Experiencing the Spiritual Psyche: Reflections on Synchronicity-Informed Psychotherapy

Helen Marlo

To cite this article: Helen Marlo (2022) Experiencing the Spiritual Psyche: Reflections on Synchronicity-Informed Psychotherapy, Jung Journal, 16:4, 44-69, DOI: 10.1080/19342039.2022.2125770

To link to this article: https://doi.org/10.1080/19342039.2022.2125770
Experiencing the Spiritual Psyche
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HELEN MARLO

The most beautiful thing we can experience is the mysterious. It is the source of all true art and science. He to whom the emotion is a stranger, who can no longer pause to wonder and stand rapt in awe, is as good as dead —his eyes are closed. The insight into the mystery of life, coupled though it be with fear, has also given rise to religion. To know what is impenetrable to us really exists, manifesting itself as the highest wisdom and the most radiant beauty, which our dull faculties can comprehend only in their most primitive forms—this knowledge, this feeling is at the center of true religiousness.

Albert Einstein, Living Philosophies

Ever since childhood, I have been fascinated by kaleidoscopes. I loved how the glass, buttons, and beads inside would swirl into unique patterns with just a slight turn of the cell. Each pattern looked like a new world or cosmos. I began collecting kaleidoscopes and discovered one kind, a teleidoscope, that reflected whatever was outside the instrument but within the gaze of its holder. That is, it reflected my immediate outer experience. A shift of the teleidoscope would capture another, sometimes entirely different, pattern or experience. Sometimes, I played with my kaleidoscopes for a while, perhaps, imagining that, eventually, I would see all the worlds or cosmoses within it. That never happened. I never saw the exact same image twice. The more I looked, the more patterns dynamically emerged out of what I last witnessed. The worlds continued to shift and multiply, only to be experienced in that moment.

My kaleidoscope fascination (and collection) hasn’t diminished and, perhaps, its enduring and endearing appeal is because of its resonance with the spiritual psyche. Like the shifting images of a kaleidoscope, our lives contain myriad experiences. We are shaped by our capacity to continually see emerging worlds. There is a powerful knowing that comes from lived experience—especially experience that we think we already know, especially experience that we cannot fully explain. We can all easily fall into the unconscious practice of holding strong opinions toward that which we have neither experienced nor understood: “Never do human beings speculate more, or have more opinions, than about things which they do not understand” (Jung 1955–56/1970, CW 14, ¶737). Most of our stories, if we look deeply enough, reveal the limitations of solely relying on sources of knowledge that privilege evidence, certitude, precision, and quantifiable phenomena. Like the disappearing images in a kaleidoscope that only manifest once, some experiences occur one time and cannot be replicated. The more we learn, the more we both know and don’t know.
In my journey of developing a relationship to the spiritual psyche, I’ve reflected on the existence of what Jung refers to as “the religious attitude”: “An attitude informed by observation of, and respect for, invisible forces and personal experience. The attitude peculiar to a consciousness changed by an experience of the numinous or sacred” (1969, CW 11, ¶9). Jung reiterated this idea in a letter to E. A. Bennet on July 7, 1959:

The teaching of the past, for example, of St. Paul or Jesus, can be edifying, but in itself does nothing. Paul himself had a sudden revelation. Unless there is a personal religious experience—realizing from the inside what it means—nothing happens. Such an experience can take many forms … anything which is really lived. (Bennet 1985, 92–93)

Throughout this paper, I will share a kaleidoscope of evidence of the spiritual psyche from personal and professional experiences, using composite examples that alter potentially identifying details. These were empirical experiences—that is, they were real and observable. However, they escaped and eluded scientific measurement and explanation, invited wonder, and affirmed a larger world.

The Spiritual Psyche

The reality of the spiritual psyche has been affirmed for me from decades of professional and personal experiences that often defy rational understanding and contradict what evidence predicts. In the introduction to our book *The Spiritual Psyche in Psychotherapy*, Willow Pearson and I noted that *spiritual psyche* can be a fraught term, as it may connotate that there is a spiritual psyche distinguished from the ground of psyche itself. This is not the case. Rather … psyche is always and already spiritual in nature. We awaken to this living, pulsing reality and mystery … “spiritual” is used … as another adjective for psyche that is less a modifier of psyche than indicative of psyche’s ultimate nature. (2020, xvi)

The spiritual psyche can be aptly described as mystical, which has been defined as an “active and practical, not passive and theoretical” process that “the whole self does; not something as to which its intellect holds an opinion” (xvii). The spiritual, mystical psyche connotes an ethos that “cannot be pinned down conceptually,” and yet, “concepts can help immensely in approaching and signaling this ethos. Defined through ‘being’ and ‘experiencing,’ rather than ‘knowing,’ a mystical sensibility goes beyond what could be offered in any text” (xv):

So long as religion is only faith and outward form, and the religious function is not experienced in our own souls, nothing of any importance has happened … the great mystery is not only an actuality but is first and foremost rooted in the human psyche. The man who does not know this from his own experience may be a most learned theologian, but he has no idea of religion … (Jung 1944/1968, CW 12, ¶13)

Opening to the spiritual psyche involves an appreciation for how the irrational lives side by side with an appreciation for the rational, known, predictable, and proven. Living with this tension is central to the spiritual life. The concrete and the spiritual are bedfellows. If one is open enough to engage with both, they will encounter and develop a connection to the mystical.
Hilma af Klint, *Tree of Knowledge, from the W Series*, 1913–1915 (Courtesy of the Hilma af Klint Foundation)
The Spiritual Psyche and Jung

Jung was emphatic about the reality of the spiritual psyche, much to the chagrin of the early pioneers of psychoanalysis. Given how suspect this topic remains, I can understand this reaction. Jung brazenly shared, “I do not need to believe in a God; I know.’ Which does not mean: I do know a certain God . . . but rather I know that I am obviously confronted with a factor unknown in itself, which I call ‘God.’ . . . ” (1960, 133). He described “a power of a very personal nature and an irresistible influence” that he called God. As he wrote in a 1955 letter, he believed that “Gods . . . have . . . more or less differentiated expressions or aspects of one ineffable truth (1973, 274–275). For Jung

The unconscious is the only available source of religious experience. This is certainly not to say that what we call the unconscious is identical with God or is set up in his place. It is simply the medium from which religious experience seems to flow. As to what the further cause of such experience might be, the answer to this lies beyond the range of human knowledge. Knowledge of God is a transcendental problem. (Jung 1957/1968, CW 10, ¶565)

Jung’s vision of psychoanalysis has emphasized the spiritual dimension of the psyche since its inception. He described spirit as “an autonomous psychic happening, a hush that follows the storm, a reconciling light in the darkness of man’s mind, secretly bringing order into the chaos of his soul” (1969, CW 11, ¶260). He also maintained there is a religious attitude, instinct, and function within the human psyche and, therefore, believed the spiritual psyche is deeply tied to our humanity: “Religion . . . is an instinctive attitude peculiar to man,” as substantiated by uniquely human acts such as offerings, blessings, and solemn rites (1957/1968, CW 10, ¶512). Jung felt there is a “religious instinct for wholeness,” which is “the most important of the fundamental instincts” (1958/1968, CW 10, ¶653). Working with this instinct includes embracing paradox, “one of our most valuable spiritual possessions” (Jung 1944/1968, CW 12, ¶18), and forging a relationship with the mystical, which includes embracing mystery, the unknown, the unknowable, the ineffable, the irrational, as well as inaccessible knowledge.

For Jung this instinct connects us to the transcendent—a larger dimension of human life that promotes transformation (Jung 1919/1969, CW 8). He referred to Rudolf Otto’s term the numinous, as one expression of the spiritual psyche, which involves the experience of mysterious terror, awe, and majesty in the presence of the “entirely other,” which cannot be expressed through language: “The numinosum, whatever its cause may be, is an experience of the subject independent of his will. . . . The numinosum is either a quality belonging to a visible object or the influence of the invisible presence that causes a peculiar alteration of consciousness” (Jung 1969, CW 11, ¶6).

Thus, therapy and analysis can be a container that cultivates a personal religious experience and the numinous. As Jung contends, “The approach to the numinous is the real therapy and in as much as you attain to the numinous experiences you are released from the curse of pathology. Even the very disease takes on a numinous character” (1973, 377).

Given that this instinct is so connected to our humanity, relationship with the spiritual psyche should be more of a natural—and not supernatural—experience. As Jung contends,
“One is only confronted with the spiritual experience when one is absolutely human” (1931, 394). Our consciousness, wounds, and defenses can obstruct us from receiving these experiences and taking in their naturalness and humanness.

I now turn to a powerful personal experience when my Dad died. This experience felt both supernatural, since it remains inexplicable, but also natural since it expressed the spiritual psyche and affirmed my lifelong belief in the power of the mystical. Remaining open to what this experience has meant to me, from the inside, has shaped and influenced me and my clinical perspective and approach.

**Daddy’s Home 2**

My Dad was quickly succumbing to lymphoma. Living in the San Francisco Bay Area, I especially felt the tradeoffs in choosing to establish my adult home far from my childhood home in St. Louis.

It was mid-November and my three children understood Papa’s health was failing. They unanimously agreed they wanted to see the newly released movie *Daddy’s Home 2*. I privately wished they had chosen any other movie and immediately thought about my Dad dying—“going home.” I began to wonder if viewing it would connect to his death? My husband and I took them to the theater and followed the sign, “9 Daddy’s Home 7:20,” denoting it was playing in Theater #9. I noticed “9” because I am one of his nine children. It felt ominous. I texted a picture of this sign to my sister who cared for my Dad. We both associated the movie title to my Dad’s impending death and the “9” to all of us, his children.

After the movie, I learned that Dad’s health had taken another downward turn and a priest would be delivering last rites. When I woke up the next morning, I turned first to artist and writer Kai Skye’s (*formerly Brian Andreas*) *Story of the Day*. His story “Home” auspiciously awaited me: “I’ll always be grateful to you who taught me this: we are the ones who make this place home.” I was deeply moved.

Dad’s health rallied that weekend, but quickly changed, and I flew out to be with him in what I imagined would be his final days of life. I stayed all day with Dad at hospice. I am eternally grateful that I could spend the last night he was alive on this planet alone with him in his hospice room. Being from a family of eleven, it was precious to have any alone time with my Dad.

Dad died late on Friday, December 1, 2017, and I awoke on December 2, feeling the raw emptiness and hollowness of absence. An ardent believer in emergence and synchronicity, I eagerly went to my email for Kai Skye’s *Story of the Day* and discovered it was a story titled, “Living Memory”:

I carry you with me into the world, into the smell of the rain and the words that dance between people and for me, it will always be this way, walking in the light, remembering being alive together.

A harbinger, indeed! An absolute favorite story of mine, I had purchased this framed story for my colleague after his Mom died. I was awed and touched by this comforting synchronicity the
morning after losing my Dad. I forwarded this to my assistant who had ordered the framed story for my colleague. “Wow,” she exclaimed, “… and NOT surprising at all!”

Dad was buried on December 5, 2017. Dressing for his funeral, I rummaged in the side pocket of my purse and discovered the ticket stubs from Daddy’s Home 2, which had descended to the bottom. I was in awe. I was struck that it was Daddy’s Home 2. I was at my childhood home while my three children and husband had remained at my adult home in the Bay Area. I felt my Dad’s presence and his affirmation that I have “two homes.” I shared with my brother-in-law, a psychiatrist, that I had found these ticket stubs in my purse. We connected in wonder, but not really surprise, and he kindly expressed that he understood “why” I was “a Jungian!”

My family was directed to the baptismal room at the church. I placed my purse on the floor, about four feet directly below a counter with votive prayer candles. I then noticed my cell phone was dangling from the outer pouch of my purse. Although unconcerned about the phone, I recalled the movie ticket stubs that I had placed there earlier. I did not want to lose these crumpled ticket stubs that were so precious to me, so I zipped the outer pouch.

Following the funeral, I returned to gather my purse. My purse was exactly where I had left it. But, on the countertop, right by the votive candles, I spied something that had not been there before, as did my brother-in-law. To our utter amazement, the two connected ticket stubs for Daddy’s Home 2 were sitting in front of the prayer candles. I will never know how that happened. My brother-in-law thought I placed them there as a homage to my Dad.

Back home, I attended a holiday pageant for my three children, my first public event besides work since my Dad’s death. Having the surreal feeling of being back in my normal life, yet my world being forever changed and no one really knowing it, I had lunch with my children afterward. Outside on the picnic bench, I noticed a gentleman was playing with the birds and feeding them directly out of his hands. Dad’s favorite saint was St. Francis and, inside my purse, were his funeral cards with St. Francis feeding the birds and
A bird in the hand! Feeding birds following an encounter with a modern-day St. Francis after Dad's funeral.

Statue of St. Francis (DinoPh / Shutterstock)
the Prayer of St. Francis. Dad signed every birthday card with a bird. I shared with the
gentleman about the connection between my Dad, the birds, and St. Francis. He taught my
children to feed the birds out of their hands. I have never seen him again, although we
exchanged photos.

The numerous extraordinary synchronicities in this experience provided me powerful
messages about home and my life-long journey of having, creating, and experiencing two very
different homes in my life. They remain a message for my past, present, and future. Jung asserts,
“Religion means dependence on and submission to the irrational facts of experience” (Jung
1957/1968, CW 10, ¶505). While I cannot explain this experience, especially scientifically, the
meaning of this experience and these synchronistic encounters continues to influence my life.

The Spiritual Psyche and Psychotherapy

Contemporary psychotherapy literature rarely considers the spiritual dimensions of the psyche
despite its relevance to human existence. This nomenclature is patently absent. Rather, an
emphasis on “evidence-based” findings and therapies, which are often considered the gold
standard for clinical practice, have proliferated in contemporary literature. Notably, reputable
empirical research demonstrates limited evidence for “evidence-based” therapies. Many clini-
cians can attest to this from their day-to-day experience, but this finding contrasts with the
views of many researchers as well as public perception (Shedler 2018, 320). To be clear,
psychotherapy outcome research is exceedingly complex, nuanced, and difficult to conduct,
and it often yields valuable findings even when the evidence is weak or limited. However, as
Jonathan Shedler contends:

One might assume, in light of the strong claims for “evidence-based” therapies and the public
denigration of other therapies, that there must be extremely strong scientific evidence for their
benefits. There is not. There is a yawning chasm between what we are told research shows and
what research actually shows. Empirical research actually shows that “evidence-based” therapies are
ineffective for most patients most of the time. (2018, 320)

The schism between academic research and clinical practice significantly shapes academic
training for mental health professionals and clinicians as well as public perceptions about
psychotherapy. As Shedler further notes:

Studies are conducted by academic researchers who often have little or no clinical practice
experience, who may not appreciate the challenges and complexities therapists and patients face
in real-world practice … Researchers speak of “significant” treatment benefits, referring to
statistical significance. Most people understandably but mistakenly take this to mean that patients
get well or at least meaningfully better. (2018, 322)

Subsequently, this information influences patients’ choices and social policies, which can
hamper and deter people from receiving effective and meaningful treatments. Erroneous beliefs
and assumptions associated with the prevailing “evidence-based” narrative can be more
problematic than the research. One example is the belief that evidence-based therapy is superior
because it is scientifically proven. This is especially notable when this belief is founded upon
scientific research with weak findings that have minimal clinical relevance. Similarly, as I have frequently seen in several decades of teaching and training graduate students, the false narrative about evidence-based therapy is particularly damaging when it leads to denigrating other clinically effective therapies, such as “therapy aimed at fostering self-examination and self-understanding in the context of an ongoing, meaningful therapy relationship” (320).

Evidence-based therapy cannot capture all phenomena that patients bring into the consulting room, especially some of the most meaningful dimensions of their human experiences that elude measurement. Within this framework, this means that not all forms of evidence are acknowledged or afforded equitable consideration and respect. Jung notes,

> The statistically significant statement only concerns regularly occurring events, and if considered as axiomatic, it simply abolishes all exceptions to the rule. It produces a merely average picture of natural events, but not a true picture of the world as it is. Yet the exceptions—and my results are exceptions and most improbable ones at that—are just as important as the rules. Statistics would not even make sense without the exceptions. There is no rule that is true under all circumstances, for this is the real and not a statistical world. Because the statistical method shows only the average aspects, it creates an artificial and predominantly conceptual picture of reality. (1952/1969, CW 8, ¶904)

Furthermore, in our current zeitgeist, “the spiritual dimension can get excluded or minimized because it may not fit nor be captured by something that is considered evidence-based, even while being quite empirical!” (Pearson and Marlo 2020, 2). A focus on the spiritual psyche is often seen as out of step with a “cultural emphasis on pragmatism, solutions, and progress since it fails to offer quick and easy ideas or tools or strategies” (2).

Within depth-oriented and psychoanalytic camps, spiritual and mystical ideas have also been marginalized. This attitude is “at odds with many practitioners who directly experience a spiritual ethos in psychotherapeutic and psychoanalytic practice” (Pearson and Marlo 2021, xix). Often, practitioners dare not speak to this felt sense: it violates or betrays their psychoanalytic identity and engenders conflict within cherished psychoanalytic teachings and teachers. For too long, this spiritual ethos, and its expression in clinical work, has not been shared; instead it has been kept hidden and contained in the sanctity of the consulting room (xx).

Similarly, in practice, many patients will not present with an outwardly mystical or spiritual concern. They may, understandably, be very narrowly focused on a presenting problem or symptom. That doesn’t mean I don’t hold a spiritual attitude. They may not be ready to relate to a spiritual dimension yet, or ever, but that doesn’t mean it does not exist. They are just not attuned to that part of consciousness. Instead, I will hold and work with these unconscious parts.

Other patients may be curious but defended. They don’t want to think or don’t want me to think they are “flakey or crazy.” They are unsure how it will be met or if therapy is the place for this kind of material. Others may be very connected to spirit and then we might hold parallel, complementary, or contradictory dimensions of this experience.

I am reminded of an uncanny clinical experience with a child whose sibling had been tragically killed. This tragedy occurred in a family who was open to spirituality. The whole family came in for an initial session. The child who died had a precocious kind of connection
to the spiritual part of life. They were wary of mental health professionals who might dismiss their child’s connection to spirit, or understand their reaction as exaggerated or pathological. Their deceased child loved moons, and, amid their tears, they informed me they wanted their child to be buried with moons. I was struck by their disclosure. Out of sight, in a far-off corner of my office, was a small plate of moons and a book entitled *Moon Symbols*.

Wracked with grief, their mother kept wailing, “Where is my baby? Where is my baby?” I walked to the moon symbols and handed her the plate and book. I said, “Your baby is here. Let’s proceed with your baby who is among us.” This stunning moment shifted the energy and affirmed they had found someone who could work with them through this grief. It paved the way for productive and healing work with one of their children.

**The Spiritual Psyche and Dreams**

Dreams are another way that the fullness of the spiritual psyche emerges. Jung felt that “dreams are like windows that allow us to look in, or to listen in to that psychological process which is continually going on in our unconscious” (1988, 236–237). Psychoanalyst James Grotstein found that “the dream represents the product of an intelligence or coherence that has access to memory and hidden emotions and can construct a narrative that is capable of meaningful decipherment” (2000, 19). “In this respect it is a revelatory function” (1981, 410; quoted in Merkur 2010, 258). This revelatory function may include material from our past, present, and future and can also be extrasensory. That is, dreams can be telepathic (occur through communication between minds), clairvoyant (occur through information transmitted independent of the senses), or precognitive (foretell the future) (Jung 1964, 51).

Another patient had a detailed dream that depicted a school shooting. She was fearful it was a premonition. Tragically, her fear was true. Jung has noted that dreams which express news before the news reaches the dreamer “… is something that happens fairly frequently” (1952/1969, CW 8, ¶854). My patient shared this dream two days before the shooting. The details in her dream mirrored very specific aspects of this horrific crime that had happened thousands of miles away. The dream had predominantly cultural, collective, and transpersonal meaning but little personal meaning for her. My patient had an extrasensory and spiritual grasp on life. That was one of the main reasons she wanted to work with me. This quality disturbed her and led to problems that Michael Eigen also wrote about in patients with precocious mystical capacities.

Like Eigen’s patients, my patient needed an analysis of her mystical capacities (1989). She had fled her religion after her minister shamed her when she shared this part of herself. While my patient could be self-aggrandizing, especially about her premonitions, she was not going to heal through dismissive disavowal nor rational discourse. An analytic stance that integrated developmental, relational, and spiritual work helped her see how self-aggrandizement manifested in her relational patterns. For this patient, I helped her ground her intuition and mystical spirit with data and developed her capacity to differentiate. Our work addressed her narcissistic wound that led to alienating patterns of self-importance and self-preoccupation. It included that, although her extrasensory capacity was real, it did not make her a superior or more spiritual being. She learned
to relate to that part of herself, holding it as an expression of a larger spiritual, yet human, transcendent, and more inclusive dimension of her being—what Jungians would call the Self.

I was supposed to present my work with her the week of the tragic shooting at a class through the C. G. Jung Institute of San Francisco. I could not present the dream because it felt too raw given the collective trauma. It felt like it would have been opportunistic and sensational had I presented it then. Such conflicts often arise with this kind of work. If presented, it can be seen as suspect—false, fabricated, or contrived. And yet to not name that this happens, naturally, that this is part of how psyche works, marginalizes the spiritual dimension of existence and denies us all from knowing just how much this happens. Our mind can reject irrationalities. This woman’s dream expressed the tragedy before it occurred. This was an empirical event. She experienced it while I experienced it with her.

In addition to my clinical work in private practice, I teach and train graduate students. Another extrasensory dream by a graduate student comes to mind. During medical school, his training in evidence-based medicine provided a solid foundation for his clinical work and he was leery about unsubstantiated clinical practices. However, he felt conflicted that many of his clinical experiences also defied and contradicted evidence-backed teachings. This stimulated much soul-searching over questions about the human psyche and the nature of evidence. This motivated him to pursue graduate training in clinical psychology. His spirit combined with this academic training plus his trust in our relationship fostered greater openness. Although agnostic in his beliefs about dreams, he was curious and attended my class on dreams. During class, he spontaneously offered to share his dream about me: He was looking for me. Two women, Barbara and Mimi, described as my close friend and next-door neighbor, respectively, were guiding him to me. My close friend really is Barbara, and my next-door neighbor really is Mimi; my student didn’t have any knowledge of these relationships. Additional details in his dream recounted an atypical experience I had that week, and also conveyed Barbara’s and Mimi’s physical appearance, our lives, and relationships. Neither my student nor I anticipated his dream would turn out to be extrasensory. It is one thing for students to learn that dreams can be extrasensory—yet quite another thing for students to directly experience a truth about dreams that many of us have encountered but which can be hard to believe or explain. Indeed, this classroom experience was a manifestation of the mystical!

A final, stunning example of an extrasensory dream occurred with a trusted colleague in the medical field. Several patients had first sought her out for medical tests after dreaming about having a disease. My colleague then created a research study to investigate precognitive dreams (dreams that foretell the future) and consulted with me about using dreams to diagnose medical illness. While I was consulting with her about the study, she shared one of her own recent dreams that had left a lasting impression. It impressed me as well. I had an uneasy sense about it; I wondered whether it was a precognitive dream about her being ill and if she even had the same disease she was planning to research. I couldn’t shake her dream and my intuition felt very clear. She was having a challenging time finding her own psychotherapist, especially someone who was skilled with dream work. In contrast to my customary practice of boundary keeping, I finally offered to explore the dream with her. It spoke strongly of her having health issues and, more specifically, the disease she was researching. Shortly afterward, she learned that she had the very illness she was planning to research. She had, indeed, had a precognitive dream while we were collaborating on research about
precognitive dreams being able to predict the very illness she now had. Her diagnosis came the same week the study received approval.

The Spiritual Psyche and Psychoanalysis

Within depth-oriented psychotherapy and contemporary psychoanalysis, there is growing respect for the mystical, the spiritual psyche, and the transformative role of the transcendent—a dimension that Jung steadfastly emphasized. Jung was marginalized, partially because of his unabashed and unequivocal views on the centrality of mysticism and spirituality for the human psyche, even though many psychoanalysts recognized the mystical and spiritual in some form. For example, Jacques Lacan asserted that the mystical is “something serious which a few people teach us about ... they sense there must be a jouissance which goes beyond. That is what we call a mystic ... It is clear that the essential testimony of the mystics is that they are experiencing it but know nothing about it” (1982, 138–139, 146-147).

Erich Fromm coined the term humanistic religion:

Beyond the attitude of wonder and concern there is ... an attitude of oneness not only in oneself, not only with one's fellow men, but with all of life and, beyond that, with the universe ... The religious attitude in this sense is simultaneously the fullest experience of individuality and of its opposite; it is not so much a blending of the two as a polarity from whose tension religious experience springs. It is an attitude of pride and integrity and at the same time of a humility which stems from experiencing oneself as but a thread in the texture of the universe. (1950, 95)

The tenets of Fromm’s “humanistic religion” are embodied within the spiritual psyche, which recognizes there’s a bigger human story for each of us that will need to come to consciousness so we can live more fully. This unites us all and makes us both one and separate. This is different from understanding the cause, or “why” something happened, whether one imagines that to be karma, an unresolved past life, or good old-fashioned sin. Many people go to this causal place—when they feel they are approaching something spiritually—but that is not what humanistic religion and other spiritual stances are talking about. “In humanistic religion God is the image of man’s higher self, a symbol of what man potentially is or ought to become” (1950, 49).

I think of a patient, a scholar with strong and passionate beliefs, an avowed atheist, who was devastated by her child's death from a deadly virus. Comments that “it was all for a reason,” or “meant to be,” or that “God works in mysterious ways,” or that “this happened because you don’t believe in God,” were intolerable and distanced her from her spiritual psyche. I embraced her and our work together with spiritual values, but without espousing an outwardly spiritual view. This approach would have been alienating and injurious to her, especially given her atheist views.

Rather than challenging her strong, often nihilistic, beliefs and countering them with “spiritual wisdom,” I worked to maintain a presence that expressed spiritual and mystical knowledge, values, and ways of being. For example, I named and helped her psychically organize how this loss shattered her, while remaining receptive and faithful that she would prevail through her dark night of the soul without offering false hope or platitudes. I interpreted how the death of her child’s life was akin, intrapsychically, to the death of her life, especially given
what she called her “special, spirit connection” to her deceased child, a notable term given her atheist beliefs. Through our steady connection we faced this awful psychic and concrete reality, and, over time, I encouraged her to take up the unwanted task of birthing her new life and self, if she wanted to survive and have a life worth living in the wake of her child’s untimely death. I was a strong voice of curiosity and wonder for her new life and self, something she often, understandably, met with much resistance, ambivalence, conflict, and defenses: if her child could not live, neither should she. I met these reactions with patience, curiosity, and quiet hope as she tried to engage in life following her child’s death and as she painfully confronted the unwanted and undesired unknown, confusion, chaos, and paradox in her life now.

As is common with traumatic, but also mystical events, often her experience was ineffable. Her pain and conflicts were so unbearable that she remained concrete, defended against the kind of knowing that could bring her life, and cut off from noetic experience—that is, from new knowledge, insight, psychic knowing, and intuition. My presence and engagement, which provided space for her nihilism and despair, yet offered affirmation for rebirthing and developing this part of her, was critical. Particularly given her scholarly mind, words and ideas could often be injurious to her and used defensively. I was conscious of choosing my words very carefully, honing in on the dominant complex and energy in the relational field, and was often either succinct or silent. I curbed the impulse to fill the space with words that would miss the mark and disrupt her developing connection with noetic experience, including her capacity to engage with introspection and reverie.

I was also vigilant about noticing beauty and moments of awe, wonder, and transcendence—values that are central to so many spiritual traditions. This dimension was tempered in the acute and early phases of our work—it would have felt blinding to her given the darkness in her soul—but, over time, it became a salve and, finally, a central part of our work that fostered deeper healing. In the aftermath of her child’s death, she became a seeker and believer in more than her cherished scholarly beliefs, which had been life-giving but limiting and defensive in her life prior to her child’s death. Out of this steadfast, yet silent, spiritually informed engagement, which helped her connect with her own disavowed spirit, came the nascent beginnings of a larger story.

Donald Winnicott named the “sacred incommunicado center” and “belief-in” phenomenon in his reflections on the mystical and spiritual in therapy and analysis. These ideas informed me when consulting about a teenager in juvenile hall. This child had every strike against him. His therapist did a marvelous job being with the atrocities in his life—the child experienced a kind of trust and relatedness—a “belief-in” with his therapist, who saw his “sacred incommunicado center.” The patient then fell into a deeper depression and said, “I have no hope.” The therapist consulted with me because she was stuck. She had tried mindfulness techniques and a gratitude journal—both popular evidence-based interventions that many find effective—but they had not worked for him, and he was getting worse. She asked for other tools to help him feel more hopeful. I wondered with the therapist if she could be in that hopelessness with him but hold the faith. I shared how one response is to let him know that “maybe hope will find you.” That’s what she said to him. That was a turning point.

She embodied faith and the power of having faith. It wasn’t all about him using his tools, doing the right thing, and working on something. In expressing faith, it demonstrated a value
and belief in the spiritual dimension of life. It initiated the patient into being a seeker instead of a mechanic using a toolbox on his own psyche. The notion that “maybe hope will find you” launched him into having more faith in life.

I frequently say to patients, “Together we’ll walk down this path and see what emerges between now and next week” because we don’t know. But I have experienced how staying connected to the “sacred incommunicado center,” that is, seeing the sacred center within every person and in every moment, and maintaining a curious, faithful, and related connection, matters. My patients and I have mutually felt the pain and destruction when I have failed to maintain that connection with them. When I can hold this stance, it expresses faith, a desire to be in the experience—which is ultimately a mystical stance—and it is healing.

My capacity to hold, rupture, and repair a connection to my patient’s sacred center was illustrated in my work with a woman that I was reluctant to see for analysis. Because of some complicating factors that could have limited our work, I initially referred her to a couple of colleagues. She implored, however, and shared that she had a strong sense she needed to see me. I took that in and agreed to try working together, which I did believe we could do in ways that would help her grow. She began analysis with me as her long-term relationship was failing, which triggered her trauma around the tragic death of a beloved family member. This death shattered her parents who became very active in a foundation that explores the afterlife. Our analysis progressed well. There was a sacred quality to our connection, and we maintained a solid, loving, and deeply engaged analytic relationship. However, we also experienced some wounding and contentious times, particularly when facing shameful, destructive shadow material. Sometimes, despite my best efforts and intentions, I could not meet her in the ways she needed. At times she expressed negative feelings about what she was not getting from our work, and she wondered whether other therapists or approaches might be better. At times, I wondered if she would be better served by working with someone else. However, I felt it was a testimony to our connection and work that we not only worked through these painful experiences but also that they moved her in the direction of greater wholeness.

She hit a very dark place and shared that her father had obtained a reading from a famous medium who had written best-selling books related to the afterlife. My patient was so riveted by the medium’s reading that we talked before our next session. The medium named some archetypal life themes that could have applied to many people, although the reading contained a few specific details about my patient. Neither my patient nor I, however, anticipated what the medium would share at the end of her reading: “Is there a Helen?” the medium asked, followed by her emphatic assertion that, “It feels like she has an important relationship with Helen. She must keep working on herself and keep doing the work with Helen!” This was a numinous experience for both of us. It affirmed the integrity of our connection and work in a way that my analytic understanding, reverie, mind, and heart certainly could not imagine.

Wilfred Bion’s contributions to mysticism and the spiritual psyche emerged through his ideas about “O,” the godhead, the noumenon, and the messianic ideas adopted by mystics. Bion elaborated upon “O,” as “… the unknowable” (1970, 140). “O ‘is a thing-in-itself,’ which can never be known” (87) because “the godhead is formless and infinite” (88). Bion attests,
When the noumena, the things themselves, push forward so far that they “meet an object,” which we call the human mind, then there comes into being the domain of phenomena. We can guess, therefore, that corresponding to these phenomena, which are something that we know about because they are us is the thing itself, the noumenon. The religious man would say, “There is, in reality, God.” (1990, 28)

Another patient, whose material was published in my interview with Donald Kalsched (Marlo 2013), began her treatment with a very underdeveloped relationship to her creative, intuitive side, which was clamoring to emerge. We did a lot of developmental work around an early traumatic loss that related to her subjugating this part of her psyche. As my patient’s relationship with her spiritual side was developing, her mom became ill. When her mom started to die, my patient partially coped, unconsciously, by believing she, herself, was a kind of prophet. Her mom’s illness rekindled her early trauma, and her mood became very dysregulated. I helped her stabilize, and we worked with the impending loss of her mother, which she had responded to with a manic defense rather than facing and grieving it. Michael Eigen has also written of such experiences, referring to it as a “manic mystic”: “The manic mystic is able to avoid being changed by the states that thrill him. This is different from the mellowing of the seasoned mystic, who is deeply affected by what he goes through, and undergoes corrective transformations” (1989, 102–103).

My patient felt she could defy her mom’s death with her spiritual path; this was her omnipotence speaking. She could not accept that she could not pray or meditate her mom’s death away. Quite uncharacteristically, I got a voicemail from her mother, saying, “Thank you for all you’ve done for my daughter. Please take good care of her. I know this is a weird call, but please take care of her. I’m dying.” As life would have it, quite synchronistically, her mother died shortly thereafter, on my birthday. Talk about the unknowable!

This clinical experience also makes me think of Neville Symington’s term, the lifegiver. Symington refers to the critical role of taking in an object through a creative emotional act, including, and perhaps, most especially, the creative act of relationship: “If being emotionally alive means to be the source of creative emotional action there has to be a turning to this object, and this object has to be taken in. I call this object the lifegiver” (1993, 35).

Symington’s notion of the “lifegiver” described the role I seemed to occupy in her life. However, I chose not to share with my patient that her mother died on my birthday, especially given the kind of relationship she needed to have with me as well as her destructive, dysregulated periods. Choosing not to share this information with her felt like one way I utilized the “creative act of relationship,” which enabled me to continue serving as a “lifegiver object” to her. It was easy for me to minimize how much she counted on our connection, and the synchronicity affirmed that she needed more time to continue growing through the steady maternal connection that she had in our relationship. Developmentally, one message was that she could not remain a little girl who could only be in the light and that there could be a rebirth or post-traumatic growth in response to her mother’s death. This loss did not have to go down the same traumatized pathway. Spiritually, the message was about embracing pain and traumas from a spiritually mature place, not an underdeveloped spiritual
place that proclaims that painful human conditions—the movements of that person’s spirit—
can be defied through spiritual practices.

Building off of Symington’s lifegiver, we have to receive. Complexes can prevent us from
taking in. That doesn’t mean we keep everything we receive. But if we don’t ever receive, we don’t
know. Of course, there are people who are so receptive they drown in it. I think that’s one reason
why people don’t become very receptive. More frequently, we hear about the value of boundaries
and limits, which can be easier. We may be afraid that we won’t be able to differentiate. We may
fear saying, “I’m going to discard that. I’m not going to own that.” Or, “I’m only going to take it
in so much.” Sometimes, people foreclose what they don’t understand.

An attunement to the spiritual psyche means that one of my tasks is to hear things that
people gloss over. This might be the knockings of spirit in someone’s psyche. Being open,
therefore, to the transcendent allows us to, first, notice and observe. Lionel Corbett (2007)
understands transcendence as an experience that does not value or bypass spirit over matter,
that respects mystery and embodiment, is less activated by ego concerns, and is conscious of

Hugo Gerhard Simberg, Haavoittunut enkeli (The Wounded Angel)
(Photograph: Finnish National Gallery / Hannu Aaltonen.)
interconnections including spirit everywhere and in everyone. Grotstein further elaborated, “Transcendent means having the ability to transcend our defensiveness, our pettiness, our guilt, our shame, our narcissism, our need for certainty, our strictures” (2000, 300). Grotstein affirms how psychoanalysis is a transcendental enterprise.

“Hold on, let’s go back to that,” is a spiritually alive response that opens the door to embracing the transcendent. This works with the human tendency to dissociate. People dissociate what they cannot hold, and they may not want to work with what they discover. We know this happens with traumatic experiences, but this is also true for mystical and spiritual experiences that can overwhelm any of our sensibilities. Fostering integration, which requires work on developmental, relational, archetypal, and spiritual levels, can open one up to the fullness of the spiritual psyche.

Synchronicity-Informed Psychotherapy—*You are Magic*

As noted, the spiritual psyche makes itself known through experiences, including synchronicities. More specifically, a *synchronicity* is when an event in the external world coincides in a meaningful way with the internal world of thoughts, feelings, and dreams but not due to causal reasons. For example, there was no causal reason why my patient’s mother would die on my birthday, which was a meaningful event, so that makes it a synchronicity.

Defined as an “acausal connecting principle,” synchronicity involves “the simultaneous occurrence of two meaningfully but not causally connected events” (Jung 1952/1969, CW 8, ¶441) that are dependent on two factors: “An unconscious image comes into consciousness either directly (i.e., literally) or indirectly (symbolized or suggested) in the form of a dream, idea, or premonition” and “an objective situation coincides with this content” (¶858). It articulates a theory of interconnectedness—a kind of mystical oneness—that links individuals across space and time (Marlo and Kline 1998). Jung asserted that the “activation of an archetype serves as the most important basis for synchronistic events” (1998). Moreover, he noted that “synchronistic (‘magical’) happenings” are linked to emotion and are dependent upon the person’s “active interest” (1952/1969, CW 8, ¶905) and affects (¶860). Synchronicities defy rational comprehension and may signal dissociated or unintegrated areas of the self (Jung 1952/1969, CW 8).

Integrating synchronicities into consciousness facilitates individuation and spiritual growth (Aziz 1990; Beitman 2016; Edinger 1972; Jung 1952/1969, CW 8; Keutzer 1984; Samuels 1985; Young-Eisendrath and Dawson 1997). Contemporary contributions have been formulated by Joseph Cambray (2002) who has integrated Jung’s ideas about synchronicity with theories of emergence, which describe “the ways in which the order and organization of various systems … can arise spontaneously out of chaotic conditions through processes of self-organization” (414). As Cambray argues, “The core of analytic work … involves opening oneself to and experiencing emergent properties of the psyche, i.e., coming into contact with levels of psychological organization that transcend ego psychology and can be detected through meaningful coincidences” (419). In addition, Bernard Beitman (2016) established *coincidence studies*, the emerging field of research and scholarship on coincidence as well as the
Coincidence Project (https://coincider.com/the-coincidence-project/) whose vision is to “increase world-wide appreciation and use of coincidences” (Beitman 2021).

Synchronicities have been a significant part of my personal and professional life experiences, which has, subsequently, affirmed my belief and respect for them in my professional work. Two synchronicities from my personal life come to mind.

**Synchronicity #1**

I had a Tarot reading that revealed that an obstacle in my life would be expressed through the card, Six of Swords (see page 62). The card depicts a woman and man. The woman is cradling a baby and they are in a boat, rowing across a body of water. It can be interpreted as a card of hope, triumph, and prevailing in the face of challenge. I was in the early months of trying to get pregnant and did not know the extent of my fertility issues. I stopped in a home furnishings store where I would not expect to find a tarot deck. I spied an artistically beautiful Tarot deck, the Soprafino Tarot, reproduced by Osvaldo Menegazzi. I was initially drawn to its beauty and then discovered the artist was from Milan, Italy, which was meaningful because this was my Dad’s childhood home. I returned home with the deck only to discover that the deck was missing the Six of Swords! Initially, I had to laugh—just a coincidence, right? I returned the next day, and the owner gave me another new deck. I asked if we could check this new deck only to discover that all the decks were missing the Six of Swords! Eventually, the company corrected the error, and I obtained a new deck complete with the Six of Swords. This experience ensured I would not forget about the Six of Swords and its meaning has been important in my life.

**Synchronicity #2**

After two years of infertility and multiple miscarriages, I was beginning controversial fertility treatments in the hopes it would enable me to remain pregnant. My husband and I had a ceremony following our second miscarriage that included a blessing from the bodhisattva Jizo, who is thought to protect women who have miscarried as well as children and travelers on a journey. Living in the San Francisco Bay Area, I assumed we would easily find a statue of Jizo but I could not find one. I had not thought it would be so difficult to get this statue. The search for Jizo seemed to mirror my experience of staying pregnant. It was riddled with effort, obstacles, and hard work. We held the ceremony without the Jizo statue.

Shortly after, I was getting away to a mediation center, Tassajara, with two close friends. I had met with a fertility specialist and planned to begin immunological treatments the following week. Before leaving, I took yet another pregnancy test. I was running late and did not even bother to look at the result, when my husband called me back to the bathroom. The test confirmed I was pregnant! My fertility doctor had wanted these medications in my system before becoming pregnant. I called his clinic, and he directed me to come in as soon as possible. It just so happened to be en route to the meditation center, which was a distance from our home.
My doctor instructed me to begin treatment immediately. The next few days would be critical in determining if the cells were growing correctly and the pregnancy would advance. I found myself scared and aggravated, feeling like I had to be vigilant on what was to be a relaxing weekend away. I was tired of the cycle of dashed hopes. After this unexpected, but “on the way” geographical detour to the fertility clinic, we arrived at Tassajara.

We visited the gift shop only to discover an entire wall was lined with statues of Jizo. The clerk informed me they had just gotten a special delivery of Jizos. This immediately inspired reflection. I had a strong felt sense that Jizo’s presence was beckoning me to keep the faith, remain hopeful, and continue to take productive actions to remain pregnant and be part of this precious mystery of life. As it turned out, this was my first pregnancy that did not end in miscarriage, and I gave birth to my first daughter.

As these examples demonstrate, synchronicities happen more during archetypal human experiences that have strong personal meaning and emotion (Marlo and Kline 1998). They can, therefore, often accompany primitive mental states, traumatic experiences, and spiritual encounters (Reiner 2006, 2004). Expanding one’s capacity to be in relationship with synchronicities and psychic phenomena can foster the kind of healing and growth that comes from
wholeness. Synchronicities, or “meaningful coincidences,” are a kind of universal language across cultures—but they are not dependent on language and frequently occur through action. I see synchronicities as a wider intelligence, one that my patient and I may not understand until later. They reflect the unus mundus and affirm the presence of the psychoid, which attempts to articulate “the relationship between a person’s psyche and the physical world beyond that person’s body” (Main 2004, 26).

Unfortunately, synchronicities can be seen as meaningless experiences of chance that lack scientific validity, particularly since they are usually single experiences, which are difficult, if not impossible, to replicate, measure, or prove. Yet, Jung reminds us this should not diminish their value: “The descriptive sciences … are familiar with … ‘unique’ specimens, and … only one example of an organism, no matter how unbelievable it may be, is needed to establish its existence” (1952/1969, CW 8, ¶821).

The numerous examples in this paper illustrate the reality and truth that “the one organism” is significant even if the experience cannot be replicated nor demonstrated experimentally. Indeed, my personal and professional experiences around synchronicities typically followed the course Jung describes here, which has guided my thinking around clinical practice:

Meaningful coincidences are thinkable as pure chance. But the more they multiply and the greater and more exact the correspondence is, the more their probability sinks and their unthinkability increases, until they can no longer be regarded as pure chance but, for lack of a causal explanation, have to be thought of as meaningful arrangements … their “inexplicability” is not due to the fact that the cause is unknown, but to the fact that a cause is not even thinkable in intellectual terms. (1952/1969, CW 8, ¶967)

Just as there are approaches to therapy that are informed by findings from a specific content area, such as “trauma-informed,” “neuroscience-informed,” “attachment-informed,” and “evidence-informed” therapy, I now think about “synchronicity-informed” therapy. Naming it in this way helps to affirm synchronicity as a legitimate focus and approach to psychotherapy and psychoanalysis, one that is worthy of further scholarship and research.

Synchronicity-informed psychotherapy can be useful in several ways:

First, it is helpful in focusing therapy on core issues and in highlighting the salience and meaning of such issues. Second, it validates the patient’s subjective experience which in turn promotes psychological growth. Third, it can facilitate a connection between patient and therapist and deepen their work. Finally, by perceiving events and relationships as synchronistic, it conveys that life events, including the patient’s symptoms and predicaments, are inherently meaningful, and purposeful. It may, therefore, directly address the despair, pain, and meaninglessness that frequently lead people to seek psychotherapy. (Marlo and Kline 1998, 22)

Synchronicity-informed psychotherapy accepts synchronicity as a normal—not preternatural—process of the psyche. It anticipates and acknowledges that synchronicities will occur, whether or not the patient believes in them or understands their importance. Since “need, life stress, and high emotion increase the likelihood of meaningful synchronicities, and these characteristics accompany most therapeutic relationships … synchronicities are likely to occur across the therapeutic spectrum” (Beitman 2021).
Synchronicities can profoundly influence psychotherapy and play a critical role in healing. Therapy that is informed by synchronicity provides a wider and potentially less judgmental lens for understanding and conceptualizing what patients bring to therapy by, naturally, considering how synchronicities may be influencing our patients’ lives. Furthermore, synchronicity-informed therapy can provide a lens that enables the therapist and patient to break through defenses. For example, Jung describes a clinical case in which the synchronicity got the patient’s attention and broke through her defenses: “Evidently something quite irrational was needed which was beyond my powers to produce” (1952/1969, CW 8, ¶845). Additionally, Jung describes clinical cases that had the “element of ‘impossibility’” whereby “the treatment had got stuck and there seemed to be no way out of the impasse” (¶847). The synchronicity provided a way for the analyst to move forward in the treatment, which they would not have considered without it. By valuing and remaining attuned to emerging synchronicities, synchronicity-informed therapy and analysis works with synchronicities as a way to cultivate change and growth.

When practicing synchronicity-informed psychotherapy, therapists are advised to utilize their knowledge of the patient’s development, fantasies, transference, personality, therapeutic needs, and the symbolic meaning of the synchronistic event to guide interventions. One important technical consideration is whether or not to disclose the synchronicity. Synchronistic experiences need not be disclosed in order to inform the psychotherapy, and therapists may choose to utilize the synchronistic event or connection without ever alerting the patient (Marlo and Kline 1998, 20). Because synchronicities can be so charged or awe-inspiring, they can be hard to contain, and it is easy to feel they must be shared. It is, therefore, important for therapists to assess the unconscious communication between them and their patient and to evaluate if the disclosure is attuned to the patient and their relationship. Noting and tracking the associations, relational themes, and transference dynamics following any self-disclosures, let alone disclosures around synchronicities, can help the therapist decide whether to disclose. For example, I chose not to disclose to my patient about the synchronicity of her mother dying on my birthday. Instead, I contemplated its potential meanings, which informed areas that we focused upon and explored. Moreover, disclosure was not necessary for me to take in the synchronicity, and for it to serve as a guiding light in our work. For example, it affirmed that we needed to continue focusing on maternal issues, which was clarifying since she often suppressed and hid those needs. Finally, therapists are advised to base their disclosure on factors in both their patient as well as themselves, by considering how their development, needs, and countertransference issues may be motivating them to disclose a synchronicity (Marlo and Kline, 1998, 20).

I close with a final clinical experience that illustrates synchronicity-informed psychoanalysis. I previously shared a version of this work with my patient, “Mago,” in Dr. Bernard Beitman’s Connecting with Coincidence podcast, also published in Psychology Today.

“Mago” sought analysis after years of productive therapies. He had recently started college in his late twenties, which stirred much anxiety and conflict. In addition, as fate would have it, he was in a serious relationship with a woman who had grown up in a highly academic family that prized the life of the mind. The world of science was akin to a religion in her family. A gifted musician, Mago was immersed in the alternative music world. His range of intellectual
knowledge, interests, and curiosity was formidable. However, he had rejected college as a viable, let alone desirable, path for him, given messages about higher education and his insecurities about his intelligence. He had conflated being intellectual with pursuing a formal academic path, academic achievement, and academic success. Mago was conflicted: Could he integrate his musical side with his burgeoning intellectual side? Could he find a home in the academic world?

The day before this conflict explicitly entered into our session, I was teaching my students on the transcendent and synchronicity in psychoanalysis. I played the song, “If You Could Read My Mind,” by Gordon Lightfoot. I discussed how being listened to by someone who is attuned and capable of hearing, deciphering, and linking bits of the unconscious can make one feel as if their mind is being read. The next day, Mago and I met virtually. He launched into naming the conflict around the “hard core musician and rocker” and “the intellectual” in him. I accidentally tapped a key and, somehow, the Eagles song “Hotel California” came streaming out loudly while he discussed this split inside him. We laughed at the timing of this iconic rock song playing at the very moment we discussed the inescapable conflict within him between his rocker self and scholar self. We explored the symbolism of “Hotel California,” an inescapable place, and reflected on how the song spoke about the hedonistic aspects of the world of rock and roll as well as its connections with a mental hospital in California, a place where he was in the final stages of being interviewed for employment.

The next week, I shared this experience with my graduate students in a class as an example of synchronicity in psychoanalysis. The students marveled, and one woman in my class remarked, “It is like you are magic!” She teased me about being “Magic Marlo.” I was amused. Unbeknownst to my students, I had celebrated my birthday two days before. A friend had sent me a birthday card saying in big letters, “You are Magic.” I was in awe by the timing and experience of another synchronicity—this time between my class, my patient, and me. I told my students I had something to show them. Returning to the Zoom screen, I shared my birthday card, and they were even more amazed. I recalled how, back in 2004, my students at this same university had created a book for me entitled Magic Marlo. I smiled, thinking about how
presence and a receptive way of being that listens to the unconscious can make any of us “magical” and affirm a feeling and belief in magic.

The next day, I had a virtual session with Mago. I was sitting at my desk where I had left this birthday card, which he could not see. Mago began the session with exciting news: he earned all As, was hired for the job at the mental hospital, which typically requires more education and experience, and had booked a performance at an enviable club. He said, incredulously, “I don’t want this to come off wrong but . . . people are beginning to tell me that I am magic!” Now, I was incredulous.

He noted the strength of my reaction. Mago shared how foreign it was that this was happening to him since he would often get pulled in different directions and miss “the flow” of energy in his life. Lately, he was feeling a shift. Given the nature of our work and connection, I felt confident that disclosing this synchronicity would be useful. I shared that I was smiling because I had something to show him. I revealed the “You are Magic” card that he could not see. His eyes widened and, after sitting with the wonder, we explored what this synchronicity was signaling. Not only did it link areas of conflict—music, intellect, and the “magical,” non-rational, and seemingly, unintellectual world of spirit—but the synchronicity was also connected with my class of psychodynamic psychotherapy graduate students. Its intersection with my academic life, students, and private practice was significant for his desired academic path and career aspirations.

I end here where we first began: I hope this quick and colorful look into an array of personal and professional experiences that are deeply meaningful affirm the possibility, the wonder, and the value of being in relationship with the mystical and the spiritual psyche. It feels only fitting to me that we end by gazing into a world of magic. While connecting with the spiritual psyche and synchronicity-informed practice requires openness, it is available to us all.

I believe this mystical presence is quintessentially human; it’s in all of us. It’s a layer of being, because it’s intrinsic to our humanity, whether we choose to embrace it or not. I know I can bring that relationship to the mystical. You see people who do shallow or deeper dives into their psyche; people who don’t dive at all; and people who are injured from diving. Like the continually emerging, diverse images of a kaleidoscope, there is incredible diversity in the divers and their diving. That’s the spiritual journey. Not everybody is Saul on the road to Damascus having a conversion experience. It might be enough that somebody gets on that horse and turns around and stays back in their house. But that’s their journey. (Pearson and Marlo 2020, 9)

ENDNOTE
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HELEN MARLO, PhD, is professor and chair of the integrative, depth-oriented graduate Department of Clinical Psychology in the School of Psychology at Notre Dame de Namur University in Belmont, California. A clinical psychologist and analyst member of the C. G. Jung Institute of San Francisco, she maintains a private practice in San Mateo, California. She is reviews editor for *Jung Journal: Culture & Psyche* and has published and presented on a variety of topics, including synchronicity, spirituality, dreams, birth, perinatal health, dissociation and trauma. She is co-editor and contributor to *The Spiritual Psyche in Psychotherapy* (Routledge, 2021).

**ABSTRACT**

This paper explores spiritual dimensions of the psyche as originally conceptualized by Jung, including its intimate ties to our humanity as well as its relationship with mysticism, numinosity, and the religious attitude. Additional ideas from other psychoanalysts and within depth psychology regarding spirituality, mysticism, and the spiritual psyche, are surveyed and illustrated by personal and professional examples. The paper draws on experiential evidence and emphasizes knowing the spiritual psyche from real lived experiences, especially as expressed through synchronicities. This paper notes limitations of evidence-based therapy and introduces the term *synchronicity-informed psychotherapy* as a legitimate focus of therapy and analysis particularly as a way to know and engage with the spiritual psyche.

**KEY WORDS**

Bion, coincidence, depth psychology, Eigen, emergence, evidence-based therapy, Jung, mysticism, psychoanalysis, religious attitude, spiritual psyche, synchronicity-informed psychotherapy, synchronicity, transcendence, trauma, Winnicott