

Violet's Diagnosis: "Sensitive"

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Abstract: This case study focuses on individuals who experience what we might call "bleed through" from the unconscious into their conscious lives, or a non-ordinary state of consciousness, or transliminality, or holotropic consciousness. Whatever term we may call this phenomena, I would like to think that in the near future we would have a diagnosis of perhaps, "Sensitive." And this diagnosis would refer to someone like the girl in this case study and others who experience a different sort of perception while functioning well and effectively within our limited view of reality.

About a year ago, I received a call from a previous client asking if I was accepting new patients. I had seen this woman several years earlier and together we worked to identify how she could leave her husband without undue upheaval for their four children. It was pretty standard fare, meaning I did not yet offer Heart-Centered Hypnotherapy or Ro-Hun (Hayes, 1980), relying primarily on cognitive-behavioral processes.

We set an appointment. I prepared to do an intake assessment for this woman, we will call Daisy. However, soon into the session, Daisy made it clear she came to talk with me not about herself, but about Violet, her ten-year old daughter. Daisy was tentative; it was clear she was concerned that what she had to say would be incriminating and was worried about my reaction. I waited patiently for her to feel comfortable with disclosure.

I reassured her that whatever she had to say was confidential unless some kind of abuse or threat to self or others was reported. She understood these guidelines and told me she did not want any sessions billed through her insurance. Being a member of the health care profession, she was aware of the diagnosis I must provide when billing insurance.

She then began to describe her daughter's "symptoms." Her daughter had told her two weeks prior that she sees animals by everyone and that she had seen animals for years but had not told

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anyone. She had been afraid of the animals and that is why she often didn't want to attend school or enter places where numerous people were, as there were lots of animals whenever there were lots of people, and some frightened her. But over the years, she had come to understand that the animals weren't there to cause harm to any person and with this realization her fear level subsided.

Violet told her mother that everyone has an animal. Violet had told her mother that her animal was bat-like, purplish in color, and usually sat on Daisy's shoulder most of the time. Daisy then shared what all the family member's animals looked like according to Violet.

There is mental illness in the family. The father is diagnosed with bipolar disorder and had been heavily medicated, including antipsychotic medications, when I saw them for marital counseling.

My professional experience includes 11 years as a clinical supervisor for a team of clinicians serving individuals with severe and chronic mental illness, as well as director of two psychosocial rehabilitation programs for the same population. So, while I listened to this level-headed mother, who was obviously worried that her daughter could possibly be given a scary diagnosis, I realized that I would have to carefully evaluate what could be early symptoms of schizophrenia. I also realized that over the past four years, my exposure to what our sub/unconscious minds show us in the trance state is similar to what this woman was sharing with me about her young daughter. My mind was open.

Four days later, Daisy and Violet met with me. I found Violet, a pretty, petite girl with a fairy-like face, to be articulate, poised and mature beyond her years on many levels. She enjoys the camaraderie of numerous friends, is involved in a number of activities and sports, does well in school, is well-liked by her teachers, dresses in a stylish, clean fashion, and has positive normal relationships with her siblings. She denies any anger or sadness related to her parents' divorce and sees her father regularly.

Her mother explained to Violet that she had told me about the animals that she sees. Daisy had asked Violet not to talk

about these animals with anyone but that it was okay to talk with me about them.

I asked Violet if I had an animal. She described "my animal" to me. "It looks like some sort of preying mantis, blue and green in color, about this high," she said as she raised her hand about 3 feet off the ground. "Where is it?" I asked her. It was a few feet away from me, "Just looking – neutral expression," she stated matter-of-factly.

She described her mother's animal, again the purplish bat-like thing sitting on her mother's shoulder. She also said that her own animal was a "big, beige cat, like a mountain lion, but with a rat tail and long ears; it, too, was a few feet away from her just watching what was happening. She said, "They like to have room but they don't go too far away from you."

"Everyone has an animal. I call them spiritual companions. I used to be afraid of them, but now I know they really don't do anything to anyone. They just sort of hang out." However, she said "when children are fighting at school these animals kind of wrestle."

"You mean the children who are fighting – their animals?" I inquired.

"Right. There are lots of animals at school. They seem to be crowded," she shares knowingly. "There doesn't seem to be enough room for them."

In her presence, I smudged my office with sage as taught to me by my Medicine Wheel friends, and sprayed Aura-Soma Archangel Michael essential oils. She still saw the animals. I asked her if she sees any angels or any other light being. "No", she said, "just animals."

I asked her if she believes in God. "Which God?" she asked. "I believe there are many gods – the god of trees, the god of water, the god of fire ..." She also said there is a god of darkness and of evil. I asked her how she knew these things, as she certainly appeared confirmed in her convictions. "I decide these things as I lay in bed waiting to go to sleep. It takes me a long time to go to sleep."

She had many scary dreams. She admitted to hearing voices, "When I'm thinking real hard about stuff." Sometimes the voices seemed to be outside and sometimes inside her head. They were encouraging voices to date.

“What do they say to you?” I asked.

“They say they protect me, that I can do it, not to be afraid. Sometimes they whisper my name. When I get mad about something, they tell me to calm down and to take a deep breath.”

I asked her in that first interview if anything made her sad. She said the fact that the animals look bored makes her sad. I suggested that maybe they are stuck here and maybe we need to help them go to the light. She then told me she did not believe in heaven. I suggested that she may be seeing some level of the astral plane and explained the astral plane to be similar to our earthly plane, but reflecting our thought-forms. She took many of my statements in stride – not surprised or bewildered – more like a part of her knew what to expect in this interview.

I gave her a bottle of Archangel Michael and suggested to her mother that she spray her bedroom and put some in a smaller bottle so that Violet could take some to school. Violet sometimes sees animals that are “really scary – like rotting flesh falling off their bodies.” These real scary animals belong to kids who are not very nice.

I gave an overview of what I hoped to accomplish with our sessions: meditations that teach Violet how to protect herself such as a white light meditation, and a Mother Mary and Solar Angel meditation in the hope that she may be able to see transcended light beings, and meet and work with her guides.

As I mentioned, a few years earlier I probably would have recommended a small dose of Risperdal. Instead, I consulted with colleagues I have met since coming to The Wellness Institute. One colleague, Michael R., kindly asked his guides what my young client needed and was told that she has a hole in her aura around the Third Eye chakra. I was to help her repair this hole as it was leaving her open to outside forces. Also, as I suspected, my colleague’s guides told him that she was seeing into the astral plane and that she feels unprotected.

Over the initial few sessions I did assist my young client in a white light meditation from *Spirit Releasement Therapy* by William Baldwin (1992, pp. 361-362) and in repairing her aura as taught by Dr. Yvonne Christman in her Subtle Energy classes. Violet was asked to conduct this meditation daily until I saw her again. In our next session, she reported she had been doing this

meditation fairly regularly and that her aura was stronger and she didn't see any more holes in it.

This young person easily accepted this role and responsibility and had no questions about these procedures. Again, she took them in stride.

In one session we used RoHun cards (Hayes, 1983) and in this process we unearthed her deep, deep sadness. Her mother told me that she was born with this sadness. Indeed, the cards she chose were The Prophet, indicating other life imprints, and the Suffering Self. When asked about the sadness, she says there is sadness in all the animals' eyes.

In one of our sessions, we did a meditation in which Violet met her Solar Angel who appeared as a golden wolf to her. The wolf had yet to speak to her and she was somewhat frustrated during a session when we revisited her golden wolf (whom she and I determined is male) and he would not answer any of her questions. I urged her to be patient and to work at building a relationship with this Wonder Wolf.

We saw each other for over six months on a weekly basis, with few exceptions. She continued to remain stable and do well in activities of daily living. She continued to have periodic nightmares but with less frequency. As is typical, with the warming of the weather she preferred to play with her friends and engage in outdoor activities. Her mother and I both agreed to discontinue our sessions for the summer months.

I asked myself then and now, what was my role here? It was certainly grayer than it would have been a mere four years ago. I was well aware that there were clinical implications and I needed to adhere to the ethics and standard of care as outlined in my license to practice. To those reading this, who have not yet ventured into the realms of the trance-state mind, it may sound preposterous that I worked in this manner with a young girl, with a family history of mental illness, and who reports she sees and hears things that most of us cannot. I watched closely; I looked for signs that indicated psychosis or for any indication that this little girl is not connected with "reality," and whether I needed to give her a diagnosis of someone who is exhibiting symptoms of schizophrenia, early onset, and refer her to a psychiatrist for further evaluation and medications. She, however, continued to present as a grounded, self-assured, perceptive youngster.

Indeed, research in humanistic, transpersonal, and parapsychology indicates that there are numbers of individuals who experience what anthropologist Michael Harner calls “non-ordinary states of consciousness” (1980). These states are held in high esteem in pre-industrial cultures where ritual, rites of passage, and spiritual practices are woven into the fabric of their lives. Non-ordinary states of consciousness have also been widely used for the diagnosing and healing of numerous disorders. It is these states that serve us in the development of intuition, extrasensory perception and artistic expression. In the Western industrial civilization, these states are viewed as pathological. However, recent consciousness research and experiential psychotherapies have rediscovered the transformative healing that may be obtained through the use and application of these states. This research reveals that we are only touching the surface of the human psyche and what we term “reality.”

“Transliminality,” a term coined by researcher Michael Thalbourne (1998), is “a hypersensitivity to psychological material originating in the unconscious and/or the external environment,” and refers to individuals who have psychological material that cross the threshold into or out of consciousness. Thalbourne, who describes himself as having severe bipolar disorder, observed that there is a high correlation between mystical, paranormal, manic, and schizotypal experiences. Thalbourne’s (2008) research suggests the high correlation of behavioral/psychological assessment measurements: the transliminality scale with thin boundaries, schizotypy scale of unusual experiences, and the reporting of signs of temporal lobe lability as measured using the Personal Philosophy Inventory. Thalbourne suggests that, in fact, the four measurements may be measuring the same thing: “neural interconnectedness or un gatedness.”

Brain scientist Jill Bolte Taylor (2006) describes her experience of interconnectedness after a stroke in her left temporal lobe. “As the language centers in my left hemisphere grew increasingly silent and I became detached from memories of my life, I was comforted by an expanding sense of grace. In this void of higher cognition and details pertaining to my normal life, my consciousness soared into an all knowingness, a being at

one with the universe, if you will. In a compelling sort of way, it felt like the good road home, and I liked it" (p. 41).

Similarly, over a century ago the great psychologist William James experienced non-ordinary or holotropic consciousness, produced from experimentation with nitrous oxide. He writes following this experience, "One conclusion was forced upon my mind at that time, and my impression of its truth has ever since remained unshaken. It is that our normal consciousness, rational consciousness as we call it, is but one special type of consciousness, whilst all about it, parted from it by the filmiest of screens, there lie potential forms of consciousness entirely different. We may go through life without suspecting their existence; but apply the requisite stimulus, and at a touch they are there in all their completeness, definite types of mentality which probably somewhere have their field of application and adaptation. No account of the universe in its totality can be final which leaves these other forms of consciousness quite disregarded" (1997, p. 305).

As Roger Walsh and Charles Grob (2006) point out, James' account is similar to those who experimented with LSD in the 1950's and 1960's before it was outlawed. They write, "Investigators reported that their understanding of the mind deepened and transformed. They felt compelled to recognize the importance of altered states of consciousness, the multilayered nature of the unconscious, spiritual aspects of the psyche, and a positive view of human nature. All of these researchers concluded that we have significantly underestimated the variety, power, and potential of altered states, as well as their profound transformative capacities" (p. 432).

It is interesting that there are those of us who must have a systematic practice – meditation, holotropic breathing (Grob, 1985), or ingest psychedelic substances to experience non-ordinary states of consciousness. And then there are those, such as Violet, who find they routinely and effortlessly access deep contents of their psyches.

There is a growing consensus that openness to transformative states of consciousness can take both integrative/growth enhancing and disintegrative or dissociative forms (Roche & McConkey, 1990). Childhood and adult schizophrenia can show extreme decrements in spatial ability

and physical balance (Angyal & Blackman, 1940; Ornitz & Ritvo, 1968). However, research also demonstrates that participants who report mystical experiences and out-of-body experiences perform at high levels of physical abilities as well as visual-spatial acuity (Ayers et al., 1999; Spadafora & Hunt, 1990; Hunt et al., 1992).

One can wonder, especially in the context of other cultures that embrace non-ordinary states of consciousness, if medications and lack of inclusiveness and acceptance from those around them, add to the deterioration of an individual's functioning. Once a non-ordinary state of consciousness is displayed, do we systematically cause deterioration due to the way we "treat" the individual psychologically, socially and medically?

Certainly, many who advocated for the mentally ill to be deinstitutionalized and reintegrated into mainstream society, believed this to be the case. Highly acclaimed Fountain House, (Pratt et al., 2006) a psychosocial rehabilitative clubhouse for the mentally ill, was founded in 1948 in New York City with just such beliefs. When hundreds were released to the streets in the '50s and '60s, after having lived most of their lives institutionalized, they determined to help one another find housing, transportation, jobs, education, and meaningful relationships in their lives. And they did. Additionally, they often found that those who appeared the least able to function, blossomed into supporting others and leadership roles.

Prior to our initial meeting, I had determined that I would respond to whatever Violet presented to me with acceptance and non-judgment. I believe that, unknowingly, I had decided to work in the realm of a relatively new psychology – transpersonal in nature – and what I thought to be uncharted territory. I now know that I am not singular in this type of case experience.

As such, I believe we need to have discussions that address ethics, standards of care – maybe new guidelines for diagnosis. It is my hope that we learn more about working in this realm of the unconscious and with those who, like this little girl, have what may be called "bleed through" from the unconscious into their conscious lives, or a non-ordinary state of consciousness, or transliminality, or holotropic consciousness. Whatever term we may call this phenomena, I would like to think that in the near

future we would have a diagnosis of perhaps, "Sensitive." And this diagnosis would refer to someone like this little girl and others who experience a different sort of perception while functioning well and effectively within our limited view of reality.

I believe that the traditional way of providing therapy must change in order to accommodate this new understanding of consciousness and the various ways it may express itself. Perhaps the new roles of therapists will be as suggested by Alvin Mahrer and Chloe Johnston (2002):

By working backward to develop a way of achieving these two aims or goals [to enable the person to undergo radical self-transformation into becoming the qualitatively new person that the person was capable of becoming and for the new person to be essentially free of the painful feelings and the painful situations that were front and center for the person] in each session, the new development emerged as a bold departure from most of the traditional ways in which therapists and clients were with one another: (a) Instead of mainly attending to one another, both therapist and client attended mainly to a third thing, via, the client's feeling-inspiring center of attention. (b) Instead of listening as an interacting, observing entity, the therapist is conjoined with, one with, fused with, aligned with the person so that what the person says and does come in and through and from the therapist. (c) Instead of speaking as an interacting, relating entity, the therapist literally is and gives voice to "parts" of the person's own person and personality. (d) Instead of being a therapist who is here to provide interventions, to 'therapize' a client, to do things to the client, the therapist is the teacher-guide who shows the person what to do, who joins with the person in doing these things, and who undergoes the stepwise changes together with the client."

While Violet did not seem to experience "painful feelings," she was aware that her mother told her that her experiences were something we don't share with others, perhaps interpreting as shameful or something to be feared. To that end, any fear or shame that may have developed prior to our work together appeared to be non-existent when we ended seeing each other.

My ultimate role and goal is to be the most effective facilitator for assisting clients, of any age, to achieve greater harmony, understanding, and peace in their lives. To this end, I ask for input and open discussion from my colleagues.

In closing, I recently received a call from Daisy. Perhaps she is calling to schedule more sessions with Violet. I hope so.

References

- Angyal, A., & Blackman, N. (1940). Vestibular reactivity in schizophrenia. *Archives of Neurology and Psychiatry*, 43, 611-620.
- Ayers, L., Beaton, S., & Hunt, H. (1999). The significance of transpersonal experiences, emotional conflict, and cognitive abilities in creativity. *Empirical Studies of the Arts*, 17(1), 73-82.
- Baldwin, W. (1992). *Spirit Releasement Therapy, 2nd Edition*. Terra Alta, WV: Headline Books.
- Bolte Taylor, J. (2006). *My Stoke of Insight: A Brain Scientist's Personal Journey*. New York: Penguin Group.
- Grof, S. (1985). *Beyond the Brain: Birth, Death and Transcendence in Psychotherapy*. Albany, NY: State University of New York Press.
- Harner, M. (1980). *The Way of the Shaman: A Guide to Power and Healing*. New York: Harper & Row.
- Hartmann, E., Rosen, R., & Rand, W. (1998). Personality and dreaming: Boundary structure and dream content. *Dreaming*, 8, 31-39.
- Hayes, P. (1983). Ro-Hun is a process of clearing, healing and enlightenment. As a system of therapy, it deals with problems and resolves traumas. It is also a method for self-development and spiritual evolution. Ro-Hun works by releasing the blocked negative energies that are trapped on 5 levels: in the body, in memories of past experiences, in current behaviors, in our thoughts and views about life, and in our self-concept. Delphi University, GA.
- Hunt, H., Gervais, A., Shearing-Johns, S., & Travis, F. (1992). Transpersonal experiences in childhood: An exploratory empirical study of selected adult groups. *Perceptual and Motor Skills*, 75, 1135-1153.
- Mahrer, A. R., & Johnston, C. (Spring 2002). Promising new developments in the therapist-client relationship: A philosophy of science review and preview. *Journal of Contemporary Psychotherapy*, 32(1), 3-24.
- James, W. (1997). *Varieties of Religious Experience*. New York: Simon & Schuster.
- Ornitz, E. M., & Ritvo, E. R. (1968). Perceptual inconstancy in early autism. *Archives of General Psychiatry*, 18, 78-98.
- Pratt, C. W., Gill, K. J., Barrett, N. M., & Roberts, M. M. (2006) *Psychiatric Rehabilitation, 2nd Edition*, 168-173. San Diego, CA: Academic Press.
- Roche, S. M., & McConkey, K. M. (1990). Absorption: Nature, assessment, and correlates. *Journal of Personality and Social Psychology*, 59(1), 91-101.
- Spadafora, A., & Hunt, H. (1990). The multiplicity of dreams: Cognitive-affective correlates of lucid, archetypal, and nightmare dreaming. *Perceptual and Motor Skills*, 71, 627-644.
- Thalbourne, M. A. (1998). Transliminality: Further correlates and a short measure. *Journal of the American Society for Psychological Research*, 92, 402-419.
- Thalbourne, M. A., & Maltby, J. (2008). Transliminality, thin boundaries, unusual experiences, and temporal lobe lability. *Science Direct*, 1617-1623.
- Walsh, R., & Grob, C. S. (2006). Early psychedelic investigators reflect on the psychological and social implications of their research. *Journal of Humanistic Psychology*, 46(4), 432-448.