CHAPTER 4

The Concept of Body Image and Its Changes

“What is meant by ascetic ideals? . . . In women at best, an additional implement of seduction, a little morbidezza on a fine piece of flesh, the anglehood of a plump, pretty animal.”

F. W. Nietzsche: The Genealogy of Morals III, 1887

Observations and Examinations

One of the most characteristic features of anorectics is their distorted body image. This feature was noticed as early as over a century ago by Lasegue (1873) who stated: “Patient said she was neither changed nor is she thinner.” In more recent times Bruch (1962) talked about distorted inner image as pathognomonic. In 1973 she elaborated on three key symptoms: “A disturbance of delusional proportions in the body image and body concept, a disturbance in the accuracy of perception (or cognitive interpretation) of stimuli arising in the body, and finally, a paralyzing sense of ineffectiveness.” How is body image and the anorectic’s denial or perceptual distortion to be understood?

Infants are born naked. Slowly the body is explored by touching and later by looking and playing with body parts. The body is simultaneously first object and subject. As the first object it is under constant observation. Later, when clothing is provided, infants include the clothing as belonging to their bodies.

The separation between self and others, between subject and external object after separation from the symbiotic mother relationship, occurs as a natural developmental phenomenon and has been duly described. However, the inclusion of, or separation from clothing has very rarely been mentioned. As subject and object are often not completely separated, the limits of body and nonbody are not always clear. Most of the time our bodies are covered by materials which may be somehow animated. People in general, young or adult, do spend much time, thought, and energy on their bodily appearance. This may be manifested in the striving to develop a certain bodily form as well as being expressed through clothing and hairstyles.

Whatever comes into contact and is an extension of our skin can be included and incorporated into our body scheme. Body image is an abstraction that is difficult to define, but in general terms it may be described as a mental image of the body, a neural representation of it, or the individual’s pictorial representation of appearance. In any case, it is basically the idea we have of how our body appears to others. There are, of course, many differences between the ideal we have in our minds of how we would like to look and our actual appearance as we appear to others, and as we think others see us. There is also a difference be-
between our own ideal of how we would like to look and how we feel we look at certain times or moments, especially during some crisis.

“Body awareness” and “body identity” are not limited to “body image,” but extend to perception and interpretation of interoceptive stimuli. These may belong to misinterpretation of awareness of inner functions and processes. “Self-image” is the view that the individual has of himself at a particular time in a specific situation. It consists of body image and the representation of the inner state at that time.

At various times in human individual evolution the image of the body, both as a whole or in part, takes on special symbolic importance. This shows us that the concept of body image is not always fixed but may change due to developmental phases or individual crises, for instance due to real, induced, or phantasized changes in body parts. This may also be induced by wishful or magical thinking, as may be the case in anorexia. These ectodermal functions can be seen in the fact that both women and men in certain life phases, and to certain degrees, owe much of their self-image to what they may add or subtract in order to keep to their idealized body image in their daily life. For instance, skin, the outer-most layer of our appearance, is treated with soap, cosmetics, perfumes, and other items which may contribute both to the image as well as to other bodily functions, such as erotic stimulation of the self or others. Sport may be used as a means of developing a certain bodily look. These actions are carried out to promote an image of how we would like to look in order to be more loved. Acceptability to ourselves can also be affected by changes in other aspects of the body appearance such as facial and head hair. In times of crises of psychosocial significance, certain organs of the body may be invested with more cathexis, overvalued, and therefore much scrutinized. This can be seen especially in adolescents’ crises, in which one finds special attention being paid to organs symbolizing growth or possible retardation of growth. For example, the nose is considered a symbolic expression of manhood, of symmetry and prowess. The size of the penis is often minimized in adolescents because of internal conflicts and feelings of rejection. The development of breasts and hips in girls can equally disturb hitherto stable development. These conflictual attitudes and disturbances of body image can even be carried over into adulthood, as can be seen from the great numbers of women who have their bust size or shape altered by plastic surgery.

The appearance of certain parts of the body can also arouse feelings of inhibition, ambivalence, and expressions of shame. These feelings are expressions of the transition between the ideal and the real, as, for example, when the adolescent undresses and stands naked in front of a mirror in order to compare the real body to the fantasized body self.

Our observation is that the more disturbed a person is by the size or asymmetry in the overvalued body part the more intervention is used. This particular body part is sensed as deviant, as being disparate from the ideal (whose form