Coincidence? Qualitative Research on Coincidences in Art Therapy

A thesis

Submitted by:

Yael Ben-Zion Kohanovitch

Thesis advisor: Yafa Pollak

In Partial Fulfillment of the Requirements
For the Degree of
Master of Arts Expressive Therapies

LESLEY UNIVERSITY
GRADUATE SCHOOL OF ARTS & SOCIAL SCIENCES

September
2012

1
I would like to thank:

Ms. Yafa Pollak who advised me in the writing of this thesis
My dear husband, Tom, who supported me throughout the process
My friends and family, who I try to recruit to my coincidence mania
To my teachers in all the various settings
And the children around me, reminding me each time again, the wonders of imagination and creating.
This study discusses coincidence (synchronicity) in art therapy. Content and cases in which there seems to be a surprising connection between events in the art therapy. The purpose of this study is to bring out coincidences and invite therapists to examine the potential benefits of such cases.

Art therapy is a young domain developing alongside psychotherapy. In this therapy, participants are exposed to a vast richness of images deriving from their mind; concrete and visual creating of these images allows a dialogue with an entire world of contents from the soul of the patient.

By surfacing images, the patient receives an opportunity to reexamine concepts and ideas fixated in his mind. As a coincidence takes place in therapy, it constitutes a great opportunity for a fast and intense change in the mental structure of the individual, yet these opportunities do not receive the attention they deserve in the therapeutic setting.

In this thesis, it suggested that expressions of coincidences in art therapy are related to the work method, the occurring of transference relationships in therapy, and integrated comprehensive contexts.

The 14 research participants were interviewed using semi-constructed interviews that were recorded and transcript. After completing all interviews a thematic analysis was performed using a phenomenological narrative method.

The findings supported that art therapy participants (therapists and patients) are open to experience – beyond transference relationship – also coincidences (synchronicities) to contents rising in therapy and that these can be invested to benefit the therapeutic process.

Regarding the first research question: which coincidences did you experience in art therapy? It was found that all research volunteers (knowing its content) shared their coincidences in therapy. The content of coincidences was rich and diverse and consisted of themes considered archetypes according to Jung’s approach.

In regards to the second research question: what explanations did art therapists provide to the coincidences? It was found that most therapists used additional explanations to transference terms. Hence, there is need for a more comprehensive explanation in addition to transference terms to explain them.
Regarding the third research question, on participants’ stand on the feasibility of coincidences, most participants suggested that these coincidences happen all the time to everyone, only not everyone notices them.

Regarding the forth research question: how did the therapists perceive the effect of the coincidences on them, their patient, or even the therapeutic process itself, it was found that most participants tended to ascribe coincidences a positive effect on the patient, the therapeutic process, or themselves.
# Table of Contents

Introduction .................................................................................................................. 6

Literature Review ........................................................................................................ 10

A. Art Therapy ................................................................................................................ 12
   A.1 On the language of art therapy ......................................................................... 12
   A.2 Jung as Leader of the Art Therapy Field ......................................................... 20

B. Transference Relations in Therapy ........................................................................... 26
   B.1 Transference relationship in therapy (projective identification, transference,
       counter transference) ......................................................................................... 26
       B.1.1 On projective identification in therapy .................................................... 26
       B.1.2 On Transference and Counter Transference in Therapy ....................... 30
   B.2 On transference and Counter Transference in Art Therapy .......................... 36
   B.3 On Parallel Processes in Therapy (and Mirroring Process) ........................... 42

C. Transpersonal Psychology ......................................................................................... 47

D. Synchronocity ........................................................................................................... 56
   D.1 Synchronicity and Science .............................................................................. 58
   D.2 Synchronicity According to Jung .................................................................... 62

Methodology .................................................................................................................. 73

Findings ......................................................................................................................... 77
   Wow! It's like magic! Coincidences as a unique phenomenon .............................. 80
   Not only projective identification: therapists’ explanations to understanding the
   coincidences ............................................................................................................. 84
   Therapists' opinion on the influence of coincidences on therapy, the patient, or the
   therapist .................................................................................................................. 91
   Religious and Spiritual Belief .................................................................................. 96
   Coincidences happen all the time .......................................................................... 100

Discussion ..................................................................................................................... 104

Summary ....................................................................................................................... 116

References .................................................................................................................... 119

Appendixes .................................................................................................................. 130
Introduction

This research was performed as part of my master degree studies art therapy. This thesis discusses coincidences (synchronicities) in art therapy, i.e. contents and cases exhibiting a surprising relation between events in the course of art therapy session.

Many therapists tend to disregard coincidences taking place in therapy. The objective of this research is to highlight coincidences and invite therapists examine their potential advantages.

In the course of this research, I found researches using spirituality for the welfare of patients (Chen, 2001). However, I was unable to find any research directly discussing coincidences in therapy.

Not once during therapy, are hidden contents of the patient vividly experienced by the therapist and vice versa (Parlov, 2009). These processes were explained by various theoreticians in terms of transference, counter transference, and projective identification. These terms evolved over the years by various theoreticians (Parlov, 2009) and are now considered common terms in the language of psychology.

Also, the ideas of transpersonal psychologists bring with them innovative ways of thinking for explaining behavioral scenarios, and therefore the essence of their theories is presented here. This approach aspires to bring closer and integrate western science and eastern humanities doctrines, and refers to phenomena considered spiritual in the western world as a legitimate content for scientific examining (Wilber, 2006).

Jung and Pauli (1955) referred to coincidences occurring unexpectedly as "synchronicities". According to them, synchronicity will take place as the individual is in the 'archetype dimension' of an experience (a state where an individual is able to view the images he
encounters, whether in dreams or reality, a more complete meaning). They argue that due to this state, the individual experiences intersections between thoughts and ideas in his inner world and actual symbols in the external world.

This research examines the way art therapists interpret the phenomenon of coincidences in therapy and explore whether they utilize these cases in therapy.

On a personal note, in the course of my art therapy masters studies, I profoundly observed the contents and artwork created around me (whether by Practicum patients or students) I found common themes within the groups of individuals I worked with. In many cases, one individual's ideas repeated in another's even without them having a direct connection, similar drawings were made as their creators sat back to back; I found thoughts and images raised to be linked to one another. During a specific workshop incorporating ideas and work methods from Shamanism, I found myself undergoing the most profound process of my studies and was enchanted by the experiences I underwent using imagination, the beating of the Shaman drumming, and my connection to the coincidences that took place throughout the workshop. I found this characteristic fascinating and began examining it with patients in my Practicum.

The case presented here illustrates one of many examples raised in the course of my work: during a group therapy to six year-old children, one of the girls in the group wanted to draw an apple tree and exhibited frustration and dissatisfaction by the result. I tried to consol and encourage her to keep working, yet she resisted and asked other children in the group to draw for her. The other children, busy with their own drawings, refused, whereas I (wishing she experiences a sense of accomplishment) suggested she tries again and solve her problem in a creative way. Simultaneously to her discontent, another boy said that he would like to draw a
horse and does not know how. We discussed this in the group forum until the first girl angrily threw the box of colors, scattering it all over the table. I asked her to pick them up and place them back; her friends and she began picking up the colors, as suddenly she yelled with excitement that at the bottom of the box were used stickers. She scattered the colors she picked up, took the stickers out of the box, taking out 4 stickers: one of an apple tree, which she took to herself, the other of a horse, which she gave to the friend who wanted to draw a horse, and two additional stickers she gave to other friends. The minute the stickers were found, the room atmosphere changed, and everyone satisfyingly went back to work. There was a sense of her wish magically coming true, all the children returned to their creating work and were able to converse the occurrences in an exploring manner. This is not the place to dive into the affective meanings of choosing to use a sticker over drawing in art therapy, yet I find it important to clarify that I suggested the children this box of colors for the first time and the stickers were not seen until the box was emptied (appendix 1).

This is one of many examples I experienced in my therapy practice and that led me to examine the phenomenon.

Participants were of various ages (29-57), some were experienced therapists and others in their internship year. The research was qualitative and phenomenological; data was captured using semi-constructed interviews and their transcriptions. Research questions addressed to the participants were open in order to hear about coincidences from the therapist's point of view, and her interpretation and meaning to them. This was followed by a thematic analysis of the data.

Hopefully this research will encourage art therapists and perhaps even therapists of other disciplines – new and experienced – to address coincidences in therapy. Such broad perspective
may allow the existence of a dimension currently considered 'spiritual' to perhaps be considered in the future as a conventional and meaningful part of the relationship that may broaden our understanding of therapy transference terms.
In this chapter, ideas of various theoreticians are presented to integrate them into a single overall idea. I suggest that expressions of coincidences in art therapy are related to the work method, transference in therapy, and comprehensive integrated contexts.

The language of art can be referred to as a visual language using images and symbols. According to Kremer (1971), one of therapy's objectives is surfacing images and representations from the patient's unconscious to assist the therapy.

First, the work method of art therapists is detailed. The first sub chapter (A.1) discusses the language of art therapy utilizing symbols and images to connect with the patient, in therapy. This chapter discusses the language and the significance of differences between verbal therapy (psychotherapy) and art therapy, as well as the differences between the various art therapy approaches. Following (A.2), the theory by Jung is presented. As one who can be considered the first art therapist and constituting an inspiration to the various approaches that followed.

The second chapter discusses well-known phenomena taking place in psychotherapy that can be a basic interpretation of the coincidence phenomenon. The first sub chapter (B.1) discusses transference terms (projective identification, transference, counter transference) in traditional therapy (verbal psychotherapy), and the second sub chapter (B.2) discusses these terms in the context of art therapy. The end of this chapter addresses parallel processes in therapy, as they are similar situations to the coincidences examined.

The third chapter discusses a developing approach in psychology called 'transpersonal psychology'. This approach integrates eastern and western theories, therefore allowing coexistence of spiritual ideas and scientific explanations.
The forth chapter constitutes Jung's interpretation to coincidences and discusses the term coined by him: ‘synchronicity’. This chapter presents both scientific (D1) and Jung's interpretations (D2) to synchronicity.
A. Art Therapy

This chapter discusses the language of art therapy (A1), requiring the patient to use metaphors, images and symbols in therapy, assuming that the metaphoric space allows paying attention to coincidences. In the following sub chapter (A2), Jung's ideas are presented, as one who addressed the coincidences in his therapies and coined the term ‘synchronicity’.

A.1 On the language of art therapy

“The understanding and interpretation of unconscious symbolism is one of the main tools of the psychologist. Often he is faced with the task of understanding and recognizing the meaning not only of a particular symbol but also of the whole process of symbol formation.”


Art therapy is a field still aspiring to establish itself alongside psychotherapy and basing itself on its principal ideas. It is therapy performed by a trained therapist, integrating expression and creating within therapy. Although this field also contains other fields, such as psychodrama and movement therapy, this research addresses visual plastic art therapy only. Also, there is disagreement over the name of this therapeutic field – ‘expressive and creating therapy’ or alternately ‘art therapy’. In this work, I used both names to address therapy using visual creating materials rather than the entire fields this therapy consists.
Thanks to creating and paying maximum attention to the images, art therapy successfully changes patients' patterns and behaviors. It was proven to reduce anxiety and sense of stress (Kobasa & Maddy, 1984) as well as enhance one’s well-being (Malchiodi, 2003), and consequently gained momentum in recent years as a relevant therapeutic practice. I begin with Winnicott's (2003) definition to situations in which psychotherapy takes place:

"Psychotherapy takes place in the overlap between two playing fields - that of the patient and that of the therapist. Psychotherapy is a matter of two individuals playing together. Therefore, rather than impossible playing, the therapist's work is directed to bring the patient from a state of inability to play to a state of ability to play" (p. 66).

The art therapist asks to 'play' with the patient in a safe place, integrating creating using materials to create pieces symbolically expressing the patient's psychic contents.

The stable and containing relationship provided by the therapist, together with the safe place, allows the 'potential space' to exist, thus allowing easier surfacing of images to the conscious. This place is an in-between space of an experience contributed by both inner and outer realities, a place where the individual can rest while attempting to maintain separate yet interacting inner and outer realities (Winnicott, 2003).

In this in-between space therapy takes place, the patient can raise images from his own inner reality and encounter them in the external reality. Rogers (1993) argued that expressing emotions in a safe environment, beside a supportive figure and within an appropriate psychological space, are the terms allowing the patient to recruit creating and self-healing powers from his psyche.
Up to this point, these are the same conditions taking place in verbal psychotherapy as in art therapy. However, according to Dally, Case, and Schaverien (1995), artistic creating is the element responsible for the complexity and uniqueness of art therapy. Kremer (1971) stressed that one of art therapy's objectives is surfacing images and representations from the patient's unconscious in order to serve therapy. In that case, how does creating serve therapy?

The Gestalt theory (Rhyne, 1973) argued that artistic creating is situated in the 'in-between' level. As indicated, that which represents the connection between outer and inner worlds, so that images representation receives actual physical place in the artwork and is maintained longer than verbal expression. Artworks preserve the content rising in the session both for the patient and therapist, in hopes that at the right point in time for the patient he will be able to re-confront these contents.

The difference between verbal therapy and art therapy is based, among others, on the differentiation made by Watzlawick (1978) between two languages – one objective, logic, analytic, "it is the language of logic, science, explanation, and interpretation, and thus the language of the predominant psychotherapy approaches" (p. 14). He considered this the language of the left hemisphere. The second is the language of metaphor, image, and symbol, a language of integration rather than distinguishing. He considered this the language of the right hemisphere. According to Watzlawick, this language is a language of change, as it allows the patient to influence the system of images constructing the patient's relationship with the world and himself rather than only explaining it.

Similarly to Watzlawick’s idea on the advantages of creating for change purposes, Raz (Jacobi, 1989) and Rogers (1993) also sided creating as means for healing. According to them,
since art (including the symbol and image) is the language preceding verbal language, it is able to bypass some of the defense mechanisms, connect with the personal and collective unconscious, free obstructions, and allow expressing of emotional experiences that often cannot be verbalized.

Many argue that the symbolic metaphoric language (combined with art materials) assist the patient surface themes and conflicts he was unaware of and did not allow himself to touch via words (Rogers, 1993).

Jung (1964), McNiff (1976) and Steinhart (2004) also argued that creating can surface pre-verbal memories to the conscious and that images can sometimes share more than the patient is ready or able to utter at a given moment.

The idea that in art therapy, the patient surfaces images deriving from his psyche – consciously or unconsciously – could perhaps later explain the premises on coincidences in therapy.

First, I address creativity as another dimension of the individual's psyche. Creativity was defines by Gardner (1996) as another type of intelligence, able to lead one to change and progress. Klein (1930) argued on this subject that the symbolic ability (which is creativity ability) is the basis for every sublimation and talent, as by symbolic equation things become the subject of libidinal fantasies. Also, according to Jacobi (1989), as one creates in therapy, creation – due to it being distanced and separated from the body of the creator – perpetuates their separation, thus diminishing the threat, anxiety and overload embodied in the contents it expresses. He found this separation highly meaningful and basic to practicing hope.
In the course of therapeutic sessions, the various information processing processes take place (motor, somatic – sensor, visual, affective, and cognitive information processing). These processes simultaneously operate the matching neuropsychological and brain structure - brain areas (Harpaz, 2006). Hence, the process taking place in art therapy sessions is not only an emotional expressive processing via conversing and creating, but also psychical and cognitive aspects realized in the course of the session and creating.

Apart from the physical aspects, McNiff (2004) argued that as opposed to verbal communication, artwork materials do not enable manipulations of defenses and censorship, as the creator does not fully control the final product. Consequently, art therapy surfaces unexpected contents that may in the course of the process help produce new insights that allow change and healing, making room for the spiritual in art and enabling the process to take place.

McNiff explained that artistic images and expressions surfacing from the psychic world of the patient undergo a process of anthropomorphism and receive full autonomy, thus becoming 'agents of change' allowing a dialogue expressing a deeper dialogue with emotions and aspects that were inaccessible to the conscious ego.

Similarly to McNiff's (2004) 'agents of change', Schaverien (1992) described how the patient unconsiously populates within the artwork an image invested with emotions, thus turning the piece to a vessel of projected parts of his inner self. Schaverien stressed that if the patient unconsiously splits negative parts of his psyche and copies them into the piece, he might form the 'scapegoat'. She suggested considering a piece containing the 'scapegoat' a 'transitional object', originally referred to by Winnicott as some kind of object through which the child learns to differentiate all that is self from all that is non-self (Winnicott, 1997).
In this work, I address coincidences taking place in therapy as individual’s creativity leading to change and self developing. One can consider coincidences as an integration of the brain, as part of its aspiration for change and as such - integrating a coincidental event into a new pattern to help it interpret the situation differently.

Eric Noiman (2007), Jung's follower who was also psychoanalyzed by him, wrote on situations encountering the individual with the non-self within him and encouraging him approach creativity. He argued that an individual might interpret situations where he encounters the non-self as unclear mystical experiences, due to their foreign nature and distance from him:

"The problem with the creative unconscious is the key problem with psychology discussing the depths of the psyche, yet simultaneously it is also the key problem with mystics and the mystical individual. The creative process takes place externally to the realms of consciousness, and therefore we must view it as a global experiencing of the self. Therefore, each attempt to approach this key and primal whirlpool is a comprehensive operation. This type of operation is characterized by the inability to comprehend the subject addressed using a direct and conscious approach; instead, one should try to comprehend the same key field discussed in somewhat of a ritual relation revolving the object and aspiring to surround it from all sides" (p.26).

Noiman proceeded by saying: "the creative process is characterized by the self's inability to hold on to its stand within the conscious. In the course of this process, the self must give into the experience of encountering the non-self. In doing so, the self waives the reality of the conscious, in which the world is experienced by the contrast of it and the self. This waiving leads to the meeting of the self and the non-self, in which the contrasts between the world, self and ego
vanish. So, we describe this meeting, as we encounter it, as a mystical phenomenon. In order to experience the paradoxical reality situated before, outside, or behind the contrasting world and self, the personality must change; it must adopt - at least temporarily - a behavior leaving an open possibility for integrating the self and non-self” (p. 30).

This is the place to remind that alongside the advantages of art therapy, there is a threatening temptation of the non-scientific mystics. Schaverien (1992) presented alongside the many advantages of art therapy, a situation that might lead to symbolic failure, so that artwork ceases to be considered as symbolic in the eyes of the patient, due to regression of ego functioning; consequently, the act of creating can play a role of magic in the eyes of the patient, thus providing the artist complete control over the world he created. Such an experience might evolve up to a state of psychotic symptoms.

Weir (in Dally et al., 1995) argued that the difference between a sane and a psychotic creator is that the sane creator can enter and leave the world in which he controls the objects he created as he pleases, whereas the psychotic creator lost the ability to do so.

In summary, in art therapy we repeatedly encounter images surfacing from the inner reality of the patient to external reality. The unique use of image producing technique in the real world characterizes art therapy and requires use of integrative language. Therefore, one can believe that consequently to integrations, more coincidences will occur.

The idea based on Watzlawick’s (1978) research states that in art therapy, the right brain hemisphere is being used, whereas in psychotherapy the left brain hemisphere is being used. This may explain how complex processes of change take place more easily, whereas they are more difficult to achieve using verbal language. Also, Raz’s (Jacobi, 2000) and Rogers’ (1993) opinion
that the language of art is able to bypass defense mechanisms more easily, can clarify the changes taking place in the patient's perception.

In order for these processes of change to take place, the patient must waive the clear distinction of 'self' and 'non-self' and adopt a new distinction. In this new distinction, the patient can experience a situation interpreted as mystical (Noiman, 2007). The many advantages alongside the threat of ego regression and taking the place of the object as real and magical require the therapist to identify the forces operating on the patient and redirect them in his benefit.

As an image has various meanings, it invites several references to a single object. Also, the verbal and non-verbal communication between the therapist and patient positions the creating between the two. Due to the implications of the acts operated by the patient on the artwork and the therapist in the unique therapeutic space formed, coincidences can take place.

The physical activity performed in art therapy is unique and integrating various physical expressions, including neuro-contexts that due to their motivation for change constitute to the patient coping, requiring new interpretation. Due to the patient's perception, coincidences can be realized and might be perceived by the patient as a unique mystical experience.
A.2 Jung as Leader of the Art Therapy Field

On mandalas (circular figures he drew) Jung wrote: "my mandalas were secret messages referring to the state of self and were presented to me every day. I saw myself, my entire being in them – in practice and in my work. In fact, at first I was able to only vaguely understand them, yet I ascribed them top priority, and kept them as precious pearls. I had a profound sense that they were of great value, and in time they allowed me obtain a clear and necessary perception of myself... as I began drawing mandalas, I found that everything – all the paths I underwent, all the steps I took, led me to a single point – meaning, the key point. It became more and more clear to me, that the mandala is the core, the goal of all paths. It is the way to the center, individuation" (Memories, Dreams, and Thoughts, 1991, p. 187).

Jung focused on images and symbols as having an emotional and psychic meaning and spent considerable time analyzing them with his patients. Some of his ideas who later influenced psychotherapy and art therapy are presented here (his addressing coincidences is detailed in chapter four).

Jung, Freud's follower, began his professional career as a scientific psychologist, and in time drew away from his teacher and shaped it his own way. Jung as an art creator was familiar with and learned eastern teachings and provided meaning to symbols and collective partnerships as factors unconsciously influencing the individual within the larger group.

He used the term 'synchronicity' to address events that are connected to the inner world of the individual as well as the world surrounding him in a non deliberate and surprising way. In
bringing a different and more spiritual atmosphere in comparison to science – dominating psychology at that time – he inspired the theoreticians that followed him, including the transpersonal psychology.

Before diving into his doctrine, I would like to address his teacher. Freud was the first to address the unconscious, in his common work with Joseph Breuer (Freud and Breuer, 1895), followed by Klein (1946), Winnicott (2003) and others, referring to the unconscious as an idea located outside consciousness, consisting of hidden experiences from our past, leading to psychic stress in the present.

Jung, Freud's adored student, left him and formed a new and different approach in psychology. He coined the term ‘the collective unconscious’, positioned above the personal unconscious and containing archetypes common to all humankind.

Jung (1975) noticed in his work with delusional mental patients that they created pictures that were not based on a personal memory and therefore concluded that these symbols originate from a deeper level of the unconscious in which all-human pictures are located, the level of ‘the collective unconscious’.

In 1912 he published 'the Psychology of the Unconscious' (1975), in which he wrote on archetypes: "each and every one has - beyond personal memories - the large ancient pictures… the permitted possibilities of human image since the beginning of time… certain motive themes of legends identically repeating around the world… I call them pictures or motives – archetypes" (1975, p. 53).

Jung argued that archetypes constitute residues of frequently repeating experiences of humanity. They also operate as forces and trends for repeating the same experiences, as
whenever an archetype appears in a dream, delusion or real life, it brings with it a special effect or force.

In Netzer's (2008) quote and translation of the words uttered by Von Franz (1982) – Jung's student, Von Franz determined the collective unconscious as "a psychic space of psychic energy, in which archetypes are active points of energy of the self, which is the key archetype of the psyche… it is responsible for operating the specific archetype for each event rather than only the psyche, outside it as well, in the large man-universe entirety" (p.33).

The idea that we are all connected via a common knowledge – consious and unconscious – can constitute a basis to the idea of synchronicity, where two states of similar contents coincide simultaneously, thus indicating the reason for coincidences.

As indicated, Jung personally created and drew considerably in his lifetime. According to him, symbols are like metaphors, representing a broader meaning than we experience at that moment, so that symbols represent our psychic life view.

A symbol is defined as a word or image suggesting a meaning beyond its clear and instant one, connected to a wider subconscious aspect that can never be accurately defined or entirely explained. As the mind reveals the symbol, it leads to powerful ideas beyond logical perception, and evoke an emotional response within us. These ideas can be catalogued in broad categories and contain themes creatively interpreted by the mind, making the individual feel like a miraculous synchronic coincidence has occurred (Jung, 1975).

The way Jung referred to symbols is similar to the way art therapists refer to images rising in therapy (chapter A.1) as well as the way Cox (1992) referred to metaphors. Cox referred to metaphors as means for communication in which a certain thing is expressed using other
terms. The creative forces of a metaphor interacting with the human mind expand and enrich the original experience with new images, leading to change and flexibility.

Many therapists based their ideas in the context of therapy on Jung's ideas. Shalev (2008) argued that as an individual is aware of the fact that the experience he undergoes is archetypical or representing repeating life scenarios within him and the entire humankind history, the experience can serve as an inner, directing and healing force, sending messages from the depths of his inner world, an argument based on Jung's idea of each symptom simultaneously producing pathology and indicating a solution (Lieblich, 2009).

According to Lieblich (2009), Jung argued that the psyche has an inner tendency for development and that one should aspire to spiritual developing, which is normal development. In a process Jung called ‘Individuation’ he believed the psyche has processes of repressed or universal potential. In the individuation process, the individual develops individual conscious that is separate to the collective consciousness, and becomes an undivided, a whole.

Jung used Otto's (Idea of the Holy, 1923) 'numinous' term and argued that in a comprehensive work with contents of the collective unconscious, one can undergo numinous experiences taking place in synchronicity between the inner and outer worlds around us.

So, Jung who began his way under Freud took a different and more spiritual path. Jung believed that the individual has an internal experience passing through the parts of the mind, alongside his vital need to experience himself as part of a bigger being, an experience obtaining the individual's life profound meaning.

He coined the term 'archetypes' referring to well known representations around the world, in all cultures, and believed in the existence of a collective unconscious. He argued that in order
obtain a sense of wholeness the individual must undergo a process of individuation. He identified the uniqueness in mental patients’ creations and affected many artists and therapists. Jung discovered the power of art on him and helped establish the art therapy domain.

As indicated, Jung (1963) described therapeutic relationship as based on a common unconscious space. In this space, there is cross examining as the patient and therapist represent unconscious contents they project on one another, and in doing so he expanded the terms of transference we are all familiar with nowadays, terms discussed in detail in chapter two.

Jung acknowledged healing and growing as a result of symbolic experiences or states of consciousness unable to rationally perceive, as the psyche contains independent parts that are in fact partially independent to the ego (complexes), organized around archetypes.

In this thesis, I demonstrate coincidences can be interpreted by the individual as significant numinous experiences and thus lead to change.

By his connection and in deepening his knowledge on spiritual domains and eastern teachings, Jung contributed to ideas that led to the birth of the transpersonal psychology (detailed in chapter three). Jung coined the terms numinous and synchronicity that can be synonyms to coincidences in this work and are detailed in chapter four.

In summary of chapter A, art therapy is a relatively young field purposed to provide emotional healing to individuals. The language of art therapy is based on using images and symbols. Various researchers support the notion that the language of symbols surfaces contents bypassing defense mechanisms beyond the feasible in verbal therapy, and that use of the right brain hemisphere and physiological stimuli by artistic creating leads to integrating various interfaces in the mind and body of the individual, leading to prompt healing.
Also, in a benefiting and appropriate environment, the individual can be contributed by using this language to resolve conflicts and recruit healing powers in his psyche to create mental organization and order.

Alongside the many advantages of art therapy, there is the threat of 'symbolic failure' to therapy (Schaverien, 1992), yet this failure can be properly diagnosed and treated by the therapist.

In chapter A.2 Jung's doctrine was briefly presented. This doctrine premises the existence of an unconscious common to all mankind, sending images and symbols common to all cultures to the individual. In coining the term 'synchronicity' he positioned coincidences as a matter to be regarded in therapy.
B. Transference Relations in Therapy

In the first chapter it was clarified that the patient and therapist have a unique connection. To understand in depth the feasibility of coincidences, one must examine the familiar phenomena occurring in the relationship formed as part of the affective therapy (psychotherapy) and try to conclude from them to art therapy. In this therapy, besides the conversation taking place between the therapist and patient, there is also art work, constituting a significant element in all related to transference relationship.

B.1 Transference relationship in therapy (projective identification, transference, counter transference)

B.1.1 On projective identification in therapy

Projective identification is a common term in psychotherapy, and some therapists consider it a meaningful content in therapy the therapist should be aware of due to the information on the patient it provides.

The term is based on the term projection, referred by Freud to the fantasized driving out of unwanted desires. That which cannot be experienced as existing within the patient's self is experienced as existing in others, externally to the self (Mitchell and Black, 2006).

The term 'projective identification' integrates the patient and therapist in unclear boundaries seeking clarity. It is a phenomenon in which the self projects itself or part of it onto the object (much like Freud's projection), yet consequently to this projection, the object is perceived by the subject as if it actually consists of the characteristics projected onto it.
Klein (1946) was the first to use the term projective identification in regards to the infant's death instinct in its first months and representing an intra-personal fantasy. According to her, the infant senses aggressive desires that are a source for severe anxieties and in order to release from the uncomfortable experience they cause, he projects them on his mother. Due to the infant's inability to distinguish himself from his mother, he continues perceiving the projected desires as his own. Klein argued that the projected is not only single desires but rather part of the self now located in another individual. As the projected is part of the self, the connection to the part driven out by unconscious identifying is maintained. The psychic content projected does not disappear but rather saliently experienced in others (Mitchell and Black, 2006).

Bion (1897-1979) expanded the term and provided it an inter-personal meaning. Bion practiced clinical work with extremely disturbed patients, and found he was experiencing intense emotions that seemed appropriate to the psychic life of his patients. "Bion began suspecting that the psychoanalyst does become a vessel to the mental contents originally located in the patient's experience; an event within the patient's mind, where part of the fantasized self is repositioned (contained) in the psychoanalyst, is somehow translated into an actual experience of the psychoanalyst" (Mitchell and Black, 2006, p. 167).

Bion's description can indicate that the magical experience can also take place in the mind of the therapist, similarly to the 'symbolic failure' of Schaverien’s patient described in the previous chapter.

Bion (in Bergman, 1986) used the term 'projective identification' similarly to Klein, as a process containing the infant's anxieties by the mother in her state of Reverie. In his opinion, the
mother serves as a vessel organizing the infant's projected contents in accordance with her intuitive understanding and daydreaming. This process takes place similarly between patient and therapist, in regards to the primitive elements in the inner world of the patient projected onto the therapist (as well as art creating in art therapy).

In therapy, the patient must understand the truth on the self-experience in relation to inner reality. This can exist and obtain a proper meaning, as the individual properly encounters a response from the world outside him. Originally, this response should come from the mother or the caregiver, as the possibility for providing meaning to our own sensations exists following providing them meaning by another thinking individual that has done Reverie with us (Bion, 1967).

Focusing on the therapy room, Ogden (1979) suggested that in it, there is another (third) dimension in addition to the therapist and patient, rising from the unique dialectic relationship created by the encounter with the separate subjectivity of each one. In other words, there is a dimension crossing the boundaries of separateness of each of them. Ogden (2004) calls this dimension 'the analytic third (intersubjective)', referring to something similar to Winnicott's 'in-between space' explained in the previous chapter.

Ogden greatly emphasized the psychoanalyst's association to the patient's contents. He referred to Bion's Reverie process. The Reverie process allows the therapist reach the unconscious contents of the patient using thoughts (clear and parts of stream of thought), daydreaming, physical and emotional experiences.

Ogden dedicated an entire chapter in his book 'On the inability to Dream' (2011) to the analytic third, in which he presents examples from intersubjective clinical work where the
therapist's interpretation of the situation he experienced in therapy holds a profound meaning in the understanding of a therapeutic state. Thus, insignificant events that did not receive attention up to that point became an 'analytic object' (term by Bion, 1962), an object revealing signs indirectly related to the patient's content by similar 'conversing', creating a new intersubjective experience. Later, in sub-chapter B.3 I elaborate on this, manifested in parallel process taking place in therapy.

Ogden (2011) described:

"The individuals partaking in this form of relationship unconsciously slave themselves to a third inter-subjective, mutually formed (the subject of projective identification) to release themselves from the boundaries of who they were up to that point… (p. 97) in projective identification, conscious and unconscious narratives verbally and nonverbally symbolized of fantasy concerning ejecting part of the self onto another individual are involved" (Ogden, 2011, p. 95).

He also described Freud's projecting mechanism and supplemented the positive aspect in stating that the experience causing the therapist to experience the patient's content can enrich him with knowledge on the patient's state and lead to coincidences recurring due to projective identification.

In summary, since the days of Klein (1930) defining the term 'projective identification' regarding the infant-mother dyad, the term was broadened. Today, the term projective identification is also used for the understanding of processes taking place between the patient and therapist. Roitman well summed it by saying:
"how is it that undesirable mental processes shifting from one individual's mind to another even made him behave in accordance with the characteristics projected onto him… it is likely that a subtle game was formed between powerful wishes of the projector and the tendencies of the subject of projection to express characteristics the projector expects to find in him in accordance with his perception… as an individual projects certain characteristics onto another, he acts accordingly, actively manipulating the other person to respond accordingly with his expectations. Realistic behavior of the projector is a necessary part, constituting a linking element in the process of projective identification; without it this process will not take place" (Roitman, 1989, p. 124).

In art therapy, projective identification with the therapist and even the artwork are possible. This complexity enriches the possibility of situations in which we sense a presence of coincidence.

**B.1.2 On Transference and Counter Transference in Therapy**

The term transference refers to reenacting of the patient with the therapist in the present relationship patterns, fantasies, and unconscious conflicts that took place with significant figures (mostly parents in childhood). Counter transference is feelings, fantasies, and uncourious conflicts of the therapist surfacing in him as a result of his interaction with the patient.

Freud (1915) was the first to address counter transference. In his early years, he described counter transference as an obstacle in psychoanalytic therapy formed as a result of the patient's influence on the unconscious feelings of the therapist. Freud acknowledged that the therapist should work on parts of his personality in order not to disrupt the efficiency of therapy (Jacobs,
counter transference requires the therapist undergo supervision or therapy to release himself from counter transference in his therapy practicing with his patient.

Freud acknowledged that psychoanalysis involves communication between the patient's and therapist unconscious and that this communication of unconscious messages is an inevitable part of the psychoanalytical process. Freud considered conceptualizing of emotions analogous to displacing of desires from the parents to the therapist; this was the only way he was able to comprehend aggression and sexuality. The desires repressed to the unconscious were directed towards the therapist instead of the relevant people in the life of the patient. He referred to his patients' feelings towards him as false relationship and considered it a compulsive reenacting wishing to recreate a reality the patient is familiar with from him life experiences.

Transference according to Freud's early outlook is a type of resisting. The patient is occupied with transference rather than the therapist's interpretation and therefore it is disruptive to psychoanalysis.

In later years, Freud changed his stand. He noticed that as the patient produces transference, he in fact allows a glance to his inner world of forbidden desires and therefore. As the therapist and patient survive the transference, an opportunity is given to become familiar with the present prohibitions and desires and operate the inner world of the patient. At this point, transference becomes from an obstacle to assisting the therapeutic process.

The term counter transference, as rising from Klein's approach, is based on the idea that the therapist's subjective experiences are mainly, yet not only, a product of projective identification (Jacobs, 1999). As the therapist is attentive to the emotions evoked in him and
processing them, he is able to continue being attentive to the patient without being disrupted by them. If not, he might be operated by them and disrupt the proper course of therapy.

Racker (1968) found the interaction between therapist and patient important and criticized Freud's primary approach by saying:

"The first distortion of truth in 'the myth of the psychoanalytic state' is that analysis is an interaction between a sick and a healthy person. The truth is that it is an interaction between two personalities, in both the self is pressured by the id and the superego… and the external world: in every personality there are inner and outer dependencies, anxieties, and pathological defenses appearing; each of the two is a child in relation to his internalized parents, and each of the two – the patient and the analyst – responds to an event at the analytic state" (p. 132).

This was also addressed by the scientific editor Berger in the intro to his book 'Freud and Beyond' (Mitchell and Black, 2006, p. 16), where he wrote on two different forms of interventions:

"The first, according to the classic approach of 'one man psychology' (the patient), sees the patient as shifting his lifestyle with his mother to the therapist and projecting onto him his concerns and coping style with these concerns. The therapeutic intervention focuses on helping him see the influence of his past on his present interpersonal relationships. Simultaneously, there is an attempt not to emphasize the possible contribution of the therapist to the interaction, although it is important the therapist is aware of what is called counter transference. Similarly to the patient's transference, in counter transference a personal and personally patterns shaped in the patient’s past are
shifted, yet the therapist is required to personally cope with these patterns (or using a supervisor) and conclude from them. The fear is the therapist exposes the processes he experiences in the ears of the patient, disrupting the patient's coping process” (Berger, in Mitchell and Black, 2006, p. 16).

This first approach represents Freud's style. The second characterizes therapists practicing the inter-subjective approach:

"'Two men psychology' (exploring both parts of the therapist and patient in the interaction). The patient, due to his special sensitivity to humans, a result of his continuous traumatic life experience, senses his inexperienced therapist is not comfortable in his chair and needs defending. This pattern was shaped in his past, and is revived in the actual emotional interaction with the therapist. In object relations, the focus is not put on the desire, but rather on the entirety of the self, object, and the relation between them (Berger, in Mitchell and Black, 2006, p. 16).

According to this approach, understanding the occurring during the session requires examining relevant to the therapy process of the therapist's contribution to these feelings of the patient. The purpose of this is for the patient not to re-experience his past trauma as vital information to his life that was concealed from him and his feelings not acknowledged nor validated and therefore he was forced to dull or entirely ignore them”.

This is an interactive aspect at the affective level, mostly taking place subconsciously and is common to the two individuals simultaneously at a state of factor and responder. This state requires the therapist to first understand his emotions and decide how to communicate this to the patient so that the two can successfully get out of the vicious cycle of the unconscious and
progress to awareness and a corrective experience. This promotes the possibility of replacing old patterns of narrow emotional experience spectrum with new patterns encouraging vitality, spontaneity, and authenticity (Berger, in Mitchell and Black, 2006, p. 17).

Later theories referred to counter transference as a channel of information: as the therapist's unconscious receives information from the patient and the only way to reach this information is being attentive to the therapist's counter transference. This concept can indicate a reason for senses experienced by the therapist regarding coincidences taking place in the course of therapy.

Winnicott's referring to Freud can be found in his article "Hate in Counter Transference" (Winnicott, 1958), where he suggested considering counter transference an efficient source of information on the inter-subjective field as well as a meaningful tool for understanding aspects in the patient's personality. According to Winnicott, the emotional awakening of the therapist indicates an unconscious effect on him and can be viewed as projection of the patient. Winnicott distinguished unconscious elements in the therapist's counter transference from those starting as unconscious and processed, and referred to negative counter transference as an objective hate, meaning, patients that something in their personality evokes hate and anger, and in therapy the therapist also feels these feelings towards the patient. According to Winnicott, in the hate experience and the course of the therapist's mirroring, the patient is able to see his life conduct in the relationship forming in the therapy room.

Winnicott (1958) argued that the core of transference practicing is not reproducing familiar situations from life in the therapy room, but rather the possibility of a different emotional experience with the therapist.
Today, the common definition by most therapists is closer to that of Epstein & Feiner (1983), considering counter transference as the therapist's contribution to the therapeutic situation, an unavoidable interpersonal event that is normal and natural, involving the therapist as a participant in the therapeutic process. This addressing to counter transference developed from theoreticians emphasizing the inter-personal process as opposed to the traditional approach focusing on the intra personal process (Berman, 1986).

In summary, transference, counter transference and projective identification became over the years from a damaging and sabotaging phenomenon in therapy to an integral part of the therapeutic process and a key means for assisting the therapist understand the patient. This shift can be viewed as relying in its most part on the growing of inter-subjective approaches, considering the therapeutic process as an interpersonal encounter (Berman, 1986).

We should take into consideration that things experienced as coincidences may well be unconscious contents transferred between the patient and therapist, as the other recognizes them in other situations as echoing of the taking place in the room.

Also, when addressing art therapy, one should consider the transference relationships embodied in the artwork and the meanings resulting from it.
B.2 On transference and Counter Transference in Art Therapy

Schaverien (1995, in Dally et al.) argued that the main differences between art therapists are related to the place of art creating in therapy, as well as the therapist's approach to the artwork and the interpretation of transference and counter transference processes in therapy. She presented in her article three key approaches of art therapists and their addressing artwork. The first approach – 'Art as Therapy' - was represented by Edith Kramer (1971) and Margaret Naumberg.

According to Kremer, art is a tool for mental therapy, meaning – art as therapy. According to this approach, the healing potential is in art itself. Kremer considered her role as providing a setting for encouraging and supporting experiencing, allowing the patient a space and materials under a limit of time to create freely. Kremer thought that art itself and practicing is holds a therapeutic value. Therefore, art therapy fits all – both the healthy and the disturbed.

Margaret Naumberg began practicing psychology in the United States in the 1930s, at the same time as Edith Kremer. Naumberg ascribed top priority to creating in her practice. She led the stand considering art as tool for accelerating the therapeutic process, meaning – art therapy, referring to art as merely one aspect rather than the key aspect to the dialogue between therapist and patient. Insights, interpretations and verbal analysis of transference and counter transference hold the most important parts of therapy. Therapy according to Naumberg's approach is characterized by focusing on the non-verbal aspect of artwork, as the unconscious elements become conscious via the process and viewing the artwork.
The second approach represented by Schaverien (1995, in Dally et al.) is called Art Psychotherapy. According to this approach, art is means, yet the emphasis is put on the interaction between the patient and therapist, the therapeutic bond and the transference relation with the artwork interpreted as part of the transference between patient and therapist. This approach is closer to familiar forms of verbal therapy.

Schaverien referred to the third approach as Psychotherapy Analytical Art. In this approach, all factors are equally important.

McKinley (2010) designated transference in art therapy from transference in other forms of therapy, and exhibited three constellations of therapy transference. The first takes place in individual psychoanalytical therapy, where the patient considers the therapist mainly as some kind of parent and as secondary super ego figures as teacher, boss, lover, rival, and so on.

The second takes place in a psychoanalytical group therapy, where there is multitude of transference constellations between all members. The occurrences of individual therapy take place here as well, yet they are added to figures of the expanded family and clearer symbolic transferences.

The more complex constellation takes place in art therapy, as it consists of both previous constellations (the first, in the case of individual therapy, and the second, in the case of group therapy), added to "dimensions of transference expanded towards the magical and mythical realms" (p.91). As in art therapy, transference wears a clearer shape using visual evidence, according to McKinley "these magical / mythical connotations at times result from primitive early days of infancy and childhood; regression is often highly powerful and at times also direct" (p.91).
Similarly to Jung, Schaverien (1992) also believed that in the process of art creating there is no separation between the real and symbolic representation. All is perceived as an integral part of a single process. The object and subject are one, and both have a transformative quality. Regarding the therapist, Schaverien (1999) indicated that in order for transference to take place, the therapist must function as both a real and symbolic individual, and the patient should experience him as such.

Schaverien explained that there are two distinctive types of images made by people undergoing art therapy. The first is the Diagrammatic Images. These are the first images most patients unfamiliar with art make, and they can serve as a hint or guide to conversation for the therapist. For example, a drawing of a circle with two curved lines inside symbolizing eyes, and another curved line symbolizing a sad smiley with three dots symbolizing tears. This type of sketch describes a sensation and consciously indicating sadness, yet this image does not convey in itself a sense of sadness in a convincing way, as it is an illustration of a sensation rather than necessarily the embodying of the sensation.

In an image in fact portraying the transference (The Embodied Image), it is possible that without realizing it, the patient has sensations regarding the therapist in the early stages of therapy that are gradually surfacing and the more the patient starts sensing emotions regarding the therapist, the more revived therapy becomes. The image comes into life and becomes meaningful to the relationship, and as the patient and therapist build trust, the patient allows the image to lead; then more emotional images begin surfacing, thus becoming a powerful means for communicating with unconscious powers and addressing them. The process of image creating as if "taking over" without any connection to the original intention; a certain image can grow due to
a line outlined in a certain way, a random splash of color, or a random sign may eventually be a significant part of the drawing. The artwork is 'revived', becoming its own evolution, as long as there is no too harsh of an allegiance to the original intention.

Schaverien (1995, in Dally et al.) used Cassirer’s (1955, 1957) work on the philosophy of symbolic shapes and mythical thinking and presented "the idea that the image is an object of transference in art therapy, and as such it becomes a scapegoat, can be considered, as the original scapegoat – as a positive embodying, contrastingly to negative embodying" (p.88).

Schaverien found that an important difference between art therapy and psychotherapy was that the art therapist can be subjected to fantasies, projections, and attempts of the patient to turn it into a 'scapegoat' and responding to it similarly to the psychotherapist – as an individual. Still, while in psychotherapy, projections are placed onto the therapist, in art therapy the artwork and embodied image may be the core of projected emotions, thus making the image a 'scapegoat' without any moral agonizing by the patient due to fear of hurting the therapist but only an object. Following the projection process and turning the image into a 'scapegoat', it can be operated in various ways, including actual annihilation, which cannot be achieved by a verbal psychotherapy therapist.

Schaverien (in Dally et al.) elaborated on the second type of image, the embodied, and wrote:

"As we say we operate within transference, we indicate that we are operating within the inner world of the patient. It is another way of saying we operate under the 'imagination'. If we agree that we operate under the imagination, the imaginary source, then the embodied images, the drawing made in this context, may seem as focused means for this
purpose, and in fact can sometimes consist the transference... the images embody sensations, consciously or unconsciously, may be objects of transference, and as such – its main focus initiates an inner-psyche movement" (p. 94).

Schaverien's approach to transference in art therapy focused on creating with the embodied image, as if absorbing the covert feelings of the patient. As such, the patient may undergo a process and change by distancing and removing the threat while working on the piece and simultaneously experiencing in his inner world an influence via changes in the piece itself.

This approach can broaden our understanding of the sensations formed in regards to coincidences in therapy, as the embodied images in fact consist of sensations projected onto them by the patient's mind, and as imagination is involved in the psychic activity, there may be influence on the patient's experience as integrating cases into coincidences serving the mental process the individual is undergoing.

In summary, transference terms are common in the therapy language, yet are also developing and changing over the years, from Freud (2003) who at first viewed transference as an obstacle to therapy and later changes his approach, to the opinion of inter-subjectivists considering transference a significant advantage and the basis for understanding the therapeutic relationship.

In art therapy, there are several opinions. According to Schaverien, there is transference onto the piece, and according to Kremer (1971), there is partial transference in therapy. The difference between the two is in considering artwork as a therapeutic factor. While Schaverien considered the piece as able to contain the projections created by the therapist up to a complete
dividing of them and a wish to destroy the piece in order to get rid of the 'evil', unconsciously projected onto it by the patient, Kremer considered the piece a place for release and outlet.

It seems to me that Schaverien's approach arguing the piece, much like the therapist, is able to contain the contents projected by the patient, and the fact is that the patient can work on the piece up to its total ruining, can explain the relatively rapid changes patients can undergo in art therapy in comparison to verbal therapy.
B.3 On Parallel Processes in Therapy (and Mirroring Process)

Coincidences can be defined as a parallel process, two events joined together into a single point in time, appearing adjacent to one another. The term ‘Parallel Process’ is familiar in psychology, and its field of research primarily discusses the supervision provided to the therapist on the therapy he practices with his patients. If so, parallel processes take place between the therapist and patient and between the therapist and his supervisor.

Kadushin (1985) defined a parallel process the following way:

"The same psycho dynamic elements operate in two sub-systems of the relationship: supervisor-supervised, and therapist-patient. One can expect that feelings evoked in the two sub systems will be similar. This is the basis for creating the parallel process… similar structural and dynamic elements in therapy and supervision encourage parallelism between the two sub systems; analogous situations develop analogous behaviors." (p. 520)

In Friedlander, Siegel and Brenock's (1989) research presented parallel processes in a study case of two parallel therapies between patient-therapist and supervisor-supervised. They conducted an analytical analysis of the supervision and therapy sessions and indicated dyadic completing relationships of patient-therapist and supervisor-supervised using data capture by self reports and media data.

Betipul-Net staff (2010) published an abstract of research conducted by Geoff (1999) exhibiting many additional examples of parallel processes. In the doctoral thesis of Doehrman (1976) she used a research procedure to exhibit the concept of a process transferring from the supervision relationship to the therapeutic relationship. Caligor (1981) conducted a research
using recording of supervision and group discussion sessions and used these recordings to show that an exchange in roles may be evident in the therapist-supervisor-supervision group trio. According to him, each of the parties may serve both as receiver of the transference message and as evoking it.

Another important research was conducted by Raichhelson, Herron, Primavera and Ramirez (1997), was also quoted in the translation of Betilpul-Net (201) staff's article. In this research, a survey was conducted on therapists and supervisors of various therapeutic orientations, concerning their stand on the parallel process. The majority of participants supported the existence of this type of process, as therapists of an analytical orientation particularly tended towards supporting its existence and importance.

Differently from the researches presented, this research diagnosed influences in art therapy rather than verbal therapy that may result from parallel processes, yet, the research do not focus on the parallel process only.

Kahn (1979) argued that the process taking place in therapy also takes place in supervision. While among the patient, difficulties might result from transference patterns and reenacting figures from his past, among the supervised - difficulties may derive from his anxieties and defenses in the supervision and might evoke unresolved authority, control, and competition conflicts. According to Kahn, supervisors must regard the parallel processes as a necessary condition to advancing the supervised as a therapist.

According to Ben Yehuda and Nir (1996), literature addresses promoting parallel processes versus stagnating processes. According to them, using the parallel process in
supervision is highly vital and important and should be done with awareness, attentiveness, and right timing to ensure effectiveness for growing and advancing,

Alongside the term Parallel Process, Searles (1955) described the Mirroring Process as an unconscious tendency of therapists or supervised to act in supervision situations and acting out a specific issue of the patient as manifested in therapy. So, the supervised unconsciously identifies with the patient and 'acts out' his issue instead of verbalizing it.

Searles based on the works of Meerloo and Ackerman (1953) and realized that the emotional experience of the supervisor is irrelevant to the situation, but rather may be "a highly informative mirroring of patient-therapist relationship". The developing of this concept is similar to the transition from considering counter transference emotions as harmful to considering them as a vital and necessary element of the therapeutic matrix.

One of the explanations to the existence of the parallel process was suggested by Searles, who viewed it as merely a partial explanation. In his opinion, the basic mechanism involved in the parallel process is unconscious identification: the patient evokes repressed or detached emotions of the therapist, evoking anxiety and therefore also defenses to that anxiety. The anxiety evoked in the therapist brings him to using defenses as identifying with the patient or completing defense. This state is embodied in the supervision by the therapist, unconsciously seeking to express the experience of the patient, yet struggling with the anxiety preventing him from realizing the occurrences taking place in the room.

So, Searles (1955) suggested that a parallel process is a form of enactment in which the patient 'enacts' – performs and exhibits what he is still unable to verbalize, and transfers it to the
therapist – embodies him in a similar way during supervision. This concept reflects the inter-subjectivism idea, referring to therapy as a two person psychology.

Reich (1973, in Betipul-Net, 2010) argued that a significant part of beginner psychoanalysts' responses result from lack of knowledge and experience, and therefore possible failing to understand situations on young therapists' part should be taken into consideration, and might damage the progress of therapy.

Lesser (1983, in Betipul-Net, 2010) considered the idea of parallel process 'an illusion', yet does not explain his argument and discusses the contribution of this experience to the supervisor.

Martin et al. (1987, in Betipul-Net, 2010) suggested an occasional ‘side penetration’ where the emotional tone in which a certain patient is discussed is affected by discussing other patients, whether patients who were discussed in the supervision dyad or patients that were not. This idea of ‘side penetration’ can indicate an explanation to coincidences between various patients of a single therapist.

In summary, a parallel process is a term of long history significantly used in various disciplines, and yet lacks empirical examining. Still, it can be said that a parallel process takes place in situations of similar structural characteristics, the salient being authority relations and the subjective way the individual perceived them. It is always vital to try and explain the occurrences in terms of what is communicated and what is hidden in the trio relationship of the therapist-patient-supervisor.

Parallel processes in therapy and supervision can underlie the discussing of coincidental events, as it is a phenomenon already tested and familiar to top psychologists. In this research, I
attempt to clarify the various analogies taking place in art therapy. Dissimilarly to the researches presented, in this research I explore the influences on art therapy, rather than verbal therapy, which may result among other from parallel processes.
C. Transpersonal Psychology

"A person who is going through a transpersonal opening, a spiritual opening, goes through a process that combines regression and progression. In some sense you go back and you have to complete the unfinished things from your history, and at the same time new dimensions are opening for you." (Stanislav Grof, Stanislav Grof Website)

Following the establishing of psychonalaysis by Freud and Jung, the existential philosophy emerged and gave birth to the Humanistic psychology led by Abraham Maslow, Victor Frenkel, and Eric Frum. Years later and as a result of the social background of the United States in the 1960s, the transpersonal psychology emerged and developed alongside psychoanalysis, behaviorism, and humanism. Indeed, the transpersonal psychology is still young and at the margins of academic research, but it is able to provide new ideas for explaining the synchronicity phenomenon as spiritually influencing the patient, and for this reason it is presented in this research.

The founders of the transpersonal approach (detailed later in this thesis) aspired to explore the connection between spirituality and various states of consciousness of the human psyche. The conception of this approach integrates emotional and cognitive development theories with development theories originating in mystics. The transpersonal psychology relies on common axioms, mostly the mystical traditions around the world, along with the key premise that the individual can develop and experience integration with the spiritual, which is the highest, subtle, and most aware level.

So, the main difference between the transpersonal psychology and modern western psychology approaches is the emphasis and importance ascribed to the spiritual aspect of the
individual: the transpersonal approach does not object its predecessors. On the contrary, it contains and continues those preceding it, consisting of an integration of ancient traditions and modern knowledge, and both eastern and western understandings. The transpersonalists also address the individual-self as well as high dimensions common to all humankind to understand the conduct of the individual within all.

In Lieblich’s (2009) book, the term transpersonal was explained as 'beyond personal'. Lieblich indicated that the psychological developing involves growing to higher levels of consciousness, continuing throughout life, and supplemented that in each individual there is a potential for spirituality and the ability to interact with it, and distancing from the super-personal (religious) dimension might develop pathologies.

The humanistic and transpersonal psychologies indicate that self-transcendence is the ultimate objective of human development (Csikszentmihalyi, 1988; Jung, Jaff, Winston & Winston, 1963; Maslow, 1968, 1971). The indicated here resembles Jung's Individuation process indicated in chapter A.2. Similarly, the transpersonalists believe that an individual should reach spiritual development to obtain self fulfillment.

Wilber (2006) addressed other disciplines in therapy and argued that:

"… One can say in short that the main difference between the various interpretive therapies has to do with the depth dimension they are prepared to reach or the level of height they are prepared to climb… and the various therapies has a tendency to connect to the various levels of this wide range and use their favorite level as the basic point of reference they suggest in their interpretations… each interpretation is context related, and the various therapists have various contexts, but that does not mean they are incorrect…
the Freidians emphasize the emotional – sexual level; cognitive therapies emphasize the verbal level; transpersonal therapists emphasize the spiritual level; yet all these therapies first confront the biases, lies, and self deceptions we use to hide aspects of ourselves from ourselves, our self esteem, our spiritual nature” (p. 154).

Little empirical research directly discusses inner changes of spiritual aspects. Still, among them relevant researches for this research can be found, and they are presented below:

Damasio (1999), brain researcher and philosopher, distinguished two types of consciousness: 'nuclear consciousness' and 'expanded consciousness’. The first matches the experiential self that often changes, is not dependent in memory, cognition, or language, and has no sense of personality or identity. The second relates to the autobiographic self or the narrative self that is entirely dependent to forming continuous experiential memories, attention, and language. This distinction resembles to some degree Watzlawick's distribution (indicated in the first chapter) and his explanations for the language of change. The premise is that there are two types of consciousness and two types of languages able to integrate and complete one another.

Some recent researches show a connection between therapeutic intervention using a spiritual program and enhanced sense of coherence, enhanced meaning of life, and decreased intensity of negative emotions. One of the researches discussed drug abuse rehabilitation. In a longitudinal quantitative study conducted on 191 prisoners who used drugs in the past and included two research groups and two control groups (social support group + spiritual group, social support group only, and two control groups). Research variables were measures using seven questionnaires prior, during, at the end and following the program, and results indicated
the importance of integrating a spiritual program in drug abuse rehabilitation processes (Chen, 2001).

Another research, 'Spiritual Identity as a Dialectic Experience', presented in a convention at Haifa University in 2012 by Russo-Netzer, discussed the changes in the concept of spirituality in personal (rather than religious) life and referred to transcendentalism as self transcending – reaching beyond oneself. This research was qualitative-phenomenological to describe spiritual changes mature people underwent in their life in an ordinary fashion and included 25 adult Israelis of a wide range of spiritual orientation. Participants were interviewed using semi-constructed in-depth interviews. Findings showed that spiritual change in itself led to forming a new identity, an identity allowing plentitude and various dimensions, yet clear and committed, which can lead to the conclusion that spiritual change may serve therapy and therefore there is room to examine the place of spirituality in therapy.

Kohut (2007) also discussed religiousness as necessary for mental developing, referring to the need for the final personal self resolving into an infinite super personal existential state. According to him, the individual needs a super personal experience of broadening consciousness to its cosmic dimensions.

After clarifying that spirituality can assist therapy, lets return to focus on the transpersonal approach. Abraham Maslow was considered the driving force of transpersonal psychology. In a research conducted by him, he found that people who were considered fulfilled and people who were considered enlightened shared similar experiences, among others 'prime experience' with the unity of the world. The Psycho Synthesis Theory, founded by Robert Asgioli, was based on Maslow's theory, yet instead I chose to focus on the division into two
leading therapeutic approaches, both part of the transpersonal approach: the approach of various consciousness experiences in appropriate settings able to heal (represented by Grof Stanislav) and the developmental approach (represented by Ken Wilber and Michael Washburn).

In the core of the various consciousness experiences approach (led by Grof Stanislav along with Roland, 2011) is the premise that 'states of emergency' lead individuals to change. Grof explained that the basis to personal human emergency derives from a 'spiritual emergency'.

In his opinion, there are three key groups of symptoms bringing the individual to a state of 'spiritual emergency': a group of primary physical crises (diseases, sleep deprivation, accidents, surgeries), a group of intense emotional experiences (loss, a sequence of disasters), and a group of experiences following external intervening (crises resulting from psychedelic drugs or therapy).

The basic notion is that there are irregular spontaneous situations that in the west will be considered and regarded as psychosis and treated mainly by anti-depressants. However, when using observations done in researches on irregular situations as well as researches on other spiritual transitions, we should in fact regard these situations as a crisis of change or spiritual developing. Assuming that these situations are understood and well supported, they will contribute to healing and change.

In this research, I examine whether coincidences are intense emotional experiences able to evoke 'spiritual emergencies' (as described by Grof) and may lead to change and healing of the patient.

To confirm his premises, Grof presented researches conducted with William Richards at the Spring Grof State Hospital in the United States, where the effects of hallucinatory drugs were
examined, including LSD and DPT (Dipropyltryptamine). Results showed that research participants exhibited decreased levels of depression, anxieties, and fear of death. Also, participants experiencing a mystic-like experience exhibited the greatest improvement in psychological well-being measures (in Grof and Roland, 2011).

A research published in 2006 in the Psycho-Pharmacology Journal (Griffith and Grof, 2011, in Ynet) and conducted in the Research Center for Behavioral Biology, consisted of 36 participants taking capsules containing high dosage of Psilocybin leading to changes in perception and mood. It was reported that a 50 year-old woman participating in the experiments and never taking hallucinatory drugs before, reported a significant mystical-like experience, characterized by a sense of crossing the borders of time and space, happiness and sanctity. Even one year later, the woman reported it as the most important event in her life – personally.

Grof's research was based on hallucinatory drugs, yet over the years, Grof and his wife developed breathing techniques combined with music that according to them evoke psychospiritual states. However, since Stanislaw Grof's approach was based mainly on experiences under the influence of hallucinatory drugs of known potential dangers, I choose to focus on the more subtle developmental approach and on Ken Wilber as the leading theoretician.

As opposed to Grof, the developmental approach by Ken Wilber (2006) is integrative and consisted of several steps. Each step in the integrative process includes the achievements of its preceding step and the integration forms an approach ensuring a developmental sequence and growing as a result of integrated spiritual awareness. Wilber explained that the steps in each one of the perceptions are like words followed by complete sentences; they are the unity and wholeness of the individual's experience.
Wilber coined the term ‘Orienting Generalization’, referring to the generalization that is well agreed upon in the various fields of knowledge, the fields of physics and biology, psychology and theology; simple yet profound evidence originating from the various domains of human knowledge. In his book, A Brief History of Everything, he detailed to the reader his coherent vision paying respect to and including axioms of various fields. According to him, there are four quarters of development and each development is comprehensive and includes an inner dimension, a subjective and interpretive depending on awareness and inner observation, and in addition – both inner and outer developments take place not only individually but also in cultural and social contexts (p. 13). He referred to the four quarters - support points 1, 2, 3, 4.

Wilber (2006), influenced by Jung, writes:

"Generally, I agree with the Jungian approach of the archetypes. I almost fully agree with his perspective and to some degree consider myself a Jungian. Yet, the essential point is that collective is not necessarily transpersonal… most of Jungian archetypes are simply archaic images placed in magical and mythical structures. They use their influential force on the awareness to support points 2, 3, and 4. They do not have too many translational or transpersonal characteristics. It is important to befriend these archetypes, undergo distinction and integration (for and contain), yet they do not serve as a source for spiritual awareness or trans-rational or actual transpersonal in itself. In fact, they mainly constitute a force of regressive influence on awareness, lead weights weighting heavily on an enhanced developing – they should not only be adopted but also overcome… as something is collective, it still does not mean it is transpersonal. Collective simply means the structure has a universal presence, like the sensory perceptional, urges, emotion, and
other abilities. It is not necessarily transpersonal, but merely common or collective'' (p. 279).

In stating that the common unconscious is not necessarily the transpersonal, he clarified two points: the first was that Jung's common archetypes serve as a force of regressive influence on awareness and should be overcome. The second was that beyond common unconscious there is a source for spiritual awareness. In the context of this work, coincidences – whether based on a common unconscious – may very well be part of a higher spiritual developing array.

Wilber referred in his book to each symbol, picture, or idea, as holons (p. 46-47) and to the term coined by Arthur Kastler (1967, in Wikipedia under value Holarchy). Wilber spoke of an essence that is whole in itself and simultaneously part of a different wholeness. For example, a whole atom that is part of a whole molecule and a whole molecule that is part of a whole cell and a whole cell that is part of a whole organism and so on, according to Wilber.

Thanks to the Depths Psychology, we reconnect with the lowest holons and expose them to consciousness in a way allowing them to be released from their fixation and detachment and rejoin the continuance flow of consciousness evolution… using this energy, we can continue growing towards the transpersonal (p. 207).

According to Wilber, each individual is part or a larger whole and consisted of many wholes smaller than him. Using creating, we expose to consciousness the whole parts of what we are consisted of and thanks to that we continue developing. Wilber considers creativity the basis for creating new holons, and consider creativity a synonym to spiritual.

Wilber addressed the basic element in art therapy and argued that (as images and symbols begin appearing around the second supporting point) "these images and symbols are not clearly
distinguished from the objects they should represent. And so, the influence on the image seems as if it is a change of the object itself. If I create a picture of you and then I put a pin in it, something bad will happen to you in real life" (p. 228). This idea already appeared in Schaverien's (1992) contents, and the explanation of coincidences deriving from images can be reinforced by others as they are not clearly differentiated from the objects.

There are many opposers to transpersonal psychology, arguing that it is not based on pure accurate science. Freud addressed spiritual or mystical belief as regression and linked these experiences to the primary experience of the infant and his mother.

Understanding how mystical experiences evoke qualities of serenity, calmness, and mental peace in individuals can allow us explain the benefiting influence of spirituality on the well-being and psychological health of individuals. Such mystical experiences can create a deep and continuous sense of connection between all human beings and things, as suggested by Jung in his term 'collective subconscious'. So, experiences regarded today as sematic suggest a field of research that is important and relevant to the understanding of human development.
D. Synchronicity

"One of the most special sensations an individual experiences is the sense of mysticism. An individual that has never experienced mysticism is as good as dead" (Albert Einstein).

Since the phenomenon of coincidences is considered among many as a unique, mystical, or miracle-like phenomenon, I chose to quote one of science greatest personas. In his referring to the mystical sense, Einstein encourages undergoing spiritual experiences despite the clear distance from scientific research and rational. This chapter focuses on coincidences. First, I explore the term synchronicity in scientific terms, followed by using Jung's approach.

Ken Wilber (2006), detailed in the previous chapter explained why he found synchronicity difficult to prove in its spiritual / therapeutic context, versus evidence of the existence of synchronization phenomenon in empirical science:

"… since empirical and monologue science are significantly easier than all the interpretative mess of inter-subjective hermeneutics and the empathetic common understanding, it first makes perfect sense to restrict knowledge to empirical science, to the right dimensions (p. 173)… and therefore, what we are generally interested in doing is integrating Freud and Buddha; we would like to achieve integration of a lower Depth Psychology with the Height Psychology" (p. 206).

In order to perform this integration, we now explore what science today provides us.

The term synchronicity is used to describe a wide range of various phenomena, from microscopic levels, as in describing cells' communication to describing weather change processes. Synchronicity phenomenon is also evident in the normally developing infant as he
synchronously interacts with his mother (much like the infant's wish to breastfeed and the congesting of the mother's breast). This ability is based on a psychological mechanism through which the infant learns a significant attributing to his maturing as an individual in society.
D.1 Synchronicity and Science

Kemmerer (1919) presented in his book some 100 anecdotes on coincidences that led him to phrase his theory on sequence. He argued that all events in the world are connected by waves of sequence and that what we recognize as coincidences are in fact peaks created by these waves.

The Law of Truly Large Numbers (Wikipedia, July 21, 2012) explains phenomena that do not seem likeable as an individual arriving precisely when needed, or something occurring the moment it is thought of. Due to the immense quantity of human interactions and thoughts passing in people's minds, from time to time – things considered as surprising are bound to happen. This was the law formulated by mathematician Persi Deacons in 1989.

Littlewood law is a private case of this law (Wikipedia, July 21 2012). Coined by British mathematician Littlewood, Littlewood law states that individuals are able to predict a miracle happening to them at a rate of some once a month. As you take into consideration a one in a million event and as events take place each second, his explanation is that in the course of one month an individual experiences some million seconds of wakefulness. The objective of these laws is disproving the supernatural explanation to natural phenomena.

Under a different way of thinking, temporary researches on quantum physics reveal a basic unity of the universe (Golan, 2007). Aharonov (2008) writes:

"The quantum theory was supported in the last century in thousands of experiments. Today, scientists believe that quantum theory accurately describes the psychical world. This does not mean that classical physics is incorrect, when it comes to physical phenomena in human scale. Yet, when it comes to smaller scales, classical physics we are
accustomed to becomes less and less accurate, and quantum physics appear to accurately describe the occurrences" (p. 73).

Aharonv (2008) also wrote on the Superposition principle of quantum physics: "the first and most important principle of quantum physics is the superposition principle. According to the magnificent quantum physics, an electron - and in fact each quantum particle - can be in several place or situations at the same time" (p. 74).

The idea that a particle can appear in two places at the same time may be the explanation to the argument that an image/thought/object can simultaneously be in two different places (although its absurdness) and therefore coincidences occur.

Researeches show that the world cannot be divided into its most single units, among others as the relationships between particles always include the consciousness of the viewers. Elizur (1994) wrote in this context:

"An immediate connection can exist between two distanced particles. However, examining and measuring one also changes the state of the other in reality rather than only in our knowledge of them. Therefore, as we measure two distanced particles of the same values, measuring a value of one particle changes the value of the other" (p. 37).

According to this outlook, the human viewer is the last link in the chain of observation process and the characteristics of a specific atomic object can only be understood in terms of interaction between the object and the viewer. The distinction allegedly existing between the 'self' and the 'world', the viewer and the object of observation, seems impossible as an atomic material is concerned, and the essential element of atomic physics is that the human viewer is not
only essential to observing the characteristics of the object but also to the defining of these characteristics (Golan, 2007, p. 104).

So, according to quantum theory, there is no way of observing the world without changing it. Despite its complexity, quantum theory is important to the understanding of parallel dimensions taking place in coincidences, as new research themes for exploring the phenomenon can be formulated using quantum terms. If the viewer cannot be separated from the chain, the situation is highly complicated, as the patient experiences a change in his perceptions of his 'self' and 'non-self'.

The chaos or nothingness theory is a field in mathematics, physics, and economics, describing a behavior of dynamic systems exhibiting high sensitivity to small changes in primary conditions. The biggest innovation of the chaos theory is showing that in simple and deterministic systems as well there are situations where behavior cannot be effectively predicted, as it requires familiarity with the initial terms at infinite precision. This phenomenon is figuratively called 'the butterfly effect', as the movement of the butterfly's wings allegedly makes small changes in the atmosphere that in time change the weather significantly and potentially create a dramatic atmosphere event, like a tornado.

The internet book by Schueler presents Jung's theory using explanations from the chaos theory.

It can be stated that a scientific examining of meaningful coincidences in psychotherapy is borderline and considered part of a pseudo science field (body of knowledge offering insights in regards to the physical world using scientific means, yet does not meet the scientific method requirements). However, this examining can be viewed as protoscience (a hypothesis
insufficiently examined scientifically). As there are preliminary researches in this field and as the fields of psychic therapy, psychotherapy, spiritual belief, and art therapy, were found to be beneficial, it is sufficient to continue the attempts to reaching conclusive evidence meeting scientific requirements.

In the epilogue of his book Jung, author Robin Robertson (2004) explained the reason he chose to disregard the term synchronicity in his writing:

"In the scientific domain in particular, I was forced to disregard the common discovery of Jung and physician Wolfgang Pauli concerning the psychoid nature of reality. Meaning, there is a common world underlying the deepest archetype level of the psyche as well as the deepest quantum level of matter. This discovery led to one of Jung's most significant and influential terms – synchronicity. In short, synchronicity means a-causal relationships between individuals, places and things in the world. The premise of synchronicity is gradually more accepted in contemporary science (although it uses other terms) due to the broad experimental support in Bell's physical theory. Bell's theory argues that sub-atom particles remain attached to one another in some a-causal form, even as they scatter in space. Synchronicity and the schizoid nature of reality also relate to Jung's premise that numbers are the most ancient archetype and therefore create a bridge between inner and outer worlds" (p. 224).

In the future, disregarding Jung's premise can become a focused reference. With the developing of technology simultaneously to the developing of man, quantum physics will clarify, and its influence on philosophy and exact sciences will further advance our understanding of the inner and realistic world of each and every one of us.
D.2 Synchronicity According to Jung

As one of Jung's therapies was in a state of stagnation due to the patient's defenses and resisting, the female patient told Jung about her dream the night before, in which someone offered her a golden beetle as a valuable jewelry. While sharing her dream with Jung, something tapped on the window. Jung opened the window and a green-yellow beetle flew in. Jung captured the beetle with his hand and handed it to the patient. The shock helped the woman release from her defenses and resisting and therapy became efficient (original story is exhibited in Appendix 2).

In the previous chapters, it was clarified that the work method in art therapy, the language used by the art therapist, and the relevant terms – affect therapy. Following understanding that which underlies art therapy, I would like to present in this chapter the possibility that a man senses his inner and outer world as overlapping in certain situations. In therapy, there is contribution potential to actual change in the patient's inner world.

Jung (2005) argued that one should use irrational means, even if we are all still unaware of the way they operate. Therefore, he supported using other means, such as palmistry (palm reading) and tarot (card reading). According to him, unexpected healing can result from the unconventional methods, much like failure can result from conventional methods.

Jung wrote on synchronicities and turning them into a scientific means in the introduction to the Book of Changes, I Ching (2002), the following:

"The creditability of a synchronic means cannot be measured, as a scientific examination requires repeating the experiment. Using a synchronic means does not allow repeating the experiment, as each situation is different and unique... it was designed for those
interested in self awareness rather than rational immature skeptics, for encountering the unconscious encounters you with strange things from which the rationalist will scarcely run away" (p. 29).

According to Jung, the individual lives in two levels: (1) raw facts of life, according to which the material or energy is the fundamental reality of the universe, and all phenomena can be explained by activities of the materialistic elements. (2) Spiritual ideas, impressions, and imaginations leading us far beyond the primary level of physical facts. This distribution is relates to Watzlawick's (1978) distribution to two languages and to Damasio's (1999) distribution to two types of consciousness.

Jung (2005) argued that the individual better understands visually expressed ideas than those expressed using abstract words. He responds quicker to these expressions than regular words used as means for stimuli. In his opinion, symbols evoke attention in their irrationality. They exhibit their content to the ear or eye in a vigorous and salient way. They evoke emotions and surface past experiential memories.

Physician Wolfgang Pauli, Nobel Prize winner for his contribution to quantum physics research, turned to Carl Jung for personal counseling. Jung reframed from treating him and referred him to Arena Rosenbaum (a physician without any psychological training and the person who documented Pauli's dreams), yet began using Pauli's dream documenting in 1935 in his lecture on 'Dream symbols of individuation process' (Schwartz, 2005).

In the introduction to 'Religion Psychologist' (2005) it was written that the dialogue between Jung and Pauli proceeded up to Pauli's death in 1958 and included a book written by the two on the mind and the meaning of nature, titled 'The interpretation of Nation and Psyche'
The mere encounter between the two led to the term synchronicity in its psychological sense. In their book, Jung's research on synchronicity as a principle of a-causal dependency relationship was presented alongside Pauli's research on the influence of archetype ideas in the shaping of Kepler's scientific outlook.

Thanks to a dialogue between Albert Einstein and Pauli, Jung argued that there is an analogy between synchronization and aspects of quantum mechanics and the theory of relativity (Limar, 2011). Both (Pauli and Jung) argued that coincidences do not result from meaningless randomness but rather created by synchronic patterns. These patterns along with causal influences create synchronicities that are the psychological equivalents of psychological superposition familiar from the concept world of quantum physics (Shiloach, captured via the internet May 15 2012). The term superposition was explained in the previous subchapter, however in order to ease on the reader, I present its meaning here as well: it is a state in which a system is at a 'sum' of several situations simultaneously, so that while measuring, the quantum particle should 'select' one of the possible situations. As Jung argued, the connection between scientific doctrines and synchronicities can indicate that coincidences can be regarded as scientific, even if they are currently regarded by some as spiritual only.

Jung (1993) described the existence of significant coincidences in different ways, yet only in 1952 as he published an article called 'Synchronicity: a-causal Connecting Principle' he provided substantial evidence to collective unconscious and archetypes.

Jung spoke of a world where the internal and external are not different from one another. Jung and Pauli (1958) called it 'united psychophysical reality'. This reality can include a non-factor creating.
Many were influenced by Jung and his doctrine. In his book 'The Tao of Physics' (1996), physicist Kapra described the resemblance between ancient mystics and contemporary insights on quantum physics. He wrote on elements of matter and basic phenomena that are related to one another and suggested an understanding approach to unified wholeness. Kapra viewed this as a connection to Jung's sub-atom physics and even to Para-psychology.

Ruth Netzer (2008) explained the term synchronicity as she perceives it: "it is a simultaneous occurring of inner-psychic or outer-psychic events that from a standard logical viewpoint are coincidental, but psychological meaning wise are not. Non incidental coincidence reveals a significant connection between the question and answer" (p. 32).

Jung's (1975) perception does not doubt the idea of causality. Instead, it argues that just as events can take place for a reason, they can also be grouped in accordance with meaning; grouping of events in accordance with meaning need not be explained in terms of cause and effect.

Many therapists refer to extreme change in therapy. In Watzlawick's book 'Change' (Paul, Wickland, John, Fish, and Richard, 1979), patients' change is described as the 'short-term therapy center'. I focus on what the authors referred to as 'secondary change', taking place to my understanding among others as a result of synchronic events:

"...the occurring of a secondary change is usually perceived as incontrollable, even non understandable, a quantum leap, sudden enlightenment, appearing unexpectedly following a prolonged and often frustrating mental and emotional strain, at times in a dream and in others as a result of a religious grace" (Watzlawick et al., 1979, p. 36).
Netzer (2008) was also influenced by Jung’s perception and addressed the 'grace' theme as leading to change. In her opinion, a moment of synchronicity evokes:

"A sense that underlying the psyche-world everything is connected only we are unable to see it. And only in moments of grace, these connections are revealed, as the consciousness is clarified and becoming lucid, and a sudden grace surface to our consciousness. Is everything linked and these links are not available to our consciousness? Are we constantly sent with signals by the world that we are too blind to see? Or is it that only for brief moments, unique connections are formed in us? In Jung's saying that a common archetype shows the gathering of events at a certain moment, he seems to mean primarily the second option”.

Netzer supplemented that, "the objective of every telepathic and synchronic event is the same objective of dream and life events we encounter: develop awareness and serve the fulfilling of the self touching the transpersonal" (p. 37-38).

Brodsky (2008) presented in her lecture on 'States in the Analytical Space' examples of synchronicity cases from the psychotherapy field and how they served her and therapy. Brodsky described how of all possible processes able to be realized in the interpersonal domain one specific is evoked and established. In her eyes, it seems a process seeking change takes place under the cooperation of two unconscious (the patient’s and therapist). Somehow, both raise an opportunity for change. Brodsky used the image of a hologram and suggested that as a three-dimensional image in which each peace already contains the whole picture but is unclear in it, and only as all the peaces are connected the pictures becomes clear and three-dimensional, so
over the years the individual encounters his conscious and unconscious parts to make them a whole life image.

Jung argued that one must attempt to find a common meaning to internal and external events taking place simultaneously. In his opinion, as an individual experiences several synchronicities over time, he receives an impression that there is an advantage to being led by such coincidences and that contents surfacing in dreams can assist him. In his opinion, those addressing dreams and synchronicity cases seriously receive an opportunity to conduct a full life of a new and more profound meaning.

Netzer (2008) elaborated on Jung's suggestion of seeking common meaning to simultaneous internal and external events, and wrote:

"As we encounter two life events or one life event together with a mental event (a thought, dream, imagination) of the same content, we must ask ourselves what is its meaning to us? Be aware of the content inviting us noticing it. The world invites us events related to a certain subject to be noticed… the unique experience of synchronicity event provides us a sense that coincidences are code subjects of the hidden universe, as they lead us to a sense of acknowledging a universal integrated selfness beyond the individual's self… synchronicity brings flashes of knowing to our consciousness– a sense of intuition regarding the simultaneous contexts that perhaps constantly exist in time and space, matter and spirit, overtly and covertly. The contexts of synchronicity are symbolized by a horizontal and vertical weave of life strings, or symbolized by coordinates of longitudes and latitudes connecting everything with everything in their meeting points…” (p. 32)… "It is possible that these phenomena take place more often
than we know, and that our openness affects our recognizing them, particularly in states of transition, stress, or extreme, as there is sensitivity and vulnerability, weakening of the conscious, common defenses, and a special need for guidance and therefore an appropriate openness – we are sufficiently open to address it seriously and use it to reveal the meaningful patterns related to the hidden aspect of our life. However, even beyond the states of stress, adjusting and believing, devoted to the unknown, pave the way to discovering these irrational phenomena." (p. 37)

Jung and his follower, Fon Franz, agreed that the term synchronicity will be examined by a new generation of researchers. In light of contemporary perception, according to which socially accepted spiritual experiences may contribute to one's quality of life (Koenig & Larson, 2001), we must examine the place of these experiences in our life. Much like the beetle Jung handed to his patient, indicated at the beginning of this chapter, we are able to help one another 'catch' synchronicities and provide 'valuable gifts' to one another. It seems the new generation of researchers Jung and Fon Franz spoke of is this generation, as with the developing of science, technology and humans, new ideas emerge and entire theories attempt to explain the phenomena of coincidences and their meaning in innovative ways developed.

Referring to the chaos theory, Bigers and Pit (2001) linked synchronicity and psychology and stated that the chaos theory refers to the creativity in each individual and the ability of new shapes and orders emerge from the existing. Creativity also takes place when connecting with the universal part in each and every one of us. The true self is in moments of chaos of perceptual changes, and each moment provides an opportunity for psychological changes allowing connecting with the inner essence of the nature of our existence. Often, individuals act creatively
as this is their way of connecting with the authentic inner essence, in which our uniqueness connects with the universe.

I would like to enhance the argument indicated before, according to which we – as therapists and individuals in the world – are able to provide others 'valuable gifts' by paying attention to the coincidences taking place around us and positively utilizing them, by stating Bigers and Pit's (2001) utterance on the 'butterfly effect':

"We are all part of the whole. Each part individually affects the direction of all other parts of the system's movement. The butterfly's power opens a channel to the impossible… each one of us is an aspect in the collective consciousness of the world, and the chaos forces manifesting in each and every one of us constantly changes the contents of this consciousness. Using chaos, the individual or a group of individuals, are able to evasively yet significantly affect the entire world" (p. 44-45).

They continue by stating that being part of the universe releases us from our sense of detached particles and transforms the individual conscious to a collective one. So, the realization that the observer is always a part of what he sees is formed.

It seems that Jung, stating there is room for mystics in therapy, would have enjoyed the book 'Learning from Life Becoming a Psychoanalyst' (2006) by Casement. This book contains two relevant chapters to this subject, the 10th chapter in particular, describing similar events to those Jung referred to as synchronicities, Casement called coincidences and stated he did not understand. After showing some fascinating coincidences, in another subchapter called 'supernatural sensitivity', Casement described his sensitivity to early detecting of pregnancies in women and linked this sensitivity to his mother's abortion. Also, in another subchapter called
'Diagnosis Dreams' he described "patients diagnosing their medical state in their dreams at times many months before they was diagnosed" (p. 232).

Casement addressed 'telepathy' and remained doubtful regarding the existence of this phenomenon, without disregarding this option, by saying: "did we telepathically communicate? We could never know". And in another reference, he even furthers to suggest that another insight can be involved in the therapeutic process: "we know that this process takes place between the patient and psychoanalyst, yet who or what creates this process? Is it the psychoanalyst? Is it the patient? Or is it the process taking place between the two, yet may also involve some kind of insight originating beyond them?" (p. 252).

As the perceptions and arguments concerning the existence of the metaphysical world and spirituality are perceived as unscientific and considered as beliefs (as they cannot be objectively measures and therefore cannot be disproved), according to 'pure' science, the experiences or senses of individuals regarding spiritual matters express their illusions of fantasies or anomaly activity of the mind, meaning – either people delude themselves or they are demented and hallucinatory.

Eric Noiman (2007) argued in his article on the mystical man that every experience of numinous nature, no matter its form of appearance, is mystical:

"The numinous content is highly diverse and its fascinating richness exceeds the consciousness ability to hold back and process the experience. This experience is of energetic charge exceeding the limits of consciousness. Therefore, encounter with the numinous content necessarily leads to shock – not only of the conscious – but rather of the entire personality. Each time I confront the numinous, it leads to crossing 'its own
boundaries' and falling outside the existing structure of conscious. The self abandons its familiar boundaries or is torn from within them so it is later able to resume to itself, yet necessarily in a new and different way… earlier, we stated that the mystical phenomenon is always dependent in the objects it reveals itself to. The revealing of numinous is therefore dependent in the developmental stage of the personality. The extent of revealing, meaning the extent to which the numinous can be expresses, is also subjected to the extent of the personality in which the revealing takes place” (p. 47).

As some argue that coincidences can be considered as mystical or numinous, I would like to clarify my referring to the subject of mystics and its scientific position by relating with the words of Ofra Misers (2006) in a lecture given as part of the 6th convention of the Israeli Association for History and Philosophy of Science. In her way, Misers bridged scientific science and confirming some spiritual arguments. She argued that some of the spiritual arguments can be empirically defined and even disproved, meaning – some are not beliefs. If phenomena have an effect on the physical world in space and time, there is not reason avoid measuring the effect and implement on it using common measures of empirical science.

Scientifically confirmed researches on the influence of spirituality on patients were already presented in this thesis. In order to show that 'spiritual' phenomena can be explored and validate them in scientific researches, Misers presented in her lecture another research – Meta analysis of Bem and Honorton (1994). This research included an analysis based on dozens of researches on telepathy, including a research examining two people in different rooms as the 'receiver' was isolated in a sealed room with earphones playing white noise, eyes covered, and undergoing relaxation training. The 'deliver' was given a randomly selected stimulus using a
computer program which he tried 'transferring' to the 'receiver'. The receiver tried simultaneously receiving the message and choosing the stimulus out of four different stimuli presented to him. Results indicated a clear low-moderate telepathy effect at significant levels and consistent.

In another research also presented in a convention at Haifa University on the influence of cognitive-motor training on cognitive abilities and brain functioning, Ben Shushan (2012) examined the influence of training neuro synchronicity functioning using information processing in cognitive and physiological systems. For this purpose, Quadrto training was chosen – a cognitive physical training measured via electroencephalogram. It was found that following training, the Quadrto group showed significant improvement in cognitive flexibility, neuro synchronicity, and brain connectivity.

What today is called telepathy and coincidental events (concerning ideas transferring without an evident transference process as we currently know it) should be explored and their common denominator should be identified to enrich our understanding of these two fields.

In summary, synchronicities require by their nature active participating of the individual, as a synchronic event is overt and has the power to change it from within. This type of event offers us the understanding that we are an active part of common creating in the development of the universe. Synchronous moments feel like grace, as if we are exactly where we should be. They have an intense emotional charge, like flashes of transcendental unity of superposition, a universe beyond time and space where matter and mind are one. Paradoxically, it can be stated that synchronicities can be realization of our unconscious and at the same time also an expression of some of us, a part surfacing to a wider conscious (translation of part of an appendix, Mansfield, 1995).
Methodology

Research population was 14 art therapist women of various socio-demographic backgrounds, various ages (average group – 40), and various seniority in the field (3.5 years in average). Interviewees volunteered to partake in the research, and were familiar with its subject. In the table below (table 1) the reader receives information on the research participants: their pseudonyms (given in accordance with chronological order of interviews and alphabet order), their age, and seniority in the field.

Table 1 – Interviewees' Data

<table>
<thead>
<tr>
<th>Seniority</th>
<th>Age</th>
<th>Pseudonym</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intern</td>
<td>47</td>
<td>Ora</td>
</tr>
<tr>
<td>Intern</td>
<td>29</td>
<td>Bar</td>
</tr>
<tr>
<td>11 years</td>
<td>57</td>
<td>Gal</td>
</tr>
<tr>
<td>7 years</td>
<td>40</td>
<td>Dorit</td>
</tr>
<tr>
<td>Intern</td>
<td>43</td>
<td>Hanna</td>
</tr>
<tr>
<td>Intern</td>
<td>29</td>
<td>Viki</td>
</tr>
<tr>
<td>7 years</td>
<td>51</td>
<td>Ziva</td>
</tr>
<tr>
<td>3 years</td>
<td>50</td>
<td>Hagit</td>
</tr>
<tr>
<td>4 years</td>
<td>35</td>
<td>Tal</td>
</tr>
<tr>
<td>9 years</td>
<td>49</td>
<td>Yonit</td>
</tr>
<tr>
<td>7 years</td>
<td>37</td>
<td>Carmel</td>
</tr>
</tbody>
</table>
The research was qualitative, of phenomenological-narrative nature, believing that reality is subjective, complex and dynamic, and cannot be quantified, much like the inner world of the individual. Reality is consisted of multiple subjective realities based on providing meaning and constructing in accordance with the individual's outlook (Denzin and Lincoln, 1994). In this research, coincidences related to patients' contents shared from the patients' perspective are presented. I examined the data using a thematic analysis of in-depth interviews.

Research instrument was personal (semi constructed) interview that was recorded and transcript. The narrative approach considers people as story tellers conducting their life as if it was a personal and social story. This narrative is a cognitive scheme arranging life stories. It has structure and content and using it the individual interprets his surrounding and provides meaning to his experiences.

Listening to the narrative exhibits a rich world of experiences, emotions, thoughts, and actions. In the interview, the objective is to understand the experience and meaning as the individual shares it. In the course of conversation between the participant and the researcher, opinion, values, and emotions of the participant are revealed (Shkedi, 2003). The narrative interview is open and designed to obtain information on the individual's private narrative that he is free, unlimited, and rich, under the time limits (Lieblich, Tuval-Mashiach & Zilber, 1998).
In order to maintain professional ethics, names of the participants as well as the content of the interview are not presented in this body of work. The content of the interview was censored to prevent identifying the participants, and only relevant details for this research are presented. Participants were invited to partake in this research without any gain or pressure and were asked to sign a consent document confirming their full understanding of the process. I was careful not to influence the interviews with the participants to avoid over-directing on the matter examined. However, there may be unintentional influence of participants due to the nature of qualitative research in which the researcher is also the interviewer. The resources based on for meeting participants' rights were IHT Guide to Ethics, the Professional Ethical Code of the Israeli Psychologists Association, and The Israeli Law for Patients. Participants showing interest in reading the paper were sent a copy of it via mail.

The rational underlying this research was that using art therapy the patients are exposed to great richness of images deriving from their psyche. Creating these images in art, as part of therapy, allows a dialogue with an entire world of contents from the patient's mind. In my opinion, as a coincidence occurs in therapy, it is a great opportunity for a prompt and powerful change in the mental structure of the individual. This research attempts to examine whether coincidences occur in art therapy, the type of coincidences, and the therapists' perception on these cases.

Research questions are: what kind of coincidences did you experience in art therapy? What are therapists' explanations to these coincidences? What are therapists' stands on the feasibility of coincidences? And what is therapists' opinion on the effect of coincidences on them, the patient, or the therapeutic process?
The premise examined was that art therapy participants speaking in an archetype language (and therefore are in an archetype dimension of the experience) were open to experience synchronicities in addition to transference, counter transference, and projective identification, and that these can assist the therapeutic process.
Findings

14 women, all art therapy graduates, ages 29 to 57 were interviewed. Below are the key themes found in the participants' stories. The main contents of the coincidences presented in the table below (table 2). Readers interested in reading sequentially and elaborately the participants' quotes of the coincidence stories can do so in appendix 5. (Numbers presented in table 2 beside the descriptions indicate the coincidence number detailed in appendix 5).

Findings about the first research question (what kind of coincidence did you experience in art therapy?) are presented in table 2. Most story contents discussed a comparable content in the life of the therapist and in therapy, or repeating of the same image, or an experience as the patient's energy present in another situation. Another theme was raising a subject incidentally and obtaining significant information for therapy as a result. This distribution rising in the examining of stories' contents was used for an organizing basis of the first question addressing the contents of the stories.

Another data organizing was distributing to five themes they are presented immediately following table 2. The themes are: (a) wow! It's like magic!; (b) not only projective identification: therapists' explanations to the coincidences phenomenon; (c) therapists' opinion on the influence of coincidences on therapy, the patient, or the therapist; (d) spiritual religious belief; and (e) believing coincidences happen all the time. These themes will be attached including quotes of the participants in relevant locations to understand their contexts.
Table 2: A summary of coincidences reported in the research

<table>
<thead>
<tr>
<th>The therapist experiencing comparable contents in her life and in therapy</th>
<th>An image having another meaning</th>
<th>Repeating of the same image</th>
<th>An experience as if the patient's energy is present in another situation</th>
<th>Incidentally reporting a subject and obtaining significant information by it</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The alphabet repeating in the legend read by therapist Ora (before treatment) and in the creation of her patient during the treatment.</td>
<td>2. Ora's patient creation and the Lilith meaning as woman in the mythology.</td>
<td>6. Image of the heart as a safe place for therapist Gal and the heart made by member of her group</td>
<td>5. The child who stopped dressing like a woman after discussing him in Gal's supervision</td>
<td>13. Receiving information from Hagit's patient that her mother is parents instructor.</td>
</tr>
<tr>
<td>3. The death (of therapist Bar's grandfather) and the death contents rose in therapy by her patient that same day</td>
<td>9. The physical key found by therapist Hanna during therapy, constituting a symbolic key to therapy itself</td>
<td>10. The shoes in the supervision and therapy itself as representation of the self in Viki's therapy</td>
<td>8. The boy who asked questions about his family following a conversation made by therapist Dorit</td>
<td>14. Two patients that know both grandmothers of therapist Tal</td>
</tr>
<tr>
<td>4. The same sentence uttered by therapist Gal on death, repeated in class by one of her group members: &quot;death is only a matter of change of state&quot;</td>
<td>16. The image of a chicken by two of Yonit's patients</td>
<td>10. The experience of a patient hearing what was said about him in Viki's supervision, using shoes as an image of the self</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Similarity in divorce and raising a child in the family of the patient and therapist Dorit</td>
<td>18. Two patients, both in their 4th pregnancy at the same time, addressing the same contents in Yonit's therapy</td>
<td>11. The patient like taking through the therapist in Viki's therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. The 'both' subject occupying Ziva's patients and her in her personal life</td>
<td>19. Carmel's patients creating the same images – using the materials and images.</td>
<td>15. A surprising phone call from the patient's mother in Yonit's therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Violence in therapy connected to the violence in therapist Lihi's area of residence</td>
<td>21. In Mira's therapy, a patient receiving a heart shape after creating a three dimensional heart in therapy</td>
<td>17. Two of Yonit's patients separately using materials from a box they did not touch for a year at the same day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Nurit's reality as a child reflecting in her patient’s life story</td>
<td></td>
<td></td>
<td>22. In therapist Mira's supervision group, some female members knowing details on the patient without being informed of them</td>
<td></td>
</tr>
</tbody>
</table>
Themes Rising From the Results

Theme A: Wow! It’s like magic! To examine whether it is a unique phenomenon, an analysis based on the participants' responses to their coincidence stories was performed. The majority of therapists responded with exceptional amazement and excitement by the event and considered it unique.

Theme B: not only projective identification: the therapists' explanation to the coincidence phenomenon – most therapists did not explain the coincidences in common transference terms of the classical psychology alone, but rather used further explanations, for example: lowering defenses and metaphoric dialogue, level of attention or presence of patient's energy in the supervision or therapy room (except three therapists who only one significantly used the terms). In this section, the theme was distributed into sub-themes on the interpretations of therapists to the event.

Theme C: the therapists' opinion on the influence of coincidences on therapy, the patient, or therapist. It was found that as a coincidental event occurred, some interviewees shared it with their patients, yet most of them did not. In any case, most of them tended to ascribe the event a positive effect.

Theme D: spiritual religious belief – although the subject did not come up as a research question, in some of the first interviews it came up during the interview and therefore the following participants were asked about their relation to religion. A theme of complicated relation with religion was evident, for example – several members of the nuclear family who became religious or secular or the interviewee herself undergoing such process without her family.
Theme E: coincidences happen all the time. Most participants suggested that these coincidences happen to everyone, all the time, only not everyone notices them. Within a good and attentive therapeutic setting (two even suggested, similarly to mother-daughter relationship) we see these phenomena occurring frequently.

I now discuss each of the themes separately, including quotations of the participants.

**Wow! It's like magic! Coincidences as a unique phenomenon**

It was found that most therapists responded with exceptional amazement and excitement by the coincidental event. Their tone of voice rose as they described the event, their body language changed, and the words 'wow' and 'magic' repeated again and again.

Viki, who shared that therapy in her supervision and chose to use shoes to represent the 'self' was surprised to discover that in the therapy session following the supervision session, the patient also chose to represent himself using shoes. Viki described: "**it was not an everyday event... without me saying a word about it! He came and took one shoe and another one. And I almost fainted, as it was exactly one week after, and it was truly not something characteristic of his previous works or my earlier works; I never even took or characterized myself using shoes as my self, and he never did that in any way... wow, it was so exciting, it was just, I don’t know, just an amazing experience and I cannot explain it, it was truly intense and there are things and their connection that are not entirely clear to you, but in this case it was something i was certain was strange – it could not only be a coincidence and there had to be some connection here... I recall saying I was truly moved, I think I actually almost fainted". 
Tal, another therapist, discovered that two of her patients she was about to begin therapy with were friends of her grandmothers. She stated: "it was some week and a half apart, I was certain someone was joking me. I was shocked! ... it was so strange... I was shocked".

Dorit had a patient whose mother was a drug addict that did not raise him, and his father had a new family. The boy was raised by his father's family – having no other choice and due to the grandparents' wish to help their son. The boy called his grandmother mom and the patient's therapy was stuck due to resisting of the family to sharing this complex content in therapy. Dorit, seeing how important it was for the child to obtain clarity on his familial identities, made great effort to receive permission open things with the child and start building a family tree together. After a long period of convincing the family, the therapist received the father and his spouse's permission to open the issue with the child, yet before she got a chance to update the grandmother or raise the issue in therapy with the child, the patient himself raised the issue. She shared: "two days after I had a session with the child and his grandmother, and I did not have a chance to update the grandmother, the child, while... he began drawing a family and started asking who is mom or where is mom... what I spoke of with the parents... yes, it happened! ... During which, in practice, while having a session with the grandmother. When the child raised it, I made sure the grandmother was unaware of the conversation I had with the father, meaning – there was no verbal information passing, it was all non verbal... Wow. Wow! You should understand, that this happened a year after therapy with the child who never mentioned nor asked, no matter what stimuli I provided him. I constantly tried making him ask, yet he never did, so it was like – wow! A very big wow! How did this happen?"
Therapist Hagit met on the street a colleague and spoke to her on parental coaching. Hagit, who does not practice parental coaching, as she works with adults, raised the conversation theme with her 8-months patient and so discovered that the patient's mother is a parental coach herself: "I was not sure whether to laugh or cry. Now, understand that I never share what I do, where I was, with my patients. Nothing! I would never share my life! You saw, I am focused that way!... on how we conduct and what goes on in the room, as if there is no... I am not one of those therapists who say 'and I also this and that', I am not one of those therapists! They know less than you do; only my name and address, that is it! It was really rare for me to share this anecdote and I said those two words (parental coaching) and then it came out and I was like - what is this? ... It was like magic! Suddenly opening this thing that was a coincidence, as she would not have mentioned it, it is possible that until this day I would have never known, as for 8 months she never bothered telling me this fact... it came up at the right place, at the right time".

Carmel, treating two children separately, discovered the children created similarly in the room – image, material, and processes they underwent – wise, as they seemed to have no connection. She described: "the materials they chose, meaning – say that he chose to play in a sand box and she – in the session following him – also turned to the sand box; he chose to play with gouache colors, she chose to play with gouache. The similarity in the materials they chose, the processes they underwent in therapy, even their relationship with me, even physically: it was a table of four chairs, they physically chose many times to sit at the same distance from me... at times it felt like there was one of them proceeding from one session to another... the images were strong in their connection between the two; the images and
materials". And she continued describing how she felt about it: "I... I... it was like magic to me! ... Not only did it repeat itself, it was truly experiencing the energy... it was here! There was magic there! Off course significant things happened to both children. It was wow! ... The experience was opposite to an experience of boredom, it was... perhaps boredom reminding cessation? ... It was as if nothing was happening and right there... everything was happening! Everything was happening there! And you could feel it in the things happening".

Therapist Ora shared a story she read and two days after it appeared in her therapy: "I read a story in Russian, a very beautiful one on a person who went on a journey, a short story, like an allegory, a person who went on a journey, forgot his prayer and at night wanted to pray and did not find his prayers and not even recalled any of the prayers, yet he was a very religious person and wished to pray very much, so he wrote on the sand using a stick the entire alphabet and turned to god, "dear almighty, I wish to give you the most beautiful prayer, yet I do not remember a single one, so I am writing to you the alphabet as you, oh wise you, you will be able to make all the necessary prayers out of it"", and god looked at it and said it was the most sincere prayer he had that entire day. Two days after I went to my practicum and the story was constantly in my head, as I found it to be very beautiful. I had a session with a 23 year-old boy, a schizophrenic at an acute state of psychosis. He made me a piece and had difficulty concentrating as he was at a psychotic state, making it difficult to concentrate, and he constantly started something and quit, for many times. After all his attempts, we wrote and wrote a very long sentence, and I asked if I could see what he was writing on his paper. Then he told me that he was writing the
alphabet. I asked him why is he writing the alphabet, is there something he wants to tell me, and he said that there was so much he wanted to tell me that he could not put into words, perhaps god would take this alphabet and put it together… you can image how it (the coincidence) affected me, as it connected so well and so immediately… as if I got an electric shock… naturally, I told everyone, I was so excited."

The stories of these interviewees are filled with descriptions of powerful experiences that influenced them with great intensity the minute they occurred.

**Not only projective identification: therapists' explanations to understanding the coincidences**

Most of the interviewees did not explain the coincidences in terms of transference only, and some even argued understanding cannot be found in these terms. The reason is that in their opinion, other processes as lowering defenses, level of attention, or presence of patient's energy in supervision or therapy room, take place.

Lihi was salient in her dissimilarity to other interviewees, using only a conventional explanation in transference terms to explain the coincidence that occurred. As her therapy became consisting violent contents directed toward her by the patient, Lihi experienced extensive violence in her area of residence. Referring to the move she chose due to the violent experience she underwent, she shared: "I think he (the patient) unconsciously transferred his feelings of his home, I think it evoked projective identification in me as it evoked anxiety in me, he simply transferred his home life to me. For him it was transference relationship and I am
thinking as I speak now, that it evoked anxiety of existential confidence that was unprocessed (to her) and then I took it to another location, my area of residence... I lived there for 8 years and refused to see it (the anxiety) and via therapy (with the patient) I agreed seeing my existential anxiety... I made a very big change in my life". Lihi supplemented that the dimension of children's sensitivity to non verbal messages transformed from her to her patients: "I believe that children are able to sense my enthusiasm about a specific material... in my body language, facial expressions, my wish to work with it. I believe they read it". Lihi addressed what she non-verbally yet intentionally transfers to the children.

Among those who did not explain the coincidences in terms of transference, Orit shared she "am not sure how these phenomena can be explained... it was simply amazing". Gal dared to say on a patient that acted differently following supervision on him (in which he was not present), "this is not transference in its psychological sense, as transference in its psychological sense is when someone places a role on someone, unconsciously projects something onto him. We did not project anything on him, we simply spoke about him with great empathy, this is not transference at all, it really isn't!" Viki also argued that "I do not understand it (the case with the repeating shoes as image of the self). I believe there is a phenomenon that is beyond what tools are able to explain, as there are often things I say: ok, this is really counter transference. But this... can also be related, but is not a regular counter transference we learned about and are familiar with. These are highly subconscious and covert things."
Another sub-theme given to the situation was: lowering defenses and metaphoric dialogue of both the patient and therapist. Ora, who had difficulty explaining, said: "I don't know... perhaps something breached... like you are not protected, all your defense are down and you are susceptible to receiving, I don't know, what I am saying is that psychotic receive more than anyone else... perhaps it exists more in sensitive people, perhaps it exists in psychotic people like that guy ... For example, I had a patient at an acute psychosis and she is a chronic psychotic... she used to faint, actual chronic psychotic, and she would speak in metaphors. You know what? I now recall that in Russian for example and in all other cultures I am reminded of people at this state that were thought to be profits and would say they are profits and I started believing in it, that this person was saying something and that in his saying you get something – some great idea that well connects with what you are thinking, this image is repeating... I noticed that psychotic patients really perceive the thought, your thoughts, and as you sit with a person, only the two of you, a person is so sensitive at this state that some channel is probably formed with him, I can't explain it".

Viki also suggested that lowering defenses contributes to it: "generally, the fact that I was daydreaming considerably contributed to it, as defenses come down and there is some kind of channel inviting a non rational communication and perhaps this invites images, perhaps from a common fountain, I don't know how to call it."

A third theme ascribed was the level of directing attention of the therapist to the patient and the therapist's to his inner dialogue with himself (about him and/or the patient). Ora described: "you are not speaking to him (the patient) as a friend; you simply direct all your
sense to trying to receive all there is in him and he - also in an unusual state, is also
directing to do the same to you, and then – if he is sensitive, it can happen".

Nurit who also discovered that a life story from her childhood was very similar to a story
a young patient of her shared with her, said "... I believe that something in her (the patient)
over-openness ... due to her attention and concentration, she is very scattered and all over
the place, very overwhelming. In addition to the overwhelming contents, I see that it is a
defense mechanism of the body unable to process it... it is an alarm that should be
regarded and it allows me work on myself". Bar found out her grandfather had passed away in
the course of her therapy session, while in that session the patient raised considerable contents of
death and burial (that did not characterize him up to that session). She addresses the patient's
level of attention, yet provides meaning to the level of attention of the therapist with her own
inner dialogue rather then the patient: "I believe I know, a very intense content surfaced in
my life that was a part of me and I was unable to put it aside, it was within me, burning
inside me, and I did not speak of it, yet it was very intense in me, and I believe that as
something inside of you is that intense, it comes out even if you do not intend it to... I think
that if it was detached from them, it could not have happen, but it is some kind of
connection between their contents and their contents".

Like Bar, Ziva also found that there are contents occupying both her and her patients at
the same time. Ziva considered this the level of attention directed by the therapist to contents
occupying her: "I believe that these things exist; let's say that your entire life is in front of
you, it is all there, but if you relate to something you will pay attention to it and say, what a
coincidence we have here, that everything relates to me?"
A forth sub-theme that came up was the presence of the patient's energy in supervision or the therapy room. The participants often used the term 'energy' we are unaware of, connecting all of us together. Carmel, who found clear echoing between the artworks of two of her patients, shared: "... the place of identification and projective identification – I am sure was very significant there, I think it was two children very invested in therapy, you know, there are those who seem to arrive and wait for time to pass, and those who arrive and are entirely invested in therapy; so these two were like the last, their energy was very much invested in therapy and so was mine... I explained it in the matter of energy apparently existing in the room, energy in the room, a matter of transference and counter transference that... I am the same therapist, yet it never happened to me in that intensity as it did with them, it never happened to me with others... I give this as an example of the strength of energy, as I believe it has to do with them and their investment in therapy, enhancing their energy even more... so I really believe in the energetic part, energy transformed from one therapy to another."

Yonit used the term 'cosmic energy' to explain the coincidence of a phone call she expected to receive from her patient's mother and received that day: "my sense in these cases was generally – wow! Something is happening. One time, in a supervision I received, one of the supervisors explained it very well – 'cosmic energy' – and it was less controversial to many people, cosmic energy, we transmitted on the same wave, not to call it telepathy or other evoking words... I believe telepathy is at a transmission level of two people, for something to happen coincidentally, and cosmic energy is more neutral: it is neither me nor the mother – it happened... it is like closing an electric circle... timing wise, if I believe I
should call, and three weeks later she called I would not say 'wow'. I think it is when it happens at the same time: all day long it is on my mind and then she calls me that evening. This is the 'wow!' or the coincidence – I cannot believe I was just thinking about you and you called".

Gal dared argue that one can assume energy of the patient's being was present in the supervision room: "see, the moment we spoke of him (in supervision) I believe he was present, even though he was not physically present in the room… the minute we gave it considerable place in the supervision, I was not alone, I was with the entire staff, meaning – he received considerable place and recognition there, even love of the people… I believe the fact that he received considerable recognition and place by talking about him unconsciously worked on him. Meaning, it is energy transmitted. We live in an illusion that we are separate. We are not separate. We are all one, and as something happens to one the other senses it, we talked about him and he received it, he somehow sensed it … I believe we are all vibrating at the same frequency, as if we are connected by hidden electrical cords, passing energy from one to another, meaning – thought, words, things passing from one to the other, especially between people who are close, very in tuned, then it passes like a transmission, we just do not understand it".

Similarly to the hidden electricity cords allegory, Mira also suggested her interpretation of radio waves. Mira experienced two interesting situations with her patient. The first took place in supervision on therapy, where she received responses by group members describing the physical state of her patient without her elaborating on it (the group described among others the physical limitations of the patient's arm). The second situation was as the patient created in three...
dimension for the first time and made a 'heart' image referring her family, and several days after the patient shared with Mira that her son (that usually does not bring her presents) bought her a present, a 'heart' shaped key chain, much like the one she created. Mira presented an interestingly described explanation: "like radio that we do not see and is transmitted, so are energies we do not see, unconscious. Jung spoke of it and I believe it passes; a collective unconscious and I believe it is transmitted… I do not think that it is as if she asked her son to, you know, bring it, but I do think it was intense (emotions) and then it passed on… there were all kinds of elements here and this was also a pause, stopping, the whole control thing, she released a little and it is possible that as you release, it is possible. It seems to me the minute she released, something in the energy flow enhanced… I think it is transmitted without transference… I think it happens to everyone under a different name, superego, there are all kinds of names, everyone calls it in a different name, connection between people, what happened between her and the child and what happened in class, I consider the same kind of frequencies, the intensities can be different, yet I see no difference".

Another stipulation that came up in the interviews was that there are more coincidences between mothers and daughters. This was Mira's argument, and she has no children: "... I believe that it happens a lot between mothers and daughters, children, women of such intuitive quality… but I also know a few men who also experience it". And Ora indicated on her relationship with her daughter, "I cannot explain it. I can only say that I have a daughter and that it happens from time to time; we have a very close relationship and when she was little it was catastrophic, there were things I was scared to think near her, because the minute I thought about them and the thought entered my mind, she returned it back to me,
and then there were entire themes I constantly stopped myself from thinking around her, because she somehow caught it immediately”.

In summary, many therapists tended interpreting and explaining the coincidences in a broader way than in transference terms; some used transference terms and supplemented another interpretation such as defense lowering, level of attention, presence of patient's energy in supervision or therapy room, and some even argued that transference terms do not contribute to understanding the coincidences they experienced.

**Therapists' opinion on the influence of coincidences on therapy, the patient, or the therapist**

As a coincidence event occurred, some interviewees shared it with their patients while others did not (to my question on using the coincidence, Ora replied: "I did not do anything with it (the discovery of the coincidence)"). Gal replied to the question "did you share it with her?" with "No, no, no, no").

Among the interviewees experiencing these events and not sharing them with their patients, most stated the coincidences benefited them, therapy, or the patient.

Both Yonit and Mira spoke of the influence on the therapeutic process. Yonit who found several interesting coincidences in her therapies, including great similarities between two separate individual patients, argued that "at the service level, it actually expands… yes, and I asked myself, even as I summed up the session, whether the change will proceed or is it coincidental? And this was a turning point”.

Mira described: "see, there is the process she underwent, and I think it affected the process, and I cannot say how… but for the better".
Lihi who did not share with her patient her sense of victimization and violence in therapy as well as in her personal life in her area of residence, argued "I think it served his therapy as it enhanced the sense of violence I was exposed to (in therapy), allowing me to draw the line". By drawing the line, the coincidence served both the relationship between the therapist and patient, the therapeutic process, and both the patient and therapist – each separately.

Interviewees who chose to share with their patients exhibited a complex stand on the benefits of sharing in the therapeutic setting: Hanna chose to share with her patient the key she found on the ground and thought at hindsight it contributed to the therapeutic process and the patient, due to the patient's occupying in entering and stepping out of doors in the course of therapy. She described it the following way: "the first sessions were constantly through doors; meaning, in the first sessions he constantly ran away, enter to a bathroom cell, and then remained complete silent, lifted his legs as if he was not there, and for a minute he even made me doubt whether he was there or not, perhaps there is an outlet I am not familiar with? Perhaps he managed to run away from there? … without seeing him he suddenly played with the door lock, trying to scare me as if he was stuck, I could see the lock opening and closing very fast, him moving the door lock, this way and the other way, and I was trying to open it. He shouted: 'I can't get it open' and I told him: 'come, you turn the lock handle and I pull'. Meaning, all communication was through the inner and outer sides of doors, opening and closing… in one of our sessions we arrived at a public garden, through which cars were passing on their way to a parking lot, and he began telling me that he has a car and that – that was his car, and that was his car, and that it is a car of no key, you turn it on without a key using a special patent… and suddenly I was after him.. I
was after him… I was always after him. And suddenly, shining on the ground, I saw something shiny, and I saw it was a key! A key! ... I picked it up and he was running towards the school, and I called him 'come! See what I found!' and he was blown away by it, grabbing it from my hand and saying 'wow! There is my car key!' and something eased in him… somehow, finding this incidental key made me think hard on that time as if I was in a time of closed doors, I was very frustrated, as if he actually constantly rejected me, he did not want a connection, I was not good for him, and he avoided me, he did everything… he hid behind closed doors and there was need to find the way, the key, not to experience it as a rejection but understand it: that we are at two sides of the doors… I experienced the hardship, was unaware of the door between us that was constantly in front of me, as we constantly passed through doors, but I yet conceptualized it, it helped conceptualizing it, that he is actually still seeking and checking to see if he is able to stay inside… as soon as I found the key, it was as if I found something able to save me from this situation with this kid… suddenly something dropped from the sky, literally, a key, something dropped, something, now it could have been a coin, a marble, it could have been all kinds of things, but it was a key! And afterwards, in supervision, writing and such, I suddenly realized the course of the beginning, as we were at both sides of the doors, experiencing obstacles, and how hard it is to find a key, encounter it, for him to encounter me, and the key has significant symbolic meaning to it, and coincidentally a key dropped, it was so strange!..."

Hagit also expressed a similar sense of both the therapeutic process and the patient benefiting the coincidence that took place. Hagit said, "Thursday evening I suddenly ran into a classmate I have not seen since graduation… and we started talking about what I do and
what she is doing now… and 10 minutes later she began talking about parental coaching.
And I said 'no, I do not practice parental coaching' as I really didn't… I said to her, 'listen, the people I work with are adults and I don't practice parental coaching'… and I continued contemplating on this, thinking that parental coaching is wroth doing… and then something here (in therapy), I told her (the patient) 'listen, yesterday I ran into someone from my class and she did not know who I was working with, and she asked me if I practice parental coaching, and it seemed to me your parents can really … (laughing)… Yael: can contribute from it? Hagit: Yes… and then she told me… that her mother practices it, and I replied: What ????? And she said that her mother practices personal coaching, and I told her: excuse me ???? And she said 'yes, she coaches'. 'Is she a psychologist? Is that what she does?' and she replies: 'no… but it is a kind of hobby or occupation of hers'… and I told her that I don’t not whether to laugh or cry… meeting with that friend surfaced this content, it was in my mind, it was a sufficiently relevant content to invade here … a connection and link to the content worked on – the parents – was formed, we returned it to the home arena, we processed another level of it as something very primary came up here … I am unsure among who and if so, but it was very clear to me that if something is on the agenda or that the same things are present, you suddenly see something related to the same issues you are dealing with, it is not something spiritual or cosmic you invite… it is not the universe, no, that is not it, but the fact is that I deviated from my customs and it led to something, like magic really, and it cannot be explained otherwise, because there is really no linear thought or intention to it.'
There were other therapists, who also chose to share the coincidences with their patients that indicated a less clear benefit to therapy and even tended stating sentences contradicting it. Tel argued she does not see how the coincidence contributed to the therapeutic process in the case where she treated two separate patients both familiar with her grandmothers: "I volunteered in the ventilated department... as most students refused working there. As I got there I was acquainted with the woman I was supposed to support and turned out she knew my grandmother... at the same time... in another department... I received another patient, a holocaust survivor... and only as I got there she gave me such an intake of who I am... and she heard my maiden name... which is not that rare... in short, she knew my other grandmother... with the first ventilated women it was very difficult for me as I felt to some extent that if she had not known I was the granddaughter of A perhaps it was easier for her... in the case of the other woman, it's hard to say, but I think I did not mind".

In the case of Nurit who experienced a coincidence with her patient having a similar childhood life story to hers, it was evident the coincidence served both the therapeutic process and the therapist, yet she had to pay a heavy emotional price: "I believe that in this case, it served us both... I do not know the price she paid; I do know that I paid a heavy price in therapy, as it was not easy for me and took a great deal, but I received something very significant here... it opened my eyes to things I was unaware of, it shone a spotlight on them, and what the conscious was unable to verbalize, the unconscious verbalized for it, and it was a very intense feeling".

In summary, it was found that some of the therapists chose to share the coincidence with their patients, while others chose not to. Two of the therapists stated the coincidence had a
positive effect on the therapeutic process, one stated it benefited their relationship as well as the therapeutic process, the therapist herself and the patient separately, two other that did choose to share with their patients indicated that it contributed the therapeutic process and the patient, and only two therapists argued that in their opinion it is possible that the coincidence did not benefit and even possibly done harm.

**Religious and Spiritual Belief**

As Jung referred to coincidences as synchronicities, religious people call them 'miracles'. In the course of the first interviews, it became made clear to me that religion and spirituality surface in the interviews' contents. So, I also asked to hear the attitude of the remaining therapists on religion and spirituality. I would like to state that all participants except one were of clear secular appearance. Following several interviews raising complexity regarding religion, I made sure ask the following interviewees on their religious/spiritual beliefs. Half of the therapists stated they come from a religious familial background and the seven remaining interviewees stated a connection to spirituality, so that each interpreted the coincidence in accordance with her viewpoint.

The origin families of seven interviewees are considerable religious. Bar described: "it is complicated, as I was not raised in a religious home, but my father comes from a religious home… I was never religious, but it is right there, like tradition… and now my father became religious… it (the meaning of the event) seems to me more related with believing in
the world and energies, perhaps more spiritual and philosophical belief than religious belief".

Gal stated: "my father was a Hassid… I am a spiritual and religious person connected to my own divines and goodness in general… I come from a religious family on both sides – my mother was less religious, more Hapoel Mizrachi and Hamafdal, and my father was a Hassid… at 16.5 I became secular as I met my atheist husband… there is nothing entirely coincidental. Everything happens for a reason, people that are in tuned to these coincidences see they are actual signs from the universe, if you listen to them they are keys, treasures… everything is a sign, it does not happen for no reason, there is meaning to it…".

Hanna said: "I am entirely secular; I am not a spiritual person. I am a down to earth person, but I am very open to these connections… my grandmother was religious… originally our families were very religious, I also had a phase where I returned to religion… supposedly… in second grade Chabad people came to do a group activities with us and at the end of each activity they would give us peanuts and everyone would come for the peanuts, and I came to listen, and it affected me so I decided I am turning religious – I switched to a skirt and kept it for two years, without my parents but with my grandmother that used to tell me all kinds of Torah stories".

Yonit described her background: "I am entirely secular. The truth is my mother comes from an ultra orthodox family in the very distant past,, she was raised as a religious girl until the age of 17, as she made Aliyah to Israel… I think she really believes in mystics, that there is such a thing and a place for it, I am not sure if it is related or not, but I feel a
need to tell you that yesterday I met a very religious friend from Jerusalem and we both shared the progress of our clinics… and we actually spoke about the room, whether you take one of not, is what invites the patients. She said: "the holy one blessed is he, he listened to me" and I replied: "the energy is available for me".

In Lihi's case, "belief to me is not related to religion; I come from a traditional religious home, my father is religious, we were raised in a light religious home that became more religious. I am not, but I have a significant link to the Jewish texts and I can say that from a very young age I sought a spiritual path and wanted to be a Buddhist monk… I was a Shiatsu teacher and therapist, moved in these circles… I am a believer, I am not an atheist, I believe we have a place in the world and I believe in the forces of nature".

The complex relationship is evident in Hagit as well, yet according to her, her family developed antagonism to religion: "I am a religious person and am not an observant… I believe there is cause and effect and a connection between the two and this is in fact my premise… there is a distorted relationship with religion in my family, it is disappointment of god, anti religion or anti god, so ok, secular people believe in man and socialism and one another and that we are liable, but as soon as there is a god, it depends on the level of responsibility put on god and the scope of liable people, but some people believe there is a god yet he did not do his job, was not merciful and did not protect… and the disappointment of him is such that there is no room for a dialogue, the disappointment is immense… this is the kind of home I come from, at least on my father's side, he came from a very religious family, ultra orthodox… he did not become secular, only stopped being observant". And regarding her interpretation to the cases she argued, "As something is on the
agenda or things are suddenly present, you immediately see something connected to the issue you are dealing with, it is not something spiritual or cosmic”.

Carmel was the only interviewee presenting herself as an observant religious person, and she shared, "I am keeping the Shabbat; things of observant life… my mother became religious… I finally became religious, one can say 6 years ago". As I asked her what does it mean, she replied, "for example, when I travel… when I hurry to work, I say to god… please let the road be open, please let the traffic light be red, ah… green! And it works!"

The remaining interviewees exhibited more spiritual that religious connection. Ora: "I am very secular; I can be interested in the mystical aspects, yet not too deeply… I developed a theory that perhaps visual images transfer from one mind to another", or Viki who elaborated, "I am truly not a spiritual person, I don't know what happened to me all of a sudden… no, I am not religious at all, I am secular, but there is a spiritual dimension in me… I feel on the one hand I am very spiritual and on the other hand really not… at times I have less explained experiences, but… I am very down to earth, very cognitive, very rational… my family is a family of atheists, we were never in a temple, this is our level of secularity, yet I always knew I was different from then in this sense".

Tal addressed nature as a leading force and argued, "I am not religious, but I do believe in a higher power, I call it nature, I truly believe in evolution… so I am not religious, but there are things I make sure… sometimes I slip and I do it by choice, not believing that if I do not do it I will be punished or something of this sort… I studied a little Yemima method… coincidences have a purpose and they come to teach you something but it is not forever, see? They have a purpose, only you do not always know what it is".
In summary, this research cannot decide on the origin of these phenomena but rather only describe the therapists' assumptions. There were those arguing coincidences take place as the individual invites them, as he is dealing with something, and then the inner contents connect with those appearing in the external reality; there were those ascribing higher powers to the ability influencing our course of life and in doing so invite that which we need to proceed our way, and a somewhat similarly, there were those putting the leading and affecting power in nature. Half of the interviewees stated they have a complicated relationship with religion.

**Coincidences happen all the time**

The interviewees raised an assumption that the coincidence phenomenon takes place considerably more often than noticed; meaning that coincidences be found not only in art therapy can and used to channel the individual's quality of life. Among the interviewees, there were those emphasizing the age of the individual and the traumas he underwent, arguing that as children we are naturally more open to this channel, yet over the years and the traumas we undergo, this channel might become blocked, thus we might lose the advantages of coincidences in favor of healing, recovery, and personal growth.

Tal indicated that in her opinion, "if you have yet learned the lesson, you will reencounter it … I believe that it (the coincidence) happens to everyone… so you need to be sensitive and those who are sensitive notice it… I believe nothing is incidental".

Many interviewees addressed the relationship with children as allowing this type of experience realize. Hanna argued, "I believe whoever underwent traumas will be closed to it, I see it happening particularly in children, this channel can be shut down, in children, it is
related to creating and art, children who remain open to this channel are connected to themselves and the world and those who were traumatized are closed and fixated and will find it more difficult as adults to reopen this channel. But I think they will have difficulty opening and also will miss something they will not know what it is… trauma has significant meaning, if you experienced trauma you need these meanings, the archetypes, they help you in your situations of no meaning, as you find it difficult connecting to yourself and able to accept the collective meaning, helps you reconnect to yourself and heal the trauma if it is too great, part of healing is opening up to this place and it is like opposite things, opening to the healing you need is what scares you and then you are in fact reduced”.

Viki also addressed the children and supplemented the therapeutic space dimension, "I do think that children find it easier reaching these places than adults, at least children with proper and active playing ability… this image (shoes) was there for both of us, as we were both patients… I believe the therapeutic space greatly contributed to it, in general I think working with an image highly contributed to this… the third analytic: I very much believe that as you are in tuned to the relationship between the patient and yourself, you invite communication that is unconscious, meaning – not overt. It is not like I tell him something and he relates it with something else; also via playing or something else… but rather something actually unconscious that is covert and I find it extremely interesting, I find it of immense therapeutic power. I think it can happen to everyone, but it does require a certain tuning… a certain openness, meaning – one should open a channel, you are not always available to it and for this reason I believe it did happen for a reason between two
therapeutic spaces, as something in the therapeutic space is more open, allowing transferring more information through it".

Mira who used to practice holistic therapy argued that it happens all the time, only we do not always pay attention to it: "I believe it happens all the time and I think we do not always notice it. I also think that even I experience things I am not aware of. Can it happen all the time? I believe yes and no. Meaning, I see it as a channel of communication and if there is blockage I do think it can be blocked… I also think that if it is blocked, you can still pass it, it is a matter of energies… it can happen at any case, if it wants to pass, it will pass… but if you are in tuned to it, I think it helps… it is like a drawing, all children draw and as they grow they just stop".

Like Mira, Carmel indicated when in her opinion people are blocked to these phenomena: “Some people are more blocked than others, some are much more skeptical, so I think they are less able to feel, as they are like behind walls; theoretically, everyone can feel if they enable it to exist. This energy exists in any case; the question is what happens to those encountering this energy? Are they open to experience it or are they blocked, because of the choices they made? … It is more evident in children and as there is trust between the therapist and patient… and as both are invested in therapy… this naturally depends on the background. Meaning, it can be a small child already abandoned, a boarding school child or something similarly difficult. He already has defenses… the less a person has defenses, the cleaner he is, and so I believe the more likely it is it will happen”.

So, many therapists agree the phenomenon is considerably extensive, yet in most cases does not receive much attention, whether in personal life or in art therapy. In their opinion,
children and perhaps the mother-daughter relationship encounter more such coincidences as they are more open to identify them. Many agree that the more an individual is mature and hurt (by traumas experienced in his lifetime) the less likely he is to identify coincidences.

In summary, the interviews exhibit that the therapists indicated a situation where they were surprised by the occurrences and experienced them as unique and meaningful events.

Contemporary acceptable transference terms provide conceptual infrastructure to understanding coincidences, yet as indicted, they are not sufficient and many turn to others channels for diagnosing the phenomenon.

Using terms like energies, additional subconscious communication channel, a transmission passing through the unconscious, is part of the terminology used by the therapists. They provided explanations to the phenomenon such as lowering defenses, level of attention, energy presence of the entity discussed in supervision and the therapy room. Most of the therapists indicated that the coincidence benefited them or their patient in some way contributing the therapeutic process.
Discussion

The objective of this research was to highlight coincidences and invite therapists explore the potential benefit of these cases. Results supported that art therapy participants are open to experience synchronicities with contents rising in therapy, in addition to transference, counter transference, and projective identification, and that synchronicities can be utilized to assist the therapeutic process.

In regards to the first research question, 'what coincidences did you experience in art therapy?' it was found that all research participants (as indicated, knowing its subject) shared coincidences in the course of art therapy. Content of the coincidences was rich and diverse and included themes considered as archetypes according to Jung’s approach (i.e. death archetype, self archetype, key archetype, and more).

In regards to the second research question, 'what are art therapists’ explanations to the coincidences?' it was found that most therapists did not explain the coincidence in terms of transference only (Except three therapists from which only one used significant transference terms), but rather used additional explanations such as defense lowering and metaphoric dialogue, level of therapist’s attention, or presence of patient’s energy in supervision or the therapy room. This confirms the research postulation, that there is need for a more comprehensive explanation besides transference terms to explain coincidences.

Regarding the third research question, 'what are participants’ stand on the feasibility of coincidences?' most of the participants suggested these coincidences happen all the time to everyone, only not everyone notices them. Also, they assumed that these phenomena frequently
take place in a good and attentive therapeutic setting (two even indicated, much like in a good mother-daughter relationship).

In regards to the forth research question on 'the influence of coincidence on them, the patient, or the therapeutic process itself’, it was found that as a coincidence event occurred, some of the interviewees shared it with their patients, while most of them did not.

Despite the issue of sharing the event, in which each acted differently - either sharing with the patient or not, most of the participants tended to ascribe the coincidences a positive effect on the patient, the therapeutic process, and even themselves.

Also, the issue of religious / spiritual belief came up in some of the first interviews although initially presented as a research question. A theme of complex attitude towards religion was found, manifested among few of the participants’ nuclear family members becoming secular or religious, or the interviewees themselves undergoing such process without their family.

Regarding the first question, the contents rising in the coincidence stories (summarized in table 2, presented at the beginning of the Results chapter). The first column of table 2 shows coincidences repeating as content rising in therapy and reoccurring in the life of the therapist. In my opinion, most of these cases (described at the bottom of the first column, numbered 7, 12, 20, and 23) can be explained by transference relationships (Bergman, 1986; Ogden, 2011; Klein, 1930).

However, in my opinion, stories numbered 1, 3, and 4 in that column are different. It seems the synchronic link was done immediately and not rationally, as according to the therapists that patient expressed an identical content to something specifically presented among the therapist that same day, not necessarily something characteristic of the therapist over time as
in previous cases. Thanks to the unique nature of the specific case in the personal life of the therapist (reading a specific tale the day before therapy, being informed on the death of a grandfather in the course of therapy session, and an acquaintance’s funeral that same day) and the resemblance to the specific incident taking place in therapy (same concept as in the tale, death contents, and repeating the same sentence), the event surprised them at that moment. These cases support the inter-subjective approach, i.e. Ogden (2011). Ogden argued the existing of ‘the inter-subjective analytic third’, something linking the therapist’s psyche with the patient’s psyche by creating an object mutually formed (the subjective of projective identification). This can be interpreted in some cases as a fantasy of discharging part of the self (whether the therapist’s or the patient’s) onto the other person.

The three cases (1, 3, 4) can also be explained using a similar term by Bion – ‘analytic object’ (Bion, 1962), constituting a common content emphasized by the relationship between the therapist and patient. In these cases, the content was emphasized by the cases experienced by the therapist and the content raised by the patient.

The coincidences including an image of additional meaning (showing in the second to the right column of the table, numbered 2, 9) can be explained in Jungian (1975) terms – ‘common unconscious’ and ‘archetypes’. As the key (in Hanna’s story) had a functional meaning of unlocking a key lock and the word key received a symbolic meaning of problem solving, even if the therapist or patient did not consciously think of the functionality together with the key's symbolism, it can be stated that in both common unconscious, the key was expressed in two dimensions - the symbolic and real, much like an expression of a patient’s psyche together with an expression of the therapist’s real world.
In the second story by Ora, the archetype of the wild woman, an image of a woman next to an owl image, appears. Similarly to the ‘Lilith’ appearing next to an owl and considered in Jewish mythology as a demon (as well as first man’s wife), representing rebelliousness, evil, and lack of modesty, and in modern interpretation a feministic perception (Wikipedia, 'Lilith', captured September 22, 2012). According to Jung’s approach, arguing a common unconscious, even if the patient’s conscious did not link the mythology of the first woman and his perceptions of women, this information did appear in the common unconscious and the therapist was wise enough to show him the link between his creative expressing and his inner perception of women. In other words, the associations rising among the therapist in response to the content raised by the patient both led to common processing of the patient’s perception of women. This process in which the therapist reaches unconscious contents of the patient using a process she undergoes herself were referred to by Bion as Reverie (Bion, 1967).

On coincidences repeating the same image (described in the third column) conservatives argue there is a statistic explanation to it, as ‘the law of truly large numbers’ (Kemmerer, 1919) and ‘Littlewood law’ predict there is a sufficient amount of events, some of them will be experienced as miraculous coincidences. This was the case in all six descriptions detailed in the third column (numbered 6, 10, 16, 18, 19, 21) – statistically possible surprising incidents. This was supported by some participants, including Ziva who argued coincidences are feasible possibly due to the multitude of cases occurring.

Regarding participants’ experience of mystical sense, McKinley (2010) argued that transference in art therapy is of magical and mythical proportions due to the visual evidence in therapy. According to him, regression is often highly intense and at times direct as well, thanks
to or due to – depending on the outcome – the immediate connection with the visual and real image formed in therapy and the sensations internalized in the therapist.

The coincidences described in the next column are cases in which the therapist experienced the patient’s energy as if present in another situation. In descriptions numbered 5, 10, 22 it was reported the patient was as if present in the supervision discussing his therapy and this can be considered as part of parallel processes, as argued by Kadushin (1985). As indicated, Kadushin suggested repeating of contents and patterns of behavior between what happens in supervision and the therapy room is possible. Still, in these specific cases, it is evident the repeated nature transforms from supervision to therapy and not vice versa (as opposed to researches by Siegel and Brenock, Friedlander, 1989). These researches describe how the therapist reenacts the content of therapy in his supervision. In the cases presents there is a reversal of roles, on which I wonder.

It can be argued that explanation to this can is provided by Reich (1973), arguing there is a connection to the seniority of therapists, and that young professionals tend to fail more in this issue. However, in this research, the therapists' experience of their patients as if present in the supervision was common to both young and experienced therapists, therefore not supporting this hypothesis.

The explanation to coincidence numbered 17, in which two patients acted in surprising coordination in the therapy room although having no connection (and actually, so were some of the coincidences in the previous column, indicated earlier) can be 'lateral penetration'. This is a term suggested by Martin et al. (1987, in Betipul-Net, 2010), referring a state in which the affective tone in which a specific patient is discussed is influenced by discussing other patients.
So, the tone in which the therapist took on with the patients can perhaps indicate the actions of previous patients. Some therapists stated they were 'clean' to influence, therefore there is room for further examination of this hypothesis, as it is possible they were not aware of their influence.

This may shock some readers; still I would like to suggest an additional interpretation based on the 'quantum theory' (Golan, 2007) and the revolutionary revelation of this century. I am referring to the finding of the atom state existing simultaneously in two places, a finding proven at microscopic level by quantum physics. I would like to suggest that perhaps the patient was present in the supervision although this cannot be validated at this time. Jung and Pauli (in Shiloach, 2008) argued that coincidences do not result from meaningless randomness but rather created by synchronic patterns. These patterns, along with causal influences, create synchronicities, the psychological equivalents of superposition, familiar from the terminology of quantum physics (captured via the internet May 15, 2012).

Some of the therapists interviewed, including Gal and Mira, suggested the possibility of patient’s presence, although he was not physically present, as a relevant possibility. This outlook, that today seems unlikely, can perhaps be proven in the future with the development of science and transpersonal psychology (allowing spiritual contents to coincide with science).

Aharonov (2008) wrote on the principle of superposition. According to him, an electron, and in fact each quantum particle can be in several places or several situations simultaneously. As indicated in the book 'Jung', author Robin Robertson (2004) described how the premise of synchronicity is gradually more accepted in contemporary science (although under different terms) due to the wide experimental support to the physical theory by Bell. Bell's theory assumes sub-atom particles remain attached to one another in some a-casual way, even as they are entirely
scattered in space. I believe that transpersonalists should examine whether some parts of coincidences can be examined in terms of quantum particles.

Also, the other coincidences presented in this column (numbered 8, 11, 15) were explained by the therapists in terms of existence of 'energy' affecting the therapeutic process and among others forming coincidences. I did not find a reasonable explanation to this 'energy' except Noiman's (2007) argument that an individual tends to argue a mystical experience due to the strangeness of encountering his 'non self'.

Coincidences in which a subject was incidentally raised led to obtaining significant information to therapy (numbered 13, 14 in the last table column) we can also ascribe to the inter-subjectivists' method of operation (Racker, 1968). They ask to position the therapist and patient on the same level, thus allowing the therapist be an active part of therapy rather than simply a 'clean slate' to the patient's experiences.

By bringing the personal aspect of the therapist into therapy, two things are invited: the patient's encounter with all kinds of layers allowing him to become familiar with his relationships with people close to him in benefiting ways (as in the case of Hagit, where the therapist shared with her patient the conversation she had with a colleague on parental coaching and by sharing this received an important information on the patient's mother practicing parental coaching).

In addition, the therapist receives information on the patient thanks to contents rising from his personal life (as in the coincidental case in Tal's therapy, as two of her patients knew both her grandmothers and this acquaintance constituted a significant and relevant source of information to therapy).
In summary of the first research question, in this research there were many contents of interesting coincidences noticed by therapists. As these cases took place in the therapeutic setting, I believe the therapist should pay the patient's attention to these cases. Similarly to Netzer's (2008) argument that as we encounter two reality events or one reality event and one mental event of the same content, we must ask what does this tell us. In therapy, the therapist's role is paying the patient's attention to these cases, if the patient does not notice them himself.

In cases where the therapist encounters a coincidence in her patient's contents she may induce additional details on the patient from it, therefore it is wise utilizing the content emphasized in therapy by coincidences as relevant raw materials.

The second research question (regarding the therapists' understanding of coincidences) was responded by most participants using broader explanations than those suggesting transference relationships (Mitchell and Black, 2006; Schaverien, 1995). I assume the contemporary common transference terms are complicated to understand and perhaps are not phrased clearly and comprehensively enough, so they cannot be used regularly. Perhaps due to the complexity of transference terms, the participants' answers allowed mystical assumptions alongside acceptable ones, including lowering defenses, metaphoric dialogue, directing attention, and presence of the patient's energy.

Lowering defenses is an assumption similar to the arguments by Raz (2000), Jacobi (1989) and Rogers (1993), according to which as art (including the image and symbol) is a language preceding verbal language, it is able to bypass some defense mechanisms, release blockages, and allow expressing emotional experiences that often cannot be verbalized.
The metaphoric dialogue is identical to Cox's (1992) explanation referring to metaphors as means for communication in which something is expressed in terms of a different thing, and the creativity of the metaphor encountering the human brain expands and enriches the original experience with new images leading to change and flexibility. One should also regard the ideas of Watzlawick (1978) on the language of change. He argued that in creating, the right brain hemisphere is the active one, assisting the language of integration and metaphors.

Similarly to this argument, the therapists' referring to 'the therapist's level of attention' can be based on Damasio's (1999) argument distinguishing two types of consciousness: 'nuclear consciousness' and 'expanded consciousness'. The first is consistent with the experiential self often changing, independent to memory, thinking, and language, and deprives of a sense of personality or identity. The second is related to the autobiographic self or narrative self, entirely dependent in creating continuous experiential memories, attention, and language; therefore as an individual is at an expanded state of consciousness he can create an integrative self to the occurrences around him, so that an individual experiencing a context of a specific content in the form of coincidence can construct a new narrative in his 'expanded consciousness'.

Whether art therapists explained the coincidence by common terms or not, similarly to Jung (2005), I suggest using irrational tools even if we are still unaware of the way they operate.

On the third research question regarding participants' stand on the feasibility of coincidences, there was consensus fitting Netzer's (2008) approach, that "it is possible these phenomena take place more often than we know, and our openness influences whether we identify them or not" (p. 37). Netzer supplemented to the participants a clear definition of when these cases are possible, containing the sum of participants' assumptions: "mainly in states of
transition, distress, or extreme, sensitivity and vulnerability, weakening of the consciousness and common defenses, and special need for guidance, hence also the appropriate openness” (p. 37). So, there is consensus on the scope of the coincidence phenomenon existing in many life domains. Also, in art therapy, the therapists believed many situations of coincidences are evident, only in most cases they do not receive attention. If there is truth to this, we as therapists should find the right way to use these cases to speed processes of change among our patients.

Regarding the forth research question on the influence of coincidences on the therapist, patient, or the therapeutic process, all therapists assumed the coincidence was beneficial. Tal was they only participant stating that in one case she believes the coincidence had no benefit to the patient. The idea of a coincidence able to benefit is also based on a theory by Watzlawick (1978) on the language of change and Jung's (1975) acknowledging that healing and growth may result from symbolic experiences or states of consciousness that cannot be rationally comprehended, as the mind has partially independent components separated to the ego (complexes) and organized around archetypes.

The spiritual religious belief characterizing half of the participants was surprising to me at first. Later I wondered was it a result of the research theme that invited participants occupied with belief contents. This is a matter for another research. The comparison between coincidences and religious miracles is evident in the population. Change in therapy receives a religious nature in Watzlawick et al. (1979) arguing a 'secondary' change is usually perceived as unclear and at times due to grace in the religious sense.

So, many therapists agree the phenomenon is much more extensive, yet in most cases does not receive attention, whether in the private life or in art therapy. If this is true, I believe we
should focus our attention on cases able to elevate certain situations in which the individual seeks validation or approval to his ideas. As the individual is supported by a containing figure that is sensitive and aware of the occurrences, he can be contributed by such coincidences and enjoy a developmental leap to the next stage. I feel a need to raise the option that coincidences can also shed light on situations that do not benefit the individual, therefore the importance of the therapist (or parent) to be aware of the various meanings that can rise from the combination of images or metaphors.

The findings of this research indicate that some art therapists experience coincidences in the course of therapy. The contents of these coincidences can be examined as Jung's archetypes. The terms of transference provide an extensive infrastructure to understanding the cases, yet often do not fully explain the experience and understanding of the coincidence.

The consensus on the frequency of coincidences raises the importance of paying attention to these frequent situations. Apparently, most coincidences in therapy have a benefiting influence and therefore the art therapist should utilize them to bring prompt change and healing to his patients.

Regarding the spiritual/religious aspect, I believe there is room for spirituality in the scientific discussion; however I am a minority in the academy. Still, it seems the participants of this research exhibited openness to the spiritual domain that is not characteristic of the voice heard in the general population. Perhaps in the future transpersonal psychology will be able to integrate eastern spiritual theories with western scientific theories and weave them together into one comprehensive understanding.
The connection between mystics, religion, spirituality, and coincidences will precede interesting many. I hope a future scientific research will bring appropriate answers to the events we all experience.
Summary

In this research I attempted to examine coincidences taking place in art therapy. The implication of this research on the therapy domain is first the aspiration therapists address coincidences with seriousness and intention to utilize supposedly meaningless events and integrate them in the therapeutic process in a benefiting way, encouraging rapid change in their patient.

Second, surface the existing perceptions of art therapists also consisted of spiritual outlook. According to the transpersonalists, part of the developmental stages is the individual's spiritual conscious, and spirituality was found to be able to benefit the therapeutic process. Therefore, it is interesting examining the place of spirituality in therapists, and the place of spirituality in regards to the effect of art therapy.

The conclusions of this research are that there are coincidences in art therapy. Those who pay attention to them can be very surprised; even as there is no consensus on the reasons underlying them, there is a premise among therapists these events can benefit the therapist or patient as well as the therapeutic process, therefore I conclude they should be regarded as relevant raw material existing in the therapeutic setting, able to benefit therapy in addition to transference relationships.

Despite the seriousness and willingness invested in the research, it holds some significant limitations: first, being a qualitative research consisting of 14 participants only, it cannot be generalized to the general population of art therapists or generally conclude to other therapists of other disciplines. Qualitative research provides reliable results, relevant to a smaller and less representing population.
Also, this research consisted of intern as well as experienced therapists (the most experienced is of 11 years seniority). If the postulations were to be examined by distributing to groups (interns versus experienced), perhaps the results were at significant levels. In addition, despite the vast variance in seniority, there was no gender variance – all participants were female with not even a single male.

Although I tried not to influence the participants' responses in the course of interviews, it can be assumed that my presence as an interviewer had an effect on the participants and biased their answers.

Moreover, research participants were only therapists who agreed in advance share a coincidence they experienced in therapy. It is possible if they were asked to share a coincidence in the course of the interview without knowing the research theme in advance, there was a smaller sample reporting the existence of this phenomenon. Meaning, there was room for reporting the percentage of phenomenon evidence in relation to the art therapists' population to control this research.

Hence, this research requires a more extensive examining and one should not come to extreme conclusions following it before performing additional research, expanding the sample, and validating the results of this research.

My recommendation for future researches include a wider and more comprehensive research on coincidences in verbal psychotherapies and examining patients' perceptions (which were not examined at all) alongside those of therapists on the incidental events taking place in therapy.
Also, I recommend seeking explanations to the phenomenon in exact sciences beyond those provided in this research. I believe with the progress in understanding provided today by quantum physics and based on the philosophical theory underlying it, the psychology field will significantly contribute from it.
References

Aharonov, D. (2008). On computers that do not exist and cats who are also alive and dead. Thinking in numbers, Odyssey (1), pp. 73-79.


Brodsky, A. (2008). Form and movement: on forms and transformations in psychoanalytic space, a lecture on ‘states in the analytic space’ in English.


Chen, G. (2001). Doctoral thesis in Philosophy: the connection between social support and spiritual program and personal emotional and behavioral changes in prisoners rehabilitated from psychoactive substances. Bar Ilan University, Criminology Department.


www.community.asp?id=74&cat=article&articleid=1439.


Wikipedia, Holarchy value. Captured September 22 2012:

http://he.wikipedia.org/wiki/%D7%94%D7%95%D7%9C%D7%A8%D7%9B%D7%99%D7%94.

Wikipedia, 'the Littlewood rule' value. Captured July 21 2012:

http://he.wikipedia.org/wiki/%D7%97%D7%95%D7%A7%D7%9C%D7%99%D7%98%D7%9C%D7%95%D7%95%D7%93.

Wikipedia, 'the truly large number rule' value. Captured July 21 2012:

http://he.wikipedia.org/wiki/%D7%97%D7%95%D7%A7%D7%94%D7%9E%D7%A1%D7%A4%D7%A8%D7%99%D7%9D%D7%94%D7%92%D7%93%D7%95%D7%9C%D7%99%D7%9D%D7%91%D7%90%D7%9E%D7%AA.


Appendixes

Appendix 1
Appendix 2

“My example concerns a young woman patient who in spite of efforts made on both sides, proved to be psychologically inaccessible. The difficulty was in the fact that she always knew better about everything. Her excellent education had provided her with a weapon ideally suited to this purpose, namely a highly polished Cartesian rationalism with an impeccably "geometrical" idea of reality. After several fruitless attempts to sweeten her rationalism with a somewhat more human understanding, I had to confine myself to the hope that something unexpected and irrational would turn up, something that burst the intellectual retort into which she had sealed herself. Well, I was sitting opposite of her one day, with my back to the window, listening to her flow of rhetoric. She had an impressive dream the night before, in which someone had given her a golden scarab—a costly piece of jewellery. While she was still telling me this dream, I heard something behind me gently tapping on the window. I turned round and saw that it was a fairly large flying insect that was knocking against the window from outside in the obvious effort to get into the dark room. This seemed to me very strange. I opened the window and immediately and caught the insect in the air as it flew in. It was a scarabaeid beetle, or common rose-chafer, whose gold-green color most nearly resembles that of a golden scarab. I handed the beetle to my patient with the words "Here is your scarab." This broke the ice of her intellectual resistance. The treatment could now be continued with satisfactory results.”

Appendix 3

“Synchronistic events will always be encountered in the individuation process—the maturation of the psyche and the assimilation of the Self by the ego. In fact, Mansfield (1995) would narrow true synchronistic events to those that occur during individuation: “The acid test for all synchronistic experiences is whether they contain some dramatic expression of unconscious compensation, some genuine guidance from the unconscious” (p. 30). This definition would eliminate many paranormal experiences that Jung would label synchronistic, but avoids the danger of equating synchronicity with paranormal and psychic phenomena”.

Appendix 4

Thank you for consenting to partake in this research, conducted as a final thesis for Master degree in Arts and Expressive Therapies at Lesley College. In accordance with regulations, you must sign this form before initiating the research.

Research Participation Consent Form

I am aware of the subject of this research - synchronization between experiences of art therapists and content raised by patients in the therapy room and that this research is performed by Yael Ben Zion Kohanovitch and under the advising of Ms. Yafa Pollak. My participating in this research is entirely anonymous, and my name, identity, and contents of the interview are not given to anyone other than the researcher.

I am aware that I have the right not to answer any question I wish not answer, as well as answer up to the point I wish and no further, even if my answer does not cover the entire subject, in accordance with the reason indicated above. Identifying details from the interview will be changed and data analysis will address common categories between participants rather than each participant individually.

I consent to partake in this research by my own free will and am not forced or pressured by any external factor to do so, and I am aware of my right to cease my participation in this research at any moment without any repercussions.

I consent to partake in the research:
Name:
Signature:
Date:

In case of any questions regarding the research, please do not hesitate to contact the researcher at 054-7893656.

If you are interested in reading the final thesis with its completion, please fill in your email address below:
Appendix 5

In this appendix are some 20 stories on the coincidences shared in the interviews.

1. (Ora) "I read a story in Russian, a very beautiful story about a man going on a journey, a short story, like a tale. A man went on a journey, forgot his prayer and at night wanted to pray but could not find his prayer and did not recall any prayer at heart, but he was a very religious person and wanted to pray very much, so he wrote on the sand using a stick the entire alphabet and turned to god, saying - dear god, I would like to give you the most beautiful prayer there is, but I cannot recall a single one, so I am writing to you the alphabet as you are so wise you will be able to make of it the necessary prayers; and god looked at it and said it was the most whole hearted prayer he had all day. Two days later I went to my practicum, and the story was on my mind the entire time, as I found it to be very beautiful, and I had a therapy session with a child… a schizophrenic at an acute psychosis state, and he made an artwork for me, and he found it very difficult concentrating as he was at a psychotic state, making it difficult to concentrate, and he repeatedly started doing something and stopped, started and stopped, and after all these attempts, he wrote and wrote a very long sentence, and I asked him if I may see what he is writing on his sheet, so he told me he is writing the alphabet, and I asked him why, if he perhaps wants to tell me something, and he said he wants to say so much and is unable to say it in words so perhaps god will take this alphabet and make something of it".

2. (Ora) "Lilith is seductive, and you know her story?" (Yael) "no, not good enough", "I did not remember she had legs of an owl. She has legs of an owl, the Lilith, and how did I discover that? I had a patient, a very educated Russian adult, ... He was amputated in both legs and in
a pretty rough state… we did many collages I think I still have here, he always chose such sexy figures and there… and then he turned a cosmopolitan figure into an evil female face and then we started talking about it; then he told me it was the woman and that he always connected to this type of women – evil, rough, you know, the Lilith type. Now, as he said Lilith and I heard that Lilith was Adam's first wife and that he divorced her and she was with another, it was a really interesting story and… then I realized that always, in every culture, Lilith always had owl legs, in every culture, now he never knew that, he knew that Lilith was always present in western cultures and at times in western literature, as I began reading on Lilith, on Jung's archetypes, she was part of the shadow archetype, I began reading and searching on Wikipedia and suddenly I looked at the collage and saw the woman had an owl under her face, with legs and everything, just like a Lilith should be, and suddenly I read that in all cultures the Lilith was drawn with an owl, in later cultures… it was always a girl and an owl, and he never knew that, he did it unintentionally, he did it in several pieces without even knowing anything about it”.

3. (Bar) “… My grandfather passed away. And he passed away the day I had therapy sessions and usually I do not look at my phone during therapy, but somehow I did and I was not available and they (the family) knew I was in therapy sessions day so they sent me a text message and so I read about that he died in a text... I did not want to stop the session in the middle so I continued, and then the patient… suddenly began talking about death, we were playing a game, checkers I believe, and as we finished playing he put all the checkers pieces in a row and placed them under the checkers board I asked where he puts them, and he told me he killed them and now he is burying them in a grave, I am burying them, and that was it,
it was terrible for me… and before that, his file indicated he was concerned with the death of his grandfather who passed away and with hamsters he had, but before that he never rose the issue of death, and then the day my grandfather passed away he raises the death issue… none of the children obviously knew my grandfather passed away, and as I came back to work after mourning one of the patients told me about the death of her father, which was on the second, third session?"

4. (Gal) "So the first incident was the day I had classes in the morning and I had to get to a funeral at one o'clock of a friend of mine that passed away from cancer… she was a sister in law of a very close friend of mine, but I also knew her, and I told my friend 'listen, death is merely a change of state', and then I get to class and I give them the first lesson and ask them to draw a business card for acquaintance… and someone in the class presents herself using the drawing and says… ah… it is a bereaved mother who lost her son in the Lebanon war, and she tells me, listen, listen (to the class), and she says – listen, I had a dream at night that… my son appeared in my dream and I was crying in the dream, so he says to me: mother – death is merely a change of state, it was the exact quoting of what I said that very morning as I was about to go to the funeral one hour after teaching".

5. (Gal) "I can tell you that it is a child who arrived, lost, was abandoned by his mother at the age of two and had no connection with her, raised by his father along with his sister and another retarded brother, and he came to see me and each week for two months he was wearing women's cloths… he would dress up in the room, he had women's cloths and he would put on sun glasses, women's purse I had there… it was like that each and every week.
I brought him to the supervision and shared his story... then, after this supervision... ah... he didn't... he didn't... he didn't put on this show anymore, after months of doing that".

6. (Gal) "Now my additional example is that as I bring a lesson to the group I experience it myself first, although I am familiar with it, but each time I am in another place so I experience it myself, so I had a class on the safe place... and I advised them to find a safe place in their body, and before I went to class I experienced the process myself and what I found was that the heart, my heart is where I feel at home, I am an emotional person, I work through emotions, it is a familiar place... and I drew that and then came to class and asked them to sculpture it using clay, meaning – stop at an area in the body and then imagine a place they feel safe in, and out of a class of twelve, six women said the heart is their safe place".

7. (Dorit) "the parents came very much together (to parental coaching); at the beginning I did not realize they were divorced, they had such a good connection, very good communication, and everything looked great between them and I mirrored this to them at some stage, how could it be that everything was so... now they shared that each of them had another spouse and that each spouse had other children and they drew such a pretty picture that from my personal place and the professional place as well I realized it could not be, it was unlikely, and then I reflected it to them and told them they were painting a very pretty picture and after all, they were divorced which is a very difficult process even if it was done in good spirit and in cooperation, and then they... after I opened it with them.. the dam opened and it turned out that there was considerable hardship... and it reminded me of us (the therapist and her divorcee), myself, and that place, and the more I observed them the more I told myself –
wait, if we also seem this way, then it seems we are also playing this game and conveying something very interactive and very for the good of the child at all times and very conscious, and that session I saw clearly the parents' needs and the way if affected the decisions and the child's decisions and it reflected me that our case is very similar and that we are in fact the same… it was very comparable and very painful, the place of hearing them and being reminded of the situations where… they both have a young child and we… the domains overlap and then the area (of residence), (the mother) is very educated and understanding, aware of her child's needs…"

8. (Dorit) "I can give you an example, I have a family in therapy where the child lives with his grandmother and his mother is a drug addict with whom he did not meet after the first days, the father had a new partner and they had a child, and the grandparents are raising him – having no other choice and as they wish to help their son". (Yael) "The grandparents are the father's parents?" (Dorit) "Yes, the father's parents, exactly; the mother's parents are not in the picture, the child does not know who his mother is and he calls his grandmother – mom, and there is great confusion between all personal identities in the family, great confusion, and I – behind the scenes – made great efforts to get the grandmother's and parents' consent to open things with the child and start talking about what happened to the mother, who she is and who the grandmother is, and start building some kind of family tree, and it was very hard for them, they objected considerably, they are of Russian origins, it was very hard for them to understand this mentality that these things can be talked about with children and that it should be done in coordination, not saying everything but saying what is possible, and that something should be said, this hole cannot be left open, and they had difficulty agreeing with
that. And now, the day I got the father and the spouse’s consent, two days after I had a
session with the child and the grandmother, and I did not have the chance to update the
grandmother, and in the course of the session with the child we began drawing and he began
drawing, and drew a family, and he began drawing a family and started asking about the
identity and the location of the mother… the thing I spoke of with the parents… this actually
happened during a therapy session with the grandmother as the child brought it up and I
checked with the grandmother that she did not know about the conversation I had with the
father, meaning – there was no verbal information passing, everything was nonverbal".

9. (Hanna) "We (the patient and therapist) were already meeting for nearly a year, once a week,
and what happened… at the beginning of that year- in the first sessions was that he would not
enter the room at all, he did not agree to come to therapy, and the entire therapy… ah… took
place in fact in the transitions between inside and out, he would run and I came after him, he
would leave, he wanted to be outside the school, he kept wanting to be outside the school,
and I was in constant conflict between what was allowed and what not, I was in a stand,
meaning – today I know it was projective identification but I was in a state of actual fear, and
stress, in the course of the sessions with him, and naturally so was he… there was a matter of
entering and leaving the therapy room, running and leaving and entering and leaving, again,
slamming doors, meaning – in the first sessions it was constantly through doors, meaning –
in the first sessions he kept running, going into a bathroom cell, and then he would keep
silent, lift his legs as if he was not there, then as he was very fast he even managed to trick
me for a minute thinking whether he was there or not, perhaps there was an opening there I
was unfamiliar with, perhaps he managed to escape from it… without me seeing him, and
suddenly he would play with the lock… trying to scare me as if he got stuck. I could see the lock opening and closing real fast, he were jiggle the door lock, move it like this and like that, and I tried opening it, he would shout to me – I can’t get it to open, and I would tell him – come, you turn the lock handle and I pull, meaning – our entire communication was through opening and closing doors… in one of our sessions we arrived at a public garden, through which cars were passing on their way to a parking lot, and he began telling me that he had a car and that – that was his car, and that was his car, and that it was a car with no key, you turn it on without a key using a special patent… and suddenly I was after him.. I was after him… I was always after him. And suddenly, I saw shining on the ground, I saw something shiny, and I saw it was a key! A key! ... I picked it up and he was running towards the school, and I called him 'come! See what I found!' and he was blown away by it, grabbing it from my hand and saying 'wow! There is my car key!' and something eased in him… first he grabbed it as if it was his, he stole it, he stole it, he looked me in the eye to see if I can see whether he steals or not lying. Somehow, finding this incidental key made me think real hard as if I was in a time of closed doors, I was very frustrated, as if he actually constantly rejected me, he did not want a connection, I was not good for him, and he avoided me, he did everything… he hid behind closed doors and there was a need to find the way, the key, not to experience it as rejection but understand it: that we are on two sides of the doors… it was some kind of game and… something in the stick eased him, from the violence part with the stick, and he took the key as if it belonged to his car, and we arrived again at the school gate, and he still held on to the stick, as if the point of this was to find the key in the most
incidental way, in a time of encounters all done through open and closed doors, as if there was a key…"

10. (Viki) "I brought his (the patient) personal details and background story to the case presentation, not a specific case but all that happened so far in therapy, and key questions I had on how to deal with his aggression, where to take it, and so on, and the regressive part, so far there was no synchronization, everything was good… and psychodrama was like that, very being, one may say very static, there was an image of a river I sat beside with my advisor, as on one side … and over the other side, it was indicated by assisting egos which actually means… group players, and on the other side I… connected to resources… creative, player, infantile, and also… eventually, I had an integrative need to hold both ends, and as my advisor came and told me, ok, pick someone to be you, and I told her I cannot pick someone, a human figure to represent her as it does not exist yet, it is in progress, and I told her I would mark her, and then she said – ok, come pick some object and I chose two shoes… later… he (the patient) had a birthday and I really wanted to mention it, and in the earlier session he said he had a birthday and that I did not came and he was disappointed, and… that was in the previous sessions, so I asked him if he wished us to celebrate his birthday in the next session … I brought something from home, some kind of box and a crown and told him that we open everything here, from the aggressive session, only aggressive, only aggressive, I told him, do you remember saying you had a birthday? So I brought you something, and he was very excited, and I brought him a crown and then gave him the box and he said – ok, and now we lift me up in the chair, and I held one side and he held, sorry – he sat down, and he said – now we lift me, so ah… I told him we need two
people for this and that I can’t do it alone, so he said ok, so I'll lift, and I told him – great, now we need something to represent you to lift on the chair, and I saw he was a little stuck, do I told him – the ball? the hat maybe? And he came and said… the shoes!"

11. (Viki) I have another patient who I believe suffers from social anxiety and selective muteness which is becoming petrified and unable to speak and interact in some situations, and she, say, I entirely feel that we have below the surface communication… that she speaks through me… it is not something she brings, and after I encountered in my world in another place, but I do think there is an inviting space there… words, thought, sentences, images, dolls, art creations come up in me that I feel is not mine or only a little mine, say 5% me and 95% her… the confirmation that these are her contents is how she responds to them, it is her confirmation in her eyes, and later as words appeared it was the sense that it is very much her, and many time she corrected and changed, but I got the sense that it was very fitting to how she felt.

12. (Ziva) "So my story of an interesting coincidence is I see in some place in my life I notice a theme surfacing I call coincidence which also surfaced in my therapy with this woman… both, it is an issue I need to work on as well, both, in my life, in the children's, both. So how was it manifested in her work? She would do things for others and not so for herself, this was a conflict and difficulty for her, she had let's say an oppression of her true self, and through therapy she came to the conclusion that she is going to do both, for others and for herself, and the theme of both surfaced coping with the difficulty as well, and she will also have her good thing, both. From this aspect, this came up in the children as well. Where did it come up? When the child wanted… now I put it into colors, which is where I connected to this place
with the children; say a child wants something, and I think differently, he wants black and I want white, and for it to be both – in fact the gray color, containing both white and black, and it is ok for the white and for the black, and it is a matter of negotiation as well, meaning – the connection between a need and a wish, for example you really need it and I really do not allow it, so finding the place of both, it is fine by me, I will find its place, and it is fine by you and we will find the place of both, I agree and you also agree and we will find the place of both. And the very clear example coming up is very representing and happens to me often … in my life as well in my relationship with my brother and in my life, and… and… in general now that the issue of awareness to both and the matter of the hand-held fan I made is on my mind I need to work on that, it is a personal issue I need to work on, if it wasn't an important issue for me, if it was an entirely resolved issue of mine, it would not draw my attention, but it is a very significant issue for me as well”.

13. (Hagit) “… Thursday evening I was walking and suddenly came across a classmate I had not seen since graduation… and we started talking about what I do and what she does… and 10 minutes later she began talking about parental coaching and saying how important it is and that it wasn’t part of what we learned, and what do you do? And I told her: 'no. I do not practice parental coaching' as I really didn't… I told her I worked from home and she did not know with whom… I said to her, 'listen, the people I work with are adults and I don't practice parental coaching'… and I continued contemplating on this, clearly thinking that parental coaching is worth doing… and then in therapy I told the patient: 'listen, yesterday I ran into a classmate of mine and she did not know who I was working with and she asked me if I practice parental coaching, and it seemed to me that your parents can really … contribute
from it, and then she (the patient) told me… listen, we have been working for eight months
now I do know things about her mother and father, and her father took the entire stage, and
she tells me!: that her mother work as parental guidance. And I said: what????’ and she said
‘yes, she coaches’…and I told her I was not sure whether to laugh or cry…”

14. (Tal) “There were two that occurred together, it was different… as I arrived (to practicum) I
volunteered at the ventilated department… as most students refused working there. As I got
there I was acquainted with the woman I was supposed to accompany and turns out she knew
my grandmother… at the same time… in another department… I got another patient, a
holocaust survivor… and only as I got there she gave me such an intake of who I am… and
she heard my maiden name… which is not that rare… in short, she knew my other
grandmother.”

15. (Yonit) “… I wondered whether to pay them (the patient’s parents) a call or should they, as
far as whose responsibility the child is, the parents’ expectation is often for me to remind
them and take on the organizational aspect and I think of the child and the parents; at the
beginning of therapy, as it was very difficult, she came three-four times a week and without
noticing she was highly involved and a state of silence was created, and I asked myself in one
of the sessions with the child as I saw that she was making great progress, I asked myself
whether she was not communicating because there was really some change and things were
more relaxed and organized as far as the girl’s conduct, and perhaps it was best meeting with
the mother so that she will put the time too in these situations, I contemplate with this
question this way, whether I should call or should this precede them and again I thought
things over and did not act on them, and the child left the room at 19:00 and at 21:00 that night the mother called and said – don’t we need to set a parents’ meeting?”

16. (Yonit) “In the context of an image, with another old patient of mine, as she addressed an image between… it began as a bird peacock rooster and she called the same image by different names: at times a peacock, and in other times a bird, and I looked at an Indian animal book I have and searched for a bird and a rooster and while I was dealing with that and her artworks were inside a box and no one saw them and there was no one who knew about this or heard or seen this, another boy in the room started talking about a rooster, and I sensed this specifically with this child’s, first this was a rare coincidence, they were also one next to each other on the shelves, and in any case as far as children’s world go this was not uncommon, up to that point he was occupied in potions, an entirely different direction, and suddenly the rooster fell into his lap and became very active”.

17. (Yonit) “I have all kinds of materials in my clinic that are hardly ever touched and one of them is hard to reach and closed in a lucid box and another one is in a sealed box, they are accessible yet quite reached, as patient search they reach these materials, and still there are materials that are not destroyed for many years as they are not reached and it is very surprising, the same woman that made the rooster was searching for something else and reached the colored glasses, used them and closed the box and I thought to myself – oh well, a year will pass before someone else will get to this magic box, and the very same night… (she was a morning patient) one of the children whose direction was only the open and seen things and he closes and opens and does nothing, simply stood in front of the shelves, did not reach for what he always reaches, and opened the box and wanted to do something with the
glasses, and it was so surprising to me as this box is used once in a decade, and it was used twice that day”.

18. (Yonit) “There are two old women whose talk about births and husbands is very comparable, not content wise but timing wise; they are each occupied with themselves and their own processes, yet really in synched on the husband or some pregnancy they experienced, and they are both pregnant as well… even technically, they are both in their fourth pregnancy”.

19. (Carmel) “both my patients are 5.5 year old children… meaning, preschool… the things I witnessed were similar, for example the materials they chose to use, meaning – say he chose to play with the sand box and she turned to the sand box as well the session following his, he chose to work with gouache color and she did as well, in fact, as I think about it, there is resemblance in the materials they chose, in the processes they underwent, even in their relationship with me, even physically: there was a table for four chairs, they physically chose many times to sit at the same… in the chair… meaning, on a chair at the same distance from me… yeah, you know, there is no identical two in the world. Obviously, in this coincidence there were differences as well. I searched for them as well. As it was important for me to say I am not imagining or anything. So there were differences, even on the most subtle levels. I had to clarify to myself – there are two here. At times it felt like there was one continuing from one session to the other. Although there were differences between them: one was a boy and the other was a girl, their world experiences were different, their background… their images were very similar; the images and the materials”.

20. (Lihi) “I would like to share about a patient I saw for two years and he is now 13 years old and his mother continues going to parental coaching; he finished his second year a month ago
and I would like to share about the first year. Let’s call him X. I’ll start from the end – after a short time of treating X he brought violent relationship to the therapy room, domination relationships, a type of coercion and violence – not physical or violence against property, but rather a place of significant predation and we were at that place for a long time … I had the sense that I should empower him and at some point it penetrated my life, I left the sessions in a bad mental state, a sense of anxiety I think and it connected with the place and area I lived in back then, at that time I lived… in a not so safe place… an area of considerable violence and drugs and weakened population and I lived there for eight years… and I was attacked twice, one time someone tried to rob me and another time someone jumped on me but in all those eight years I did not feel threatened, I was attracted to that population, and I had a common language with them, but suddenly what happened in the therapy room affected my personal life and I started frightened … suddenly I started fearing going out on the street which is less characteristic of me, something in the anxiety present in the therapy room, that I less experienced… I can say that I experienced it very intensely…”

21. (Mira) “I have one example that comes to mind and I guess there are several but I need to recall them, one of the examples that comes to mind is a patient who created a heart shaped image and at the same week her son, without knowing off course, went and bought her a heart shaped key holder. This was the coincidence… yes, clearly, see, he could have bought her the heart a week before and it would still be a coincidence, waiting a week or two, but this was a real close coincidence, two or three days later or even one day, I do not recall, she made a heart shaped image, what she never does and she does not do or draw this often;… she did not draw a heart in any of her other pieces, this was one specific time that she created
it, it was also her image, and a three dimensional work made using a material she never worked with before and I think it was not a specific incident in that case but rather something else from the image she did but it specifically had to do with her family, and there was a very strong sense there”.

22. (Mira) “she (the patient) was in rehabilitation and she hurt her hand, one (in the group supervision on the patient-that didn’t knew the patient) knew which hand and where… drew, I believe you can say she is someone that communicates energetic… someone else drew the hand, meaning she drew a body, and she drew the precise location, others drew in purple color (like the patient’s piece) not without a hand, she indicated from where to where, someone was also in blue and green colors and one week later the patient drew in green and blue colors… there is a matter of connection, as I said before, I believe in… it happens to everyone, each calls it by a different name, super ego, there are many names to it, everyone calls it differently… energetic”.

23. (Nurit) “I had a patient… and as I accepted her to therapy, meaning I did the intakes with the mother, the main issues came up and they had very difficult hardships… meaning she lost brother five years ago, experienced the divorce of her parents following that, and before we did the intake less than a year before that, she lost her father. Beyond that, she had very severe learning disabilities and she was socially rejected and such… and as we began therapy, not at the beginning of the year but somewhat after, a few sessions into therapy… the first thing I noticed was she amazed me in her maturity and the way she talked so clearly and fluently on her issues and hardships and what she need to cope with and she was still very young and talked about it very impressively, and about two sessions later I began having
very intense physical reactions there… meaning, besides dozing off, considerable tiredness which is familiar to me not only with her but I find it very indicative to see what is going on, and suddenly nausea, some kind of asphyxiation, some kind of intolerance, and mainly very strong heart beats and such, and I began asking myself questions and I would sit and write the materials and began realizing … that we have a very similar life story, meaning this was made clear to me very gradually, one can say she was a fat child and this was something I also experienced as a child, meaning we experienced… as far as childhood and social rejection and physical difficulties it is as if something places us in a similar category and beyond undergoing ah… the same… I am not talking about the brother but the father, we experienced the same loss at the same age and after that I discovered that it was the same month”.