

## **Review: ELAINE N. ARON, Psychotherapy and the Highly Sensitive Person**

The subtitle of ARON's new book – *Improving Outcomes for That Minority of People Who Are the Majority of Clients* – already indicates why Psychotherapists in her opinion should acquire knowledge about *Sensory Processing Sensitivity*: ARON says in her **Preface** that she assumes that about half of all clients are likely to be HSPs; their major problems tend to be depression, anxiety and shyness, which are probably caused by bad childhood experiences. Although many HSPs believe to be suffering from a disorder, *sps* itself is said not to be one – ARON's most important argument is the extraordinary benefit HSPs receive from good childhoods. Her major experience as a professional therapist is that therapies take longer due to the fact that building trust requires more time.

In her **first chapter** ARON provides some basic points of orientation as to what to make of *sps*. Well known definitions and descriptions are given; although men are less ready to admit being highly sensitive, or to openly discuss it, there are as many male as female HSPs. ARON gives a rough idea of how to distinguish *sps* from pathologies and also stresses that any treatment with medication should best start with low dosages. *Sps* is a “package deal” with advantages and disadvantages; a highly-sensitive child's education needs to be specially adapted for their requirements.

The **second chapter** describes particularities to be considered during anamnesis and diagnostics. The classical ‘test’ is no exclusive basis for diagnosis, as it was developed for the purpose of research. Criteria as how to determine *sps* are (1) a great *depth of processing* – leading to intensive intellectual reflection – (2) a tendency towards *overarousal* – HSPs often show greater nervousness which may lead to chronic symptoms of fear and lack of sleep (which appear like the results of an overdose of cortisol) – and (3) strong *emotional intensity*, which might also manifest itself in the clients' ability to feel other people's feelings with great intensity. However, therapists will, (amongst a variety of other perceived symptoms), also see fear and anxiety without a cause, sensitivity towards stimuli, and lack of self-esteem as a result of emotional stress.

Two direct consequences of these properties and how to deal with them in a therapeutic context are the subject of the **third chapter**. *Overarousal* has many facets, requiring a broad spectrum of coping-strategies. The key skill is a creative reduction of input; HSPs need to learn to say no. Meditation and a quiet lifestyle might be recommendable. *Stronger emotional reactions* can be dealt with by sophisticated self-management, which includes anticipation and proper interpretation of emotional responses.

Three indirect consequences are presented in **chapter four**. Many HSPs will have felt flawed since their childhoods and developed *low self-esteem*, which can be fought by stressing positive sides of the trait. Attempts at being “normal” might result in a *wrong lifestyle*; shame could be an issue, too. *Overreaction to criticism*, involving an excessive fear of negative feedback, leads some HSPs to perfectionism. The therapist might intervene by encouraging the development of “a distancing from criticism” – everybody makes mistakes.

In **chapter five** it is shown how to adjust common forms of treatment to suit the need of the highly sensitive client. A non-HSP therapist will more likely be calmer than an HSP one, thereby presenting a role model, but could also be in danger of not really accepting the trait, which could cause him/her (e. g.) to use too much 'volume'. The HSP therapist should avoid drawing premature conclusions from himself. *Overarousal* should be recognised and avoided.

HSPs do not necessarily have difficulties at establishing relationships, ARON says in **chapter six**. However, in case of insufficient social training, HSPs may be easily bored and annoyed with ordinary everyday contacts. Reactions to overstimulation, (which needs to be avoided), should not be confused with shyness, which is treatable. When analyzing longer relationships, as dealt with in **chapter seven**, power structures should be investigated: HSPs could turn out to be either submissive or misusing their trait to gain power. Proper general communication and arguing need to be learned; some HSPs might be unwilling to leave unhealthy relationships. Sex will often be a more mystical experience with less variations.

HSPs are potentially good at every job, if they can work – the subject of **chapter eight** – their way. Problems will often have an interpersonal character; it might be necessary for HSPs to learn to increase their 'volume'. The possibility of changes in the work-environment depends on the social status of the HSP in the firm – a lot of entrepreneurs will (therefore) be HSP.

In the **ninth** and final **chapter** the author describes how other known personality variations might show in HSPs, and stresses that those variations need to be properly distinguished from *sps*. Extroverts can indeed be HSPs as well; ARON claims she never met any unintelligent HSPs.

The **Appendix** discusses in detail how *sps* can be distinguished from DSM disorders and how the latter may display in HSPs. Two shall be mentioned here: A healthy HSP will not show any symptoms of an *Attention Deficit/Hyperactivity Disorder* without over-stimulation, and patients actually suffering from an *Avoidant Personality Disorder* will continually be afraid of a negative evaluation, even when with people who are close to them.

The book ends with a research literature review on the subject of *sps*. Throughout the book ARON provides case examples and short summaries at the end of each paragraph and chapter, which are very helpful, especially for the non-professional reader.