Therapy and Highly Sensitive Personalities

A Literature Review

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By

Erin Freshwater

Chair: Rachelle Reinisch, DMFT
Reader: Meghan Williams, MA

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Abstract

The highly sensitive person (HSP) is often labeled and viewed by the majority of society as emotionally sensitive, over-reactive, withdrawn, or of weak temperament. Researchers are on the cusp of understanding HSP characteristics. The HSP is often misunderstood and challenged by non-HSPs. Additionally, HSPs are stigmatized and misdiagnosed with potentially inaccurate psychiatric disorders. Current research regarding HSPs calls for a paradigm shift within the mental health profession. Therapists could be trained and educated regarding HSP characteristics and incorporate an HSP assessment process. Specifically, therapists could identify HSP traits, inferior feelings, and help HSPs reframe mistaken beliefs. Therapists could use an HSP self-test questionnaire and incorporate Adlerian techniques into the therapeutic process. Through the use of early childhood recollections (ERs), therapists are able to reveal mistaken beliefs that assist with the HSP’s reframing of inferiority feelings. The purpose of this project was to increase awareness, understanding, and compassion for HSPs within the therapeutic relationship. The desired result of HSP education is that mental health professionals would facilitate the HSP’s ability to develop self-awareness, self-acceptance, and self-efficacy. As a result of increased confidence, an HSP would obtain the ability to increase social interest and contribute and participate in the community.
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Therapy and Highly Sensitive Personalities

Throughout their lives, highly sensitive people (HSPs) may be told they should toughen up, stop crying, or that they are “too sensitive” (Aron, 1996). Aaron suggested that most of society misunderstands the personality and characteristics of HSPs. Because of this, the HSPs environment can create emotional stress and affect the HSP’s nervous system (Chevalier & Sinatra, 2011). Highly sensitive people may develop incongruent feelings of inferiority within the social realm. As a result, stress, anxiety, and depression may lead to possible neurosis (Aron, 1996).

The primary purpose of this discussion is to educate therapists, non-HSPs and HSPs about the unique characteristics and gifts of an HSP. Specifically, when a therapist understands the characteristics of an HSP, he or she may have the potential to empower an HSP instead of creating further emotional pain and harm through misdiagnosis. Educating HSPs is necessary because many HSPs may be unaware of unique sensitivities and needs due to lack of information and mistaken beliefs about why they may feel or act in a certain way. Additionally, educating non-HSPs provides an opportunity to view the HSP as a member of a minority group and create the potential for an empathetic response from the community.

Mistaken beliefs were introduced and examined as a result of childhood values and behaviors that did not successfully withstand life style convictions, development, and placement in adulthood. The majority of HSPs are uneducated about their inferiority feelings and as a result, additional focus was placed on how HSPs can learn to increase self-care and self-awareness, regulate emotion, and establish boundaries. Through education and awareness about HSP characteristics, therapists are encouraged to avoid a misdiagnosis related to anxiety, stress, and depression. Therapists have the potential to facilitate the HSP’s understanding of unique
talents and gifts that could build the necessary confidence to become a talented, intuitive, creative, and gifted personality within society—adding to the success of social interest.

**The Highly Sensitive Person**

In the 1990s, psychologist Elaine Aron discovered a new group of people and referred to them as highly sensitive people (Aron, 1996). According to Soons, Brouwers and Tomic (2010), “…sensitivity refers to the ability to be aware of a neutral or emotionally low-intensity stimuli from the environment, one’s own body, or one’s cognition” (p. 154). An as example, Soons et al. (2010) stated HSPs may notice subtle emotional variations in musical tone, sounds and pitch outside of the non-HSP realm. Other physical reactions that affected HSPs include a heightened susceptibility to light, hunger, temperature, caffeine, and medications (Aron & Aron, 1997; Vaughan 2016). In addition, Markowitz (2015b) found that most HSPs felt the need to heal the physical and emotional pain of others due to insightful intuition and compassion. Markowitz furthered that holding the responsibility to heal others led to a negative impact on the HSPs immune system and energy field. As a result, the responsibility created resentful, shameful, and guilty feelings for the HSP. Vaughan (2016) furthered that HSPs frequently felt out of sync with society.

Vaughan posited that the gifts of an HSP included: extreme creativity and artistic abilities, intuitiveness, potential for empathy and caring, and an increased need for a spiritual connection. Aron (1996) created the *Are You Highly Sensitive* self-test to identify and measure common traits of highly sensitive people. The self-test included questions regarding whether or not a person startled easily, was affected by others’ moods, and if teachers and parents thought the person was shy or sensitive.
Highly sensitive people (HSPs) occupy 15-20% of the population and can read, resonate, and understand the emotional state of other individuals (Aron, 1996). Aron suggested that people may view HSPs as shy, timid, weak, unsociable, or lacking in confidence. Zeff (2004) suggested that when HSPs experience subtle emotional disturbances and negative energy, they feel unprepared and caught off guard. When HSPs feel unprepared, it can be difficult to view intuitive experiences as a positive personality trait. Bartz (2011) reported that HSPs tend to view their personality sensitivities as a hindrance because they feel rejected by the majority of the non-HSP population. Similarly, Aron (1996) found that HSPs felt separated from 75-80% of society.

Aron (1996) stated that in the 21st century, unpredictable environmental stimuli such as screaming sirens, bright lights, and emotional energy affect people in society; however, these stressors affected HSPs more intensely than non-HSPs. Chevalier and Sinatra (2011) identified the autonomic nervous system (ANS) as a source of emotional sensitivity in the human body and suggested that the stress of the 21st century increasingly affected the ANS and the physiological states of all people. Aron (1996) suggested that the delicate nature of the HSPs nervous system led to the absorption of unintentional intensified stimulants which could interrupt the HSPs thought process. For instance, Zeff (2004) noted HSPs felt more pain and were likely to investigate the cause of pain. Additionally, due to the HSPs intuitive nature (Aron, 1996), HSPs instinctively knew a potential friend or possible foe. Zeff (2004) stated, HSPs “…tend to be kind, compassionate, and understanding, making us natural counselors, teachers, and healers” (p. 10). In addition to the HSPs compassionate nature, Zeff found that HSPs have a zest and appreciation for love, art, beauty, spirituality, and feelings of joy.
Most HSPs experience a greater amount of emotional stimulation and understand the need for designated quiet time, deep inward processing, and natural creativity (Bartz, 2011); however, others may view the HSPs need for inward processing as introversion. According to Grimen and Diseth (2016) Aron and Aron found, “The reason many highly sensitive individuals act in an introverted manner might be that social interactions generally are a major source of stimulation” (p. 2). Aron and Aron (1997) stated that because HSPs are highly stimulated, they process simultaneous detail on an inward level. Although Adler, Freud, and Jung categorized behavioral differences between introverts and extroverts (Aron & Aron, 1997; Dolliver, 1994), Aron and Aron (1997) advanced the discussion around personality and behavioral differences when they discovered personality traits specific to HSPs (e.g., the need for inward processing rather than introversion).

Aron (1996) explained that HSPs have four dominant functions: feeling, sensing, thinking, and intuiting. While learning to recognize the dominant functions, HSPs increase awareness of their inferior functions. Aron recommended that HSPs learn to recognize their dominant functions when an inferior function is exposed. An inferior function may be believing what others think (even if it is not true). Another inferior function may be projecting feelings of inferiority and self-doubt onto others. Aron believed that HSPs could end feelings of inferiority through self-love and patience.

On a supernatural level, people may refer to HSPs as empaths (Markowitz, 2015a). Markowitz stated that empaths have the ability to intuitively observe others, possess an increased awareness of subtle differences in people, and have a heightened sense of compassion for human beings. Although HSPs have a conscious awareness of the subtleties that may go unnoticed, the majority of the population may not be able to identify a highly sensitive person because HSPs
usually feel pressure to hide their sensitivities (Aron, 1996; Zeff, 2004). This increased emotional vulnerability could decrease confidence and self-esteem; however, Sand (2016) stated the HSPs emotional vulnerability increased compassion and empathy. Similarly, Aron (1996) recognized that the HSPs awareness of others led to increased empathy and a stronger consideration of social justice. As noted by Sand (2016), “If you can connect with the more vulnerable emotions, it can shift the energy and create more space for healing processes” (p. 83).

**Heredity and Nature**

Highly sensitive personalities are found in over 100 species and an estimated 20% of humans (Acevedo, Aron, Sangster, Collins, & Brown, 2014). Aron and Aron discovered that high sensitivity is an innate trait designed for survival (as cited by Acevedo et al., 2014). Aron and Aron found that in response to social and environmental stimuli, HSPs have a *sensory processing sensitivity* (SPS) trait. Specifically, Aron and Aron suggested that “SPS is becoming increasingly associated with identifiable genes, behavior, physiological reactions, and patterns of brain activation” (as cited by Acevedo et al., 2014, p. 1). In addition, the SPS originated as an innate survival tactic for all species and allowed animals to instantly respond to dangerous and evolving situations. Acevedo et al. predicted that if species were created identical, and without personality differences, there may be a possibility of extinction. The sensory processing sensitivity of HSPs includes increased awareness, responsiveness, and empathy due to increased activation in various brain regions (Acevedo, et. al. 2014). Terasawa, Moriguchi, Tochizawa, and Umeda (2014) found that an HSPs nerve impulses (intuition) allow an HSP to perceive the emotion of others, even slight feelings of anger or disgust, through a person’s facial expressions.
Parental Influence and Nurturing

Limited research on highly sensitive personalities began 26 years ago in 1991 (Aron, n.d.). Aron and Aron (1997) determined that the newly developed HSP scale was reliable and valid. Aron researched highly sensitive children (HSCs) and discovered that parental nurturing had an impact on HSCs and whether or not they would mature into highly sensitive adults. Aron’s participants included HSCs that lived with mental illness or alcoholism in the home. Aron found patterns (such as temperamental behaviors) that resulted in negative affectivity. Negative affectivity was the term Aron used to describe negative parental influence. Aron confirmed that when children were raised in a supportive, positive, and nurturing environment they had an increased possibility of social interaction and non-HSP traits in adulthood.

According to Chunhui et al. (2011), “Researchers have found that the family environment and exposure to stressful life events increases levels of sensitivity” (p. 2). Chunhui et al. hypothesized that genetic and environmental influences created variations in personality. They tested a multi-step neuronal system-level approach that evaluated dopamine-related genes and environmental factors and how they contributed to HSP traits. Chunhui et al. reported that personality was dependent on the dopamine reaction in the neuron system and that the dopamine system was genetically related to personality and stress.

Chunhui et al. (2011) found that the HSP’s dopamine genes contributed to the unpredictability of the HSPs personality. Similar to Chunhui et al., Aron’s (2004) research demonstrated that the genetic traits of the HSP would not create introversion, shyness, or inhibition unless the HSPs childhood included negative parental affectivity. Chunhui et al. used the parental warmth and acceptance scale (PWAS) and found that “highly sensitive personality
was not correlated with parental warmth, but was significantly and positively correlated with the number of stressful life events during secondary school and college years” (p. 5).

Environment and Chaos

Highly sensitive personalities are intuitively hypersensitive to their environment (Meindl, n.d.c). Due to the HSP’s hypersensitivities, Meindl suggested that HSPs experienced an increased vulnerability to stress, depression, and other mental health issues. Meindl described physical symptoms such as a rapid heart rate, a heavy weighted feeling in the chest, and a feeling of exhausting stress.

Cooper (2015) explained that the HSPs heightened internal sensitivity to emotions contributed to the difficulty of the regulation and management of emotions. Cooper stated that emotion regulation was difficult for HSPs. Cooper metaphorically compared the HSPs emotional reactions to a thermometer that could instantly reach a boiling point. Cooper stressed that the HSPs difficulty in emotion regulation created a stigma that resulted in labels like crazy, neurotic, bipolar, and personality disorder characteristics.

Aron (1996) believed that the insensitivity of others led to a frequent misunderstanding regarding the personality and emotional needs of HSPs. Deci and Ryan found that the social world does not support the HSPs emotional need for autonomy, connection, and belonging (as cited by Cooper, 2015). For instance, the HSP may feel they must compensate for the lack of connectedness and the ability to function within the social environment. Aron (1996) described a temporary time out for HSPs and the need to withdraw from society. For example, HSPs may need to create a temporary, safe place to restore and balance energy. As noted by Meindl (n.d.a), there are four areas of overstimulation that cause stress for HSPs: chronic environmental
overstimulation, internal bodily stimulation, interpersonal over-stimulation, and chemically related depressive responses.

Meindl’s (n.d.a) first type of over-stimulation is chronic environmental over-stimulation. Meindl reported that over-stimulation is unpleasant for anyone. A person may not be able to leave an intense and over-stimulating environment. As an example, a fireman cannot leave a burning house because the situation is too intense. Similarly, an HSP mother is unable to abandon her child because of the child’s unruly behavior. As a result, Meindl found this inability to control over-stimulation created an increased risk for potential feelings of helplessness, numbness, and depression.

The second type of over-stimulation is hypersensitive awareness (Meindl, n.d.a). Hypersensitive awareness is acute awareness of physiological responses and emotional energy in an individual’s environment. For example, hypersensitive HSPs experience heightened awareness of internal bodily stimulation that may increase vulnerability toward anxiety and depression.

The third type of HSP over-stimulation included a rich inner life with the ability to process accurate intuition (Meindl, n.d.a). HSPs not only had a detailed cognition and accessibility to precise intuition, but they had the ability to anticipate danger and avoid potential problems. Meindl suggested that the HSP’s psychic-like ability created overwhelming feelings that contributed to depression and anxiety.

Meindl’s (n.d.a) fourth type of over-stimulation involves interpersonal over-stimulation. For instance, Meindl found that HSPs had an increased ability to process the unconscious and conscious feelings of others. As an example, HSPs unconsciously mirror the emotions of others and become depressed or ill while engaging with individuals that exhibit these symptoms.
Characteristics of Highly Sensitive Personalities

Aron (2004) argued that HSPs may be labeled as introverts because of their rich inner life, awareness of detail, and timely cognitive processing. As an example, Bendersky and Shaw stated, “Introverted HSPs, due to their quiet demeanors and propensity for thinking before acting, may appear to others as complex, aloof, unfriendly, and even unintelligent” (as cited by Cooper, 2014, p. 6). Cooper concluded that the majority of humanity is de-sensitized and extroverted; therefore, it becomes a difficult task for HSPs to survive in this environment.

Howes (2016) believed when an HSPs intrapersonal and interpersonal overstimulation occurred, the HSPs required additional time to make responsive decisions, to reflect, and articulate thoughts. Tarc (2013) reported, "I use the term ‘inner life’ to depict this borderline space between the physical and social worlds, between the unconscious and fantasized and representable thoughts of the person" (p.121). For instance, an HSP can live in this inner space, fully present and capable of accessing and expressing a vast array of potential emotions (Cooper, 2015). In addition, Cooper (2014) believed HSPs possess the gift of advocating because they unintentionally feel the energy and emotion of others. Hinterberger, Zlabinger, and Blaser (2014) referred to this type of unintentional processing as mentalizing. In addition, mentalizing is the ability to process external information through an internal sense of focus.

In an effort to conform to societal pressures, HSPs attempt to appear comfortable when, in fact, HSPs keep their sensitive nature hidden from others (Cooper, 2015). Cooper further discovered that rejection pervaded every entity of an HSPs life experience. The feelings of rejection caused painful and mixed emotions and took many years to overcome. As a result, an imbalance was born in the HSPs psyche. The cognitive imbalance continued until the HSP chose to accept his or her sensitivity.
Jungian theory asserted that the integration process for the introverted personality type (similar to the HSPs emotional sensitivity) may take a lifetime to adjust to the extroverted (non-HSP) society (as cited in Cooper, 2015). As HSPs unconsciously absorbed the emotions of others, HSPs felt the responsibility for the burden of others. As a result, HSPs developed low self-esteem due to the absorption of negative energy (Sand, 2016). Consequently, Sand found that most HSP's felt a lack of social relatedness.

**Highly Sensitive Personalities and Individual Psychology**

Adler’s Individual Psychology is grounded in the concept of social interest (Edgar, 1975). Social interest refers to behaviors and attitudes within a community of work and personal relationships. Adler promoted a collective empathy and encouraged genuine social interest (as cited in Edgar, 1975). Adler further described empathy as the ability to walk in another person’s shoes which led to the understanding of how behavior affected others in society. Adlerian therapeutic tools include a collective empathy that contributes to the development of life tasks, adopting a genuine social interest, uncovering early childhood recollections, and identifying mistaken beliefs (Sperry, 2011). Adler’s therapy helped individuals gain a positive social feeling that allowed personal identification within the world and a sense of social acceptance (Edgar, 1975).

Adler furthered that social empathy encouraged a sense of belonging, responsibility, and cooperation for the well-being of all community members (as cited by Ansbacher & Ansbacher, 1956). The success of community included understanding and contributing to the three tasks of life: work, love, and social (Carlson, Watts, & Maniaci, 2006). In a similar manner, Aron (1996) stated HSPs need to understand how they react in work, personal, and social
relationships; however, the concept of social interest and communal problem solving may be difficult for a highly sensitive person.

**Social Interest and the Highly Sensitive Person**

Adler believed that social interaction included an individual’s behavior in relation to peers, personal relationships, culture, and community (Sperry, 2011). Adler stated, “Social interest is a way of life; it is an optimistic feeling of confidence in oneself, and a genuine interest in the welfare and well-being of others” (as cited by Mitchell, n.d.). Mosak and Maniaci (1999) stated social interest involved responsible behavior with others, empathic bonding, and an individual’s attitude regarding other human beings.

Aron alleged that today’s cultural and societal settings do not necessarily design a safe place for HSPs (as cited by Satiroglu, 2008). In other words, HSPs often feel left out and misunderstood within a group of peers. After interviewing HSPs, Satiroglu (2008) reported that HSPs pretended to wear a mask to be accepted by peers. For example, this stone-faced mask revealed no emotion. Zeff (2004) posited that an HSP male had to avoid sensitive behaviors or he could risk humiliation and rejection in a culture that emphasized a male code for masculinity.

As previously discussed, Zeff (2004) found that HSPs had an increased ability to become negatively overstimulated to other’s moods and behaviors especially within intimate relationships. For instance, Aron (1996) discovered that HSPs fall in love more intensely and are more deeply wounded when a relationship fails. Aron suggested that when HSPs are in love, couples must engage in social activities instead of isolating because of this sensitive nature. In addition, Aron believed that HSP couples need to avoid over-reacting to one another’s behaviors and sensitivities while engaged in social gatherings.
Cooper (2015) stated that HSPs felt the need to withdraw from large gatherings because of the inability to avoid feeling anxious and drained while absorbing other’s energy. Additionally, Cooper stated “HSPs are a large minority and often fall outside the range of what is considered ‘normal’ behavior” (p. 96). Cooper asserted that in order to experience a sense of belonging, all humans need to feel appreciation, support and love. Similarly, Zeff (2004) concluded that the HSP’s constant exposure to an unhealthy and unaccepting environment led to an inability to maintain a sense of joy which resulted in poor relationships.

Aslinia, Rasheed, and Simpson (2011) stated Adler claimed that individuals are creative, indivisible, and social. For instance, Adler stated the ideal society allowed individuals to feel accepted and to become active contributors to society. Adler (1933/2005) believed every individual deserved to feel a sense of belonging. As an example, Adler stated that individuals should not feel threatened by the ideal image of society (or what others considered normal). Furthermore, Adler stressed that communal cooperation and acceptance of others created a balance between individual and community needs; furthermore, both the individual and the community thrive because of social contribution.

Adler found that the majority of individuals in society had an innate desire to strive for feelings of significance (as cited by Abramson, 2015). Additionally, Adler believed all humans overcome obstacles by changing perspective, thoughts, and feelings. According to Aslinia et al. (2011), Adler recommended a shift from inferior feelings (perceived minus) toward superior competent feelings (felt plus). As a result, the useless side of life (inferior feelings) is where neurosis, depression, anxiety, and inferiorities live. Specifically, inferior feelings are perpetuated through the misinterpretation of self, others, and the world (Adler, 1933/2005). Overholser
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(2010) stated that Adler believed if one avoided social interaction, the natural consequence would be neurosis.

**Inferiority Complex**

Adler believed that neither heredity nor environment affected lifestyle development (as cited by Overholser, 2010). In addition, Adler maintained that the interpretation of life experiences and one’s attitude toward the world contributed to lifestyle development. Adler further believed that when an individual understood personal strengths and weaknesses, he or she would be more likely to develop and obtain life goals. Adler stated that an inferior feeling was a subjective, global judgmental assessment of deficit (Carlson et al., 2006). According to Adler (1933/2005), *inferiority complex* refers to an individual’s feelings of inadequacy. Carlson et al. (2006) added that safeguarding mechanisms (e.g., defensiveness) are used to overcompensate for inferior feelings. Additionally, inferior feelings interfere with meeting life goals. Adler believed that through social training, people learn to uncover, confront, and reframe an individual’s view of the self and others (as cited in Adler, 2005). In addition, Adler believed social training was the best method to allow the positive movement necessary to achieve life goals.

Cooper (2015) found that 48% of HSPs felt different in society because of their complex individuality. Astrid, a Danish HSP, reported that HSPs know they do not fit in with society and tend to ignore this reality (as cited by Cooper, 2015). Zeff (2004) reported that the majority of societal values reinforce an HSP’s low self-image. Zeff discovered that HSPs’ sensitivities place them in a minority status and, at times, HSPs became easily overwhelmed in society and felt pressured by aggressive behavior, time constraints, other people’s moods, and competition. As an example, Aron (1996) reported that HSPs felt misunderstood and appeared aloof when the HSP attempted to contain emotion. For instance, the HSP feared they would say the wrong thing
or attempt to correct a perceived injustice. Cooper (2015) found that much of the current population viewed HSPs as neurotic rather than introverted or highly sensitive. As a result, Cooper claimed that awareness of an HSP’s sensitive nature does not mean that others appreciate or accept HSP traits.

Zeff (2004) stated non-HSPs would benefit from education about HSPs physiological traits. Additionally, educating the general public would decrease the HSPs automatic reaction and need to compare themselves with others and engage in the mirroring of non-HSP behavior traits. Zeff (2004) commented that although HSPs cannot control societal judgement, HSPs do not have to feel inferior and have the power to control emotional reactions.

Adler (1933/2005) reported that feelings of inadequacy can create depression and other mental health issues. According to Jonsson, Grim, and Kjellgren (2014), “Because highly sensitive people tend to exhibit more physiological and psychological problems than others do, it is essential to find adequate treatment options for this group” (pp. 1503-1504). Adler (1933/2005) recommended developing social interest as a movement toward healing mental health.

**Mistaken Beliefs**

Ansbacher and Ansbacher found that Individual Psychology intended to convey the conviction that all psychological insight began with the individual (as cited by Udchic, 1984). According to Udchic, Adler developed a lifestyle analysis tool that identified the individual’s mistaken beliefs (i.e., myths created and practiced through personal values). For instance, these beliefs (learned prior to age 5) included: attitudes, biases, evaluations about the self, and evaluations about the self in the world. For example, mistaken beliefs could be that the world is dangerous, the world is safe, or the world is challenging and requires competition. The mistaken
beliefs are formed from a childhood interpretation that continues into adulthood. Udchic furthered, childhood beliefs matured in adulthood and were tested for reliability based on one’s lifestyle. Adler believed the courage to be imperfect was a positive trait because a person did not desire to obtain superiority over others as a result of inferior feelings. According to Overholser (2010), Adler found that overcompensation was a safeguarding mechanism that interfered with personality development and could potentially create mental illness.

Overholser (2010) believed that Adler’s psychological approach evaluated a client’s lifestyle and aided in the reversal of inferior feelings or mistaken beliefs. Powers and Griffith (1987) reported that Individual Psychology encouraged therapists to uncover expression about past repressed experiences that tested an individual’s value system. Additionally, behavioral patterns are uncovered through remembering and rehearsing chosen memories felt deep within the soul. As an example, Adler alleged that uncovering early childhood memories revealed how a child’s life view transitioned into adulthood. In addition, Adlerian therapists identify valued beliefs, mistaken beliefs, and beliefs that needed reframing. Adlerian therapists identify childhood beliefs through the exploration of early childhood memories (Mosak & Di Pietro, 2006).

**Early Recollections**

Various types of psychoanalysis are used to evaluate an individuals’ mental well-being. According to Mosak and Di Pietro (2006), psychoanalytical tools included the Minnesota Multiphasic Personality Inventory (MMPI), the Rorschach Inkblot Test, the Thematic Apperception Test (TAT), and projective tests. Mosak and Di Pietro stated Carl Jung created a projective technique called the Word Association Method. The Word Association Method included a word stimulus and an immediate word response. The response uncovered an analysis
for deeply-held beliefs. Jung analyzed the client’s look, tone, and the length of time that passed prior to the client’s response.

A more advanced projective technique known as the *early recollection* method required no testing material and could be used anywhere and at any time (cited by Mosak & Di Pietro, 2006). In addition, Mosak and Di Pietro stressed how the early recollection (ER) analysis uncovered the client’s personal values created at a young age. Additionally, ER’s could forecast behavioral patterns, movement from the past to the present, and decipher future-oriented goals. Carlson et al. (2006) reported that Adlerian therapists used an ER analysis to uncover convictions from an individual’s ethical belief system. For instance, these convictions represented an individual’s behavior used to cope with the self and belonging in the world. Specifically, the ER uncovered the individual’s behavioral motivations, strengths, and weakness patterns.

When utilizing the ER method, an Adlerian therapist would ask the client to recall a memory prior to age 10 (Mosak & Di Pietro, 2006). After recalling the memory, the client would consider how he or she viewed men, women, and the world. The goal of the ER was to uncover a childhood memory, analyze the memory, and gain a deeper understanding of the client’s fundamental outlook on life (Pomeroy & Clark, 2015). Pomeroy and Clark reported that Adler believed “If one or more areas are lacking or insufficient, the person will not feel whole and will function in a less integrated way” (p. 26). The use of early recollections in therapy allows counselors and clients to gain insight from a previously undiscovered childhood perspective and a chance for the individual to reframe mistaken beliefs from an adult interpretation. Pomeroy and Clark furthered, once the early memory is uncovered, three follow up questions (men are, women are, the world is…) allow for a unique awareness through
therapeutic analysis. As a result, Pomeroy and Clark alleged, “As a projective technique, early recollections provide an incisive means for appraising the qualitative level of self-efficacy” (p. 24). Pomeroy and Clark stated Adler understood that if an individual could overcome challenges in adulthood, the result would be self-efficacy for the individual. Self-efficacy included an emotional, occupational, and social balance. For an HSP, self-efficacy could increase confidence in all areas of life (Aron, 1996).

**Self-Care**

Aron (1996) encouraged HSPs to reframe highly sensitive personality characteristics. Self-awareness broadened insight around the impact of personal and professional relationships. Aron wanted HSPs to consider their unique sensitivities as a personal blessing. Aron’s overall description of HSP self-awareness and self-care included self-assessment tests, checklists, and reframing techniques to uncover sensitivity awareness. Aron recommended reframing negative past experiences to foster confidence. Aron posited that self-awareness would lead to the ability to cope with over arousal, enrich the soul and spirit, and offer discernment regarding counseling or medication management. Aron’s techniques included self-soothing through reframing and relaxation. Additionally, Aron recommended that HSPs avoid self-deprecation and apologies for the actions of others. As a result of self-care, HSPs could learn self-empathy.

When an HSP is unaware of personality sensitivities, HSPs may experience anxiety, stress, obsessive compulsive disorders, phobias, and depression (Aron, 1996; Cooper, 2015; Zeff, 2004). In addition to Aron’s (1996) recommendations for self-care, mindfulness, and grounding techniques, along with Adlerian practices, could improve mental health symptoms resulting from overstimulation. Aron (1996) encouraged HSPs to engage in mindful, present-moment, conscious thinking. As an example, Aron reported conscious awareness gave HSPs the
ability to reframe negative thoughts and situations. Aron explained that conscious awareness is similar to confronting fears through mindfulness.

**Mindfulness**

Soons et al. (2010) found that when HSPs practiced an eight-week mindfulness meditation program, HSPs experienced a decrease in overwhelming feelings of stress, social anxiety, and depression. Additionally, HSPs increased the capacity for emotional empathy, self-acceptance, personal growth, and self-transcendence. Diana (2014) posited that during mindfulness practice, humans familiarize themselves with the sounds of the mind and body. Diana suggested that through mindfulness practice, people have the capacity to change thoughts that can ultimately change feelings. As an example, people begin to understand that thoughts and feelings are temporary. That is, *fluid-like information* forms a *pliable-like mind*.

One of the greatest benefits of mindfulness practice for HSPs is the ability to filter (rather than absorb) negative energy (Diana, 2014). For instance, the HSP can envision an *invisible shield* around the body as a form of self-protection. Similarly, Orloff (2014) considered visualization as a technique for HSPs to shield from emotional energy. On example would be that the HSP could envision a white light shield, or mirror, around the bodily space. Another example of visualization during an encounter with an extremely toxic (or negative) person would be to imagine a fierce tiger or gorilla patrolling within the HSPs personal space. Diana (2014) added that mindfulness practice includes a choice to accept overwhelming distractions as a temporary feeling instead of allowing the distractions to infect the individual with negative energy.

HSPs process more information with intense emotion; therefore, HSPs experience an increased vulnerability to negative emotions that induce anger, exhaustion, stress, anxiety, and
depression (Aron, 2015; Cooper, 2015; Sand, 2016; Zeff, 2014). Aron (2015) recommended HSPs practice emotion regulation (similar to mindfulness). In an effort to boost emotional regulation, Aron suggested that HSPs increase the ability to do the following:

- Accept your feelings.
- Do not be ashamed of them.
- Believe you can cope as well as others do.
- Trust that your bad feelings will not last long.
- Assume there’s hope–you can do something about your bad feelings, eventually (para 8).

**Self-Awareness and Social Interest**

Markowitz (2015b) reported that HSPs tend to feel the physical and emotional pain of others. Markowitz recommended that HSPs become extremely mindful of assuming the pain and the desire to heal others. In other words, Markowitz suggested that HSPs engage in self-care practices to create safe and healthy boundaries and avoid attempting to save others. As a result of self-care practices, HSPs will begin to minimize exhaustion while maintaining compassion and the ability to empower others to reach full potential within society.

Orloff (2014) suggested that when HSPs interact with groups (e.g., co-workers, crowds, or during social events), the HSP has the ability to feel the emotions in the group. For instance, according to Zeff (2004), positive, negative, angry, or sad emotions are absorbed by the HSP and the HSPs feelings are intensified. Positive energy allows the HSP to thrive, and negative energy is draining, assaulting, and damaging to the HSP. Orloff found that moving at least 20 feet from a negative person decreased the intensity of the empathetic response.
Orloff (2014) used the term *energy vampires* to describe humans that drain highly empathetic, positive individuals. When HSPs are around energy vampires, Orloff recommended that HSPs focus on breathing. Orloff furthered that slow, focused inhaling and exhaling centered an HSP and served as a grounding technique. As an example, if HSPs focus on inhaling and exhaling instead of holding the breath, the HSP can visualize exhaling the negative energy of others. Additionally, exhaling stress contributes to peacefulness and guards against the depletion of emotions.

**Healthy Boundaries**

Ward (2012) reported that realistic and healthy boundaries (limits) supported self-care for HSPs. Additionally, healthy boundaries created a safe space and a protected emotional energy. Ward stated, “Understand who you are and what you need, make your needs known by establishing clear boundary lines, and then enforce them by creating consequences and acting on them” (para. 6). An example of a safe boundary would be an agreed upon deadline when asked to help someone. The key to an effective boundary, is the creation of a safe consequence when the other person does not respect the agreement. Ward believed healthy boundaries created respect, lessened drama, and helped avoid feelings of victimization.

Sand (2016) and Zeff (2004) found that HSPs should practice the ability to say no to others through informative, considerate responses. Sand (2016) suggested ending a conversation with, “I really don’t want to end our exciting conversation, but I think we will both get more out of it if we continue when I am feeling less tired” (p. 51). Sand found that expressing one’s ideas, thoughts, feelings, and limits allowed the HSP to guard against exhaustion. Orloff (2014) and Cooper (2015) stated that “no” was a complete sentence and further explanation was not needed when setting assertive boundaries. Zeff (2004) found that if HSPs suppressed too much
information, suppression became toxic and suggested that HSPs improve effective assertiveness skills to manage anger, frustration, and irritable feelings.

**Grounding and Nature**

Chevalier and Sinatra (2011) found that *grounding* was a therapeutic tool used to lessen an individual’s response to emotional stress, anxiety, depression, panic, and fear. Chevalier and Sinatra stated that the grounding technique included physically standing or lying down in an effort to connect with the earth. That is, grounding balanced the biological nervous system and increased relaxation. As an example, grounding could be placing bare feet on the earth’s surface (ground) for at least thirty minutes. The preferred natural contact included wet grass, sand, or moist dirt. As a result, electrons are transmitted through the earth’s natural components and absorbed into the human body. Chevalier and Sinatra stated that these electrons promoted changes in the ANS and regulated sleep patterns and circadian rhythms (the physiological cycle of sleepiness and alertness) to improve overall health.

**Relaxation**

Sand (2016) reported numerous relaxation activities are easily implemented and can add positive well-being to the delicate HSP’s soul. Possible activities may include:

- Spend time with animals.
- Kayak, take a sunbath, sway in a hammock, garden, and arrange flowers.
- Engage in exercise, yoga, walking, and meditation practice.
- Read poetry or inspiring quotations.
- Spend time with loved ones or children.
- Place a scented oil diffuser next to the bed at night.
- Use a sound machine that mimics the natural outdoor elements
- Immerse the body in Epsom salt or a scented bath.
- Schedule a pedicure, manicure, or a massage.
- Healing pain or stress through acupuncture and chiropractic treatment (Aron, 1996; Cooper, 2015; Sand, 2016; Zeff, 2004).

Aron (1996), Cooper (2015), Sand (2010/2016), and Zeff (2004) recommended that HSPs spend at least two hours of alone time every day to decompress, regain emotional energy, and reduce emotional and physical fatigue. Orloff (2014) found that soaking in a bath or taking a shower after a busy day at work, or after socializing with numerous people, washed away unwanted energy. Sand (2016) further recommended hobbies such as art, journaling, or dancing.

**Exercise and Nutrition**

To reduce stress, Zeff (2004) and Cooper (2015) encouraged HSPs to take vitamin supplements, refrain from processed food, prepare natural food snacks and meals, maintain a weekly exercise routine, and increase sleep hours. Zeff further recommended transforming the bedroom into a womb-like setting. For instance, the HSP’s room should be free from distracting electronic devices, but should include soft soothing sounds (e.g., a fan, humidifier, or an air conditioner). Zeff recommended that HSPs maintain a sleep schedule and avoid exposure to bright lights while attempting to fall asleep.

**Discussion**

Highly sensitive people are frequently stigmatized or misdiagnosed with psychiatric disorders (Aron, 2010; Cooper, 2015; Sand, 2016, & Zeff, 2004). A current need exists to educate non-HSPs about highly sensitive personality traits (Aron, 1996). Aron and Aron (1997) found that HSPs are misdiagnosed and often labeled as inhibited, fearful, or neurotic. Additionally, the HSP population may be unaware of sensitivities that contribute to the HSPs
untreated, low self-esteem issues. HSPs may feel inferior, misread, underestimated, confused, subordinate to others, lonely, isolated, lacking in confidence and emotionally reactive (Aron, 2010; Cooper, 2015; Sand, 2016; Zeff, 2004). For instance, because of the highly sensitive person’s cognitively detailed processing style, many therapists may not recognize that symptoms of anxiety, stress, or depression are a result of processing volumes of detail (Aron & Aron, 2004).

Aron proposed that 30 to 50% of helping professionals are subject to difficulties with identification, understanding, and treating the HSP client (as cited by Meindl, n.d.b). For instance, Meindl reported “when unrecognized and improperly managed by parents and teachers HS [high sensitivity] may play out into a whole range of common psychopathologies…including social phobia, somatization and avoidant personality styles and relationship difficulties” (para. 15). Additionally, these relationship difficulties may damage the HSP’s closest relationships with parents, children, and spouses. For instance, if an HSP requires at least two hours of down time per day, the non-HSP may feel frustrated or judgmental toward the HSP and could label the HSP as lazy, selfish, or reclusive.

Northwestern University (2007) uncovered how the misdiagnosis of human personality traits created an open door for pharmaceutical industries to diagnose and prescribe medications. Northwestern University further alleged that, “Although psychiatrists insist that the line between ordinary shyness and social anxiety disorder is sharply defined, Lane points to psychiatric literature that repeatedly confuses them, putting patients at risk of over-diagnosis and unnecessary, sometimes harmful treatment” (para. 14). A misdiagnosis could further devastate and add more confusion to the life of the HSP. Unethical misdiagnosis of an HSP could severely harm the HSP and encourage withdrawal from society. Understanding the HSPs personality
traits through the lens of Individual Psychology may help decrease misdiagnosis and foster wellness. In addition, the lack of HSP education could foster misunderstanding and have an impact on social interest (Meindl, n.d.b). An increased understanding of HSP sensitivities is crucial when counseling the HSP individual and family.

The mental health profession requires HSP education and awareness in order to correctly assess and counsel 30% of the HSP minority population (Aron, 2010). Awareness is crucial in the field of mental health because ethical guidelines are placed on mental health professionals to protect clients and therapists from potential harm. Mental health professionals would not want to risk having a license revoked or a complaint filed with a governing board due to a lack of education about HSP characteristics. For example, Sand (2016), stated a therapist may give an HSP client a homework assignment to visit crowded places and attempt to build rapport with strangers in order to overcome the fear of socializing. Sand suggested that this could be dangerous exposure to an overstimulating environment and increase overwhelming feelings of anxiety for the HSP client. As a result, the HSP client could become increasingly uncomfortable and fearful of socializing with others. In addition, the therapist could have misdiagnosed the client with social anxiety or agoraphobia (isolating from social interactions) or referred the HSP to a psychiatrist for medication management to minimize the HSPs fear of crowds and social anxiety. Sand concluded that the therapist was uneducated and unable to assess and identify HSP traits. Consequently, the client could experience additional stress, panic and anxiety, and unnecessary and potentially harmful medication management. In the end, the HSP merely desired the ability to cope with unwanted energies and negative feelings from others. Aron (2010) reported that HSPs may benefit significantly from therapy in order to create normalcy when responding to overwhelming situations in relationships, work, and health.
Implications for Practice

Abramson (2015) stated people need to belong and contribute to society. In reference to Adler’s concept of social interest, Abramson suggested “…that the good of the person and the good of the group intertwine” (p. 431). In contrast, inferiority feelings increase when people do not have a sense of belonging. As a result, a lack of belonging could hinder interest in community, delay the HSPs contribution to society, and impede fulfillment of the HSPs life purpose.

Education. In reference to social interest, the goal of educating non-HSPs would be to create an overall awareness of the HSP traits and create an understanding regarding the unique gifts of HSPs. Educational efforts could include community workshops, individual and family HSP retreats, and psycho educational components for individual and family therapy. Additionally, HSP educational tools could be accessed free of charge through Elaine Aron’s HSP website (http://hsperson.com/). Published articles, books, and videos are available to assist with the education, assessment, and awareness of the HSP’s specific needs.

If helping professionals understood the complexity and the nature of the HSP’s personality traits, this knowledge may aid practicing professionals to build rapport and foster mutual respect and perceived equality with the potential HSP. Due to limited research regarding HSPs, “medical cures” do not exist for this sensory processing trait (Aron, 2010; Cooper, 2015; Sand, 2016). In light of this fact, the mental health field could be proactive and ethically responsible by improving treatment options for the HSP in order to support the HSP’s unique emotional sensitivities.

Questionnaire. When a client decides to attend therapy, the first recommendation would be that all therapists consider the possibility of an HSP client. The helping professional could
consistently include the HSP questionnaire in the assessment process (Aron, 1996). The HSP self-test identifies feelings or traits that may include feeling overwhelmed, the inability to focus and concentrate, exhaustion, stress, anxiety, or depression (Aron, n.d.). As a result, the HSP self-test assessment tool will introduce, assess, and reveal the nature and traits of an HSP. At this point, if the client is an identified HSP, the client could feel empowered, understood, accepted, valued, and confident. In contrast, without the identification of HSP traits, the client may continue to feel abnormal and misunderstood. Therapists could locate the highly sensitive questionnaire on Aron’s website (http://hsperson.com) at no cost to the therapist. After the questionnaire is completed, the therapist could further identify a treatment plan that would include preparing and educating the HSP to identify mistaken beliefs (Mosak & Di Pietro, 2006).

**Early recollections.** As previously mentioned, mistaken beliefs refer to the values and beliefs established during childhood (Mosak & Di Pietro, 2006). The use of ERs (Mosak & Di Pietro, 2006) could help an HSP identify the source of mistaken beliefs that hinder the HSPs self-awareness, self-esteem, and beliefs about how they are observed and live in the world. According to Aron (2004), “…one treatment task is to distinguish the effects of such childhood difficulties from what does not need treatment, which are the typical effects of the trait itself on an adult without a troubled developmental history” (p. 337).

Early recollections guide the HSP to uncover and understand lifestyle beliefs, attitudes, and convictions about how the HSP perceives men, women, and the world (Carlson et al., 2006). The therapist would encourage the HSP to reveal a visual incident from childhood (prior to the age of 10), and to explain this memory through a narrative description. The therapist would ask the HSP to explain the most vivid moment about the memory. Next, the therapist would ask where the HSP feels the emotion in the body at that moment. The therapist explains that the
potential meaning of this ER relates to the client’s life position in that memory. The meaning assigned to the ER is an interpretation that could reveal a mistaken belief (Carlson, et al., 2006). The ER uncovers mistaken beliefs and how these beliefs affect the client as an adult. The therapist attempts to pinpoint the childhood beliefs, and asks the client how they would react differently as an adult. This technique encourages the client to readjust self-perceptions and adult views regarding society.

After collecting five ERs from a client named Tom, Mosak and Di Pietro (2006), identified themes and patterns within the ERs when they asked the following questions:

- What does Tom seek?
- How does he get what he wants?
- Do other people help him achieve his desires? If so, who?
- What is the usual result of his pursuits?
- How do other people treat him when times get tough?
- How does he view men?
- How does he view women?
- How does he see the world?
- How does he cope with life? (p. 44).

After collecting three to five ERs, therapists could adapt and use the previous questions to provide insight and interpretation that could become a potential source of information for the client and therapist. The client and therapist could use the information to uncover patterns within the context of social interactions and relationships. When patterns and mistaken beliefs are revealed, the client and the therapist could engage in the process of reframing to interrupt the previous self-deprecating thoughts, feelings, and reactions of the HSP.
Therapeutic interventions. After an HSP client has been identified, educated around specific personality traits, and uncovered mistaken beliefs, the therapist and the client could establish an HSP self-care plan. At this point in the therapeutic process, the therapist would incorporate various interventions and techniques into the therapeutic setting. The interventions could be designed and tailored to the specific interests and abilities of the client.

As recommended by Soons et al. (2010) mindfulness practice would be beneficial to the HSP to decrease stress, social anxiety, and depression. The therapist would teach mindfulness skills within the therapeutic session and encourage the HSP to remain in the present moment. The goal would be to increase self-acceptance and encourage personal growth. For example, the HSP client would practice emotion regulation through mindfulness techniques. The therapist could teach the client to use Aron’s (1996) suggestions regarding emotion regulation. The HSP client could be encouraged to accept feelings without shame and understand they have the power to cope with intense feelings and emotions.

Mindfulness practice could raise self-awareness of mistaken beliefs. Therapists could incorporate ERs into mindfulness practice and self-awareness by asking the client to refer to childhood memories. Clients could transfer the memory to a preferred adult behavior. Additionally, therapists could facilitate a conversation regarding the special strengths (or gifts) of HSPs. The therapist could teach the client to increase emotional and physical self-awareness through self-soothing, reframing of mistaken beliefs, and relaxation techniques. Conscious awareness through mindfulness allows the HSP client to confront fear and develop an understanding that feelings are not right or wrong, however, they need to be heard (Aron, 1996).

Daily journal assignments could help the HSP identify and reframe emotional reactions. The client would be asked to record the awareness of the stressful moments when he or she felt
overwhelmed. Specifically, the client would record what was happening at the time the feelings began, how the body felt, and the emotional feelings and thoughts associated with the situation.

When the HSP client is more aware of feelings and thoughts associated with stressful situations, the client could begin to set appropriate boundaries. Healthy boundaries could create a safe space and protect the HSPs emotional energy (Ward, 2012). Healthy boundaries include the ability to say no (Sand, 2010/2016; Zeff, 2004), the ability to release emotion, and to use assertiveness skills (Zeff, 2004). Therapists could facilitate healthy boundaries by rehearsing important conversations to enhance the client’s confidence and ability to set the boundaries.

The therapist could ask the client to schedule at least 2 hours of down time (or quiet time) each day to recharge emotional energy (Aron, 1996). This down time could include Chevalier and Sinatra’s (2011) grounding and nature technique (i.e., a physical connection with the earth for 30 minutes). Down time could include various relaxation techniques designed to benefit the specific needs of the HSP.

According to Zeff (2004) and Cooper (2015), HSPs must attend to exercise and a healthy diet. When people exercise, endorphins are released, stress is reduced, and sleep improves. Therapists could develop incremental health and wellness goals to move the HSP client toward an overall sense of well-being.

**Homework.** In an effort to continue self-awareness, encouragement, and recognition of strengths, therapists could encourage HSP clients to participate in several different homework assignments. For example, clients could complete one of the following weekly tasks:

- Research information regarding HPS and educate therapist.
- Identify a list of the HSP’s strengths.
- Watch assigned HSP YouTube videos and discuss during session.
- Sign up for social media websites for HSPs.
- Journal feelings and thoughts related to ERs.
- Use creative techniques such as drawing, painting, and coloring to express feelings.
- Bring musical lyrics that identify current emotions to the session.
- Engage in daily mindfulness practice and journal after the mindfulness exercise.
- Write a wish list (or bucket list) and discuss in session.
- Develop a nutrition and exercise plan.

When clients engage in the aforementioned therapeutic process (i.e., identification of HSP traits and mistaken beliefs, therapeutic interventions, and self-care practices) this could lead to less inhibition and an increased interest in social activities and relationships. Adler referred to his attitude toward life and social feeling as the ability to “…see with the eyes of another, to hear with the ears of another, to feel with the heart of another” (as cited by Ansbacher & Ansbacher, 1956).

It appears as though HSPs already function at a deeper empathic level than the average person. If HSPs are able to complete the therapeutic process and appreciate their gifts, they may be better equipped to manage social interactions. Near the end of the therapeutic process, HSP clients may be willing to engage in activities and additional social relationships. Social interest homework assignments could include the following:

- Take a dessert to a new neighbor.
- Participate in work social events.
- Volunteer for a community event.
- Visit a nursing facility, or place of interest.
Therapists will tailor all homework assignments to the specific needs of the HSP client. The therapist and the HSP client could work together to determine desired homework as it relates to the client’s personal progress and goals.

**Recommendations for Future Research**

Society deserves and needs additional research on highly sensitive personality traits. Most importantly, valid research could help the HSP feel increased acceptance and less like a misunderstood minority. Further research could include: surveys, interviews, and research studies that focus on the emotional energy of sensitivity (if emotion truly has an energetic vibe that can be felt). Additionally, further research could explore the HSP’s enhanced intuition (like a psychic ability), and could improve techniques that would help HSPs protect themselves against unwanted subtleties. For instance, future research could identify tools that can increase HSPs ability to improve confidence and identify additional coping mechanisms for an HSP in a relationship or family. Future research could contribute to additional coping techniques for those with HSP sensitivities and increase overall acceptance and appreciation of HSPs.

**Conclusion**

Therapists can do a great deal to improve the quality of life for an HSP. First, educating the general public and therapists alike will improve and increase the non-HSPs understanding of the special strengths and gifts associated with HSPs. Second, therapists need to remain mindful of the potential for an HSP to engage in the therapeutic process. That is, an HSP may enter the treatment process due to symptoms that could be confused with another diagnosis. Therapists need to rule-out the possibility that they are working with an HSP prior to assigning a diagnosis (or a misdiagnosis) to an HSP client. When knowledgeable therapists treat HSP clients, the HSP
has the potential to move well beyond current expectations for happiness, health, and emotional well-being.
References


https://www.psychologytoday.com/blog/sense-and-sensitivity/201201/developing-healthy-boundaries