



Commentary

Self-awareness without inner speech: A commentary on Morin[☆]

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ABSTRACT

Morin's identification of inner speech with self-awareness is problematic. Taylor's description of her experience before, during, and after her stroke and operation is also problematic; it is at times confusing and difficult to comprehend conceptually. Rather than being global, her deficits in self-awareness seem piecemeal. She describes self-awareness that exists independent of inner speech. I offer interpretations of her experience alternative to those of Morin and Taylor.

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Alain Morin, an expert on inner speech, has provided an intriguing, intelligent, and suggestive analysis of Dr. Jill Bolte Taylor's presentation of her experiences before, during, and following a stroke. Morin knows far more about inner speech and self-awareness than I do. Still, I have a few quibbles.

I find unbelievable the description of Taylor's mental states prior to her stroke as comprising continuous inner speech that "reminded me moment by moment of who I am and where I lived, etc." (Taylor, 2006, p. 72). My own inner speech pops up sporadically; my usual experience has none. Often I don't *experience* anything other than perception and thoughts, and these are commonly unarticulated as inner speech. Although my visual experience (e.g.) usually conforms to William James' idea of a sensibly continuous stream of consciousness, my inner speech does not. Though inner speech *can* clarify my relation to the world, as Morin (2005) notes, it does not always seem necessary for this; rather, the language I internalized has organized my mind to do it without inner speech much of the time.

Thus, I don't see inner speech as *continuous* brain chatter. It seems to me that, during her stroke, Taylor tried to solve problems—What is going on? What should I do?—and very little inner speech was coming up to help her. In her book it is ambiguous whether she can talk to herself or not: on the same pages she describes her mind as both "silent" and talking (e.g., Taylor, 2006, pp. 42, 48, 57). Apparently, the silence was intermittent, in between bursts of a "sporadically discontinuous flow of normal cognition" (pp. 43–44; also p. 46). This bouncing between inner speech and (euphoria-filled) silence is more apparent in her talk "How it feels to have a stroke" (Taylor, nd). Morin states (from personal communication?) that, following an early period of the stroke, "her inner speech was gone for five weeks." I presume this five weeks occurred just after the operation (see p. 121), as during the seventeen days between the morning of the stroke and the operation she had

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inner speech on and off; she could also speak right before and right after the operation (pp. 108–109). Her mind provided few answers to help her solve her dilemma, even when she experienced inner speech. Her experiences present an inaccessibility to useful inner speech—inner speech that went beyond a questioning, a repetition, or a single word (pp. 77, 85, 91), or that encompassed ideas connected to inner talk (pp. 76, 96). When she writes (p. 42), “Those little voices, that brain chatter that customarily kept me abreast of myself in relation to the world outside of me,” I find it hard to connect what “normally kept me abreast of myself in relation to the world” *solely* with inner speech. Rather, it seems that Taylor not only lost inner speech’s help in thinking through a problem, but also lost access to some of what had already been organized by internalization of language. What normally kept her connected to the world was not always inner speech, but this organized understanding—she could early on not clearly see numbers and hear words as such. Inner speech can connect the experience to the knowledge present in this organized understanding, as when Taylor recognizes that she is having a stroke and so consequently knows how to react (pp. 44–59), or recognizes that she can use color (p. 99). (On a more mundane level, Taylor says that she used inner speech to remind herself of things to do and, as “*a very busy woman*” [p. 46], she may frequently have had to do this.)

Taylor’s depiction of her state, which is supposed to be lacking inner speech, incorporates complex explanations, comparisons with and evaluations of previous (supposedly unavailable) states, clichés, and folk psychology. How much of this is the result of retrospection is unclear; some of it is perhaps an attempt to convey un verbalized feelings (e.g., voices were “delightfully” silent), and some comparisons between past and present (as when she experiences “grief” and “relief” at the loss of her verbal self—p. 68) are perhaps plausible without concurrent language. To account for her remembering her experiences, she tells us, “I was not unconscious. . . . I retained both the consciousness of my right mind and the consciousness of the cells making up my body. . . . Parts of me remained alert and continued processing instantaneous information” (pp. 71–72); “It really was fascinating for me to watch and experience myself during those earliest stages of recovery” (p. 78). So she might have been aware of what was missing while suffering from her stroke. (What she means by “the consciousness of the cells making up my body” is unclear; in her talk, she characterizes these as speech-like: “I could actually hear the dialogue inside of my body, I heard a little voice saying, ‘Ok, you muscles, you gotta contract, and you muscles, you relax.’”) Yet there are still puzzles about how she *could* describe her experience as she does. For example, Taylor (p. 67) writes, describing her experience: “Without a language center telling me: ‘I am Dr. Jill Bolte Taylor. I am a neuroanatomist. I live at this address and can be reached at this phone number,’ I felt no obligation to being her anymore”—how can such an experience occur without language? How can one feel no obligation to something unformulatable? If we accept that she had *no* experience of language, then her description on pp. 67–68 (quoted fully by Morin on pp. 11–12), deleted of comparisons, explanations, memories of her past self, etc., becomes “In my mind, in my perspective, I existed; I was.” Perhaps we could add “and this was different from what I had been experiencing”—but how could she make this comparison?

In describing what Morin calls her disturbed “sense of individuality,” Taylor uses cliché and folk psychology: her consciousness “soared into an all-knowingness, a ‘being at one’ with the universe” (p. 41). Given that she elaborates how much she did *not* know, it is hard to see how she could have moved into “all-knowingness”; I suspect that this might be better called “all-not-caringness.” Likely “being at one with the universe” is identical to “not having physical boundaries.” When Taylor writes that she had “stepped beyond” individual self-perception (p. 61) and “no longer perceived myself as a whole object separate from everything else” (p. 42)—a perception that came and went—she is perhaps describing the result of not “perceiving temperature, vibration, pain, or proprioception” during her moments of elation (p. 79). Indeed, she says she “no longer perceived myself as. . . an entity with boundaries” (p. 69). If you can’t feel your body boundaries, you would feel like what you imagine a fluid would feel (p. 69)—an interesting form of kinesthetic-visual matching (between bodily feeling and visual experiences of fluids), as of course she has never been a fluid! Yet she *acted* like a bounded entity from the time of her stroke (when she moved through space, recognized and reacted to her relative position, and even used her paralyzed arm as a mnemonic device by placing it atop numbers she had just dialed to remind herself of this—see Taylor, *no date*), through the eight years it took her (p. 129) to lose the feeling of being a fluid: she understood her relationship to objects outside herself and where her bodily pain was located, and experienced her mother’s body wrapped around her (e.g., pp. 74, 87).

In thinking about Taylor’s experiences, I found it useful to compare her senses of self to my conceptualization of three organized forms in the development and evolution of self, each of which incorporates a multiplicity of programs like those Taylor envisions as comprising the self (see Mitchell, 1994; Mitchell, 2002). In the most inclusive (and earliest) form, the self is largely an implicit point of view (attention) that experiences, acts and has emotions and feelings. Such a self might be present in one’s normal perceptual experience and in someone’s dream as the observer of the dream, and might also be many animals’ only self. The second form assumes the first, and is built on kinesthetic-visual matching, which leads to self-recognition (as in a mirror), imitation of others’ bodily actions, and imaginative experiences of fantasy, planning, and daydreams, contributing (in its development) to perspective taking and the beginnings of theory of mind (which would include empathy). Socially intelligent animals such as apes, humans, some cetaceans, and elephants have such a self. This form requires embodiment as a visual and kinesthetic creature (the blind can develop a comparable self through tactile-kinesthetic matching), and seems present in dreams in which we “see” and feel embodied in an image of ourselves. The third form is built on symbols, language, and artifacts, all of which provide external support for shared cultural beliefs, social norms, inner speech, dissociation, and evaluation by others as well as self-evaluation. I suspect that any “self-awareness” in the first form would be implicit and better described as attentional awareness; self-awareness in the second form would be based on embodiment, and involve identification of one’s mental states as one’s own; self-awareness in the third form would be based on speech, both inner and outer.

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