

# **Funny You Should Say That: Paranormality, at the Margins and the Centre of Psychotherapy**

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*from a talk given to a conference at Roehampton University*

My title comes, of course, from an old and not terribly good joke, of which this is the most relevant version: a therapist asks her client ‘Have you heard of synchronicity?’, to which the client replies ‘It’s funny you should ask that, I was just thinking about it’.

As psychotherapists and clients, thinking meaningfully about the same thing is a lot of what we do. But when two people are thinking about the same thing, there is always also some thing which is *not* being thought about; which, perhaps, *cannot* be thought about, as the price of being able to think together at all. In what follows, I am going to argue that many of the experiences we regularly have while thinking together with our clients are of a kind which, in most other contexts, might be called ‘paranormal’; and I am going to explore why it is that psychotherapists are on the whole so reluctant to acknowledge this. I am also going to argue that the concept of paranormality itself needs drastic revision; and that the experiences we have as psychotherapists and clients can usefully contribute to this.

Let me say straight away that I am deeply unattached to the term ‘paranormal’; it’s just that I can’t think of a better one. As will become apparent later, ‘extra-sensory perception’ is exactly what I *don’t* want to say; in any case, it does not cover synchronicity or healing, for example. I am actually quite tempted by the label which Freud and other early analysts used, ‘the occult’ (Devereux 1974); however, it has obvious disadvantages. But the term which in some ways comes closest to what I want us to explore is another one used by Freud, or at any rate by Freud’s translators: ‘the uncanny’. The uncanny, Freud says, ‘is in reality nothing new or alien, but something which is familiar and old-established in the mind and which has become alienated from it only through the process of repression’ (Freud 1919, 241). The uncanny disturbs us not because it is alien or unknown, but because of its insistent *familiarity*, which overcomes all our efforts to be separate from it.

It seems to me that paranormal events of many kinds provide a continuous, ordinary, ‘old-established’ substratum to the practice of psychotherapy – and, indeed, to the experience of being alive. I am going to be writing about and around three sorts of paranormal event in particular: telepathy, synchronicity, and subtle energy transactions. For the first half of this paper I will give most of my attention to telepathy, both because it is a particular interest of mine, and because it seems to me that telepathy is particularly close to the heart of what psychotherapy is about. As I have suggested elsewhere (Totton 2003, 190), ‘I know what you’re thinking’ is in a sense the theme tune of psychotherapy. And the dark descant to this theme tune is the point which Wilhelm Fliess made to Freud well over a century ago, perhaps the most powerful criticism ever made of what we do for a living: ‘The reader of thoughts merely reads his own thoughts into other people’ (Masson 1985, 447).

There is a considerable literature on the subject of telepathy in psychotherapy. This may surprise many readers, because it is not very known and not very visible; but it is there. (See for example Ehrenwald 1954; Farrell 1983; Main 1997; Mintz 1983; Totton 2003b; and references given in all these.) What is striking is that, with a few notable exceptions, each new effort to address the theme tends to start afresh and to cover much the same ground. Many papers open by lamenting how little has previously been written about it; and then proceed to contribute not much new. It is as if each writer exhausts themselves by breaking through a barrier of repression, and daring to own their experience of the paranormal in the clinical situation; but then has no energy left to go much beyond saying 'This sort of thing does happen'. The literature, however, manages to demonstrate very convincingly that this sort of thing *does* happen: that is, therapists, and their clients, do quite often have compelling experiences of the uncanny in their work together. I certainly have.

If you weren't there in the room, however, case histories of paranormal events are simply weird tales, in which anyone who wants to can very easily pick holes. As a marker for all the dozens of paranormal vignettes and case histories which have been published, I want to summarize one from a paper by Jules Eisenbud (1946); because the material illustrates both the power and the limitations of this sort of story, and also because Eisenbud discusses the issues raised so elegantly.

A patient dreams: 'I went with my wife to a movie. It seemed like a midnight performance. The cashier in the box office had some baguettes with him as if he were a diamond dealer ['baguettes' in this context are long, narrow cut gemstones]. He gave me a check for \$X as a sort of refund.'

(Eisenbud 1946, 39)

Eisenbud then analyses the dream by following the patient's associations, and comes up with a very plausible account in terms of his fears of sexual inadequacy (the 'midnight performance' with his wife), his wish to conceive a child ('baguette'='beget'), and so on. Eisenbud continues:

Everything in the analysis of this dream .... fitted together very nicely—except for one fact: no specific determination for the idea of a refund was to be found in the patient's associations. Nor would I have expected it to be, since the idea was filched directly from the 'day's residue' of *my* experience. I had just sent a check ... for the precise amount of \$X as 'a sort of refund' to a refugee who had sent me in payment for a consultation an amount I considered entirely out of proportion to her circumstances. My analytic patient, it seems, was not going to allow this favoritism to pass without a demur. He too was a refugee, as it happened, and for this reason, if for no other, felt an equal claim to my benevolence.

It turned out, curiously, that this patient was not alone in feeling slighted. An analytic hour following his on the same morning was interrupted several times by telephone calls. Following one of these interruptions my female analysand remarked: 'I'm sure that if you added up all the time you take for these phone calls, it would certainly amount to an hour by the end of the analysis. I think that at the end you ought to give me a check for \$X as a refund.' Again the precise amount of \$X, and again the insistence on a check. ....

On surveying such material as the foregoing, one is naturally prompted to heed any alternative hypothesis that might render the assumption of anything like telepathy superfluous. One is inclined to check each episode for the possible contribution of sensory cues, of intuition, of the exquisitely complex unconscious calculations which we know to be a nightly pleasure of the dullest dreamer and, finally, one does not neglect to scan the material for the possibilities of interpretative extravagance to which one may unwittingly, but none the less purposefully, lend oneself. Here one may find a loophole, there a possible leak, here again a tantalizing ambiguity, and there again the question of a chance factor. One finds oneself weighing, evaluating, appraising, but all to little purpose: the disturbing sense of the miraculous persists and, although with each new episode we are seized all over again with the overwhelming conviction that only telepathy could account for the facts observed, the lapse of a few hours finds us once more doubting the reality of the extraordinary and by now alien experience, haunted still by the need for definite, clear, absolutely unequivocal proof.

(Eisenbud 1946, 39-40)

‘Haunted’ by an ‘alien’ experience, which is at the same time deeply intimate: this is the uncanny quality of paranormal events. And, as Eisenbud makes abundantly clear, no conceivable heaping up of weird clinical tales could ever constitute any sort of absolute proof that these events were in fact without normal explanation. It may quite often be, as I think it is with Eisenbud’s example here, that telepathy, for example, may seem the simplest explanation – to those of us who can allow telepathy as a *possibility*. But if someone will not acknowledge telepathy to be possible at all, then for them it can *never* be the simplest explanation. In place of this hopeless search for ‘absolutely unequivocal proof’, I want to make more general, structural points: to argue that several of the familiar and fundamental features of psychotherapy are generally talked about in ways which obscure their actual paranormality. Rather than seeking to introduce something new and strange into the work of psychotherapy, I want to suggest that what we are doing is already much stranger than we care to admit.

For example, many, probably most, experienced practitioners have noticed that when something about a client is discussed in supervision, it is common for that client to turn up to their next session and start talking about exactly that issue, often before the therapist opens her mouth; or even for the issue to have been resolved before the session happens (cf. Strean and Nelson 1962). We generally take this in our stride, without getting very excited about it. But just what sort of mechanism do we think is operating here? Or how do we think it comes about that we find ourselves feeling impatient or sad when the client is impatient or sad, or thinking about whatever is most important to them at that moment? Or, on a slightly different tack, when we suggest to a client who has arrived late that this might represent a resistance to therapy, in what way do we believe that their feelings have controlled the transport system or the weather?

Well, unless our paranoia has swollen beyond useful limits, we don’t believe that they control the weather; but we do seem to believe in a sort of synchronicity that brings various events and feelings into parallel with each other. We believe in a meaningful

relationship between what happens in the therapy room, and what Arnold Mindell (1989) calls the 'world channel'. We believe, as part of our daily occupation, in things which in other contexts would locate us as inhabitants of Flake City. But I think that our ways of describing and talking about all these phenomena tend to obscure their essential strangeness, making it seem as though we know what we are talking about.

In analytic settings one might speak of 'communicative counter-transference' or 'parallel process'; in humanistic or body psychotherapy contexts, people tend more to put it in terms of *energy*, sensing the quality of the client's energy or the energy between client and therapist. Many therapists from all disciplines operate clinically in a sort of mutual 'psychic space' where the subjectivities of client and practitioner are experienced as in direct contact with each other. Communicative counter-transference, metabolising the patient's difficult feelings, projective identification, 'the energy in the room', and other such ideas are essentially 'paranormal' concepts (and none the worse for it): they name what happens, but without making it the slightest bit less extraordinary. Simply by using the terms repeatedly until they sound familiar, however, we have managed to convince ourselves that they represent a solved problem rather than an open mystery. It's not that different from Moliere's parody where the ability of a drug to put someone to sleep is explained by the fact that it contains a 'dormitive principle' (Mellor 1991, 31).

Moliere's satire was part of an ongoing debate in the seventeenth and eighteenth centuries about the nature of explanation. When Isaac Newton published his theory of gravity, Leibniz objected that 'gravity' itself was just a name for an unexplained force operating at a distance – in fact, as he put it, an occult phenomenon. He argued that gravity was therefore not an explanation of anything, but a restatement of our ignorance – 'a senseless occult quality, which is so very occult that it can never be cleared up, even though a Spirit, not to say God himself, were endeavoring to explain it' (quoted in Gerhardt 1971, 519). Newton actually had no answer to this; but the concept of gravity was so operationally useful that within a generation or so the objection appeared meaningless. It is only in the last hundred years that anything resembling an *explanation* of gravitational attraction has been developed. Inroads have also been made on explaining *explanation*; but I'm not sure how far this has percolated into the world of psychotherapy.

If individual therapy is shot through with paranormal phenomena, so much the more so for therapeutic groups (cf. Eisold 2001). Individuals do work on behalf of the group; different members' processes echo, mirror and resolve each other; processes in and between the facilitators mirror those of the group. Feelings and experiences seem not to be the exclusive possession of individuals, but to circulate between them in 'psychic space'. In the Social Dreaming Matrix (Lawrence 1998), shared dreams 'talk together' and create a network of interconnected dreaming in which powerful collective themes and images emerge. It would hardly be possible to facilitate a therapy group without recognising and making use of these sorts of experiences. But how far does our terminology explain or account for what happens? Increasingly, I suggest, the word 'process' has become an all-purpose successor to many of the special terms of art which I have mentioned before. 'Process' is now being used as an enormously convenient catch-all container for everything mysterious and inexplicable about psychotherapy, both individual and group. How do these things happen? What is it all about? What does it all mean? It's the process, stupid!

Several people, of course, have tried in different ways to account for the sorts of phenomena I have mentioned. Some of these accounts are relatively ‘paranormal’, and others are relatively ‘normal’ – for example, descriptions of subliminal cues in micro-movements and tones of voice which allow ‘one unconscious to communicate with another’; or accounts which draw on recent research suggesting that pheromones have a complex subliminal influence on our response to people. It may be helpful to go back to Freud’s early work on telepathy in psychoanalysis: he defines the concept of telepathy as the idea that ‘mental processes in one person ... can be transferred to another person through empty space *without employing the familiar methods of communication* by means of words and signs’ (Freud 1933, 39). He later makes it clear that ‘What lies between ... may easily be a physical process’ (Freud 1933, 55).

I think Freud is exactly right on this: telepathy, like other paranormal events, is defined as such not by the *mechanism*, but by the quality of the *experience*. What is essentially telepathic interaction can take place through the medium of language - though not by language’s ‘familiar means of communication’, more through puns, buried associations, what Kristeva (1974) calls ‘the semiotic’, and what Lacan (1953, 56) calls ‘resonance in the communicating networks of discourse’. It can happen through subliminal cues of intonation and body language; or through those quietly mysterious phenomena which we call ‘empathy’ and ‘intuition’ – what *is* that, anyway?; or through vitality affect (Stern 1985), pheromones (Watson 2000), subtle energy (Oschman 2000), or any other known or unknown channel. What, then, identifies telepathic communication? Not the mode of operation, but its result: the ‘unfamiliar’, uncanny experience of transparency between subjects.

‘Uncanny’, of course, translates the German word ‘unheimlich’. In his essay on The Uncanny, Freud consults the dictionary, and discovers that ‘heimlich’ – the word for what ‘unheimlich’ is *not* - has two linked but opposed meanings: first of all, ‘belonging to the house, not strange, familiar, tame, intimate, friendly, etc.’; but then also ‘concealed, kept from sight, so that others do not get to know of or about it, withheld from others’ (Freud 1919, 222-3). The ‘unheimlich’, then, is ‘not secret’ – revealed, laid bare, out in the open. It is something which we would rather keep in the family, familiar; but which by its exposure is made strange and frightening. Things which we all know go on, but which polite people don’t talk about. Even to themselves.

Clearly this is a central part of the psychotherapeutic process: bringing out in the open things which are generally kept private and secret. And equally clearly, there is a great deal of ambivalence about this: as clients, we both want and don’t want to reveal ourselves to the therapist. Equally, as therapists we are ambivalent about being perceived by the client. Freud talked of ‘the feeling of repulsion in us which is undoubtedly connected with the barriers that rise between each single ego and the others’ (Freud 1908, 153). Wilfred Bion – whose entire work can easily be read as a textbook on telepathy – puts it like this:

We all have to be aware that patients are frightened of us. They are afraid because they think we are ignorant, and they are possibly even more afraid that we are not ignorant.

(Bion 2000, 152)

The only thing I would add to Bion's formulation is that this is a two-way process. (Bion, of course, was the person who wrote of the need in psychoanalysis for there to be 'two frightened people in the room' – 1990, 5). In psychotherapy, the double question 'Do I/you know what you are/I am thinking?' is constantly under review. From the client's side, this sets up two oscillating or even simultaneous claims: 'You know what I'm thinking' and 'You don't know what I'm thinking', both of which can feel crucial to survival. One of the things my parents did was to know and not know what I was thinking, at all the right and wrong times. And I had to struggle with knowing and not knowing, understanding and not understanding, *their* thoughts and emotions. All this is replicated in the therapeutic relationship – *on both sides*. (This paraphrases Totton 2003b, 191; I draw on that previous chapter at several points in this paper.)

There are points at which a therapist will very much hope that the client either does or does not know what she is thinking. Sometimes this will be for clinical reasons, but I suspect that there is always an underlying personal anxiety. A high proportion of the literature about telepathy in psychotherapy concerns situations where the client appears to know the therapist's thoughts (like the Eisenbud example above). Part of the shadow side of psychotherapy as an occupation is our wish not to reveal ourselves to our clients – like Freud sitting out of sight behind the couch; and telepathic events where we are involuntarily known to a client threaten this wish in ways which can be not far short of traumatic. Hence, perhaps, our tendency to *ward off* the paranormal in psychotherapy: it threatens the comfortable power relations to which we can become accustomed. There is a politics of the paranormal.

As I have mentioned, it is very common for therapists in some traditions to talk about 'the energy in the room', or 'sensing the client's energy'. If challenged, many would probably say that this is just a weak metaphor, a way of describing empathic resonance (whatever *that* may be). Many others would say: No, there *is* an actual energy, or at any rate something which I can only experience as an energy. One stream of discourse which feeds into this is from body psychotherapy (Totton 2003c), where Reich spoke directly of orgone energy and its qualities of expansion, contraction and so on – and this, of course, was a development of Freud's original theory of libidinal energy.

A reader of Daniel Stern (1985, 53-60), on the other hand, might suggest that all of this is a way of talking about 'vitality affect'. Vitality affects are a new category of expressive qualities intended to be placed alongside the traditional affects like fear, rage, grief, joy and so on. They are what Stern calls 'amodal representations', patterns which can appear in any sensory or expressive channel, and which are captured by dynamic, kinetic terms such as 'surging', 'fading away', 'fleeting', 'explosive', 'crescendo', 'bursting', 'drawn out'. Many people have encountered examples of vitality affects in Five Rhythms dance: 'staccato', 'lyrical', and so on. Stern argues that this sort of quality is primary in the infant's organisation of experience; it also clearly features in our adult perception and experience, and I think is often conceptualised by us as different kinds of 'energy' we perceive in ourselves, in other people, and in relationships.

So 'energy' in psychotherapy is a complex word, in William Empson's (1951) sense: a nexus, a meeting point of several traditions and discourses in one term. One could

probably write a book about it. But in doing so, it would be important to include the fact that a number of people, including some therapists, have a direct perceptual experience of *seeing energy* in, around and between people, which for them is no less definite and actual than seeing the expression on someone's face or the colour of their eyes (Cameron 2002). Often this perception is in fact visual, as I have implied; sometimes it flows through other sensory channels. One rough analogy would be an electromagnetic field around a dynamo, with the human being playing the role of the dynamo.

Now, I don't want to erect a fence at any point along the spectrum from weak metaphor to strong metaphor to imagination to direct perception, and say that on one side of this resides the normal, and on the other side the paranormal. The whole thrust of my paper is that such a line can never be drawn, such a barrier can never be raised. In other writing I have used the example of dowsing (Bird 1980): a piece of the paranormal robust enough to be used by many engineering firms and other businesses concerned with underground pipes and cables. It is not really that hard to come up with a plausible normal-science explanation of how dowsing for underground water might work. It is known that a flow of water in the earth sets up an electromagnetic field. It is also known that, although a dowser experiences the twig or rods or pendulum moving in her hands of their own accord, it is in fact her hands which move involuntarily and unconsciously. We can easily conceive of some mechanism by which the body picks up the electromagnetic field from the underground stream, and reacts with a subliminal movement, an involuntary muscular contraction. A lot of theoretical and experimental work has actually been done on mechanisms whereby the human body might respond to fields of this kind, or to equivalent ones around other bodies, or around standing stones, for example.

No major problem so far; but then we discover that the same dowser can also find water on maps, rather than in the (literal) field; that in fact she can find not only water, but any substance or object she is asked to, here or somewhere else on the planet, simply by altering her intention, through the same involuntary muscular contraction; or can discover what is happening in another person's body, and what treatment is required. (I am not claiming that this sort of information is always accurate!) Whatever simple line one might be trying to maintain between the normal and the paranormal has suddenly been crossed before our eyes: the body can not only know about what is beneath its feet, it can also know about what is happening elsewhere in the world or inside other bodies. It can know these things without knowing how it knows them.

Any other body psychotherapists reading this will probably have come alert at the mention of 'involuntary muscular contractions'. These contractions are very important to our way of understanding: they constitute one of the strongest ways in which the unconscious affects consciousness. One involuntary contraction in particular, the orgasm, functions as the doorway to the unconscious of the body – it is most egos' primary experience of relaxation and temporary dissolution other than actually losing consciousness. Beyond that is the whole world of what has been labelled 'ideomotor action' (Spitz 1997): a third category of nonconscious behavior, alongside 'excitomotor' activity (breathing and swallowing) and 'sensorimotor' activity (startle reactions). Ideomotor actions can be complex and meaningful, but are always outside volition; they are also generally outside our conscious *perception*, in ourselves or in

others. The dowser's response to water is an excellent example of an ideomotor action; and ideomotor activity is a good candidate for the 'unfamiliar channels' of which Freud spoke, through which paranormal communication takes place.

I suggest that the paranormal is aligned with what Lacan calls the Real. And the Real is bodily. The paranormal, the *unheimlich*, the unrepresentable, the real - all relate to and derive from embodiment; all of them describe our confused perception of what Reich speaks of as 'primary biophysical sensations, plasmatic streamings ... experiences which are almost completely blocked off in the so-called normal human being' (Reich 1972, 399-400). In speaking of our confused perception, though, I am not meaning to imply that paranormal experiences are in any sense illusory or mistaken - although they quite plainly are influenced and distorted by passage through our own unconscious fantasies and desires, as many analytic writers have demonstrated.

Our bodies are not isolated one from another, or from the material and energetic world which gives birth to them. Information, in every sense, is the substance of our being; and information flows constantly through the world's networks, like the water which dowsers find beneath the ground. But much of this information, as psychotherapy knows very well, is intolerable to us. 'Intolerable information' is a possible definition of the unconscious; and the 'paranormal' is one form of almost intolerable information - intolerable because it informs us of the intimate presence of the other, which is understood as the equivalent of death by a self founded on separateness. To be transparent to the Other is to die as an ego: to die of shame.

Hence the fact, observed by Freud, that paranormal experiences in psychotherapy tend strongly to be associated with oedipal issues, and in particular with death. A part of the oedipal transition, I suggest, is that we develop the need to protect ourselves from being open and visible to others, from having our 'improper' feelings and impulses - jealous and murderous ones in particular - perceived and, as we expect, punished. To survive an oedipal sense of guilt, we blind ourselves, psychically speaking: suppress most of the remnants of paranormal sensitivity which have survived thus far, since we cannot 'see' without being 'seen'. It is no coincidence at all that the strongest concentration of paranormal events is around people described as 'psychotic' or 'borderline': survivors of oedipal catastrophe. And no coincidence either that paranormal communication in therapy (as with the Eisenbud example) very often concerns issues of jealousy, competition and Oedipal desire.

This is speculative; but let me speculate a little further. Perhaps the oedipal life-and-death struggle reproduces an earlier one, the struggle to be born. Imagine that we come into the world unshielded, open to the incomprehensible thoughts and feelings of the adults around us - 'enigmatic signifiers' (Laplanche 1976) which we can neither process nor ignore. The only way out would be through a fundamental dissociation or primal repression, separating in a single act not only our self from our self, but also self from other self, conscious from unconscious, and 'mind' from 'body'. This cutting of connection, synchronous with the cutting of the umbilical cord, also performs a primal cut upon our experience of self. In the words of Bion, again:

Melanie Klein said - and I think it is borne out - at the very experience of birth itself, the full-term foetus feels castrated, mutilated, as if the mother's genitalia



cut something off. Severed the umbilical cord? Severed the long-distance sense of smell? One would have to be this patient's analyst to guess, conjecture what the telephonic system is that has been cut off; what the messages are that she can't get.

(Bion 2000, 180)

What are the messages that we can't get? – We, the clients, we, the therapists, we, the human beings. As with communities of plants and animals, we exist as points of concentrated meaning in a network; we swim in a swarm or soup of continuous, multi-directional communication, through which we both achieve and surrender our separate identities. For plants, the messages are primarily biochemical, transmitted partly through the air, but mainly through the subterranean web of mycelium which links plant communities (Buhner 2002). Our own subterranean web, the dream mycelium which Freud describes, is in one aspect largely composed of language; but in another aspect it is made up of embodiment. The messages we can't get are the messages that run between dreaming bodies. The castration of birth, and the umbilectomy of the Oedipus complex, are experiences of disconnection between dreaming bodies. What I have been calling the paranormal offers a reconnection with the community of being, which is both yearned for and resisted.

Freud spoke of psychoanalysis as a new Copernican revolution, which de-centres the ego in the psyche in the same way that Copernicus de-centred the Earth in the solar system. I suggest that the paranormal represents a further Copernican revolution, a further de-centring of the ego: a further challenge to its belief in its own separateness and autonomy, this time not as regards the rest of our psyche, but as regards the rest of reality and the other psyches which are part of that reality. (Derrida says: 'Difficult to imagine a theory of ... the unconscious without a theory of telepathy. They can neither be confused nor dissociated' [1981, 14].)

In some ways synchronicity poses the deepest and most subtle threat to the centralising ego. Telepathy throws into question our separateness as minds; subtle energy, our separateness as bodies. But synchronicity throws into question our separateness as *wills*, as units of meaning and intention. It reveals our actions as details in a much larger pattern, steps in a much larger dance, a dance in which we are partnered with the whole of existence. Paranormal events, especially synchronicities, very often involve nonhuman beings, animals, birds, insects. This in itself is I think deeply synchronous, a message regarding the connection and communion between ourselves and the other beings with whom we share this extraordinary existence.

In writing this paper, I experience a very split response in myself: two complementary versions of anxiety. Half of the time, I fear that I am offering only truisms, hardly worth spelling out. The other half of the time, I fear that I'm going to be burnt at the stake. I reckon that half and half is the usual ratio in this sort of situation. After all, generally people get burnt at the stake precisely *because* they are saying what everybody knows.

So what is it exactly, that I am annoying everyone by suggesting that you already know? To paraphrase the physicist Sir Arthur Eddington, psychotherapy is not only stranger than we imagine, but stranger than we *can* imagine. No matter how hard we try to establish it as a normal and conventional theory and practice, in the consulting

room or in the academy, we know that at root it is uncanny and subversive; in part, because it is founded on paranormality.

Andre Breton spoke of the surreal as ‘a capillary tissue in ignorance of which one works in vain to understand mental circulation. The role of this tissue is visibly to assure the constant interchange which must take place in thought between exterior and inner worlds’ (Breton 1978, 71). The paranormal, as I have been calling it, is a similar ‘capillary tissue’, putting back into circulation whatever the ego attempts to bind to itself, while simultaneously exerting a magnetic counter-force to the ‘repulsion’ that Freud describes between ‘each single ego and the others’. What the ego says is mine, the paranormal shows to be other; and what the ego says is other, the paranormal shows to be profoundly mine.

The simplest and most usual way to ward off the paranormal is simply to deny it. We can either insist that nothing odd is happening in therapy at all – that it is all finally a matter of language, verbal and/or bodily, of communication through ‘familiar methods’ – that the uncanniness is restricted to the material communicated. One of the many drawbacks of this is the way that it persecutes the many clients who have direct experience of the paranormal, by pathologizing their reality. Or, alternatively, we can recognise and make use of the ‘unfamiliar methods’ which I have argued to be central to therapy, while obscuring their unfamiliarity under labels like ‘communicative counter transference’ or ‘the energy in the room’. This is a much more fruitful approach, I think – and, of course, the most common attitude among psychotherapists and counsellors; but I have been arguing that it makes less than full use of our shared experience. And under pressure, it can revert to the first option of denial and pathologizing when we feel our own privacy to be threatened.

A more subtle diversion is to think of the paranormal as a one-way process, so that, for example, telepathy means one person ‘reading another person’s thoughts’, without simultaneously laying their own thoughts open to the other. This corresponds closely to the left hand path in magic. I have already quoted Fliess’s rejoinder, that ‘the reader of thoughts merely reads his own thoughts into other people’: a lonely and solipsistic place to be. The opposite pole to this, the right hand path if you like, is an approach to the paranormal which evades difference, and dissolves the two subjects of psychotherapy into a mother-infant dyad gazing enraptured into each other’s eyes. Is there a middle path, a central trunk to the cabbalistic tree? My own candidate for this would be an *embodied* approach to the paranormal.

To borrow Lacanian terms for a moment: usually, in therapy and in everyday life, telepathy is not allowed to be either Real or real, but is forcibly aligned with the Symbolic or the Imaginary: in other words, it becomes either a *transmission of meaning* or a *mirroring of selfhood*. The most fundamental distinction between telepathy and thought-reading is that the latter has an arrow of direction attached to it: one reads the thought of the other. That is the telepathy of the Symbolic. In the telepathy of the Imaginary, by contrast, both subjects enter into a trance of mutual reflection which reinforces the self-possession of each. In true telepathy, there is no such direction, no such possession: both subjects are transparent to each other, under an open, intersubjective sky. A telepathy of the Real.

Part of the project of psychotherapy is to help us tolerate the existence of the unconscious - not just as a theoretical entity, but as co-inhabitor, co-owner, of our bodies, our minds, our decisions and self-presentations. Body psychotherapy extends this project, aiming to establish the resources to endure our connectedness, *through* the unconscious, with the rest of existence, including other people; to endure the reality that our experience is not in our control, that exclusive ownership of our 'selves' is not possible. We can then allow ourselves to be an *emergent* ego, a majority decision, a mutable and provisional summation of mind-body experience, rather than an *emergency* ego identified with muscular rigidity that resists experience in the interests of survival. I have tried to suggest how attention to the paranormal aspects of our work can help us in this project.

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