

Our Boundaries, Our Selves: Emotional Thresholds and Personal Psychosomatic Health

Michael Jawer

Do you know someone who suffers from migraines? Do you have a friend or family member who's been known to blush at the slightest provocation? Or maybe you know someone affected by a 'syndrome' of some kind: chronic fatigue or chronic pain, irritable bowel or even post-traumatic stress disorder (PTSD)? Just possibly, you're even familiar with someone who seems to internalize the aches and pains present in the day's headlines or that one sees played out on television. Maybe you yourself are such a person.

If so, you know how the body can throw us for a loop.

What you may not fully understand is how *feelings* invoke these somatic responses within us—and how the symptoms and processes vary depending on the type of person you are. That 'type,' according to Ernest Hartmann, MD (whose work this article will explore), can be illuminated through the experience of our boundaries: the characteristic way we recognize what is affecting us, internally as well as externally.

Consider two scenarios.

Scenario One. A therapist is listening to two clients – a married man and woman – spar over a difficult issue: their sex life. They have a trauma-infused dilemma, as the wife is a paraplegic (she suffered an accident after they got married). Now, in therapy, she poses the question to her spouse:

“Why don't we have sex anymore? I'm still interested.” Her husband hung his head, saying little. Then a sudden change: he raised his head, looking directly at his wife and out poured a stream of cruel, cold truth-telling. “I'll tell you why. You think you're normal, but you're not. You won't hear this, but you're disabled. You just lie there; I have to do all the work. Do you know what it's like having sex with a handicapped person? It's not fun, I can tell you.”...and so on for some considerable time. Then, a tearful silence, broken eventually by her characteristically upbeat, appealing voice. “Yes, but that's just an excuse...we can try, can't we?” The session came to an end and, as the couple left the room, the therapist was struck by a powerful and debilitating migraine. (Appel, 1998, p. 212)

In the therapist's words:

The pain, rage, humiliation, sweetness, desperation, frustration, fear, horror, and heartbreak in the room became too great for me to handle. Taken aback, I identified with everything, it seems: his feelings about living with a paraplegic spouse, her hurt at hearing herself described in this way, and his desperation at her denial. Stunned into silence by the suddenness and the sheer magnitude of this emotional load, I was unable to relieve it...I got a migraine for my troubles. (Appel, 1998, p. 212)

Scenario two. Another therapist feels her clients' concerns manifested through her own aches and pains during therapy. Not only that, she's become aware of “more and more [clients] who feel, in their bodies, the connections between the harming of the planet and their own emotional and physical ailments” (Greenspan, 2003, p. 231). An educator and ecologist offers her view of this phenomenon: “The Earth speaks to us through

our bodies and psyches. She often cries, and many of us feel her tears and see her pain. I experience it as a force of nature entering me, like light” (Sewell, 1995, p. 214).

Should we take such accounts to be frivolous, or perhaps as indicative of some sort of pathology? Quite the opposite, I would argue. What people feel has innate merit. Furthermore, what these professionals are telling us sheds light on innate personality differences, since not everyone suffers from migraine or feels the pain of the planet. Such differences point up genuine, biological distinctions among individuals. The various ways that people *feel* relate to the type of ‘boundary’ each of us has between him/her self and the outside world...and, indeed, *within* our self as well.

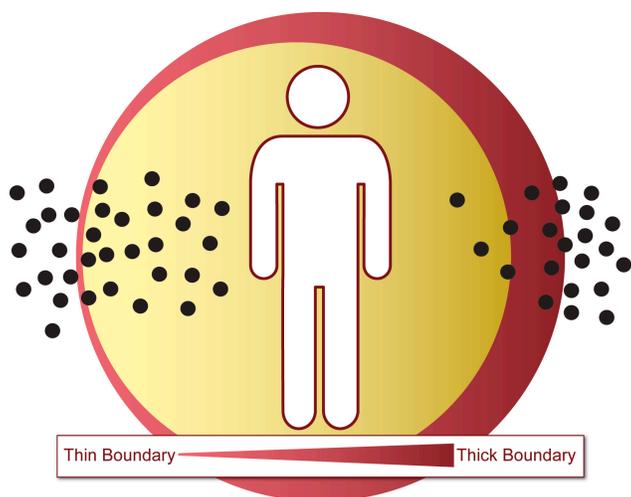
Boundaries are Crucial

In the words of psychologist James Hillman (1995), “There is only one core issue for all psychology. *Where is the ‘me’?* Where does the ‘me’ begin? Where does the ‘me’ stop? Where does the ‘other’ begin?” (p. xvii).

Simply put, selves require boundaries. From an evolutionary perspective, even the most primitive creatures have a physical boundary (whether skin or another form of membrane) to discriminate ‘in here’ from ‘out there.’ The separation allows sensory stimuli to be processed, nutrients to be taken in, and waste products to be discharged. Such a boundary literally defines the individual.

Through the development of nervous systems over the eons, some animals became capable of assessing what was happening to them in a more sophisticated way, and determining what was to be done about it (approach, avoid, chase, etc.). Brains gradually emerged through this ongoing, sensory-based assessment of environmental interactions. Indeed, the more advanced a species became, the better it could understand what was happening to it, not simply receiving the incoming stimuli, nor even ‘per-ceiving’ them, but also relating to these stimuli - linking them to their source and being curious about that source. In the case of human beings, we developed the ability to wonder broadly about the world and systematically explore (and exploit) our environment.

As individual selves, we become conscious of our own existence. We notice what is happening to us but we also do more - we feel something about it, we think about it, we remember, plan, dream, imagine, create - all with our minds exploring real or represented environments. Due to our intrinsically being *bounded* within our bodies, we are ultimately enabled to have distinct minds and personalities.



A fascinating way of looking at personality differences revolves around this very concept of boundaries. Psychiatrist Ernest Hartmann of Tufts University asserts that each of us can be characterized on a boundary spectrum ranging from “thick” to “thin.” In his words:

Hartmann's Boundary Spectrum

Eric Scafetta Design & Illustration

There are people who strike us as very solid and well organized; they keep everything in its place. They are well defended. They seem rigid, even armored; we sometimes speak of them as "thick-skinned." Such people, in my view, have very thick boundaries. At the other extreme are people who are especially sensitive, open, or vulnerable. In their minds, things are relatively fluid....Such people have particularly thin boundaries....I propose thick and thin boundaries as a broad way of looking at individual differences. (Hartmann, 1991, pp. 4-7)

Hartmann came to his conception in an interesting way. In the 1980s, he was studying people who have nightmares and noticed that they could readily recall other vivid or colorful dreams even if these didn't qualify as nightmares. These people seemed to him especially "sensitive," "vulnerable," or "imaginative" in contrast with other people who came across as more "solid," "stoic," or "persevering." He suspected there are real neurobiological differences between thin and thick boundary people, and developed a questionnaire to gain more insight.

Since the 1980s, at least 5,000 people have taken Hartmann's Boundary Questionnaire and more than 100 published papers have referenced it (Hartmann, 2003). The scores distribute across the spectrum of boundaries in a Bell-shaped curve. Women tend to score significantly thinner than men, and older people tend to score somewhat thicker than younger people (Hartmann, Harrison, & Zborowski, 2001).

What We Now Know

Several other researchers have traversed similar territory over the past two decades. Psychologist Elaine Aron (1996) has illuminated various facets of what she calls the "highly sensitive person" or HSP. Harvard professors Jerome Kagan and Nancy Snidman (2004) have studied the differences between "high reactive" and "low reactive" individuals. Researchers Sheryl Wilson and Theodore Barber (1983) have profiled the "fantasy prone" person. Psychologist Sharon Heller (2002) has examined what makes someone "sensory defensive," and physicians James J. Lynch (1985) and Gabor Maté (2003) have chronicled "Type C" people who seem unwilling or unable to acknowledge their feelings. Most recently, author Susan Cain (2012) has detailed, in a popular work, the personality trait of introversion.

The accumulated evidence shows that thin boundary people are highly sensitive in a variety of ways and from an early age. They react more strongly than other individuals to sensory stimuli and can become agitated due to bright lights, loud sounds, particular aromas, tastes, or textures. They respond more strongly to physical and emotional pain in themselves as well as in others. They can become stressed or fatigued due to an overload of sensory or emotional input. They are more allergic and their immune systems are seemingly more reactive as well. And they were more deeply affected – or recall being more deeply affected – by events in their childhood.

Such remembered connections with childhood will come as no surprise to anyone acquainted with interpersonal neurobiology, which has shown how our very sense of self evolves from the emotional bonds of childhood interacting with the developing nervous system. Allan Schore (2005), for example, has documented how a disturbed or inconsistent relationship between the infant and her or his caregivers affects the right hemisphere of the brain, and particularly mechanisms for assessing, controlling, and expressing feelings. The right hemisphere is closely tied to the autonomic nervous system – which controls the short-term response to threat – and the Hypothalamic-Pituitary-Adrenal (HPA) axis, which can keep an individual 'stressed' over a longer period of time. If early relationships create unease and vigilance, it is a short step to recognize the way early attachment affects later somatic health, especially if someone has genetic, temperament, or epigenetic vulnerabilities. In a nutshell, the thin boundary person is like a walking antenna, whose entire body and brain

seems primed, in Aron's words (1996), "to notice more in their environment...to detect and understand more precisely whatever comes in" (p. 7).

Thick boundary people, on the other hand, are fairly described as stolid, rigid, implacable, or thick skinned. They tend to brush aside emotional upset in favor of simply 'handling' the situation and maintaining a calm demeanor. In practice, they suppress or deny strong feelings. They may experience an ongoing sense of ennui, emptiness, and detachment, or their style may only come to their attention when others in their life demand emotional connection. Experiments show, however, that thick boundary people don't actually feel their feelings any less. Bodily indicators (e.g., heart rate, blood pressure, blood flow, hand temperature, muscle tension) betray their considerable internal agitation despite surface claims of being unruffled. This is a crucial distinction, as we'll see.

The Blush and the Migraine



Let's return to that most commonplace of embarrassments, the blush, first mentioned at the outset of this article. When we blush, we are effectively saying that we have feelings we would prefer to deny but cannot. Our reddening face gives us away, conveying a message not only to the people we're with, but revealing something to ourselves.

Evidence suggests that blushing, migraine headache, and hypertension all reflect a similar form of functioning, wherein a thick boundary person or a thin boundary person who is unconsciously distancing him/herself from strong feelings is demonstrating emotional conflict. The thick boundary person is constitutionally slow to embrace what he/she is actually feeling, while the thin boundary person may be unaware of the intensity of the feelings he/she is grappling with. In his famous book on the subject, neurologist Oliver Sacks (1992) observed that migraine is "an oblique expression of feelings which are denied direct or adequate expression" (p. 26).

Consider the therapist we first met, the one who was struck by a powerful migraine as his spousal clients left the room. Their session had swirled into a devastating exchange of feelings—a combination of "pain, rage, humiliation, sweetness, desperation, frustration, fear, horror, and heartbreak." The therapist later recalled that he "identified with everything" and was "stunned into silence by the suddenness and the sheer magnitude of this emotional load." For a professional trained to remain emotionally regulated, what a difficult position to maintain in such an emotional cauldron! In his own words, he was ultimately "blindsided, mugged if you like" by a potent mix of feelings that subconsciously penetrated his boundaries, increased his arousal, and physiologically overwhelmed him.

It's relevant here to note an especially intriguing capacity of the thin boundary person as mentioned by Hartmann (1991). Thin boundary people can actually generate measurable physical reactions to a thought, idea, or suggestion. For example, if told to imagine that one is sitting close by a fireplace—or that one is holding an ice cube—a thin boundary person will produce a significantly greater change in skin temperature than someone with thick boundaries. The former are not just more highly suggestible, but the evidence shows they are inclined to transmute what they imagine into experiences that are 'as real as real' (Wilson & Barber, 1983).

The Flow of Feeling

To better understand this capacity—as well as such phenomena as blushing and migraine—consider my own metaphorical proposition that *feelings are like water*. Picture any given feeling as a flow of clear, cold water, rippling through the body, in continuous motion. What I suggest is that this stream of feeling is quicker and more direct in some people (thin boundary types) and slower and less direct in others (thick boundary types). Thus, an especially thin boundary person will seem to be highly sensitive, reactive, and even ‘flighty’ because his/her feelings move quickly through the organism. An especially thick boundary person will, in contrast, appear aloof, imperturbable, even ‘dull’ because his/her feelings proceed more slowly. And while some feelings are apt to register in our awareness, others—the more intensive or threatening kind—can be shunted aside, repressed, or denied.

A blush or a migraine thus reflects the dawning awareness of the feeling or feeling mix. While these experiences may be more characteristic of the thick boundary person (for whom feelings are often akin to a foreign language), thin boundary people are not immune from them. A blush, a rash, a migraine, a bout of chronic pain or fatigue can be said to represent an unconscious assertion of a state of emotional affairs one would rather not consciously acknowledge. The dissonance lurks literally under our skin.



It’s interesting to note, in the case of our first therapist, that he no longer suffers from migraines. Why? He has come to recognize the early signs of a headache and realize that certain feelings must be present. He has literally become more mindful—willing to embrace the reality of furtive emotion—and his headaches have consequently receded. By noticing the early somatic cues and allowing his emotional experience to enter awareness, he can then calm the physiological alerts.

Extreme Empathy

Let us turn now to our second therapist, the one who literally feels her clients’ pain, and who notices the same process in her clients—that some of them appear to be empathizing with the plight of the Earth through their own physical and emotional ills. This degree of empathy is clearly not characteristic of every one of us, but it *is* common for the markedly thin boundary person.

The process can be seen clearly in these physicians’ accounts of their patients:

- One woman's skin would break out in large hives whenever she was around someone domineering. “Most of her problem involved her mother-in-law, with whom she had a difficult relationship.... Whenever she had a memory involving her mother-in-law, she would break out in hives.” This included going to the mailbox and finding a letter from her. “And when she talked about her mother-in-law in the psychiatrist's office, [he] would watch the boils form on her skin right in front of him” (Schultz, 1998, p. 102).
- Another woman, with a florid facial rash that had lasted five years, was referred to an immunologist. He found no evidence of allergy but, in reply to his question, “What has been the most difficult thing in your life over the last six years?” she promptly answered: “My husband’s illness.” When asked how it had affected her, she remarked, “Oh, I keep a brave face on it.” After she used the same wording again a few minutes later, the immunologist drew her attention to a

possible linkage between her facial rash and the “brave face.” A week later, they met again and he provided an opportunity for the patient to discuss her bottled up feelings. Within another three days, the rash had gone (Broom, 1997, p. 172). (*Author’s Note: Of course, such literal correlation between emotion and symptom are rarely as obvious and easily cleared as this.*)

That the skin itself can be so sensitive isn’t surprising when you consider that a piece of skin the size of a quarter contains more than three million cells, 100 sweat glands, 50 nerve endings, and three feet of blood vessels. In its entirety, our skin boasts approximately 640,000 sensory receptors that register heat, cold, pressure, pain, and even electricity (Montagu, 1978, p. 4). It’s been said that the skin is our body’s internal nervous system turned outward - a truism since, in the womb, they both develop out of the same surface covering of the embryo. Given this extraordinary sensitivity, it makes sense that stress is so closely associated with the skin. Psoriasis, boils, lesions - at least 40 percent of skin disorders are estimated to have some emotional component (Montagu, 1986, p. 272).

The “flow of feeling” I mentioned earlier is on vivid display in these cases, with the skin condition expressing the bodymind’s sensitivity. Thin boundary people, who have the extraordinary capacity of turning thoughts, memories, images, or external suggestions into their own reality, are the ones whose feelings most readily manifest into highly pronounced physical symptoms. For example, their extreme empathy can cause them to spontaneously become ill when they see violence on TV or in the movies, or to experience physical pain upon learning about instances of environmental degradation. Recall here Hillman’s point about the core issue for all psychology: “Where does the ‘me’ begin? Where does the ‘me’ stop? Where does the ‘other’ begin?” If we consider nature the ‘other,’ it makes sense that the extreme thin boundary types most keenly register the Earth’s distress. In a sense, they are a bellwether - the proverbial canary in a coalmine. Their constitution tends to blur distinctions between ‘in here’ and ‘out there’ that many people take for granted. The ecology of other people, of animals, of families, of societies, of the planet - lives in them.

Everyone is Psychosomatic

As we’ve seen, human beings literally feel differently based on where they fall along the boundary spectrum. The physical symptoms they present will vary also. These boundary differences are thus tangible, verifiable, and lived. They are also *bodily*. None of us experiences life without a body so *how* we think and feel necessarily relates to our sensory experiences, whether current or remembered. Individual consciousness (“self consciousness”) is effectively our perception of how we feel, separate and distinct from other people and whatever else surrounds us.

The various conditions we’ve surveyed, whether a simple blush, a debilitating migraine, a significant rash or the pain that comes from an abundance of empathy, illustrate a human truth: *we are all psychosomatic*. Our bodies and minds are not only connected, they are one. This whole of our emotional reality is one reason ‘bodymind’ (or mindbody) is the preferred term used by affective neuroscience pioneer Jaak Panksepp (Panksepp & Biven, 2012). The symptoms we’ve assessed are products of whole people, neither residing entirely in their head nor anywhere else. These symptoms are, in the final analysis, messages from within, emissaries of what we may be feeling but may not perceive consciously as yet. They reflect what’s become known as the wisdom of the body.

This framework, I venture to say, can help us better understand a range of perplexing phenomena, such as apparitional perceptions, instances of apparent telepathy and clairvoyant dreams, and near-death experiences. While seemingly ‘out of body,’ each of these anomalies actually speaks to the unity of brain and body (Jawer & Micozzi, 2009). Collectively, they can shed fascinating light on the workings of emotion in thin and thick boundary personalities (especially when the people involved are under duress).

For the present, boundaries afford a useful vantage point on some of the ‘syndromes’ mentioned in this article (irritable bowel, chronic fatigue, PTSD) and other ailments that could equally have been mentioned (allergy, asthma, depression, hypertension, rheumatoid arthritis, ulcer, phantom pain). Which bodymind therapies (i.e., approaches such as yoga, meditation, guided imagery, hypnosis, biofeedback, and acupuncture) are more appropriate for thick boundary people and which are ideal for thin boundary people is another fascinating topic worth considering for clients and ripe for research.

Wherever we may be on the boundary spectrum, each of us is a complex whole, interacting with others who are complex wholes themselves. Whatever we’re doing, whatever our interactions, our bodies will be telling our story. The feelings conveyed (or, perhaps, betrayed) are effectively a snapshot of oneself at any given moment. Since the dynamic itself is conditioned by boundary type, the formulation “our boundaries, our selves” is entirely apt. The bottom line: the boundaries concept may be the most fundamental way of understanding who we are and how we differ, one from another.

Michael Jawer has been examining personality and bodymind differences among individuals for the past 15 years. His writings have appeared in *Explore: The Journal of Science and Healing*, *Seminars in Integrative Medicine*, *Science & Consciousness Review*, *Spirituality & Health*, and *Noetic Now*. He blogs for *Psychology Today* and has presented to groups as disparate as the Jung Society and the American Psychological Association. Jawer’s newest book, *Your Emotional Type: Key to the Therapies that Will Work for You* (Healing Arts Press, 2011) is coauthored with integrative medicine pioneer Marc Micozzi, MD, PhD. More information is available at www.youremotionaltyp.com.



Over the years our bodies become
walking autobiographies, telling friends
and strangers alike of the minor and major
stresses of our lives.

-Marilyn Ferguson
author of *The Aquarian Conspiracy*

References

- Appel, S. (1998). Notes on the psychosomatic element of migraine. *Forum: The Journal of the New Zealand Association of Psychotherapists* 5 (3), 209-18.
- Aron, E. (1996). *The highly sensitive person: How to thrive when the world overwhelms you*. New York, NY: Carol Publishing Group.
- Broom, B. (1997). *Somatic illness and the patient's other story*. New York, NY: Free Association Books.
- Cain, S. (2012). *Quiet: The power of introverts in a world that can't stop talking*. New York, NY: Crown.
- Greenspan, M. (2003). *Healing through the dark emotions: The wisdom of grief, fear, and despair*. Boston, MA: Shambhala.
- Hartmann, E. (1991). *Boundaries in the mind: A new dimension of personality*. New York, NY: Basic Books.
- Hartmann, E., Harrison, R., & Zborowski, M. (2001). Boundaries in the mind: Past research and future directions. *North American Journal of Psychology* 3, 347-68.
- Hartmann, E. (2003). Person communication
- Heller, S. (2002). *Too loud, too bright, too fast, too tight: What to do if you are sensory defensive in an overstimulating world*. New York NY: HarperCollins.
- Hillman, J. (1995). A psyche the size of the earth: A psychological foreword. In T. Roszak, M. E. Gomes, and A. D. Kanner, (Eds.), *Ecopsychology: Restoring the Earth, Healing the Mind* (xvii-xxiii). San Francisco, CA: Sierra Club Books.
- Jawer, M. A. & Micozzi, M. S. (2009). *The spiritual anatomy of emotion: How feelings link the brain, the body and the sixth sense*. Rochester, VT: Park Street Press.
- Kagan, J. & Snidman, N. (2004). *The long shadow of temperament*. Cambridge, MA: Belknap Press.
- Lynch, J. J. (1985). *The language of the heart: The body's response to human dialogue*. New York, NY: Basic Books.
- Maté, G. (2003). *When the body says no: Understanding the stress-disease connection*. Hoboken, NJ: John Wiley & Sons.
- Montagu, A. (1978). *Touching: The human significance of the skin* (2nd ed.). New York, NY: Harper & Row.
- Montagu, A. (1986). *Touching: The human significance of the skin* (3rd ed.). New York, NY: Harper & Row.
- Panksepp, J. & Biven, L. (2012). *The archeology of mind: Neuroevolutionary origins of human emotions*. New York, NY: W.W. Norton.
- Sacks, O. W. (1992). *Migraine*. Berkeley, CA: University of California Press.
- Schore, A. N. (2005). Attachment, affect regulation, and the developing right brain: Linking developmental neuroscience to pediatrics. *Pediatrics in Review* 26 (6), 204-17.
- Schultz, M. L. (1998). *Awakening intuition: Using your mind-body network for insight and healing*. New York, NY: Harmony Books.
- Sewell, L. (1995). The skill of ecological perception. In T. Roszak, M. E. Gomes, and A. D. Kanner (Eds.), *Ecopsychology: Restoring the Earth, Healing the Mind* (214). San Francisco, CA: Sierra Club Books.
- Wilson, S. C. & Barber, T. X. (1983). The fantasy-prone personality: Implications for understanding imagery, hypnosis, and parapsychological phenomena. In A. A. Sheikh (Ed.), *Imagery: Current Theory, Research and Application* (340-87). New York, NY: John Wiley & Sons.