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TABLE OF CONTENTS

4 Editorial

Jacqueline A. Carleton, PhD

7 The Present as Morphogenesis

Stanley Keleman

ARTICLES

9 Idealism & The Goals of a Psychotherapeutic Process
Michael C., Heller, PhD

39 **Body Image Disorders**

Bernhard Schlage, MA

50 Military Culture and Body Psychotherapy: A Case Study Diana Houghton Whiting, MA

63 Filling the Holes-in-Roles of the Past
With the Right People at the Right Time

A way to open the door to happiness in the present Albert Pesso

BOOK REVIEW

88 A Review of Barnaby B. Barratt's

The Emergence of Somatic Psychology and Bodymind Therapy Christina Bader-Johansson, MSc

PANTA REI

The image on the cover is an oil painting by Eugène Brands, entitled 'Everything Streams'. It refers to 'Panta rei', the principle that everything moves, changes and transforms all the time (Heraclitus, Plato, Aristotle).

Editorial volume 12 · number 2 · fall 2013

Well, this is our second or twelfth year of publication, depending on whether or not you are counting the *US Association for Body Psychotherapy Journal's* ten years as a precursor of *the International Body Psychotherapy Journal: The Art and Science of Somatic Praxis*. In seeking to fulfill our mission to reflect, define and validate body psychotherapy in the global community, we are moving in ever-widening circles of connection and diversification. Since the transition two years ago, we have been committed to an open access, online publication with the alternative of print subscriptions for those who wish them. As I write this, our own website is in preparation and will be up in the next month or so. Its address will be www.ibpj.org. That means that the IBPJ will be accessible from three sources: the EABP website, the USABP website and its own website, in addition to being sent as an attachment to all members of both organizations.

As a part of our goal to disseminate the practice of body psychotherapy as widely as possible, we are committed to actively coordinating our other publications, events, and social media. We are planning to participate actively in the 2014 EABP Conference in Lisbon as well as the USABP Conference in 2015. Nancy Eichhorn, the editor of *Somatic Psychotherapy Today*, and I are in constant communication about the content and needs of both periodicals, and Nancy also serves on our editorial committee. The same is also true for Serge Prengel, who hosts an ongoing series of thought-provoking conversations with a broad range of practitioners and thinkers on *SomaticPerspectives.com*. Social media are also utilized, as by Serge whose Somatic Perspectives group on LinkedIn, with 2,500 members to date, is a place for stimulating discussions on such topics as Embodiment or The Role of Touch in Psychotherapy (see linkedin. SomaticPerspectives.com).

In forthcoming issues, we will be presenting and encouraging dialogue among contributors in two related forms. Editorial committee member Asaf Rolef Ben Shahar has invited Nick Totten to begin a series of dialogic articles on the concept of the self in body psychotherapy. Upon receipt of Nick's article, Asaf will invite comments from three colleagues, which will be published along with the original article and Nick's closing reply to them.

I have invited experienced clinicians to present case histories which will then be commented on by their colleagues. Colleagues will be asked to propose alternatives and then the original writer will write a rejoinder, which will include further information on the treatment presented along with comments on colleagues' suggestions and ideas. We would like to experiment with this form both within and between modalities. We hope such dialogues will become regular features of the *IBPJ*.

Honoring our subtitle, *The Art and Science of Somatic Praxis*, we begin this issue with a poem by Stanley Keleman. A pillar of body psychotherapy since the 1970's, he allows us to publish "The Present as Morphogenesis". Much of Stanley's work in other genres is initially birthed by him in poetic or sculptural form, so it pays to watch his subsequent work to see how it unfolds. At this point in time, he is just finishing a DVD of his seminal work, *Emotional Anatomy*. It is a semi-animated version of the text with added material about the exercise protocol and the dynamics of Formative Psychology.

Michael Heller actively participates in many of the above-mentioned venues of communication amongst body psychotherapists. Best known at the moment as the author of the magnum opus, Body Psychotherapy: History, Concepts and Methods, published by Norton in its English translation by Marcel Duclos in 2012, and reviewed in our last issue, Michael has also been a guest in the *SomaticPerspectives.com* series and has hosted a discussion of the goals of psychotherapy in the Linked In group. Inspired by that experience, he delves further into an aspect of the topic that particularly interests him in his article entitled, "Idealism & the Goals of a Psychotherapeutic Process". In this thoughtful essay, Michael explores several issues in the formulation of aims for psychotherapeutic treatments, especially for those including the body, clearly more interested in the questions and dilemmas than in any singular conclusions. He begins his discussion of this complex topic by pointing out that, "no one seems to know how to differentiate a mental illness from spontaneous manifestations of the imperfection of nature", citing the presently controversial treatment of ADD in children. He then moves on to the philosophical underpinnings of the discussion of aims of psychotherapy, contrasting the idealism of Plato with that of another Ionian philosopher, Heraclitus, in whose wake he places Spinoza, Darwin, and ultimately Wilhelm Reich. He poses the question whether psychotherapeutic treatment should take harmony and coherence as its goal, or whether it is better to aim instead for an enlarged capacity to manage conflictual forces both within and without of the organism. And, what of habitual responses of all kinds?

Can we embrace empirical idealism which assumes one form of adaptation is better than any other, or may we embrace the variety that otherwise ensues? Is our first concern building an intimate relationship with a new patient or alleviating symptoms? And, what about the ethical considerations around who, therapist or patient, decides on those goals either overtly or covertly? And, is there a main or initial cause of present symptoms that we should seek to uncover? Questions such as these engender illuminating but ever-inconclusive treatment. He concludes that while there may not be major differences between practical aims of a psychotherapy process, each practitioner/school rationalizes them quite uniquely. The editors along with Michael invite you to submit your own questions and thoughts thereon for publication in the next issue of the *IBPJ*.

A similarly speculative point of view is taken by Bernhard Schlage in "Body Image Disorders" as he attempts to open inquiry into the realm of what he calls the "second body". Taking a childhood experience of his own as a point of departure, he speculates on how this body might be linked to the physical body and the brain both in present and past cultures, some of which were more comfortable with body image variations than the culture from which he writes. He argues that body psychotherapy is in a unique position to work with both bodies and goes on to evaluate neuroscientific and neuroimmunological evidence for their usefulness in such treatment. In conclusion, he invites feedback from readers who share his interest in this burgeoning field of inquiry and treatment. We would add that this discussion has a sociocultural relevance as well as we watch the globalization of serious, often life-threatening body image disorders such as anorexia nervosa along with its more recent and equally serious companion, obesity.

In "Military Culture and Body Psychotherapy: A Case Study" Diana Houghton Whiting describes 10 weekly body psychotherapy sessions with a 65-year old male veteran of the Vietnam war who has been in a variety of treatments for PTSD over the last 15 years. Diana

was able in that brief time to help the client bring more awareness to his body, his emotions, and many habitual responses. She points out that attention to signals from the body is the exact obverse of military training to suppress bodily sensation in order to complete the assigned task. She briefly describes the process by which a civilian becomes a member of the military, "a welloiled machine", and how that can make re-entry for some quite difficult, especially for those who carry trauma. Although neuroscientific research has made some inroads, the American Veterans Administration only approves evidence-based therapy modalities for this enormous and underserved population. The need for research in the field of body psychotherapy is clearly urgent. This article fulfills a requirement for the Master's degree at Naropa University in Boulder, Colorado. We applaud the practicality of the necessity for each student to undertake a project that results in a publishable article rather than a "thesis" of some sort that might just sit on a shelf somewhere gathering dust.

Albert Pesso, along with Diane Boyden, founded the Pesso-Boyden Psychomotor System more than 40 years ago. As I mentioned in the last issue, I was privileged to be a member of one of their very early groups at the Charles Street Meeting House in Boston. "Filling the Holes-in-roles of the Past with the Right People at the Right Time" outlines and simultaneously illustrates how initial questions about how some performers are able to do some moves that others cannot has become a very carefully worked-out and implemented modality of body psychotherapy. No stranger to their work, I found myself again and again confounded by the precision of the interventions described. What is particularly helpful are the minute dissections of each intervention with its theoretical and cultural bases explained. Questions seem to be a theme of this issue, and Al poses many: What can make the present feel that awful? Does it matter that interventions are in the here-and-now rather than the there-and-then when they were so urgently needed? What are the most basic drives/instincts in all living things? What three motivators propel most human behavior (one of them may surprise you) and what are two underlying, genetically available primordial energy systems needed to successfully maintain life? His answers to these questions provide the very specific bedrock of the work described. Concepts and principles continue to come up and be discussed in the course of a single "structure". His moment-by-moment tracking of therapist, client and participating group members provides a window into a concise and detailed set of interventions that lead to a not unforeseen conclusion.

Finally, we have a review of Barnaby Barratt's important new work, *The Emergence of Somatic* Psychology and Bodymind Therapy. It is described and analyzed by Christina Bader-Johansson.

I would like to take this opportunity to honor and thank our abstract translators: Albanian, Enver Cesko; French, Marcel DuClos; German, Elizabeth Marshall; Greek, Eleni Stavroulaki; Hebrew, Rachel Shalit; Italian, Fabio Carbonari; Russian, Evgeniya Soboleva; Serbian, Sasa Bogdanovic; Spanish, David Trotzig, The abstract of each article in the issue is translated into these languages and posted on the websites so that people for whom reading in English is a challenge can get an idea of whether they want to wade through a particular article. This is a very important service and other languages are welcome. Please volunteer!

Jacqueline A. Carleton, PhD New York City September, 2013

The Present as Morphogenesis **Stanley Keleman**

June/2013, Berkeley Ca

The body the serpent of animation

a ripening morphing from less to more,

from a skin,

into a cortex,

the octopi of division and differentiation,

that forms the pointillist

living sky, a pointelle

of throbbing delights,

brightening the nights,

ink,

with its tongues

desires,

slithering from within

by the body and brain

the twins

grow starlight's,

flowers, within,

the cosmic armature

in intimacy,

of lying face to face,

bending and blending

pulsing together,

in a gastrulating

giving and receiving.

appearing and disappearing

within the conceived world,

a hovering, wave,

waiting,

until death, to stay

in the deep silence

of dynamic intimacies

morphogenesis,

the molten, lava

that illumines.

the face,

and sends

echoes to the lips,

announcements,

there is time,

enough,

to be a presence

in the present

we make,

for our time,

which is the lived

embodied life we form.

BIOGRAPHY

Stanley Keleman PhD is the director of the Center for Energetic Studies in Berkeley California, where he teaches the Formative Approach to human development. Awarded a PhD in Human Letters from Saybrook Graduate School in 2007, he is also the founder and developer of Formative Psychology, the director of research at the Center of Form and Development in Zurich, Switzerland, and a visiting lecturer at the Spectrum School of Humanistic Psychology in London, England. He has authored the pioneering books Emotional Anatomy, Embodying Experience, Your Body Speaks its Mind, Insults to Form, Living Your Dying, and Myth and the Body, in addition to numerous clinical books.

Email: skeleman@aol.com Website: www.centerpress.com

Idealism and The Goals of a Psychotherapeutic Process¹ Michael C. Heller, PhD

Submitted 19 March 2013; received in revised form 26 June 2013; accepted July 2013

Abstract

This paper deals with the difficulty of proposing a short explicit list of the aims of a psychotherapeutic treatment that can be accepted by most psychotherapists. It presents a series of issues on the subject as a form of "mind sharpeners" for colleagues. In the first part I will show that a discussion on the aims of psychotherapy often raises implicit ideological issues such as those which are inspired by various sorts of philosophical idealism. I will then specify what we would need from scientific research to improve our understanding of the aims of psychotherapeutic processes. And finally I will discuss a few issues that haunt me when I practice psychotherapy.

Keywords: psychotherapeutic cure, aims of a treatment, body or somatic psychotherapy², efficiency, implicit and explicit assumptions, idealism, coherence/incoherence of human nature.

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As man thrived in different regions of the globe, he increased in number, established himself in society with fellow creatures, and finally progressed and became civilized. His delights and his needs increased and became more and more diversified. He developed increasingly varied ways of relating to the society in which he lived, which, among other things, generated increasingly complex personal interests. His inclinations subdivided endlessly, and generated new needs that activated themselves beyond the scope of his awareness. These grew into a huge mass of connections that control, outside of his perception, nearly every part of him (Lamarck, 1815, Natural History, p. 278; translated by Michael C. Heller and Marcel Duclos).

Introduction

Concerning Man (...). I desire to contemplate him from this point of view – this premise: that he was not made for any useful purpose, for the reason that he hasn't served any; that he was most likely not even made intentionally; and that his working himself up out of the oyster bed to his present position was probably a matter of surprise and regret to the Creator (Mark Twain, *Autobiography*, 2012, p. 165).

¹ I would like to thank Jacqueline A. Carleton, Diane Cai and Jill van der Aa, editor and associate editors of the International Body Psychotherapy Journal, for helping me with my English and editorial requirements.

² For the moment somatic and body psychotherapies designate the same schools. I therefore use them as synonyms, although I suspect that the difference of name covers differences that will be clarified in the future. Somatic psychotherapy is mostly used in North America, while body psychotherapy is mostly used in Europe.

MICHAEL C. HELLER, PhD

BODY IMAGE DISORDERS

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Body Image Disorders Bernhard Schlage, MA

Received 12 November 2012; received in revised form July 2013; accepted August 2013

Abstract

Coming out of a childhood experience of an 'expanded body image', this paper postulates the existence of a so-called 'second body', a body different from but linked to the physical body and how this body relates to parts of the brain. Drawing on historical and cross-cultural research, the author shows how this 'second body' can help us toward a better understanding and therapy of various body image disorders and phenomena, such as anorexia/bulimia, neuropathies, dream states, body dissociations, and body neglect phenomena. This article seeks to avoid descriptions of phenomena in practice, and instead focuses on different definitions and models of understanding in the hope of coming to new modes of working with these phenomena.

Keywords: body image disorders, neuroplasticity, peripersonal space

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Body Image Disorders: A Unique Field of Body Psychotherapy

There is but one temple in the universe and this is the body of man.

Nothing is holier than this high form.

- Novalis

As a 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 one night and started experiencing strange and new body sensations. My inner images of loneliness and emptiness evolved into scenarios increasingly out of my control. I was walking along a path, the contours of which were increasingly dissolving, eventually consisting of nothing but flowing colours. My growing fear made the scene play 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 in its limitlessness it was also 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. It was still accompanied by the fear that I might in some way lose control and so I did not dare confide these unusual sensations to anybody else at the time.

I would have forgotten about all of it if I had not accidentally read Michael Ende's book Momo (1973) more than ten years later. There is a "street" in this story where the same sensations appear as in my childhood dreams: the more restless the spirit moves in this street,

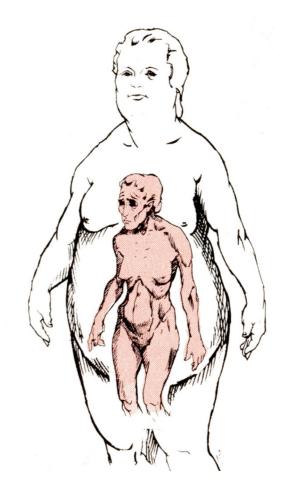
the faster Momo is carried by the turtle and as soon as there is a calming down in Momo the street seems to emerge out of time, so to speak.

I later found the experience of the augmented hands referenced by Wilhelm Reich as an expression of early sexual sensations (Reich, 1987; Reich, 1942). 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 not to let anything like that show. Although understandable in my family context, this habit of hiding prevented me from getting any clarifying feedback from anyone for years and thus also the understanding that these sensations were considered normal in society. Both aforementioned texts made it obvious to me that these sensations are rather common in the human context of experience and so I was able to deal with them in a more conscious way.

I would first like to stay with these rather diffuse terms and write about the importance of these phenomena for body psychotherapeutic practice, so as to give an introduction to the wide range of items that will be touched upon while looking at this theme. Terms such as body image, body schema, subtle body, astral body, dream body, and much else will be used in the discourse. Our clients, too, use these terms to describe their experience — intuitively in the beginning — before approaching a more detailed understanding of their experiences.

I will begin with short descriptions of phenomena pertinent to the practice of body psychotherapists which probably involve body image disorders:

- First of all there are of course disorders involving body image and eating namely, cases of anorexia and bulimia in which clients typically perceive themselves to be extremely fat (Keleman, 1992), as well as some adipose patients (overweight) who reversely perceive their body as thin and petite (Küpper, Müller & Unland, 2002).
- Secondly, there are all those disorders of the body image that result from a nervous system disorder: for instance sensorimotor 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 (Schlage, 2007).
- 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 related to 'dissociation' from one's own body image. The people concerned find themselves, due to stress, feeling out of their body, either standing next to their body or behind it. Similarly, people suffering from schizophrenic psychoses may also report dissociative symptoms (coanesthesia or delusional modifications of their organ experience).
- We will then have to name the so-called 'neglect' disorders apparent in stroke cases in which cognisance of one side of the body is missing (as if that part of the body did not exist) (Sacks, 1984/Sacks, 1993). In extreme cases people behave as if these body parts do not even belong to their bodies anymore (Sacks, 1985/Sacks, 1990).
- In some of our clients we may find evidence of a fragmented body image. We used to call these disorders 'schizoid character types' (Lowen, 1982). They are now classified as those clients with early developmental disorders, who might also be traumatised, in whom ego development was impaired at an early age and so too the concept of a complete body image.



Keleman, S. (1992). Verkörperte Gefühle, p. 173. Used with permission of Center Press, Berkeley, CA

- People with near-death experiences also fall into this category, such as Peter Nádas who
 wrote a diary about his last year of life and the changes that happened to his body image
 (Nádas, 2002).
- In his book, Quantenmensch (1996), Michael Murphy documented examples of extraordinary modifications to the body images of competitive athletes (whereby the outer appearance of the physical form was changed, among other things) by visualization exercises or the martial arts, where the perception of one's own body in space was extended into cosmic dimensions, similar to what I have experienced during fever dreams and described at the beginning of this article.
- We know from shamanic dream work that there are people who experience their own body in dreams, and thus have physical experiences that do not seem possible in reality as it is generally understood: flying or being eaten by wild animals without dying (examples in: Garfield, 1974/Garfield, 1983, p. 166; Castaneda, 2001, p. 35 and p. 150).
- When standing at the helm on my first sailing trip, I experienced once more the effectiveness of "modifications" to body image: Just as car drivers learn to get a "feeling" for the outer limits/movements of their cars, skippers learn 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 must expand their sense of the outline of the body 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 sense body image, I will report Vilaynur Ramachandran's 'Pinocchio's nose' experiment:

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. (Ramachandran, 1998/Ramachandran, 2002)

The above examples indicate that alongside 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' ancient case descriptions (Lebensordnung, 1993), there are indicators that the first expressions of illness or convalescence may coincide with a change to body image. I have the impression that in contemporary literature the Swiss physicist and Jungian training analyst, Arnold Mindell, follows this question most clearly, for example in his book, *Working with the Dream Body* (1985) or more recently in, *The Quantum Mind and Healing* (2004). We shall note later in this article Frank Röhricht's definitions, which were developed in the nineties at the Dresder Body Image Workshops (2009).

In other cultures, too, there are indications of the existence of body image variations: 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 may seem strange to Westerners, about a person who has experienced the rainbow body and, after his death, leaves no other remnants of the physical body except some hair and fingernails (Geshe Tenpa Choephel, 2007).

In *Anthroposophy*, Rudolf Steiner lists practices for experiencing the astral body. This means that a person who in a dream is outside of the physical body and can perceive it from the outside, may 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" (Steiner, p. 116-123).

Have we always possessed this 'second body' (Monroe, 1985/Monroe, 2000) or do we have to understand it as an anthropologically new evolutionary acquisition?

The observation of the philosopher Jean Gebser (2007) is remarkable to me in this context, namely that the representation of the physical body stayed quite two-dimensional until the 15th century (i.e. in the church's iconography, in the art of weaving carpets and in paintings). Thereafter, there were several scientific discoveries that fundamentally changed the perception of the human body: Kepler's discovery of the planets' movements founded the transition of the geocentric to the heliocentric worldview. 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 the West were, for the first time, able to learn about the interior of their bodies (Gebser, 2007). In his important work about body image in ancient Egypt, Hans Georg Brecklinghaus (2002) 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 discuss it any further. Schipperges (2001) quotes Albertus Magnus from the 12th 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 medieval scholars of the universe 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 detailed descriptions of body image. Bonnier (1905) assumes that there is possibly a place for it in the central nervous system. He thinks that 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 writes 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 did perspective in painting come into existence, but also a new perception of the human body. Gebser (1970), for instance, talks of the change from the theocentric to the anthropocentric world image. The physical perception of the inner space has to be seen as a rather new human ability. In the process of becoming human beings, we each must learn it individually in the pre- and perinatal phases. From attachment research (Stern, 1985/Stern, 2007), 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 that has been passed on phylogenetically, and another part that gets established in our early relationships. We become conscious of its existence only 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.

In summary, the existence of body image enables us to perform the following everyday activities:

- Noticing how our body and its individual parts are organized, how far it is extended and if there are any deviations from 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 than we handle a rugby ball without having to think about it.
- Orienting 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 bodies we are occupying due to practical reasons.

- Perceiving our physical needs in a differentiated way and gauging their fulfillment through our actions or contact with other humans, animals, flowers, stones. The perception of contact allows us to feel our longing for touch from another human being, the longing to touch an animal or to feel the surface of a diamond.
- Intensifying experiences by increasing association with the body while experiencing pleasure, or weakening experience by increasing dissociation while dealing with pain.
- Having our bodies assume certain conscious or unconscious positions, or learning new positions that 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). On the one hand this gives us the freedom to occupy our mind with other things while acting (i.e. where do I want to go to, etc.). On the other hand it narrows our behavior when we have forgotten how to change a compromising automated behavior. (Once we have a certain automated head position when we are reading, we will then have a hard time figuring out how we can read without tension.)
- Reviewing/expanding our skills in situations that are merely imagined (creative imagination) or anticipating an action in our mind so often that we eventually dare to act on it; for example, a skipper or driver expands the physical sensation of the body to encompass the whole vehicle while using it at the same time; an athlete anticipates achievements in sports on a visual level. Compellingly, there are examples of these visualizations having a tangible influence on our physical appearance, the so-called phenotype. (Zane, 2008; Murphy, 1992/Murphy, 1996)
- Adapting our behavior to various realities: letting our body fly in a dream, for example; being eaten by beings from our dreams and still knowing where we are; having conversations with plants in our imagination and learning how to understand our sense of hearing in an inner dialogue.
- Perceiving perturbations in mental states and adapting behaviour appropriately before the physical body falls sick, or when we are already sick acting 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 of the existence of something that feels like our body, but is not the same thing that we sense in the surrounding of our skin; while Blakeslee & Blakeslee call it 'peripersonal space' (2007), in this article this will be 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' perhaps naturally involves a certain plasticity, so that it develops dynamically by training and changes in consciousness into fields that can seem mystical.

The central thesis of this article is that only body psychotherapeutic techniques are able to change 'body image disorders' while giving our clients the psychomotor-feedback the brain needs to change the 'second body', the 'peripersonal space' or however you would name it.

We are now going to have a look at different theses, to explain these phenomena.

How can we theoretically explain 'body image'?

One of the phenomena described could be explained by changes in nervous conduction

or by changes of the representation in the so-called 'somatosensory homunculus' (Schlage, 2008).

The illustration shows the different representation of body parts in the motor-cortex: you may see that hands and tongue are represented as much bigger, because of their functions in movement, eating or speaking (Ludwig). Another aspect can easily be explained through diseases that impair the afferent neurological pathways or of their respective representations in the cortex, as is found, for example, within the neglect syndrome. (See the example in the previous section).

Ramachandran's experiment, 'Pinocchio's nose', clarifies that our brain organizes realities according to probabilities (i.e. according to habits, even if the result of a given representation might seem rather bizarre). This leads us to those aspects of the body image experience that have to do



Ludwig, Petra. www.Buecher4um.de, Open Resource

with perceptual psychology. How detailed, how deeply and how consistently 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 patient's stress-related dissociations could provide researchers with indications as to which brain area is the origin of body image disorders.

Singer (2004) explains neurobiological connections, which let us recognize how the brain deals with itself and how "meta representations of one's own states" (p. 235) can come to existence "by iteration of cognitive operations and reflexive applications on oneself" (p. 255). He not only explores the human body image, but also searches for an explanation for the existence of 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. Taking into account the research that has been done by Blakeslee & Blakeslee, we can assume that the neurological resource of body image disorders is located in the parietal part of the brain.

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

In the framework of this article, we first have to free ourselves from the imprecision of an esoteric view of these experiences. Hence, we postulate that all experiences in this regard necessarily rest on the changes of the incoming sensual stimuli. Hans-Peter Dürr describes in his book, Traumzeit, (1984) 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 dissociation (Anzieu, 1991).

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 sensorimotor feedback of the skin stimuli or of the sense of gravity in a person's vestibular system? One option 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 sensorimotor feedback, which is what we assume to be the basis of out-of-body experiences.

Another place to turn to for possible answers is the well-documented neuro-immunological effects of visualization exercises in oncological treatment and allergy research. Can we infer from our consciousness's capacity for cell change that it is 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 thus achieve a particular perception of body image akin to the sensation of 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's 'wormhole theory' (1988, p. 200) or Brian Green's model 'teleportations' (2004)?

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, experienced as strange and lifeless, might have come from a "former life". On the practitioner side of things, it is amazing to behold the strange research that concludes that people can not only have a normal life after successful amputation, but indeed that sufferers of BIID would strongly wish to be amputated in the first place (Bayne & Levy, 2005).

If we now want to describe the variety of body psychotherapeutic approaches when dealing with body image disorders, we need to differentiate various notions. For that, I mainly follow the basic differentiations developed by Frank Röhricht and the *Dresdner Werkstatt Körperbild* (Dresden Body Image Workshop, 2009).

Röhricht, Joraschky, and Loew's (2009) assumptions about the gamut of body image disorders have served as the basis for the development of different therapeutic treatments, and are as follows. Body image disorder treatments:

- aim at the establishment of a 'body schema' (approaches of perceptual psychology)
- aim at body knowledge and the fantasy about the body, making the 'body-self' tangible as connected with, or differentiated from, outer relationships and which allow for differentiation between the outer and inner perception
- are 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
- deal with 'physical expression' (facial expression, gestures, posture and movement patterns).

Thus the approaches inherent in the psychology of perception are considered basic for the therapy of body hallucinations which accompany a psychosis. Approaches referring to the 'body-self' are of paramount priority in the treatment of a trauma and the so-called functional disorders. Some authors (Röhricht, Joraschky & Loew, 2009) also report test procedures concerning the diagnosis of an existing disorder and its dynamic therapeutic process.

If we take a look at the range of body psychotherapeutic approaches as presented in the current standard work regarding the variety of methods (Weiss & Marlock, 2006), we discover another field of applications based upon the influence of 'body image' in its various presentations. Among them we find neo-Reichian therapies, such as orgone medicine or vegetotherapy, dance therapy, catathymic image perception, structural therapy methods (such as rolfing and postural integration) and psychosomatic therapy. We also find work with body image disorders in clients suffering from eating disorders as well as schizophrenia, analytical methods which work with the "embodiment of the unconscious", pre- and perinatal psychology and the neurological promotion of development. Additionally, sensorimotor processing of post-traumatic 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 are also relevant.

Even though the above is not a complete enumeration of all the procedures that could be mentioned in this context, it still clarifies in just how many professional fields specific

body-image techniques find their implicit or even explicit application. It also suggests how meaningful a comprehensive development of specific therapeutic tools may contribute to a greater efficiency of the approaches.

Conclusion

The Fall of Man has taken place. We have eaten from the Tree of Knowledge. Ken Wilber (2001) would probably write that we have left the self that merely conforms with regulations and roles, and that now we strive to recognize a uniqueness that conforms with our individual consciences. 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" (2003) and does not serve anymore as a "sensitive instrument of our knowledge" as it was postulated by the sensualists of the 17th century (Baumgarten, 1983) and as Goethe appreciated it.

The body has long become an object of our volition: it is subject to ideas of beauty, as is the case in the new excessive body cults around bodybuilding, tattooing or piercing (Hauner & Reichart, 2004) 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 may eventually be cured by invisible neuro-implants.

Body psychotherapeutic approaches with their possibilities of working toward the restoration of coherent experiences in an individual, and in their varied forms of expression, will play an important role in this culture in the future. The treatment of dysfunctions of the 'second body' is of practical importance as a corrective at 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 body psychotherapy in the realm of psychotherapeutic approaches in the health system.

A fast and result-oriented collaboration of all parties involved is of great importance for the well-being of psychosocial development. The author invites varied and creative feedback to this article!

BIOGRAPHY

Bernhard Schlage has given workshops in most European countries and has been teaching since 1980. He has run a private body psychotherapy practice since 1984 and has given lectures at international congresses in San Francisco, Paris and Sydney. Bernhard Schlage is author of more than 100 articles about body image and has written four books. He co-founded an adult education center for health care in northern Germany in 1986 and later was in charge of a mental health center until 2008. He has been a trainer for Postural Integration since 1999 and an ECP-holder since 2001. Specialised in treating psychosomatic disorders, he is now focusing his work on training the next generation of healthcare practitioners and body psychotherapists. Email: post@bernhardschlage.de Website: www.bernhardschlage.de

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94 95

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volume twelve • number two • fall 2013

TABLE OF CONTENTS

4 Editorial

Jacqueline A. Carleton, PhD

7 The Present as Morphogenesis

Stanley Keleman

ARTICLES

9 Idealism & The Goals of a Psychotherapeutic Process Michael C. Heller, PhD

39 Body Image Disorders

Bernhard Schlage, MA

50 Military Culture and Body Psychotherapy: A Case Study

Diana Houghton Whiting, MA

63 Filling the Holes-in-Roles of the Past
With the Right People at the Right Time

A way to open the door to happiness in the present Albert Pesso

BOOK REVIEW

88 A Review of Barnaby B. Barratt's

The Emergence of Somatic Psychology and Bodymind Therapy Christina Bader-Johansson, MSc

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