Self Under Siege

Chapter 1

Introduction

> Can human beings be persons today? Can a man be his actual self with another
>
> man or woman?… Is freedom possible?
>
> R. D. Laing (1967), *The Politics of Experience* (p. 23)

Each person has a unique set of genes that distinguishes that individual from every other human being on the planet, with the exception of identical twins (Note 1). This identity is affected by the impact of interpersonal stimuli that are either favorable to the development of the personality or damaging to it. In order for people to live their own lives and fulfill their destiny, they must differentiate themselves from destructive environmental influences. To the degree that people can retain significant aspects of their unique identities, they are able to live truly individualistic and creative lives.

Painful events and negative programming during the developmental years constitute the most serious threat to the evolution of the authentic self. Psychological defenses, which were once adaptive as an attempt to dull or block out early interpersonal trauma, later become limiting and dysfunctional and, at their worst, can predispose psychopathology.

To lead a free life, a person must separate him/herself from negative imprinting and remain open and vulnerable. This differentiation is difficult to accomplish and requires considerable effort because as children, people not only identify with the defenses of their parents but also tend to incorporate into themselves the critical or hostile attitudes that were directed toward them. These destructive personal attacks become part of the child's developing personality, forming an alien system, the anti-self,

distinguishable from the self system, which interferes with and opposes the ongoing manifestation of the true personality of the individual. Remaining undifferentiated renders one unable to fully accept the gift of life and, instead, leaves one merely living out the life of another (Note 2).

In addition, children must contend with the anxiety surrounding their evolving awareness of a finite existence. Death fears reinforce the psychological defenses that they formed earlier in life and thereby intensify the division within the personality between the self and anti-self systems. To a large extent the impact of death awareness affects a person throughout his/her lifespan.

Lastly, the self is under siege by social imprinting from the society at large. In the struggle to achieve and maintain autonomy and a strong sense of self, one must resist the tendency toward unnecessary conformity and avoid becoming a passive part of a group process. Society represents, in part, a pooling of the individual defenses of its membership; its collective attitudes, politics, and philosophies reflect back on the individual. These social pressures impose limitations on a person's unique approach to life and sense of freedom and pose a significant threat to his/her individuality. It is a full-time job to cope with alien elements from both interpersonal sources and societal influences.

The Story of Kevin

We refer here to the example of Kevin and a conversation the first author (R. Firestone) had with this three-year-old boy because it inspired us to further explore the problem of self-differentiation and eventually influenced us to write this book. From 1977 to the present, we have utilized a technique called Voice Therapy to help individuals identify the destructive thoughts, attitudes, and beliefs that were interfering with their personal growth and movement toward autonomy and independence. The

technique, which uses a dialogue format, enables people to expose their self-attacks and cope with alien elements of their personalities. In essence, the methodology challenges the enemy within that predisposes much of a person's misery and malfunction in life. Voice Therapy exposes the split that exists in each person between the real self and the incorporated negative parental attitudes that make up the anti-self. My interaction with Kevin reinforced my focus on helping people access and separate from alien elements of their personalities and underscored how critical it is for each of us to develop and maintain an independent, authentic, and differentiated sense of ourselves.

Kevin's parents, Jenny and Michael, were distraught because their son exhibited violent behavior and impulsivity and would savagely attack other children without provocation. Seemingly out of nowhere, he would suddenly hit or try to bite a younger child. He was agitated a good deal of the time, continually pretended to be an aggressive animal like a dinosaur or a tiger, and threw a serious tantrum if interrupted. He manifested certain risk-taking behaviors and appeared unconcerned about things that would frighten most children. There were times when he would hit himself in the face with his fists while saying he was bad. At other times, for no apparent reason, he would suddenly collapse on the floor and scream out.

His parents discussed their concerns with me and spoke of their fear that Kevin's violence, lack of control, and bravado might, in part, be related to genetic factors (Fowles & Kochanska, 2000) (Note 3). Jenny and Michael felt unable to cope with the situation and Jenny had asked a friend of the family, Amy, to help her with Kevin. Although Amy was a sensitive and warm individual who had an easy way with children, she could not feel for this boy and he provoked uncharacteristically angry emotions in her. Over time, she had become worried and discouraged.

One day, Amy spoke to me about her worries about Kevin. She described his demeanor as being unpleasant and said that he appeared to be unlovable. She provided me with valuable insight into the family's dynamics. She said that although she knew Jenny felt loving toward Kevin, she would often act strangely with him. She would engage in scary games, jumping out at him and making mean faces. While Jenny thought they were playing and having fun, the child appeared to be terrified (Note 4). Amy also mentioned that, in her opinion, Jenny seemed immature and misattuned to her son, and had difficulty being nurturing.

Kevin, a nice-looking boy with blond hair, was small for his age. On the day that I met him, he looked like he felt angry and scared. It was obvious to me that this child was of exceptional intelligence. My initial reaction to Kevin was similar to Amy's experience of him. He gave me an uneasy feeling and it was hard to warm up to him. I found him unlikeable, a rare feeling for me to have toward any child. Then I decided that I wanted to get to know him better so I sat down next to him and started to talk with him.

To keep his attention, I encouraged him to look at my eyes. We engaged in some friendly small talk, and then I asked him about the things that scared him. His face looked serious and, in an earnest voice, he began to tell me a story. He said that there were two Kevin's, a regular Kevin and a Kevin witch, as well as a Mommy witch. Based on what I knew about the Fantasy Bond, I conjectured that the Kevin witch was the destructive aspect of Jenny's mothering that he had assimilated. I intuitively challenged him, saying, "There is only one Kevin." Kevin responded, "No, there are two Kevin's." To which I repeated, "There is only one Kevin."

He objected for a while but I repeated the sentence over and over. Suddenly he caught on and his eyes lit up. He jumped out of his chair and said, "This is what Mommy does." He imitated his mother, raising his arms in a menacing manner and making an

angry, distorted face. Then he said, "Let's attack the Mommy monster!" and started pummeling a pillow, hitting it with his fists. I supported him in expressing his anger. I said that he was killing the monster but that I would protect him. After the outburst, Kevin felt particularly relaxed and self-possessed, his face had changed and he looked sweet. I felt warmly toward him.

Following this conversation, Kevin's family told me that he seemed more lovable and relaxed. His outward behavior was friendlier and more affectionate, which was significantly different from his usual demeanor. Whereas in the past he had frequently referred to himself as a bad boy, or a monster, his parents reported that he had begun referring to himself more often as a good boy.

My unusual encounter with this child and its positive outcome impressed me. I was surprised that I could verbally communicate with someone so young. I pondered the significance of our conversation and interpreted the exchange as follows: When I said that there was only one Kevin, I was really saying that the Kevin witch represented the threatening persona of his mother that Kevin had incorporated into himself. In his fantasy of fusion with his mother he saw himself as the monster. That is the reason he judged himself as bad and why he acted out elements of the raging, incorporated monster on other children. When he made the separation from the Kevin witch and conceptualized himself as simply Kevin, he was able to mobilize his anger toward his mother and he felt relief.

When children are especially frightened or hurt, they incorporate the aggressor (person causing them emotional pain) into themselves. This is a psychological survival mechanism that reduces intolerable stress. Because of this incorporation process, Kevin had a split within himself that was part him (the self) and part his scary mother (the anti-self) that was alien to him and aggressively directed outward toward other children. After

15

Kevin made the separation from his internalized parent, he seemed like a different person. He maintained a pleasant disposition with only occasional outbursts of anger. When these fits did occur, they were much more moderate and he was reachable. Following my conversation with Kevin, he and his parents entered into an ongoing treatment program and Kevin continued to make progress. Nonetheless, my brief exchange with him was exceptionally significant and meaningful both to Kevin and to me.

To a considerable extent, people become carbon copies of one or both of their parents. To the degree that they manifest their parents' positive qualities, this identification becomes a harmonious, integrated part of the personality. However, parents' negative characteristics, points of view, and maladaptive psychological defenses become a separate, non-integrated, alien aspect of the personality that has a destructive influence.

For example, my father was a good-hearted medical doctor who believed in helping people and felt love and respect for his patients. I have embraced a career in a helping profession as a psychotherapist and manifest a similar concern for my clients. On the other hand, my father exhibited a mean, hypercritical attitude toward me as a child and, to my own detriment, I have internalized this destructive pattern. To a considerable extent, my self-critical attitude and self-depreciation have played a part in limiting my capacity to enjoy life.

In actuality, perfect parenting is impossible. Because of the power differential between parent and child, and the child's utter helplessness and dependency, some degree of trauma is inevitable. A certain amount of parental misattunement and failure to repair these disruptions are unavoidable, even in the best of circumstances. This is because, despite parents' best intentions, their unresolved trauma is usually unconsciously or

sometimes even purposefully acted out on their offspring. This negative imprinting tends to have a significant effect throughout the lifetime of the individual and can far outweigh positive influences. For example, casual irritability or anger on the part of parents (particularly when disciplining their children) may have a dramatically frightening effect on the child who experiences his/her parents' mean face and angry disposition as life-threatening.

The authors place a great deal of emphasis on the material about Kevin because, to varying degrees, all people experience a split in their psyche that is similar to his. Fonagy and his colleagues (Fonagy & Bateman, 2008) have described how this split leads to the development of the "alien self:"

> To achieve normal self-experience the infant requires his emotional signals to be accurately or contingently mirrored by an attachment figure…. When a child cannot develop a representation of his own experience through the caregiver's mirroring interactions, he internalizes the image of the caregiver as part of his self-representation. We have called this discontinuity within the self the "alien self." (Fonagy & Bateman, 2008, pp. 142-143) (Note 5)

Our real self is under siege by our anti-self. To the extent that we retain the critical attitudes and destructive elements we have incorporated into our own personalities, we remain undifferentiated from our parents throughout our lifetime. For most of us, there is very little awareness of the negative elements that we have assimilated and are now manifested in our personalities. These characteristics are hurtful to ourselves and others, particularly those closest to us.

In a very real sense, we have both a positive and negative identity, and we are very different people depending upon which side is dominant. The negative identity is most likely to emerge and become ascendant when we are under stress or are particularly

17

fearful. On those occasions, we symbolically reconnect to the people who caused us psychological pain and anxiety in our developmental years by acting out the destructive behaviors that they directed toward us.

To summarize, to the extent that we are possessed by this alien aspect of our personality we exist as divided selves. This incorporated personality represents the dark side of parents or caretakers, in essence, the worst attitudes and/or behaviors that were directed toward us as vulnerable children. Left unchallenged, the anti-self operates as an extensive alien viewpoint that impacts us throughout our lives. This process is damaging to both individuals and their relationships, and sadly, most of us remain largely unaware of its insidious effects. These incorporated attitudes promote a defensive lifestyle that predisposes misery and maladaptive behavior, opposes individuation and self-realization, and serves as the core resistance to psychotherapy and a happy and harmonious life.

<div align="center">The Self and Identity</div>

Differentiation is a product of a way of thinking that translates into a way of being (p. 108). The more differentiated a self, the more a person can be an individual while in emotional contact with the group (p. 94). This process of change has been called "defining a self" because visible action is taken to which others respond. (p. 107) (Kerr & Bowen, 1988, *Family Evaluation*)

Philosophers and psychologists have long debated the nature of the "self." Many contemporary Eastern thinkers believe that one's perception of "having a self" is merely an illusion. A number of Western psychologists, including social constructivists, claim that the "self" can only be studied or understood in the context of the social environment, pointing out that others tend to reify the concept of "self." With respect to this ongoing debate, developmental psychologist Daniel Stern (1985) asserted, "Even though the nature of self may forever elude the behavioral sciences, the sense of self stands as an

important subjective reality, a reliable, evident phenomenon that the sciences cannot dismiss" (p. 6) (Note 6).

Erik Erikson (1963) frequently used the terms "identity" and "self" interchangeably, describing identity as dynamic, fluid, and capable of being transformed in significant ways throughout a person's lifetime. "As proposed by Erikson, identity helps one to make sense of, and to find one's place in, an almost limitless world with a vast set of possibilities" (Schwartz, 2005, p. 294). "For Erikson, personal identity represents one's set of goals, values and beliefs. What is most important…is the extent to which this set of goals, values and beliefs are internally consistent and, taken together, form a coherent sense of self" (Schwartz, Zamboanga & Weisskirch, 2008, p. 635) (Note 7).

In recent years, Jeffrey Arnett (2000) has proposed a new stage in identity formation --"emerging adulthood," that spans the years between 19 and 29. In this distinctive stage, "changes in worldviews are often a central part of cognitive development…. It is notable that emerging adults who do not attend college are as likely as college students to indicate that deciding on their own beliefs and values is an essential criterion for attaining adult status" (p. 474). Erikson's and Arnett's formulations are congenial with my (R. Firestone) own way of thinking about self and identity. In my conceptualization, the self system, in contrast to the anti-self system, is composed of the unique wants, desires, goals, and values that hold special meaning for the individual as well as the specific manner and means that he/she utilizes to fulfill these goals.

In this regard, the essential question regarding identity is this: How much of our identity or "self" is truly representative of our own wants and goals in life and how much does it reflect the wants and priorities of someone else? Are we following our own

destiny or are we unconsciously repeating the lives of our parents and automatically living according to their values, ideals and beliefs?

Most people rarely, if ever, consider these questions in relation to how they are conducting their lives. They implicitly trust that their thoughts, beliefs, and feelings are their own, and fail to recognize that they may be "channeling" someone else's thoughts and feelings. They perceive themselves as integrated or whole rather than as divided or of two minds.

In our clinical experience, we have found that most people are initially unaware of the extent to which their lives have been preempted or taken over by an incorporated parent whose thoughts, beliefs, and feelings are actually antagonistic to their own desires and goals. Most people are compliant and rarely deviate from the beliefs and opinions held by their parents and tend to live conventional and predictable lives. They fail to recognize their lack of differentiation or the fact that they are reliving, rather than living, their own life. Others adopt a defiant stance in opposition to their parents' ideas and values and approach life, mistakenly believing that their defiance and rebelliousness is their real identity. However, compliance and defiance are both driven by the views, behaviors, or lifestyle of one's parents and neither is truly representative of one's own identity or self. It is of the utmost importance to take both of these contingencies into consideration when approaching the project of differentiation.

Our aim in this book is to help readers identify and break with external and internal negative influences, i.e., to emancipate themselves from imagined connections with parents, to unlearn destructive aspects of early programming, and to learn to embrace more life-affirming ways of satisfying needs and pursuing goals. The process of differentiation is arduous work and a lifelong project because as people give up habitual ways of living, which are based on their parents' defensive prescriptions about life, they

will inevitably experience the anxiety aroused by a heightened awareness of their aloneness and vulnerability. Nevertheless, working through these issues is a worthwhile endeavor because it enables a person to live a full and integrated life.

<center>The Pilot Study</center>

Because we recognized the value of differentiation and wished to broaden our perspective on the subject as it related to individuality, personality dynamics, and psychotherapy, we formed a group to study the process. The experimental population referred to in the Preface was originally made up of more than thirty professionals and close friends who volunteered as subjects because they wished to develop themselves further. Our motivation was twofold: to learn and expand our psychological knowledge and to further develop ourselves personally.

In this regard, we decided to utilize the methods of Voice Therapy, which involves a dialogue format whereby subjects express critical attitudes toward themselves and others in the second person. For example, instead of saying, "I'm stupid" or "I'm shy," a person would say, "*You're stupid*" or "*You're shy*," as though someone else were expressing the thought. In revealing critical attitudes toward others, instead of saying, "He's taking advantage of me," a person would say, "*He's taking advantage of you*." We knew from past experience with the technique that when people entered into this type of dialogue, considerable emotion was manifested and participants were able to separate out alien and dysfunctional elements of their personalities. They were also able to understand where and how they developed their negative point of view toward themselves and others, and to grasp the extent of the destructive effect it had on their personal lives and careers.

Other Voice Therapy procedures involved answering back to the critical attacks on self and others, planning corrective suggestions for behavioral change based on

<center>21</center>

countering the negative voices, and implementing these suggestions on the action level. In prior studies we found that these procedures not only constituted an effective method for understanding maladaptive aspects of personality but, in addition, served as an effective psychotherapy procedure that demonstrated positive results for a variety of psychological disorders.

In the current study we asked the subjects to represent one or another of their parents or significant family members in the Voice Therapy format. They would reveal the person's critical attitudes and point of view toward them as though that person were speaking to them directly. For example, a participant might start by saying, "This is my mother's point of view," and then begin the dialogue as follows: "*You always were an angry child. You never were any good; I always resented you.*" The process of expressing these negative parental points of view enables the participant to come to understand his/her destructive attitudes.

There were five basic steps involved in the subjects' attempt to differentiate from their incorporated malevolent voice attacks: Revealing the destructive ideation and feelings that were directed toward them from a particular parent in the form of a dialogue as described above; developing insight regarding the sources of the attack; answering back by stating their own point of view; recognizing the impact of the voice on present-day behavior and lastly, planning and implementing constructive action that challenged and countered the internalized point of view.

In the process subjects not only identified the enemy within, but also became aware of the myriad negative ways that they had become like their parents. They recognized that they manifested many of the unpleasant and noxious characteristics of their parents in their interactions with other people. In this manner, destructive thoughts and actions are passed on through the generations with painful residual effects, i.e.,

22

parents who were themselves victims of a variety of abuses in their developmental years innocently or not so innocently pass on these abuses to their own children.

There are two aspects of the imprinting process that indicate the seriousness of a lack of differentiation. The first and most important is that the introjection of negative, self-destructive attitudes and related defenses bears a primary causal relationship to psychopathology. The second concern relates to the problem of formulating one's own goals, values and ideals, thereby establishing a separate and unique identity. Without differentiating from parents or caretakers we may never succeed in living our own lives.

An Example

To illustrate the concept of differentiation and our therapy approach to the subject, one can consider the following case material, which involves Vivian, a 26-year-old woman who had moved with her husband and young daughter to California from their home state of Kentucky. Even though she had been eager to relocate her family to the West Coast, after the move, instead of feeling happy and optimistic, Vivian was extremely self-critical and somewhat depressed.

In dealing with her self-hating thoughts, Vivian utilized the methods of Voice Therapy to formulate and verbalize her mother's attitudes toward herself, her husband, and her daughter as though her mother were speaking about her and them. Her mother's basic attacks have been excerpted from the material that Vivian presented and the following is an abbreviated version of her sessions.

About herself (in a snide tone and pronounced Southern accent): "*You're weird. You're not like other women; you're not feminine. You were such an ugly little girl! You were so shy and backward, no wonder you didn't have any friends! And you think it's going to be different here? It's not, because you're still like that!*"

23

About her daughter: *"So you have a daughter! Big deal! You don't know anything about taking care of a child. And she looks just like you. She's ugly, creepy, just like you. She'll never have any friends. She's going to turn out unlovable, just like you!"*

About her husband: *"Do you really think he has loving feelings toward you? Why would he? You're so ugly, creepy and unlovable. You know why? Because he's a creep just like you. And why would you want to be with him, anyway? He's weak and wimpy."*

About herself: *"Who do you think you are, saying these things? Nobody wants to hear you! I'm not interested in what you have to say! Why don't you just keep your mouth shut? In our family, we're quiet about these things, and you should be quiet, too. Just shut up!"*

In discussing her insights after expressing her mother's negative views about these areas of her life, Vivian said,

I can see that even though I left my mother in Kentucky, she is still in my thoughts even though I'm in California. It's like she moved with me. I actually think that the attacks are stronger because I physically left her. Her voice is telling me that I am the same person she said I was as a child. And she's not just attacking me; she's attacking the people I love and the people who love me.

After discussing her insights, Vivian was encouraged to answer back to the criticisms and attacks on herself and her family.

I feel like I could go on and on saying my mother's attacks on all areas of my life, but right now I feel so angry. I just feel like saying back: *"Goddamn it! Fuck you. You're wrong about me! I'm not an unlovable, creepy person. That's such bullshit! You may have seen me that way, but that's not who I am. And I don't see*

my daughter that way, either. I love my husband. I love my daughter. And they

love me. You're wrong about me and about my life!"

My mother was the one who didn't have friends, who didn't have a

husband, who didn't love her daughter. That's true of her, not me. I feel like I'm

so different from her, I mean at the opposite end of the spectrum. I appreciate

being able to say this, to stand up for myself. I think that it was also important for

me to say rationally what I felt about her attacks.

Follow-up

Over a period of several months working with this form of Voice Therapy

dialogue and expanding on these formulations, Vivian came to understand the division in

her personality. She challenged thoughts that were critical of herself, her husband and her

daughter. In talking with her therapist, she thought of actions to take to go against her

voice attacks. She made an effort to express affection toward her husband and made sure

to set aside time each evening for conversation with him. She was compassionate and

patient with her daughter, and offered her support as she adjusted to a new school. As a

result, her mood improved considerably, she felt happy and more herself. Her progress

was a direct result of her ongoing use of Voice Therapy to gradually differentiate her own

point of view and behaviors from the cynical, hostile attitudes of her mother.

The original investigation that we undertook several years ago to examine and

analyze the voice has been supplemented by the more recent pilot study. Our basic

conclusion from both explorations is that we can access the internalized destructive

thought process and accompanying affect with this dialogue format. We can understand

its roots and further the process of differentiating from the damaging effects of negative

programming internalized during the developmental years.

Voice Therapy has proven to be valuable both as a research tool and a therapeutic methodology. It has led to the development of scales for assessing the potential for self-destructive behavior and suicide risk, the *Firestone Assessment of Self-Destructive Thoughts* (Firestone & Firestone, 2006), and for violence risk, the *Firestone Assessment of Violent Thoughts* (Firestone & Firestone, 2008a, 2008b). Items on both scales are made up of actual voice statements revealed by subjects during clinical studies. Results of reliability and validity studies show that the scales effectively discriminate between suicidal or violent individuals and non-suicidal or non-violent subjects at a high level of significance.

In conclusion, a destructive thought process exists within all of us, and we are plagued to varying degrees by an internal dialogue that is harmful, restrictive, and at its ultimate extreme, self-destructive. By identifying the voice and going against its dictates, we can begin to address the questions posed earlier: Are we living our own lives and pursuing our own dreams, or are we repeating patterns of the past and reliving our parents' lives? Are we being ruled by the ways our parents, other people, and the world have viewed us or by attitudes that express our real self? The more we are able to break with our parents' negative prescriptions for living and differentiate our own point of view from the views they imposed on us, the greater the opportunity we have for fulfilling our personal destiny in life.

Notes

1. One source of variation that results in the uniqueness of the newborn's genetic make-up (and not a simple combination of DNA copies of the mother's and father's genetic material) can be found in the crossover and other gene re-combinations that occur during the first cell division within the embryo. Calling attention to recent research in

epigenetics, Wenner (2009) also noted that selective imprinting of the mother's and the father's genes on the genetic make-up of the infant can be expressed phenotypically, that is, in the infant's traits and behaviors that endure through its lifespan. Therefore, "We can no longer think of ourselves as rough composites of our parents but rather as intricate puzzles crafted from thousands of maternal and paternal pieces over the course of evolution" (p. 59). As one example, "When passing on DNA to their offspring, mothers silence certain genes and fathers silence others. These imprinted genes usually result in a balanced, healthy brain, but when the process goes awry, neurological disorders can result" (p. 54).

2. Re: definitions of self-differentiation: Murray Bowen (1978) originally defined "differentiation of self" as a concept that "defines people according to the degree of fusion, or differentiation, between emotional and intellectual functioning" (p. 362). In constructing his "Differentiation of Self Scale," Bowen stated that he wanted to convey the idea that "people at one level have remarkably different life styles from those at other levels" (p. 364). In distinguishing between levels of solid self and pseudo-self in an individual, Bowen went on to note that:

> The solid self says, "This is who I am, what I believe, what I stand for, and what I will do or will not do" in a given situation (p. 365). In periods of emotional intimacy, two pseudo-selfs will fuse into each other, one losing self to the other, who gains self. The solid self does not participate in the fusion phenomenon. (pp. 364-365)

According to Skowron and Friedlander (1998) individuation and differentiation of self, while having some similarities, still refer to different processes. "Individuation, from an object-relations perspective…involves the achievement of independence and a unique sense of identity. Differentiation of self is the capacity to maintain autonomous thinking

27

and achieve a clear, coherent sense of self in the context of emotional relationships with important others" (p. 237).

3. According to Kochanska and Aksan (2006): "Early conscience is an important early personality system, coherently organized, relatively stable over time, and subject to individual differences that emerge as a result of a complex interplay between children's temperamental individuality and socialization in the family" (p. 1587). Also see "Temperament as a Moderator of Pathways to Conscience in Children: The Contribution of Electrodermal Activity" by Fowles and Kochanska (2000), who found that for fearless children, only attachment security and maternal responsiveness predicted conscience development. This study established child temperament as a moderator of socialization in early moral development and lovelessness in psychopathic individuals as an index of the failure of the socialization pathway (via attachment) to conscience in fearless children.

Findings from another study by Shaw, Gilliom, Ingoldsby, and Nagin (2003) showed that the second and third year of life in a boy's life is a critical period for the subsequent development of conduct problems. This negative trajectory is correlated with differential parental responses and the child's temperament. Parental hostility, elevated levels of maternal depressive symptoms, mother's rejection and high ratings of child fearlessness predicted persistent behavior problems in older boys.

4. It appears that Kevin's mother was largely unaware of the effect she was having on her son. Her frightening facial expression, aggressiveness, lack of awareness, and failure to repair the resulting misattunments all pointed to the development of a disorganized/disoriented attachment pattern between the two. See Judith Solomon and Carol George's (2011) recent compilation of research and theoretical advances in this area in *Disorganized Attachment and Caregiving*. In a chapter in the same volume, Giovanni Liotti (2011) emphasized that "Besides being intrinsically multiple, incoherent,

28

and very likely compartmentalized in its content--so that the construction of a single representation of self and caregiver is hindered--the IWM [internal working model] of disorganized attachment may be selectively and defensively excluded, (i.e., segregated; Bowlby, 1980) from conscious scrutiny" (p. 386). The dissociated or segregated views that Kevin initially expressed were indicative of the defensive exclusion Liotti depicted.

5. In *Affect Regulation, Mentalization, and the Development of the Self*, Fonagy, Gergely, Jurist, and Target (2002) referred to the alien part of the self in their description of Borderline Personality Disorder as one outcome of disorganized attachment in childhood:

> In the case of chronically insensitive or misattuned caregiving, a fault is created in the construction of the self, whereby the infant is forced to internalize the representation of the object's [care-giver's] state of mind as a core part of himself…. But in such cases the internalized other remains alien and unconnected to the structures of the constitutional self. (p. 11)

6. Philosophers, psychologists, biologists, and neuroscientists have long struggled to describe what the self is. Strawson (1999) posed the following question:

> What, then, is the ordinary, human sense of the self, in so far as we can generalize about it? I propose that it is (at least) the sense that people have of themselves as being, specifically, a mental presence; a mental someone; a single mental thing that is a conscious subject of experience, that has a certain character or personality, and that is in some sense distinct from all its particular experiences, thoughts, and so on, and indeed from all other things (p. 3).

Brook (1999) emphasized that, "More specifically, it is when I am experiencing my thoughts by thinking them, my desires by feeling them, my perceptions by having them, my actions by doing them, etc., that I am aware of myself as a self" (p. 40).

29

Affective neuroscience descriptions of the SELF:

Jaak Panksepp (1998) contended that: "It is generally agreed that the self is experienced as a stable mental presence that provides a sense of felt affective unity and continuity to humans, commonly with strong cognitive overtones…. Of course, the fundamental nature of the self remains a matter of controversy" (p. 566).

Biological/neurological of the self:

In *The Feeling of What Happens*, Damasio (1999) focused on the problem of self: "In the very least, then, the neurobiology of consciousness faces two problems: the problem of how the movie-in-the-brain is generated, and the problem of how the brain also generates the sense that there is an owner and observer for that movie" (p. 11). In this work, Damasio defines what he refers to as the "core self" stating that:

> I would venture that virtually all of the machinery behind core consciousness and the generation of core self is under strong gene control…. The development of the autobiographical self is a different matter…. When we talk about the self in order to refer to the unique dignity of a human being, when we talk about the self to refer to the places and people that shaped our lives and that we describe as belonging to us and as living in us, we are talking, of course, about the autobiographical self. The autobiographical self is the brain state for which the cultural history of humanity most counts. (pp. 229-230)

Schore (2011) cited evidence in support of his proposition:

> that the early developing right brain generates the implicit self, the structural system of the human unconscious…. The concept of a singly unitary 'self' is as misleading as the idea of a single unitary "brain." The left and right hemispheres process information in their own unique fashion and represent a conscious left brain self system and an unconscious right brain self system. (pp. 75-76)

The narrative self:

In his book, *The Mindful Therapist*, Dan Siegel (2010) posed the question, "When we have a sense of our self as a witness of our ongoing mental life and even our ability to be aware, we are observing the flow of the mind and the creation of a sense of self. But who, then, is observing?... Enter the narrator" (p. 113). In "Narrating the Self," Ochs and Capps (1996) stress the fact that "Narrative and self are inseparable. Self is here broadly understood to be an unfolding reflective awareness of being-in the-world, including a sense of one's past and future" (pp. 20-21). "Developing a sense of one's self as separate from others is considered a cornerstone of human cognition and well-being…. From 8 to 18 months, the normally developing child gains a sense of 'me' as a coherent, continuous, and discrete being over time" (pp. 28-29).

The "dialogical self":

Cote and Levine (2002) have asked whether there is "such a thing as a 'unified' self, or is it more appropriate to think of the self as a multiple, organized set of cognitive schema, each likely to be sensed as more or less meaningful by a person and others, depending on the situation?" (Loc. 626-32). The "Russian dialogical school" "inspired by the literary scientist Mikhail Bakhtin (1973, 1981)" (see Hermans & Dimaggio, 2004, p. 1) has developed the concept of the sociological self that is closely aligned with the narrative self, but also substantially different. The dialogical self "is made up of various positions, voices or characters, each of them functioning as a partly independent agency that generates specific memories, thoughts, and stories" (p. 2). Salgado and Hermans (2005) noted that, "the self has been characterised as a continuous dialogue and interplay between different I-positions, each one with a specific voice. Consequently, each person is devised as a polyphonic society of mind" (p. 3).

In attempting to identify the psychological and neurological underpinnings of radically different points of view taken by the self at any moment in time, Lewis and Todd (2004) posed a thorny theoretical question, "how can one be both subject and object in the same dialogue?" (p. 45). See Chapter 3 "Toward a neuropsychological model of internal dialogue" by Marc D. Lewis and Rebecca Todd in *The Dialogical Self in Psychotherapy* (Hermans & Dimaggio, 2004) and Robert Neimeyer's (2006) "Narrating the dialogical self: Toward an expanded toolbox for the counseling psychologist."

Philosophical descriptions of the self:

In *Being No One*, Metzinger (2003) described the phenomenal self as "A process--and the subjective experience of being someone emerges if a conscious information-processing system operates under a transparent self-model" (p. 1). "In conscious experience there is a world, there is a self and there is a relation between both—because in an interesting sense the world appears to the experiencing self" (p. 5). In *The Tell-Tale Brain*, Ramachandran (2011) describes seven aspects of the self: unity, continuity, embodiment, privacy, social embedding, free will, and self-awareness. "These seven aspects, like legs of a table, work together to hold up what we call the self" (p. 253).

7. Erikson (1959) proposed that "Ego identity…could be said to be characterized by the more or less actually attained but forever-to-be-revised sense of the reality of the self within social reality; while the imagery of the ego ideal could be said to represent a set of to-be-strived-for but forever-not-quite-attainable ideal goals for the self" (p. 160). "The term 'identity' expresses such a mutual relation in that it connotes both a persistent sameness within oneself (selfsameness) and a persistent sharing of some kind of essential character with others" (p. 109). In *Insight and Responsibility*, Erikson (1964) indicated the way in which personal identity was related to the society in which an individual lived: "identity does not connote a closed inner system impervious to change, but rather a

psychosocial process which preserves some essential features of the individual as well as his society" (p. 96).