

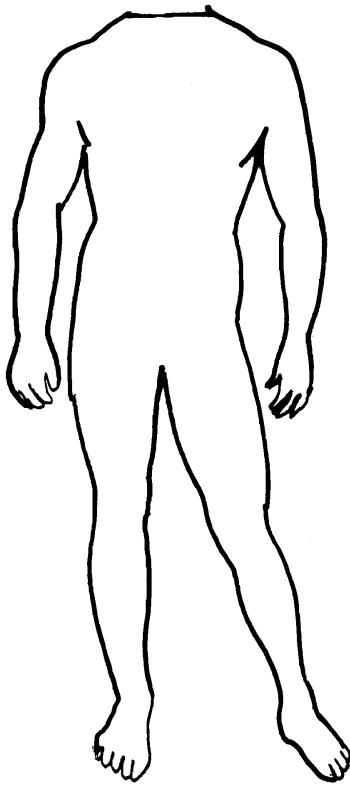
The Man Who Had Lost His Head

A Bodyworker's Detective Story

by Robert Schleip

Dr. John B, a 40 year old surgeon comes to get bodywork sessions. He has an interesting story: about 3 years ago a kid jumped into his upper back while he was swimming in a public pool. He suffered strong whiplash-like symptoms from that impact, including vegetative and emotional reactions, to such a degree that he had to rest in bed for about a week. Yet soon after that he recovered well and returned back to his previous active-happy-healthy lifestyle.

About 2 years later he unfortunately injured his head again: While loading something in the trunk of his car the trunk door fell down on his head. He got a strong bruise on his head from that, but no signs of a commotio cerebris or vegetative reactions. Yet since then he developed a peculiar and annoying weakness in everyday life: he keeps bumping his head involuntarily into doorframes, lamps, windows, car-door frames, etc.. This happens "at least twice a week" (usually more often) so that his head is now constantly covered with several recent bruises.



John comes across as an intelligent, active and open minded man who is very successful at his work. He usually accompanies his head-bumping adventures with a good dose of humor and doesn't allow them to take his enthusiasm away that he has for life, not only for his work, at which he seems to excel, but also for his private life with his young daughter and last not least for playing basket ball once a week in a team of friends. Since he had been a passionate and talented basket ball player since his high school years, the once-a-week training session with some friends in town had become a major source of his bodily sense of vitality. Yet in one of the bodywork sessions he also shares, that somehow he feels "*like getting older*", since he seems to have lost the speedy acceleration and jumping power in his legs that he had been enjoying so much in his weekly basket ball games since his high school years.

The bodywork sessions with me work fairly well in terms of improving his overall alignment with gravity, except that due to always having several head bumps during the week he can't keep the lift on the upper end of his body between sessions. Plus the work on the legs and pelvis does not succeed in helping him to regain the agility of his legs that

he was hoping for.

What to do? Early on I include a good deal of work on the head and neck, yet without any resulting reduction in the number of his head bumps during the week. In between sessions I keep thinking about his head's strange disorientation behavior in space. Why does he bump his head into things? Is this a subconscious longing to repeat the two traumatic head injuries he had suffered before? What approach would support him best to lower the rate of head collisions?

One day I get a hold of some recent research articles on the development of a cortical *'body map'* in humans and chimpanzees. Specially one article by a young American primatologist Daniel Povinelli catches my attention and excitement. Due to behavioral studies it seems that only humans and chimpanzees develop a cortical self image of their body which includes its weight, proportions, shape and relative orientation in space. This internal body representation allows big apes to move their heavy bodies through the fragile canopy with non-stereotyped movements, whereas the smaller monkeys - or those who typically do not live much in the canopy - do not develop this new cortical feature. Humans – although they do not live in the canopy – usually show first signs of a cortical self concept at the age of 18 - 24 months when they start to react to their image in a mirror significantly different than let's say a cat or dog. Could it be that my client John's orientation problems have to do with an inappropriate internal body schema? Maybe the two initial injuries have resulted in him "loosing his head" in his brain's subconscious body schema of himself. Maybe the internal map on which his brain plans and monitors his own movements in space does not have a functional and adequate representation of his upper end. A man who has lost his head, not in terms of the outer or anatomical body, yet in terms of his brain's own internal image of himself.

Assuming that's true, then how can we both succeed in re-integrating his head into his body schema? ¹⁾ Apparently just touching and massaging his head and neck does not help much, since we have done that for several sessions.

Listening to John I am reminded of a teaching my father had given me in my first skiing vacation as a young boy. While carrying the skies on my shoulders I would regularly bump with their rear ends into other people and things around me. My father's repeated command *"keep your awareness in the very ends of your skies, Robert"* had not been easy for me to follow. Yet after two days of paying conscious attention to their position while walking and turning – and several dozen involuntary bumps from my side - I would not collide with them into other things or people anymore. And that even when I was not thinking about them at all. It was as if the skies belonged to my own body.

How then could I help John in a similar way to include his top end into his subconscious body schema? Together with him I start to contemplate about giving him a helmet with which he could do some careful and conscious head maneuvering and bumping exercises in relation to some hanging objects. Yet then comes a more practical and better idea. How about just hanging one or several air balloons from the ceiling in his home. For example over the kitchen table, such that he can play with subtle balloon bumps while at home? John seems to like this suggestion – the one with the air balloons, he did not like the ones with the helmet - and says he is willing to give it a try, since the concept behind it makes

sense to him.



A week later John returns as a vibrant man with one of the widest smiles I have ever seen. Not only has he done the air balloon thing I had suggested, he also has added a few funny head-to-head games with his daughter and a balloon in between their heads. The amazing result: this has been the first week since a very long time that he has not bruised his head into a doorframe or whatsoever, not even once. Plus – and this one comes as total surprise for both of us - he has enjoyed *"the basket ball game of his life"* this week. In his words: *"Every piece of trash I got, I could turn into a basket"*. Apparently he has regained the speedy agility of his legs and his jumping power, so that he now is able to accelerate faster and to jump higher and with more precision than before.

In trying to explain together this dramatic improvement, we both – John and I - suspect that it is indeed related to him "regaining his head" again in his internal body schema. Apparently the- altogether maybe 20 minutes of - simple exercises and games with his daughter have allowed his brain to reintegrate his head into the subconscious image of his own body. Makes sense, just imagine dear reader, if you are jumping and there is suddenly an unexpected extra weight of 6 kg on the upper end of your body. Quite likely your precision and acceleration will be significantly impaired and slowed down.

The effect of this shift in John seems stable. Further sessions with John are not doing much more. He does not bump and bruise his head again in the following weeks, and he keeps the regained agility in his weekly basket ball evenings.

What a nice and wonderful detective story! It reminds me of what Peter Melchior, one of my original Rolfing teachers, told me during my early years as a practitioner: *"Maybe it is more that people change 'their mind about their body' in response to our treatments, which then results in physical changes of their bodies"*.

As any good – and true – success story it also leads to several questions. For example:

- Would the simple balloon exercise have had the same effect, without John putting it himself into a more meaningful social variation with his daughter? ²⁾
- If he or I would have gotten this simple treatment idea already in the first session, would he have been already able to get the same drastic improvement out of it?
- Maybe lots of people live with a dysfunctional body image. How about *"the woman without a hip joint"* or *"the doctor who had lost his toe hinge"*. Could it be that future body workers could "cure" them forever with a similar easy 20 minute intervention? I certainly would love to have more cases like this - or to recognize them more often!

– in my daily practice.

Footnotes:

- 1) Based on the convincing arguments of Gallagher & Cole it is useful to distinguish between 'body schema' and 'body image'. Body schema stands for a system of preconscious, subpersonal processes that we use to monitor posture and movement. Body image on the other hand is defined as our conscious ideas or mental representations about our body. In everyday life our body schema continues to operate, and in many cases works best, when the intentional object of perception is something other than our own body. Our body schema consists of intentional states – perception, mental representations, beliefs and attitudes – in which the intentional object of such states is one's own body. There are several interesting correlations and interactions between the body schema and body image. See Gallagher S & Cole J, Body Image and Body Schema in a Deafferented Subject, *Journal of Mind and Behavior*, Vol.16 (Autumn 1995), 369-90.
- 2) It is possible to explain this story also from a perspective which is purely oriented around post traumatic stress disorders: The second injury – which triggered the 'head-less' movement coordination in everyday life – could be seen as a re-traumatization, which resulted in a fearful 'splitting off' of this injured body part in the internal perception of the client. The gentle movements with the head and balloon then provided an ideal 'titration' of this former threatening stimulus in a good direction., similar like somebody who had been abused by a man with a beard, might learn in a good therapy session to perceive other bearded men again as non threatening. The good relationship between the client and his daughter could be also seen as a 'resource' in that process of trauma resolution, which he utilized. As useful as this second explanation concept is, it seems more convincing to me that the improved agility in running as well as his precision in jumping and throwing can be even better – i.e. more specifically - explained by the above body schema oriented explanation concept.

Photo of girl with balloon: courtesy of Adam Mentzell, Certified Rolfer

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