

## SELF-MEANING BASED THERAPY: AN INTEGRATIVE MODEL OF PSYCHOTHERAPY

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### Abstract

Described as groundbreaking, transformative, innovative, and pioneering with great integrative reach, the heart of Self-Meaning Based Therapy (SMBT) is the uncovering of one's core negative Self-Meaning (SM), which lies deeply within the unconscious. SMBT is an approach to psychotherapy based firmly on the understanding that we are inherently relational, meaning-making beings, and that difficult to traumatic events shape our primary experiences of connection within ourselves, with others, and with the world. Such experiences leave us with the need to make sense of *why*. This *why* takes primary form in a negative, core self-definition, or SM. While primitively functional, it becomes an internalized relational template that can unconsciously wreak havoc on one's life across time. The subjective phenomenology of one's SM tends to remain out of day-to-day awareness, sometimes wholly, until activated. While we are able to consciously name our SM, we are unable to heal it consciously. Conventional methods of talk therapy are therefore insufficient toward this end. Our SMBT method is designed to allow direct access to the lived experience of our SM where it can be reworked and transformed. This paper introduces SMBT, its model and method, as well as its capacity to emancipate those we work with in therapy toward a newly realized psychological freedom.

**Keywords:** *Self-meaning, unconscious, phenomenology, bilateral stimulation, freedom.*

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### 1. What is SMBT?

SMBT is an approach to psychotherapy based firmly on the understanding that we are inherently relational, meaning-making beings, and that early familial encounters especially shape our primary experiences of ourselves and the world, and the meanings made of these experiences (Carlsen, 1988; Park & Ai, 2006; Park & Folkman, 1997). We assume Frankl's (1962) view that the creation of meaning is a primary motive for living, as well as Kegan's (1982) bold contention that the activity of being a person *is* the activity of meaning-making. We further maintain that interactions with primary others are fundamental, if not primary, sources of meaning-making. In their article about intersubjectivity, Harrison & Tronick (2022) eloquently point out that the Still Face paradigm aptly demonstrates the inextricable relationship between intimate relating and meaning-making. In the Still Face experiment, they state, infant and caregiver co-communicate through affect, facial expressions, and vocalizations, creating rhythms and patterns of expression that allow the infant to establish meaning about her relationship to her mother. As the experiment demonstrates, when an infant is deprived of such communication, distress and psychological decompensation occur, as the infant is unable to self-regulate and soothe by way of a mirrored connection to her mother. Indeed, early mirrored connection is the basis of our most fundamental sense of self; in the words of Winnicott (2018) what the infant looks like is related to what she sees there. As the infant grows through a "good enough" mirror role of her parent, she becomes able to develop an integrated sense of self and the self-in-relation (Pederson, Poulsen, & Lunn, 2014). That is, through a fundamentally relational, meaning-making process, the child develops what we will be calling a *Self-Meaning (SM)*, which also becomes the foundation of one's self-in-relation to significant others. More on this forthcoming.

Given that flawless parenting and perfect contextual influences in which to grow up do not exist, each of us has experienced to a greater or minor extent nonideal circumstances from which to make sense of ourselves, others, and our world. Certainly, in many cases, these situations can be so detrimental that existence itself becomes debilitating. At the very least, imperfect interpersonal interactions in childhood leave us with relational needs unfulfilled, for which we are left to make sense of *why*. By way of meaning-making processes based on normal magical thinking (Rosengren & French, 2013) and adaptive

egocentrism characteristic of early childhood (Bjorklund & Green, 1992), young children necessarily assume personal responsibility for this *why* (Piaget, 1932; Nielson, 2012; Samide & Stockton, 2002). “It must be because of who I am” captures the essence of the intuitive reasoning invoked, and is very characteristic of the early, primitive omnipotence all young children share (Chertischev, 2022). While primitively functional, negative self-meanings unconsciously created during childhood become relational templates, or internalized object relations, that carry forward into adult life (Kernberg, 1988; Sandler, 1990), where they often unconsciously wreak havoc in our intimate relationships where they continue to thrive. The work of Hazan and Shaver (2017) and many others such as Simpson, Collins, Tran, and Haydon (2007) clearly demonstrate the role and staying power of early attachment dynamics in influencing relational patterns formed between adult intimates. In our work with patients, we have found that these early negative self-meanings become cornerstone understandings, albeit false ones, which reliably come to influence the dynamics of primary intimate relationships in adulthood. In fact, these self-meanings have the power to organize most aspects of our relational lives. SMBT is designed to liberate us from these unconscious, self-created lies while emancipating the truth of who we really are.

## 2. The SMBT model

Our negative SM constitutes our most basic sense of self, developed in early childhood, that crystalized, explained, or otherwise justified why important needs weren’t met, or why one was overtly harmed, in some cases terribly and repetitively. In its most shorthand form, the SM can be captured by the phrase, “I am \_\_\_\_\_,” for example, “I am bad,” along with its visual, auditory, visceral, sensory, somatic, and symbolic expressions. The SM is best understood as an *unintegrated experience*, one that can even defy verbal and rational description, insofar as it tends to be *lived* at a place before words. As such it is the *experience* of one’s core SM that becomes the distinct focus of SMBT.

We have found that the subjective *phenomenology* of one’s core SM tends to remain out of our day-to-day awareness, sometimes wholly, until activated or otherwise relationally triggered. While patients, with the help of their therapists, may be able to consciously name and identify aspects of their SM, as in the example of Lawrie’s patient above, we have found that the SM is unamenable to change at the conscious level by way of cognitive, rational, behavioral, insight-oriented, imaginal, and emotion-focused strategies. As such, we posit that most talk therapy approaches—which we each have utilized ourselves for over 25 years—are insufficient toward this end. In light of this, our SMBT method is designed to allow patients direct access to the lived experience of their SM, where it can be directly reworked and transformed

### 2.1. The method of SMBT

We are in full agreement with Carhart-Harris et al. (2014) that psychoanalytic insights can make extremely useful contributions to the mind sciences, as it bridges the gap between the limits of cognitive psychology, which tends to define the self from the vantage point of verbal and rational meaning-making, to the exclusion of more primary sources of self-definition. Indeed, cognitive psychology rarely acknowledges pre-ego types of cognition associated with primitive states of awareness. We also find relevant the authors’ discussion of primary consciousness and primary states of awareness as differentiated from waking consciousness, or what they term secondary consciousness. They argue that primary states of awareness, including those altered by psychedelics, those associated with REM sleep, as well as the onset of psychosis, and the dream-like state that comes with temporal lobe epilepsy, are all examples of primary states of consciousness. The authors also go on to suggest that the brain’s default-mode network (DMN), one of the most talked about topics in the neuroscience literature, functions to organize waking consciousness while suppressing or filtering out information from primary consciousness in order to create an ordered reality. A primary function of the DMN, as Lanius, Terpou, & McKinnon (2020) point out, is to also provide the foundation for a continued experience of the self across time, sometimes referred to as auto-noetic consciousness, such that self-relevant information and events associate to give us our sense of self in time. We contend that our SM is expressed primarily in forms consistent with the mode of primary consciousness: through nonverbal and nonconscious memories, imagery, bodily and visceral sensations, and raw, primitive emotions. By definition, these states lie outside of time and are devoid of rational and abstract thinking. Again, our clinical experience consistently confirms that while our SM may be partially available to us at a preconscious level where it can be named, we must access its lived experience, via our primary consciousness where its full expression resides, in order to transform it. Moreover, the method utilized to do so must bypass our everyday secondary consciousness, which is at least partially designed to keep the experiences of this negative SM at bay. At best, then, such a method would modulate the DMN which functions, in part, to prevent access to primary states of awareness.

## 2.2. The effectiveness of bilateral stimulation

Empirical support for the effectiveness of BLS has found that, especially in treating trauma, it contributes to experiencing less vivid and unpleasant memories (Andrade, Kavanagh, & Baddeley, 1997; Barrowcliff, Gray, Freeman, & Macculloch, 2004; Kavanagh, Freese, Andrade, & May, 2001; Van den Hout, Muris, Salemink, & Kindt, 2001); activates and stimulates both brain hemispheres simultaneously, which enhances processing and integration (Baldwin & Bourne, 2020; Castelnovo, Fernandez, & Amann, 2019; Herkt et al., 2014) deactivates amygdala activity, decreasing distress associated with traumatic experiences (deVoogd et al., 2018); reduces stress-related cortisol and anxiety (Leal-Junior, Casalechi, Machado, Serin, Hageman, & Hohnson, 2019); and increases limbic processing (Herkt et al., 2014).

## 2.3. The method of SMBT

The method of SMBT entails three general phases: 1) Embodying the required qualities of the Self-Meaning Based (SMB) therapist; 2) Preparing the patient for processing the core SM, and resourcing the patient prior (Korn & Leeds, 2002; Murray, 2016; Parnell, 2008); and 3) BLS-based Processing of the patient's core SM. Each phase is described below only briefly, as each consists of more nuance and detail than can be captured here.

## 2.4. Outcomes of SMBT: Emancipation of the true self

In our experience, several reliable, observable, and experiential outcomes are realized by patients who undergo SMBT. The essential ones are summarized here.

*SMBT completely dismantles one's core SM.* We have found that those who fully undertake SMBT realize a complete dismantling of the core, negative SM that in most cases organized their entire lives, such that they become free to experience significant shifts in their intra- and inter-relational psychology.

*With this complete dismantling, positive, truth-based self-meanings naturally emerge.* We have found that the undoing of one's negative SM organically allows for more truth-based self-meanings to emerge.

*With this complete dismantling, Compensatory Strategies developed to offset, deny, or hide one's core negative SM are also neutralized, and more adaptive styles of life naturally emerge.*

*SMBT is effective for both single incident and complex trauma. SMBT potentially benefits anyone, to the extent that we all carry within us a negative SM.*

*SMBT ultimately potentiates our psychological freedom.* We believe that SMBT has the capacity to awaken within us what Carl Rogers calls the mainspring of creativity, or our inherent tendency to actualize ourselves, marked by an inner urge to expand, extend, develop, and mature our fullest selves (Bohart, 2013).

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