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*There is but one temple in the universe
and this is the body of man.
Nothing is holier than this high form.
Novalis*

Body Image Disorders

A unique field of bodypsychotherapy

As point of departure for the ideas in this article, I would like to relay an experience from my childhood.

I was not yet five years old when I was lying alone in my bed at night and I started experiencing strange and new body sensations. My inner images of loneliness and emptiness changed into scenarios outside of my control. I was walking along a path the contours of which were increasingly dissolving eventually consisting of nothing but flowing colours. In addition to this my fear made the scenario go faster which increased my fear all the more, thus further increasing the tempo of the experience. There was also a feeling of space which became wider and larger, somehow limitless and in that it was also somehow soothing. Almost by accident I noticed my hands, which seemed huge, and streaming sensations flickered through my body. There was so much tranquility in this relaxed expansion. And it was still accompanied by the fear that I might freak out and so I did not dare at the time to confide these unusual sensations to another person.

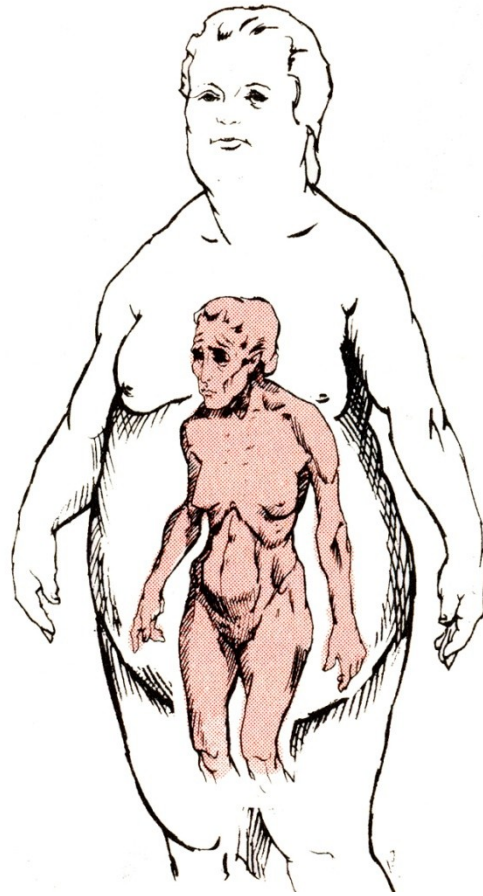
I would have forgotten all of it if I had not read accidentally Michael Ende's book 'Momo' more than ten years later. There is a 'street' in this story where the same sensations appeared as in my dreams as a child: the more restless the spirit moves in this street, the faster Momo is carried by the turtle and as soon as there is a calming down in Momo the street seems to emerge out of time so to speak. (1)

I later found the experience of the augmented hands referenced by Wilhelm Reich as an expression of early sexual sensations. (2) Coming from a home with a mentally ill mother, I had the tendency to see unusual physical sensations as something that might be pathological and hence went to great lengths to not let anything like this show. Although understandable in my family context, the habit of hiding also prevented me for years from getting a clarifying feedback from my male and female friends and thus the understanding that these sensations were common in society and normal. Both aforementioned texts made it obvious for me that these sensations are rather common in the human context of experience and hence I was able to deal with them in a more conscious way.

For this text I would like to stay with these rather diffuse terms and write about the importance of these phenomena for the bodypsychotherapeutic practice. Terms like 'body image, body schema, subtle body, astral body or dream body' and much else are being used in the discourse. Our clients, too, use these terms to describe their experience - intuitively in the beginning - before getting to a more detailed understanding of their experiences.

I will begin with short case descriptions involving a body image disorder:

- First of all there are of course the common disorders of the body image known from people with eating disorders, namely anorexic and bulimic clients who usually perceive themselves as extremely fat, as well as some adipose patients reversely perceive their body as thin and petite. (3/4)
- Then all those disorders of the body image resulting from a disorder of the nervous system, for instance sensomotoric neuropathy or diseases of the myelinated layer of the nerves, in which a failure of traditional physiotherapeutic treatment is common, because the nerve connections with the client's consciousness are damaged. (5)
- I am reminded of those clients who usually describe their body as standing in front of them or hovering above them while being asked about their physical state or during body exercises. This means that they are not able to perceive their body within the confines of their own skin.
- In trauma therapy, there is a series of diagnostic references regarding 'dissociations' from a person's body image (i. e., the people concerned find themselves, due to stress, as feeling out of their body, either standing next to their body or behind it, or the dissociative disorders of people suffering from schizophrenic psychoses (coanesthesia or delusional modifications of their organ experience).
- We will then have to name the so-called 'neglect' disorders of stroke cases in which body image on one side of the body is missing (as if that part of the body did not exist). In



extreme cases people behave as if these body parts did not belong to their body any more. (6/7)

- In a fifth of our clients, we find a fragmented body image. We used to call these disorders 'schizoid character types'. (8) They are now classified among clients with early disorders, in which ego development was impaired at an early age and therefore, these clients were not able to develop a complete body image.
- People with near death experiences, such as Peter Nádas, also talk about perceptual changes to their body image. (9)
- In his book, 'Quantenmensch', Michael Murphy documented examples of extraordinary modifications to the body images of competitive athletes. (10) The outer appearance of the physical form was changed, among other things, by visualization exercises or by the martial arts, where the perception of one's own body in space was extended into cosmic dimensions.
- We know from shamanic dream work that there are people who experience their own body in dreams, thus having physical experiences, which do not seem possible in reality, as it is generally understood: flying or being eaten by wild animals without dying (examples in: Patricia Garfield, 11, pg. 166 and Carlos Castaneda, 12, pg. 35 et seq. and pg. 150 et seq.).
- When standing at the helm on my first sailing trip, I experienced once more the effectiveness of 'modifications to the body image': Just like a car driver who learns to get a 'feeling for the outer limits/movements' of his car, a skipper learns how to develop a sense for the movements of the hull so that the helm can be handled more easily. Thus, they do not have to use a compass to balance each course deviation when they cross the crest of a wave, although they still notice the basic deviations. This means that they expand their 'body image' downwards until it is the size of the ship's hull.
- Facilitators of cranio-sacral movement therapy achieve better treatment success when they can imagine the connections of the cranial bones in a more detailed way. This takes place in areas of the treatment where the motility of the bones is below one millimeter!
- As to the plasticity of our body image, I will finally report Vilaynur Ramachandran's experiment of 'Pinocchio's nose':

„Your own body is a phantom which your brain has construed temporarily simply for practical reasons. I know this sounds unbelievable, hence I will prove to you how malleable your body image is and in what a short time you are able to significantly change it. You need two helpers for the first illusion. I will call them Julia and Mina. Sit in a chair, let your eyes be blindfolded and ask Julia to turn towards you and to sit down in the chair in front of you. Ask Mina to stand at your right side and give her the following instruction: 'Take my right hand and bring my index finger to Julia's nose. Move my hand rhythmically back and forth, so that my index finger repeatedly touches her nose in random intervals, just like a Morse code. Touch my nose with your left hand in the same rhythm and at the same time intervals. You have to touch my nose and Julia's in complete synchronicity. With a little luck, you will have the eery illusion after thirty or forty seconds that you are touching your nose somewhere outside of your body and that your nose has transformed and is now half a meter long. The more random and unpredictable the sequence of touches, the more astounding the illusion.“ (13)

All these examples indicate that next to the physical body, which we realize by observing it in a mirror or by the touch of other people, **we possess a second 'inner' body**, so-to-speak, which is only available to our own perception.

Since Hippocrates' antique case descriptions (14), there are indicators that the first expressions of falling ill or getting healthy takes place during a change to this so-called body image. I have the impression that in present literature the Swiss physicist and Jungian training analyst, Arnold Mindell, follows this question most clearly, for example in his book: 'Der Leib und die Träume' (15) or more recently in: 'Quantengeist und Heilung' (16).

Later we will address Frank Röhrich's statements, which, since the nineties, have been carrying on intense research surrounding these questions.

In other cultures, too, there are indications of the existence of such a body. Tibetan Qi Gong, for example, speaks about the development of a 'rainbow body', which is said to be able to

vitalize the physical body. There are also stories, which seem strange to us Westerners, about a person who has experienced the rainbow body and who, after his death, leaves no other remnants of the physical body except some hair and fingernails. (17)

In anthroposophy, there are practices 'to experience the astral body'. This means that the experiences of a dreaming people, those who are out of the physical body and who can even perceive it from the outside, are still able to describe it and even move it: *„...that the 'I' that is out of the physical body appropriates images of life in the dream which it usually appropriates in the outer reality via the physical body.“* (18)

Have we always possessed this 'second body' (19) or do we have to understand it as an anthropologically new evolutionary acquirement?

The indication of the philosopher Jean Gebser is remarkable for me in this context, namely that the representation of the physical body has always stayed two-dimensional until the 15th century (i.e. in the church's iconography, in the art of weaving carpets and in paintings). In this century, there were several scientific discoveries that also essentially changed the perception of the human body: Kepler's discovery of the planets' movements founded the transition of the geocentric to the heliocentric world view. Galileo Galilei clarified that the celestial bodies, as well as the earth, are not discs but balls. He thus created the preconditions for a change in the perception of space. The important anatomist Vesalius eventually broke the church's taboo of opening the human body. Through his anatomical studies, people in our cultural realm were, for the first time, able to get to know details about the interior of their bodies. (20) In his important work about the body image in ancient Egypt, Hans Georg Brecklinghaus (20) writes, that, although the artistic representation of humans took place in the form of reliefs at the time, there was already a three-dimensional self- and body perception, although he does not prove it any further. Schipperges (22) quotes Albertus Magnus from the twelfth century: *'As an animal perfectissimum man is a model for that cosmos that is planned in a transparent way from above, from below it is formed in layers, seen from the inside it is so transparent that it has all its creatures participate in being to various degrees.'* It is

questionable if the perspective of a medieval universal scholar also corresponded to the experiential reality of people in those days.

At the turn of the 20th century, we eventually find the first texts with a detailed description of the body image. Bonnier (23) already assumes that there is possibly a place for it in the central nervous system. He assumes that the body image is part of our phylogenetic heritage and that it is, as such, the foundation of essential functions concerning our attitude and behaviour. He also describes that *'we do not register many functions in their normal state but only when there is a dysfunction.'* It is my hypothesis that with the discoveries of the 15th century not only the perspective in paintings came into existence but also a new perception of the human body. (Gebser talks of the change of the theocentric to the anthropocentric world image.) This physical perception of the inner space has to be seen as a rather new human ability. In our process of becoming a human being, we have to learn it individually in the pre- and perinatal phase. From attachment research, we are able to understand today how vulnerable we are when we establish it and how significantly it can negatively affect our lives when this process is disturbed. I assume that there is a neurologically fixed part of that body image in us, one which has been passed on phylogenetically, and another part that gets established in our early relationships. Only do we get conscious of its existence when there are dysfunctions, injuries and accidents to our body image. We also have to expand our body image when we have to master special challenges in the fields of arts or sports.

Let us sum it up - the existence of our body image enables us to the following everyday activities:

- to notice how our body and its individual parts are organized, how far it is extended and if there are any deviations to common physical experiences without having to check them visually. Thus, we are able to estimate the power, extension and speed of our movements and their relation to certain objects: we touch a glass of wine in a different way compared to the touching of a rugby ball without having to think about it.

- to orient appropriately in time and space: To know up from down, right from left. Because we are able to sense ourselves now, we are also able to determine the past and the future. With the help of our body image, we are thus able to find out in front of a mirror which physical representation of our body we are occupying due to practical reasons.
- to perceive our physical needs in a differentiated way and to gauge their fulfillment through our actions or the contact with other humans, animals, flowers, stones. This allows us to feel our hunger, our longing for touch or to feel the surface of a diamond.
- to intensify experiences by increasingly associating with the body or weakening their impact by increasingly dissociating. In this way, we are, for example, able to influence how we deal with pain.
- have our body assume certain conscious or unconscious positions, or to learn new positions which will later become part of our automatic repertoire of behaviors (for example, how we get up, how we sit, how we ride a bike and how we walk). This gives us, on one hand, the freedom to occupy our mind with other things while acting (i.e. where do I want to go to, etc.). It narrows our behaviour, on the other hand, when we have forgotten how to change a compromising automated behaviour. (Once we have a certain automated head position when we are reading, we will then have a hard time to figure out how we can read without tensening.)
- to review/expand our skills in situations that are merely imagined: to anticipate an action in our mind so often that we eventually dare to act on it (or in the case of examining fright, until we scare ourselves more and more). To expand the physical sensation of our body as the driver or the skipper to the size of the whole vehicle while using it at the same time; to anticipate achievements in sports on a visual level. There are examples for these visualizations having a tangible influence on our physical appearance, the so-called phenotype. (24/25)
- to adapt our behaviour to various realities: to let our body fly in a dream, for example; to be eaten by beings from our dreams and to still know where we are; to have conversations with plants in our imagination and to learn how to understand our sense of hearing in an inner dialogue.

- to perceive perturbations of our mental state and to adapt our behaviour appropriately before our physical body falls sick, or - when we are already sick - to act in a way that has a regulating/balancing effect on our physical body. (When we sense what would be healthy we can behave in a suitable way.)

In summary, it can be said that there is a well established assumption for the existence of a so-called 'second body' in our tangible reality.

This is revealed to people in various life situations, and it has been given different names throughout history. The original matrix of the 'body image' possibly even involves a certain plasticity, so that it develops dynamically by training and changes in the consciousness into fields that seem mystical to us humans of the Western culture.

How can we theoretically explain such a body image?

To this end, we want to examine the existing theses in the relevant fields of research. Part of the phenomena described could be explained by 'changes in the nervous conduction or by changes of the representation in a somatosensory homunculus. (26) For example, if we are dealing with the failure of body image aspects through a disease impairing the afferent pathways or of their respective representations in the cortex, as it is found, for example, within the neglect syndrome.

Ramachandran's experiment 'Pinocchio's nose' clarifies that our brain organizes realities that are organized according to probabilities (i. e. according to habits, even if the result of a given representation seems rather bizarre). This leads us to those aspects of the body image experience which have to do with perceptual psychology. How detailed, how deeply and in which consistency we experience our body is directly connected to what we experience on a physical level and what we have experienced in our life. 'Pinocchio's' dissociation or a trauma patients' stress related dissociations could provide researchers with indications as to which brain area is the origin of body image disorders.

Singer (27) explains neurobiological connections which let us recognize how the brain deals with itself and how 'meta

representations of one's own states' can come to existence 'by iteration of cognitive operations and reflexive applications on oneself. He does not only explore the human body image, but also searches for an explanation of the existence of our self-awareness.

Furthermore, we know from infant research which kinds of sensory and movement experiences are needed to develop a complete body image and by which interventions this experience can be neurologically enhanced at an early age. (28)

But how can we understand the 'out-of-body' aspects of the body image?

In the framework of this article, we first have to free ourselves from the imprecisions of an esoteric view of these experiences. Hence, we postulate that all experiences in this regard have to rest on the changes of the incoming sensual stimuli. Hans-Peter Dürr describes in his book, 'Traumzeit', (29) how such phenomena are made possible by substances that have a sedating effect on the skin receptors. We also know that sensomotoric and kinesthetic perception is decreased in patients with dissociations.

Does this mean that if somebody has out-of-body experiences (consciously induced or due to illness) we have to assume a dysfunction of the sensomotoric feedbacks of the skin stimuli or of the sense of gravitation in a person's vestibular system?

One option to get to clearer solutions in this situation would be a study on potential body image disorders with astronauts who were in a state of weightlessness for a longer period of time and who suffer from exactly the same lack of sensomotoric feedback. We assume this is the basis of out-of-body experiences.

Or we turn towards the well documented neuroimmunological effects of visualization exercises in oncologic treatment and allergy research. Can we infer from our consciousness' capacity for cell changes that it could be possible to separate proprioceptive and kinesthetic sensual experiences from their sensory input, so to speak, to then transfer them to another (i. e. imagined or dreamt reality) and to thus get to a sensation of the body image as if one was flying? Dysfunctions of the body image would then only be

creative imaginings of our mind. Would it then also be possible to explain the rainbow body phenomena of the Tibetans with the help of recent space-time-models such as Stephen Hawking 'wormhole theory' (30) or Brian Green's model on 'teleportations' (31)?

If we follow these speculative assumptions, we can understand why people with a so-called 'body integrity identity disorder (BIID) syndrome' sometimes feel that one of their extremities, which is experienced as strange and lifeless, came from a 'former life'. For a practitioner, it is amazing that there is this rare research that unanimously reaches the result that people can have a completely normal life after a successful amputation (32).

If we now want to describe the variety of bodypsychotherapeutic approaches when dealing with body image disorders, we need to differentiate first and foremost between the various notions. To that, I mainly follow the basic differentiations developed by Frank Röhricht and the '*Dresdner Werkstatt Körperbild*' (Dresden Workshop Body Image) (33).

Röhricht et. al. differentiate between methods

- aiming at the establishment of a 'body schema' (approaches of perceptual psychology),
- aiming at our body knowledge and the fantasy about our body, making the 'body-self' tangible as connected with or differentiated from outer relationships, and which allow a differentiation between the outer and inner perception
- on the topic of our emotions when we deal with our body or our satisfaction or dissatisfaction with its existence - the so-called body-cathexis - and finally methods
- dealing with our 'physical expression' (facial expression, gestures, posture and movement patterns).

In that we are distinguishing already which approaches are considered relevant for which possible clinical disorders.

Thus the approaches of the psychology of perception are considered basic for the therapy of body hallucinations that go along with a psychosis. Approaches referring to the 'body-self' are of paramount priority for the treatment of the aftermath of a trauma and the so-called functional disorders. Some authors also report a

relation of test procedures concerning the diagnosis of an existing disorder and its dynamic therapeutical process.

If we have a look at the field of work of bodypsychotherapeutic approaches, as it is presented in the current standard of work regarding the variety of methods (34), we discover another field of applications based upon the influence of the 'body image' in its various presentations. Among them we find neoreichian therapies, such as orgon medicine or vegetotherapy, dance therapy, catathymic image perception, structural therapy methods (such as rolfing and postural integration), psychosomatic therapy. We also find the work with body image disorders in clients suffering from eating disorders and patients suffering from schizophrenia, analytical methods working with the 'embodiment of the unconscious', pre- and perinatal psychology and the neurological promotion of development. The sensomotoric processing of posttraumatic disorders, breathing therapies, movement education and the application of neurophysiological findings in the educational field of learning, the use of imaginative approaches in (competitive) sports up to the methods of transpersonal psychology such as Felicitas Goodman's trance techniques.

Even though this cannot be a complete enumeration of all procedures that have to be mentioned in this context, it still clarifies just in how many professional fields specific body image techniques find their implicit or even explicit application. It also clarifies how meaningful a comprehensive development of specific therapeutic tools can contribute to a greater efficiency of the approaches.

Résumé

The Fall of Man has taken place. We have eaten from the tree of knowledge. Ken Wilber would probably write that we have left the self that merely conforms with regulations and roles and strive to recognize our uniqueness that is conform with our conscience. In doing so, we have left the basic unity of body mind and soul. We are alienated. The body no longer is the 'basis of our perception' (36) and does not serve anymore as a 'sensitive instrument of our knowledge' as it was postulated by the sensualists in the 17th century (37) and as Goethe loved it.

The body has long become an object of our volition: it is subject to ideas of beauty, as it is the case in the new excessive body cults around bodybuilding, tattooing or piercing (38) and it has to be altered according to our personal ideal image of it. It is deprived of ageing naturally and is subjected to all kinds of anti-ageing concepts. Embryos are bred using in vitro fertilization methods and they are examined for genetic diseases before they are born. The search for the ideal, allergy free, attractive designed embryo clone without any cancer genes is already a reality in our society. The last remaining or developing defects will eventually be cured by invisible neuroprotheses.

Bodypschotherapeutic approaches with their possibilities of working at the restauration of coherent experiences in a person in its varied forms of expression will play an important role in this culture in the future. The treatment of dysfunctions of the so-called 'second body' is of practical importance in as much as a correction on this level of experience. This seems to precede all other aspects of our phenotype, i. e. our physical appearance in a reality of consensus. New and further research in this still young field of scientific and practical findings can certainly be regarded as a central endeavour to the professional relevance of bodypschotherapy in the realm of psychotherapeutic approaches of the health system.

A fast and result oriented collaboration of all parties involved is of high importance for the well being of the psychosocial development. In that sense, the author wishes a varied and creative feedback to this article.

Bernhard Schlage, Hannover, March 2009

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