he film shows the patient, a woman in her mid-30s, no more than skin and bones, watching a video of herself. In the video, wearing a bikini, she turns from side to side, raising and lowering her arms, exposing the harsh reality of her wasted body.

"That's me?" she exclaims, "I look like a prisoner in a concentration camp!"

The film then skips to 12 months later. The same woman, now well-nourished and attractively dressed, is being interviewed. "How were you able to overcome your problem and gain weight?" she is asked.

"I fed the woman in the film," she replies.

"Oh, you realized how seriously malnourished you were by seeing yourself on film and began to eat?"

"No, I still felt fat but I fed the woman in the film. I told myself she needed to eat. I fed her, not me. I still felt fat." This striking dramatization of the tenacious nature of body image distortion was part of psychiatrist Joel Yager's presentation at a conference on anorexia nervosa. It highlighted what I had heard repeatedly from patients with anorexia. Although their destructive eating behavior was controlled, their distorted image of themselves remained unchanged. The unbearable anxiety associated with this body image distortion and the obsessive drive to alter it were diminished through the treatment, but not the picture of their body in their mind's eye.

What is the significance of people's feelings about their bodies? Why the importance of body image? The depth and importance can be appreciated when we consider the fact that infants experience the world through their bodily experiences, both internal and external, as they touch, are touched, and experience hunger and the warmth and comfort of being held and fed. The role of body image in the development of psychic structure is expressed in Freud's comment that, "The ego is first and foremost a bodily ego; it is not merely a surface entity but it is itself the projection of a surface." It is also postulated that it is infants' awareness of themselves as beings separate from the mother, an awareness that takes shape at around 6 months of age, that is the etiology of separation anxiety. The infant's cries can be translated, "If I am separate you can leave me! How can I sustain myself as a separate body?" This very limited commentary on the development of body image is meant to convey the depth of the importance of this phenomenon and the magnitude of its impact on psychic stability.

As psychiatrists we encounter patients with a number of different problems related to body image. Simply defined, body image distortion is when the picture of one's body in the mind's eye does not match the body in the flesh. It can be stubbornly resistant to the treatment efforts of the psychotherapist. By contrast, body image dissatisfaction (i.e., dislike, unhappiness with, and criticism of one's body image) is much more likely to alter as a result of psychotherapeutic intervention. Displeasure is often the outgrowth of developmental distortions, societal pressures, or unconscious conflict that can be resolved by insight and self awareness.

When a nonpsychotic patient expresses concern about the appearance of his or her body, the differential diagnosis includes:
- Body dysmorphic disorder: preoccupation with an imagined defect in appearance
- Body image distortion: incorrect perception of the body
- Body image displeasure: unhappiness with the body

The person's displeasure may be in response to a distorted body image or the distress may concern his body or body part which is perceived quite accurately. Exploration in psychotherapy of this latter concern can be extremely enlightening and therapeutically productive. I recall the day I met a colleague in my office parking lot, someone I had not seen in months, and I was amazed and complimentary about his 50-pound weight loss. His response was, "What you see before you is a thin man with a fat man screaming to get back in."

I don't know what the extra weight meant to him but did recall the experience of two patients who had severe psychological distress after losing weight. One, a woman in her 30s, had been significantly overweight since childhood. With concentrated dieting, she lost 60 pounds. She no longer lived in obscurity as a wall flower—but was then swept up in an adulterous affair, became deeply depressed, and was hospitalized following an almost

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lethal suicide attempt. Another patient, a young man, had played the role of the jolly, comic fat boy much of his life and now, in his mid-30s and having lost weight, was having trouble assuming the posture of a serious businessman. For both patients, the desired change in their body weight brought on new societal and life stresses. They also described accompanying psychological discomfort as a result of having a size and shape different from their familiar life-long pattern.

A somewhat similar experience was described by a woman in her mid-40s who had a breast reduction. Large amounts of breast tissue were removed, changing her breast size from a EE cup to a more comfortable size B. Post-operatively she was startled by the anxiety she felt when her overbearing mother came to visit. She insisted that her husband sit between the two of them. This was an act that she later realized somehow served the purpose of placing a buffer, previously provided by her breasts, between herself and her mother. She said she “felt like a turtle without its shell.”

Comfort with the perceived size and shape of one’s body is influenced by many factors. Jouard and Secord designed a series of studies that assessed the differing degrees of like or dislike expressed by different people about various parts of their bodies. Among their findings was the fact that there are shared group norms for the ideal dimensions of each body part and that an individual’s attitude toward a given part of his or her own body is directly related to the extent to which that part deviates from the ideal norm. Since it is the rare person who fits this ideal norm, it is not surprising that a study by Cash showed that there is a pervasive dissatisfaction with body image in much of the general population. A person may look just fine in the eyes of the beholder, but the wish to be taller, thinner, or to have larger breasts or biceps is not that unusual. In addition to the wish to fit the agreed upon group norms, the specific part of the body may have very special dynamic significance for the individual. Being slightly overweight may symbolize a characterological weakness for the woman whose mother was a thin, elegant, successful corporate lawyer. A nose with a slight deviation may be loved or hated by its owner if it resembles the nose of his loved or hated parent.

Various body parts also incorporate symbolic significance. Since women’s breasts symbolize femininity, sexuality, womanliness, and the ability to mother, displeasure with their size or shape may at times be evidence of conflicts in one or more of these areas. Mastectomy due to cancer will generate fears and concerns about cancer but also anxieties related to the real and symbolic meaning of the breast. I was surprised to learn recently that breast loss can also have a similar emotional impact on men. On two separate occasions, after I had given a lecture on the psychological experience of breast loss following mastectomy, male psychiatrists in the audience approached me afterwards to talk about their mastectomies. In addition to the anticipated fears and anxieties related to cancer, both of them had inexplicably experienced concern about their abilities to be adequate caretakers for their patients after their mastectomies. This concern had seemed different from the expectable worries about their physical strength and endurance. The comments I made about the meaning of the breast as related to the “ability to mother” opened their eyes to what they were feeling and produced an anxiety-relieving insight.

As so often happens, putting unconscious concerns into words has a very therapeutic effect. Breasts, genitals, noses, hands, arms, legs, etc. all have their special and perhaps idiosyncratic meanings—meanings that the therapist must ferret out when working to relieve a patient’s psychological discomfort.

In Michael Shaara’s fictionalized account of the Civil War, The Killer Angels, General Lee describes one of his Lieutenant Generals who had lost his leg in battle:

“A man loses part of himself, an arm, a leg, and though he has been a fine soldier he is never quite the same again; he has lost nothing else visible but there is a certain softness in the man thereafter, a slowness, a caution. . . . I do not understand it. A man is in his spirit and he has that in full no matter what part of his body dies. . . . But,” Lee thought (to himself), “you may not understand. It had not happened to you, so you don’t understand it” (p. 148).8

There are many mysteries connected with patients’ experiences of their bodies and their body image distortions, displeasures, anxieties, and delusions. They have deep meanings, some of which seem unfathomable and unchangeable. Others, with careful inquiry, can be understood—and the conflicts surrounding them and the distortions attributed to them, relieved, with patient and insightful therapeutic attention.

References