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Body identity development: definitions and discussions

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ABSTRACT

As the fields of body psychotherapy and dance/movement therapy mature, they tend to create their own theoretical models. This article articulates a theory of body identity that may provide conceptual resources for these fields, both theoretically and clinically. The historical and developmental roots of body identity are discussed and contextualised, both socioculturally and psychologically. Body identity development is mapped onto a current developmental theory called narrative identity, resulting in a more inclusive discourse of multiple selves and non-conforming identities. The concept of body narrative is introduced, and is seen as the mechanism for the development of body identity. Clinical implications are discussed, though further work is needed to 'flesh out' how body identity is navigated in body-centred psychotherapies.

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Introduction

How we come to know ourselves – who we are as organisms, individuals and groups, constitutes one of the most basic and complex questions humankind has contemplated. *Identity* is the term often used to communicate our coherent sense of self – to name and describe who we are to others and ourselves. The development of an identity is usually seen as a result of formative and ongoing experiences, both internally and socially (Siegel, 1999; Sigelman & Rider, 2006). Historically, humankind has debated identity in terms of *when*, both phylogenetically (when did self-awareness develop in evolutionary history) and ontogenetically (when does self-knowing emerge during foetal, infant and childhood times). Leaving aside the question of *why*, this paper attempts to create a new

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discourse on the *where* and *how* of identity, asserting that identity is largely generated and lived out in the body, that this body identity has its own expressive and communicative language, independent of thought, by which it constructs and maintains itself and that working consciously with one's bodily identity can enhance well-being and empowerment.

As a construct, identity has been historically defined and articulated as a cognitive phenomenon, a phylogenetic by-product of our big brains and their complex metallisations (Calvin, 2004; Dennett, 1991; LeDoux, 2002; Llinas, 2001). Various theorists have asserted that identity involves knowing who one is, where one is heading and where one fits into society (Sigelman & Rider, 2006). Others state that identity includes our choices about vocation, our ideology and our sexual orientation, noting that 'we put these pieces together to form a sense of ourselves continuing through time within a social world' (Santröck, 2008, p. 405). It also has been said to involve both bodily continuity and psychological continuity (going-on-being), though theorists debate the relative importance of each (Atkins & Mackenzie, 2008). Terms used synonymously or alongside identity tend to include self-knowing, self-consciousness, self-awareness and self-concept.

Several early developmental psychologists saw the body as central in the early stages of an individual's identity development, but tended to see the pinnacle of anyone's development as involving nuanced self-reflection and moral thought (Erikson, 1963; Freud, 1963; Piaget, 1948). This echoes the tendency for humans to put themselves at the pinnacle of the evolutionary process; due to our superior mental lives. In traditional developmental psychology, we begin as a bundle of sensations, reflexes and increasingly self-directed actions, and our self-knowing is almost entirely physical. That physical self-development stage then completes itself and is built upon, and self-knowing then progresses through increasingly 'complex' stages, such as symbolic thought, then concrete logical operations, then abstract concepts (Piaget, 1951). Development itself was classically seen along a trajectory from simple (physical) to complex (cognitive). Normative identity development then arrives at a basically stable, integrated and unified state, usually in early adulthood. Later theorists extended the phases of development through the lifespan (Sigelman & Rider, 2006). Such stage-driven theories are limited in their ability to encompass the diverse range of identity development on individual levels, most especially for members of non-dominant or marginalised populations (Yi & Shorter-Gooden, 1999).

In recent years, psychology, sociology and philosophy have subscribed to new ideas about identity development, seeing it as changeable more than fixed, culturally shaped more than universal and multiple rather than singular. These theories encompass a more diverse and inclusive view of identity (Santröck, 2008). It is now felt, for instance, that identity changes with age and with changing circumstances (McAdams, Josselson, & Lieblich, 2006). It also alters

according to the cultural contexts that are created by race, ethnicity, gender, sexual orientation and ability (Thomas & Schwarzbaum, 2011). Rather than a singular self, we all carry multiple selves. These multiple identities can even be in conflict with each other, and the productive tension and dialogue between these different 'I-positions' (Hermans, 2001) can create one's sense of a coherent self.

Historically, marginalised people have been furthering the construct of identity and identity development in recent years. Feminist theorists have articulated the distinct, largely separate and equally important processes involved in the development of women's identity (Budgeon, 2003; Fraser, 1989; Smith, 1987). Cross (1991) and others in the USA have been advocating for black identity development, and by extension other people of colour. Oppression can be seen as involving the appropriation of an individual or groups' identity narratives, whereby the dominant group gets to define and disseminate what did or didn't happen to various peoples, and why, in ways that delegitimise the oppression itself. These important contributions to the concept of identity have alerted us to the constraints that many people have lived under (and continue to live under) who belong to marginalised social categories, and that these constraints and their concomitant struggles must be included as a part of the identity formation process.

Along these same lines, many theorists feel that the body itself has been oppressed by society (Hanlon Johnson, 1994; Hanna, 1988). Seen as 'less than', a source of temptation and sin, as having the audacity to get old and die, and as simplistic and primitive, the formation of a bodily identity has been historically delegitimised both as a construct and an area of research. Other authors have seen that delegitimising the bodies of marginalised peoples is a central means of enacting oppression (Butler, 1993; Caldwell, 2010; Campbell, Meynell, & Sherwin, 2009; Henley, 1977; Johnson, 2009). Weiss has commented, '... bodies are marked by assumptions made about their gender, their race, their ethnicity, their class, and their "natural" abilities. These assumptions, moreover, often tend to go unnoticed until they are violated by a body that refuses to behave as it should' (Weiss, 1999, p. 2). Giddens (1991), while still seeing the body and mind as separate, writes about the modern colonisation of the body, turning it into a 'project', that is subject to constant revision and interventions. Budgeon (2003), while agreeing with the phenomenon of colonisation, works to resolve this mind-body split by advocating that we need to see the body 'not as an *object* but as an *event*' (p. 36).

Body identity, still without being well defined, has been assumed to carry disorders by psychology and psychiatry. Parts of the Diagnostic and Statistic Manual, or DSM (version 5), focus on the interaction between mental illnesses and the body. Body integrity identity disorder (BIID), for instance, is a rare and often secretive condition in which sufferers 'report an intense desire either to be paralyzed or to have one or more of their healthy limbs amputated' (Blom,

Hennekam, & Denys, 2012, p. 1). People with BIID experience a disconnection between their mental and physical states, thus fostering identity confusion. Another term in use is body dysphoria, meant to convey a strong sense of depression or sadness resulting from critically viewing one's body as 'more than', 'less than' or 'different than' social norms, typically regarding its size, shape or weight. Gorski (2013), noting that this diagnosis is frequently mis-assigned to transgender individuals as a means of reinforcing oppression, argues that the term is important to separate from *social dysphoria*, a condition that occurs when there is an incongruence between one's culturally assigned gender identity and subjective experiences of one's gender identity. Clearly, identity and the body are crucibles that reflect ongoing sociocultural struggles.

Body image, defined as 'an internal representation of an individual's own physical appearance' (Garner & Garfinkel, 1981 as cited in Altabe & Thompson, 1996, p. 172), may be the closest concept of a non-disordered understanding of body identity from the psychology field, though it is also often viewed via pathological states (Cash & Pruzinsky, 2002). Seeking to clarify and centralise the construct of body identity development might be a political as well as a semantic act.

This paper will use one recent identity theory, narrative identity, as a possible lens through which to articulate the characteristics of body identity. Narrative identity champions the idea that the communication of our experience, to ourselves and others, forms the infrastructure of our identity. 'We use the term *narrative identity* to refer to the stories people construct and tell about themselves to define who they are for themselves and for others ... our narrative identities are the stories we live by' (McAdams et al., 2006, p. 4). Wiklund-Gustin (2010) notes that 'As human beings, we live in a storied world ... from this perspective, narration is an aspect of self-interpretation and self-understanding. Furthermore, self-understanding is not only achieved within our own narratives, but depends upon the regard, words and actions of others' (p. 32). Wiklund-Gustin further states that when a story transitions from untold to told, our identity is formed.

McAdams et al. (2006) go on to describe consciousness as an inner narrative of experience, and that it is expressed in verbal language. Narrative theorists have examined the identities of adults (Bauer, McAdams, & Pals, 2008; McAdams, 2006; McAdams & Pals, 2006; Singer, 2004), adolescents (Habermas & Bluck, 2000; McAdams, 2008; McLean, 2005), the elderly (McLean, 2008) and marginalised populations (Yi & Shorter-Gooden, 1999) through the narration of their life stories. Narrative identity asserts that our sense of ourselves is multiple, adaptive and situational, and this standpoint may have the most to offer a nascent body identity theory, a theory that foregrounds a moving, shifting and expressive body, a body that narrates through posture, gesture and non-verbal communication.

However, the concept of narrative identity may suffer from the same anti-body bias present in traditional developmental theory. The 'stories we live

by' are seen as verbal cogitations and communications (Atkins & Mackensie, 2008). Missing is that non-verbal experience and communication – inner sensing and the use of posture, gesture, sound and movement as a type of language that makes oneself understood to others – has been shown to be equally present and in many cases more relevant for emotional and relational contact than verbal language (Fosha, 2000; Guerrero, DeVito, & Hecht, 1999; Knapp & Hall, 2006). By including non-verbal as well as verbal storytelling and narration as central in defining our sense of who we are, our concept of identity may be enriched and extended. In order to begin that process the term body identity (the *what*) needs to be clarified and articulated, so that the *where* and *how* of non-verbal narratives can be understood.

Body identity: related concepts

Modern and post-modern philosophers, neuroscientists and social scientists have circled the construct of body identity in recent years. Johnson (1987), for instance, asserts that there is no radical body/mind separation; meaning is grounded in our bodily experience, and reason is an embodied process. He states 'It is our organic flesh and blood, our structural bones, the ancient rhythm of our internal organs, and the pulsing flow of our emotions that give us whatever meaning we can find and that shapes our very thinking' (Johnson, 2007, p. 3). Damasio (2012) alludes to the idea of a freestanding and lifelong body identity, one that both begins and continues with a 'proto-self', formed by proprioceptive, interoceptive and exteroceptive stimuli (our senses of the body's muscle tone, position in space and balance, as well as sensing inner and outer events).

Critical theorists have taken on the bodily sense of self, as is seen in the related concepts of *performativity* (Butler, 1990, 1993) and *habitus* (Bourdieu, 1984). Performativity is defined as a largely unconscious process of speaking and moving that 'constructs' and 'performs' our identity. Our words and actions are not an expression of our interior identity, but they actually *construct* it, according to societal dictates. Habitus can be said to be a culturally learned way of being that begins in infancy – a type of somatic socialisation – where one learns how to posture, gesture and move as a way to identify yourself to yourself and others. A common example of habitus is how one learns to move as a gendered person, in the way that any particular culture constructs gender. Habitus sees the body as in society, but also that society is in the body. Both Butler and Bourdieu were situating the body in a sociocultural landscape, articulating the issues involved in the infusion of society into something as seemingly straightforwardly biological as the body.

Movement educators and therapists have also attempted some kind of body identity theory. Hanna (1988) coined the term *somatics*, and was interested in how the body was experienced and regulated from within. He was concerned

that society had marginalised the body to such an extent that most of us suffered from 'sensory-motor amnesia', a habit of neglecting meaningful signals from the body (especially the muscles) that inform us not only about our current state but about our emotions, our inclinations and our interests. He advocated his own and other body-based practices that would help people to recover their somatic sense of self.

In a related modality, Gendlin (1978), inspired by the work of Edmund Jacobson, developed an educational and therapeutic system called *Focusing* that turns one's attention to bodily states as a way to inquire about our 'felt sense' of our inner experience, which can often be hidden from conscious awareness. Both Hanna and Gendlin were interested in practical methods for centralising the body in a conscious life, by promoting body-based reflective inquiry that trusts the lived experience of the body as the best way to get at a genuine or authentic self.

All the above theorists/clinicians (and others that have not been mentioned) have contributed to the concept of body identity, particularly in their concentration on the importance of somatic awareness, both for personal development and social justice. But for purposes of body identity as it is discussed here, Butler and Bourdieu may be seeing body identity too much as a social construct, while Gendlin may be overly interested in translating bodily experiences into verbal descriptors. Hanna may be too narrowly focused on the healthful effects of certain types of movement behaviours.

An ongoing sense of identity relies heavily on memory, and recent advances in the concept of 'body memory' have contributed substantively to our ability to construct a coherent body identity theory. Fuchs (2003) posits that body memory is an implicit (non-conscious) memory system, and that body memory is 'the essential basis of the self (p. 8)'. Conceived as more than the traditional construct of procedural memory (the remembrance of how to do things such as ride a bike or tie a shoe), Fuchs adds four other elements – spatial familiarity (situational), relational knowing (intercorporeal), family and cultural habitus (incorporative) and imprinted painful experiences (traumatic). This important theoretical advance situates the remembered (and therefore identified) self as stored in the body's structure, movement habits, sensory processing methods, learned emotional associations to stimuli and patterns of interaction with others. 'The memory of the body is an impressive refutation of the dualism of consciousness and the physical body' (Fuchs, 2003 p. 2).

Gallagher (2005) has waded into the complex question of defining terms that can be related to body identity, noting that there is a tremendous amount of confusion in how the terms embodiment, body image, body schema, body percept and body concept have been used. His work highlights how the body shapes the mind and identity, and also sorts out how to properly define these crucial terms that have been used in confusing ways by experts in a variety of fields. The professional muddiness of word use that he points to may be a

strong indication that we have not given enough attention to the centrality of our bodily experience, and we have also not given enough attention to how we talk about bodily experience in general.

Gallagher asserts that the body structures consciousness, and therefore our sense of self:

The human body, and the way it structures human experience, also shapes the human experience of self, and perhaps the very possibility of developing a sense of self. If the self is anything more than this, it is nonetheless and first of all this, an embodied self. (2005, p. 3)

Gallagher, citing the work of neuroscientist Gerald Edelman, examines the biological roots of our body self-identity, locating it in our movement behaviour. 'Edelman examines how anatomy and brain structure undergo "continuous electrical and chemical change, driving and being driven by animal movement", and he discovers that animal movement itself is "conditioned by animal shape and pattern, leading to behaviour"' (Edelman, 1992, as cited in Gallagher, 2005, p. 4).

Following this line of thinking, we can see that there is an important connection between movement and cognition:

... *bodily* movement is closely tied in various ways to perception and to other forms of cognition and emotion. Indeed, there is now a large amount of evidence from a variety of studies and disciplines to show that the body, through its motor abilities, its actual movements, and its posture, informs and shapes cognition ... bodily movement and the motor systems influence cognitive performance – how the body shapes the mind. It may even be possible to say that bodily movements, transformed onto the level of action, is the very thing that constitutes the self. (2005, p. 8–9)

This sense of the moving body as essential to the formation of identity comes closest to the way body identity can be effectively and clearly articulated. This idea echoes Maturana and Varela's Embodiment Theory (1987), which asserts that our experience emerges from our bodily structure, and that our sense of meaning emerges from our sensorimotor & emotional interactions with the world. Koch and Fischman's (2011) Enaction Theory extends Maturana and Varela's work, and asserts that knowledge *is* action in the world, that how the body efforts in one direction or another shape body structure, which in turn limits and enables actions. As can be seen through these theorists, it may be that cognition itself, previously held as a solely mental phenomenon that constructs and elaborates identity, can be re-positioned as a centrally somatic event. Instead of *I think, therefore I am*, perhaps we can state *I move (and sense), therefore I think*. However, it may take practitioners of somatic disciplines to translate these ideas into a workable system of recovery, re-positioning and pragmatic application that will empower people to experience their identity more directly, via the lived experience of their bodies.

A new understanding of body identity

Sorting out these complex constructs to create more clarity and bodily centrality can be a daunting task. What emerges is the idea that one's body identity is the result of two forces: a genetically inherited, species-specific body plan and sequences of experiences and conditions that shape and regulate it across an individual's lifespan. Perhaps at the beginning of any one sequence we have bodily experiences. Bodily experiences begin in the womb, continue until death and involve a plethora of sensorimotor events. We look, hear, touch and taste, and we respond to what we sense with myriad movements – we run, tighten, loosen, shake and gesture – movements that in turn create more sensory experiences. Some are observable and communicative; others are private, and may or may not involve conscious reflection. We also 'experience' our metabolism, those interior micro-movements that keep us alive and regulated. We sometimes experience these inner thrummings consciously (hunger pangs), but many of these autonomic experiences are non-conscious (liver secreting bile). Some of these bodily experiences are memorable and some are not. A bodily experience becomes memorable when it is repeated, when it is witnessed and acknowledged by ourselves and/or others, when it is novel and interesting, when it is traumatic and when it is effective in accessing resources (such as safety, affection, attention and approval).

These body memories are centrally stored in the brain as well as in the shape, size, posture, attitude and expressive movement of the rest of the body, and can be accessed and re-enacted when needed. The physical re-enactment of a body memory reinforces and in some cases changes that memory, and in conjunction with other body memory re-enactments, begins to shape ongoing bodily actions so that these movement memories become easier and more familiar. They feel normal, and we feel familiar to ourselves (bodily continuity). We begin to physically *narrate*, via movements, these remembered body experiences as a way to acknowledge our sense of ourselves and be understood by others as a definite, ongoing and distinct being. The more these body narratives are practiced, acknowledged and positively reinforced, the more they begin to form our bodily identity, our sense of who we are via what we do. The sequence might be illustrated like this:

Body → Body → Body → Body

Experiences → Memories → Narratives → Identities

In this way, our repeated childhood cringing to avoid being hit, or our consistently being smiled at when we puff out our chests, over time lays down a fundamental and wordless sense of self. This not-necessarily-verbal, body-to-body identity construction likely forms the root of micro- and macro-aggressions that occur on individual, group, and social levels, and that implicitly internalise oppression in peoples who do not fit socially constructed norms. It also illustrates the power of a nurturing touch and an open, loving gaze to facilitate a securely attached child (Wallin, 2007).

Succinctly put, body identity is our core identity, out of which other identities are built. It is generated, preserved and enacted by the body, via our explicit and implicit relationship to sensation, movement, physiological processes, relationships, interactions and bodily awareness of emotion. Bodily identity occurs lifelong, and is changeable, multiple, non-verbal, relational, situational and social. Cognitive identity is constructed within the infrastructure of body identity, and involves reinforced verbal narratives that may or may not harmonise with body narratives.

Body narratives, though influenced by body memories, occur in the present moment and can chronicle our past, depict our current state or disclose our intentions for the future – they are bodily 'I' statements. These chronicles and disclosures in turn send reinforcing or modifying input back to the bodily self. This oscillation of input between the bodily self and the outside world in turn generates output – both non-verbal and verbal narratives. Ideally this is a seamless and adaptive dance, and generates our somatic individuality – our identity fingerprint. Ideally, this dance is witnessed by others, attuned to and reflected back to us in an appreciative way, on a consistent but not constant basis. Ideally, we also experience challenges to our body identity, in the form of occasional disapproval, clashes of interest and opinion, low-level physical risk and productively uncomfortable encounters. Occurring together, *coherence* can be generated.

Coherence may be our best way of operationally defining well-being. Both information theory and evolutionary biology articulate coherence as what results when information flows in an unimpeded manner from one part of a system to another (Pert, 1997; Wilson, 1999). From a bodily perspective, when the liver, for instance, sends a signal to other parts of the body, via enzymes, about its needs, that enzyme signal is coherent if it can be understood and responded to appropriately by different and far-flung structures in the rest of the body. If something disturbs that communication, the enzyme signal becomes *incoherent*, and other parts of the bodily self cannot respond properly.

Coherent and incoherent body narratives and body identity

What happens when this coherency process is not seamless, but consistently or traumatically interrupted, distorted, neglected? Illness is the likely result of incoherent signalling. When part of a system cannot receive sensible signals, the output it generates will not be based on viable information. The relationships between physical structures degrade due to poor or erroneous inputs. From an identity level, our different I positions, whether they be verbal or non-verbal, cannot communicate and therefore cannot coordinate. This can be another way of describing what many clinicians and theorists have noted as the essence of psychological or 'mental' illness – a fragmented, dissociated and de-coupled self (Nijenhuis, 2004; Perls, 1992; Sweezy, Ziskund, & Schwartz, 2013).

Increasing our systemic coherency involves working with our body narratives as well as our verbal ones. Similar to clinical and research findings that demonstrate the healing (and coherency-generating) power of being able to talk calmly and descriptively about past trauma experiences while sensing oneself in the safety of the present moment (Goleman, 1995), changing our identity also involves the conscious deconstruction of old, incoherency-generating body stories and the assembly of new bodily narratives that coherently network us with the rest of our bodily selves. The body will never 'forget' its past – an old body identity will always feel familiar and be easier to perform, but it can also be less and less impelling to be enacted.

The basic assumption is that change is based on lived experience. In and of itself, verbally understanding, explaining, or narrating something is not sufficient to bring about change. There must also be an actual experience, a subjectively lived happening. An event must be *lived*, with feelings and actions taking place in real time, in the real world, with real people, in a moment of presentness. (Stern, 2004, p. xiii)

These coherency-generating lived experiences often happen in body-centred psychotherapy, where nonverbal processing can generate a coherent and communicable story of a person's present or past experience via the moving body, for the purposes of self-regulation, relational knowing, social bonding and self-understanding. The body narrative is comprised of consciously tracked sensations, images, affects and precise actions. This present-moment processing uses the authoritative knowledge of the body, likely in conjunction with the right hemisphere of the brain, to consciously and carefully generate non-linear, non-rational enactments that integrate body memory with conscious and thought-oriented states. The left hemisphere coordinates with the right, and implicit informs explicit, generating increased systemic coherency.

Body narration can be profoundly different than verbal narration, which is why it needs to be centralised. One way to think about this difference is in the distinct functions of the left and right hemispheres of the brain. The left hemisphere is where conscious processing and verbal language tend to reside, and its interests are in a time-stamped and linear unfolding of events, as well as events that have rationality. The left hemisphere carries a narrator function that 'serves to linguistically articulate the ongoing story of a person's life' (Siegel, 2007, p. 46). In the right hemisphere, where we hold an integrated map of the whole body, processing occurs almost exclusively through movement, images, affects and sensations. In the right hemisphere, linear time does not exist – all events are experienced as occurring in the present moment. Often, we centralise the verbal part of our stories (e.g. Freud's Talking Cure); however, research shows that these verbal narratives are often crude approximations of historical events, because the left hemisphere is more interested in the internal logic of a story rather than in its accuracy (it's more important that it makes sense than if it's true), and it will make things up in an effort to generate rational and coherent explanations

(Gazzaniga, 1998; Siegel, 2007). Basing our sense of self solely on left hemisphere verbal processes that frequently involve the potential for self-deception has plagued the modern, Western discipline of psychotherapy. What also creates problems is when the verbal, left hemisphere narrative is generated first and/or without sufficient input and guidance from right hemisphere-based body narratives, or when we assume that narrating is only accomplished with words, or that verbal narratives are more 'true' than bodily ones. Truth emerges from coherency, from the conscious coupling of both verbal and non-verbal narrative.

In current research, the right hemisphere is sometimes said to be 'bullied' by the left – the verbal narrative is imposed on the non-verbal and present-moment experiences of the right (Siegel, 2007). This can result in a person not being able to think and act in ways that are aligned with what 'feels' right in the gut and heart. By giving time and space and attention to the non-linear, non-rational self, a self that speaks with images, movements, sounds and emotions, this societal neglect can be remedied, and body identity can be positioned as an equal partner to cognitive identity.

Body identity has its own (and different) form of coherency. The movements (or enactments) that arise in therapeutic settings often begin as fragments – seemingly disjointed because they are not time-stamped – and gradually, with the support of the curious and open 'mover' as well as a curious and engaged facilitator, the movement sequences begin to form a graceful dance, one that 'hangs together' in its own way – highly creative and often unpredictable. It is crucial to support this coherency to emerge on its own terms, without imposing the interpretations of verbal narratives or fixed ideas about how the narrative should look. By trusting and supporting fragments of narrative, allowing them to organise how *they* want to organise, the body's own coherency-generating resources can be supported and recovered. When inner coherency develops, the body narrative becomes communicable and understandable to others, generating the possibility of attuned and empathic states in both the sender and receiver.

Ultimately, verbal narrative and body narrative can and should be integrated, with the possible effect of helping a person to resolve unfinished traumas and/or deal with oppressions. Being able to tell one's story after or at the same time as one moves, it can result in profound integration on brain, body and relational levels. Relationally, this integration of one's experiences results in being a much more effective communicator – increasing one's capacity to express the whole self – and therefore increase the likelihood of being deeply felt and understood by others. 'The movement advocated here is towards a way of thinking, not about what the body means, but how it becomes through a multiplicity of continuous connections with other bodies' (Budgeon, 2003, p. 51).

While body psychotherapy and dance/movement therapy can be excellent modalities to use when working with body narratives and body identity, it is likely that artists, dancers and activists are likely already practicing variations of

this method (e.g. Theatre of the Oppressed). Whole communities can be served by adapting this practice to existing community events, using public performance as the means by which trauma or oppression is witnessed, acknowledged and held.

Discussion and conclusion

This article mentioned but did not adequately cover many topics related to body identity; most notably the varied and creative applications of this construct, as well as the sociocultural implications of recovering and supporting body narratives and body identity. Many questions remain unanswered; do different types of identity form around different types of sensory experiences (proprioceptive, interoceptive, exteroceptive)? What is the relationship of body identity to personality? How can it be applied therapeutically? How do we work with pre-verbal body narratives, or when the body memory and identity have no concomitant verbal narrative? How can body identity be integrated into various liberation narratives? It is hoped that this research will continue and flourish.

A further articulation of this method will involve a more detailed accounting of the biological basis of movement. Movement exists along a continuum, from basic reflexes to motor plans to motivation-based actions to non-verbal communication to play and spontaneous action. Movement also exists along a continuum of the tiniest internal thrummings to the largest locomotions. Body identity forms all along these continuums, and therefore needs to be addressed all along these continuums. It is hoped that this article will stimulate further work in these areas.

Identity can be a hot topic, debated endlessly and applied widely. By promoting the notion that identity is at its core a bodily phenomenon, and continuing to develop ways to explicitly work with body identity formation, a socially coherent narrative about the body may be able to contribute to individual, social and even spiritual well-being (Caldwell, 2014). It is hoped that *integration, liberation, narration, grace* and *coherence* can be seen as highly connected, and that these connectivities can be used to promote well-being on individual, group and social levels.

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Notes on contributor

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References

- Altabe, M., & Thompson, J. K. (1996). Body image: A cognitive self-schema construct? *Cognitive Therapy and Research*, 20, 171–193.
- Atkins, K., & Mackensie, C. (Eds.). (2008). *Practical identity and narrative agency*. New York, NY: Routledge.
- Bauer, J. J., McAdams, D. P., & Pals, J. L. (2008). Narrative identity and eudaimonic well-being. *Journal of Happiness Studies*, 9, 81–104.
- Blom, R. M., Hennekam, R. C., & Denys, D. (2012). Body Integrity Identity Disorder. *PLoS One*, 7(4). doi:10.1371/journal.pone.0034702
- Bourdieu, P. (1984). *Distinction: A social critique of the judgment of taste*. New York, NY: Routledge.
- Budgeon, S. (2003). Identity as an embodied event. *Body and Society*, 9, 35–55.
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York, NY: Routledge.
- Butler, J. (1993). *Bodies that matter: On the discursive limits of sex*. New York, NY: Routledge.
- Caldwell, C. (2010). Diversity issues in movement observation and assessment. In S. Bender (Ed.), *Movement analysis of interaction* (pp. 61–77). Berlin: Logos Verlag.
- Caldwell, C. (2014). Mindfulness and bodyfulness: A new paradigm. *Journal of Contemplative Inquiry*, 1, 77–96.
- Calvin, W. (2004). *A brief history of the mind: From apes to intellect and beyond*. Oxford: Oxford University Press.
- Campbell, S., Meynell, L., & Sherwin, S. (Eds.). (2009). *Embodiment and agency*. University Park, PA: Pennsylvania State University Press.
- Cash, T., & Pruzinsky, T. (2002). *Body image: A handbook of theory, research, and clinical practice*. New York, NY: Guilford Press.
- Cross, W. E., Jr. (1991). *Shades of black*. Philadelphia, PA: Temple University Press.
- Damasio, A. (2012). *The self comes to mind: Constructing the conscious brain*. New York, NY: Vintage Books.
- Dennett, D. (1991). *Consciousness explained*. Boston, MA: Little, Brown & Company.
- Edelman, G. (1992). *Bright air, brilliant fire: On the matter of the mind*. New York, NY: Basic Books.
- Erikson, E. (1963). *Childhood and society* (2nd ed.). New York, NY: Norton.
- Fraser, N. (1989). *Unruly practices: Power discourse and gender in contemporary social theory*. Minneapolis, MN: University of Minnesota Press.

- Freud, A. (1963). The concept of developmental lines. *Psychoanalytic Study of the Child*, 18, 245–266.
- Fosha, D. (2000). *The transforming power of affect: A model for accelerated change*. New York, NY: Basic Books.
- Fuchs, T. (2003). The memory of the body. Retrieved from <http://www.klinikum.uni-heidelberg.de/fileadmin/zpm/psychatrie/ppp2004/manuskript/fuchs.pdf>
- Gallagher, S. (2005). *How the body shapes the mind*. Oxford: Clarendon Press.
- Garner, D. M., & Garfinkel, P. E. (1981). Body image in anorexia nervosa: Measurement, theory, and clinical implications. *Interventional Journal of Psychiatry in Medicine*, 11, 236–284.
- Gazzaniga, M. (1998, June 16). The split brain revisited. *Scientific American*. Retrieved from <http://www.scientificamerican.com/article/the-split-brain-revisited/>
- Gendlin, E. (1978). *Focusing*. New York, NY: Bantam Books.
- Giddens, A. (1991). *Modernity and self identity*. Cambridge: Polity Press.
- Goleman, D. (1995). *Emotional intelligence: Why it can matter more than IQ*. New York, NY: Bantam Books.
- Gorski, B. (2013). *Transforming distress: A model of body psychotherapeutic group intervention to support management of body dysphoria as experienced by pre-operative transsexuals* (Un-published Master's Paper). Boulder, CO: Naropa University.
- Guerrero, L., DeVito, J., & Hecht, M. (1999). *The nonverbal communication reader: Classic and contemporary readings*. Prospect Height, IL: Waveland Press.
- Habermas, T., & Bluck, S. (2000). Getting a life: The emergence of the life story in adolescence. *Psychological Bulletin*, 126, 748–769.
- Hanlon Johnson, D. (1994). *Body, spirit, and democracy*. Berkeley, CA: North Atlantic Books.
- Hanna, T. (1988). *Somatics: Reawakening the mind's control of movement, flexibility, and health*. Reading, MA: Addison-Wesley.
- Henley, N. (1977). *Body politics: Power, sex, and nonverbal communication*. Englewood Cliffs, NJ: Prentice-Hall.
- Hermans, H. (2001). The dialogical self: Toward a theory of personal and cultural positioning. *Culture and Psychology*, 7, 243–281.
- Johnson, M. (1987). *The body in the mind: The bodily basis of meaning, imagination, and reason*. Chicago, IL: University of Chicago Press.
- Johnson, M. (2007). *The meaning of the body*. Chicago, IL: Chicago University Press.
- Johnson, R. (2009). Oppression embodied: Exploring the intersections of somatic psychology, trauma, and oppression. *United States Association of Body Psychotherapy Journal*, 8, 19–31.
- Knapp, M., & Hall, J. (2006). *Nonverbal communication in human interaction*. Belmont, CA: Thomson Wadsworth.
- Koch, S., & Fischman, D. (2011). Embodied enactive dance/movement therapy. *American Journal of Dance Therapy*, 33, 57–72.
- LeDoux, J. (2002). *Synaptic self: How our brains become who we are*. New York, NY: Viking Books.
- Llinas, R. (2001). *I of the vortex: From neurons to self*. Cambridge, MA: MIT Press.
- Maturana, H., & Varela, F. (1987). *The tree of knowledge*. Boston, MA: Shambhala.
- McAdams, D. P. (2006). *The redemptive self*. New York, NY: Oxford University Press.
- McAdams, D. P. (2008). Personal narratives and the life story. In O. John, R. Robins, & L. A. Pervin (Eds.), *Handbook of personality: Theory and research* (pp. 241–261). New York, NY: Guilford Press.
- McAdams, D. P., Josselson, R., & Lieblich, A. (2006). *Identity and story: Creating self in narrative*. Washington, DC: American Psychological Association Press.

- McAdams, D. P., & Pals, J. L. (2006). A new Big Five: Fundamental principles for an integrative science of personality. *American Psychologist*, *61*, 204–217.
- McLean, K. C. (2005). Late adolescent identity development: Narrative meaning making and memory telling. *Developmental Psychology*, *41*, 683–691.
- McLean, K. C. (2008). The emergence of narrative identity. *Social and Personality Psychology Compass*, *2*, 1685–1702.
- Nijenhuis, E. (2004). *Somatoform dissociation: Phenomena, measurement, and theoretical issues*. New York, NY: W.W. Norton.
- Perls, F. (1992). *Gestalt therapy verbatim*. Gouldsboro, ME: Gestalt Journal Press.
- Pert, C. (1997). *The molecules of emotion: The science behind mind-body medicine*. New York, NY: Touchstone.
- Piaget, J. (1948). *The moral judgment of the child*. Glencoe, IL: Free Press.
- Piaget, J. (1951). *Judgment and reasoning in the child*. London: Routledge & Kegan Paul.
- Santrock, J. W. (2008). *A topical approach to life-span development* (4th ed.). Boston, MA: McGraw-Hill.
- Siegel, D. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. New York, NY: Guilford Press.
- Siegel, D. (2007). *The mindful brain: Reflections and attunement in the cultivation of well-being*. New York, NY: W.W. Norton.
- Sigelman, C., & Rider, E. (2006). *Lifespan human development*. Belmont, CA: Thomson Wadsworth.
- Singer, Jefferson A. (2004). Narrative identity and meaning making across the adult lifespan: An introduction. *Journal of Personality*, *73*, 437–460.
- Smith, D. E. (1987). *The everyday world as problematic: A feminist sociology*. Boston, MA: Northeastern University Press.
- Stern, D. N. (2004). *The present moment: In psychotherapy and everyday life*. New York, NY: W.W. Norton.
- Sweezy, M., Ziskund, E., & Schwartz, R. (Eds.). (2013). *Internal family systems therapy: New dimensions*. New York, NY: Taylor & Francis.
- Thomas, A. J., & Schwarzbaum, S. E. (2011). *Culture and identity: Life stories for counselors and therapists*. Thousand Oaks, CA: Sage Press.
- Wallin, D. (2007). *Attachment in psychotherapy*. New York, NY: Guilford Press.
- Weiss, G. (1999). *Body images: Embodiment as intercorporeality*. New York, NY: Routledge.
- Wiklund-Gustin, L. (2010). Narrative hermeneutics: In search of a narrative data. *Scandinavian Journal of Caring Sciences*, *24*, 32–37.
- Wilson, E. O. (1999). *Consilience: The unity of knowledge*. New York, NY: Random House.
- Yi, K., & Shorter-Gooden, K. (1999). Ethnic identity formation: From stage theory to a constructivist narrative model. *Psychotherapy: Theory, Research, Practice, Training*, *36*, 16–26.