

# From Insufficiency to Anticipation: an Introduction to 'Lichaamskaart'

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## Abstract

In this paper we take up the point of symbolic-imaginary anticipation and we combine it with the mirror stage, worked out by Jacques Lacan in numerous publications. We place the mirror stage within its complex temporal framework and explain how the three topological categories (RSI) follow from this most intimate of subjective experiences in the double mirror set up. All kinds of psychopathological mechanisms are traceable to this period in subjective development. Until recently it was impossible to find direct traces of this defining and unchanging moment. Since the beginning of 1990 a new method of therapy was devised in Duffel, named 'lichaamskaart', or body map. We point out the likeness and differences between the double mirror stage and the construction of the lichaamskaart. In conclusion we illustrate the relationship between anticipatory systems and the therapeutic process involved in lichaamskaart.

**Keywords:** Psychoanalysis, RSI, Anticipation, Mirror stage, Body image.

## 1 The Premature Burial: Living in the Face of Death

“Il n’y a pas, en effet, d’autre réalité que cette touche de la mort dont il reçoit la marque à sa naissance derrière le prestige nouveau que prend chez l’homme la fonction imaginaire.[...] A l’homme seulement, cette image révèle sa signification mortelle, et de mort du même temps: qu’il existe. Mais cette image ne lui est donnée que comme image de l’autre, c’est-à-dire lui est ravie. Ainsi le Moi n’est toujours que la moitié du sujet; encore est-ce celle qu’il perd en la trouvant. On comprend donc qu’il y tienne et qu’il cherche à la retenir en tout ce qui paraît la doubler en lui-même ou dans l’autre, et lui en offre, avec l’effigie, la ressemblance.” (Lacan 1955 [1966]: 345-346)

We are all going to die. It is just a question of time before we shed off this mortal coil and become something else, for better or worse. But until we reach that point we will have to deal with the fact that our mortal coil has something to say. “It would be far more true to say that traces of the past are retained in a way that reflects the course of a life: one might say that the body remembers.” (Hoffmeyer, 1996: 11)

Throughout their work both Freud and Lacan were obsessed with these two subjects: bodily experience of life and experience (or lack thereof) of death. Both subjects are intimately intertwined and these analysts went the mile to explain why these two are so closely matched, without finding any pleasing answers. For Freud it was the abhorrence, strains, anxieties and symptoms of sex itself, symbolised in the functioning of the hysterical woman, which portrayed the struggle he was trying to understand. For Lacan it was the psychotic enjoyment itself of the bodily experience in everyone (the enigmatic *jouissance*) that seemed to escape any form of rationale.

Both Freud and Lacan stressed the prematurity of our birth time as a departing point for three very important issues, namely our helplessness at birth (*Hilflösigkeit*), our total dependency on the Other for our survival and the pleasure he or she finds in taking care of us (*Jouissance de l'Autre*) and our desire to overcome this lack of self sufficiency by brewing a concoction of our own needs, the demands of the other(s) and the desires, which glue these two together (*Narcissism*). The scene where this Greek drama tends to unfold is found in every household. Unto us a child is born, and in it life has left her mark.

The oedipal scene is the stage or better said the frame wherein the helplessness, the enjoyment of birth and decay and the primary/secondary narcissism find their foothold. And as we know from Sophocles, the story does not turn out too well. Everybody goes through the different stages of the oedipal complex with three classical positions that provide an answer to the three questions of the Sphinx: what does it mean to be alive (life/death drive), what does it take to stay alive (master/slave dialectic towards the self and the other) and how do you know you yourself are alive (narcissistic relation towards the body *as* an other). Up until now no direct traces could be found emanating from these developmental stages (oral, anal/sadistic, genital) and their end result (neurosis, psychosis, perversion).

As we will come to see in this paper, the true story is still engraved deep within our body and there is a way to bring these traces to the surface using a remarkably simple technique called 'Lichaamskaart'. Before we can explain the technique a little more theory is required regarding the mirror stage and identity.

## 2 The Ego as the Uncanny Double: the Mirror Stage

“Ποταμοῖς τοῖς αὐτοῖς ἐμβαίνομέν τε καὶ οὐκ ἐμβαίνομεν, εἰμὲν τε καὶ οὐκ εἰμεν.”  
(Herakleitos)

The text by Lacan on the mirror stage is perhaps so famous to the point of being worn out that it is surprising to find new elements in it to this very day. We start our introduction to *lichaamskaart* here because the *lichaamskaart* itself has a mirroring and an alienating effect, as it was described in the mirror stage by Lacan in 1949 and much earlier by Freud in 1919 in *Das Unheimliche*.

The key citation to opening up this text to *lichaamskaart* goes as follows: “This jubilant assumption of his specular image by the child at the *infans* level, still sunk in his motor incapacity and nursing dependence, would seem to exhibit in an exemplary

situation the symbolic matrix in which the *I* is precipitated [precipitates itself] in a primordial form, before it is objectified in the dialectic of identification with the other, and before language restores to it, in the universal, its function as subject.[...] The fact is that the total form of the body by which the subject anticipates in a mirage the maturation of his power is given to him only as *Gestalt*, that is to say, in an exteriority in which it appears to him above all in a contrasting size that fixes it and in a symmetry that inverts it, in contrast with the turbulent movements that the subject feels are animating it.” (Lacan, 1949 [1977], p.2, our corrections between brackets) In Van de Vijver et al. (2002) this citation and the following are discussed most thoroughly in regards to anticipation and identity and we will not go any further here.

For this text two elements pop out, namely that there is a tendency in the mirror stage from insufficiency of bodily functions to an anticipation of a containment of this frustrating lack of total control. There is a contrast between the total body object, found in the mirror as one overpowering *Gestalt*, and the *mouvements vermiculaires* (*corps morcelé*) by the subject in front of the mirror. “This development is experienced as a temporal dialectic that decisively project the formation of the individual into history. The *mirror stage* is a drama whose internal thrust is precipitated from insufficiency to anticipation- and which manufactures for the subject, caught up in the lure of spatial identification, the succession of phantasies that extends from a fragmented body-image to a form of its totality that I shall call orthopaedic- and, lastly to the assumption of the armour of an alienating identity, which will mark with its rigid structure the subject’s entire mental development. Thus, to break out of the circle of the *Innenwelt* into the *Umwelt* generates the inexhaustible quadrature of the ego’s verifications.” (Lacan, 1949 [1977], p.4)

This is clearly a point where the distinction between the real and the imaginary bodily function can be made. As we are born, we are really helpless, wanting, frustrated pieces of enjoying meat. We have no control of our motor function and we are totally dependent on the other to give us food, shelter, even purpose and meaning. Without these permanent supports to our existence we die, simple enough.

In the specular image in the mirror we find a glimpse of things never to come: a total well functioning, self supporting body. One body, one image to sum up everything there is to say or do, everything we feel is there, within this one framework. In the end we can recognize this image and say this is me. But, until the inevitable end, we are never only this image.

We move, that is the problem, we are not living portraits, we are enjoying and enjoyed bodies in an intimate relationship towards this virtual total body image. We are never whole and therefore the image of our self is never whole. Something is always lacking there, namely our own fractured subjectivity, always in want of further meaning but never satisfied. We are never really there, nor are we only virtually there. We are always caught between (real) insufficiency and (imaginary) anticipation (De Grave, 2004). We need a third dimension, namely the symbolic anticipatory register to get out of this deadly and frustrating mess.

### 3 Two Mirrors, a Cracked Vase and Withered Flowers: Portraying Decay in the Imaginary Captation

A little less known is the fact that Lacan worked *another* version of the mirror stage using two mirrors (a concave and a straight one), a box, an inverted vase and some flowers. Throughout the first ten seminars Lacan gave between 1953 and 1963 he worked on this scheme explicitly and implicitly only to abandon it in the tenth seminar on anxiety. The reasons for this abandonment are worked out in Van Heule (2004) and we will not discuss these further. Let us look at the scheme by which we will be able so speak about lichaamskaart.

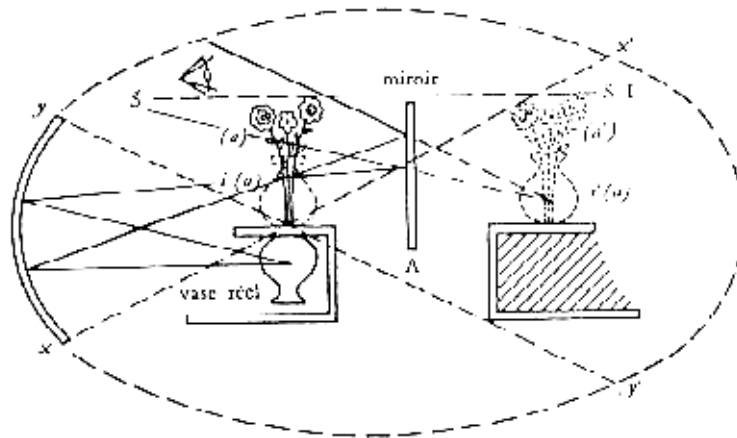


Figure 1: the double mirror setup (Lacan, 1958 [1966])

The double mirror setup falls apart in two distinct sections, left and right. On the left side we see a box hiding an inverted vase. On the box some flowers are placed. Both of these are mirrored through the concave mirror (x-y) to present the image on the right. The straight mirror (A) reflects this image back to the left side.

Lacan uses this model to explain a vast array of psychological concepts and problems. For this publication we will limit us to the following. The *vase réel* is a symbol for the circumference of the body, the body surface as it were. The flowers (a) are the drives that we feel in our bodies, the oral, anal, scopic, auditive, olfactory, respiratory, urethral, genital drives. As was shown before, ab ovo we do not experience our body itself in combination with the drive pulsions. Due to the prematurity of birth we are condemned, at least initially, for the fulfilment of our needs to pass via the Other (Autre in French). This is where the straight mirror comes into play. The Other (A) as a mirror combines our drives and our body. The other sees us as a whole, as an enjoying substance or subject.

Here comes the tricky part. The Other never experiences our drives first hand or as separate from our bodily functions. All direct access to the feeling of what it is like to be someone, bounces off on the dead epithelium, the vase. We see the other as an image of certain drives, denoted as  $i(a)$ .

We as subjects on the other hand are capable of feeling our body (vase réel) and our drives ( $a$ ) as two separate entities. Through the eyes of the Other as a mirroring effect we return to our own state of being, namely  $i'(a)$  (from the position of  $\$$ , symbol for the divided subject (De Grave, 2004)) and we have found and lost something at the same time.

We have won the fact that we see ourselves through the other as a whole (vase with flowers), a body we *have* for someone or something. The body becomes an apparatus for pleasure. In this movement we lose all claims to self sufficiency, even in our identity. It is through the other that we are able to combine drive and bodily function, not on our own accord. Moreover, there is something lacking in the experience of viewing ourselves through the stare of the other.

We as subjects are the only ones who experience our drives from the inside out. All others must deduce our drives, wants and desires by interpreting our bodily expression of these three. Therefore, after the double mirror stage we as subjects are caught in limbo. Never quite ourselves, never the expectation of what the Other would like to see in us. After this mirror stage we are forever caught between the insufficiency of being ourselves and the anticipation of being just what we are, being a subject who transparently conveys his or her thoughts, wants and desires in order to be loved, desired and fulfilled.

The mirror stage leaves traces on our souls. From this point on, we have to make a (albeit unconscious) choice. If we trust the other, we make the leap and transform into the image we see without resorting to it every waking hour. If we deny the other as a mirror of our self, we fall back on de drive-body duality (corps morcelé). Other possibilities are open as we will see further on. At the end of the oedipal complex, this defining moment of choice, which Freud named Neurosenwahl, remains embossed on our psyche as a mould in which we pour our mental representations, our partial drives and the anchoring words of identity through which we try to convey our innermost feelings to the other. The mould never changes from the moment it is formed, our psychological structure remains the same as an unchangeable anchor.

Before, all this might have seemed like psychoanalytical speculative hogwash, pertaining to a field of expertise along the lines of astrology, karmic and chakra diagnostic and the like. As we will come to see, a technique as simple as lichaamskaart will provide the scientific means to point out that the mirror stage indeed leaves certain traces which cannot be altered in and of themselves, but they can be mended up to a certain degree. Let us look at this technique.

#### **4 Lichaamskaart: the Simplest of Techniques With the Most Difficult of Consequences**

Before we begin, allow us to make one thing clear. There is nothing mystical about the *lichaamskaart*. It translates as body map and we would like to keep the Flemish name to be sure to set it apart from other possible (past or future) approaches of these body maps. The *lichaamskaart* deals with the technique of mapping the body as it was discovered and elaborated by Lucia Van Den Eede in Duffel, Belgium. It may seem strange to take such a strict interpretation of the *lichaamskaart*, but in the translation of the technique into practice over the years it has become clear that the technique itself should be followed up to the letter or catastrophe looms ahead. Therefore it should have a name, which sets it apart from other forms of body oriented therapy.

Lichaamskaart is a form of nonverbal therapy worked out individually in group. It is possible to do it in an individual session, but this is not habitually done. It is very concrete and hands on. To make the first lichaamskaart we need only five or so minutes. It is important not to linger on the process, all the different steps in the lichaamskaart should be worked through as fluently as possible. There is plenty of time later on to work on the lichaamskaart, but the first thrust of work should be done without too much pause. Also the instructions should be followed to the letter.

#### Prerequisites:

At least two people.

White paper of good quality, manheight.

Markers in different colours, but especially a red and a black marker.

A quiet space with at least one straight wall.

#### The technique:

- Take a large sheet of white paper of good quality, big enough to draw your entire body.
- Hold it up on a blank wall, maybe two other individuals could hold it up, or you can use adhesive tape.
- “Then, with a *red* marker, draw your contours as you think they look in one fluent line *without* lifting the marker.” Just draw as you think it is. If people ask for more details, just repeat the fact that they should draw the contours of their body as accurately as possible.
- When you have finished, take the drawing from the wall and put it on the floor.
- Go lie on the paper, more or less at the same height as the red lichaamskaart.
- Ask someone else to draw around you with a *black* marker.
- When he or she has finished drawing, stand up and look at the two lichaamskaarten. This phase is a very delicate one. Allow the drawer some time to get adjusted to the differences between the red and the black lichaamskaart.
- If the lichaamskaarten are drawn in group sessions, do not stimulate group interactions during the drawing process. The whole procedure should not take up more than approximately five minutes.

- If the subject or everyone has finished, put yourself somewhere quiet with the rest of the markers and *within* the *black* contour, draw what you are experiencing in your body.
- If you are the facilitator in the session, give two examples of experiences: If you have broken your leg in an accident and you can still feel it for example, you can draw your leg that way. If your heart has been broken and you feel that, you can draw it as you experience it.
- If all the lichaamskaarten are finished, let everyone decide if they want others to comment on the lichaamskaart. If not, let them fold the lichaamskaart shut.
- Go around the room and let everyone who wants to, comment on the lichaamskaarten.
- It is very important that you do NOT give strict interpretations. The whole idea is to create an atmosphere where the subject can create his or her own interpretations in relation to the comment of the others.
  
- If the red and black lichaamskaarten are already drawn in a previous session, you can start the session by giving everyone their lichaamskaart and allow them to continue drawing their bodily experiences within the black lichaamskaart.

When you read through these instructions and you anticipate what it will be like when you draw your lichaamskaart, you will expect both to be more or less the same. This is a clear example of how we expect that others like ourselves will be able to draw our contours more or less correctly. Needless to say, you are dead wrong in your anticipation. If you do not believe us, do try it out yourselves and prepare to be shocked as to what emerges here.

In Duffel over 300 lichaamskaarten were drawn over the course of 15 odd years. From these a number of distinctive features were noticed. First of all, people with different diagnoses draw different and very distinctive lichaamskaarten. The three psychoanalytical diagnoses -neurosis, psychosis, perversion- are easily distinguishable. Furthermore, the diagnosis can often be specified as hysterical, obsessional neurosis, paranoia, schizophrenia, childhood onset schizophrenia, traumatic neurosis (borderline personality disorder), certain neurological disorders, narcissistic neurosis, etc. Furthermore, it is to no avail whether you know your diagnosis or not. You will always draw the same lichaamskaart, give or take a few details. The psychological structure, the symbolic matrix as Lacan calls it, remains unchanged. Most shocking of all, give or take a few details, your lichaamskaart will remain the same even if you redo it after months or even years.

So, why is this of scientific interest? Well, it is universal, cross cultural, easily testable, repeatable, simple and non intrusive. In Belgium the same preliminary data were found as in The Netherlands, France and India. We do not expect the lichaamskaarten to change that much, either intra or intersubjectively.

We have bashed our skulls trying to fathom what the lichaamskaart actually portrays, what theory could be able to explain the universal properties of this technique. In the end we can only conclude that a lichaamskaart mirrors the place of the straight mirror

(A) in the double mirror set up. The combination of a drive motor function (the red lichaamskaart) and the real and perceived lichaamskaart (the black one) creates the chalk lines wherein a subject can come to terms with certain nonverbal or preverbal symptoms within the body. Through lichaamskaart it may become possible to discuss certain hidden parts of our psyche. In this way, the lichaamskaart as a technique is akin to the classical psychoanalytical method of lying down on a couch and free associating verbally to everything that comes to mind.

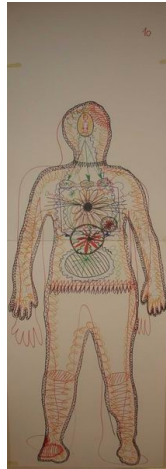
In Duffel on De Baken both verbal and nonverbal psychoanalytical therapy are used in conjunction with each other in treating psychotic patients. What doesn't come out verbally is worked out nonverbally and vice versa. We see that patients through verbal and nonverbal therapy come to a better grasp of their bodily functions and control of their libidinal impulses (or lack thereof). Therapy alleviates subjective suffering and this should be the *only* goal of therapy, no normalisation, disciplining or trying to fit people into a certain mould of sanity. Lichaamskaart should be treated with the same respect. There are no good or bad lichaamskaarten, there are only lichaamskaarten. For some they have a therapeutic effect, for some it remains stale. No one should ever be forced to do a lichaamskaart, as no one can be forced to speak.

Lichaamskaart is seen as an extension of the psychoanalytical cure, not as a competitor or as a falsifier. We hope that lichaamskaart could become a discipline on its own, closely related to the talking cures in psychotherapy. In this field of tension between verbalisation and non verbal impulses a wealth of experiences are waiting to be discovered.

## **5 3+1 Examples from the clinic of psychosis: corps morcelé, haché, mutilé**

We give three example of lichaamskaarten from patients from our ward, De Baken, subsection for young schizophrenics and subjects with psychotic problems. As worked out in a previous publication (De Grave, 2006), schizophrenic patients seem to fail to anticipate certain events or future states. This is only half true. They do anticipate, but differently. The psychotic delusion in itself is a way of anticipating. Since lichaamskaart, like the mirror stage, goes from insufficiency to anticipation, we should expect to see some remarkable differences.





**Figure 2**

The first example is one to compare to the others. The young woman who drew this one is not psychotic. Although the content of the drawings in the lichaamskaart might seem psychotic (a little man in the brain, three I's,...) everything is drawn neatly in the black lichaamskaart.<sup>1</sup> The red lichaamskaart is drawn fluently, a little smaller than the black one. Notice the straight shoulders and the filling up of the lichaamskaart. There doesn't seem to be any room left for anything else or new.



**Figure 3**

The second example is of a schizophrenic woman with very clear auditive hallucinations and religious delusions. She doesn't draw in the black lichaamskaart, but on the red one. Notice the right arm is mostly missing, the left leg is hanging on by a thread and the heart is drawn between the red and the black lichaamskaart.

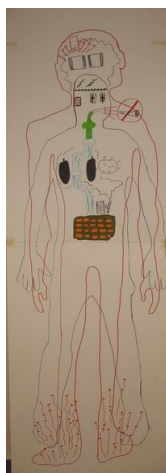
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<sup>1</sup> Due to publication restrictions we were not able to give colored reproductions of the lichaamskaart. Send us an email if you would like colored versions.



**Figure 4**

The third example is of a psychotic young man with anxiety disorders and an agenesis of the corpus callosum. This means that the left and right hemisphere of the brain have problems coordinating towards each other. Notice the asymmetry in the lichaamskaart, the large head, no neck, the long right arm, the fact that the lichaamskaart is much smaller than the real image.



**Figure 5**

The last example is of a schizophrenic young man with strong perverted tendencies and poly-toxicomania. Do note that the red one is substantially bigger than the black one. Also the broad shoulders and the left club foot are significant. In the map this patient draws quite a few references to addiction and health issues.

## 6 Anticipation and lichaamskaart: therapeutics as the nexus of lichaamskaart

If diagnostics would be the only focus on lichaamskaart, we think we will not be able to keep up more than a passing interest in this method. The real strength of lichaamskaart comes from the therapeutic consequences of this process. This is neatly caught up in the anticipatory process of the mirror stage discussed before.

Man does not see his own body in its entirety except through a mirror(ing other). The same probably goes for the lichaamskaart. We draw what we expect to see ourselves, without any predisposed suppositions. This is one of the main reasons why we have chosen to make the lichaamskaarten in a group session. Although everyone draws his or her own lichaamskaart individually, others besides the facilitating therapist are present as symbols of the fact that there *are* others in the first place, and these others can or cannot have a view on the subject at hand. In opening the lichaamskaart to others, something peculiar happens. We allow others to look directly at details of our bodily lives we often keep hidden even to ourselves. In confronting these images supported by other subjects, new avenues of feeling and thought can emerge to help us to come to terms with certain aspects of our psychological life.

To conclude this introduction to lichaamskaart, let us see how the idea of anticipation links up with the construction of the lichaamskaart. As Lacan stated, we start off from a moment of insufficiency in front of the white paper. Every one of us more or less anticipates how their lichaamskaart is going to be, namely a head, trunk, hips, two arms, two legs, etc. In the anticipatory process of drawing an Ideal lichaamskaart, we come to see that certain peculiarities emerge, but most of these only become clear after the black lichaamskaart has been drawn by somebody else.

The contrast between the red and the black lichaamskaart opens up a void as it were, a field of tension between our own motor production of our body contour and how the other has drawn it surrounding our body. The enigma of the differences between the two lichaamskaarten is a great motivator to start working on the content part of the lichaamskaart. I experience myself like this, the others see that, but is that all? What more could be drawn to further elaborate on the distinction between the red and the black one. **As you will have noticed in the four examples above**, all elements in the lichaamskaart have a relationship to one another. No part of it explains everything, and so no lichaamskaart can be reduced to any of its constituent parts.

It is the whole of the lichaamskaart which gives it its true and most potent power. A lichaamskaart can be finished at any time the subject deems it finished. Some seem to elaborate further on it through 10 or more sessions, others just come once or twice and never return to the drawing. It cannot be said that the more a lichaamskaart is elaborated, the more therapeutic effect will be attained. As long as something emerges through it with which the subject can appropriate his or her body in a new way, the initial goal has been reached. What is anticipated in the construction of lichaamskaart? Coming to terms with something which we seem to have “forgotten” most of the time, namely that we do not know how to look at ourselves.

Gertrudis Van de Vijver in a personal communication gave a wonderful metaphor for the distinction between psychoanalysis and psychotherapy. She says that psychotherapy helps you to find answers to certain psychological questions you have, psychoanalysis helps you find questions to the answers you never realised you already had. Lichaamskaart does both. It puts the body into question with the discrepancy between the red and the black one and it allows a subject to work through this paradox by filling in the void with images of an often highly relevant symbolic value to the subject itself. The lichaamskaart is there, we anticipate it will have some impact on the whole.

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