

WHAT IS BODY-IMAGE?

1. The picture in your mind's eye of HOW YOU SEE YOURSELF.
2. Your PERCEPTION of how YOU BELIEVE others' see you.
3. How you EXPERIENCE living in your own body.

Body-Image Assessment Guides ©

Body-Image History

- ❖ Weight and diet history
- ❖ Parents' perception at birth
- ❖ Story of birth and name
- ❖ Parents' nurturing style
- ❖ Medical interventions
- ❖ Peer acceptance
- ❖ Sexual identification
- ❖ Learning to be female
- ❖ Ego ideals
- ❖ Menstruation
- ❖ Developing body
- ❖ Pregnancy/menopause/aging

Body Focused Suggestions for the Therapist or Dietitian©

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1. Overall Impression

Tune in to the “essence” of the patient’s body. Body-image impressions are useful along the parameters of:

Structure	rigid.....flexible.....loose/collapsed
Energy	shut down.....alive.....chaotic
Containment	holding in.....moderate.....spilling over
Boundaries	impermeable.....appropriate.....wide open
Musculature	under-developed.....developed.....over-developed
Movement	clumsy/awkward.....graceful.....posed/tight
Breathing	shallow.....full.....panting
Balance	stuck.....in balance.....off center/extreme

2. Act Out Body-Image Words

Observe patterns in the client’s language that reflect “body-image” words such as, “I feel *stuck*,” “I’m so *huge*,” “I’m scared to *stand on my own two feet*.” Point out the “physical” words and explore how the body is playing out these concerns or conflicts. Often, the client may consent to act out or position the body in such a way as to re-create these feelings. For example, one patient placed herself in a corner while exploring her feelings of being trapped and subsequently became aware of body sensations she had formerly suppressed. She then practiced “breaking free” until she built that skill into her body on both a physical and metaphorical level and created a new “body memory”.

3. Body “Language”

Point out “emotion” words in the client’s language and ask her to locate those feelings in her body. Then explore the significance of that body part for her. As one patient stated, “My sadness is heavy in my stomach.” As treatment progresses, continue tracking feelings in that body part and reframe the shift away from negative feelings.

4. Grounding

Promote participation in activities such as tai chi, karate, yoga, or self-defense which promote centering and grounding, and keep a positive focus on the body.

These activities, while scary for many clients initially, may significantly enhance mind-body congruity. Simple grounding techniques can be taught within the context of your session through physical reality checks, (“How are you feeling in your body now?”) or by having your patient stand and plant her feet on the floor and send her energy out of her head and down through the body into the ground.

5. **Connection**

Clients often compartmentalize their body parts. Remind them that they are a whole person and that each body part is connected to the whole. Positive rituals for self-soothing heighten a sense of connectedness and reduce feelings of isolation in and from the body.

6. **Encourage Touch**

Reconnecting to the body through self-touch encourages self-nurturing and a sense of belonging in the body. Soothing touch is both calming and energizing. It provides a reality check for body boundaries. For those clients who are able to tolerate massage, their sense of the body is greatly restored and symptomatology reduced. (see "Anorexia Nervosa Symptoms are Reduced by Massage Therapy", *Eating Disorders - The Journal of Treatment and Prevention*, Winter 2001)

7. **Breathing**

Observe your client's breathing. Shallow breathing or holding the breath cuts off feeling in the body. Teach relaxation breathing and remind your client to breathe fully and deeply to keep the body sensations open and alive, and calm the body.

8. **Reframing**

Remember that body-image appears to be intimately linked with personal identity. Help the client replace the body-image identity that captures the essence of the negative framework ("I am *disgusting*") with the word that captures the essence of the positive or healthy identity ("I am *radiant*").

NOTE: *Precautions must be followed in working with the body. As a practitioner, you need to closely examine your own size and weight preferences and be aware of issues that might affect countertransference and mutuality. It is also imperative that, as therapist, you must absolute and total respect for the patient's boundaries and gauge her readiness for a shift to body-focused work.*

Reclaiming in forsaken body means a return to real feelings, which can be experienced and expressed. The patient whose existence is caught up in a created image is blinded to life and its feelings.

"It is the body that melts with love, freezes with fear, trembles in anger, and reaches for warmth and contact, writes Alexander Lower, MD, in his book, "The Betrayal of the Body."

Reclaiming the body restores a whole and complete body-image.