

**The Body Double:  
An Experiential Intervention for Eating Disorders**

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As Bessel van der Kolk wrote in the IAEDP newsletter, (February/March, 2003) people who have experienced violence have neurological changes in their brains as a result. Of particular note for clients with eating disorders is the inability to self-soothe due to brain changes. Cortisol, the stress hormone, is depleted. Hyperarousal of the amygdala and other emotional centers of the brain is common, creating cycles of intense feeling followed by numbness and dissociation. There is an inability to put internal experience into words as Broca's area, the speech center in the left brain, is deactivated. Important, too, is the finding that traumatic memories are stored in the right, nonverbal side of the brain and are often inaccessible to change with talk therapy. Experiential treatment is prescribed as necessary to heal body-mind connections, rather than only management of the symptoms of eating disorders.

Johnson (2000) called for a system of experiential psychotherapy to treat PTSD as it had been shown anecdotally to be a treatment of choice for the nonverbal symptoms that make up that diagnosis. The Therapeutic Spiral Model™ (Hudgins, 2000, 2002) is such a system of clinical practice with experiential methods, and it is being research tested following years of clinical reports of its effectiveness. Drawing on solid theoretical foundations from clinical psychology and experiential psychotherapy research, the Therapeutic Spiral Model (TSM) modifies classical psychodrama interventions to prevent uncontrolled regression and unconscious regression. TSM guides experiential interventions to be safe and contained.

*The Body Double* (Hudgins, 2002) is a clinically sound, operationalized, experiential intervention module that teaches clients with eating disorders how to soothe themselves at the physical level. Through nonverbal empathy and accurate labeling, the therapist helps the client

find words to understand what s/he is experiencing and what can be done to calm the internal sensations, images, and compulsive urges related to eating disorders.

To use the Body Double intervention (BD), the therapist sits next to the client and speaks in the first person. As the BD, the therapist tunes into the nonverbal nuances of the patient and attunes self to the breathing and patterns of tension. In many ways, sitting next to the client is a more natural posture for talking and clients find it quite comforting after a few interventions.

By speaking in the "I" the therapist is able to begin to identify and label both sensations of distress and to increase awareness of positive bodily states. The three steps of the Body Double are: 1) Put words to negative nonverbal symptoms to contain them, 2) Reflect nonverbal awareness of positive states, and 3) Anchor the senses in the here and now

The BD puts words to a healthy state of body awareness, i.e. breathing that can open up, feet that are on the floor, movement that is calming and gently leads the client into a state of self-soothing. The Body Double speaks slowly, breathes slowly, modeling calm awareness. Breathing slowly in through the nose and out through the nose sends a message to the parasympathetic nervous system to calm down.

**Client:** I feel gross and disgusting and I want to purge

**BD:** My stomach is queasy, and I can put all four corners of my feet on the floor, connected to the support of the ground underneath me. (Client places both feet on the floor. Previously, one foot was off the floor with the ankle rotating)

**Client:** I feel my feet on the floor and I feel queasy -I want relief - I hate this.

**BD:** My stomach and throat feel queasy and I can take a deep breath in through my nose and all the way to the bottom of my lungs. (Client rolls her eyes but begins breathing through her nose.)

BD breathes in through the nose and slowly exhales through the nose. Client's breathing deepens.)

**BD:** I can focus my eyes on the tree outside the window and notice my heart beating more slowly as I slow my breathing down. (BD chose the tree as a visual anchor based upon knowledge of client's love of the woods and Nature.)

**Client:** I still feel this lump.

**BD:** I can notice the lump in my throat and allow my breath to wash over the lump, slowly dissolving it.

(Client continues with breathing, and is now twisting a strand of her hair)

**BD:** I can continue my breathing, (pause) and feel all four corners of my feet on the floor, (pause) focus on the tree, (pause) and release my fingers from my hair, (pause) and slowing and gently stroke my hair (BD models this as she speaks)

(Client breathing is slower now, she is stroking her hair rather than twisting it, and is gazing at the tree)

**Client:** I feel less queasy now and my throat is less tight. Everything has slowed down now - I feel more in control and less frantic. Thanks.