence. If the human mind is considered to exist within a “field”³³ susceptible to influence by various possible interactions,³⁴ would it not follow that clinical case discussion with a supervisor could potentially introduce the influence of that supervisor's thoughts/feelings into the “mix” of the patient's psyche?³⁵ These factors would also routinely be monitored, in addition to influences from the patient and therapist's interpersonal, familial, and cultural worlds.³⁶

³⁰For therapeutic benefits of yoga and meditation, see Cade and Coxhead (1988), [Field \(1992\)](#), [Glueck and Stroebel \(1975\)](#), [Kasamatsu and Hirai \(1969\)](#), [Lesh \(1970\)](#), [LeShan \(1974\)](#), [Shafii \(1973\)](#), and [Tart \(2009\)](#).

³¹See [Brown and Gerbarg \(2012\)](#), or Stanislav Grof's Holotropic Breathwork.™

³²See [Radin et al. \(2008\)](#) and [Schmidt, Scheider, Utts, and Walach \(2004\)](#).

³³See [Baranger and Baranger \(2008\)](#) and [Katz \(2013\)](#).

³⁴See [Ghent \(2002\)](#) and [Thelen and Smith \(1994\)](#) for dynamic systems theory.

³⁵[Barron \(2003\)](#).

³⁶[Sullivan \(1953\)](#) and [Ullman \(1973b\)](#).

Bearing these clinical innovations in mind, let us summon again Massicotte's (this issue) paper in which she concludes that Freud's mission was to "interrogat[e] the known limits of communication for which scientific terminology could not account" (p. 96, fn 3). If we are to remain true to Freud's unwavering passion, surely with regard to uncanny forms of communication our challenge is to ask ourselves, how can we extend the reach of our *own* frontiers?

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