



## **SELF** **The Bedrock Story**

David Krueger MD

*What is the ultimate truth about ourselves? Various answers suggest themselves. We are a bit of stellar matter gone wrong. We are physical machinery – puppets that strut and talk and laugh and die as the hand of time pulls the strings beneath. But there is one elementary inescapable answer. We are that which asks the question.*

Sir Arthur Eddington

### **Body Self**

*The mind had to be first about the body or it could not have been.*

Antonio Damasio, *Descartes' Error*

The infant searches swirling, formless surroundings for a knowing touch, a lock with parent's eyes, affirming a fortifying form and confirming a grounding presence, the essence of human attachment. This hope is relational, linked with soothing flesh and satisfied mouth, to become the building block of the psychological regulation of physiological needs and the foundation of trust. Later, from this foundation of affiliation and effectiveness, excursions of exploration and assertive curiosity occur, allowing separation with affirming rapprochement.

The gentle whisperings and soft murmuring echoes of sensation are outlined and contained as the infant's body is held in total suspension by the strong hands of another who knows that safety and passion are no paradox. To be wrapped in an encompassing cocoon of gentle vitality is simultaneously intense and calm. These sensory experiences (or their unmet yearning) are reactivated throughout life; the desire evolves but never evaporates.

Significant caretakers define the infant's body by interactive attachment, mirroring, outlining, and resonance with both surface and interior. This relational matrix organizes and gives meaning to body self. From before birth, there is an intersubjective dialogue, a fantasized relationship unfolding that already begins to fashion the nascent self. Later, the child's body shapes and co-authors the relationship with parents, and they to the child.

The foundation of the early body self is formed by contact with the surface of the caretaker's body, including skin, voice, and eyes. All five senses bridge from one body to the other, as later these same senses create an internal bridge between mind and body. The shaping and containing of the infant's body creates the initial experience of embodiment, the fabric and shape of body self. The embodied self evolves in psychic representation to a psychological self, ultimately an integration of mind and body.

In the beginning of life, there are no words. Words are not necessary for the original self of the infant – the body self – or for early communication. Before language exists, we communicate nonverbally: facially, posturally, gesturally, affectively, and kinesthetically. Sensations are first bodily experiences, and only later shaped into words.

Earliest developmental needs speak to state changes, desires, hungers, satisfactions, and actions. These undifferentiated bodily experiences, largely engendered and nonverbal, imperfectly translate. We acquire verbal language ontogenetically and phylogenetically very late.

The self and emotional processes are always and inherently embodied, co-created within a relationship, continuously revised. There is no realm of thought, feeling, or action that can be conceived without bodily engagement and expression. Even purely verbal exchange involves the gendered body, the body self, and the senses. The extent to which we experience feelings within a mental state rather than solely as body sensation depends originally on primary caregivers facilitating, identifying, and accurately labeling feelings and somatic experiences. To do this, the caretaker must take the child as point of reference, rather than projecting himself or herself onto the child.

The regulation and alignment of states is dependent on accurate parental attunement to the child's signals and sensitivities well before words are a verbal language. This attunement and engagement at a pre-verbal/non-verbal level is a foundation for internal connectedness of mind and body, of human-to-human relatedness. These attachment patterns create the procedural (implicit) memory of self, self-states, and self-in-relation to another.

In the adult, nonverbal communication accompanies every word: posture, gesture, countenance, body rumblings, voice changes, and quality. Even silence expresses loudly. The body has its own dialects, its own channels of memory. The body of memory, the body of fantasy, the body we create, and our actual body may each be different, and each may be determined in part by issues outside the body. Fundamental emotions may remain embodied, the perceptions communicated in concrete physical terms.

The body appears in the narrative of dreams, metaphors, symptoms, symbolic visions of inner landscapes, mysterious structures and configurations, and geographical terrain. An idea as well as a fact, the body contains and conduits the emotional, a visible Rorschach onto which we project fantasy, meaning, and significance. Our internal self creates and houses our body image, the map within the actual territory of the body. We regard our bodies through a gender filter, a default perception that operates continuously.

The unconscious is inscribed just as it is embodied. While the unconscious is located in the medial limbic structures of the brain, it originates from the skin, from the appearance of the body, and from the perceptions of notable others about one's body, including attractiveness, functioning, and abilities. Body and body image are the mutual creations of meaning and flesh, revealed and constructed in relationship, inscribed by original caregivers and important others, then subjectively articulated. Gestures, needs, somatic affects, and attachment patterns belong to the depths of time from when there were no visible islands, no shore as boundary, only shadows, yet living simultaneously in each present moment. The distinction between creation and discovery ever remains overlapping.

## **Psychological Self**

*Moments when she came home to her body in ways she never had before – moments when she felt its aches, varicose veins and wrinkles so intimately and gently that she groaned with a happiness she could never describe. Fleeting seconds when Vivi knew that her body, and all its imperfections, was her own lived-in work of art. She lived there and she'd die there.*

Rebecca Wells, *Divine Secrets of the Ya-Ya Sisterhood*

The self that seeks embodiment, and the body that yearns for a residence in the mind, integrate throughout life. The subtleties of mental states are interwoven with inchoate bodily states. For our entire compass of experiences, words alone aren't important enough. The mind and body murmur, whisper, shout to each other; their mother tongues speak many dialects.

The compass of registered feelings assumes their developmental recognition and differentiation. The child looks to the parent to see the parent seeing him or her. The accuracy of the empathic attunement by caretakers is crucial, as it is the initial linking of mind and body experiences. If the caretakers are not accurately and consciously attuned to the infant, the basis for a mind-body division (non-integration) is formed, inhibiting one's ability to "see the world feelingly" as Gloucester indicates in *King Lear* (IV.6.151). An emotional literacy evolves with its own language for feelings and internal experiences by accurate labeling from essential caretakers, developing roadmaps of internal and external experiences throughout this developmental journey.

The interactions with caregivers continuously define body self and psychological self awareness. Inadequate or inaccurate empathic attunement by the caregiver lessens subjective and self-reflective awareness. When aspects of a child's experience are invisible to a primary caretaker, the invisibility extends to the child. The child who does not see parents seeing him has difficulty seeing himself. For example, boldness in a little girl may be actively shaped into submissive cuteness by critical suppression, or indirectly by subtle cues to subjugate assertiveness. Talents may not register on the radar screen of a parent, or may even be actively inhibited by criticalness.

A sense of having a boundary between the self and the world, of being within one's skin, with a solidified sense of self is established through interaction with attuned others. As a cohesive sense of self evolves, the boundary between mind and body dissolves into a seamless cohesion. In present time, empathic attunement and accurate labeling of physical and emotional states are necessary to identify, differentiate, and desomatize affect, to develop an emotional literacy, and to experience effectiveness and mastery.

### **Superordinate Self**

*I am the interpretation I project onto reality.*

June Aspell  
Seed Magazine

The brain composes a sense of self from a consortium of facts, sensations, and experiences. We add pieces as the self evolves organically, continuously fashioning a unity built on the foundation of body self, constructed by the psychological self, and furnished by illusions. We have a medley of different selves that always accompany us. Each of those individual selves, as well as the superordinate, overarching self are all important.

A specific region of the left forebrain specializes in personal self-narrating actions and thoughts: the brain coordinates of our sense of self. This interpreter function is the glue that keeps our stories unified to create a cohesive sense of self.

The self consists of both the conscious and unconscious minds, of psychological self and body self, and the superordinate entity of self-synthesizing all components. We continuously evolve, change, and add new information. Earlier selves remain housed in a container of time and place, preserved carefully to avoid rearranging. Some traumatic memories may remain imprisoned in that capsule of time and space, bound within the invisible container of a specific state of mind originally designed to sequester toxic experiences. Like the immune system that erects a wall between self and non-self, a traumatic memory is cordoned off to preserve the purity of the remainder of the system from contamination.

Our brains and our immune system know who we are, and at least equally important, who we are not. At times a stressful experience can trigger hormones that suppress the immune system to become vulnerable to invasions of non-self such as viruses, or to turn against the self at times to blur recognition of self versus non-self to create an autoimmune response.

### **(In)Visibility**

*The mind does not dwell entirely in the brain.*  
Diane Ackerman, *A Natural History of the Senses*

For feelings invisible to caretakers due to nonattunement or incorrect reading, subsequent aspects of the child's internal world remain silent and undifferentiated, or confused and conflicted. Emotional experience may then have to be defined in outlining its shadow by obsession, or illuminating its reverse image by denial. At times we may engage something the first time by denying it.

When these fundamental experiences have not been resonated with and responded to by essential others in the caretaking environment, regions of experience remain undefined, awareness muted, the body self and sensations unsymbolized. These missed experiences and unmet needs become an abiding question, and nonidentification can fashion an organizing yet unconscious assumption of defectiveness, or of shame. Shame results from failing to live up to parents' ideals, and later one's own. A common reason for failure to obtain parents' ideals is that there was none in evidence when the parents did not praise, affirm, or validate, and instead demanded more. "Good enough" then remains elusive, not internalized as one's own ideal.

Children do not have to be possessive of the mother if they already truly possess her. They only become possessive when they recognize that, indeed, they do not possess her, that she does not respond as if the child is entitled to her. This sense of belonging, then, cannot be taken for granted or metabolized as an internal secure attachment.

The failure of empathic attunement by a caregiver leads to a non-awareness in the child of nuanced feeling. Psychosomatic symptoms can temporarily splint an otherwise unintegrated mind and body, as well as to effectively elicit care and responses by a parent. These limitations of articulating and communicating feeling then compromise reflective self-awareness and affect regulation.

Every child attempts to make his or her parents normal. The child of the depressed parent will try to fill and fix the depressive emptiness; failing that, a palpable problem may be offered to the parent who can now feel effective. Someone becomes symptomatic in order to accomplish this mission. When essential developmental needs are invisible to parents, a core belief of inadequacy fuels a continuous quest to affirm value and worth, to create mirroring and validating experiences of the self. Later, even as an adult, validation and affirmation through remarkable

and consistent success does not eradicate the core organizing assumption of defectiveness. The seeming validity of defectiveness etches even more firmly when positive, affirming responses and successes do not change the basic unconscious assumption. The vertical nonintegration remains, as the internal disavowal becomes, "If they only knew who I really am," or "They just don't know the real me."

The parent may be unable to resonate accurately and consistently with the infant's internal experiences, or respond to the subtleties of emotional and physical experiences, movements, and affects. With the caregiver's empathic unavailability, the child's experience does not become a point of reference. When the caregiver responds inconsistently or selectively to only certain aspects of the child's experience, and when touch and secure holding do not accurately define body self, the child cannot develop a reliable body boundary and sensory awareness. Later, the child's body self development and awareness are incomplete, and body image is distorted. The projective drawings of body image of these individuals are distorted, without shape, with blurred boundaries, and excessively large. Their body images often fluctuate with their mood and state of mind, oscillating several times a day with body image becoming much larger than actual when experiencing a depleted or disrupted *self* image.

Powerful emotion can override the usual neuronal configuration to dissolve temporarily the usual sense of self into a "not me"/ "I wasn't myself" reaction. With enough repetition, a state of mind can specifically organize and circumscribe an emotion and its set of experiences. In anger and terror, we all become young.

An important aspect of caregiver function throughout childhood is to receive and accept, to contain and regulate, to modulate and detoxify the child's tension and feelings, especially more intense and disruptive feelings: to have all aspects of the child's experience visible. The mutuality of interaction requires this regulation of state of mind in order for the child to accept ownership of feelings, ultimately to recognize authorship of all internal experience.

The child locates herself in her mother's eyes, movements, gestures, touches, words, and expressions. She may not be able to find herself in the vacant dissociative stare, or she may lose herself in efforts to evoke response from the inattentive parent, absent of empathically resonant words or hugs.

Or, if the child looks to the mother's face and sees a blank stare, this foggy mirror cannot fully reflect back specific experiences to provide needed affirmation. When this inaccurate or unavailable mirroring occurs, the child may forfeit necessary components of emotion and expression, disallowing mind and body connection and continuity.

If aspects of the child are invisible to parents, these unmet basic needs fuel yearnings reactivated throughout life. Desire never evaporates. After childhood and adolescence, unfulfilled needs become wants (and then you can never get enough of what you don't need). Or, an aversion may be constructed to counter intense yearning, afraid that it would not be seen or felt.

If confusion, failure, pain, or trauma become familiar experiences in childhood, an atypical burst of feeling good or of success creates discontinuity, often requiring a return to the familiar.

Failure to integrate body self and psychological self may result in disembodiment, feeling uncontained, without shape, substance, or boundary, a "blob," "nothing," invisible, or dissolved.

Empathic non-attunement to the internal experience in the child's early development fails to establish an internal point of reference for self-reflection and self-attunement.

### **Action Language**

*If I could tell you what it meant, there would be no point in dancing it.*  
Isadora Duncan

In the absence of accurate empathic attunement by caregivers, feelings continue to be expressed internally as a body state or experience, such as a gut churning as expression of upset. Later, feelings then register only when embedded within an action sequence, such as experiencing aliveness only when engaged in a physically stimulating action such as risk or sex.

Endless somatic language often serves as a counterpart to using the body in action sequences, with corresponding action language: heaviness, weighted down, dullness, deadness, lightness, buoyancy, floating, lifted up.

Physical pain becomes a tangible reminder of the control that one has lost and attempts to capture in a body that is not experienced as one's own. Pain can become an identity crystallized, illness an identity visible.

Some procedural memories not paired with conscious awareness or verbal icon remain as bodily experiences. Limitation to action may occur when the awareness and vocabulary of feelings remain foreign, when feeling has been traumatically infused with action, or when activating a somatic pattern or even a chaotic, disorganized attachment pattern. The body then speaks a literal language, such as purging, pain in the neck, weeping or irritated skin, hypertension, dis-ease. The message contains the message. The language of the mind ranges from simple to symbolic as we attempt to conceptualize unformulated experiences, to give specificity to inchoate desires and experiences, and to make the complex as tangible and lucid as possible.

When the body cannot be naturally integrated to become a part of the self, it remains in the foreground, accentuated by asceticism and alienation (such as fasting or self-mutilation), the instrument of action symptoms (such as the addictions), the subject of narcissistic investment and excessive rumination (such as body dysmorphic disorder), or brought into focus unwillingly and unwittingly (such as by pain, physical illness, age, or weight).

### *Body as Narrator*

Some individuals unattuned to their feeling world, and who do not have the full psychological representation of self make their bodies the narrator of what words cannot say, of sensation for which there is no lexicon, and of feelings they cannot bear in their conscious mind. They cannot quite imagine what is absent, and use action language to engage its essence by enactment.

*How does it feel?* may render muteness, while *How does it make you feel like acting?* or *What does it make you want to do?* gleans knowing responses. They may not know the very experience that is defensively avoided by embedding it in an action sequence. Before registering feeling, they may have to speak an action language: *I feel like running/smoking/drinking*, or in somatic language: *I feel my stomach rumbling*. For some individuals, affect may be undifferentiated as well as unformulated, accessible only through action and action language. The subsequent awareness and differentiation of feelings is a

stepwise process of registering messages from the body's interior, identifying the feeling, translating it into recognizable experience, and then into shared verbal narrative.

Lacking an ability to distinguish the nuisances of emotions, and without a cohesive body image, these individuals elicit self or body awareness, as well as regulate affect by the *felt experiences* of their own bodies, such as self-stimulation, compulsive exercise, physical risk taking, eating disorder, substance abuse, or self-harm. All of these action symptoms are intended as compensatory, as valiant efforts to self-regulate tension, to change the way one feels.

These individuals describe the sense of never having lived in their own bodies, never authentically inhabiting them. Their bodies do not seem their own, remaining unintegrated to not become a seamless aspect of the self. They speak of their bodies as an observer, without a sense of ownership or habitation, of mind and body as separate entities. In some instances, eating, exercise, or other self-stimulating physical activities attempt to create a sensory bridge *in order* to feel and to inhabit their bodies. The body speaks in action experiences not symbolically encoded and perhaps not subjectively distinguished such that it can be communicated in verbal language.

### *The Somatic Stage*

In addition to expressive and self-regulatory functions, some somatic scenarios may be the enactment of split off, otherwise disassociated aspects of the self, or of feelings not allowed in the conscious mind. These emotional tallies from inside the cave of the body may be the encryption of a glossary of experiences of an unintegrated mind and body including body image disturbances, hypochondriasis, thermal sensitivities, eating disorders, weight regulation, obesity, self-mutilating episodes, and other trance-like states of depersonalization or derealization associated with the body. The body's language has many dialects, many subjective translations of psychic messages into dramas on the somatic stage.

The dilemma for those who have not yet fully integrated body self and psychological self is that they're unaware of what they do not feel, and cannot find a way to express not knowing. In this regard, empathy is not only a resonance with another's internal perception and experience, but also an informed guide to certain experiences as yet inchoate, even unimaginable. To recognize basic sensations and state of mind, and to approximate an experience with words, one must have an internal point of reference. Fundamental sensations and feelings must be identified and differentiated. At certain moments the most important function of a significant other is to register the individual's affective experience, and put into words an otherwise unformulated subjective experience. In this regard, empathy at times may be an act of imagination of how someone would feel if they could feel, a guide to certain experiences as yet unimaginable by that person.

With failure of this initial embodiment, to not live in and experience one's body as one's own, one of several maneuvers may then be created to augment or supplement this needed developmental experience. Stimulation of the body by substances such as food or alcohol, or activities such as excess exercise or risk taking creates awareness of body self experiences in order to anchor, organize, or avoid. The activity, substance, or object may be used to reduce tension and for ersatz nurturing. Repetitive focus on tangible, physical feedback may be necessary to register self-experience, even to feel real. Psychosomatic symptoms may create the affirming validation by way of pain or feedback of the reality of the body. An individual may turn to his or her own body to create such satisfaction in various ways to self-stimulate, even to

self-harm. Various symptoms of self-harm use the lexicon of the body in action language to articulate experiences inchoate and unformulated.

With physical and emotional intrusiveness and over-stimulation by caregivers, primitive protective measures mobilize to develop a higher threshold to stimuli, a tuning-out, or a withdrawal. Raising the threshold of registering experience then requires a more intense or extreme experience. Remedies crafted include anorexia nervosa to differentiate and control their bodies, excessive exercise to establish distinctness and physical mastery, compulsive weightlifting to establish a firm body outline, or various actions that force recognition, such as exhibitionism.

### **The Wise Self**

*Health is the ability to stand in the spaces between realities without losing any of them. This is what I believe self-acceptance means and what creativity is really all about – the ability to feel like one self while being many.*

Phillip Bromberg, *Standing in the Spaces*

Lynda is a well-known, multiple bestseller author who initiated a Mentor Coaching session by presenting two exciting, though quite different possible courses of action. Both were great opportunities for her; one, a series of retreats in a Caribbean resort, and the other a sequence of speaking engagements arranged by her agent. The retreats were a particular love of hers, an extension and application of ones that she had done throughout North America. The speaking engagements required a good deal of travel, but would expand her reach and sales to still newer audiences. They involved essentially the same time period, and both required energy and travel that took away from her primary love of writing at her office, a seaside cottage an easy walk from her home.

Both choices of the retreats and speaking engagements appealed to her sense of adventure, and both were especially lucrative, several times what her writing would bring. She recognized that she did not need to make more money, but the retreats and presentations enticed her. She had worked very hard and very successfully to have such elite choices. She, and then we, had examined all of the benefits and drawbacks of her various options, and she was very clear about what was entailed. She was drawn to the significant money she would make, yet something still felt unsettling about this, as she acknowledged that she did not really need the money.

We had worked earlier on preserving and protecting the essence of her energy, such as at times when she appeared publicly and would inevitably be recognized and people would want to talk with her, want her autograph, and want to engage in conversations and take pictures with her. Even something as simple as a shopping excursion resulted in some depletion of her energy, taking a toll on her creative endeavors, resulting in needing to recharge when she returned home. So even routine matters had to be strategically planned.

I suggested for her current decision that she plan and schedule a self-reflective exercise.

For this scheduled appointment with herself, to begin with a relaxation exercise. I suggested that once she was totally relaxed, and not focusing on anything other than her relaxation and her body, to move beyond the competing voices of the options, exciting opportunities, enjoyment of fame, desire for solitude. To move *underneath* her conscious role, identity, and successes to resonate with her *Wise Self*, to listen to its deep, intuitive wisdom.



Lynda reported at our next session that she found the exercise revealing. She enjoyed the deep, intuitive wisdom of her *Wise Self* as it closely paralleled the state of mind and reverie of her writing.

She recognized that her great desire was the creative engagement of the next writing project she had already outlined, and the demiurgic energy that she experienced in her primary love.

She knew that she needed to say “no” to both the retreat and speaking projects, and to engage the writing project that was her deepest desire. As she embraced this decision, her dilemma melted away, and she experienced her authentic enthusiasm and creative excitement.

The *Wise Self* is essentially a state of mind of compassionate reflection and mindfulness. Access to this state allows awareness of all other states of mind, a gift of pure, present reflection for future reference.

The *Wise Self* can be accessed and developed through practices of self-awareness, self-reflection, and self-compassion through enhanced empathy with one’s self. These practices enhance the functioning of the prefrontal cortex to develop this sense of a *Wise Self* that can then serve as guide.

The *Wise Self* is an imaginary, yet very real, guide embodying balance, wisdom, resilience, even patience. Like a vision of success that one lives into, this *Wise Self* can house ultimate aspirations to serve as guide to achieve them. A mentor as well as beacon, it embodies internal ideals and external models. From this position, one can shift focus among different states of mind throughout the day. States of mind can be recognized, assessed for authenticity and utility, and best fit for a particular task.

Questions can be posed to this *Wise Self* to then listen intuitively for answers.

This ultimate mindfulness and empathic resonance with one’s self is the highest order of reflective wisdom, of understanding and resolving complimentary and collaborative paradigms.

The *Wise Self* will even give direct messages, communicate reciprocally. Perhaps even give you her name.

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