Obsessive-compulsive processes and neurodiversity:
The role of temperament in co-creating traumatic fields

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"Everything teems with richness, everything aspires to ascend and be purified. Everything sings, celebrates, serves, develops, evolves, uplifts, aspires to be arranged in oneness". —Abraham Isaac Kook in Daniel Matt, The Essential Kabbalah, 1995, p.153.

Introduction

In an earlier article (Klein, 2018) I reconceived obsessive-compulsive disorder (OCD) as OCP, obsessive-compulsive process (OCP). I did this because I firmly believe the times we live in are calling for a radical shift in consciousness, a maturing of an oppressively narrow "disease" model of mental illness that is sadly still upheld by the "normative" world and all its structures (medicine, traditional psychology and psychiatry and educational systems). This "one size fits all" consciousness perpetuates narratives that pathologize clients and encourages clinicians to diagnose prematurely and medicate before any imbalance, discomfort or difference is fully understood. The disease model also perpetuates the notion that physical and psychological symptoms (e.g. OCD rituals) are "problems" to be gotten rid of, "enemies" one needs to fight off, setting up a tremendous and unwinnable struggle for clients who already fear or avoid their feelings.

It is of course true that for some clients discovering their suffering has a name such as "OCD" or "trauma" and that it is shared by others can be a relief in helping them feel less alone. Categorizing symptoms can also lead to the discovery of helpful tools such as medications. However, this hyper "clinical" outlook discourages people from becoming curious about their experiences, instead enclosing them in identifications around diagnostic labels (e.g. "I *have* OCD" or "*I am* a depressed person" rather than "obsessive process is a pattern I tend towards to when I feel uncertain"). The sad effect of this pathologizing epidemic is that people become prematurely and erroneously convinced that something within them, which is malleable, is instead fixed. When transitional disturbances are labeled fixed disorders, people lose faith in their potential to heal and in their capacity to tap into their innate resiliency. Their options seem to narrow; the best they can hope for is symptom relief because the psychiatric landscape has led them to believe that their wounds are in fact permanent deficits. By continuing to label creative adjustments as "dysfunctions" psychiatry and its DSM culture (along with early psychoanalysis) has been complicit in adding to the layers of shame people already have about their feelings, leading clients to confuse painful habitual coping patterns (defenses) with who they truly are.

Though the field has shifted empathically in many ways, as seen in the relational turns that psychoanalysis has taken over the past 20-25 years or so, it has left deep scars in its wake. It was this shaming culture that I felt so acutely while studying psychoanalysis in the 1990's, and it

compelled me to leave my analyst and embrace the more inclusive culture of Gestalt therapy. I believe the more somatic, relational and transpersonal therapies can and are helping to shift this narrow consciousness from one that pathologizes people towards what James Hillman (1975, p.3) referred to as "soul making", wherein we restore people's faith in their innate capacity for wholeness and healing. As a client of mine recently said when he broke loose from the tight grip of his OCP's: "I feel I'm finally the me I was meant to be!". Learning to view his OCD rituals in the larger context of his psyche, as helpers not enemies on his journey, enabled him to resolve deep developmental and relational conflicts and claim a wider sense of his own wholeness.

OCPs are meaningful defensive responses which people employ to cope with and contain high levels of feeling overwhelmed, most commonly in traumatic experience. These processes are employed, as all defenses are, when another way could not be found for the person to manage their distress. In an obsessive-compulsive process, a thought, feeling or impulse that is negated by a ritual or avoidance strategy is initiated when a person needs to find some way to self regulate faced with a marked absence of comfort, support or soothing in the field (Francesetti, 2017; Klein, 2018). While previously (Klein, 2018), I focused more on the relational aspects of the obsessive-compulsive field that unconsciously create a sense of absence and experience of trauma for these clients, here I take a closer look at the intrapsychic aspects of the client and how temperament contributes to a person's experience of the field as traumatic. As in all fields, where there is a mutually evolving dance that co-creates the experience, I feel that there is a need in today's ever expanding complex world to name the topic of neurodiversity (neurological variation between people) and consider how new appreciations of temperamental difference can help us widen our understanding of the experience of trauma.

OCPs indicate that there are unresolved places within us that need closer attention and when left too long, without intervention, these patterns become disabling fixed patterns that rigidify people's responsiveness to life. When we stay open, we find that these symptoms are multidimensional communications – relational, somatic and symbolic, pointing people towards their unattended wounds. All people diagnosed as "mentally ill" need their hope restored in knowing that defenses and symptoms are *signals not identities*, guideposts on a path towards healing and transformation. As clinicians, we hold the power to help restore our clients' faith in what is possible for them and in what they may be. When we hold labels such as "OCD" lightly, we can help our clients come to view their symptoms as signs of deeper yearnings of their soul to articulate itself. This is how I view my clients with OCPs and all clients. When we maintain a belief in the potentially transformative power of the relationship (and the person's own psyche), we re-shape the power of the field in which we work and re-align it to its highest potential.

In this chapter, I hope to expand the parameters of what society and psychology view as "normal" and establish the need for a wider tolerance of neurodiversity amongst all people. I will show how temperamental differences predispose certain people to employ OCPs. I will also illuminate how the "highly sensitive person" (Aron, 1996) struggles more to embody their boundaries and separate from their environment, contributing to their extreme sense of helplessness and trauma. Lastly, I will show how a trauma-informed somatic and relational Gestalt approach to OCPs, that focuses on affect tolerance and regulation, embodiment and boundary setting, can contribute to successful outcomes for this complex population.

A closer look at trauma and obsessive compulsive process

To help people loosen their need for OCPs, there are several components to keep in mind. These include: understanding trauma and its physiology; trauma-informed somatic and relational work to help mobilize frozen survival impulses; a sensitivity to the impact trauma has on supports for contacting (fundamental movement patterns) (Bainbridge-Cohen, 2008; Frank and LaBarre, 2011) such as push and yield patterns. In addition, shadow or polarity work in order to reorganize fixed beliefs that underlie frozen and disorganized impulses.

OCPs arise in response to a range of varying degrees of distress, ranging from intense overwhelm to more pronounced levels of unresolved trauma. Over the past few months I have come upon two key features that I feel are essential to consider when treating and unraveling these complex processes. The first, is a wider definition of trauma and how it affects and is held in the body. The second, is an awareness of the multiple levels of associations and fixed beliefs these clients form between two experiences (eg "feeling disgust *means* I'm a bad person") or between two modes of experiencing such as sensation and meaning ("this powerful energy I feel when I'm angry *means* I am dangerous.").

While earlier I defined trauma as an experience of intense overwhelm that could not be contained (Klein, 2018), here I emphasize the experience of helplessness that accompanies it. Peter Levine, a Gestalt therapist and the developer of Somatic Experiencing, a highly effective somatic approach to treating trauma, defines trauma as a situation in which "a person is both frightened and perceives that he or she is trapped" (Levine, 2010, p.58). (I am avoiding DSM definitions because of the DSM's outrageous dismissal and progressive exclusion of large parts of subjective experience from its definition). This feeling of being trapped, or in a bind where there are no foreseeable options, underlies many conflicts in clients' obsessive-compulsive systems where a person feels, "I want to express this, but I cannot." and where there is a sense of intense helplessness and disempowerment.

Levine's work focuses a great deal on how to recognize the physiological expressions of feeling trapped (i.e. dissociative or freeze responses), which he calls the "*immobility response*" (Ibid, p.48). This response is derived from his observation of animals about to be attacked by predators. The immobility response is the most passive of the three known trauma responses (fight, flight, freeze). All beings assume the freeze response when they perceive that the more "*active protective and defensive responses*" (Levine, p.68), fighting back or fleeing, are either too dangerous or futile.

Trauma takes over "when one's human immobility responses do not resolve, that is, when one cannot make the transition back to normal life and the immobility reaction becomes chronically

coupled with fear and other intense negative emotions such as dread, revulsion and helplessness." (Levine, p.67). Notice that Levine's definition of trauma emphasizes the person's *perception* that he or she is trapped. This likely was the case that the person was trapped as a child and, in his work with trauma, Levine works on **"**uncoupling" (Ibid, p.68) the child's early experiences of having no options (helplessness) from the adult's current ability to choose and mobilize their responses. He further uncouples the physical experience of immobility in the body from the feelings of fear and helplessness. In other words, trauma survivors heal when they begin to see that feeling immobilized does not have to be bound up with feeling afraid or helpless.

When a person is paralyzed by immobility, he loses contact with his body's instinctual responses (what his body wanted to do at the time of the trauma), which compromises his supports for contacting the world and therefore also his sense of agency. Freud (1963) called this "paralysis of the will" (p.74) in his discussion of the Rat Man, though this experience was not understood in a trauma context at the time. Many clients with OCPs have high levels of this immobility and dissociation in their bodies. Understanding that OCPs are designed to manage the immense arousal and sometimes terror that arises in response to their fears and to keep them from feeling immobilized again is essential to working with these clients, and supporting them in gradually coming out of their freeze responses.

Another important consideration with regard to trauma in OCPs is that it has a different feel than it does in PTSD. People with OCPs can be very high functioning, while still experiencing compartments within themselves that contain the immobility/ freeze responses that house their unresolved conflicts and where particular feelings could not be embodied. This is true of all defense processes, however in OCPs there seem to be deeper /or larger numbers of binds. For example, since disgust is a common retroflection I see in OCPs, consider Fred, a client I worked with who was stuck in an obsessive-compulsive loop involving the need to compulsively wash his hands to protect against "feeling contaminated". The original trauma or intolerable bind he faced left him immobilized and led him to dissociate. He was therefore unable to embody the feelings of disgust and anger (and the liveliness and power of these emotions) that he felt as a child, when his mother would behave cruelly towards him and then shame him for being angry or disgusted with her. Because the figure of disgust, including all of its sensations, feelings and impulses, was too threatening to feel at the time, this Gestalt and its accompanying energy became frozen (retroflected), never reaching completion (further increasing the fear of the energy of it). In its place, a story that included the need for rituals got tacked on. (The story follows the undigested energetic /relational experience). The passive story was "anyone who acts in ways that stimulate the uncomfortable sensations (related to the early developing disgust figure), is a contaminant I have to protect myself from." This narrative symbolized Fred's loss of agency (and healthy fight/flight responses), reflecting his frozen impulse where a more active and outward impulse of his disgust could not articulate itself. Feeling victimized or overtaken by others ("they can contaminate me"), was safer than boldly expressing disgust towards them. Wiping away became a distraction from feeling the unfinished impulses/ feelings/ conflicts**.** The story acted as a container helping him keep himself within a more tolerable threshold of experience, often referred to as a "window of tolerance" (Siegel, 2011, p.137). Of course, Fred does truly feel threatened by his arising sensations and feelings and potential impulses, but he

had to project the threat out into the environment to avoid feeling shamed and rejected by his mother.

The work with this adult client was multi-layered. I had him slow down to sense more of his experience. Teaching him how to tune into his body helped him locate where the impulse was that wanted to express itself. He found disgust in his jaw and cheeks and then as we allowed his experience to organize further he became increasingly uncomfortable. We worked with containing bits of these sensations and feelings at a time. Once Fred felt more supported and his affect tolerance grew for these sensations, we could allow his body to discover how it wanted to outwardly express his disgust. This is an example of a more embodied (and more complex) "exposure." At some point the fixed idea: "I have to de-contaminate whenever I see people who bring up these unclear threatening experiences in me", began to unravel and transform into his ability to say: "I don't want to bear *the feelings and the powerful sensations* of disgust. It scares me". This was a pivotal moment in the therapy because now the "*OCD" label* and the belief in the need to de-contaminate lost some of its power just as the new figure (the healthy self-protective impulse of disgust/anger) began to emerge. Further work involved addressing two layers of fixed beliefs and binds: his religious upbringing that condemned his right to feel disgust, and the associations he described, as if they were "glued together", of feeling disgust and guilt that he would be punished for feeling/expressing them.

The following case illustrates a client's tendency to fuse sensation and meaning, a hallmark of an OCP. Michael endured medical trauma as a child and was unable to express the terror and sadness he felt around this ordeal. Sensing his family's inability to tolerate his feelings of distress, he learned to interrupt and confuse his building sensations of distress, which never fully organized into a clearer gestalt (the impulse to cry or fight) as a sign of some other unrelated threat. As an adult, when something upsetting would happen between Michael and his girlfriend, he would assume his mounting sensations *meant* something about their relationship.
"This tingling in my chest *means* that I don't really love her." He would obsess and then negate or reassure himself as to whether he could really trust his love for her—or whether this meant he secretly wanted to cheat on her. He formed an OCP of mental rituals as a compulsive strategy to avoid finishing the original figure of his terrible distress as a child coping with medical issues.

It is important to understand that, *prior to* engaging clients with OCPs in Gestalt/somatic experiments that involve supports for contacting, preliminary work needs to be done to help them first develop some reliable contact with-- and means of feeling safe--in their body (for example, by using a visualization). This is known in trauma-focused somatic approaches as the ability to "neurocept safely" (Ogden and Fisher, 2015, p.225), so that the ground is prepared for them to tolerate more painful affect. (This is one difference between "exposure and response prevention (ERP) therapy" offered by a cognitive behavioral therapist (CBT) and embodied exposure therapy offered by a body-oriented psychotherapist).

After safety and containment strategies have been established, therapy can focus on teaching clients ways to emerge from immobility and terror by helping them tolerate manageable amounts of sensations and feelings in order to decrease overwhelm. Only then can we help them restore and re-connect with what their body wanted to *do* at the time of the trauma-- draw on the

self-protective fight and flight defensive responses. Once the client feels safer, we can engage in the more subtle work that I believe Gestalt therapy does so well, that is, the more nuanced work that trauma therapists refer to as "social engagement" (Ogden and Fisher, 2015, p. 776). This involves supporting the subtler work of intimate connection, curiosity and contacting. Sometimes, while I am helping clients contain states of intense activation, a frozen motor impulse will emerge spontaneously. However, I find that with developmental trauma these impulses are often unarticulated and usually frighten these clients enormously thus requiring a lot of support, invitation even *permission* ("maybe you want to smack this person!") to emerge.

I feel strongly that therapists working with OCPs (and really all mental health issues) need to obtain hands-on training in trauma that includes the body. Learning to recognize and skillfully work with the physiology and psychology of trauma and the freeze response is a prerequisite for helping people get unstuck. I emphasize this because I have seen, both in my own work as a clinician and as a client of Gestalt therapy, that Gestalt (and other therapists) can tend to prematurely assume that clients are capable of going to more advanced places before they have learned ways to settle their nervous system and have built up trust in the body's innate capacity to regulate cycles of activation/constriction and rest/expansion. In running workshops, I have learned that Gestalt experiments that work with developmental movement patterns can often be too overstimulating for clients with trauma, leading them into further states of freeze or shame because clients (and clinicians) are unaware of how they are overriding their bodies' safety needs. Clinicians need to be able to both identify physiological activation that indicates trauma so they can scale back these experiments and be humble enough to acknowledge areas in which they might require further training. Additionally, a high level of training in mapping out one's own countertransference when working with traumatized clients is critical. In my experience as a client, my therapist was frequently defensive and critical of me when I attempted to assert myself and express discontent. Her unconsciousness of her own wounds retraumatized me, confirming the distress I had internalized around expressing these impulses. This cost me many years of healing once I left therapy with her.

For example, I have mentioned *pushing*—a basic developmental movement pattern (Bainbridge, 2008) and support for contacting—as being something notably compromised in OCPs. Pushing reflects a person's capacity to sense and mobilize his healthy aggression in the service of boundary differentiation (via disgust, discontent etc.), healthy energetic expression and a sense of agency. The push pattern is often a weak gestalt in obsessive-compulsive fields, which is not surprising given the traumatic qualities of the field, temperament and/or environment that have constellated to make it feel unsafe for a person to fight back, reject or take space. There are a number of preliminary building blocks that need to be addressed before some clients can engage the energetic pattern of pushing. One cannot push if one holds fixed beliefs and corresponding levels of freeze in one's body that block their access to this pattern. The building blocks for a push done in a social situation ("social engagement") are first and foremost about resolving the immobilization and remobilizing the "fight" and "flight" responses. In this chapter, I will elaborate on instances where the push pattern is compromised, tangled up in the client's early experiences. In children particularly, catching these patterns early can prevent critical defenses from becoming immobilized. We want to first help bring our clients out of distress and hypervigilance and help them embody fundamental protective survival impulses before

proceeding to deeper work on contacting (bearing in mind that therapy does not always occur in this precise order and that some clients show lower levels of dysregulation than others).

One reason CBT and other approaches often backfire or fail to resolve chronic defenses in this population is that most therapists do not work from a *trauma* framework that includes the body and thus fail to take into account the multiple layers of freeze (somatic, cognitive, affective) underlying the client's "resistance". This results in clients' feeling shamed by a clinician's interpretation of their "resistance" as a lack of motivation to do the work of "exposure" (in the case of CBT) or in the case of other psychotherapies an unrealistic expectation by the therapist that their cognitive or emotional interventions should be able to mobilize the client to change, leading the client to blame himself for "still" being too afraid to make a change (when his body has not been included in the picture). In other cases, talk therapists themselves just do not know that this is not just "how things are", that people "just have these issues that they need to accept forever". Clinicians need to be shown what is malleable when the body is included in psychotherapy.

Working with the OCP population has deepened my awareness of the helplessness and disempowerment many of these clients feel. Appreciating their enormous resistance and terror around reclaiming their lost defenses has also helped me understand why the work needs to be more gentle and less confrontational, though also directive, not avoidant of moving clients out of their defenses. When clients are given the space to regulate the pacing, they come to feel more empowered and enlivened.

Obsessive compulsive processes and neurodiversity in children
The slippery and highly energetic person

Since all experience is co-created, it can be difficult to parse out the particular aspects of a field that lead clients to feel traumatized. In some situations, the attachment dynamics and mis-attunements stand out more clearly to a clinician, such as when there is a capital "T" trauma (something that is objectively considered traumatic), such as chronic verbal or physical abuse by a parent, or the presence of unhealed intergenerational trauma shadows in the field. In other instances, where the attachment bond appears more secure (though sometimes there are misattunements due to the intersection of milder parental trauma/ blind spots with a child's higher sensitivity), the dynamics that set off high levels of overwhelm and lead to intense defensive coping such as OCPs can be subtler and harder to detect, especially when it relates to children. In these situations, the trauma is more experiential and it is my belief that this occurs when the child has a "highly sensitive" temperament, meaning that experiences that another child might brush off, to this child feel intensely painful and overwhelming.

Parents who are reasonably present and attuned, whose children suddenly show signs of intense OCPs often feel understandably upset and confounded. Fearing something is "wrong" with their child and desperate to make things feel better, many prematurely name the child's symptoms as a disorder and have the child medicated before exploring other options, such as more relational and somatic ways of addressing their child's struggles. My work with more and more of these parents and children over the years has taught me about the particular temperamental needs of

these children and how their temperament puts them at higher risk for drawing on OCPs as their preferred defense. Suggesting temperamental differences to parents and children (and honoring the gifts that accompany these sensitivities) helps parents develop greater compassion for their children's struggles and the challenges in parenting them. Adult clients whose sensitivities were missed as they were growing up and who were cast into DSM deficit models often feel enormous relief when their temperamental differences are delineated; they gain new contexts/narratives through which their struggles and creative talents can be appreciated. People with these sensitivities need to have their talents nurtured. They also need tools for managing and grounding their sensitivities.

These young clients whom I loosely refer to as "highly sensitive" (Aron, 1996), require a different set of tools and a higher level of attunement than the average child. We know that all individuals have particular windows of tolerance, i.e. a range of tolerable limits within which they function most optimally and outside of which they become at risk for being traumatized. These thresholds also vary within people, such that they have different thresholds for specific affects (Siegel, 2011). The highly sensitive population has taught me that they have a lower threshold tolerance for acknowledging and expressing aggression. Appreciating such differences helps us to be more mindful of any expectations we may hold of what a client "should" be able to feel and to avoid blind spots in the transference.

Several attempts to capture this more sensitive temperament from a number of different angles have been made and these include: "orchids" (Ellis and Boyce, 2008), "rainforest minds" (Prober, 2017), "gifted" (which I find elitist towards *intellectua*l giftedness**)**, " empaths" (Orloff, 2017), and "the highly reactive type" (Kagan, 1997). The most widely accepted term currently is "the highly sensitive person" (HSP), also referred to as "sensory processing sensitivity" (SPS) (Aron, 2017). Additional archetypes based in the Chinese elements have been delineated (Cowan, 2012) and many families have found them helpful in dispelling the over diagnosis and pathologizing of children who struggle with inattention or hyperactivity in classroom settings and have been labeled with Attention Deficit Disorder.

The highly sensitive person, a term coined by psychotherapist Elaine Aron, is a person who experiences the world both around and within in highly intense ways. They are extremely sensitive to stimulation. HSP's feel things deeply and exhibit high levels of empathy. They have a "low sensory threshold" (Aron, 2019) and this tendency, which Aron has found exists in 20% of the population, is their most distinctive trait; they "process information (stimuli) more thoroughly than others do" (Aron, 2019). This is mostly biologically determined and is an adaptive way of coping, not a disorder. It also means that these children and adults have narrower windows of tolerance than the general population, which results in their experiencing the world as overwhelming. One of Aron's most important points is that our culture has given preference to children who fit in and adapt more easily, leading HSP children to feel defective and left on the sidelines.

Regarding highly sensitive children, Greenspan (1995) writes, "these children want to see you feel you smell you." (p 37). They are clingier and much more anxious around abrupt transitions and changes and require a lot more advance preparation for changes than other children. Because

these children pick up on the nuances of other's feelings and their own and feel deeply, they require more help than other children in learning to identify and name their own specific feelings so that they don't feel so overwhelmed by their more frequent experience of "vague sensations". (Ibid, p.44) Feeling more easily disempowered and internally disorganized, sensitive children can sometimes feel as if they are being bombarded or assaulted by their sensations. This is why intervention needs to come in sooner. Greenspan encourages parents to teach highly sensitive children how to be the "poet of their own feelings," (p.47**)** and how to help them find creative ways to symbolize their experiences.

Since many of my clients do not fully resonate with the "HSP" or the "**empath**" archetype, I find it useful to view these clients under a wider umbrella of neurodiversity, which leaves space for all of these valuable archetypes and a wide array of individual differences. In working with this population, I have expanded the highly sensitive child archetype to include two additional qualities, which I refer to as a "slippery" quality and a "highly energetic" quality.

While there are numerous qualities attributed to the HSP, I will briefly highlight those qualities which I feel contribute to this person's experience of the world as highly overwhelming, often making them more prone to feelings of helplessness, discouragement, hopelessness and immobility, sooner than others. These qualities include being impressionable and feeling as if they are being persecuted by the powerful way in which they experience their feelings, which increases their feeling of suffering (possibly a lower pain tolerance threshold). Other qualities include: a higher reactivity to stimulation, especially "novelty" and "uncertainty" (Kagan, 1997, p. 151), a heightened capacity to sense and absorb other people's feelings and pain, and a thinner stimulus barrier, which makes OCD themes of harm and contagion understandable, since the need to feel some sense of control when they do not feel contained enough can lead them to employ OCPs as boundaries to manage all the intensity.

The highly sensitive children I see often express feeling badly "for the kid who was left out" and guilty when they outshine friends. Most are highly intuitive, imaginative, creative, spiritually and existentially curious, intensely fast processors, highly self-critical and intensely emotional. Many are also temperamentally gentler, conflict avoidant and deeply fearful of aggression. (Greenspan 1995; Aron, 1996), which is what I believe accounts for the greater difficulties this population has with their "push" pattern. They also have a tendency to confuse their body's arousal with fear, (Aron, 1996, p.10). For these more sensitive people (many of whom become artists), life feels both richer and more painful. Their lower thresholds can make them feel like the world's volume is turned up to its highest setting, making life *feel* traumatic to them. Many of them also have sensory issues, food, chemical allergies and electromagnetic sensitivities.

HSPs are very sensitive to feeling judged or disapproved of and tend towards perfectionism. They usually feel anxious (or rebellious) around authority. To minimize anxiety and conflict, they easily shape themselves around the expectations of others. This is why I call this temperament "slippery." I talk with clients about this watery quality they have, making it so easy for them to slip into and absorb other people's energies and expectations. If not given a clear enough sense of their own embodied center, they quickly slide into confluence and lose contact with themselves. Being so fluid and malleable makes them prone to rigidify and employ OCPs as

a way of trying to regulate their overwhelm. Since many are empaths (people with highly sensitive nervous systems who *also* easily absorb other people's feelings), they more naturally fuse with others and have a harder time finding their separateness from other people and from their own experiences. Therapy can help them find and create a stronger sense of self and provide very precise practice helping them claim and embody their own boundaries**.**

If this archetype sounds remarkably similar to the autistic spectrum, my theory is that these slippery temperament/highly sensitive people are part of a *sensitivity spectrum* that falls somewhere between autism and what has been called "neuro-typical". Although the children and adults I describe are less functionally impaired than people on the autism spectrum, there is no question that they share commonalities with the autistic experience i.e. more permeable stimulus barriers, frequent need to withdraw from their environment to self-soothe, easily stimulated arousal paired with the use of repetitive behaviors to attain a feeling of sameness, obvious fears of aggression and conflict as well as struggles to push and set healthy boundaries. After naming this malleable trait "slippery", I discovered a term now used in the autism literature called "hyper-plasticity" (Sinha, P. et al, 2014), which I believe may be a shared quality of highly sensitive and autistic populations.

The hypersensitivity I encounter in my clients is one that our culture has yet to comprehend. It is like having a flimsy switch that can get turned on much more readily for certain people, leaving them more disorganized. This slipperiness also comes with a stickiness, which makes certain habitual or repetitive patterns more tenacious, especially if a high level of fear is involved in the onset of these habits. Once stuck, these people have a harder time shifting out and transitioning out of things which can include their attention span, their mood states or bad relationships and this makes them more prone to feeling helpless. Paradoxically though, once they are well taught and well practiced in how to extract themselves from a pain vortex, they seem to bounce back more quickly. The upside of slipperiness is that, if painful patterns are caught early on, children can be helped to avoid a lifetime of further distress. This is why we need to identify and name this sensitivity so that we can educate parents and therapists to sense and detect when these children (or adults) are reaching their limits so they can help them co-regulate. People with these sensitivities can also be helped through affect tolerance and regulation to extend their thresholds to wider ranges thus increasing their resiliency.

The other defining characteristic I see in this slippery archetype is their "energetic sensitivity", something that is more readily apparent in children since they have not yet entangled themselves in years of rigidifying defenses, as many of our adult clients unfortunately have. Given these children's lower thresholds for stress and arousal, energy builds more quickly for them and they need to have outlets and strategies for expressing and releasing these energies more regularly. Not releasing enough puts them at greater risk of falling into traumatized states of freeze and dissociation much more rapidly than someone with a less reactive system. It is imperative that we help these people get into their bodies as supports for their building energies**.** Sadly, since many psychotherapies still leave the body out of the work, many therapists may be unaware that many of these children desperately need movement or body-and–breath- oriented tools that can greatly alleviate their distress, often more than talking. Even with regard to tracking sensations,

which somatic therapies do well, too much sensing or talking and not enough movement is a recipe for overwhelm and chaos in all people and especially with this population

In working with an adolescent girl last year, both she and I learned fairly quickly that talking was not helping her at all. Sensing her intensity and sensitivity (watching her bite and tear apart her pens in session), I could feel how she was internalizing the stress that was occurring at home and the social anxiety she experienced at school. She needed more channels for release. Just having her work with clay, hammering it, squeezing it was extremely soothing to her and she soon left therapy. Highly sensitive children are often too quickly mis-diagnosed with ADHD, bipolar or borderline personality disorder (though they may also have these struggles) when what I believe we are seeing are highly energetic minds and bodies in an industrialized society that no longer values or allows for socially acceptable outlets for adolescents as, for example, indigenous cultures did (e.g. by encouraging adolescents to release their energies through wood chopping etc.).

Identifying this archetype has enabled me to develop more precise ways of helping these children and their parents as well as my adult clients. With children and adolescents, a focus on *grounding* (work with breath and body support) and *bounding* (mobilizing frozen or weak boundaries and movement patterns) especially with those tending more towards OCPs is very effective. It is important that we educate parents that highly sensitive children can often have a harder time mobilizing (or sometimes modifying!) their aggression and that we simultaneously keep an eye out for family dynamics that may unintentionally further thwart these children's need to express their protective energies.

As they mature, children with these more sensitive predispositions will likely continue to struggle in our currently imbalanced world, however we can reduce their suffering by making their environments feel more secure. Besides teaching these children how to become experts at self-care, their parents benefit from learning that these children require a great deal of containment, reassurance and non-punitive limits, set with empathy and warmth. Psycho-educating parents about the challenges of parenting highly sensitive children is also critical. Working dyadically to locate misattunements is also very important. Parents too need support around the gap between what they expected their child to be like and what their child truly requires of them.

Sensitive children need their parents (and therapists) to validate how intense the world and their experiences feel to them. Without strong support and the resonance of a secure holding environment, feeling the world so intensely can leave these children susceptible to drawing catastrophic conclusions about their inner and outer sensations, a key tendency in OCPs. Since feeling one's feelings can feel more painful to this population, a higher degree of avoidance is present as well. It is hard for highly sensitive people to make sense of the abundance of sensory input they receive and this can compromise their ability to form clear and strong gestalts, leaving them feeling more indecisive and overwhelmed by life. When parents are helped to understand their children's experiences of the world, they can help them feel less helpless in their experiences and a stronger sense of agency around expressing and understanding all that moves

through them. Parents can learn to respond to how bad it *feels,* but still encourage children towards adjusting and enlarging.

In the field of trauma-focused somatic psychotherapy, there has been a recent focus on looking at the nervous systems of people who stand out in their high intensity responses. Some of the suppositions about these types of people are that they may have had birth and or chronic developmental trauma making them more sympathetically dominant. They struggle to turn off their intensity and access the soothing experiences of the "ventral vagal" (Dana, 2018, p.19) system in the body. My experience with sensitive populations is that this assumption is too broad. While it can be a complex (even unnecessary) effort to discern or possibly ever know for certain how much of a person's experience is due to trauma and how much was already wired into his nervous system, I feel it is critical that we note the striking overlap between people with highly sensitive nervous systems and their similarities to trauma-related symptoms since both populations need us to hold space for their shared, pronounced and sometimes overlapping struggles. Both populations struggle to separate themselves out from their early fields, mobilize healthy aggression, stabilize boundaries and self-regulate. However, I do not believe that all of these characteristics reflect trauma, rather that some of these traits transcend the nervous system and are reflective of the soul's learnings and articulations through the vehicle of the mind/body. This is important because, again, clinicians can often use languaging that unintentionally pathologizes people for their differences (though this should never be the case whether one endured trauma or was born highly sensitive!)

Now, in these turbulent times, when it is clear that our world must evolve to survive, instead of viewing children on the sensitivity spectrum through old norms, relegating their differences to pathology and burdening their parents to adapt them to a world that *is* in fact overstimulating and insensitive (we have seen the devastation of those expectations on the gay community), we can view their challenges as an opportunity to expand and break open the boundaries on our own hearts. In doing so, we help expand collective consciousness.

Case example - Becky; OCP where temperament is foreground

Last year, I began working with a ten-year-old girl who presented with high levels of perfectionism and social anxiety, which she had had since early childhood. She was brought to therapy because of her fears about an upcoming transition from school to sleep-away camp. Her parents were very loving and involved and had a good appreciation of her anxious tendencies but wondered if she might need medication. Of note: Becky was a C-section baby and so an unarticulated gestalt for her was pushing her way out into the world from the start. Her mother acknowledged her own perfectionistic tendencies and a need to keep things under control.

Within the first few weeks, Becky matter-of-factly stated, "*my parents really try to understand me, but they don't".* She was a highly energetic child (energy which her parents had smartly helped her channel into competitive ice skating) and though outwardly she presented with a calm, seemingly even temperament, her eyes radiated intensity. I noticed her moods tended to shift very rapidly from low to high intensity, but she could also get very stuck in her feelings.

I knew she was a highly sensitive child by the passion and animation she showed when she talked about her feelings and all the information she was constantly processing around her. She described many of her feelings as *"so, so big and so hard to feel; they feel so intense that I just want to get rid of them."* I learned how intense the world felt to her. *"When I feel something, the feeling is so strong that nothing helps. I wish my parents knew exactly what to do to make me feel better"*. She often felt trapped or helpless to her feelings, sensing no way out, which inclined her towards OC symptoms. She felt badly for anyone in school who felt sad or left out and was aware that she could sense what others were feeling much more than her friends. *"I care too much, and I get into people's drama too much and I try to fix their feelings too, which gets annoying for me."*

To help her understand herself better, we did a projective exercise from Violet Oaklander's (1988) book called "*The Rosebush*" (p.33). I had Becky close her eyes and guided her through a visualization of herself as a bush or tree, imagining what her roots are like, where she is planted, who takes care of her, how she feels and then draw what she imagined and speak as the bush. Becky wrote: *"I'm half rose, half tulip, half something else and half a sunflower bush! I have roots that are medium strong because this owner waters them a lot! Four days a week. I like my owner, he's okay he doesn't pay much attention to me but at least he remembers to water me enough. I don't have any thorns. I live outside of the house and there is a fence between my owner and me. I would prefer to be inside the fence with the family but I also like it out here because I can get fresh air and see the children playing. I feel I'd be much closer to them if I was inside. I'm pretty sure they all like me. Sometimes I wish I was them and could be an actual person and sometimes I just like watching them."*

Becky clearly felt loved by her family but she sensed she was different from them, and I knew from our sessions that her difference felt mostly like a flaw to her. Her lack of thorns revealed her struggle to embody her boundaries and her prickliness when she felt annoyed with them, yet she was also very aware that a part of her really appreciated having some space from her family. I used astrology to help her connect more with her strengths and gifts, which she really embraced and we also talked about the differences she noticed in her level of sensitivity from others including her parents. We also experimented with different options for self -regulation (highly sensitive children benefit from learning both self and co-regulation with parents) to help her cope with anticipatory anxiety during her transition to camp. One somatic tool she loved and incorporated was lying on the floor curled up and breathing with the feeling of a small inflatable ball on her chest. This helped her learn both how to find a calm state within and how to discharge the pent-up energy she described feeling every day in school as the day progressed.

When she returned from a successful anxiety free summer, her parents brought her back to therapy because she was presenting with "OCD symptoms". She was unable to do her homework without making incessant corrections in her handwriting and rewriting over and over. These symptoms were impairing her life because it was taking her hours and causing intense distress. I asked her what she felt just before she started to ritualize. She replied, *"when I'm doing my homework, I feel tight in my body unless I do things a certain number of times because it feels incomplete, like it's just not good enough. But it doesn't really work because the feeling comes*

back. I just can't stop." She expressed intense fear regarding what the teacher would think of her and she also felt she couldn't tolerate her own errors.

Becky and I explored when these feelings came and what they felt like in her body. She explained,*" I rewrite and rewrite when I am feeling something that I don't like feeling, like scared or annoyed feelings that feel too big and that I want to get rid of."* Her rewriting rituals were an attempt to contain and regulate the intensity she felt. We also explored what triggered the tight feelings in her body when she was doing her homework. She said it came from feeling intensely pressured when things look messy and aren't perfect and a fear of needing to know how things she did would be perceived. She feared the shame that would accompany having others see her making a mistake or not knowing an answer. *"They will think less of me...they will see that I don't understand or know something or that I'm anxious. I can't let that happen."* Becky had understandably linked feeling vulnerable with feeling humiliated as one and the same and her fixed belief was that making a mistake made her unacceptable.

Knowing her family and their history, I knew this was both an intergenerational pattern that was passed down as well as a relational pattern between them, but Becky and I were both acutely aware that her family was not open to looking at this pattern at the current time, so my focus became helping her learn more about these conflicts and expand her window of tolerance so that she would not have to continue to fear her experiences. To work more deeply with these feelings and interruptions to contacting, we played with puppets to see what would emerge.

Becky set up a scenario with herself as a cat, me as a dog and not one, but two characters that were clearly *not* on her puppet's side. *"The misunderstanding mother"* (her words!) and the police officer. She expressed that both of them really didn't quite get her and they were annoying her. I introduced the shark puppet as a possible additional character that was her friend, to see if I could support heightening the figure of her annoyance (which included a bind against feeling annoyed), because she had expressed intimations of frustration and annoyance with her family along with a fixed belief that she had to suppress her anger because, "*it wasn't nice to get so mad and be disrespectful."*

She took an instant liking to the shark and then figured out how he could fit into the play. She had the shark speak to the cat puppet that represented her and he said, "*everybody should be perfect! Be perfect or else! People will only like you if you're perfect! So, I have to boss you around so you will never feel judged or seen as stupid. Be a good girl! Because if you're perfect, no one can judge you! Keep erasing your homework!".*

S: "*How does the cat feel when she hears that?"*
B: "*She agrees with the shark. Just be good!"*
S: To offset the barrage and polarity of criticism, I had my puppet say: *"Wow! shark this seems hard for her. It feels like a lot of pressure for her to be so perfect all the time."*
B (as the shark): *"Too bad! She has to be good! I have to protect her from what people really think! From the real world! Follow the rules! Be good! Follow all these rules or I'll make you feel uncomfortable!"*
The shark then became angrier and ate the cat.

B: "*the shark eats the good parts of me too.. follow the rules! Make the lines straight and perfect.. it's not good enough!"*
S: (exiting the play) *"That is so stressful for you Becky*."
B: "*Yes, it is! It's so stressful! That's why I have to fix my homework!"*
S: "*Hmm… so do you feel like the Shark is trying to help you in some way?"*
B: "*Yes! Shark protects me from what people really think."*
She pauses and then says in a softer voice
B: "*I'm so hard on myself really, so I won't feel so badly about myself. Shark feels "I wanna get it right for you!""*
S: (I feel touched). "*Aww, so shark is really doing the best he can to protect you so you won't feel so badly. Becky, who is "you" that the shark has to get it right for?"*
B: "*Everyone else. My parents, my teachers. Me? So, I don't have look so stupid."*
S: "*So much pressure, but it makes sense. You really know how to keep yourself from feeling shame. Is there anything that bothers you about that?"*
B: "*Yes. That I have to be so polite and impress everyone! It's awful!"*
I say how awful that must be to have to please everyone except herself. She looks at me appreciatively. Her body softens.

Now that the shark is part of our shared understanding of her internal pressure we keep him nearby in most sessions and sometimes she just speaks to him directly as herself. I ask her what it feels like when the shark pressures her.
B: *"I get mad. I want to tell him to go away but he also is trying to protect me".*
Suddenly her face lights up as she remembers something.
"*It's like this boy in my class who gets special help for his learning problems. When the teacher comes by to check on him, he yells at her and says "go away! I'm done! I got it!". I love when he does that!!".*
S: "*You love that he can just say what he wants. He doesn't give a hoot about what anyone thinks! He's so free!"*
B: "*Yeah! (she laughs). He doesn't care at all what anyone thinks! See, I don't say what I really feel. I always try to be so nice. This is what happens in ice-skating, when I have to act so nice to people when I don't know when I don't want to. The shark also reminds me of my ice skating coach when she sees me having an off day or looking tired and she says "you can do better!". I wish she would say "Becky.. I see you're tired today but can you try a little harder too?""*
S: "*What do you want to say to the shark?* "
B: (speaking as herself) "*Well now I'm the bad guy!"* (she enlivens and her eyes brighten as she sits up more confidently) "*and I say "hey! I can't have to be so perfect because NO ONE IS PERFECT! Not everyone is looking so closely at everything I do. Other people make mistakes on their homework and no one even notices.""*
I encourage her to breathe to support and really take in what she just said. Then I invite her to say, *"I have a right to not be perfect!"* and to sense how she feels in her body as she says this. She expressed feeling strong, powerful and taller.
B: (She looks relieved) "*So the shark just went away and I feel better. But he comes up a lot. How do I deal with him when he comes up again"?*

This required deeper work helping Becky understand her relationship to her feelings and uncoupling feeling vulnerable from feeling shame so she would no longer need the shark to police her so tightly.

Becky's introjects about avoiding mistakes were very strong, but because she was only 10, we were able to make a bit more headway on her developing self-concept that was organizing itself around fixed beliefs i.e., *"my sense of myself cannot include making mistakes."* The energy she needed for spontaneous contact was wrapped around a polarity or "archetype" **(**Jung, 1968**)** of fear about having to be the good girl and *"good girls don't express their anger".* Introducing the shark puppet was a way I hoped to help her contact her shadow, the *"not me*" polarity that was frozen (expressing my anger, my true feelings) and to mobilize this fight energy (the impulse to stand up for herself), which she was conflicted about. To my surprise, a wonderful thing happened which was that her psyche delivered a memory that made her feel angry, the opposite of her fear. Accessing this lost part, we were able to give more of herself back to her and restore more wholeness in her sense of self. This took about four months of therapy.

Over the next five months, I helped Becky build up a tolerance for the sensations of fear that accompanied and became paired with making a mistake, so she could tolerate feeling disappointed without becoming immobilized by terror or shame. We did this very gradually by having her practice doing her homework in session and inhibiting the fixed figure - her urge to ritualize (erase and rewrite) and letting her homework be messy so she could learn to tolerate the sensations and feelings around feeling uneasy and uncertain and allow them to unravel from the meaning she ascribed to it *"I'm not loved, I'm shameful if I make mistakes"* and reorganize. We worked on tools for containing the sensations and feelings that felt powerful for her sensitive self to tolerate as they arose in her body (breathing, finding ways she could withdraw from contact with the high charge and find a soothing place she could visualize and then return to the fear in small doses).

Over time, this brought down the charge and she was able to bear more of her experience of feeling uncertainty around being judged without feeling terrified and painfully ashamed. What reorganized was the possibility for her that, *"I can make a mistake and still be acceptable".* This opened up space for her to see it was possible to feel she was more than her mistakes. While the shark would still appear Becky learned to acknowledge his presence as a signal that she was feeling some discomfort, instead of trying to *"get rid of it*" and bind herself with OC rituals. She learned how to turn towards and support the feeling that was lurking beneath the shark's protests and ask it what was wrong and it would usually tell her "*I'm scared."* She discovered that when she acknowledged these tender feelings below the shark's noise (OCD thoughts) and could be with them in some comforting way (e.g. putting her hand on her heart and breathing), the shark would quiet down. Although Becky did still go into states of immobility at times around her feelings she became a lot less reliant on OCPs.

If we view OCPs as attempts to resolve once unbearable feelings (due to lack of support or conflicting messages and/or a lower pain threshold for intense feelings), we can help clients deconstruct, reorganize and thus complete their unfinished gestalts. Had we just put Becky on medicine or done CBT, she would have continued with her behaviors never understanding how

they were trying to help her retrieve lost parts of herself; they would have shown up in another way and we would have missed that these symptoms were a cry for help to restore more of her own wholeness.

OCP's in response to both intergenerational trauma and high sensitivity
Separation anxiety as a precursor to OCP

Whenever I encounter children who show signs of OCPs surfacing, I look for pronounced unresolved and persistent separation fears, which usually precede or coincide with the emergence of these symptoms. I've seen many children over the years whose separation fears continued to linger on until ages ranging from 9 to 13. This is a meaningful age period because children now more readily feel the dawn of puberty, and the mounting upsurge in their energy and the pull of the developmental task of adolescent separation. The combination of these children's highly sensitive temperaments (which heightens their antennae to implicit multi-generational threats in the field) and their ambivalence about separating amplifies their distress. Many of these children develop compulsive rituals centered around checking the locks on their home to ensure no one can break in or relentless pre-bedtime rituals that hijack their family.

Conflicts about separating when sensing a parent's inconsolable places

When I meet individually with these parents, they often report histories of extensive trauma in their own early lives resulting from chaotic and painful attachment experiences. Most apparent in their reports is the absence of a comforting/containing parent to soothe their distress, which left them completely alone with their own overwhelming feelings. One mother reported never finding soothing from her parents at bedtime and having to rock herself to sleep, another talked of an intense need to have everything in her life under control because of the domestic violence in her home that terrified her. The common unconscious thread is their fear that the world is not a safe place (i.e. they had never been helped to establish a feeling of safety within). This unfinished gestalt gets unintentionally projected out onto their children who sense these "ghosts in the nursery", (Fraiberg, Adelson and Shapiro, 1975). Picking up their parents' conflicts about letting them separate, coupled with these children's own ambivalances about separating, leaves them feeling unprotected, uncontained, vulnerable to all the things children (and people with OCPs) symbolize and fear - monsters, robbers i.e. something bad happening. OCPs are how these children attempts to contain the threatening and powerful fears they sense in the field, primarily that "it's not safe to separate." Empathic or slippery children tend to get even more entangled than more neurotypical children in the child within their parent whom they sensed did not feel consoled. They feel guilty separating from their parent who they know feels terribly distressed inside. These feelings stall their impulses to push away and leave home.

Case example: Mobilizing the impulse to push and separate

Daniel was a 9 year-old boy whose mother was concerned about his constant anxiety at night and his OCD symptoms. His rituals included making sure his parents tucked him into bed in very specific ways each night so he could feel safe, waking up in the middle of the night in fright and running into their room to seek reassurance that he was okay and a need to compulsively check

that the door to his home was securely locked every night. He was a highly sensitive child with high levels of generalized anxiety and multiple anxieties and fears. He also talked a lot about how important it was to be the "good" kid with his friends and to be nice. He expressed feeling a lot of frustration when things didn't go his way, but was able to acknowledge he was most frustrated by his mother's high expectations of him and intrusions on his boundaries. He was struggling with his right to his own subjective experience, how to preserve it and not accommodate to the world of introjects and expectations he was clearly very attuned to. He was very restless and fidgety and sat on the edge of his seat in our sessions, noticeably preoccupied with worry.

To address the attachment dynamics that I felt were contributing to his OCPs, I suggested a joint session so that we could experiment with movement in order to access some of the less conscious, more implicit aspects of this dyad which is often easier to do kinesthetically rather than verbally because one is not able to control what will spontaneously arise.

I set up an experiment to explore Daniel's capacity to take space in relation to his mother. I wanted us all to see where his boundaries began and ended. I had his mother face him and slowly take space from him (walking backwards) and instructed Daniel to state and gesture when he began to sense a comfortable distance where he wanted his mother to stop. Interestingly, his mother had backed up pretty far and had arrived at the door of the long hallway in my office and the son was surprisingly, *"not anxious about this, though usually I am."* However, when his mother came closer and closer to him, he clearly sensed when he wanted space and gestured stop with the push of his hand, and shakily said, *"Okay that's enough!*" As he said this, his body began to lift up from the support of the ground and he then regretted his boundary saying in a pleading tone, *"Mom, I'm sorry that I want space from you!"*. His mother paused to take this in and then acknowledged that sometimes she gives him confusing messages and stated, *"mostly I want you to separate"*. Then she laughed when she realized what she had said.

Because Daniel's mother was receptive to parenting work, in our sessions we were able to identify and eventually help her move through some of the traumatic aspects of her own early attachment. We worked with how desperately she wanted space from her own mother, but how guilty she felt taking it, because of her own mother's substance abuse issues which masked her deep psychological pain. She contacted places within her that felt inconsolable, remembering how she felt compelled to self-mutilate at bedtime when she couldn't calm her body down enough to sleep. She also acknowledged that her son's separation needs were stimulating these unhealed wounds within her and she had enormous grief about letting him go, a fear that she would miss the comfort she felt in their connection. As we worked somatically, first having her find pleasant ways of coming into her body and then having her gradually touch into these places where she felt terrified, over time she was able to develop an increased feeling of safety in her body. The safer she felt in her own skin, the less threatened Daniel felt and his rituals began to decrease. Knowing his mother's fears were being contained by my work with her (which we discussed with him) seemed to contribute to his feeling safer and enabled him to slowly unhook from the burden and the awful guilt of separating from the pain he sensed was so palpably deep in her and to resume his developmental tasks. A child does not easily abandon an inconsolable

parent, however when the parent begins to embody more of a sense of containment and safety within, the child internalizes this.

We also did some further dyadic work to continue to support Daniel's access to his healthy aggression and his right to embody the other pole of *"me, not just you."* Over the course of several months, the relationship between them began to reorganize and Daniel and his mother were able to expand their capacities to tolerate and resolve both of their separation needs.

The process of recovering one's healthy aggressive impulses, sense of agency and empowerment takes great sensitivity and graduality. It is really helpful, when these impulses that have been suppressed for so long, to help clients practice embodying this energy by using exercises that help them sense themselves in relation to another. Teaching them to sense their body boundaries and helping them practice staying in contact with themselves and their right to their space, to say yes or no in relationships, is especially critical for people who are naturally more empathically tuned into the other and easily lose their own felt sense in relationship.

Underneath most OCPs, as in PTSD, are huge amounts of repressed rage about being oppressed, helpless and silenced out of being who one is. For most people with OCPs who are also highly sensitive, it is both the intensity of this unfamiliar energy that initially scares them as well as the fixed beliefs that developed about the potency of this energy *("it could kill my parent", "it will mean I'm a cruel person*", etc.) that keeps them immobilized from finding their push in relationship. In this case, there was a pairing of guilt and ambivalence related to the right to separate. The blocked energies need to be given space to re-organize and mobilize, which happens when we create space by slowing people down to listen to their body's intelligence and asking them to feel into any impulses they might have in the moment. The fixed gestalts need to be slowly deconstructed so that clients can begin to see that the energy does modify and transform itself to be in service of their right to self-protect and assert themselves in the world.

Conclusion

Energetic imbalances or disturbances are not fixed signs of dysfunction. Like a forest fire that de-stabilizes in the process of reorganizing new ground, OCP as well as all psychological symptoms are communications that an imbalance is happening. When we stay with these imbalances and let them open up, we may discover that what others call disorders are in fact developmental knots and vehicles for transformation and wholeness. How we clinicians view a pattern determines to a great extent what shape it takes. When we view OCD and anything labeled an "illness" as a process, it supports its evolution and contributes to the evolution of consciousness around the nature of the psyche. We can help our clients reorganize their relationship to their suffering and in this way hugely impact their trajectory.

As clinicians, we hold the power to reshape the landscape of psychology by continuing to hold space for what is still unfolding in our own collective evolution and by staying open to what seeks to take shape within us and stretch our collective consciousness.

Future research on neurodiversity and its gifts as well as large scale psychoeducation would be extremely valuable for this population. The sensitive child is a part of us all that has felt choked by a world of fixed expectations about who we may be. It is a part of us that resents hierarchies, embraces equality and intuits a world where it is possible to express our true nature and not have to conform. The sensitive child envisions a world where she can become who she was truly meant to be.

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