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Exploring the meaning in meaningful coincidences: An interpretative phenomenological  
analysis of synchronicity in therapy

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### **Abstract**

Synchronicity experiences (SEs) are defined as psychologically meaningful connections between inner events (e.g., thought, dream or vision) and one or more external events occurring simultaneously or at a future point in time. There has been limited systematic research that has investigated the phenomenology of SEs in therapy. This study aimed to redress this by exploring the process and nature of such experiences from the perspective of the practitioner. Interpretative phenomenological analysis (IPA; Smith, Flowers, & Larkin, 2009) was used to interview a purposive sample of nine practitioners who reported SEs in their therapeutic sessions. Semi-structured face-to-face interviews were conducted with three counsellors, three psychologists and three psychotherapists, and focused on how participants make sense of their experiences of synchronicity in therapy. Three superordinate themes were identified: Sense of connectedness, therapeutic process, and professional issues. Findings suggest that SEs can serve to strengthen the therapeutic relationship and are perceived as useful harbingers of information about the therapeutic process, as well as being a means of overcoming communication difficulties, as they are seen to provide insights into the client's experiencing of themselves and others, regardless of whether or not the SE is acknowledged by the client or disclosed by the therapist.

**Keywords:** Interpretative phenomenological analysis, meaningful coincidence, practitioner, synchronicity, therapeutic process, therapeutic relationship.

Exploring the meaning in meaningful coincidences: An interpretative phenomenological analysis of synchronicity in therapy

The classic definition of synchronicity describes it as a psychologically meaningful connection between an inner event (e.g., thought or dream) and one or more external events occurring simultaneously (Jung, 1952). Jung also proposed a broader definition in which synchronicity experiences (SEs) could involve a coincidence between an inner event and an outer event occurring at either a distant place or a future point in time, which is similar to parapsychological experiences, such as clairvoyance (gaining information by ‘seeing’ objects or events beyond what it is possible with normal vision) and precognition (predicting events that later come true). Main (2007a) has also noted that SEs can occur between two or more inner events (e.g., two people reporting the same dream on the same night which has some sort of shared meaning between them) or two or more external events (e.g., a person finding several copies of a rare book in the same day which has particular relevance to them).

In the therapeutic setting, Hopcke (2009) distinguishes between ‘in-session’ synchronicity, ‘in which what is happening within the psychotherapeutic session itself is interrupted or punctuated by an event that ends up being synchronistic’ (p. 292), and ‘out-of-session’ synchronicity where external events are brought into the therapeutic setting. The most notable example of the therapeutic setting becoming part of the synchronistic event is the Scarab beetle scenario (cf. Jung, 1952)<sup>1</sup>. In terms of out-of-session events, much of the literature has focused on understanding precognition in clients’ dreams, which has often been

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<sup>1</sup> Jung recounts a therapeutic session in which a client who was resistant to change describes a dream (internal event) about a golden scarab beetle at the exact moment he heard a tapping on the window (external event), only to find that it was a beetle closely resembling the scarab. Jung considered this event as one in which an archetype was activated, seeing the scarab as an Egyptian symbol of rebirth, and discussed the coincidence with the client, which helped to bring about transformation.

interpreted as synchronistic phenomena in the form of a coincidence between an internal event (dream) and an external event occurring at a future point in time (where the dream is described as 'coming true' and is represented in an actual event). For example, clients have accurately described their therapist before meeting them for the first time from details in a dream they have had (Targ, Schlitz, & Irwin, 2000), and different clients have reported similar dreams (Ehrenwald, 1948) or have had dreams about the life experiences of the therapist that are later verified as correct (Peerbolte, 2003; Ullman, Krippner, & Vaughan, 2002). There have also been occurrences where the therapist has dreamt anomalous information about the client (Ehrenwald, 1948; Orloff, 1996).

There is a growing body of literature that has either used survey methods to investigate the range and incidence of SEs (Bressan, 2002; Coleman, Beitman, & Celebi, 2009; Costin, Dzara, & Resch, 2011; Henry, 1993), or has explored the personality factors associated with coincidence-proneness (Coleman & Beitman, 2009; Meyer, 1989; Pascuti, 2011). However, very few empirical studies have included therapist samples. In a survey study conducted by the authors to explore the incidence of SEs, we found 44% ( $N = 100$ ) of the total sample ( $N = 226$ ) had experienced synchronicity in the therapeutic setting. More specifically, 55 psychotherapists, 24 psychologists, and 21 counsellors said they had experienced synchronicity, suggesting that acknowledgement and reporting of SEs is not necessarily attributable to therapeutic orientation or training. In addition, 67% of the total sample felt that SEs could be useful experiences in therapy and 31% felt they might be useful (Roxburgh & Ridgway, 2012). This supports research which has proposed that SEs can be associated with personal growth (Nachman, 2009) and which emphasises their clinical value (Main, 2007b).

Marlo and Kline (1998) propose that SEs can facilitate the therapeutic process and may be more likely in the therapeutic setting given the openness to unconscious

communication, the salience of the therapeutic relationship, and the development of symbolic thought. The emotional intensity of the therapeutic setting has been proposed as accounting for SEs, in particular when there is high transference (Beitman & Shaw, 2009; Hopcke, 2009), high dependency needs (de Carvalho, 1996), when patients are withdrawn and need to maintain a sense of connectedness with the therapist (Ullman, 2003) or when a critical turning point has been reached in therapy (Hopcke, 2009).

Despite an awareness of the factors that might be conducive to SEs and the reporting of such instances indicating an openness to SEs in the therapeutic setting and to their utility in providing material to encourage personal growth, there has been little systematic work to explore the phenomenology of SEs. Therefore, in this study, we were interested in exploring the process and nature of these experiences from the perspective of the practitioner. An essential means of achieving these aims is to adopt a qualitative approach, that of interpretative phenomenological analysis (IPA; Smith, Flowers, & Larkin, 2009).

## **Method**

### **Design**

IPA is a dual-facet approach: the phenomenological facet refers to the study of phenomena as they are perceived (their nature and meaning) regardless of whether what is experienced is objectively real; the interpretative facet acknowledges that things have visible *and* hidden meaning so maintains that access to phenomenology is best achieved through interpretation. As such, the researcher is necessary to help make sense out of participants' experiences and existing knowledge and experience is drawn upon to help make sense out of data. IPA is an ideographic approach which attempts to capture the quality and texture of *individual* experience, but it is also interested in convergences and divergences (what is the experience like for this person in relation to another person?). The study was approved by authors' University Research Ethics Committee.

## **Participants**

Participants were purposively recruited to present a homogeneous sample of ‘therapists’ who reported that they had experienced synchronicity in the therapeutic setting. Participants had all taken part in a previous survey about the range and incidence of SEs in the therapeutic setting (Roxburgh & Ridgway, 2012) and expressed an interest in taking part in the interview study. Smith (2004, p. 42) has argued that ‘it is only possible to do a detailed nuanced analysis associated with IPA on a small sample. Many studies have samples of 5-10’. Therefore, the sample consisted of three counsellors registered with the British Association for Counselling and Psychotherapy (BACP), three psychologists registered with The British Psychological Society (BPS), and three psychotherapists registered with the UK Council for Psychotherapy (UKCP). Five of the participants were female and four were male, ages ranged between 39-64 years, and length of time practising ranged between 5 to 22 years (see Table 1).

Insert Table 1 about here

## **Data Collection**

Semi-structured face-to-face interviews were conducted by the second author. Participants were given the opportunity to view a copy of the schedule in advance of the interview. The interview schedule followed a ‘funnelling’ format, as outlined in Smith and Eatough (2006), whereby the first broad question asked participants to discuss their experiences of synchronicity and to describe their most memorable experience(s). Further questions explored how therapists make sense of SEs (i.e., what do they mean to them, how do they identify a SE, what is the process and nature of SEs, how they thought SEs impacted on clients, and how are SEs understood?). Interviews took place in either the participant’s home or place of work. The main aim during the interviews was to engage in a collaborative dialogue with participants so that they felt comfortable talking freely about their experiences.

Therefore, some time was spent before the interviews in general conversation in an attempt to build a good level of rapport. After the interview participants were also given the opportunity to ask any further questions about the study.

### **Data Analysis**

The flexible guidelines to IPA analysis (e.g., Smith, Flowers, & Larkin, 2009) were followed. Each interview was transcribed verbatim and participants' identities were protected by changing any potential identifying information within the transcript. The first step of the analytical process involved the authors immersing themselves in the data, reading the first transcript several times, in order to identify any interesting ideas and emerging themes. Initial themes from the first participant were then listed on a separate piece of paper, examined for connections, and organized into clusters. The next step involved reading the remaining transcripts to look for new emerging themes and to identify 'both convergence and divergence, commonality and nuance' (p. 79). A master table of superordinate themes and corresponding subthemes was then constructed (see Table 2).

### **Analysis**

Three superordinate themes, which all have consecutive subthemes, emerged from analysis of the data and reflect how participants made sense of the SEs they experienced whilst in therapeutic sessions with clients (see Table 2).

**Insert Table 2 about here**

### **Theme 1: Sense of Connectedness**

This superordinate theme reflects how SEs were seen as an expression of, or realisation of, an underlying sense of deeper interconnection. Participants discussed feeling a greater sense of connection to their clients and felt that the SE is connected to the client's presenting issues.

**‘Moments of meeting’.** All of the participants except one described their SEs as being very profound moments whose meanings were instantly understood and shared, and so required no deeper discussion. There was something in the sharing of the experience that connected the client and therapist and brought them closer together:

I felt this inner deep resonance of some, something’s happened which is really profound and meaningful, and I felt a sense of the connection with my client (...) and that was an ‘I-Thou’ moment (...) That moment where we looked at each other and we saw each other and we saw that something very deep had happened, I saw him and he saw me (Peter)<sup>2</sup>

Peter’s client had been discussing, and trying to process, a painful bereavement when a picture in the therapy room fell off the wall. The picture was of members of Peter’s family who had died in a concentration camp. On an emotional level, Peter describes the SE as an embodied one that was really felt at the core of his being. He was also aware on a cognitive level that the experience was very profound, and that something very meaningful and significant had occurred. All this seemed to happen in the flicker of a moment without anything being expressed verbally. The experience was a very moving one for Peter and it helped him to trust the work they were doing. He was also aware that something had shifted for the client who was very pleased that they hadn’t talked about it too much or tried to analyse the event, rather they accepted something very deep had happened and trusted that without ‘trying to dry it out and make it into some kind of intellectual concept’.

Similarly, Diana confirms the deep sense of connection that participants felt with their clients after experiencing synchronicity. She also expresses the heightened emotional context that was present and how difficult it was to put the experience into words. In her extract

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<sup>2</sup> Transcription notes: Ellipses in the participants’ quotes means there was a pause and round brackets with ellipses (...) indicates that text has been removed due to space.



below it is almost as if the experience would be explained away or lose some of its meaning if it were put down on paper, instead the permanent record lives on in the intensity of the experience:

I mean the connection, the unspoken connection happens at the most meaningful times and both the client and I would be in...would have tears in our eyes and it's lovely and very powerful. You can't write it in a discharge summary letter very easily but it's a real feeling that we have connected at a level beyond words that will be permanent and memorable for both of us (Diana)

Likewise, Walter stresses that words can sometimes get in the way of the relational depth that is felt when participants share a synchronicity experience with their clients: 'We were connecting there at quite a deep level, I think, where words are often unnecessary, and sometimes just a bloody nuisance!'

**'Living the symbolic life'**. This theme reflects the connection between the inner world of the therapist and the outer world of the client in relation to what the client communicates or experiences. Synchronicity comes about through precognitive dreams, metaphors, imagery, or intuitive illuminations that are of relevance to the clients' issues:

What I often find with things that pop into my mind or feelings I have in my body or memories that come up for me, or things that catch my eye is that, fifteen, twenty, thirty minutes later, the client makes some explicit reference to the same thing; happens over and over and over again (Walter)

Diana spoke about a magpie (which is both 'black' and 'white') tapping on the window when discussing difference and identity issues with a mixed race client, which is reminiscent of Jung's Scarab beetle case in that the symbol appears in the form of a living thing that has some metaphorical meaning for the client. All of the six participants that mentioned synchronicity in symbolic form said that the imagery would just spontaneously emerge in

consciousness without knowing where the imagery came from. For example, one participant mentioned seeing the image of an old Victorian house with a green door and Christmas wreath. She mentioned this to her client as the imagery was so insistent and the description exactly matched a memory of the client visiting their Grandparents' house which was significant in terms of her childhood experiences and the focus of the therapeutic session. Interestingly, experiencing synchronicity in symbolic form was not restricted to therapists with psychoanalytical training suggesting it is not simply a function of that training. Sometimes the imagery would not make sense to participants and they were hesitant to share it with their clients for fear that it wasn't relevant or wouldn't make any sense. However, most of the time the clients could relate to the symbolism and found it matched their experience of an issue:

Sometimes the images are really out there, sometimes they don't seem to have much to do with the content and the client will say "that's exactly right"... They just pop up... they appear, and they're really strong and powerful and worthwhile (Kay)

Most participants described synchronicity experiences occurring in symbolic form when they were attuned to the client or when they liked the client, but others also mentioned symbols to be prominent features of synchronicity at times of stress or transitional periods:

I think that in terms of my having noticed meaningful coincidence in the past it's tended to happen at times when I've been more stressed or there's been a lot of change going on, my dream life's been very active as well at these times ... there's a pressure to get over something or for me to recognise something consciously, and that comes through in experiences in which I can see metaphors or a symbolism (Jack)

## **Theme 2: Therapeutic Process**

This superordinate theme represents how synchronicity experiences served to draw attention to aspects or features of the therapeutic process that were valuable foci for reflection as well as functioning as reinforcers that the therapy was worthwhile or on the right track.

**‘Communication catalysts’.** Most participants felt that SEs revealed salient issues that were crucial to the therapeutic process without the client having to use words to share particular aspects of themselves or communicate their distress with the therapist. Diana interpreted this as the unconscious becoming conscious:

Maybe it’s when the unconscious becomes conscious for both people at the same time and that’s brought about by this intrusion from the outside world that something that has ... Something gets put into consciousness without having to be spoken (Diana)

Participants talked about synchronicity experiences being more likely to take place when there is difficulty in communicating; where there is resistance, or the person can’t put something into words, or the recipient isn’t willing or able to hear what’s being said. Jack felt that synchronicity was more likely to be encountered in the therapeutic setting given the focus on communication and feelings of being connected or disconnected from one’s self, others, or the world:

It’s all about communication and connection. I think given that that’s the core feature of therapeutic interaction that it makes sense that that (synchronicity) would happen at a time when communication is disrupted or impossible in other ways ... they can and often do serve as triggers or sort of catalysts or facilitators of communication and understanding (Jack)

Participants felt that synchronicity experiences had the potential to maintain or re-establish connection and were opportunities to gain information about clients that turned out to be useful for the therapeutic process, as Walter stated: ‘Often something comes up that’s,

you know, not in the manual, not in the textbook, and it proves to be rich and significant, opens a door, clarifies something, spurs somebody on’.

**‘It just cut through an awful lot of valleys’.** All participants felt that SEs facilitated growth, pushed through resistance, and added to the momentum of the therapeutic process by speeding up therapeutic outcome or providing a turning point:

It encapsulates a lot of things without having to find the words for them. So it can condense something. It can do far more than a whole raft of therapy sessions. It speeds things up in a way (Diana)

Diana provided an example of synchronicity involving humour that facilitated a shift in a client who had become stuck. She mentioned being in a group therapy setting with a client who seemed to be taking a backwards step when suddenly a refuse lorry drove by outside, went into reverse, and announced on loud speaker ‘Attention, this vehicle is reversing’. Diana continued to say that the whole group found the experience amusing and realised that the moment matched the juncture the client had reached in therapy. She felt that the SE provided an opportunity for something to be expressed in a safe way:

The bin lorry was safer than me saying it, but it said what I would’ve liked to say, but it might have been more hostile coming from me, but because it was out there it was the comic timing of it that that made it so wonderful and I suppose it reminded me that people in that stuck place do respond well to a humour and a little gentle teasing. That can free something up and it came in from outside and helped me and still goes on helping because I remember the bin lorry when I’m working with (clients who are) stuck (Diana).

Similarly, Jack felt that synchronicity experiences could serve to push through defence mechanisms and could be a real turning point in the therapeutic process: ‘It made a huge difference in terms of rapport and breaking through this resistance that had been

apparent prior to that stage, and she went on to work extremely constructively and very openly'. Rose used exaggerated figures of speech, such as '3 million times' and 'massive revelation' to emphasise quite how much one SE impacted on the therapeutic process:

What she gave us was this really juicy coincidence that meant we could run with it. So I had a therapeutic plan, but she gave us the much better, I mean 20 million times better therapeutic plan. She got us to where I wanted us to go but 3 million times more quickly (...) For her it was a massive revelation if you like, it kind of shifted her worldview slightly. It certainly shifted her view of me a lot and it shifted her view of herself a lot so she could work completely differently and more productively.

**'It unites us in some way'**. All participants, except one, commented on how SEs increased the therapeutic relationship and had showed them the way *to be with* their clients. They reflected on how the shared experience served to break down some of the barriers to intimacy and deconstructed some of the power imbalances that can sometimes be felt in the therapeutic process:

I think an open discussion of experiences like that (synchronicity), particularly when they're shared, can have the effect of deconstructing some of the power imbalance between a therapist and client (...) The main change was that there was a very rapid increase in levels of rapport and that it felt as though things were much more comfortable, she was much more open with me from that point onwards, much more trusting in the process than she had been before (Jack)

This subtheme also relates to the previous subtheme, '*It just cut through an awful lot of valleys*', whereby participants felt a turning point in the therapeutic process had been reached as a result of the SEs, in that they also felt a turning point in the therapeutic relationship. In addition, they consistently mentioned attaining a 'deeper level' of relational

depth when there has been the shared experience of synchronicity, which relates to the subtheme, *'Moment of meeting'*:

I think that if there are those synchronous moments, they strengthen the bond ... and there's plenty of clients I've had ... still have, where there is not that synchronous moment, and the relationship continues ... but it doesn't maybe deepen in the same way. So it doesn't reach a deeper level. I'd say it's about engaging on a deeper level maybe when those moments happen (Rose)

Moreover, the sense of connection that participants felt with their clients after SEs is reflected in the development of the therapeutic alliance and the 'joining together' or 'attachment' of two individuals to make a strong bond:

It was almost like it joined us together in a way to make sense of this strange event, it was like she became attached to me through it. So, erm, as a process it was a really important moment because from that moment on we could begin to work. She had got what I would describe as a therapeutic attachment with me (Holly)

### **Theme 3: Professional Issues**

This super-ordinate theme represents the implications SEs have for the therapist, for training, and for the supervisory process.

**Impact on the therapist.** All participants, except one, mentioned that SEs had a profound impact on them both personally and professionally. In making sense of their experiences, participants went through stages of initial shock, leading to a search for a conceptual model to explain the experience as it had challenged their concept of reality, and then reformulation of the experience; often accepting that there wasn't an explanation they were happy to adopt but feeling comfortable with the uncertainty that came with that, and feeling curiosity and excitement about experiencing synchronicity again. Often, the

experience was shared with an understanding supervisor who helped to process the experience. This is best exemplified by Kay who uses hyperbole to accentuate the intensity of the SE, and to emphasise her astonishment:

It was a massive shock, it was really, really, it was a huge shock (...) and I thought I'd jumped, I mean I literally thought I'd jumped because it was just such a surprise, but so many of the circumstances, the circumstances of their lives, were very, very similar to mine as well. That wasn't the only thing, there were just lots and lots of little things, and of course, once I'd noticed that, I started looking, I suppose I noticed them more. But what happened as a result, I mean on that session I kind of readjusted myself and the session continued, but I felt sort of curious afterwards, and I was a bit worried about it and talked to my supervisor and said, 'You know, this was really quite major and I'm just worried about whether I'm going to get too involved with the clients, or not involved enough, or you know whether something's going to ... because I feel really strange.'

Kay also mentioned that she had heard of such things happening and had been scared of them happening to her but that when one did occur 'it wasn't a terrible experience at all, it was a wonderful experience (participant laughs)...it's made me un-scared. It's un-scared me!' Participants also felt that the experience was confirmation of their work and helped them to develop in ways that standard knowledge could not provide:

So each time they happen it confirms something quite different that I've experienced before so it's adding to my repertoire of understanding and you can't get that understanding from reading a book and going to church (Diana)

**Disclosure decisions.** Another subtheme that emerged, for all participants, was whether to disclose the SE to clients or not. Decisions to disclose varied amongst participants

and depended on factors such as the personality and openness of clients, the therapeutic relationship, whether it would risk focusing the client on the therapist rather than themselves, clinical judgement, intuition, and in cases where synchronicity involved symbolism, how persistent the imagery was. Diana relied on her own inner feelings when deciding whether to disclose:

I think if you are looking for them and start contriving things then that would be unhelpful, but the actual times when it's really synchronicity and it just feels right to use it, you just know it's the right thing to do and it always feels very rewarding. The other person's found it helpful as well and I've not found a negative experience from them myself (Diana)

Participants agreed that even if they didn't feel it was appropriate to disclose the experience it could still be used for the benefit of the client:

I can still notice it and use it for information to me about what's happening in the process, but I may not talk about it with the client, I may not open it with the client over concerns of his or her fragility (Peter)

### **Discussion**

Findings are comparable to previous research which proposes that synchronicity can have a positive outcome on the therapeutic process (Hopcke, 2009; Keutzer, 1984; Main, 2007a; Marlo & Kline, 1998; Nachman, 2009). Participants reflected upon how SEs resulted in a greater sense of connection between clients and therapists and provided valuable opportunities for working at relational depth (Mearns & Cooper, 2005). Hogenson (2009) refers to synchronistic encounters as 'moments of meeting', after research conducted by the Boston Process of Change Study Group (BPCSG; Stern et al., 1998). Stern et al. focused on the delicate process of negotiation between caregiver and infant and refer to moments of meetings as special moments of authentic person-to-person connection:



The key concept, the ‘moment of meeting’, is the emergent property of the ‘moving along’ process that alters the intersubjective environment, and thus the implicit relational knowing. In brief, moving along is comprised of a string of ‘present moments’, which are the subjective units marking the slight shifts in direction while proceeding forward. At times, a present moment becomes ‘hot’ affectively, and full of portent for the therapeutic process. These moments are called ‘now moments’. When a now moment is seized, i.e. responded to with an authentic, specific, personal response from each partner, it becomes a ‘moment of meeting’ (p. 6)

This resonates with Clarkson’s (2003) *person-to-person relationship*, which concerns the authentic humanness shared by client and therapist as characterised by the here-and-now encounter between two people and the recognition that each is changed by the other.

Participants also drew attention to the ineffable and numinous quality of synchronicity, which is comparable to Clarkson’s *transpersonal relationship* as reflected in the spiritual, mysterious or currently inexplicable dimension of the healing relationship. Findings suggest that therapists may tap into this relationship when experiencing a shared silence or an intuitive illumination that culminates from synchronistic moments.

SEs often involved symbolism, persistent imagery, sensations, and metaphors that emerged into participants’ awareness and that resembled the feelings or experiences of the client. In terms of the therapist, this has similarities with what Rogers (1986) described as *presence* when he stated:

I am perhaps in a slightly altered state of consciousness, indwelling in the client’s world, completely in tune with that world. My nonconscious intellect takes over. I [nonconsciously] know much more than my conscious mind is

aware of. I do not form my responses consciously, they simply arise in me, from my nonconscious sensing of the world of the other (p. 206)

Moreover, it also relates to the concept of *co-presence*. This has been described by Cooper (2005, p. 17) as ‘moments in which the client’s presence to the therapist’s presence, or the therapist’s flow in response to the client’s flow, creates a synergistic encounter that may not be reducible to the sum of its individual parts’. When synchronicity occurred, perhaps as a consequence of co-presence when both client and therapist were fully present with each other, and was recognised as such by both client and therapist, implicitly or explicitly, it had the effect of deepening the therapeutic relationship as it gave both the therapist and the client an opportunity to be experienced as authentic.

Participants also pointed out that synchronicity was likely to occur when communication was difficult for clients and that the experience could tap into the unconscious or express what was in conscious awareness but was difficult to speak. They felt that SEs had the potential to break through resistance and unite the client and therapist so that healing could take place. This relates to theories that propose synchronicity helps clients to feel more connected to their therapist (Ullman, 1949, 2003) and occurs at transitional periods in therapy (Hopcke, 2009). In terms of implications for practice we are reminded of expressive arts therapy in that some clients are more comfortable working with imagery, objects or symbolism to express inner states in outer form. It also supports Jung’s proposal to assimilate SEs into consciousness, through explication and amplification, so that transformation and individuation can take place (Jung, 1955, as cited in Marlo & Kline, 1998).

Stern et al. (1998, p. 8) also state that when a *now moment* is entered they are ‘unfamiliar, unexpected in their exact form and timing, unsettling or weird’. This has parallels

to the surprise that was sometimes felt by participants in the current study when they experienced synchronicity in the therapeutic setting. In making sense of SEs, participants seemed to search for a conceptual model of understanding and went through stages of shock, reformulation, acceptance, curiosity and excitement. There was also the issue of disclosure in terms of deciding whether or not to discuss the SE if the client hadn't seemed to be aware of it or hadn't initiated discussion, the general consensus being that information could still be gleaned from the experience of use to the therapeutic process without necessarily having to disclose one's thoughts and impressions. Although some participants accepted the SEs as being something they could not explain, for others it was important to find an explanation. However, they also spoke about finding resolution by living with the uncertainty that accompanied the experience and by tolerating the 'unknown of the unknown' (Cayne & Loewenthal, 2007, p. 373).

Further research is currently being conducted by the first author to explore whether therapists believe there is a need for specialist training to address such experiences. Additional areas for exploration include: Are some therapists more intuitive, relaxed, and open to SEs? Are some clients more likely to elicit SEs in their therapists? Does the experience of having one's own personal therapy enable a therapist to tune into SEs more?<sup>3</sup>

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Table 1

*Participant details*

Pseudonym	Gender	Therapist	Organisation	Duration of interview (mins)
Holly	Female	Psychotherapist	UKCP	60
Peter	Male	Psychotherapist	UKCP	70
Diana	Female	Psychotherapist	UKCP	47
Rose	Female	Counsellor	BACP	51
Mark	Male	Counsellor	BACP	63
Kay	Female	Counsellor	BACP	80
Rose	Female	Clinical Psychologist	BPS	137
Walter	Male	Counselling Psychologist	BPS	108
Jack	Male	Clinical Psychologist	BPS	67



Table 2

*Master table of superordinate themes and subthemes*

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Superordinate themes	Subthemes
Sense of connectedness	<ul style="list-style-type: none"><li>• “Moment of meeting”</li><li>• “Living the symbolic life”</li></ul>
Therapeutic process	<ul style="list-style-type: none"><li>• “Communication catalysts</li><li>• “It just cut through an awful lot of valleys”</li><li>• “It unites us in some way”</li></ul>
Professional issues	<ul style="list-style-type: none"><li>• Impact on the therapist</li><li>• Disclosure decisions</li></ul>

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