

On the Occurrence of Telepathic Dreams¹

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Some time ago the Editor of the JOURNAL was kind enough to call my attention to an article on autoscopy² (seeing one's double) and at the same time made the gentle suggestion that perhaps a comment might be in order inasmuch as the subject held considerable interest for readers of the JOURNAL. I agreed with her and volunteered a written communication. Under the pressure of other events, however, I did nothing further until a recent reminder of the approaching deadline. My first task, of course, was to read the article. After doing so, I arrived at two conclusions. The first was that the article was indeed a very valuable addition to the literature on the subject. The author undertook an extensive and scholarly review covering a number of related phenomena as well as presenting seven cases of autoscopy from his own practice. After considering some of the prevailing explanatory accounts, the author then sketched his own theoretical approach to the subject. The second conclusion I arrived at was that the article itself was in the form of such a concise summary that the most constructive comment I could make would be to call it to the attention of interested readers and recommend its perusal. Once my thoughts had taken this turn, I had of course to face the fact that I had volunteered a written communication, and that this comment was expected to be forthcoming by a certain date.

I have engaged the reader in this lengthy introduction for a very definite reason. It is precisely this type of developing situation in my own life that has in the past seemed to provide the impetus for one or more of my patients to start off on a road that ultimately leads to the production of a telepathic dream. Something in the patient appears to respond to the developing "parapsychological vacuum." I have been in this kind of a "spot" on numerous occasions in the past, although the situation generally involved deadlines for oral rather than written communications. They usually came about in connection with the meetings of the Medical Section of this Society, the history of which I might briefly review as it has some pertinence to the material I am about to present.

The Medical Section was formed nearly eleven years ago. It was composed of a small but enthusiastic group of psychoanalysts and psychiatrists who met regularly on a monthly basis to report and discuss their findings. Because the group was small in number, each of

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us had several opportunities to present and discuss his own experiences before his colleagues. Initially we met in the private office of one of the members, but later on the meetings were held in the rooms of the Society. It soon became apparent that on each such occasion the yield of telepathic material from my patients increased in the period immediately preceding preparations for such presentations on my part, an observation also noted by several of the others participating in the meetings of the Section. At the time the meetings began, I was a student at one of the psychoanalytic schools. Whenever it was my turn to present, there were always several days of anticipatory anxiety. The neophyte in psychiatry is at the disadvantage of having to appear "well-analyzed" long before he may have in fact arrived at this point. Contributory to my tension was the further circumstance that the other participants at the meetings were a bit more seasoned than I.

There is one further observation of interest to which I wish to call attention. I have noted and often remarked to my colleagues that coincidental with the gradual cessation of the regular and active program of the Medical Section there was a corresponding decrease in the yield of telepathic dreams³ from my patients. From time to time they reported dreams which aroused some interest, but they never quite reached the "Eureka"⁴ stage.

The foregoing describes a constellation of circumstances relating to the person of the analyst that I have come to regard as predisposing to the occurrence of telepathic dreams in the therapeutic setting. Always present, although in varying proportions, are interest, need, and anxiety.

Interest: I think it would be more correct to speak here of a change in the gradient of one's interest in the general field of parapsychology. The stimulation of the give-and-take at the Medical Section meetings and the excitement and novelty of this kind of shared experience all served to dramatically sharpen the interest level of each of us. There was no dearth of material and we even began to note the interweaving and spread of some of our joint experience into our individual experience with patients, an example of what Dr. Jan Ehrenwald has referred to as "telepathic contagion."

Need: Undoubtedly some instances of telepathic dreaming occur in patients when no clear-cut need on the analyst's part is discernible. This factor is included, however, because of the highly consistent and

³ I am using the term "telepathic dreams" rather than the more accurate but more cumbersome designation "presumptively telepathic . . ." These are dreams expressing awareness of events of a non-inferential nature, not available to the patient through any known sensory means of communication.

⁴ Dr. Jule Eisenbud at one of the Medical Section meetings suggested with characteristic wit that the "Eureka" feeling in response to witnessing telepathic material was often a more reliable guide to validity than more objective and less personal criteria.

¹ This paper was delivered by Dr. Ullman at a Meeting of the Society on February 18, 1959.

² "Autoscopic Phenomena," by N. Lukianowicz, M.D., A.M.A. *Archives of Neurology and Psychiatry*, Vol. 80, August, 1958, pp. 199-220.

strikingly interesting correlations between the occurrence of the specific need on the therapist's part for telepathic dreams from his patients and their sudden appearance upon the scene. This need arises out of a context that has no basic connection with the patient, but one that is rooted in the differing personal motives of the therapist in connection with his own professional strivings and private life.

Anxiety: (a) Anxiety may be acute and recognizable, or it may be experienced in a more diffuse manner as part of a generalized state of heightened tension. The degree of conscious awareness thus may vary considerably and may even be lacking at the very outset of a period of anxious expectation. The anxiety has its source in some aspect of the therapist's life aside from the particular doctor-patient relationship in which the telepathic dream occurs. (b) Also to be included in this general heading are situations of "potential anxiety" for the therapist. These situations are always centrally connected with the specific doctor-patient relationship and may be defined as situations in which painful emotions would result if the content and tenor of the analyst's thoughts were at that moment made known to the patient. This type of situation may come about in a variety of ways. The analyst may at times have thoughts that are prejudicial or inimical to the patient. Servadio⁵ refers to this when he writes: "... the occurrence [of telepathy] is like a challenge to the analyst's attempt to conceal, or to repress, something which might have appeared — or to a certain extent may have actually been — unfriendly to the patient." Other situations of potential anxiety are those where the analytic situation threatens to expose problems in the therapist that parallel those of the patient that are under scrutiny.

Inasmuch as the occurrence of a telepathic dream is an aspect of an interpersonal situation, a word is in order about the conditions for the occurrence of the telepathic dream as these relate to the patient. Here we are dealing with another set of variables, namely, the frequency and clarity of the telepathic communication from different patients. Any patient undergoing analysis, just as anyone else, may on occasion have a telepathic dream. There have been, however, in my experience only a very small group who have appeared to be consistent "telepathic dreamers." By this I simply mean that the ability to dream at this level seems to represent a more or less integral part of the fabric of the person's contact with other people rather than merely an occasional and sporadic occurrence. As a group, these patients have a rather tenuous hold on reality and are possessed of what may be described as a borderline character structure. Effective emotional contact with their fellow human beings is seriously disturbed. Although

⁵ "Telepathy and Psychoanalysis," by Emilio Servadio, *JOURNAL A.S.P.R.*, Vol. 52, October, 1958, p. 129.

they may be highly articulate, what is lacking is the ability to engage other human beings at an effective level through the use of language. Contact is fragmented and greater reliance is placed on non-verbal forms of behavior. This is not to be construed as meaning that all patients who present telepathic dreams have this type of structure, but rather that those who present these dreams consistently and as an important aspect of their therapeutic experience have been found to have certain striking characterologic similarities. Their adaptive mechanisms include a heightened sensitivity and defensiveness, and a tremendous capacity to sense and react to any hostile scents emanating from anywhere in their environment. As a corollary to this, and relating to the severe inhibitions of channels of effective aggression, the destructive potential of these patients is sharply focussed on the vulnerabilities and weaknesses of whatever human being assumes significance in their life at the moment.

The conditions outlined as favoring the occurrence of telepathic dreaming may in each instance be experienced as prejudicial by the patient. In one way or another the patient may sense the interest, need, and tension of the analyst as in some way adversely influencing the relationship or as interfering with the maintenance of the analyst's clear focus solely on the therapeutic situation. The occurrence of a telepathic dream under these circumstances constitutes a safe way of "needling" the therapist insofar as it both exposes the patient's awareness of the therapist's dereliction and at the same time does so in a way that leaves the therapist impotent to do anything about it unless he owns up to the manner in which his own preoccupations and concerns may at the moment obstruct the progress of the analysis.

The following three dreams are presented to illustrate the conditions of interest, need, and anxiety as they have been described above:

Dream #1.

The dream to be discussed occurred at the time I was engrossed in the preparation of this paper under the circumstances noted in the opening paragraphs. The patient is an attractive 40 year old female teacher, unmarried, who had the dream on either Tuesday or Wednesday morning, November 18 or 19, 1958. She reported it during her hour on Saturday, November 22nd.

"You came as you are now. It was not in your office and not in your home. You were lying down on a bed or a couch next to me and then we started to work. It was quite nonchalant, as if this was normal procedure. You had a briefcase or a notebook. In the same room there was a square window looking out on trees and grass somewhere in the country. People started to close this up. I was surprised. I wanted the window to remain. You said that it was all

right, then I realized that it had to be closed. It would protect people or me from something. Then I saw you in the midst of a family which I think was mine. You were coming home and were going to change your shirt. You also showed me a kind of travelling bag — a duffle bag. It was old and I didn't like it. There was more to the dream, but I forgot it."

When questioned about the latter part of the dream, the patient amplified it as follows:

"You came home to change your shirt. There were family and relatives there and it had something to do with a trip. There was a feeling of slight dissatisfaction on my part. You showed me a bag. I said to myself — or to you, maybe — that it was no good. I have the feeling that this was some kind of test and that you were testing me. You didn't really ask my opinion to know whether it was appropriate or not, but were asking my opinion as if you were testing me in some way."

When asked about the shirt she could not identify the symbolism specifically, but spoke generally about a boy friend of hers: "Maybe I want you to be as close as D. We belong to the same family. Maybe I want to scold you as I do D. No, I always have very positive feelings for you — feelings of gratitude and warm feelings."

She was asked about the travelling bag or duffle bag. To this she replied: "It was made out of leather. It was worn. Maybe it was imitation leather. It was an old, phony bag."

She was asked to describe it further. Gesturing, she then outlined a rectangular-shaped container.

I want to focus now on the symbolism of the shirt and the duffle bag and the relationship of this symbolism to contemporary events in my own life. On occasion I have stayed overnight in my office rather than make the trip home,⁶ particularly when I have had a good deal of work to do. To the best of my knowledge the patient did not know of this arrangement. At any rate, I had not stayed overnight at the office during the past six weeks. I had, however, at the beginning of the week arranged to stay over on Thursday and Friday nights (November 20th and 21st) in order to complete an extra heavy load of work commitments. Now this in itself was unusual in three respects: First, whenever I have stayed over, it has been on a Wednesday night; second, it has been for one evening only; and third, my wife has generally stayed over with me. On this occasion, however, I stayed over alone on two successive nights. I did not see patients on Friday, but spent the day perusing my file of telepathic dreams in anticipation of writing this paper. In preparation for this two-day stay, I of course

⁶ My home is in the suburbs about 25 miles from my office in the city.

brought in a supply of shirts and underclothing. I had my regular briefcase filled to the brim with papers and notebooks, so for convenience rather than appropriateness I selected an attaché case in which to pack the clothing. It was a very attractive leather case that a former patient of mine had given me a number of years ago. In the course of the two-day stay, I began packing my soiled linen into the attaché case. The thought did occur to me that here I was using this very smart receptacle as a laundry bag. I happened to notice that I had on a previous occasion left an extra shirt of mine in the office so that I began to feel rather well-prepared in regard to the number of shirts that I had at my disposal. There was another significant point relating to the shirt issue. I am usually careful about leaving a pair of pajamas in the office so that if I do stay over for the night they are at hand. However, I had not slept at the office in over a month and had forgotten that I had brought the last pair of pajamas home. Therefore, on that Thursday night I found myself without a pair. I slept in my shirt as the next best substitute and I repeated this procedure on Friday night.

The correlations here that are of interest are the references to a shirt and the concern with a duffle bag which is really not a duffle bag, but made of leather and shaped more or less like an attaché case. There is also a disparagement of the bag which, if the telepathic hypothesis is correct, may be related to the origin of the bag, namely, a gift from a former patient who stood in much the same type of affectionate relationship with me. The correlations here are suggestive although by no means conclusive. They become somewhat more convincing when the dynamics are further explored. These have reference to the erotic elements in the transference relationship on the one hand, and on the other hand the occurrence of a dream in which the patient is both lying down on a couch with me as well as working with me at a time when I am contemplating spending two nights alone away from home.⁷

Dream #2.

I would now like to go back a little over a decade to the occasion of my first presentation before the Medical Section and report on a dream a patient of mine had shortly before the occurrence of what at that time was a very important event in my life. The patient was a 29 year old art historian, the mother of one child, who had entered treatment in October, 1947. She presented the following dream on

⁷ This dream, as well as the next one, to be presented, appears to incorporate some precognitive elements. However, in view of the possibility that telepathy alone can account for all the data involved, I prefer to deal with them as telepathic rather than precognitive experiences.

Monday morning, April 26, 1948, which she had recalled on awakening the previous morning:

"Mr. E., who was some kind of an instructor, came to the house to demonstrate a new gadget. His gestures were very clear. There were people in our living room. It was a meeting or a social group. He went to the hall closet and took out a large wooden box. He lifted up the cover and took out a camera very slowly and deliberately. I was very conscious of him opening the closet door and of hoping that the closet would be neat so that I would not be embarrassed before my friends. I was conscious of the people's admiration of the box and the way the closet was kept. I said this was a box my husband had sent back from Germany. Then Mr. E. made his point by demonstration. He looked through what seemed to be a stereopticon lens (a very special kind of lens) onto the street below. There was a factory or warehouse there and people were leaving to eat. They were white-collar workers rather than factory workers. The picture was black and white and unusual because it was three-dimensional. The lens could make you see things miles away that couldn't be seen with the naked eye. He focussed on a hatless man who was followed by many people. Mr. E. also compared this with the picture of an inert figure — either a dead body or that of a drunk lying on the ground and the people passing him by callously. Mr. E. demonstrated this great device. You could really see people's emotional reactions with it. The man was moved by what he saw. There was a slight twitching of his facial muscles and the people around him were reacting to him."

The patient thought that Mr. E. was the analyst. The idea of "seeing more than meets the eye" she related to the analysis. The dream itself was not clear in relation to her associations and no interpretation was given.

Before considering the telepathic possibilities of this dream, it will be necessary to present a brief account of the way in which I spent the Sunday immediately preceding the hour in which the dream was presented. I was scheduled to give a paper on telepathy in analysis before the Medical Section on May 6, 1948. I began the preparation for this paper on Sunday, April 25th. In reviewing my material, I noted that I had earmarked eight of this patient's dreams scattered over the six-month interval since the inception of her analysis as dreams which I considered to have telepathic possibilities. It was around these dreams that I hoped to base my presentation. It was a curious twist that it was just this patient who was so secretive in her approach to analysis whose dreams I contemplated bringing out into the open. Several thoughts occupied my mind as I read over the material. Here was a field I had long been familiar with and interested in, but in which I

had never before gotten down to the task of serious or recordable research efforts. It was also my first analytic presentation outside the sheltered academic atmosphere. Although there was common ground in terms of interest in the implications of parapsychology for psychiatry, my own analytic approach, strongly influenced by the culturalists, differed markedly from those of my more orthodox colleagues. All of these ruminations contributed to a let-down feeling as I looked over the eight dreams that I had on hand. Viewed at some distance from the time of their actual occurrence, they carried less emotional impact than they had at first. I had neglected to record in detail my own activities and introspections, which might have had important corroborative value. The difficulties in convincingly eliminating chance and other counter-hypotheses to telepathy seemed more formidable than ever. Somewhat disappointed with this material, I did have the hope, perhaps born out of some measure of desperation, that fresh material would be forthcoming from my patient for the presentation two weeks from that date.

The following day (Monday) a series of dreams were reported to me by this patient which more than filled the bill. (As noted previously the dreams were recalled on awakening Sunday morning.) I discarded the dreams I had originally planned to discuss and limited my presentation solely to the new ones, of which the one just recorded was the most striking. Certain further events taking place in my own life on Sunday (April 25th) were of importance. Before I began to prepare for the Medical Section talk, I recalled an obligation to find some data that I had dealing with the early days of the New York Society for Medical History. I had these data in a closet that was made up of two separate divisions — one locked and the other unlocked. Not having the key with me, I opened the unlocked section and looked for the papers, but without success. My eye did catch sight, however, of a large wooden box with many small built-in compartments. I had had this box made while stationed in France during the war for the storage of microfilm and subsequently mailed it home. I had not been at this closet for many months and the sight of the box brought back many memories.

My own activities that Sunday appear to have paralleled many of the events occurring in the dream. Although this patient was a prolific dreamer, she had reported no previous dreams involving presentations or lecturing before a group. The following correlations may be outlined:

Dream

(1) A close temporal relationship existed between the occurrence of the dream and my own preoccupation and preparation on Sunday for a presentation on the subject of telepathic dreams.

(2) The setting for the presentation is in a living room

(3) A figure identified as the analyst is giving a demonstration

(4) A closet is important to the patient

(5) A large wooden box was removed from the closet

(6) The box was one her husband had sent back from Germany during the war

(7) The box was associated with a camera contained within

(8) The demonstrator makes his point through the use of a very special kind of lens which the patient calls a "stereopticon lens"

(9) Stress is placed on the unusual quality of the picture — three-dimensional, one could see things miles away, invisible to the naked eye, and one could see people's emotional reactions

It was my opinion at the time that these points of correspondence suggested the reasonable possibility of telepathic factors operating in the dream. What made for even greater conviction was the light that this hypothesis shed on certain aspects of the analytic situation at the time. In reporting the dream, the patient had at the same time reported that she had experienced strong feelings of anxiety and had suffered from insomnia on the night of the dream. She could not account for these feelings. They may well have stemmed from a telepathic sensing of the contemplated presentation by me of some of her earlier dreams, this constituting an uncontrollable threat to her insistent and compulsive need for secrecy and concealment. One may speculate as to still another source of anxiety. One of the most rigid and deep-seated of

Reality

The presentation took place in the waiting room of one of the members of the Medical Section

The analyst was planning a presentation

A closet had been for a brief time the focus of my attention on Sunday

Seeing the large wooden box in my own closet gave rise to a transient reverie

My box was one I had sent back from France during the war

My box was one I had used for the storage of microfilm

This type of description is not too far removed from the contemplated demonstration of the unique character of telepathic communication

This is a very suggestive symbolical portrayal of the penetrating quality of telepathic perception

her characterologic difficulties was the compulsion to yield uncritically to the needs of others, with no effective effort at self-assertion. In the particular situation on hand, unwittingly and unknowingly on both our parts, she was confronted with a very compelling need of mine, telepathically sensed, for more and better material and my reliance on her to come through with it. The dream may then have been her effort to fill the bill and her anxiety in connection with it an anxiety lest she fail.

Dream #3.

The following dream illustrates the difficulties involved in the management of one's own private domain when telepathic sensitivity is abroad.

The patient was a 40 year old white male, married and with one child, who had been under therapy for a period of a year prior to the occurrence of the dream to be presented. He worked as a sales promoter for children's wear. The impression he created in therapy was that of someone who avoided any direct or spontaneous interchange in treatment and who seemed to wrap himself up in an unending series of speculations about the nature and cause of his difficulties. His dreams revealed attitudes of distrust and belligerence in relation to the therapist. His approach to people was essentially defensive and evasive. In the face of any criticism by his wife, his withdrawal and hostility deepened. Outside relationships carried little depth of feeling or real interest in others.

On Monday, December 24, 1951, the patient presented the following dream, which had been recalled upon awakening the previous Saturday morning:

"I'm in a hotel room (the same one where the last exhibit I attended was held). I was there with a man I represent. He is from Texas. I was wrapping up a few of the samples that had been on exhibit and was preparing to leave. Someone gave me, or I took, a chromium soap dish. I held it in my hand and I offered it to him. He took it. I was surprised. I asked him, are you a collector, too? Then I sort of smirked and said knowingly, well, you're building a house. He blushed. He smirked and kept on smoking his cigar."

ASSOCIATIONS

The Other Man. "I was preparing his new spring line. We disagreed as to how to go about it, but I became convinced he was right. It was his decision to make something for girls. He implied I was weak in this field. He is now the mainstay of my income. I always feel the relationship will be broken off and he is capable of doing it. He wants me to expand and would pay my rent to do so, but it means

putting all my eggs in one basket. I've been wary and unsure, yet he seems to be sound."

The Chromium Soap Dish. "I have no associations. It was a glittery, shiny thing. When I was at the hotel for the exhibit we did swipe a few towels but later threw them out. I used to swipe books from the library. I once swiped 15¢ from my aunt for the movies and got a terrific thrashing."

The pertinent data in my own life in regard to the dream are as follows:

My new home had been completed a year and a half before. It was built cooperatively as one of thirteen homes in the community. About six months ago it had been noted that owing to uneven settling a large picture window had gotten very much out of line. At the time of the original building operations, an extra chromium soap dish had been shipped to my house by mistake. In a spirit of belligerent dishonesty (resenting the ever-increasing costs on the house), I had made no mention of it to anyone. On Sunday, December 16th, a week before the dream, the men who were involved in the original building operations came over to see what had to be done. One of them spied this chromium soap dish lying about unused in the cellar and embarrassed me by calling attention to it and making a wisecrack about my having gotten away with it. On Saturday, the day of the patient's dream, one of my neighbors, whose home had been built at the same time as mine, drove me to my office in the city. On the way in I told him the story of the trouble with the picture window and the plan to fix it. The incident of the soap dish occurred to me, but I said nothing about it to him.

The dream occurred a week after the original incident and on the same morning as the day I had recalled the soap dish incident in discussing home-building problems with the neighbor. The most striking correspondence centers around the unusual occurrence in the dream of a chromium soap dish and my experience with just such a dish the week before, an experience disturbing enough to have it come to my mind a week later. The patient indicates his knowledge of the house that the other man is building. (The patient had no normal knowledge of any of the facts connected with my home.) Furthermore, the patient, aware of the other's vulnerability, teases him about it as in reality the therapist was the butt of a joke based on his own collecting tendencies.

Again including the telepathic elements in the interpretation of the dream, we see a situation in which the patient, protesting the inroads of therapy, concerns himself with vulnerable areas in the therapist's own structure. The chromium soap dish lying about unused and unconnected with the rest of the house is a borrowed experience which serves admirably for the purpose. The dish is a potential container for

a cleansing or healing substance. In its isolation and lack of connection with an appropriate setting, and in its characterization as "stolen goods," the symbol expresses the patient's profound distrust of the therapist and his unwillingness to put his eggs in the therapist's basket.

The circumstances in the case of each of these dreams underscore different aspects of the need-interest-anxiety triad. In the first dream the most prominent feature was the re-awakened interest, with the question of need also being very much in the foreground. In the second dream both need and anticipatory anxiety were clearly evident. The third dream illustrates the problem of potential anxiety in relation to the vulnerability of the analyst.

The dreams considered as a group also illustrate the range of variable subjective factors which enter into the evaluation of whether or not a given dream is telepathic. I would rate the last dream first on a scale measuring degree of subjective conviction concerning the operation of paranormal factors. This is based on the correspondence between the very unique symbolism of the chromium soap dish and the equally unique and related events in my own life. The second dream would receive the next rating and here the judgment would be based not on the uniqueness of any one correspondence, but rather on the pattern of manifold correspondences. Last on the scale is the first dream where the manifest correspondences are simply clues to deeper underlying correspondences relating to the dynamics of the therapeutic situation.

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