

ORIGINAL ARTICLE

Synchronicity in the therapeutic setting: A survey of practitioners

Elizabeth C. Roxburgh*, Sophie Ridgway & Chris A. Roe

Psychology Division, Centre for the Study of Anomalous Psychological Processes, University of Northampton, Northampton, UK

*Corresponding author. Email: elizabeth.roxburgh@northampton.ac.uk

Abstract

Aims: In this study, we intended to explore whether there are any differences between counsellors, psychologists and psychotherapists in the reporting and interpretation of synchronicity experiences (SEs) in the therapeutic setting. SEs are defined as psychologically meaningful connections between inner events (such as a thought, vision or feeling) and one or more external events occurring simultaneously or at a future point in time. *Design:* An online survey link was emailed to a random sample of counsellors, psychologists and psychotherapists drawn from membership lists of the British Association for Counselling and Psychotherapy (BACP), British Psychological Society (BPS) and the United Kingdom Council for Psychotherapy (UKCP). The survey was designed to investigate the following research questions: do practitioners report SEs in the therapeutic setting? Are there any differences between types of practitioners in terms of explanations for SEs? Were SEs believed to be more likely to occur at certain points in therapy? *Results:* A total of 226 respondents completed the survey. One hundred respondents (44%) reported that they had experienced synchronicity in the therapeutic setting, of whom 55 were psychotherapists, 21 counsellors and 24 psychologists. The majority of respondents (67%) felt that SEs could be useful for therapy. Statistical analysis revealed significant differences between practitioner types in their interpretation of SEs but no differences in perception of when synchronicity events were likely to occur. *Conclusion:* Findings have important implications for how practitioners may respond to clients who report SEs and are discussed alongside suggestions for future research.

Keywords: meaningful coincidences, practitioners, survey, synchronicity, therapeutic setting

doi: 10.1002/capr.12057

Data from this research was presented at The Bial Foundation 9th Symposium 'Behind and Beyond the Brain' conference, in Porto, Portugal, March, 2012.

Synchronicity and meaningful coincidences are terms that are often used interchangeably in the literature to account for experiences where there is a psychologically meaningful connection between an inner event (such as a thought, vision or feeling) and one or more external events occurring simultaneously (Jung, 1952/1973). More recently, Main (2007, p. 14) described four criteria that needed to be met if a coincidence were to qualify as an instance of synchronicity:

(1) 'two or more events parallel one another through having identical, similar or comparable content;

(2) there is no discernible or plausible way in which this paralleling could be the result of normal causes;

(3) the paralleling must be sufficiently unlikely and detailed as to be notable;

(4) the experience must be meaningful beyond being notable'.

This broader definition includes experiences that fall outside of Jung's original characterisation so that synchronicities may involve 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 in the same day of a rare book that has particular relevance to them) and events that did not occur simultaneously (e.g. a person having a dream that they interpret as relating to or being a premonition of a later waking event).

Synchronicity experiences (SEs) are relatively common among the general public and are typically interpreted as personally meaningful or significant (Inglis, 2012). Henry (1993) found that 84% of a UK sample ($N = 991$) reported experiencing such meaningful coincidences, although this figure is derived from a self-selected sample who responded to an article on coincidence in the *Observer* newspaper and so is likely to be an over-estimation. Surveys in the US have also found high levels of reported SEs with self-selected university samples and individuals involved in direct patient care (Costin, Dzara & Resch, 2011), with a third of people noticing coincidences in their lives (Beitman, 2011). Similarly, high figures have been reported in the career counselling literature: Betsworth and Hansen (1996) found that 60% of respondents believed their career had been influenced by meaningful chance events, and Bright, Pryor and Harpman (2005) found that 74% of a US sample believed meaningful chance events influenced their career development, such as being in the right place at the right time. Likewise, in a survey with a sample of 609 psychiatrists, 47% reported such experiences in the therapeutic setting (Tornatore, 1977).

Much has been written about the impact of SEs on the therapeutic process, in terms of providing the means to overcome emotional blockage or periods of therapeutic impasse by facilitating insight, introspection and personal growth (Beitman, Celebi & Coleman, 2009; Hopcke, 2009; Keutzer, 1984; Marlo & Kline, 1998; Nachman, 2009; Tornatore, 1977). When they occur during therapy, SEs seem to be associated with periods of heightened emotional intensity or major life transitions, such as births, deaths and marriage (Beitman et al., 2009), and have also been reported when interactions are unusually joyful or harmonious (Carpenter, 2002) and when clients need to maintain a sense of connectedness to the therapist (Hopcke, 2009; Ullman, 2003). As Keutzer (1984, p. 375) states, 'when the archetypal level of the collective unconscious is touched in a situation, there is emotional intensity as well as a tendency for symbolic expression. At these times dream images of great intensity and symbolic meaning may arise and synchronistic events are more likely to occur'. For example, Hopcke reports an SE with a socially phobic client who repeatedly dreamt of

the number '909', which happened to be the unpublished number of Hopcke's house. After trying to work with the number as a symbol that might be important to the client without making any therapeutic progress, Hopcke decided to disclose to the client that the number was in fact the same as his house number. This resulted in a great sense of relief from the client who had wondered why she had kept seeing the number in her dream, and she interpreted the SE to mean that she could be deeply connected to people despite her fears about personal interaction.

A wide variety of explanations have been put forward for why synchronicity might occur (cf. Beitman, 2011; Beitman et al., 2009; Nachman, 2009), including activation of archetypes, such as in Jung's scarab scenario (Jungian perspective); the work of angels or God (popular with members of the general public); psi ability (a term used by parapsychologists to refer to psychic phenomena), such as precognition where individuals claim to be able to predict events that later come true (parapsychology); probability misjudgement (mainstream scientific community); delusional ideas (psychiatry); and unconscious processes (Freudian perspective). Marlo and Kline (1998) propose that SEs may be more likely in the psychotherapeutic setting given the openness to unconscious communication, the salience of the therapeutic relationship, and the focus on concepts such as intersubjectivity, transference and countertransference, which Jung believed were intertwined with SEs. They state, 'the therapist who approaches therapy from an intersubjective perspective may be more primed for noticing and facilitating synchronicity because of his or her attunement to the mutual influence in the room' (p. 16). Likewise, Beitman (2011) suggests that individuals who pay attention to thoughts, feelings and images, while also monitoring surrounding events, might be more likely to notice synchronicity.

While there has been research to suggest that SEs can occur during therapy and can be considered useful, there has been little systematic work to see how common such experiences are, as studies have tended to use self-selected participants. Nor has there been research, to the authors' knowledge, to explore whether there are differences in the incidence and interpretation of SEs by professional groupings (e.g. psychologists, counsellors, psychotherapists). We acknowledge that these professional distinctions are more common in the UK but also that there is an ongoing debate as to whether counsellors and psychotherapists are indistinguishable (Feltham, 1999). Nevertheless, McLeod (2013, p. 11) has

outlined differences between counselling and psychotherapy, such as public and government perceptions, positioning within the community, conceptualisation of clients, training, practice and delivery of interventions or treatment, to the extent that we felt the distinction was warranted. This information would enable us to have a better understanding of how practitioners may respond to clients who report anomalous experiences such as synchronicity. Previous research has suggested that different types of practitioners vary in terms of their explanations for anomalous experiences and how they react to clients disclosing such experiences, perhaps reflecting differences in training or ontological orientation. For example, clients who reported near death experiences rated psychotherapists higher than psychologists in terms of their impression of being taken seriously, their feeling of being accepted and their assessment of practitioner knowledge of the experience (Eybrechts & Gerding, 2012).

Although there is some evidence to suggest that psychotherapists might be more likely to notice SEs or explain them in terms of unconscious processes rather than as meaningless occurrences, there is insufficient research to date to justify directional predictions. Therefore, the nondirectional hypotheses for this study are that:

- (1) there will be a significant difference between types of therapeutic practitioners (counsellors, psychologists and psychotherapists) in terms of preferred explanations for SEs; and
- (2) there will be a significant difference between types of therapeutic practitioners (counsellors, psychologists, and psychotherapists) in terms of beliefs about when SEs are more likely to occur.

Method

Participants

Participants were approached to take part in a questionnaire study from the membership lists of three professional organisations: British Association for Counselling and Psychotherapy (BACP), British Psychological Society (BPS) and the United Kingdom Council for Psychotherapy (UKCP). Practitioner status was based on organisational membership and for practical purposes we assumed counsellors to be members of the BACP and psychotherapists to be members of the UKCP. Contact details for members of the BPS were available in the public domain via the 'Directory of Chartered Psychologists' and for the

BACP and UKCP via the 'Find a Therapist' directories. Members were not invited to take part in the survey if an entrant had stated 'Yes' in the 'Exclude from Canvassing' section of the directories.

Procedure

The study was approved by the School of Social Sciences Ethics Committee at the authors' university. Participants were sent an email inviting them to take part in an online survey designed to investigate the prevalence and phenomenology of synchronicity experiences in the clinical setting. To encourage responses, there were three stages involved in distribution of the survey: firstly, we randomly selected 500 members from each of the three organisations; secondly, a reminder email was sent; and thirdly, another 500 members were randomly selected from each organisation, making 3000 in total.

The email replaced a cover letter which would have been sent with a postal survey, and contained a link to the survey. Participants were invited to take part in the survey whether they had experienced synchronicity in the therapeutic setting or not. We emphasised that the study was concerned with practitioners' experiences of synchronicity that are associated with the therapeutic setting, that we were interested in their explanations of synchronicity and any experiences they may have had and that we were not attempting to prove that synchronicity occurs. Participants were not asked to give names or specific details of clients/patients. The therapeutic setting was defined as the psychotherapeutic environment or a session or consultation between a practitioner (psychologist, counsellor or psychotherapist) and a client or patient.

To familiarise participants with the concept synchronicity we included Main's (2007) definition (given earlier in this paper) and Carl Jung's (1952/1973) classic example of synchronicity in the therapeutic setting, as described by Nachman (2009, p. 298):

A patient whose reliance on intellectualization had led to a therapeutic impasse reported a dream of being given a golden scarab. Just as she was recounting the dream, Jung heard a gentle tapping at the window, only to discover a beetle whose appearance closely resembled a golden scarab. When Jung opened the window, he caught the beetle just as it flew into the room and handed it to the patient stating, 'Here is your scarab'. The incongruous event, which seemingly had no

rational explanation, broke through the patient's defences and heralded a time of 're-birth' in the therapy paralleled by the archetypal significance of the scarab as an Egyptian symbol of rebirth.

Questionnaire

When participants opened the survey link they were taken to the first page of the questionnaire which contained further examples of synchronicity in the therapeutic setting to illustrate the difference between 'in-session' and 'out-of-session' events (Hopcke, 2009). Two examples were included of an in-session synchronistic event whereby the session itself is interrupted by an event that is interpreted as synchronistic, and also two examples of an out-of-session synchronistic event where material from outside the clinical setting is brought into the room that is unanticipated and transformative (Appendix 1).

The next page of the questionnaire contained an ethical statement which informed participants that answers would be stored anonymously and that they would be given the option of withdrawing their data at a later date by entering a code number or phrase that could be used to identify their data. On the next page, participants were asked to click 'Yes' to indicate their consent to continue with the survey.

After obtaining biographical information (age, gender, type of profession and length of time practising), the first question asked participants whether they had experienced a synchronicity event associated with a therapeutic setting. If they answered in the affirmative they were then asked to describe their most memorable experience in a therapeutic setting that they recognised or interpreted as synchronicity, either at the time or upon reflection.¹ All participants, regardless of whether or not they had experienced synchronicity, were asked whether they felt SEs could be useful experiences in therapy and could respond with 'Yes', 'No', or 'Maybe'. In addition, space was provided on the survey for participants to elaborate on why they found SEs useful or not. They were also asked about *when* they thought SEs were more likely to occur (when there was a turning point in therapy; when there is heightened emotional intensity; when a patient/client is withdrawn and needs to maintain a sense of connectedness with the therapist; or when there is a positive therapeutic alliance), and what their

¹Open-ended data from this question were subjected to a content analysis and are not reported here due to space.

explanations were for *why* SEs might occur in a therapeutic setting (collective unconscious; fate; adaptive process; transference, countertransference, and the therapeutic relationship; unconscious material needs to be expressed; chance; or 'divine intervention'). Possible responses (Appendix 2) were derived from the explanations found in the extant literature (cf. Beitman, 2011; Beitman et al., 2009; Nachman, 2009).

Results

Response rates and characteristics of respondents

Of the first 1500 email invitations that were sent, 29 were undeliverable. Of the remainder, 151 responded, giving a return rate of 10.3%. Of the next batch of 1500 email invitations, 143 responded, giving an overall response rate of 9.9%. However, 40 of the questionnaires from the first batch and 28 from the second batch were incomplete, reducing the total viable sample to 226 (7.6%). Respondents consisted of 57 counsellors, 80 psychologists, and 89 psychotherapists (Table I).

Prevalence of synchronicity

To investigate the prevalence of SEs participants were asked, 'Over your entire practising career do you think you have experienced a synchronicity event associated with the clinical setting?' and were given the option of answering 'Yes' or 'No'. One hundred respondents (44%) reported that they had experienced synchronicity in the clinical setting; 55 of the 'Yes' responses pertained to psychotherapists, compared with 21 counsellors and 24 psychologists (Table I). These proportions are significantly different, suggesting that likelihood of reporting a SE is related to professional discipline, $\chi^2(5, N = 225) = 19.71, p = .0001$. The effects of practitioner status upon likelihood that respondents reported a SE was assessed in a logistic regression that also took into account age, gender and length of time practising. The full model containing all predictors was statistically significant, $\chi^2(5, N = 208) = 26.28, p < .001$, and correctly classified 66.3% of cases. Psychotherapists were more likely than psychologists to report an SE (odds ratio of .431, 95% confidence intervals .200, .930). Practitioners were also more likely to report an SE the longer they had been practising (odds ratio of 1.05, 95% confidence intervals 1.01, 1.10), but gender and age did not have a significant effect on incidence of SEs.

Table I: Frequencies and descriptive statistics for each professional group.

	Gender		Age M (SD)	Length of practice in years M (SD)	Experienced a synchronicity event	
	M	F			Yes	No
Psychologist	25	51	48.6 (11.6)	16.2 (10.2)	24	56
Counsellor	14	39	53.8 (9.64)	9.29 (5.12)	21	36
Psychotherapist	31	53	57.3 (9.64)	17.40 (8.86)	55	33
Total	70	143	–	–	100	125

Note Gender has missing data from 13 respondents and age has missing data from 12 respondents.

In addition, 67% ($N = 151$) of the sample felt that SEs could be useful experiences in therapy, and 31% ($N = 70$) felt that they might be useful. Reasons participants stated for why SEs could be useful were as follows:

‘They allow an insight into the work that may (or may not) be used by both client and therapist to enhance understanding (or experience)’.

‘They can help form a deeper connection or lead to exploration of new meaningful material’.

‘They may draw attention to ideas that might otherwise not be discussed. It could be a way of broadening the conversation or getting onto a different track’.

‘It forces the therapist to address what may be countertransference issues and to look very closely at the relationship’.

‘I take them to be signs/symptoms of working at depth’.

‘They are definitely opportunities for clinical intervention – they are in fact interventions of the broader field at moments of heightened tension, when the potential for breakthrough is high. Their potential for healing lies in their power to reconnect the client with a sense of being embedded in the environment in a way that has meaning, and which helps to restore connectedness and meaning where there had been isolation and despair’.

Explanations for synchronicity experiences

Respondents rated the applicability of different explanations of SEs using a 5-point Likert scale ranging from 1 = *Strongly Disagree*, to 5 = *Strongly Agree*. Average ratings for all three professional types

hover close to the neutral midpoint of 3. A mixed factorial ANCOVA revealed significant differences in acceptance ratings for the various explanation types, $F(4.33, 809.07) = 10.71, p < .001$. Explanations in terms of *divine intervention* and *fate/hidden design* were unpopular with all three professions, and more popular explanations were in terms of there being a *need for unconscious material to be expressed* through SEs and *adaptive experiences* (SEs could help an individual towards personal growth). Members of the three professional groups differed in the degree of endorsement they gave to the explanations, $F(2, 187) = 5.45, p = .005$, with counsellors somewhat more likely to accept explanations as applicable. There was also – as predicted – a significant interaction effect, $F(8.65, 809.07) = 2.86, p = .003$, indicating that different professions had different explanatory preferences.

Separate one-way unrelated ANCOVAs were conducted to explore how the professions differed in their ratings of each explanation type, taking into account the effects of gender, length of practice and whether or not participants had experienced a synchronicity event (Table II).² This revealed significant differences among the professional groups in endorsement of explanations in terms of collective unconscious, fate/hidden design, transference/countertransference, need to express unconscious material and chance, but no differences in terms of adaptive experience (which all groups were favourable towards) or divine intervention (which all groups were unfavourable towards).

Post hoc pairwise comparisons with Bonferroni’s correction for multiple analyses were carried out to

²Ratings of synchronicity explanation showed significant differences between genders, $F(4.33, 809.07) = 5.85, p < .001$, by length of practice, $F(4.33, 809.07) = 2.42, p = .042$, and by whether participants had experienced a synchronicity event or not, $F(4.33, 809.07) = 15.84, p < .001$, but not age, $F(4.33, 809.07) = 1.93, p = .097$.

Table II: Means and standard deviations for the different synchronicity explanations of each professional group and statistics for one-way ANCOVAs.

Survey Q13: What is your explanation for why synchronicity events might occur in a clinical setting?	M (SD) ^a			Marginal M (SD)	ANCOVA outcome	
	Psychologist	Counsellor	Psychotherapist		F	p
Collective unconscious	2.88 (1.23)	3.72 (.72)	3.66 (1.23)	3.41 (1.21)	9.44	<.001
Fate/hidden design	2.12 (1.08)	2.89 (1.09)	2.32 (.98)	2.40 (1.09)	8.30	<.001
Adaptive experience	3.39 (.87)	3.66 (.78)	3.57 (.79)	3.53 (.82)	1.18	.311
Transference/countertransference	3.05 (1.19)	3.40 (.84)	3.56 (.85)	3.34 (.98)	4.56	.012
Need to express unconscious material	3.08 (1.11)	3.62 (.74)	3.84 (.85)	3.51 (.98)	8.62	<.001
Chance	3.77 (1.07)	3.34 (.98)	3.05 (1.04)	3.38 (1.09)	4.26	.015
Divine intervention	2.01 (1.26)	2.55 (1.05)	2.27 (1.08)	2.26 (1.15)	2.49	.086
Marginal M (SD)	2.90 (.59)	3.31 (.42)	3.18 (.46)			

^aResponses were scored on a Likert scale ranging from 1 to 5; 1 = *Strongly Disagree*, 2 = *Disagree*, 3 = *Neither Agree or Disagree*, 4 = *Agree*, 5 = *Strongly Agree*.

identify which professions differed from which. These revealed that psychologists were significantly less likely to endorse an explanation in terms of the *collective unconscious* than counsellors (mean diff = $-.708$, $p < .001$) or psychotherapists (mean diff = $-.621$, $p < .001$), with no difference between counsellors and psychotherapists (mean diff = $.087$, $p = 1.000$). Similarly, psychologists were significantly less likely to agree that a *need for unconscious material to be expressed* could be an explanation for SEs in the therapeutic setting than counsellors (mean diff = $-.495$, $p = .010$) or psychotherapists (mean diff = $-.575$, $p < .001$), with no differences between counsellors and psychotherapists (mean diff = $-.080$, $p = 1.000$). In contrast, psychologists were significantly more likely to accept an explanation in terms of *chance coincidence* than psychotherapists (mean diff = $.441$, $p = .019$), with no difference between psychologists and counsellors (mean diff = $.360$, $p = .136$) or between counsellors and psychotherapists (mean diff = $.081$, $p = 1.000$).

Psychotherapists were significantly more likely to agree that *transference and countertransference* might be an explanation for synchronicity occurring within the therapeutic setting than psychologists (mean diff = $-.463$, $p = .014$). There were no significant differences between psychotherapists and counsellors (mean diff = $-.085$, $p = 1.000$) or counsellors and psychologists (mean diff = $.378$, $p = .114$). All three professions disagreed that *fate or a hidden design* contributed to SEs in the therapeutic setting (Table II). However, counsellors were significantly less likely to disagree than psychotherapists (mean diff = $-.590$, $p = .009$) and psychologists (mean diff = $.777$, $p < .001$). There were no significant

differences between psychologists and psychotherapists (mean diff = $.187$, $p = .832$).

No differences were found in *when* SEs were more likely to occur (when there was a turning point in therapy; when there is heightened emotional intensity; when a patient/client is withdrawn and needs to maintain a sense of connectedness with the therapist; or when there is a positive therapeutic alliance), failing to support hypothesis 2.

Discussion

Just under half of all respondents (44%) in this survey reported that they had experienced synchronicity in the therapeutic setting, which is similar to a survey conducted with a comparable sample (Tornatore, 1977) that found 47% of psychiatrists reported such experiences in the therapeutic setting. This finding has implications for practitioners in terms of raising awareness that such experiences are commonly reported in the therapeutic process and that consequently they should not fear discussing these experiences within training, supervision or the therapeutic encounter. In addition, the majority of participants (67%) in the current study felt that SEs could be useful. This finding is similar to previous research which has suggested that SEs can increase personal growth and personal development (Beitman et al., 2009; Hopcke, 2009; Nachman, 2009). Whilst participants made brief comments about SEs in terms of what they found helpful there was insufficient data to undertake a qualitative analysis. Therefore, in a follow-up study, we sought to investigate this further with in-depth interviews using interpretative phenomenological analysis that aimed to explore how practitioners make

sense of SEs (Roxburgh, Ridgway & Roe, 2015). Participants in this study felt that SEs provided useful opportunities for therapeutic intervention by drawing attention to aspects or features of the therapeutic process that were valuable foci for reflection. They also believed that SEs could serve to strengthen the therapeutic relationship, could push through resistance and could tap into the unconscious or express what was in conscious awareness but was difficult to speak. Taking the findings of both studies together, we suggest that SEs are worthy of further consideration, particularly within therapeutic contexts; indeed, Beitman (2011) has called for the establishment of a new transdisciplinary field called 'Coincidence Studies' to expand our understanding of the applications of SEs.

The finding that psychotherapists were more likely to report SEs than counsellors or psychologists confirms previous research which proposed that such experiences are more likely to occur in psychotherapy given that unconscious processes are a common feature of psychotherapeutic work (Marlo & Kline, 1998). This warrants further research around whether SEs do actually occur more frequently in psychotherapy or whether psychotherapists are simply more likely to notice and use them in the therapeutic process. Related to this is the question of whether some settings are more conducive to SEs. For example, Pasciuti (2011) found a possible connection between synchronicity detection and having attended over 50 sessions of psychotherapy, and with the Myers Briggs profile of introversion, intuition, feeling and perception (INFP). Thus, psychotherapists may be more likely to report synchronicity because they have undertaken a substantial amount of personal therapy as part of their training or it may mean that psychotherapists are more likely to match the profile of INFP. Future research could explore this further in terms of whether certain personality characteristics facilitate synchronicity reporting. Perhaps conversely, other research has associated a high level of synchronicity reporting with ideas of reference, magical thinking, apophenia and psychosis (cf. Beitman et al., 2009). In relation to the current finding, we propose that synchronicity reporting should not necessarily be associated with psychopathology; rather, it might be a product of psychosocial contextual factors, such as therapeutic training in the case of psychotherapists.

Observed differences between practitioners in their favoured explanations of synchronicity might also reflect differences in therapeutic training.

Psychotherapists and counsellors were significantly more likely than psychologists to agree that synchronicity occurred because of a need for unconscious material to be expressed or because of a collective unconscious. In addition, psychotherapists were significantly more likely to agree that SEs occur due to transference, countertransference and the therapeutic relationship, and psychologists were significantly more likely to agree that SEs are chance coincidences that individuals sometimes ascribe meaning to. This has implications for clients who report SEs to psychologists as these practitioners might therefore be less likely to see their therapeutic value or they might be reluctant to discuss any meaning inferred. These findings should be considered alongside the growing research area of 'clinical parapsychology', in which it is argued that traditional medical and psychological help services tend to ignore the spiritual or transpersonal aspects of clients' experiences (for an overview see Kramer, Bauer & Hövelmann, 2012).

All practitioners disagreed with fate or divine intervention as explanations for synchronicity which differs from findings of a survey with a university sample conducted by Coleman, Beitman and Celebi (2009) in which these were the most strongly endorsed explanations of synchronicity.

Our aim to produce a representative survey by randomly sampling from the membership lists of the BACP, BPS and UKCP was undermined by the 10.3% return rate (which reduces further to 7.6% when incomplete responses were removed). Although unsolicited postal and internet-based surveys are notorious for low return rates (cf. Nulty, 2008), and our figures are comparable with similar surveys (e.g. 10% in Costin et al., 2011; 5.9% in Savic-Jabrow, 2010), there is nevertheless a concern that our data may be susceptible to response bias, which could have inflated endorsement figures (the 95% confidence interval for our 44% incidence is 37.8–50.2%). However, our intention is not so much to provide a statistically accurate estimate so much as to note that SEs are sufficiently commonplace to merit attention. It is unclear how low sample sizes might account for the group differences we report.

A further limitation of this study is that the distinction between counsellor and psychotherapist was based on organisational membership, and for practical purposes, we assumed counsellors to be members of the BACP and psychotherapists to be members of the UKCP. However, many members of the BACP may identify with being a psychotherapist rather than a counsellor so that any differences

between these two categorisations could be accountable to membership of professional organisations rather than professional types. Likewise, we did not enquire about therapeutic orientation (i.e. whether participants considered themselves integrative, person-centred, psychodynamic or cognitive-behavioural). Whilst previous research had also used a similar categorisation system (Bartlett, Smith & King, 2009), we feel that further research comparing therapeutic orientation may elicit insightful information about the incidence and reporting of SEs. In addition, this study did not elicit the views of clients and it would be interesting to see whether clients presenting with different issues are more likely to report SEs or whether particular clients are more likely to elicit SEs in therapists. Further research is currently being conducted by the first author to explore how therapists respond to clients who report such experiences in therapeutic sessions, whether clients feel listened to and understood, and whether therapists believe there is a need for specialist training to address such experiences.

Conclusion

Findings from the survey identified significant differences between practitioners in their explanation for synchronicity experiences but not when synchronicity is perceived to occur. This may have an impact on how practitioners respond to clients who report such experiences and thus could have important implications for the training of mental health professionals, as well as self-disclosure in both the therapeutic and supervisory relationship.

Funding

This work was supported by the Bial Foundation [grant number 82/10].

References

- Bartlett, A., Smith, G., & King, M. (2009). The response of mental health professionals to clients seeking help to change or redirect same-sex sexual orientation. *BMC Psychiatry*, *9*, 1–8. doi:10.1186/1471-244X-9-11
- Beitman, B. D. (2011). Coincidence studies. *Psychiatric Annals*, *41*, 561–571. doi:10.3928/00485713-20111104-03
- Beitman, B. D., Celebi, E., & Coleman, S. L. (2009). Synchronicity and healing. In D. Monti, & B. D. Beitman (Eds.), *Integrative psychiatry*. New York, NY: Oxford University Press.
- Betsworth, D. G., & Hansen, J. C. (1996). The categorization of serendipitous career development events. *Journal of Career Assessment*, *4*, 91–98. doi:10.1177/106907279600400106
- Bright, J. E., Pryor, R. G., & Harpman, L. (2005). The role of chance events in career decision making. *Journal of Vocational Behaviour*, *66*, 561–576. doi:10.1016/j.jvb.2004.05.001
- Carpenter J. C. (2002). *The intrusion of anomalous communication in group and individual psychotherapy: Clinical observations and a research project*. Paper presented at the Bial Foundation 4th Symposium 'Behind and Beyond the Brain', Porto, Portugal.
- Coleman, S. L., Beitman, B. D., & Celebi, E. (2009). Weird coincidences commonly occur. *Psychiatric Annals*, *39*, 265–270. doi:10.3928/00485713-20090421-03
- Costin, G., Dzara, K., & Resch, D. (2011). Synchronicity: Coincidence detection and meaningful life events. *Psychiatric Annals*, *41*, 572–575. doi:10.3928/00485713-20111104-04
- Eybrechts, M. V., & Gerding, J. L. F. (2012). Explorations in clinical parapsychology. In W. H. Kramer, E. Bauer, & G. H. Hövelmann (Eds.), *Perspectives of clinical parapsychology: An introductory reader*. (pp. 35–48) Bunnik, the Netherlands: Stichting Het Johan Borgman Fonds.
- Feltham, C. (1999). *Controversies in psychotherapy and counselling*. London: Sage.
- Henry, J. (1993). Coincidence experience survey. *Journal of the Society for Psychical Research*, *59*, 97–108.
- Hopcke, R. H. (2009). Synchronicity and psychotherapy: Jung's concept and its use in clinical work. *Psychiatric Annals*, *39*, 287–293. doi:10.3928/00485713-20090424-01
- Inglis, B. (2012). *Coincidence: A matter of chance or synchronicity?* Guildford, UK: White Crow Books.
- Jung C. (1952/1973). *Synchronicity: An acausal connecting principle*. New Jersey: Princeton University Press.
- Keutzer, C. S. (1984). Synchronicity in psychotherapy. *Journal of Analytical Psychology*, *29*, 373–381. doi:10.1111/j.1465-5922.1984.00373.x
- Kramer, W., Bauer, E., & Hövelmann, G. (Eds.) (2012). *Perspectives of clinical parapsychology: An introductory reader*. Bunnik, the Netherlands: Stichting Het Johan Borgman Fonds.
- Main, R. (2007). *Revelations of chance: Synchronicity as spiritual experience*. Albany, NY: The State University of New York Press.
- Marlo, H., & Kline, J. S. (1998). Synchronicity and psychotherapy: Unconscious communication in the psychotherapeutic relationship. *Psychotherapy*, *35*, 13–22. doi:10.1037/h0087805
- McLeod, J. (2013). *An introduction to counselling* (5th ed.). Maidenhead: Open University Press.

- Nachman, G. (2009). Clinical implications of synchronicity and related phenomena. *Psychiatric Annals*, **39**, 297–308. doi:10.3928/00485713-20090424-02
- Nulty, D. D. (2008). The adequacy of response rates to online and paper surveys: What can be done? *Assessment & Evaluation in Higher Education*, **33**, 301–314. doi:10.1080/02602930701293231
- Pasciuti, F. (2011). Measurement of synchronicity in a clinical context. *Psychiatric Annals*, **41**, 590–597. doi:10.3928/00485713-20111104-07
- Roxburgh E. C., Ridgway S., & Roe C. A. (2015). Exploring the meaning in meaningful coincidences: An interpretative phenomenological analysis of synchronicity in therapy [Special Issue]. *European Journal of Psychotherapy and Counselling*, **17**, 144–161. doi:10.1080/13642537.2015.1027784
- Savic-Jabrow, P. C. (2010). Where do counsellors in private practice receive their support? *Counselling & Psychotherapy Research*, **10**, 229–232. doi:10.1080/14733140903469889
- Tornatore, N. (1977). The paranormal event in psychotherapy: A survey of 609 psychiatrists. *Psychic Magazine*, **7**, 34–37.
- Ullman, M. (2003). Dream telepathy: Experimental and clinical findings. In N. Totton (Ed.), *Psychoanalysis and the paranormal* (pp. 15–46). London, UK: Karnac.

Appendix 1

Examples of synchronicity experiences in the therapeutic setting

We would like to provide some more examples of synchronicity experiences that have been reported in the research literature. The following examples will hopefully illustrate how synchronicity events have been reported in the clinical setting and how the distinction is sometimes made between in-session and out-of-session events.

In-session synchronistic event

This is a shorter version of the example in your invitation email so you will already be familiar with it, but it is included here as a reminder. Within therapeutic or clinical practice, synchronicities can occur purely in-session whereby the session itself is interrupted by an event that is interpreted as synchronistic. Carl Jung's classic example of this type of event involves a logically minded and emotionally closed woman sharing a dream from the previous night, which involved a golden scarab beetle; at that exact moment, a tapping was heard at the window. Jung opened the window and caught an insect, which

happened to be a very similar beetle both in colour and shape to the one the woman had described in the dream. He gave the beetle to the woman with the words 'here is your scarab'. The improbability of the event broke through the woman's rationalism and intellectual resistance so that the treatment could then progress (Jung, 1952/1973).

A therapist was having difficulties in moving a client beyond what felt to her like superficial discussion. At this time, the therapist happened to borrow a book that looked interesting from another therapist. That afternoon as the client was leaving the session, the client noticed the book and commented that the same book had been in the office of a therapist who had abused her for years as a teenager, adding that perhaps they should talk about that in therapy sometime. This event heralded a turning point in the therapy, ultimately leading to tremendous growth and empowerment on the part of the client (Nachman, 2009).

Out-of-session synchronistic event

There are also occasions where material from outside the clinical setting is brought into the room that is unanticipated and transformative. For example, a therapist dreamt of a previous client lying very still on a bed and the dream invoked a strong feeling of dread for the therapist. When the client resumed therapy months later, it transpired that the client had attempted suicide the very night of his therapist's dream. The client disclosed the feelings of isolation that had given rise to the attempt and so the therapist decided to disclose the dream. The client took this as a sign of connectedness with other people and the feelings of isolation subsided (Hopcke, 2009).

In other situations outside events may then in turn aid therapy objectives. A therapist discovered that she and her patient received, within a two-week period, the same fairy tale as a gift. The therapist did not disclose this but took a synchronistic stance as the therapy progressed. At first the patient only casually mentioned the gift but sustained work with the fairy tale led the patient to discover ways in which she enacted some of the roles of the fairy tale that were limiting to her life. Surprisingly for the therapist, the patient revealed she saw her therapist as the protagonist in the story; these feelings had not yet been noted in the therapy. This event provided motivation for the patient to explore difficult issues and drew attention to the poignant relationship between therapist and patient, which focused and deepened the therapeutic work (Marlo & Kline, 1998).

Appendix 2

Questionnaire items for explanations of SEs

To investigate whether there were any differences between practitioners in terms of their explanations for SEs, participants were asked the question: what is your explanation for why synchronicity events might occur in a therapeutic setting? Please indicate how much you agree/disagree with each of the following statements:

- a A collective unconscious exists and all minds are connected.
- b I believe in fate and that synchronicities are part of an underlying hidden design.
- c Synchronicity experiences are adaptive; they help an individual towards personal growth.
- d Synchronicities occur due to transference, counter-transference and the therapeutic relationship.
- e Synchronicities occur because some important unconscious material needs to be expressed.
- f Synchronicities are chance coincidences that individuals sometimes ascribe meaning to.
- g Synchronicities are a sign of 'divine intervention' in the spiritual or religious sense.

To investigate whether there were any differences between practitioners in terms of when they felt SEs were more likely to occur, participants were asked the question: when do you think SEs are more likely to occur in a clinical setting? Please indicate how much you agree/disagree with each of the following statements:

- a If the client/patient has heightened emotional intensity or is in a negative emotional state.
- b If the client/patient is withdrawn or withholding information from the clinician and needs to build or maintain a sense of connectedness with the clinician.
- c When there is a turning point in treatment or therapy.

- d When interactions are usually joyful or harmonious (e.g. there is a positive therapeutic alliance or patient–doctor relationship).

Biographies

Elizabeth C. Roxburgh is a senior lecturer in Psychology at the University of Northampton and was recently appointed as course leader for the BSc Psychology and Counselling degree and as a board member for the Parapsychological Association. She was awarded her PhD by the University of Northampton for research exploring the phenomenology and psychology of spiritualist mediumship. Elizabeth previously worked for the National Health Service as an Assistant Psychologist in a variety of clinical settings, including mental health, forensic and learning disability services. She is now a BACP registered counsellor and volunteers for a charity organisation.

Sophie Ridgway was awarded an MSc in Psychological Wellbeing and Mental Health by Nottingham Trent University. She has previously worked for the University of Northampton as a research assistant, working alongside Elizabeth C. Roxburgh on the synchronicity in the therapeutic setting study. She has also worked as a support worker for adults with Autistic Spectrum Conditions and currently works for the NHS as a parenting practitioner; supporting parents of children with additional needs to understand and manage their child's behaviour.

Chris A. Roe is Professor of Psychology at the University of Northampton. He is Research Leader for the Psychology Division and Director of the Centre for the Study of Anomalous Psychological Processes. He is President of the Parapsychological Association, a Committee Member of the British Psychological Society's Transpersonal Psychology Section, and a Council Member of the Society for Psychical Research. He edits the *Journal of the Society for Psychical Research*.