

## Feeling Psychic: How Emotion May Shape Anomalous Experience by Michael Jawer

"Feeling Psychic: How Emotion May Shape Anomalous Experience" by Michael Jawer, first appeared in the Issue One, August 2010 post of Noetic Now (originally at [www.noetic.org](http://www.noetic.org)), published by the Institute of Noetic Sciences (IONS), and is reprinted with permission of IONS, all rights reserved. Copyright 2010." <http://www.evolutionezine.net/michael-jawer/>

I once spoke with a woman – a travel writer – who, in an article I'd read, made passing mention of her sensitivity to particular places reputed to be haunted. Her account is remarkable:

I've been overly sensitive for as long as I can remember. I was sickly and deeply affected by any hardships I witnessed as a child. I suffered a lot of growing pains... If someone walked into the room with a headache, I would get a headache. If they pulled their back, mine would begin aching the minute I made eye-contact. I was definitely more in tune with my environment and the feelings of others than almost everyone else I knew. I really envied everyone else's *insensitivity*.

I continue to be sensitive to the pain levels of others, including pets. I give new meaning to the term "I feel your pain." I am also able to pick up on the energies of my surroundings. For example, when we were looking for a new home, we found a great fixer upper that we really liked, but the moment I set foot inside, I could sense a heavy/angry atmosphere that practically took my breath away. Sure enough, when we went down to the basement, the walls were peppered with fist-holes. I can also pick up on the vibes of places that have especially happy or peaceful atmospheres.

I also have had encounters with spirits. I have seen things move, radios turn themselves on, and other types of phenomena. My husband has seen enough in our 17 years of marriage not to scoff at my experiences.

Her depiction reflects many of the commonalities I've noted in my study of self-described "sensitives."<sup>1</sup> They tend to have pronounced or longstanding allergies, migraine headaches, chronic fatigue, chronic pain, irritable bowel, even synesthesia (overlapping senses) and heightened sensitivity to light, sound, touch, and smell. Women make up three-quarters of this sensitive population but there are other markers as well: being ambidextrous, for instance, or recalling a traumatic childhood. Sensitives also report that their immediate family members often suffered from the same conditions. And, most intriguingly, they're inclined toward anomalous perceptions, e.g., seeing an apparition, sensing a presence, noting auras or energies around people, or having precognitive/clairvoyant experiences.

With anywhere from one-third to two-thirds of the public saying they've had an extra-sensory experience (depending on the survey<sup>ii</sup>), anomalous perceptions are nothing to shrug off. But the association with physical sensitivities – and, especially, emotional sensitivities – may distinguish the people who are likely to have anomalous perceptions. What is it that makes a person super sensitive, though, and others not?

## **Sensitivities and Boundaries**

You might be surprised to know that an extensive literature exists on “highly sensitive people,” “sensory defensives,” “high reactors,” and the like. The accumulated evidence suggests that, from an early age, such people respond quite strongly to sensory stimuli and can become stressed or fatigued by exposure to bright lights, loud sounds, particular aromas, tastes, or textures. They also tend to

- more strongly register pain (whether physical or emotional) in themselves and others;
- feel things deeply and have a need for strong emotional attachments;
- have a surfeit of energy, curiosity, and imagination;
- summon up imagery and memories easily;
- be creative or artistically inclined;
- have vivid dreams and a penchant for recalling what they dream; and
- have overactive immune systems that can result in allergies, chronic pain, and fatigue.

In short, these individuals are like a walking aerial, primed (in the words of psychologist Elaine Aron) “to notice more in their environment...to detect and understand more precisely whatever comes in.”<sup>iii</sup> By comparison, there are those considerably less empathetic and more oriented toward facts than feelings. A useful way of considering such personality differences is through the framework of *boundaries*. According to Tufts University psychiatrist Ernest Hartmann, who developed the concept, everyone can be characterized on a spectrum of boundaries from thick to thin:

There are people who strike us as very solid and well organized; they keep everything in its place. They are well defended. They seem rigid, even armored; we sometimes speak of them as “thick-skinned.” Such people, in my view, have very thick boundaries. At the other extreme are people who are especially sensitive, open, or vulnerable. In their minds, things are relatively fluid...Such people have particularly thin boundaries....I propose thick and thin boundaries as a broad way of looking at individual differences.<sup>iv</sup>

Thick-boundary people tend to brush aside emotional upset in favor of “handling” a situation and maintaining a calm demeanor. In practice, they suppress or deny strong feelings. Experiments show, however, that thick-boundary people don’t actually feel their feelings any less. Bodily indicators (such as heart rate, blood pressure, blood flow, hand temperature, and muscle tension) betray their considerable agitation despite surface claims of being unruffled.<sup>v</sup> This is a crucial distinction, as we’ll see.

## **The Chronically Dissociated Person**

In my book with Dr. Marc Micozzi, *The Spiritual Anatomy of Emotion* (Park Street Press, 2009), I theorize that thin-boundary people are most likely to register anomalous influences while thick-boundary people are more likely to *create* anomalies. The key, I suggest, is the extent to which a person is aware of his/her feelings – mindful of them, you might say – versus being unaware of them, holding them at bay, or unconsciously repressing them. Micozzi and I believe that feelings have an energetic existence in the body as well as within the brain. In this regard, a personality type known as “Type C” deserves our attention.

As opposed to the Type A (who angers easily and has difficulty keeping his/her feelings under wraps) and Type B (who has a healthier balance of emotional expressiveness), the Type C personality is a suppressor, a stoic, a denier of strong feelings. He/she has a calm, outwardly rational and unemotional demeanor, but also a tendency to conform to the wishes of others, a lack of assertiveness, and an inclination toward feelings of helplessness or hopelessness. The Type C is a perfect illustration of Hartmann's thick-boundary type.

As we've seen, however, the fact that such a person claims to be calm and doesn't get easily riled doesn't mean that his/her feelings are any less intense than those of a thin-boundary person. It's just that, for the Type C, emotion is a bit like a foreign language; feelings that are contained in their bodies tend not to register in their minds. So what happens to the energy of those feelings when something gets "under their skin" but they don't know it – and don't ever express it?

Psychologically, a pattern whereby someone fails to feel their feelings is known as *dissociation*. Occasional dissociation is quite common and harmless enough. We can become "lost" in a good book or a daydream, for instance, or while away hours in work or at a hobby, scarcely realizing the time that's gone by. Dissociation can become pathological, however, in forms such as amnesia, identity confusion, depersonalization (an extreme sense of detachment), or the creation of multiple personalities (clinically termed Dissociative Identity Disorder).

A chronically dissociated person is not living a healthy life, either emotionally, psychologically, or spiritually. He/she is apt to feel empty or unconnected, and to wonder why things are happening the way they are. While any personality type can experience dissociation, the consequences may be particularly pronounced for a thick-boundary person, for whom feelings are a challenge anyway. Let's look at one such consequence – the phenomenon known as phantom pain.

### **Dissociation and Phantom Pain**

Anomalies need not be considered strictly in terms of apparitions, spooks, and spirits. A more "down to earth" form is phantom pain. It's well known that certain people who have lost a limb will complain vigorously about strange sensations where their arm or leg, hand or foot, used to be. Cramping and itching, burning and shooting, are the adjectives most commonly used. In every case, the person is convinced that the limb (or whatever the body part may be) is still there. Sometimes the phantom sensations occur immediately after a patient's surgery; sometimes they manifest after weeks, months, or even years. In some cases they abate, only to return later. The phenomenon is quite common, affecting upwards of 70 percent of amputees.<sup>vi</sup>

These cases are quite strange and, despite the advances of medical science, still unaccounted for. But phantom pain can perhaps be explained through *feelings* and the energy they harbor. The first question we must pose is: What distinguishes the 30 percent of amputees who don't experience phantom pain from the majority who do? Similarly, why should some people's sensations come and go while others' remain constant? The answer, I

propose, has to do with the extent to which an amputee is dissociated from his/her feelings. *A chronically dissociated person is much more likely to feel phantom pain.*

Initial evidence to this effect has been gathered by Eric Leskowitz, a Boston-based psychiatrist and energy healer who is director of the Integrative Medicine Project at Spaulding Rehabilitation Hospital. Leskowitz has raised a number of intriguing issues on the possible relationship between stress, emotion, and the successful treatment of PLP (phantom-limb pain). For example, he treated two patients whose reaction to their respective predicaments differed quite a bit.<sup>vii</sup> The first patient, "Mr. A," was

a 37-year-old cargo loader, who lost his left leg just below the knee after suffering a massive crush injury when a cargo dolly jackknifed into his leg. He developed stump and phantom pain which was not responsive to two years of rehabilitation treatments, including...anti-depressants to treat his concurrent major depression. Formerly an avid athlete, he appeared to withdraw from life due to the loss of his old self-image as a hockey player and "tough guy." He was also quite invested in a Worker's Compensation suit against his former employer, which consumed much of his emotional energy....

He described this process of releasing his pain as frightening to him. Somehow, he was holding onto the pain and preventing it from totally leaving his body. He realized that if he could no longer feel any pain in his phantom leg, he would have to experience the true absence of his leg for the first time since his injury...doing so would also involve accepting the fact that he would never play hockey again. He stated quite clearly that he was not ready to proceed with further energy healing, because he wasn't yet ready to accept his disability.

Contrast this patient's reaction and outlook with that of another patient, "Ms. B.,"

a 65-year-old widow whose severe diabetic peripheral vascular disease necessitated a below-the-knee amputation of her right leg. However, she apparently misunderstood her surgeon's plans, because she went into surgery with the expectation that only two of her toes would be removed (the painful and gangrenous ones). Needless to say, she was shocked to wake up and find her lower leg missing. Within hours of her [surgery], she developed phantom pain of the two toes she had expected to lose...

She proved to be a feisty yet trusting woman who was primarily upset that her esteemed surgeon has so misled her. Part of her psychotherapeutic work with me involved venting her frustration, and also communicating her distress directly to her surgeon. These conversations allowed her to feel as though a load was lifted from her shoulders....

The differences between these two instances are striking. Mr. A desperately wished to retain his old self-image as the rough-and-ready hockey player, whereas Ms. B. was able, after venting her anger and frustration, to accept to some degree her predicament. To the extent

that the individual is able to feel his/her feelings – and accept their genuineness – dissociation will be reduced. The phantom pain, I submit, reflects the “unresolved” energy of the person’s feelings around the limb (or other body part) that has been removed. The 30 percent of amputees who *don’t* suffer from phantom pain are those whose feelings are felt more readily and whose emotional energy is apt to be expressed more than *suppressed*, whose boundaries, in Hartmann’s parlance, are thinner.

### **Interpersonal Interactions**

While phantom pain is an outcome of thwarted or displaced energy within an individual, there are other situations where the interplay of emotions *between people* might be the trigger for anomalous experiences. In these cases, I surmise, a thick-boundary person is likely to be the source of the disturbance while a thin-boundary person is likely to not only register the displaced energy but effectively to draw it out.

The flow of this dynamic came to me during a site investigation with parapsychologist William Roll. We visited a woman who had a history of appearing to attract odd goings-on, ranging from ghostly sights and sounds to anomalous movement of objects. She lived with her husband in a small Pennsylvania town and the couple had requested Roll’s assistance. Roll, a renowned poltergeist investigator, obliged her and gathered a small team together. We interviewed the woman, took electromagnetic measurements of her home, and tried to put two and two together. At no time over the several days we were there did we witness anything in the least paranormal. However, a few noteworthy observations stood out.

First, the woman involved fit the thin-boundary profile to a “T.” She claimed to not only be psychically sensitive but to be affected by allergies, migraine headaches, and electrical and chemical sensitivities. Several of these conditions, she attested, ran in her family, affecting parents and siblings as well as her own children. She’d had a troubled childhood (parental infighting, divorce) but, to her credit, was energetic and outgoing with a good sense of humor. Nothing in her manner betrayed anything pathological; only the accounts she and her husband gave suggested anything weird.

Second, if her story was to be taken as truthful, the house we were investigating was not haunted so much as were its occupants. Paranormal oddities apparently followed this woman regardless of where she lived.

Third – and least expected – was the role her husband seemed to be playing in whatever drama was taking place. As opposed to his wife, he came across as diffident. While he supported her accounts, she overshadowed him to the point that he seemed almost to blend into the background. He, too, revealed significant childhood trauma in our questionnaire (parental alcoholism, suicide) but was so soft-spoken that we needed to draw him out during our questioning.

The day before we were to leave, the husband and I were talking when he said, out of the blue, “Come on upstairs, there’s something I want to show you.” In a bedroom he went to a gun cabinet and took out one of the rifles. We were in a rural part of Pennsylvania with a hunting tradition so I wasn’t unduly alarmed. What did shake me, however, was his next

gesture. He asked me to hold out my hands, placed the gun in my grasp, and said almost matter-of-factly, "This is the gun my daddy used to kill himself." I wasn't sure whether to feel horrified or honored – I suppose I felt both. What did occur to me later, though, was how much difficulty this man must have lived through and how much trauma he must harbor well under the surface.

My supposition is that he and his wife are doing a kind of psychic dance – not necessarily psychic in the anomalous sense but a dance between psyches in which one projects and amplifies not only her own troubled feelings but those of her partner. Where one of them is exceptionally thin boundary and the other exceptionally thick boundary, anomalies may result. This would be the outcome if we grant the possibility that feelings are fluid, energetic, and body-based.

Numerous investigations of hauntings and poltergeist phenomena have evidenced not one person in isolation but families and emotional dynamics gone awry. As the saying goes, it takes two to tango and, quite often, there is some shared trauma that a thin-boundary person and a thick-boundary person will deal with in their own way. Most people, of course, are somewhere in the middle of the spectrum from thin- to thick-boundaried. Where the 'outliers' meet is the most fertile ground for anomalies, especially if that ground has been seeded through trauma, dissociated feeling, and stored-up tension.

None of this, I hasten to add, is meant to suggest that thick boundary people aren't capable of anomalous perception themselves. In our phantom pain illustration, "Mr. A" experienced phantom pain just as real to him as that felt by "Ms. B." Similarly, the husband described above heard and saw strange things in the house he shared with his wife just as much as she did. What I'm advancing, though, is the notion that a thin-boundary person is generally more "attuned" to environmental goings-on in the same way that he/she tends to be more aware of how he/she is feeling at any given moment.

### **Our Feelings, Our Bodies**

A therapist I know (undoubtedly thin boundary) says that she feels her patients' concerns manifested through her own aches and pains during therapy. Not only that, she's become aware of "more and more [clients] who feel, in their bodies, the connections between the harming of the planet and their own emotional and physical ailments."<sup>viii</sup> An educator and ecologist I read about likewise remarks, "The Earth speaks to us through our bodies and psyches. She often cries, and many of us feel her tears and see her pain. I experience it as a force of nature entering me, like light."<sup>ix</sup>

Notice the connection in her statement between "body" and "psyche." Each one of us, regardless of boundary type, is a feeling creature, and feeling cannot take place absent a body. We are more than the sum total of our neurons. We are whole people, interacting with other whole people and the environment around us. The state of our bodies – the feelings or symptoms we have – is inevitably an indicator of our psyches, our deeper selves, as well as our reactions at any given moment.

Someone who has anomalous or psychical experiences is fundamentally no different than other people who keenly register environmental distress, the tumult of war, or the heartbreak of natural disasters. It makes no difference how far away those news events are; the thin-boundary person feels them viscerally and immediately.

The fact of our embodied existence is crucial if we are to understand how and why anomalies occur. This emotional, somatic perspective offers a window into our dual physical/spiritual nature. As trenchantly put by philosopher Morris Berman, "Soul is another name for what the body does."<sup>x</sup>

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<sup>i</sup> Michael Jawer, "Environmental Sensitivity: A Neurobiological Phenomenon?" *Seminars in Integrative Medicine* 3 (3) (2005): 104-109.

<sup>ii</sup> David Lukoff, "From Spiritual Emergency to Spiritual Problem: The Transpersonal Roots of the New DSM-IV Category," *Journal of Humanistic Psychology* 38 (2) (1998): 21-50.

<sup>iii</sup> Elaine Aron, *The Highly Sensitive Person* (New York: Carol Publishing Group, 1996), 7.

<sup>iv</sup> Ernest Hartmann, *Boundaries in the Mind* (New York: Basic Books, 1991), 4-7.

<sup>v</sup> James J. Lynch, *The Language of the Heart* (New York, Basic Books, 1985), 209-13, 220-22.

<sup>vi</sup> Ronald Melzack, "Phantom Limbs," *Scientific American* 266 (April 1992): 120.

<sup>vii</sup> Eric Leskowitz, "Phantom Limb Pain: Subtle Energy Perspectives," *Subtle Energies & Energy Medicine* 8 (2) (2001): 135-137.

<sup>viii</sup> Miriam Greenspan, *Healing through the Dark Emotions* (Boston: Shambhala, 2003), 219, 231.

<sup>ix</sup> Laura Sewall, "The Skill of Ecological Perception," in *Ecopsychology: Restoring the Earth, Healing the Mind*, Theodore Roszak, Mary Gomes, and Allan Kanner, eds. (San Francisco: Sierra Club Books, 1995), 214.

<sup>x</sup> Kat Duff, *The Alchemy of Illness* (New York: Pantheon Books, 1993), 33.

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#### About the Author:

Michael Jawer is an independent researcher who has been examining personality and mind-body differences among individuals for the past 10 years. More information about his book with Marc Micozzi, MD, PhD, *The Spiritual Anatomy of Emotion*, is at [www.emotiongateway.com](http://www.emotiongateway.com).