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Experiencing one's own corporeity vs. the level of differentiation of self

Abstract:

This paper attempts to find an empirical answer to the question whether experiencing their own corporeity by women is related in any way to their level of differentiation shaped in the stage of up-bringing. Another question raised in this treatise is whether remaining in a partner relationship influences the strength and quality of both variables. Research is based on analysis of a survey carried out on 86 women aged 21-26. The theoretical basis for the research was O. Sakson-Obada's corporal self model and M. Bowen's concept of differentiation. The relation between the strength of the corporal self and the level of differentiation was confirmed. Additionally, it was observed that single women and women remaining in relationships differ from each other with regard to emotional distance toward the partner, as well as the intensity of corporal self disorders. Research results seem to be meaningful in the field of psychological therapy.

Keywords: Female body image, corporal self, corporal self disorders, concept of differentiation, Bowenian family system.

Introduction

The issue of body image is becoming an increasingly common subject of study among contemporary scholars (Cash & Pruzinsky, 2004; Grogan, 2008; Hrabosky

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et.al, 2009; Paxton & Hay, 2009; Smolak & Thompson, 2001), including Polish academicians (Brytek-Matera, 2008; Kochan-Wójcik, 2005; Kowalik, 2003; Sakson-Obada, 2009; Schier, 2010). Applying various theoretical approaches, the authors describe the complicated relations between the body and the psyche, determine the origin of disorders, and propose methods of therapeutic action. Particular attention is paid to women, who experience more dysfunctions concerning the bodily sphere than men.

The subject of body image in this paper is accompanied by the systemic approach in family therapy (including the intergenerational model), and particularly by the question of the family's emotional-climate influence on the psychological functioning of its members (Bowen, 2004; Kerr & Bowen, 1988; Guerin, Fogarty, Fay & Kautoo, 1996; Schnarch, 1997; Rosen, Bartle-Haring & Stith, 2001). The main goal of this treatise is to find an empirical answer to whether experiencing their own corporeity by women, as shaped in their upbringing, is in any way related to their ability to balance their emotional and intellectual functions with their need for autonomy and intimacy in relations with other people. Confirming the existence of such relationships would prove meaningful for therapeutic practice.

Theoretical basis

The notion of corporal self

The concept of corporal self was developed by Olga Sakson-Obada (2009), and can be described as an element of the structured self which is responsible for the cognitive analysis of the corporeity-related experience. The notion underlines the crucial meaning of this kind of experience for the psychological development of an individual. From this perspective it is similar to the views of William James and Gordon A. Allport, who underlined the significance of bodily experience and its emotions for the individual's sense of identity (James, 1892/2002; Allport, 1988).

The corporal self's main tasks are reception, interpretation and regulation of the bodily experience. These skills are acquired and developed during the individual's up-bringing. The significance of the relation between an individual and his or her caregiver for the development of the corporal self during this period is very often underlined by scholars. The quality of the child's physical and emotional modulation in the early stages of its development is also seen as particularly important (Fonagy, Gergeley, Jurist & Target, 2002; Fonagy, Steele & Steele, 1991; Krueger, 2002; Schier, 2010; Schore, 2001). Therefore, the extent to which a mother adjusts herself to her child's needs in the early period of its life is decisive in shaping the

child's relationship with its body in the future (Consequently the relationship may be perceived either as safe and peaceful or frightening and chaotic). In the later stages of the child's life the mother's adjustment to its needs will be crucial for the child in shaping the truthful perception of its body's boundaries.

The creation of an individual's mental representation of the body is influenced by three factors: whether the caregiver was able to properly determine the child's emotional and physical states, whether he or she supported the child in fulfilling its needs, and whether he or she enabled the child to experience its physical autonomy from others. The mental representation of the body is the basis for reflexive self-consciousness. This feature enables an individual to separate their feelings from experience, and cognitively analyze them (*i.e.* determine the reasons for their emergence, with the intention of controlling them). As a result, the individual becomes able to integrate their corporal and psychological selves.

Over time, the analysis of the physical experience performed by an individual becomes more complex and serves as a basis for the creation of an emotional attitude towards their body (its functioning and the physical appearance). The growing analytical complexity also leads the individual to take care of their own body, as well as to regulate their comfort in situations of physical closeness with other people (Sakson-Obada, 2009).

Weak and strong corporal self

The term strong corporal self was introduced by O. Sakson-Obada (2009) and can be defined as the well-functioning corporal self. This type of corporal self enables an adequate reception of the intensity and modality of sensations, both originating from the inside the body as well as from the external world. Moreover, the well-functioning corporal self allows for a proper interpretation of experience from the perspective of physical and emotional states. It also enables its proper regulation, that is by recognizing the causes and employing adaptive strategies based on coping with the already analyzed sensations. The ability to mentally distance oneself from the world of emotional experience and to ascribe a cognitive symbolic meaning to it results in a proper functioning of the regulation mechanisms. Individuals whose corporal self is strong can feel and understand their corporeity well, and thus can take care of it properly. They are also able to experience physical and emotional comfort in relations with other people. All of these features result from the acceptance of one's body and a positive attitude towards it.

The development of a weak corporal self is the consequence of experiencing many negative emotions and anxieties with regard to one's body. These could be connected with disregarding one's physical needs, or fulfilling them inadequately.

Such situations launch internal defensive mechanisms, like sensory insensitivity, commonly leading to a feeling of apathy and indifference towards one's own corporeity (Sutton, 2004; Streeck-Fisher & van der Kolk, 2000), or an increase in the awareness of the bodily sensations, often resulting in interpreting various physical states one finds themselves in as dangerous (Schmidt, Lerew & Trakowski, 1997). Erroneous naming and interpretation of one's experience regarding emotions or physical needs is a logical consequence of improper orientation in sensations connected with one's body. Individuals with dysfunctional corporal selves commonly feel aversion towards their body, and are negatively disposed to it. They also do not know how to take care of their psycho-physical sphere and are unable to regulate states connected with it (Sakson-Obada, 2009). Furthermore, as Olga Sakson-Obada notices, people characterized by weak corporal selves experience more discomfort in relations with other people than those characterized by strong corporal selves. She also argues that a dysfunctional corporal self results in intense anxiety and avoidance, as well as in the tendency to choose unsafe attachment styles (*ibidem*).

The concept of differentiation

The notion of differentiation comes from Murray Bowen's family systems theory and can be defined as the ability to balance not only one's emotional and intellectual functions, but also to balance their intimacy with autonomy in relations with other people (Bowen, 2004).

Differentiation on the intrapsychic level is related to the ability to separate one's emotions (especially sudden or vague ones) from their thinking, which allows for adopting a rational approach to a given situation. Differentiation on the interpsychic level, on the other hand, is equal to one's ability to remain in close relationships with people who are particularly important, to establish relationships with other people, and to preserve their independence at the same time. It is also makes it possible to maintain autonomy at cognitive and emotional levels in unfavorable conditions (for example when there is excessive interpersonal tension, pressure, or a situation in which a significant person induces emotions or high expectations). This ability allows one to maintain balance between the amount of energy they want to invest in a relationship and the amount of energy they want to dedicate to achieving their own individual goals.

The capacity for differentiation is shaped on the basis of the emotional climate present in one's family. Parents' low level of differentiation, their low self-esteem and the presence of stress factors in family life evoke intense anxiousness and tension in family members. As a consequence, a need for coping mechanisms

emerges in the system (the most common being triangulation). These mechanisms frequently lead to children being emotionally involved in conflicts between their parents. Thus, they witness parental anxieties and start to experience them as their own. Accordingly, they learn their parents' mechanisms of coping with these anxieties. Inability to distance oneself from one's emotions on the one hand, and experiencing tension in the presence of close ones on the other, create a foundation for low level of differentiation. People thus characterized are emotionally highly dependent on others (especially on their parents), they are unable to experience or tolerate differences between themselves and other people, and have problems with identifying and expressing their own views. In order to cope with this condition these people tend to distance themselves from their close ones, which often leads to excluding them from their emotional life, or avoiding close relationships in general (Kregielewicz, 2008).

The emergence of Murray Bowen's family systems concept resulted in the description of goals, stages and methods of therapeutic interventions based on it. The main goal of Bowen's approach is to increase the level of a client's differentiation or of the members of a system, which leads to the reduction of anxiety and helps to find balance between closeness and distance in interpersonal relations (Fine & Hovestadt, 1987; Kerr & Bowen, 1988). During this process the client comes to understand not only his or her behavior in the family context, but also the entanglements in which he or she takes part. Subsequently, the client is capable of commencing a process of gradual differentiation, of learning to distinguish between cognition and emotion, and learning to remain autonomous in relationships with others.

The research subject and the hypotheses

As a practicing psychologist, I supervise the therapy of both individuals and couples with regard to the systemic approach. In the course of my professional career I have observed that a client's low level of differentiation caused by anxiety acquired in his or her family system is commonly accompanied by problems with experiencing and regulating sensations connected to the physical sphere and by the client's negative attitude towards his or her body. This is especially true for women and particularly affects their relationships with partners. As a result, these women are either unable to create stable relationships, or their relationships are filled with tension and resentment towards the partners. Additionally, they are dissatisfied with their physical appearance, dislike themselves, suffer from eating disorders and are unable to take care of their body (being either abusive or over-protective).

The literature on the subject confirms my observations (Kregielewicz, 2008) that women present a greater number of features indicating low levels of differentiation than men do. They also have a longer history of suffering from dysfunctions regarding their corporeity: the perception of their body image and the attitude toward appearance, nutrition and prohealth activities (Kochan-Wójcik, 2003; Kochan-Wójcik & Małkiewicz, 2003; Schier, 2010).

If the corporal self is responsible for the reception and regulation of emotions, and the ability of differentiation equals the capacity for regulating one's own emotional experience, it can be theorized that these two constructs are related. Another common feature of these concepts concerns their development, which is comprised of a similar experience (the caregiver's ability to adequately name, interpret and cope with the child's and his or her own emotions). Confirmation of a connection between these two concepts would constitute a solid argument for introducing a twofold perspective into the psychotherapy: teaching a client how to adequately experience their own corporeity on the one hand, and increasing his or her level of differentiation on the other.

Taking all of the above into consideration, I formulated the research subject. I decided to examine whether there exists a relationship between the strength of a corporal self and the level of differentiation, and if so, what its character is. I assumed that the constructs were correlated, and that a weak corporal self (based on dysfunctions and negative emotional attitudes towards the body) characterizes people presenting a low level of differentiation (that is, people who are anxious, dependent on the environment, and who tend to distance themselves from other people in tense situations). What is more, I decided to determine whether being in a partner relationship influences the strength and quality of both constructs, and if so, then how. I suspected that women who could create relationships were characterized by a higher strength of corporal self and a higher level of differentiation than women who could not. The following examination constituted the first stage in exploring this subject.

Objects of the examination

The examination was carried out on 86 women aged 21-26. All were students of Wrocław Medical University. The reason for choosing these particular women was fourfold. To begin with, women at this age are the most capable of perceiving and assessing their bodies (Kochan-Wójcik, 2005) since their corporal self is already well developed. Secondly, ages 21-26 is a period when separation of an individual from his or her family is about to close. What is more, during this period features constituting the level of differentiation are stabilizing (hence the level can

already be determined). Finally, women at this age (and especially students) are only beginning to establish their first serious relationships; so it can be assumed that they are not burdened with experience from previous relationships.

Methods

For the purpose of measuring the strength of the corporal self I employed *The body self questionnaire* created by Olga Sakson-Obada (2009). It consists of 90 statements presenting a disturbed perception of one's body. It serves to assess various aspects of a declarative corporal self (the average total of the individual scales) and the strength of the corporal self (the average total of all the scales concerning the corporal self: scales 1-7). The scales were determined theoretically, and their reliability was confirmed empirically by the questionnaire's author. The scales are 1) Elevated experience thresholds; 2) Lowered experience thresholds; 3) Interpretation of experience from the perspective of emotions; 4) Interpretation of experience from the perspective of physical states; 5) Interpretation of experience from the perspective of one's disrupted corporal identity (loss of one's body boundaries, the feeling of inner emptiness, estrangement from bodily experience); 6) Regulation of physical states (knowledge of their causes and the ability to cope with them); 7) Regulation of emotions (knowledge of their causes and the ability to cope with them); 8) Emotional attitude towards the body; 9) Comfort in situations of physical closeness; and 10) Body protection. The higher the result on each of the scales, the greater the disruption the corporal self.

The level of differentiation was measured by means of Olga Kregielewicz's *Relation questionnaire* (2005). The questionnaire serves to assess both a general level of differentiation (the total results of all questionnaire components) and chosen aspects of this variable (the total points received on the scales). The scales were established on the basis of the author's empirical experience with using factor analysis, and their reliability proved to be satisfying. They are as follows: 1) Emotional dependency; 2) Triangulation and responsibility for parents; 3) Emotional separation from parents; 4) Autonomy; 5) Emotional separation from the partner; 6) Dependency on parents; and 7) Fusion with the partner. The questionnaire consists of 69 items, the objective being to assess each respondent's experience on a scale of 1-6. Generally the result of this test may vary from 69 to 414 points. The higher the general result, the lower the level of differentiation.

The aforementioned methods are characterized by good psychometric qualities. They have a strong theoretical background and have been verified in Poland. In the research, supplementary methods were also used to analyse an individual's beliefs and experience connected with perception, reception and the treatment

of their corporeity. They were chosen from a set of methods applied in research on changes of perception and body assessment among Polish women from their adolescence to adulthood (Kochan-Wójcik & Piskorz, 2010). In this field, I measured the women's level of shame related to their failure to meet cultural expectations regarding their appearance. For this purpose I used the "body shame" scale borrowed from Nita M. McKinley and Janet S. Hyde's questionnaire called *The Objectified Body Consciousness Scale* (2005). The questionnaire consists of eight statements which assess their experience on a scale of 1-5 (the results may vary from 8 to 40 points). The highest score is reached by people who believe that they fail unless they meet cultural expectations regarding their appearance. Reliability of the scale was empirically attested (M. Kochan-Wójcik, 2005).

In addition to that, examinees were asked to analyze 27 situations and feelings, and on a scale of 1-10 determine their influence on the shaping of a positive or negative image of their body (1 = no influence whatsoever, 10 = maximum influence). This part of the questionnaire was prepared from my former translation of David M. Garner and Ann Kearney-Cooke's survey *Body Image 1996* (Garner, 1997). In my analysis of the results I took into account the total amount of all situations described as determining a body image (assessed by the examinees as more than 1). I also considered the each type of situation and the examinee's feelings connected to it. Through factor analysis of the variables determining a positive body image I distinguished three categories: 1) Personal resources aiding the perception of one's body image (e.g.: faith in one's abilities, and the feeling of being effective); 2) Actions and events influencing the slenderness of one's body (e.g.: eating low calorie foods, loss of weight); 3) Gains from interpersonal relations (e.g.: the feeling of being loved, and compliments regarding one's appearance). In terms of determinants of a negative body image, I distinguished two categories: 1) Experience gained through interpersonal relations and lack of personal resources (e.g.: feeling rejected by a significant person, and diffidence); 2) Actions and events influencing the feeling of obesity (e.g.: eating high calorie foods, and looking at one's own stomach in the mirror). The above-factors are highly reliable (Kochan-Wójcik, 2005).

In the following stage of my research I asked examinees to evaluate (on a scale of 1-10; 1 – being the lowest, 10 – the highest) their level of satisfaction with their physical appearance, attractiveness, significance of their body, and how their physical appearance accords with sociocultural norms. This stage of the research was based on Alicja Kuczyńska's questionnaires *The Attitude Towards my Body* and *My Body*.

To determine the body mass index (BMI) I asked examinees about their weight and height. Additionally, I asked whether the women currently were in relation-

ships, and if so, for how long. Women whose relationships lasted for more than three months were regarded as involved in a relationship.

The results

Relations between the strength of the corporal self and the level of differentiation

Analysis of the strength of the corporal self and the level of differentiation showed a positive correlation and a statically meaningful relation between the variables. Similar results also were reached with regard to particular factors of these two scales. Values of Person correlation's coefficients are presented in Table 1. For all correlations $p < 0.001$.

Table 1. Coefficients of linear correlation between strength of the corporal self and level of differentiation, and the scales of both variables.

Variables	The strength of the corporal self	Elevated experience threshold	The interpretation of experience from the perspective of...			Regulation of...	
			...emotions	...physical states	...disrupted sense of corporal identity	...emotions	...physical states
Level of differentiation	0.56	0.38	0.49	0.39	0.43	0.60	0.43
Emotional dependency	0.39	0.26	0.40	0.24	0.27	0.48	0.30
Emotional separation from the parents	0.48	0.36	0.46	0.32	0.34	0.42	0.39
Emotional separation from the partner	0.48	0.42	0.36	0.36	0.46	0.39	0.40

The hypothetical relation between differentiation and the strength of one's corporal self was thus confirmed. The main focus of further analysis was to distinguish more detailed relations between the two variables, with the assumption that strength of the corporal self is an independent variable.

Differences between women characterized by weak and strong corporal selves

Women who took part in the research were divided into three groups based on the standard deviation of the strength of their corporal self. The three groups were women presenting high levels of this variable (N=15), women presenting medium levels (N=56), and women presenting low levels (N=15). Subsequently, I compared the average values of chosen aspects of body evaluation with the level of differentiation reached by individual groups. For this purpose I used the Mann-Whitney's U-test.

This analysis showed that the strength of the corporal self indeed influences not only the level of differentiation, but also five (out of seven) individual factors of this variable. Women characterized by a weak corporal self presented the lowest level of differentiation, whereas women of the same age and characterized by a strong corporal self, showed the highest level of this variable. Women possessing a corporal self of medium strength differed from those possessing a strong corporal self with regard to the level of emotional dependency and the tendency to separate themselves from their parents and partners. Moreover, women characterized by a medium and weak intensity of disruption of their corporal self differed with respect not only to the above-mentioned variables but also to triangulation and responsibility for parents and their relationship. Individuals who reached high scores, as well as those who reached low scores were furthermore different in their level of autonomy. A detailed comparison with their statistical values are presented in Table 2.

With regard to the number and quality of factors determining a positive image of one's body I did not discover meaningful differences between the groups. However, strength of the corporal self proved to be influential with relation to the number and quality of factors determining the negative image of one's body. Women characterized by a weak corporal self (in contrast to those characterized by a strong corporal self) attached great importance to situations in which they were likely to put on weight (U=65.5; $p<0.05$). Statistically, they were also stouter (even moreso than women characterized by a medium strength of corporal self), which was proved through analysis of the women's BMI. Apparently, they also had a more negative attitude towards their body upon looking at their torsos in the mirror (U=40.5; $p<0.05$) and upon feeling rejected by a significant person (U=40.5; $p<0.05$). The last factor also highly differentiates women characterized by medium strength of corporal self from those characterized by a low quality of this variable.

Looking at one's face in the mirror is a factor additionally differentiating all three groups. Women whose corporal self is highly dysfunctional (in comparison

Table 2. Differences between women characterized by strong, medium and weak corporal self with regard to the level of differentiation.

Strength of the corporal self	Level of differentiation											
	The full scale		Emotional dependency		Triangulation and responsibility for parents		Autonomy		Emotional separation from the parents		Emotional separation from the partner	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Strong	186.3	29.7	34.8	7.6	38.5	11.4	22.3	5.5	23.0	12.9	16.6	6.7
Medium	204.3	25.4	40.1	8.9	41.0	8.2	24.4	5.2	27.5	9.2	19.8	5.7
Weak	235.4	16.6	46.6	7.9	46.9	7.8	28.4	8.6	32.6	9.1	26.6	6.8
Strong-medium	255***		296.5		351		325		261***		271***	
Medium-weak	119.5*		241**		258.5***		291		264***		195*	
Strong-weak	16.0*		33.5**		60.5***		63.0***		52.0***		27.0*	

*p<0.001; **p<0.01; ***p<0.05

both to women whose corporal self is medium and whose corporal self is high) are less convinced about their own attractiveness ($U=38.5$; $p<0.01$), perceive themselves as less attractive ($U=34$; $p<0.01$) and feel that their body does not meet sociocultural norms ($U=46.5$, $p<0.01$). They also display a high level of shame connected with their body ($U=24.5$; $p<0.001$) and are dissatisfied with their appearance ($U=44$; $p<0.01$).

Differences between single women and women involved in relationships

Out of eighty-six women taking part in the research, fifty admitted to being involved in a partner relationship (of informal character, lasting more than three months), and the remaining 36 claimed to be single. Inter-group analysis revealed meaningful differences between the groups concerning strength of the corporal self (four individual scales of this variable), as well as one particular factor related to the differentiation: emotional separation from the partner. Hence, it is possible to conclude that there is a relation between remaining in a partner relationship, the level of differentiation, and the strength of the corporal self.

The statistics results of these comparisons (again based on Mann-Whitney's U-test) are presented in Table 3.

Table 3. Differences between single women and women involved in partner relationships with regard to strength of the corporal self and the scale of emotional separation from the partner.

Women aged 21-26	Strength of the corporal self										Level of differentiation	
	The full scale		Elevated experience thresholds		Interpretation of emotions		Interpretation of experiencing corporal identity		Regulation of emotions		Emotional separation from the partner	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Single	2.4	0.54	1.7	0.6	2.8	0.8	1.9	0.8	3.1	0.6	24.5	6.1
In a relationship	2.1	0.46	1.4	0.4	2.4	0.8	1.5	0.6	2.8	0.7	17.5	6.0
The value of the U-statistic	626***		678***		639***		604**		640***		341**	

** $p<0.01$; *** $p<0.05$

In comparison to single women, women involved in partner relationships less frequently perceive their partner's opinion as a determinant of a negative body image ($U=654$; $p<0.05$), but are more influenced in creating a positive self-image by feeling that they are loved ($U=633.5$; $p<0.01$). It is also worth highlighting that women belonging to this group experience less shame with relation to their body ($U=602$; $p<0.01$), and more rarely think negatively about their body upon looking at their reflexion in the mirror ($U=625$; $p<0.01$).

Conclusions

The above-research proved that there is a positive relation between strength of the corporal self and level of differentiation of. What is more, it additionally confirmed the results achieved by O. Sakson-Obada (2009) indicating that strength of the corporal self influences perception and emotional attitude towards one's body.

The assumption that women characterized by weak corporal self also present a low level of differentiation was validated. Consequently, such women have difficulties in identifying and expressing their own views, are less independent in making decisions and need other people's approval in order to act (as interpreted by the autonomy scale). Furthermore, they display stronger emotional reactions in all aspects of relations with other people (emotional dependence scale) and experience considerable responsibility for parents and their relationships (triangulation scale). They also exhibit greater tendencies to maintaining emotional distance both from their parents and their partners (emotional separation from parents and emotional separation from partner scales). Figurewise these women are stout. They feel unattractive and are dissatisfied with their physical appearance. They experience a great deal of shame in connection with their body. Finally, they attach great importance to situations and feelings which are determinants for a negative body image.

In comparison with the aforementioned group, women characterized by medium strength of corporal self declare less emotional dependence from other people. They are also less emotionally tangled with regard to their families. They seem to be able to cope skillfully with tension in relations with significant people, and more rarely emotionally separate themselves from their parents or partners. The experience of being rejected by a significant person, however, causes them to think negatively about their bodies. Nevertheless, these women generally perceive and evaluate their bodies positively: they like their bodies, feel attractive and thus experience less body-related shame. They also tend to be slender.

Women whose corporal self is strong are highly developed in terms of differentiation. They function very well. They expose only slight tendencies to cope with

tension by means of separating themselves from significant people. In comparison to the first group, they are remarkably more autonomous and have a positive attitude towards their bodies.

The hypothesis that remaining in a relationship, that differentiation and strength of corporal self are related, was also confirmed in the research. Women who claimed to be involved in a partner relationship were characterized by a stronger corporal self and higher level of differentiation than did women who described themselves as single. These women also presented fewer dysfunctions with regard to identification and interpretation of their emotions; they controlled them better and rarely experienced feelings of inner emptiness, estrangement from the bodily experience or loss of their sense of bodily boundaries (based on an analysis of a disrupted sense of one's corporal identity). They have only a minimal tendency to maintain emotional distance from their partners and are eager to share their feelings and experiences with other people. Supposedly, this particular set of features enables them to create satisfying relationships with partners. This assumption, however, is only a theory, and constitutes an interesting subject for more detailed exploration.

Practical application

The conclusions reached in this paper have their practical application in psychotherapy. They confirm the thesis that a proper analysis of a woman's emotionality (shaped during her upbringing) needs to be based on the corporal self sphere. Here emerges a question about how to put this theory into practice.

In my clinical practice I employ work with one's body as a means of supplementing and deepening individual therapy based on the systemic approach. In this context, work on the sense of one's corporeity is a multistage process based on a safe therapeutic relation established beforehand. Initially, it is aimed at improving the client's adequacy of reception and interpretation of his sensory experience concerning his physical experience and emotions. By means of careful analysis of the sensory-motor sensations, the client gradually learns to concentrate on the present (instead of concentrating on the future or the past, which is equivalent to a retreat). The client also learns to perceive and interpret sensations received from his body and from the outside world in terms of certain signals informing them about their psycho-physical condition. As a result, it becomes possible for them to distance themselves from the experience, to cognitively reflect on them, and to consciously control them. By practicing these skills the client improves their level of differentiation on the intrapsychic level and collects experience in which his/her body and its processes become more understandable, and conse-

quently, evoke less fear and aversion. Moreover, an adequate interpretation of the sensations related to one's body increases the comfort of remaining in relationships with other people (especially with significant others), and enables one to successfully regulate emotions evoked by these relationships.

Connecting psychotherapy with work on body image was analyzed by representatives of different therapeutic approaches (Bromberg, 2003; Kepner, 1991; Levine, 2008; Lowen, 2000; Ogden, Pain, Minton & Fisher, 2005; Siems, 2006; Schier, 2005; Wallin, 2007). Bogusława Piasecka in her paper on the integration of psychotherapy and somatherapy (2010) indicates a series of ethical difficulties in this matter. The authors concluded that even though application of both therapeutic perspectives requires adequate competence, this twofold approach opens the therapy to new possibilities and makes therapeutic action more effective. These conclusions constitute a strong argument in favor of attempting further theoretical and empirical investigation of the matter.

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