

BODYSRIPT™: UNLOCKING MEMORIES IMPRINTED IN TIME

By Adrienne Ressler MA, LMSW, CEDS,

“The enigmatic oneness of the living being has as its necessary corollary the fact that bodily traits are not merely physical, nor mental traits merely psychic. The continuity of nature knows nothing of those antithetical distinctions, which the human intellect is forced to set up as helps to understanding. The distinction between mind and body is an artificial dichotomy, an act of discrimination based far more on the peculiarity of intellectual cognition than on the nature of things.” C. G. Jung

The body “freezes” with fear, “shrinks” in shame, “jumps” for joy and “melts” with love. At the same time our emotions and experiences are imprinted cognitively through our thoughts and language, they are imprinted physiologically in the very cells, organs, and musculature of the body itself.

BodyScript™ refers to a body/mind concept whereby emotions and experiences simultaneously are incorporated into the body as well as the very musculature, cells, organs, and energy level of the body itself. One becomes dissociated not only from one’s life experiences but from the parts of the body where those experiences and the feelings that accompany them are held.

As obsessed as eating disorder clients are about their bodies, they are not really “living in” or “grounded in” the body. The body is not used as a place to live in, but as an object needing to be controlled. Living in a world that derives from an external frame of reference -advertisements, the media, the fashion industry, films, and television - the client’s sense of identity is reflected from these images rather than from the sensations and signals of the body itself. Identity becomes a cognitive concept only- not one that integrates body and mind. The individual is literally in her head.

Many of our eating disorder clients who suffer the ravages of trauma have dissociated from the body because for them the body holds pain and painful memories. There may be a sense of shame over the body’s response of pleasure to a violation of sexual boundaries and a feeling that the body has betrayed them. Boundary violations emotionally, physically, medically, and sexually leave the client with a sense that someone else “owns” her body.

When the client is disconnected to her body, she becomes split-off not only from her life experiences but from the parts of the body where those experiences and the feelings that accompany them are held.

In his book *Betrayal of the Body*, Alexander Lowen MD writes, “The feeling of identity arises from a feeling of contact with the body. To know who one is, the person must be aware of what he feels. Personal identity has substance and structure only insofar as it is based on the reality of bodily feeling.” Individuals who are not connected to their bodies are cut off from their feeling states.

Two dance/movement therapists, Chaiklin and Schmais, beautifully state the relationship between body and mind. “The body and mind are inter-related parts that form a cohesive whole. They operate in a reciprocal manner. Body movements are influenced by our thoughts, attitudes, and feelings and our thoughts, attitudes, and feelings are influenced by the rhythm and the movements of the body.”

The development of body image actually begins at birth through empathic parenting, touch, and eye contact with the infant. Body awareness is produced through stimulation of the body, chiefly through the skin. “At the beginning of life being stroked, cuddled, and soothed by touch libidinizes the various parts of the child’s body, helps to build up a healthy body image and body ego, increases its cathexis with the narcissistic libido, and simultaneously promotes the development of object love by cementing the bond between child and mother.” writes Anna Freud, Children who have been inadequately held and fondled or who are not empathically responded to, will suffer from an affect-hunger for such attention.

Allen Shore has stated that psychotherapy works because it is “an attachment relationship capable of regulating neurons and altering underlying neural structure.” With eating disorder clients, it is essential to maximize relational therapeutic strategies that enhance communication and trust and allow entrée into the world of the client. Rather than focusing primarily on diagnostic criteria and symptoms, emphasis needs to be placed on the “felt” sense of the client. “What is it like to be you?” I ask my client Suzanne who suffers from anorexia nervosa. “How do you feel living in your body when you wake up in the morning?” “What do you experience when you walk into a room and believe everyone is thinner than you are?” “Help me understand what it is like to be you, so that together we can work to help you feel better.” Suzanne begins to relax when she senses that I genuinely am interested in “who” she is. I have begun to create a bridge into her world.

Because safety and control are paramount to the eating disorder patient, the client must be approached in a manner that draws upon the resonance of the reciprocal “dance”. The more attuned and authentic the therapist is, the more the client will be able to fully engage. The more respectful the therapist is of the client’s tempo and timing, the more likely it is that the protective “false self” will give way to genuine feelings stored deep within. Often, strategies that approach the client through body-focused means are not perceived as confrontational or “therapeutic” and as a result the client feels less challenged or controlled.

Mary entered treatment with an agenda that focused on how to deal with her husband’s emotional abuse. A sturdy woman of 36, Mary was constantly belittled by her spouse in an attempt to shame her into losing weight. He weighed her every morning and recorded her weight on a chart tacked on the bedroom door. He told her he expected her to look like one of “Charlie’s Angels”, the most popular television show of the times. If Margaret had not lost weight by the end of each week, he took her car keys away from her as punishment.

When I asked Margaret about her feelings of being treated this way, she said she was angry but her tone of voice was flat and without affect. When Margaret shared her history with me, it was clear that she had experienced trauma in her life. Her story unfolded in that same flat, expressionless voice. Margaret’s mother, abandoned by her husband and feeling unable to parent a young child alone, gave Margaret up. Margaret was placed by the state in foster care with a family in which she was routinely sexually abused by her foster father from the age of seven until she was sixteen. At that time she realized that this behavior was not “normal” and confided what was happening to her foster mother. Branded a trouble-maker and a liar, Margaret was thrown out of the household.

When I asked Margaret to share her feelings about the abuse, she again claimed to be angry but her emotion did not match her words. I suggested she might like to use a “battaca” or padded bat to access her buried emotions. She pounded the bat on pillows but was unable to “feel anything” and seemed frustrated and stuck.

I began to feel that I was not respecting Margaret’s timing and tempo, but rather was using a prop that I happened to have in my office. I realized that I needed to access Margaret’s “felt” sense of the experience – that there was a “knowing” in her body that instinctively sensed how to identify and ex-press her stored responses to the memory. “What does your body need to do?” I asked Margaret. Without missing a beat, she immediately raised her voice, wrung her hands and replied, “I’d like to wring his neck!” Our treatment sessions from that point on consisted of Margaret wringing out wet towels while she worked through her abuse – with a release of authentic emotion.

Art, dance/movement, or music therapy all access memory and emotion stored in the body. As the great dancer and choreographer Martha Graham once said, “The body never lies.” A technique such as mindfulness-based stress reduction promotes general well-being and is effective in the treatment of anxiety, addictions, and pain management and is an adjunct to psychotherapy. In a research project conducted by the Touch Research Institute of the University of Miami Medical School, anorexic females received massage therapy twice weekly for five weeks at The Renfrew Center. The result showed a reduction of anxiety and stress, increased dopamine and norepinephrine levels, decreased body dissatisfaction on the Eating Disorders Inventory and lowered cortisol levels.

A return to ancient healing rhythms and rituals for healing (such as chanting and drumming) have been determined to help increase body awareness, regulate energy levels, help clients reach a state of relaxed alertness, strengthen impulse control, facilitate mindfulness, build self-esteem, and involve integration of creative and logical thought processes important to wellness and recovery. Enhancing opportunities for spiritual development can provide alternatives to replace the destructive rituals of the eating disorder (bingeing, purging, starving,) with positive rituals that honor one’s humanity and aliveness.

Practitioners who recommend involvement in the healing arts that emphasize grounding and centering, such as yoga, karate, or Pilates, find that they can be an excellent resource for helping the client begin to engage the body in a non-threatening manner.

Trauma clients also greatly benefit from body-focused interventions. Freud realized the concept of the simultaneity of body/mind imprinting when he wrote, “The memory of the trauma...acts like a foreign body which long after its entry must be regarded as an agent that is still at work.” This language so clearly brings up a visualization of the trauma being embedded into the whole being of the client.

Language is an important element in helping the client gain access to body memories and emotions. The therapist must listen for the client’s emotion language as well as “action” language. Emotion language is easy to spot - “I feel sad”. “I am angry...or depressed...or scared”. It is essential to explore those feelings and relate them back to the body. Rather than asking the client to think about what she is feeling, the therapist needs to keep the focus on “feeling” the emotion language in her body. “Allow your non-dominant hand to move to the part of your body where you store your sadness”, I might say. “How much room does it take up?” How deep down is it or is it just below

the surface?” “Is it heavy or light in your body?” “What do you want to say to the sadness?” “How does your body feel about storing the sadness?”

The important thing here is that the client in the moment is living-in and relating to her body and the feelings it houses.

“Action” words are words that have a physical component or a sense of movement to them - “I feel stuck”, “I’m smothering”, “I’m out of control”, “I’m struggling... Picking up on these words, the therapist helps the client relate the words to an action or movement that is the body’s representation of the word. In a women’s group, Alice spoke frequently about feeling “cornered”. She likened the feeling to literally feeling trapped in a corner with no way out. Alice was willing to place herself in the corner and asked several group members to position themselves in such a way that she was trapped. Giving each woman a few phrases to say, she began experience a re-creation of the “trapped” way she felt growing up in her family and in her present relationship with her partner. Alice stayed trapped in the corner for several moments. Slowly, however, she began to come alive. Her eyes took on a sharp focus; she planted her feet and seemed to grow into her full height. She suddenly dropped onto all fours, quickly scampered between the legs of her captors, and broke free. Alice had taken herself out of the corner. Not only had she made a cognitive commitment to move, but she now had a built new body memory into her muscles, organs and cells--a body memory of herself breaking the pattern of her past responses.

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

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