THERAPEUTIC BODY-MAPPING: METHODOLOGY, THEORY, AND MULTICULTURAL CONSIDERATIONS FOR ART THERAPY TRAUMA TREATMENT

By

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Abstract

This paper introduces *therapeutic body-mapping* as an art therapy and mind-body method to address health and medical conditions, including trauma by creating a life-size symbolic narrative that incorporates exploration of the interior of one's body and socio-cultural context. The research intention was to develop grounded theory to address the gaps in the literature on bodymapping and its use as a trauma-informed and multi-culturally sensitive treatment, and provide a conceptual framework for its practice. Therapeutic stages are described using examples of mental health practitioners who used the method for personal exploration. Theory is developed through integration of literature on the neurobiology of trauma and the role of imagery to address gaps that develop in one's ability to describe and make meaning of traumatic events. Results are presented from a retrospective analysis of 85 photographs of body maps collected from therapeutic body-mapping workshops with mental health practitioners in 11 locations. A hermeneutic-phenomenological research method was used to explore the responses of bodymapping participants from Canada, Hong Kong, Macau, Spain, Thailand, and a Native American community in the United States. The results show the main thematic variant as a focus on the interiority of the body versus the exteriority of the body. This finding is supported by cross-cultural literature on different definitions of selfhood between people who hold individualistic as compared to collective cultural values. The inclusion of both body and social context in bodymapping suggests it may meet the treatments needs of people with diverse cultural values and provide a treatment approach that is different from mainstream treatment options.

Key words: Bodymapping, trauma, neuroscience, art therapy, mind-body intervention, multicultural, treatment, narrative, grounded theory, research.

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Christine Lummis

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CHAPTER 1: INTRODUCTION

Practice-based Research Project

The qualitative arts-based research project described in this article-style dissertation builds grounded theory for *therapeutic body-mapping* in that it identifies therapeutic stages, posits underlying theoretical concepts for its use as an innovative trauma treatment, and examines the method through a multicultural lens. This development of theory is an expansion and extension of bodymapping designed by Solomon (2008). Therapeutic body-mapping is an innovative art therapy and sensorimotor method that systematically explores health and medical concerns, including trauma. It creatively links experience, emotion, and cognition through a specific sequence of directives that generates a life-size visual autobiography that integrates an individual's socio-cultural context within a symbolic narrative.

My first two articles presented herein advocate for the use of therapeutic body-mapping by combining a review of the relevant literature that brings together diverse fields of practice with my experience of using the method for 8 years. To lay this foundation, I review literature on mind-body interventions and the benefits of using art therapy to generate a visual narrative when working with trauma, and use these concepts to identify therapeutic stages that provide rationale and guidelines for its use. I then review pertinent neuroscience and art therapy literature that outlines the possible neurological impacts of trauma on cognitive functions and the difficulty this causes people in their ability to describe and integrate these experiences. I use these concepts to argue for the benefits of using a mind-body and art therapy-based treatment approach to address trauma.

These first two articles lay a theoretical foundation for my research. The third article describes my research that examines multicultural responses to therapeutic body-mapping. To do this, I

used a hermeneutic-phenomenological methodology to conduct a retrospective analysis of 85 photographs of completed body maps I gathered through my work with therapeutic body-mapping in 11 different countries over a 3-year period.

Context for the Research

Through 18 years of art therapy practice with clients in Canada who have suffered various types of trauma, I have become aware of gaps in many of the mainstream programs used to treat trauma. These programs do not always consider the benefits of art therapy, mind-body sensorimotor approaches, or different cultural values in their program designs. In my experience, the quest for evidence-based treatment has shadowed the contributions these approaches have to offer trauma treatment.

In addition, the different theoretical interpretations of health and well-being that are often used to design trauma treatment, which have historically stemmed from Western views of self-identity, do not always incorporate a multi-cultural perspective that acknowledges different socio-cultural frames of reference. Therapeutic body-mapping incorporates a body, mind, social, and spiritual approach to addressing difficult life experiences, which align with my beliefs about the components necessary for recovery and healing. Some of these beliefs stem from working in a rural community that embraces both mainstream and alternative approaches to health and healing, and includes many First Nations and Metis peoples living in Canada.

Because I recognize the holistic approach in therapeutic body-mapping and increasingly saw value in the method that has the capacity to bridge many of the gaps to treatment, I have incorporated it into my work with mental health practitioners who used the method for their own healing. There has been a recent increase of interest from mental health practitioners who want

to be trained in therapeutic body-mapping and to use it in their clinical work and research, and in some cases, adapt and change the methodology. This posed an ethical problem for me in that there is little literature on bodymapping, and there does not appear to be any that describes the therapeutic components, nor the theoretical constructs that underlie the method.

Relevance to the Field

I chose to develop grounded theory and articulate what I believe to be the significant components in therapeutic body-mapping that make it effective as a trauma treatment to fill these gaps in the literature and provide a conceptual framework for others to understand and work with the method. A conceptual framework provides a rationale for the structure that would help to maintain its integrity and ethical application when used by others.

In my review of the literature on trauma and trauma treatments, I see a convergence of disciplines in recognition of the complexity of trauma, and an increased desire for multicultural fluency in recognition of the importance of social context. My development of theory for therapeutic body-mapping adds to the dialogue on art therapy and trauma treatment, and offers a description of an integrated mind-body and art therapy approach that incorporates socio-cultural context for working with trauma. The informed application of therapeutic body-mapping, as integrated into treatment programs, would benefit clients by offering them an alternative to mainstream treatments currently used in Canada.

Research Setting

My interest in developing theory for therapeutic body-mapping and its application with trauma from a multiculturally-informed lens, raised personal questions about the role of social context in the development of identity and a curiosity to explore multicultural considerations for

the use of therapeutic body-mapping. Upon acceptance in the art therapy doctorate program at Mount Mary University, I decided to take a heuristic and scholarly approach to answer these burning questions. I left my work and community to immerse myself in different cultures in search of answers.

What started as a personal inquiry developed into this research project and snowballed into my becoming an international presenter and workshop facilitator in various art therapy training programs, universities, and counseling centers. I was invited to different countries to train mental health practitioners on therapeutic body-mapping using a "healing the healers" experiential workshop approach. Most recently I was invited to present at a university nursing program in Dublin that was interested in bodymapping as a research method for working with clients who have kidney disorders.

By invitation, I traveled through 11 different countries and facilitated workshops in 18 different locations on three continents over a 3-year period. I photo-documented my work and the completed body maps, with participant consent, which culminated in a collection of 280 photographs. To build grounded theory for therapeutic body-mapping, I used a hermeneutic-phenomenology research design to conduct a retrospective data analysis of the photographs collected in 11 locations, that include Canada, Hong Kong, Macau, Spain, Thailand, and a Native American community in the United States, in order to examine the responses of participants with different socio-cultural backgrounds.

Purpose of the Research

Through my work with mental health professionals in other countries who were excited about the use of bodymapping, I became increasingly aware of the ethical need to provide well-

developed theory to describe the methodology. The purpose of this research is to fill a gap in the literature on bodymapping, and to offer a rationale for its use as an innovative trauma treatment through a trauma-informed and culturally sensitive lens. To achieve this goal I developed and articulated the therapeutic stages in therapeutic body-mapping, and developed theory through the integration of literature on the neurobiology of trauma and the use of art therapy to address it.

My research project builds grounded theory for therapeutic body-mapping as a result of reflection on the responses of people from other countries that hold different value systems. The results of this research inquiry address gaps in the trauma literature and treatment approaches used in many programs that do not always meet the needs of people who hold different cultural values in their recovery from the impact of trauma.

CHAPTER 2: THERAPEUTIC BODY-MAPPING: CREATING SYMBOLIC NARRATIVES TO ADDRESS LIFE EVENTS AND TRAUMA

Abstract

Bodymapping is an art-based methodology for exploring health and medical concerns that creatively links experience, emotion, and cognition in a visual autobiography, and integrates an individual's socio-cultural context within a symbolic narrative. This article introduces *therapeutic body-mapping* as an innovative treatment approach to systematically explore and integrate life experiences across a range of clinical concerns, including trauma. The impact of trauma on cognition and language, and the use of art therapy to access non-verbal trauma, is provided as rationale for mapping the narrative. Observations of art therapists who used bodymapping for their own healing are described. Therapeutic body mapping methodology is provided to identify therapeutic aspects and to enhance understanding.

THERAPEUTIC BODY-MAPPING: CREATING SYMBOLIC NARRATIVES TO ADDRESS LIFE EVENTS AND TRAUMA

Introduction

Bodymapping is an art-based method for exploring health and medical concerns that links experience, emotion, and cognition in a visual autobiography within a person's socio-cultural context. Solomon (2008) designed bodymapping as a social action arts initiative that focused on advocacy, education, and public awareness through exhibits of life-size symbolic portraits. *Therapeutic body-mapping* is distinguished from Solomon's original methodology for its intent, application, and therapeutic components; I have developed it for use with clinical conditions such as physical and sexual abuse, injury, medical conditions and illnesses, and life transitions. Most of my work has been with art therapists and related mental health professionals who used it for personal exploration. However, I have also integrated therapeutic body mapping into a counseling program for women who survived domestic violence, and a treatment program for eating disorders.

Because art therapists have found therapeutic body-mapping to be valuable method they would like to use in their professional work, it is important to disseminate information about it to maintain the integrity of the method, as well as articulate its particular therapeutic components that contribute to its effectiveness. Direct, personal experience with the method is crucial for therapeutic understanding. In my experience is it not uncommon for clinicians to state that they had not expected the power, intensity, or complexity of this form of bodymapping; some were compelled to rethink their capacity to use it. This article introduces therapeutic body-mapping as an innovative treatment approach to systematically explore and integrate life experiences,

including various kinds of trauma. I will describe the origins of Solomon's bodymapping methodology as distinct from other uses of the term, and articulate therapeutic aspects to support its potential as a trauma intervention. To provide context, I review the literature on mind-body intervention, the use of visual narratives in trauma treatment, and the history of bodymapping. I draw from my observations of practitioners who engaged in therapeutic body-mapping groups and training to present the therapeutic stages involved and a discussion of healing that may occur.

Review of the Literature

Mind-Body Intervention

Mind-body approaches work with the sensory experience in person's body using such methods as breath-work and body scanning to promote relaxation and draw a person's awareness to sensations that may influence their cognition, perception of their environment, and behavior. These methods help people to remain grounded in the present rather than responding to heightened sensations or fragmented memories (Ogden, Minton, & Pain, 2006). Allen (1995) wrote, "the body records what the mind denies" (p. 59). Because medical illnesses, surgery, injuries, and traumas such as cancer, eating disorders, sexual abuse, and other conditions affect the body, it makes sense to work with the body in treatment.

Because trauma is a mind-body experience, a mind-body treatment would seem to be most appropriate. Researchers now understand trauma to be stored in the mind and body as sensory-based implicit memories, which are out-of-awareness, generalized summaries of experiences that unconsciously influence perception and behavior (Siegel, 1999; van der Kolk, 2014).

Mindfulness and body-awareness techniques may assist in accessing implicit memory, offering an expressive avenue for integrating body sensations and memories into awareness, and providing an opportunity to make new meaning (Ogden et al., 2006; Rappaport, 2014).

Implicit memories are observable only through behavior and symbolic representation (Hass-Cohen & Carr, 2008). Their unconscious, sensory nature means they are often inaccessible to verbalization, which implies that sensory-based modalities are important in resolving stress from trauma (Hass-Cohen & Carr, 2008; Lusebrink, 2004; Perry, 2009; Rothschild, 2000; van der Kolk, 2014). Symbolization may be used to access implicit memory and therefore bring sensory and emotional experience to conscious awareness where it can be given a visual identity and linguistic framework (Tinnin & Howie, 2013). The "trauma narrative" is made available in this way, allowing an individual to make meaning and to develop a less fragmented, more cohesive narrative of the experience (Gantt, 2013; Hass-Cohen & Carr, 2008; Siegel, 1999).

Mapping the Narrative

Mapping their trauma narratives is a way for clients to make sense of life events by placing them in some kind of linear sequence (Gantt, 2013; Martin, 1997), whether related verbally through story, visually through art and symbolization, or a combination of text and image as in the case of bodymapping. A map of events can provide context and continuity. People often discover that mapping reduces their confusion about their experiences; making sense of the order of things helps clients identify gaps in their narrative that suggest embedded triggers for their trauma and begin to integrate the experience into a cohesive life narrative (Martin, 1997; Pifalo, 2009; van der Kolk, 2014). In so doing, they are able to re-evaluate how they see themselves in

the world. As Rankin and Taucher (2003) argued, “adaptation to trauma involves construction of new self- and world-perspectives that are different from those prior to the trauma” (p. 138).

The use of a visual map reduces reliance on words while incorporating into symbolic form the complex, multi-layered experience of trauma or other significant life events. In her visual mapping approach with women caregivers who were traumatized by sexual abuse disclosures within their families, Pifalo (2009) found that depicting events pertaining to the abuse reduced confusion, created order, and helped the women to define their life goals and to visualize positive treatment outcomes. When comparing verbal and visual/symbolic narratives, Pifalo (2009) found that the latter were less confused than the verbal narratives in the women’s responses.

Martin (1997) compared chronologically dated life-lines depicted by psychiatric patients to “symbolic graphic life-lines” and found that, whereas the chronological life-lines included more detail, “the symbolic life line often seemed less intellectualized and appeared to increase the expression of individual feelings and actions” (p. 264). Martin noted that symbolic mapping in this way helped psychiatric patients integrate their past and present feelings in relation to clinically significant memories, events, and milestones.

Mapping traumatic experiences in a visual narrative also has been documented as part of integrative trauma recovery approaches (Chapman, Morabito, Ladakakos, Schreier, & Knudson, 2001; Gantt, 2013; Martin, 1997; Pifalo, 2009; Rankin & Taucher, 2003). For example, the Chapman Art Therapy Treatment Intervention (CATTI) uses a graphic kinesthetic activity followed by carefully worded directives to elicit “a series of drawings designed to complete a coherent narrative” (p.102). The CATTI was designed for incident-specific, medical trauma in

children to "facilitate the integration of experience into one's larger, autobiographical life narrative" (Chapman et al., 2001, p. 101-102).

Bodymapping

The term "body mapping" has been used to describe exercises where an outline of a body is used as a visual container in which to identify internal experience: applications include mapping the sensation of movement in the body (Castelyn, 2010), and describing body structure and movement associated with the Alexander Technique (Gehman, n.d.). Body tracing is a related technique of tracing the outline of a person's body, which is then filled in with symbolic and written expression of thoughts, feelings, and body concerns. Body tracing has been used to address body image distortions in treating eating disorders using the application of color to indicate areas of pain, pleasure, and emotion (Anderson, 2008; Hinz, 2006; Totenbier, 1995).

Although related to body tracing, bodymapping as designed by Solomon (2008) incorporates a greater range of elements of expression, narration, and exploration of meaning while integrating awareness of experience into a complete life history. Because it is produced from the natural outline of one's body, bodymapping generates a life-size visual narrative that offers the potential for creating a cohesive representation of life experiences and perception of self with the world. The body map serves to symbolically represent experiences and ideas about past, present, and future in order to begin to reframe the personal autobiography. When utilized in a therapeutic environment, therapeutic body-mapping may potentially support resolution of traumatic suffering.

Solomon (2008) designed her bodymapping approach by combining body tracing with a structured series of directives to explore the physical and social impact and treatments related to HIV/AIDS as part of a *Long Life Project* (Morgan, 2004). Solomon proposed the creation of life-

size portraits to assist people to tell their story as a social action initiative. Her work was inspired by Morgan's (2004) *Memory Box Project* that used life-story art projects in narrative therapy for the children and families of people living with HIV/AIDS. Solomon's intention was to use the methodology for advocacy that included building community, finding voice, sharing treatment information, and identifying a larger context for people's experiences. The body maps toured internationally (in exhibits including Canada and India) as social action to raise awareness of HIV treatment. The key element was that these very personal experiences were placed within a sociopolitical context, making it a useful empowerment and public awareness medium.

Organizations such as Art2Be (n.d.) and the Canadian AIDS Treatment Information Exchange (n.d.) continue to initiate bodymapping projects to empower people living with HIV/AIDS. Gastaldo et al. (2012) used Solomon's methodology to generate visual data and give voice to health concerns of undocumented immigrant workers in Toronto, Canada. Completed maps were exhibited as community education on sociopolitical issues affecting the workers. Lu and Yuen (2012) integrated bodymapping and a traditional aboriginal ceremony to empower First Nations, Inuit, and Métis women. An art exhibit of their body maps provided a means to give voice to the women's experiences in healing from domestic violence. Art exhibits are a key component in these social action projects and function to build community awareness and promote social change.

Therapeutic Body-Mapping Method

I was trained by Solomon during a project she facilitated in Toronto in 2007. I have since used the term therapeutic body-mapping (with her permission) to differentiate my approach from hers in that I focus on clinical applications and therapeutic exploration, rather than advocacy and

social awareness art exhibition. My method is offered in the same spirit as Solomon's and I maintain the integrity of her method by using the same sequence of directives. I have expanded the application of her method for use with a range of health concerns, and physical, sexual, and emotional traumas.

I have facilitated therapeutic body mapping with over 400 people ranging in ages from 24 to 81 years. I utilize a workshop format that has included art therapy students and practitioners, mental health clinicians, as well as client groups. The majority of participants has been practitioners who were interested in the method for personal exploration, although some intended to apply it to their clinical work or research. Fundamental to training is the requirement that practitioners should experience the method themselves in order to embody the knowledge obtained before considering its use with clients.

There is recognition in the field that ongoing personal work of the healer is pivotal to effective therapy; that what we do with difficult experiences influences the self we bring to therapy (Aponte & Kissil, 2014; Lum, 2002; S. Wheeler, 2007). When therapists develop creative ways to externalize their inner processes, rather than carry past difficulties into their work they become more emotionally available to connect deeply with their clients (Lum, 2002).

The term "wounded healer" has been used to refer to therapists who allow themselves to be vulnerable in exploring their own life difficulties such as illness, loss, and tragedy (Aponte & Kissil, 2014; S. Wheeler, 2007). Therapists have their own life histories, wounds, and traumas that can contribute to their skill, insight, sensitivity, and increased compassion in their work with clients when they are addressed. However, these same experiences can interfere with practice when left unaddressed, causing possible transference and counter transference difficulties (Aponte & Kissil, 2014; Lum, 2002; S. Wheeler, 2007). Practitioners using therapeutic

approaches such as therapeutic body-mapping to address their personal experiences is an ethical practice that in turn benefits their clients and reduces the possibility of experiencing vicarious trauma, compassion fatigue, and burn-out (S. Wheeler, 2007).

The workshop format used for therapeutic body-mapping is a 2-or 3-day intensive, comprised of sustained art making for a total of 14-21 hours. This format is adjusted for client groups in order to accommodate their ongoing treatment program. For example, a therapy group for survivors of domestic violence was facilitated over a series of six Saturdays. I typically incorporate opening and closing gatherings in a circle to build safety and a sense of community. On the first morning, I introduce the history, intention, and the overall framework.

Participants pair up to trace each other on large, '4 x 10' paper and then work separately as I guide them through the sequence of art directives. They respond aesthetically to the directives (described below) from which they develop the symbolic content of the body map. They remain engaged with their art, adding and layering their art responses on the same paper. Possible meaning and insight emerges from sustained dialogue with the art (McNiff, 1992; Moon, 1990) and continued work through the sequence of directives. I always encourage reflective journal writing and offer individual support on site. Body maps are created by working on the floor, wall, or table, based on personal preference and physical ability.

I provide a mindful environment attuned to the needs of individuals, the group, and the overall process. I hold a strength-based focus, and encourage momentum and the creative expression of emotions that may arise. At the end of the workshop, participants hang their completed body maps on the walls and have an opportunity to talk about their experience. Description of the body maps include what they see, how the art developed, what personal concerns were explored, connections between symbols, as well as meanings and discoveries.

Therapeutic Stages

I have identified therapeutic stages in the bodymapping methodology based on my observation that a visual container of color and symbols is created around the body outline prior to the personal exploration, and the symbols often become integrated into a cohesive image by the end of the process. This progression in the sequence of directives appears to follow a therapeutic arc of beginning, middle, and end. Each stage in the bodymapping sequence reflects this progression of therapeutic process, starting with the creation of a secure foundation, followed by entry into clinical exploration, and ending with closure. As detailed below, the directives for creating the body map begin with focusing on one's strengths and resources outside the body tracing, and then moving to the inside of the body outline for exploration of inner resources, and physical and emotional experiences. Finally, there is a shift back to awareness of the external area and the image as a whole. A body mapper's experiences are thus placed in context, enhancing the ability to make new meaning of a particular illness or trauma.

In my adaptation of Solomon's approach, I have expanded the wording in some directives to broaden clinical application and to provide options for emotional processing. Therapeutic body-mapping incorporates the psychotherapeutic framework and treatment hierarchy used in Cognitive Behavioral Therapy for healing trauma, as identified by K. Wheeler (2007). This includes provision of safety, identification and development of external and internal resources, the naming and emotional processing of a traumatic event, and enhancement of future visioning. She identified internal resources as: memories of past coping, relational resources such as identifying a support system, and symbolic resources (K. Wheeler, 2007).

Understanding how bodymapping fits into a conceptual framework of therapeutic progression gives a rationale for the sequence and enhances ethical use. The therapeutic stages

provide a framework for mental health practitioners who wish to access the method for their own insights, to offer healing of the healer (Lum, 2002; S. Wheeler, 2007), and to enhance the possibility that adaptations will not be made that disrupt the therapeutic nature of the method.

Initial Stage: Context. The initial stage focuses on creating a body outline and identifying supports, strengths, and context. After the body is traced, the participant chooses the positioning for the outline of another person to be traced on their paper that is used to represent external supports. (I refer to this as "the other figure" and "support person" throughout this article.) Next, the person's outline is highlighted with color to express their perception of body boundaries and to distinguish it from the other figure. Areas of the other figure that lay outside that boundary are filled with color. People reflect on their support system to include people, places, ideas, and beliefs, and then represent these with writing and symbols placed inside the colored areas. Tracing one's body heightens anticipation of engaging in personal exploration, which may cause anxiety for some people. Partnering with another person to trace their figure first, shifts the bodymapper's focus to the availability of external support. Therapeutically, this structure builds a strength-based platform of resources prior to personal exploration, and is a way to slow down the process in order to increase a sense of safety.

Participants next represent "where you come from," which may include culture, country, or geographic location. An adaptation I have made is the possibility of choosing a life circumstance to represent this, such as a specific situation, life difficulty, or valuable connection. A vision for the future, "what are you striving for" is created, followed by representation of "the journey," which connects the past to the future. These directives add context and a sense of continuity to the body tracing, and gathers initial information about personal history and goals, similar to initial client intake assessments. The "journey" directive helps people identify coping strategies,

motivation, capacity, ideas about the process of change, and goals for the future as they reflect on their past, their supports, and their challenges toward attaining their goals.

To personalize the body tracing, people draw a self-portrait using a hand-mirror. This directive encourages reflection on self-image, identity, and self-talk. Struggling with one's self-image, and letting it be what it is, is part of the metaphor for accepting things as they are. I give the option that the self-portrait may be abstract as the intention is to look at oneself rather than create a perfect likeness. This initial stage in creating the body map focuses on supports, roots, and vision to lay the foundation of readiness for the middle stages. For example, in Figure 1 a woman is kneeling on her body map having completed the initial stages; we see her outline, the support person, and her engaged in body-scanning as she transitions into the middle stage.
[Insert Figure 1 about here]

Middle Stage: The Body's Story. The middle stage represents what I call "the body's story": participants symbolically document their recollection of physical and emotional injuries, traumas, and/or medical concerns. The sequence of directives incorporate the identified qualities of trauma-informed intervention outlined by Rankin, Alexandria, and Taucher (2003), which include: expression of current emotional, mental, and physiological states; narration of events; exploration of meaning regarding emotions, thoughts, behaviors, events, self-perceptions, and family dynamics; and integration of traumatic and nontraumatic elements into life history.

To enhance body awareness and to identify inner resources, I guide people through a series of sensorimotor activities, such as breathing and body scanning, to encourage grounding, centering, relaxation, and body-awareness. Participants then visualize a symbol to represent personal strength, courage, or wisdom, which is followed by a guided body-scan to locate their symbol in a place inside their body. They use the art materials to create this imagined image

inside the body tracing.

Following this step, participants engage in a personal reflection of experiences that have impacted their life, or current medical or emotional difficulties they may be experiencing. They are asked to reflect on any physical marks on their skin and use art to document them symbolically inside the body tracing. These "marks on the skin" represent the visible story of one's interface with the world, such as injury or surgery. People then reflect on and symbolically document "marks under the skin" as a representation of their invisible or internal story, which can include emotions, illnesses, medical concerns, and trauma. See for example, Figure 2, where people have used the art to symbolically and literally identify these experiences on their body maps. I also give the option to create symbols that reflect a transformation in their identify following difficult life experiences that may have had a positive influence on their character, identity, and wisdom.

[Insert Figure 2 about here]

Participants then document any significant events that triggered medical testing or procedures with dates, words, or symbols. I have included the option to also document dates of events that led to mental health exams or treatments. Using symbols or words, they document any possible side effects of those treatments, such as medication, surgery, and psychotherapy.

Final Stage: Integration. The final stage of bodymapping promotes closure by bringing the person's awareness away from an internal focus on the body to a broader focus of their body's surroundings. As a closure-oriented directive, participants identify and represent self-care methods they have used or would like to use. To bring a sense of cohesion and integrity to the body, the body shape is filled with color. The choice is given to leave any or all marks or symbols visible, to layer over them with a transparent wash, or cover them completely as a

"symbolic skin" for raw expression. The remaining space on the paper outside the body is filled with color and/or images, and then the body map is completed by adding affirming phrases for oneself and words of wisdom for others. Examples of completed body maps are provided in Figure 3.

[Insert Figure 3 about here]

These directives promote therapeutic closure as people are directed from engagement with their specific images to their surroundings in order to see the image as a whole, literally to see the big picture. People prepare the artwork to be witnessed by others in the room and the completed body maps are taped to the walls so they may be viewed as "standing." This is an important closing activity that creates a shift in perspective if the maps have been on the floor, and heightens awareness of the map as an embodied image. Participants discuss their experience of creating the map and the essence of their art with the group.

Discussion

The following sections describe my observations of mental health practitioners' use of therapeutic body-mapping to address their life events, including trauma, in the development of a cohesive visual narrative. I have informally and formally documented therapeutic body-mapping workshops I held in Canada and various countries. Common responses from participants about their bodymapping experience include: feeling a sense of empowerment, resiliency, and hopefulness; gratitude for support as well as awareness of the need for support; and recognition of survival through difficult life events and their impact on present functioning. Some mental health practitioners also described coming to a new awareness in their professional sensitivity. A mindful, therapeutic environment has promoted a sense of safety as the participants engaged in a

deep personal exploration. The opening and closing circles have helped to create a sense of community in which people feel supported and engaged in a journey together.

Context

The initial stage encourages participants to see their life experiences within the context of their relationships to other people, where they came from, and desires for the future. Tracing another person's outline on their paper is different from what people expect and often causes some initial surprise or hesitation. However, the other figure usually becomes significant as a representation of their relationships to others and their external supports, and they appreciate having the other figure on their paper. Generally participants express gratitude for their supports or are reminded of supports they have forgotten, while others express grief at not feeling supported enough and they begin to identify desired supports. Participants place their support figure in various different positions and depict different types of interactions where the support person might hold their hand, hold them up, or wrap their arms around their body. In some body maps the two figures become merged, while in others they were painted over completely.

In response to "where you come from," identifying history, roots, and cultural origin promotes a sense of continuity and belonging for some, while for others the directive represents memories of past abuse or other traumas. The types of responses typically include: identification with cultural roots, landscapes, homes, families; expression of loss of connection to culture or relationships; and representations of violence, physical or sexual abuse.

Next, people physically move to the top of their paper where they symbolically express their goals or visions for the future. Participants either tend to depict literal ideas, such as specific goals of home, family, relationships, work, or they represent symbolic desires for health, love,

peace, strength, and harmony. Participants recovering from trauma or illness often express hopefulness and a sense of purpose, whereas people addressing end of life concerns often use this directive to consider what they hoped to achieve and to contemplate beliefs about death.

Drawing the self-portrait by looking at one's self in the mirror prompts a range of responses, which include personal judgments and emotions such as sadness, frustration, concern about aging, refusal to look, curiosity, acceptance, and delight. The metaphor of accepting imperfections is usually discussed; some people choose to represent themselves in an abstract way or not at all.

The Body's Story

I emphasize the use of sensorimotor activities to ground people and maintain their awareness of being in the present as participants reflect on their bodies' stories. Participants often sit or lie down on their paper during this stage. Graphic details and symbols are depicted to represent scars, organs, and emotions. Some of the experiences that have been identified include: medical conditions such as cancer, surgery, kidney and eating disorders; traumas such as physical, emotional and sexual abuse, physical injury, grief, and loss; and exploration of cultural heritage, loss of culture, family, and interpersonal dynamics. Lines often are used to connect symbols and sometimes extend outside the body. These symbols become integrated by layering them with other symbols. Symbols such as flowers, vines, and radiating lines often are used to depict growth or transformation from difficult circumstances. In my observations participants appear to metaphorically take care of their wounds by symbolically changing the raw expression and, at the end, commonly express feeling resiliency, wisdom, and compassion.

Integration

In the final stage, participants decide what symbols they want to reveal, integrate, or cover. Most commonly, the body maps have an x-ray quality where internal symbols remain visible yet integrated into the whole image. The bodies often are depicted as grounded in the earth or a landscape, having trees and mountains.

I have found that being guided through a sustained art immersion on a single, large paper encourages participants to have a visual dialogue with their art and allows meaning and insight to emerge spontaneously through their engagement with the symbols and metaphors (McNiff, 1992; Moon, 1990). Participants have both struggled and found pleasure in discovering authentic and congruent expression to represent their thoughts, feeling, and experiences, which promotes discovery of personal themes and resolutions. It is usually evident that the final image becomes an embodied visual narrative of their life experiences that feel alive, having invested time and energy in making the large symbolic representations of their body's story. This powerful expression also creates a sense of vulnerability, making it essential to ensure safety and respect before the body maps are discussed. I ask people to quietly behold their completed image as a whole before speaking about it.

Considerations for Use

I have found the structured design of therapeutic body-mapping provides momentum through the stages and supports spontaneous symbolic response. Emotions and experiences become integrated into a cohesive self-narrative through the process of layering and re-working symbolic content on the same paper. The method builds upon itself and gives direction to practitioners who are working with trauma. I argue that eliminating directives or significantly altering the

sequence would affect the integrity of the method. Personal experience of the bodymapping is an essential requirement of training due to the intensity and complexity of the method.

Therapeutic body-mapping develops a life story that incorporates life experiences to help a person experience a unified sense of self, as described in the literature on developing narrative scripts (Singer, Blagov, Berry, & Oost, 2013). Singer et al. (2013) claimed that "healthy narrative identity combines *memory specificity* with adaptive *meaning making* to achieve insight and well-being [italics in]" by understanding a person's self-defining memories and goals for the future (p. 569). Central to their argument is the inclusion of episodic memories, which function out of a person's awareness and are incorporated into one's autobiography as self-defining memories that become part of one's life story.

In the development of goals and visions for the future when treating people experiencing posttraumatic stress disorder, K. Wheeler (2007) referenced empirical research that claims Cognitive Behavioral Therapy and eye movement desensitization and reprocessing as "the sole treatment interventions for PTSD" due to their capacity to connect neural pathways and change misinterpretations of a situation (p. 137). Although this claim appears to counter my argument about the value of therapeutic body-mapping, the psychotherapeutic and healing framework presented by Wheeler are components of the bodymapping method and its use with trauma, as discussed earlier.

A limitation to my theoretical argument on the use of therapeutic body-mapping to address trauma is that it is largely based on the experiences of mental health professionals who self-selected to attend my workshops. I did not conduct intake evaluations for these workshops to determine ahead of time what life events might be addressed. Further research with client groups

identified as having experienced specific traumatic events and identifying the presence of trauma through screening and self-report measures would be useful in further understanding its potential as a treatment. In addition, research that gathers pre-and post evaluations of possible changes and those components clients identify as most significant would add validity to the ideas presented here.

As I expanded the method to address trauma, I decided to work predominantly with mental health practitioners as an ethical practice, as they may be deemed the least vulnerable in our society. Although these professionals used the process for their own healing, there are limits in generalizing the method to treating people suffering from acute trauma. Use with clients suffering acute trauma must be integrated into a continuum of care. The structured sensory-based approach to creating a cohesive self-narrative may help bridge gaps in the trauma narrative; however, further research on the use of therapeutic body-mapping is needed to further an understanding of implications for treatment. In addition, the sustained art immersion and insight-oriented method may make it unsuitable for children and people with serious cognitive impairments.

Conclusion

Therapeutic body-mapping is a guided art therapy and mind-body methodology for examining medical conditions and trauma within a larger psychosocial framework. The methodology incorporates elements of emotional expression, narration, and exploration of meaning, which provides an opportunity for the integration of emotions and experiences through creation of a cohesive narrative. Therapeutic body-mapping facilitates movement between

reflection on intimate experiences and a larger social context, and incorporates strengths and resources within a sustained art immersion.

My work with therapeutic body-mapping over the last 8 years with mental health professionals, who used it for their own healing in a workshop format, provides initial grounding to develop theory on the therapeutic aspects and stages in the method. As such, it provides a useful framework for people who wish to incorporate this method into trauma treatment. Due to the intensity and complexity of therapeutic body-mapping, personal experience and further training is a critical ethical consideration for practitioners who wish to incorporate it into their work with trauma clients.

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Figure 1: Initial Stage of Therapeutic Body-Mapping Demonstrating Sensorimotor Activity

Figure 2: Middle Stage of Therapeutic Body-Mapping Demonstrating Internal and External Marks

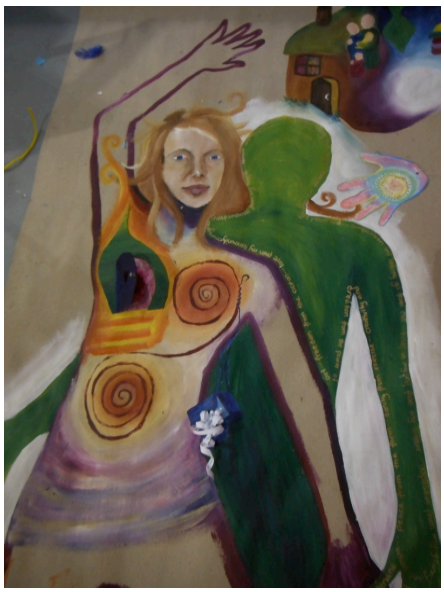

Figure 3: Final Stage of Therapeutic Body-Mapping Demonstrating Completed Maps

CHAPTER 3: THE CREATIVE LINK: INTEGRATING THERAPEUTIC BODY-MAPPING, NEUROSCIENCE, TRAUMA, AND ART THERAPY LITERATURE

Abstract

Therapeutic body-mapping is an innovative art therapy and sensorimotor method designed to explore health and medical concerns by generating a life-size visual narrative through a specific sequence of directives that develop a creative, autobiographical portrait. The method links life experience, emotion, and cognition by directing exploration of the interiority of the body with one's lived experience of the body in the world and placing it within a socio-cultural context. This article connects therapeutic body-mapping with relevant literature on the neurological impact of trauma, including limitations in verbal expression, and the use of art therapy and sensorisomatic approaches that may access and resolve trauma by integrating experience. A case example illustrates how therapeutic body-mapping incorporates the necessary qualities of trauma-informed interventions. This paper addresses the gaps in the literature on bodymapping to argue for therapeutic body-mapping as an art-based treatment that may be well suited for recovery from trauma.

THE CREATIVE LINK: INTEGRATING THERAPEUTIC BODY-MAPPING, NEUROSCIENCE, TRAUMA, AND ART THERAPY LITERATURE

Introduction

Bodymapping is an innovative art therapy method designed to explore health and medical concerns by generating a life-size visual outline of one's body that is then developed into a creative, autobiographical portrait that links life experience, emotion, and cognition within a socio-cultural context (Solomon, 2008). As distinguished from body tracing, bodymapping requires a specific sequence of directives that explore the interiority of the body as well as the lived experience of one's body in the world. *Therapeutic body-mapping* is an adaptation of Solomon's use of bodymapping to raise social awareness through exhibition, to use for primarily clinical or therapeutic purposes. Bodymapping is unique in that it visually integrates some of the clinical questions that often arise in treatment into a single image. Combined with body awareness techniques and art therapy, the process facilitates a cohesive, visual narrative.

Among the various applications of therapeutic body-mapping, its use in recovery from trauma may be particularly valuable. Therapeutic body-mapping incorporates the necessary qualities of trauma-informed interventions outlined by Rankin and Taucher (2003), which include: expression of current emotional, mental, and physiological states; narration of events; exploration of meaning regarding emotions, thoughts, behaviors, events, self perceptions, and family dynamics; and integration of traumatic and nontraumatic elements into a life history. However, there is little literature on bodymapping and there does not appear to be any descriptions of how or why specific components of the method may support trauma intervention.

This paper will address the gaps in the literature to argue for therapeutic body mapping as an art-based treatment that may be well suited for recovery from trauma. I will review relevant literature on the neurological impact of trauma and the use of sensorisomatic approaches to access and resolve trauma, of which art therapy and therapeutic body-mapping in particular may be effective.

Review of the Literature

Neurobiology of Trauma: The Role of Imagery

Art therapy literature on trauma treatment in recent years has incorporated discussion of the neuroscience of trauma to describe the potential benefits of art making (Chapman, Morabito, Ladakakos, Schreier, & Knudson, 2001; Gantt & Tinnin, 2007; Hass-Cohen, Findlay, Carr, & Vanderlan, 2014). Art therapists have been particularly interested in research that has documented certain limitations in a trauma survivor's ability to recall and verbally describe aspects of the traumatic experience, which supports the argument for non-verbal or symbolic-expressive trauma interventions, including art therapy (Chapman et al., 2001; Gantt, 2013; Lusebrink, 2004; Talwar, 2007). Several authors have asserted that art therapy may be effective because of its capacity to access traumatic memory without the need to rely on words (Chapman et al., 2001; Gantt, 2013; Lusebrink, 2004; Hass-Cohen, 2008a).

Given the amount of literature on the effectiveness of cognitive behavioral therapy, it is important to recognize the growing use of imagery being used in the field. Hackmann and Holmes (2004) summarized the "rapidly developing new area" of cognitive behavioral therapy (p. 398), describing the significance of imagery in psychopathology and suggestions for its use in psychotherapy, making connections between mental imagery and emotions. They described

studies in which exposure to traumatic memories by itself did not reduce posttraumatic stress reactions nor re-adjust their cognitive meaning because the memories appear to be imagery-based and not connected to the person's autobiographical memory. The authors also noted that mental or actual exposure to a fear producing situation alone may re-activate trauma as if it is reoccurring. Pertinent to art therapy approaches, cognitive behavioral therapy uses imagery rescripting as part of its treatment of trauma, in which a distressing image is modified in some way within the course of psychotherapy to change associated negative thoughts, feelings, and behaviors (Long & Quevillion, 2009).

Thus, an important consideration in the treatment of trauma, is trauma's impact on a person's ability to describe his or her experience and ability to integrate traumatic experience into declarative memory. When unconscious or implicit memories do not become integrated into one's experience or personal narrative, fragments of traumatic experience can stay frozen in space and time as a separate memory, and re-appear unexpectedly in ways that influence actions and perceptions (Gantt, 2013; Ogden, Minton, & Pain, 2006; Perry & Hambrick, 2008; Simington, 2013; Talwar, 2007). The freeze response to trauma causes the body to shut down and enter an altered reality that is paired with a passive coping response.

From the past decade of research, neuroscientists now are able to more accurately describe how trauma short-circuits the brain pathways involved in cognitive processing and causes dissociation and disconnect in the messages to the frontal cortex (Carr, 2008; Hass-Cohen, et al., 2014; Perry, 2009; Perry & Hambrick, 2008; Siegel, 2010; van der Kolk, 2006, 2014). This disconnect creates impulsive responses that affect memory, perception, and the ability to cognitively process, recall, and describe traumatic events (Gantt, 2013; Klorer, 2005; Perry, 2009; Perry & Hambrick, 2008). When this survival reaction is activated, a person shifts away

from being able to experience integrated thoughts and feelings that are associated with the frontal lobes; the subsequently compromised regulatory functions of the cerebral cortex make it difficult for a person to use words (Carr, 2008; Gantt, 2013; Hass-Cohen, et al., 2014; Perry, 2009; Perry & Hambrick, 2008).

Therefore, it can be asserted that working directly with non-verbal, emotional systems is not only useful but perhaps necessary. The use of art therapy to address compromised cognitive functioning and language in trauma is well documented in the art therapy literature (Chapman et al., 2001; Gantt, 2013; Hass-Cohen, et al., 2014; Lusebrink, 2004; Tinnin & Howie, 2013; Tripp, 2007). Symbolization may access implicit memory and bring sensory and emotional experience to conscious awareness where it can be given a visual identity and linguistic framework (Gantt, 2013). The "trauma narrative" is made available in this way by allowing an individual to make meaning and develop a less fragmented, more cohesive narrative of the experience (Gantt, 2013; Hass-Cohen, et al., 2014; Siegel, 1999; Tinnin & Howie, 2013).

Limitations in the Broca's region of the brain, which is responsible for speech and labeling of emotions, are also implicated as a cause in a traumatized person's inability to recall and describe events (van der Kolk, 2014). The difficulty in retrieving verbal language creates a gap in the person's ability to describe the sequence of events in a cohesive manner. This process of access and retrieval to make sense of events is referred to as the trauma narrative. Unconscious *excitory triggers* may be located in these gaps in the trauma narrative (Gantt, 2013). Sensory and implicit interventions are effective if they can help restore regulatory ability to reduce triggers and improve cognitive functioning (Hass-Cohen, et al., 2014; Ogden et al., 2006; Rappaport, 2014; van der Kolk, 2014).

Brain Functioning: Vertical and Bi-Lateral Integration

Sensory-expressive, body-oriented interventions may help link emotional regulation and cognitive functioning (Ogden et al., 2006; Rappaport, 2014; van der Kolk, 2014). Perry (2009) demonstrated the need for trauma treatment to build restored functioning sequentially and from the bottom up (i.e., from the lowest functions of the brain to the highest). Many authors agree that chronic activation of the limbic "alarm" system creates adaptive responses that cause one's functioning to become reactive and brainstem-oriented, which moves thoughts and behaviors progressively further away from rational, cortex-based responses (Gantt, 2013; Perry, 2009; Perry & Hambrick, 2008; van der Kolk, 2014). Perry (2009) argued that trauma therapy should target lower brain dysfunctions before addressing cognitive dysfunction directly because dysfunction is vertically oriented throughout the brain; lower level dysregulation affects the development of higher level functions such as cognition, speech, and language.

For this reason, sequential bottom-up interventions and somatosensory approaches of movement, rhythm, art, and play may be the most beneficial initial treatment modalities because they are believed to repair brainstem and limbic system dysfunction (Perry, 2009; Perry & Hambrick, 2008; van der Kolk, 2014). Art therapy, likewise, has been described as utilizing bottom-up as well as top-down processes to access implicit somatosensory memory and to promote integration of traumatic memory (Gantt, 2013; Hass-Cohen & Carr, 2008; Lusebrink, 2004; Tinnin & Howie, 2013).

In addition to positing that art therapy promotes vertical integration (bottom-up and top-down regulation of brain functions), clinicians and researchers have suggested that art therapy likely encourages a connection between brain hemispheres by using similar pathways that store implicit sensory experience (Chapman et al., 2001; Gantt, 2013; Hass-Cohen & Carr, 2008; Lusebrink, 2004; Tripp, 2007). Lusebrink (2004) has contributed a great deal to this discussion in the art

therapy literature by describing the neural pathways associated with memory and perceptual processing, and the role of art therapy in accessing implicit somatosensory memory. Art therapy may stimulate bi-lateral communication by activating sensory components, which are then brought into cognitive awareness and made available to verbal description and context (Hass-Cohen & Carr, 2008; Tinnin & Howie, 2013). Literature by Tinnin and Howie (2013) and Tripp (2007) describe the potential for art therapy to stimulate bi-lateral integration in the brain and highlight the relationship between neuroplasticity and art intervention. Carr (2008) claimed that the bilateral orientation of art therapy "draws upon functional differences in both hemispheres to facilitate individualized, coherent and integrative resolutions of present, past and evolution-based disruptions in self-functioning within a safe, manageable psychosocial context" (p. 58).

The potential for art making to promote bi-lateral integration has been described as "a corpus callosal bypass" (Tinnin & Howie, 2013, p. 38) that joins brain hemispheres. This is important in the treatment of trauma because the transfer of non-verbal fragments of memory to the left hemisphere is believed to allow a traumatic experience to become linguistically encoded and creates a cohesive narrative (Siegel, 1999, 2010).

Neurological Integration: Making Meaning

There is general agreement in the neuroscience literature that the limbic system takes in sensory and emotional experience and plays an important role in how people make sense of experiences (Schore, 2009; Siegel, 2010). The bi-lateral functions of the amygdala and the role of the limbic system contribute to how the meaning of life experiences is made (Carr, 2008; Gantt, 2013; Schore, 2009; Siegel, 2010; Simington, 2013). For trauma survivors, art therapy helps to slow down and deactivate the alarm response of the limbic system (Hass-Cohen, et al., 2014), which generates a sense of safety, mediates fear, and assists in recall of negatively cued

emotions. Once fear abates, active coping responses are increased along with active integration of sensory experiences and engagement of a pleasure response.

Hass-Cohen (2008a) described how stimuli that are vague or ill-defined (e.g., sound or shadows) often stimulate a strong, fear-based amygdala response because they lack the detail required to place such content in a known context. During trauma, if the incoming sensory information is too overwhelming or emotionally charged, the hippocampus shuts down and the information remains as a highly emotionally charged, implicit memory that is disconnected from conscious memory and frozen in time (Lanius et al., 2004; Siegel, 2010; Talwar, 2007). Because it is the part of the limbic system that receives information from the amygdala, the hippocampus is important for accessing the information for meaning and placing it into the appropriate context, to be permanently stored in the cortex as explicit memory (Siegel, 2010). For this reason, right and left-brain integration of information likely is key to recovery and making sense of experiences that form our personal narratives (Siegel, 2010).

Making meaning of experiences in the world contributes to self-perception by providing a context for our sensory experiences (Ogden et al., 2006; Siegel, 1999, 2010; van Manen, 1990). Thus, the meaning that people make of personal experiences can be affected by their external environment or social context (Siegel, 1999, 2010; Simington, 2013). For people who have experienced trauma, meaning making is crucially important: to recover from trauma, they need an opportunity to re-evaluate how they see themselves in the world. Art expressions that bring awareness of social and environmental surroundings into the symbolic exploration of traumatic experiences help generate a personally meaningful context of the person in the world. Moreover, various choices in art making allow for new discoveries and potential meanings for life experiences. This advantage not only opens the way for seeing the past differently and

restructuring the meaning of those events, but also for expanding one's vision of the future (Gantt, 2013; Hass-Cohen, et al., 2014).

Mind-Body Intervention

The above discussion provides a sound rationale for working with the body as an important component in recovery from trauma given that it is a mind-body experience. The body holds a person's identity; traumatic experience is stored in the body as sensory-based implicit memories, which are out-of-awareness, generalized summaries of experiences unconsciously influence perception and behavior, and therefore constructions of identity (Ogden et al., 2006; Siegel, 1999; van der Kolk, 2014). Moreover, sensorisomatic approaches that address mind-body awareness and action appear to be most effective for retrieving and repairing neurological, cognitive, emotional, and behavioral impacts of various life experiences, including trauma (Hass-Cohen, et al., 2014; Lusebrink, 2004; Ogden et al., 2006; Perry, 2009; Perry & Hambrick, 2008; Rothschild, 2000; van der Kolk, 2014). Thus, somatic-based treatments may be effective for trauma intervention due to their potential to regulate brainstem functioning, decrease limbic system alarm, and access implicit memory (Gantt, 2013; Perry, 2009; Perry & Hambrick, 2008; Tinnin & Howie, 2013; van der Kolk, 2006, 2014).

Body-mind memories and experiences may be separated in a state of dissociation when a traumatic event past or present is too intense to handle cognitively or emotionally. In this way contact with reality is broken as the mind separates from the body (Ogden et al., 2013; Simonton, 2006), which explains the timeless quality of traumatic memories (Gantt, 2013). A dissociated body-mind splits past and present, replaying the past trauma as if it were reoccurring in the present (Baum, 2013). Thus, interventions such as art, movement, and body awareness may

improve right-left brain lateralization, which liberate expression by using the whole body and help the individual to regulate the emotional response and move the memory forward in time (Baum, 2013; Ogden et al., 2006; van der Kolk, 2014).

Art therapy involves taking physical action through expressing and re-working the art image. As a "voluntary function of the somatic nervous system" such expression helps the client to stay present in the safety of the therapeutic environment (Hass-Cohen, 2008b, p. 24). Mindfulness and body awareness techniques may assist in accessing implicit memory, offering an expressive avenue for integrating body sensations and memories into awareness, and providing an opportunity to make new meaning (Howie, Prasad, & Kristel, 2013; Ogden et al., 2006; Rappaport, 2014; Talwar, 2007). As Allen (1995) wrote, "all that is unexpressed is saved in the body, like a careful scrapbook. The body records what the mind denies" (p. 59).

Discussion

Neurobiology of Therapeutic Body Mapping

From the above review of the literature, it is possible to posit that therapeutic body-mapping should prove to be a very effective intervention in the treatment of trauma. Therapeutic body-mapping creatively links experience, emotion, and cognition in a visual autobiography, and integrates an individual's socio-cultural context within a symbolic narrative. The inclusion of both art therapy and mind-body components suggests that it may offer similar benefits inherent in both approaches. This integration of body-based methods with art has the potential to build bridges between emotion and cognition (Baum, 2013; Ogden et al., 2006).

In therapeutic body-mapping, people are guided through a structured sequence of 24 art directives, which promotes reflection on their past, visions for the future, relationships with

others, and the symbolic documentation of health concerns and trauma. People are immersed in their art, layering and integrating symbolic expression and incorporating their social and environmental context to assist in making meaning of events. This immersion in the art making promotes a visual dialogue with the art and a subsequent emergence of self-knowledge and discovery of resolutions through the exploration of personal symbols and metaphors (Betensky, 1995; Carpendale, 2009; McNiff, 2004; Moon, 1990).

Brain Functioning: Vertical and Bi-Lateral Integration

Bodymapping utilizes the concepts of vertical and bi-lateral integration (Hass-Cohen & Carr, 2008; Gantt, 2013; Lusebrink, 2004) by introducing sensory bottom-up activities such as art, movement, and body-awareness as a means to explore the physical and emotional impact of trauma, rather than relying on verbal description. The method pairs spontaneous art response with structured directives; the directives that are given activate cognitive reflection, while the symbolic responses utilize visual pathways and engage the emotional response (Gantt, 2013; Hass-Cohen, et al., 2014; Lusebrink, 2004; Tinnin & Howie, 2013). This combination creates potential to connect with implicit memory in order to provide context. In this way, therapeutic body-mapping may help join the hemispheres in building meaning and self-awareness by integrating body memories, symbolism, emotional reactions, and social context while developing a structured self-narrative (Siegel, 2010).

The use of symbolic representation in bodymapping engages imagination and expands linear cause and effect thinking through the process of finding ways to combine symbolic representations together on the same page, which may promote hemispheric integration. The act of choosing, layering, and re-working symbols on a single, life-size paper requires physical movement and aesthetic reflection that helps to create distance from an emotional memory,

which also provides an increased sense of safety. Thus, therapeutic body-mapping may promote the ability of the limbic system to soothe itself when entering into a fear-inducing emotional memory in that the art making engages in the life-enhancing experiences of creativity and action-taking, similar to descriptions of other art therapy treatment methods (Hass-Cohen & Carr, 2008).

Neurological Integration: Making Meaning

The therapeutic body-mapping method explores both the interior and the exterior of the body. Participants' awareness of their social and environmental surroundings is brought into the symbolic exploration of traumatic experience as a way to situate these experiences within a context. I have identified specific therapeutic stages in the body-mapping methodology [author name removed, accepted for publication] based on my observation that the progression of directives follows a therapeutic arc of beginning, middle, and end. This progression starts with the creation of a secure foundation, is followed by entry into clinical exploration on the interior of the body, and ends with closure through renewed awareness of the image as a whole and its surroundings.

The use of mindfulness and sensorimotor techniques in therapeutic body-mapping guide people through a visualization of their internal strengths and resources, and a mental scan for physical marks on the skin and internal "marks" within their body, (e.g., medical or emotional difficulties) that are then symbolically represented on the page to create a cohesive, visual narrative. This combination of sensorimotor and art expression may help the transfer of non-verbal fragments of memory to the left hemisphere, which allows a traumatic experience to become linguistically encoded (Siegel, 1999, 2010).

Bodymapping connects experiences of the past and present with personal resources. It focuses on placing personal experiences inside one's environmental and social context to help broaden meaning; life events are represented within one's supportive relationships, internal and external resources for health and self-care, and vision for the future. Representing one's life story on such a continuum may encourage the possibility for people to think of their experiences differently and to make new meaning of an event (Schore, 2009; Siegel, 2010).

Integrating experiences, thoughts, emotions, and symbolic representations into a larger autobiography engages problem-solving. The number of choices in art making allow for possible new discoveries and increase the opportunity to place experiences into context. This activity not only opens the way for seeing the past differently by restructuring the meaning of events, but also expands one's vision of the future. The visual representation of life experiences expressed in body maps is more cohesive than can be achieved using words alone.

Mind-body Intervention

In therapeutic body-mapping people are guided through the sequence of directives using mindfulness and mind-body awareness methods that include grounding, breath work, and body-scanning that are introduced at key junctures to assist in working symbolically with body memory, sensations, and emotions. These sensorimotor activities may provide the opportunity for a person to access and integrate their body sensations (Howie et al., 2013; Rappaport, 2014; Ogden et al., 2006). Directives are given sequentially to pace the personal exploration, which may increase a sense of safety and help individuals remain aware of their bodies in the present moment, rather than arousing their limbic alarm and causing a freeze response (Baum, 2013). Bodymapping is also a kinesthetic experience; in addition to movement generally experienced in an art making process, people work on a life-size paper that requires continuous physical

movement. Participants work on the floor and on the wall, offering the opportunity to create large gestural movements. This degree of movement engages proprioception, in that people have to be aware of their bodies in space and time, which also has been suggested as useful in art therapy approaches to trauma (Talwar, 2007).

Case Example: Shan

The following example of a woman's experience with therapeutic body-mapping will help to illustrate the neurobiological principles that are activated when creating a body map to engage in a personal exploration. Shan (pseudonym) is a woman in her early 50's who had been recently diagnosed with breast cancer. As a result of her diagnosis, she took a disability leave from her work where she had been employed for 7 years. Based on the life-threatening realities of cancer and the significant life changing impacts it caused her, she was quite distressed and highly anxious. The discovery of breast cancer was a significant shock to Shan who became highly fearful of the implications of her diagnosis and her upcoming surgery. Receiving this information arguably triggered a survival-based reaction that appeared to cause a disruption in her ability to integrate and articulate her thoughts and feelings (Carr, 2008; Perry, 2009, 2009). Shan was tearful and anxious as she questioned the possible impacts of her diagnosis to her physical appearance, sexuality, and life directions.

Shan attended a bodymapping workshop to address her feelings, fears, and questions about her future with a small group with four other women over a 2-day period. She became immersed in her art exploration, responding symbolically to the guided directions rather than in discussion about the art. My interpretations below reflect her words about the completed body map (Figure 4) as she shared her experience with others at the end of the group.

Shan used black paper and chose to have her body traced in the center of the paper with her arms raised upward in an expression of surrender. She traced another person on her page to represent supports, per the directives, and placed that figure directly behind her body image with the figure's arms embracing her. The visual presence of the support figure placed behind her metaphorically addressed Shan's actual and felt need for emotional and physical support. She then artistically developed the figure to include a large pair of white wings. This depiction had both the quality of seeking spiritual (or angelic) help as well as a possible underlying theme of death.

Shan experienced her impending surgery as a violation to her body, which raised concerns about herself as a sexual being. Her vision for the future included a depiction of two golden figures of a man and woman touching a large heart between them. This imagery reflected her desires for love, relationship, and an intact identity as a sexual being. She painted a rainbow that began at the bottom of the paper, on an area of the paper that is used to represent "where you come from." The rainbow swirled around her body and connected to the top of the page encompassing her vision. The rainbow gave the figure attributes of continuity and movement through time from past to future.

Shan's diagnosis caused a sudden shift in her life and surfaced profound questions about her identity. She created her self-portrait on a separate paper and attached it to the head portion of the depicted figure in the body map. Her self-portrait was thoughtfully and artistically rendered; however, in the completed body map she removed the portrait leaving a smudged area on the head of the body. In essence she had no face. This expression could be a reflection of her questions about identity.

In response to the directions to reflect on any "marks" on and inside her body, Shan painted a black opening over the figure's breast with jagged white paint surrounding it, along with a small white circle inside to represent the breast cancer and the surgery (Figure 4). As she worked with her body image, she layered over the symbol of her cancer with symbols to represent healing and taking care of that area. She added the imagery of a heart and small blue butterflies emerging to symbolize hoped-for release and transformation.

[Insert Figure 4 about here]

Shan then painted a small red dot on her figure's belly as a symbol of personal power, and reflected on how she had been giving her power away. She painted a green vine to represent growth. The vine circled around her figure's leg and body and re-emerged, growing out of the black hole in the figure's chest. The vine continued upward, branching out as it entered the vision area. In reflecting on the image it became apparent that the red dot visually interrupted the vine. Making a connection between Shan giving power away as it interrupted her personal growth was meaningful for her, as was the growth depicted emerging from her figure's chest. These metaphors, which appeared unconsciously in her art, helped to bring awareness, direction, and new meaning to her life. Shan completed her body map (Figure 5) by writing several affirming phrases in the areas beside her body.

[Insert Figure 5 about here]

The mind-body methods assisted Shan in bringing awareness to her body and her present experience, rather than focusing on fears of the future that were causing her heightened anxiety. She used the symbolic process to address her thoughts and feelings in the body map as a visual narrative. This further allowed her to identify the impact of her diagnosis, receive visual and

verbal reflection, and begin to articulate the impact of the diagnosis in the group. Creating a life-size portrait focused on her body assisted her in linking her physical, emotional, and cognitive ideas about the traumatic impacts of cancer in her life. Because cancer is situated in the body, this type of body-based approach was an appropriate treatment method for Shan.

Limitations and Counterarguments

Some literature on treating trauma offers possible counterarguments to this explication of theory. Berntsen and Rubin (2007), for example, argued against the prevailing view that traumatic events are inaccessible to memory, positing that such traumas are salient turning "points of reference" in a person's life and transitional events in self-definition that serve to alter a person's perception of self and the world (p. 418). The authors claim that traumatic events remain highly accessible to memory, rather than existing out of cognitive awareness, and they do not lead to poor fragmented memory affecting a personal schema. Their view centers on the idea that events become part of a person's identity and thus central to their life stories, which influences their thoughts, behavior, and perception of the world.

Based on their conceptualization of trauma memory, Berntsen and Rubin (2007) argued that it may be harmful for clients with posttraumatic stress disorder to restructure their life stories based on their identity as a survivor by making thematic reference to the trauma and linking it to past events and expectations for the future. Although these claims should be examined for consideration, the intention behind therapeutic body-mapping is to provide a larger perspective of one's life events that incorporate sociocultural experiences, as well as interrelationships with other people, through a strength-based lens. As such, bodymapping offers context and integration of experiences and events rather than a demand to specifically focus on the traumatic experience itself.

In regards to therapeutic approaches Wheeler (2007) referenced empirical research that claimed cognitive behavioral therapy and eye movement desensitization and reprocessing as "the sole treatment interventions for PTSD" based on their capacity to connect neural pathways and change misinterpretations of a situation (p. 137). Her treatment strategies are based on the complexity of PTSD that affects connections between neural networks. Although this point may appear to counter my argument about the value of therapeutic body-mapping and discussion of the literature above, the psychotherapeutic and healing framework presented by Wheeler are aligned with the same components of the bodymapping method. For this reason, it is important to disseminate research on therapeutic body-mapping as a potential treatment approach.

Scaer (2001) described the effectiveness of cognitive behavioral therapy as being able to provide exposure to a traumatic incident through real or imagined means, whereas cognitive awareness is used to decrease anxiety and reduce the tendency to generalize anxiety. However, Scaer also noted limitations of CBT to address the underlying causes for the arousal, the possibility of overwhelming or re-traumatizing an individual, and limits to treatment effectiveness over time. He suggested sensory somatic approaches as a way to address implicit memories. Therapeutic body-mapping incorporates similar trauma recovery components of safe exposure to memories and cognitive restructuring by combining directed reflection, sustained art-making, and mindfulness. The art directives in bodymapping promote movement between cognitive ideas and emotional expression to bring new meaning to those life events. I think it is also pertinent to refer to the important contributions that the use of imagery is making in the field of CBT, as described by Hackmann and Holmes (2004).

Art therapy approaches such as bodymapping may incorporate elements of CBT and expand on them through the use of imagination, imagery, and modification of meaning. For example, art

therapy uses symbolic expression of an experience that can provide safe exposure to memories; access mental imagery to be modified in a concrete image; re-construct cognitive meaning by working with symbols and metaphors; and help to develop verbal connections through the description of visual imagery. I believe an increase in research on the effectiveness of art therapy to address trauma and to offer long lasting results eventually will change the dialogue about evidence-based treatments.

This article on therapeutic body-mapping is a theoretical extrapolation of neuroscience literature on treating trauma through the use of art therapy and sensorimotor approaches. Although it is supported by clinical observation, there are limitations in making evidence-based claims. There may be gaps in current understanding described in the literature about the nature of trauma, that by extension would appear in my argument. Further research on the use of therapeutic body-mapping would offer direction for integrating this method into treatment programs.

Finally, my ethical decision to work predominantly with mental health practitioners as I expanded the method to address trauma poses limitations to extrapolating these ideas for work with other populations and to treat people suffering from acute trauma in particular. The literature reviewed herein provides a grounding in the development of theory, which suggests that this type of structured sensory-based approach to creating a cohesive, self-narrative may help people bridge gaps in their trauma narratives. Research on the efficacy of therapeutic body-mapping with specific client groups, including such measures as pre-and post questionnaires, would add evidence-based validity to this argument.

Conclusion

Therapeutic body-mapping is an alternative approach to exploring the physical and emotional impacts of trauma. The method is unique in its ability to generate a visual narrative on a single paper that includes a person's exploration of past events, present experience, and future visioning. Inclusion of both the interiority of the body as well as the external social relationships and environment provides a context for life experience that assists in generating new meaning of life events.

This article presents a theoretical foundation for therapeutic body-mapping as a trauma treatment based on pertinent neuroscience and art therapy literature. Findings from neuroscience that identify limitations in the use of language and the possible disruptions to cognitive processing as a result of trauma provide a strong argument for the use of therapeutic body-mapping in trauma treatment. Art therapy literature describes its potential to access and integrate emotional and cognitive processes through vertical and bi-lateral neural pathways. Integrating this literature with field observations of therapeutic body-mapping is offered as a contribution to the dialogue on trauma treatment and its use as an innovative trauma treatment.

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Figure 4: Shan's Body Map in Progress Showing Marks on the Chest

Figure 5: Shan's Completed Body Map

CHAPTER 4: GROUNDED THEORY ON THERAPEUTIC BODY-MAPPING: MULTICULTURAL CONSIDERATIONS

Abstract

Treatment options and theoretical interpretations of health historically have stemmed from Western views of self-identity that do not always incorporate a multi-cultural perspective that acknowledges different socio-cultural frames of reference. This article explores the multicultural application of *therapeutic body-mapping;* an art therapy method that integrates body, mind, social, and spiritual perspectives to explore difficult life events, including trauma, by creating a visual narrative of those events within their socio-cultural context. A hermeneutic-phenomenological research study produced grounded theory from a retrospective data analysis of 85 photographs of body maps collected in 11 different countries. The study examined therapeutic body-mapping from a multiculturally-informed lens. Results suggest that the main thematic variant to bodymapping is a focus on the interiority versus the exteriority of the body, which corresponded to differences between individual and collective cultural values. This grounded theory research expands options for art therapy trauma treatment and contributes to the literature on culturally sensitive praxis.

GROUNDED THEORY ON THERAPEUTIC BODY-MAPPING: MULTICULTURAL CONSIDERATIONS

Introduction

Psychotherapeutic theory and practice historically have stemmed from Western views of self-identity, the impact of trauma, and appropriate treatment methods (Kalmanowitz, Potash, & Chan, 2012). As a result, trauma treatment programs, treatment options, and theoretical interpretations of health and wellbeing do not always incorporate a multi-cultural perspective that acknowledges different socio-cultural frames of reference. However, my art therapy practice with trauma clients has included the body, mind, social, and spiritual components in my understanding of their construction of worldview, which in turn has influenced my ideas of what diverse clients require for health and healing. These discrepancies in praxis drove my research interests to explore implications of the multicultural application of an art therapy method known as *therapeutic body-mapping*.

Therapeutic body-mapping [Author, accepted for publication] integrates body, mind, social, and spiritual perspectives with an art-based exploration of difficult life events. As a therapeutic treatment, bodymapping builds a body-oriented self-narrative within the person's socio-cultural context. Similar to body tracing, a body map is produced by creating a life-sized outline of a person's body and using the outline to symbolically explore thoughts and feelings within it. Bodymapping is different than body tracing, however, in that the former is further developed into an autobiographical symbolic portrait through a sequence of directives that guide reflection on the self-in-context with the world. The method follows a therapeutic arc that first establishes a secure and supportive foundation by focussing on the outside areas of the body,

then explores the interior of the body outline using symbolic portrayal of internal strengths, and difficult experiences including trauma. Finally, a renewed focus on the outside area promotes closure and a sense of the whole image as a single expression of the body's story. More detailed information on therapeutic bodymapping as a therapeutic approach can be found in a previous publication [Author, article accepted for publication].

After 8 years of developing therapeutic body-mapping methodology from Solomon's (2008) original conceptions, I began to focus on how theoretical assumptions about the method might impact its use in different cultures and on the role that social context plays in how self-identity is formed. I traveled by invitation to 11 different countries in North America, Asia, and Europe to offer bodymapping workshops, which provided an opportunity to compare responses. During this immersion in different cultures, I documented my experiences of cross-cultural work through art, photography, and writing. This inquiry is aligned with a practitioner's ethical and responsibility to self-reflexively assess for cultural sensitivity toward clients and to surface possible ethnocentric interpretations of the body maps created.

My experience with bodymapping drove my research interest in building grounded theory to articulate the possible therapeutic benefits of bodymapping and its application multiculturally. My research objectives were two-fold: (a) to develop grounded theory for therapeutic body-mapping as a method that may address the mind-body impact of serious life events, including trauma, in order to expand options for art therapy trauma treatment; and (b) to examine bodymapping from a multiculturally-informed lens, in order to contribute to the literature on culturally sensitive art therapy praxis. This article presents the results of my inquiry, drawing from a retrospective data analysis of 85 photographs of completed body maps collected in 11 different countries over a 3-year period.

Literature Review

Concerns of the helping professions are "moving more directly into the problems of *emotion, development, and communication*, as well as the *relationship of the mind to the body, individuals in particular circumstances,* and to *the social context* [italics in]" (Schore, 2009, p. 7). Although there is recognition of the role of social context, many contemporary theories of therapy and therapeutic practices are grounded in Western, individualistic biases that may not consider other, broader social values (Corey, Corey, & Callanan, 2011; Jobson, 2011; Jobson & O'Kearney, 2008; Kalmanowitz et al., 2012; Stocks, 2007; Tummala-Narra, 2014). Because of this identified focus on individualism and self-determination there is a need to address cultural and ethical considerations in working with people from other cultures (Kalmanowitz et al., 2012; Tummala-Narra, 2014).

Definitions of Selfhood: Individual and Collective Values

I recognize that many distinctions made about cultural values are broad generalizations. As Essame (2012) pointed out, in actuality "people behave in both collective and individualist ways, and operate within both frameworks to a greater or lesser degree" (p. 92). Moreover, there is agreement in the literature that the categorization of ethnic cultural values under general headings of "individual/independent" and "collective/interdependent" has the potential to generate stereotypes because they do not account for individual differences of people within the groups (Sue, Zane, & Young, 1994; Sullivan & Cottone, 2010). In this article I reference the differentiation of some cultural values with the terms "collective/interdependent" and "individualistic/independent" for the sake of discussion and to conceptualize the thematic outcomes of the visual data examined.

Of relevance to this research is an identified cultural difference in the concept of selfhood that contrasts cultures that value independence, such as those found in Canada, and cultures that value interdependence, such as various cultures found in Asia and among Native Americans (Graveline, 1998; Kalmanowitz et al., 2012). Literature that addresses cultural differences in the conception and development of selfhood have compared Western independence, self-definition, and internal reflective processes with cultures that value interdependence, meaning the self is defined in relationship to others and people strongly identify with group identities and societal values (Graveline, 1998; Hassim & Wagner, 2013; Jobson, 2011; Jobson & O'Kearney, 2008; Kalmanowitz et al., 2012; Kitayama, Markus, Matsumoto & Norasakkunkit, 1997; Stocks, 2007; Tummala-Narra, 2014).

In a culture that values interdependence the self and other is an integrated concept and there may be less conceptual difference between internal and external worlds. There is less focus on the individual within a situation; instead, the situation may be part of defining who one is (Graveline, 1998; Jobson, 2011; Jobson & O'Kearney, 2008; Kalmanowitz et al., 2012; Kitayama, Markus, Matsumoto & Norasakkunkit, 1997; Stocks, 2007; Tummala-Narra, 2014). Selfhood is integrated and unified with others and the natural environment, as contrasted with the Western concept of separation between self and other.

The prevailing psychotherapy for trauma, however, tends to represent a biased Western view that focuses on a singular, unified definition of "self" (Kalmanowitz et al., 2012; Stocks, 2007). This cultural bias exists in the mainstream definition of posttraumatic stress disorder (PTSD) for example, which highlights the need for careful recognition of differences in social and cultural life experiences and worldviews, as well as the construction of identity in therapeutic treatment

(Stocks, 2007). As a result, cultural bias in the theories used to define identity formation may influence trauma treatment models.

When individualized and subjective views of identity as a Western construct are emphasized, theories and treatment approaches to trauma may hold a binary view between a healthy versus fragmented self-identity and focus on an integrated self as the goal for treatment (Kalmanowitz et al., 2012; Stocks, 2007). For example, Berntsen and Rubin (2007) argued against the prevailing view that traumatic events are inaccessible to memory, positing that trauma may serve as salient turning "points of reference" in a person's life that become transitional events in self-definition, which alter a person's perception of self and the world. In a rebuttal of this assertion Jobson and O'Kearney (2008) offered that self-definition generally is an important mental health consideration in cultures that value individuality, but that this was not the case in those cultures that value interdependence. In other cultural worldviews such as those found among Asian or Native American people clearly defined distinctions are not made between body, mind, and spirit (Graveline, 1998; Kalmanowitz et al., 2012). As a result, relational distinctions among cultures need to be considered in understanding the symptoms of trauma (Jobson, 2011; Jobson & O'Kearney, 2008; Tummala-Narra, 2014) and the appropriate treatment needs.

Distinctions between independent and interdependent cultural values in the development and expression of selfhood are relevant to therapeutic body-mapping among different cultural groups. Jobson and O'Kearney (2008) sampled 160 people from Australia (representing independent cultural values) and Asia (representing interdependent cultural values) using self-report measures with trauma survivors. They found that the Australian trauma survivors "reported more goals, self-defining memories, and self-cognition that were trauma related than non-PTSD trauma

survivors," whereas this was not a defining factor for the Asian participants (p. 95). The authors concluded, "trauma's impact on change in self-definition and personal identity is culturally specified" (p.104). This finding has implications for how PTSD is defined and treatment planning is designed for people with different types of cultural identities.

Treatment Considerations

Different values create observable differences in how people experience a situation and respond to others, which in turn affects their treatment needs. For example, as Wang wrote, "promoting the self by means of publicizing the individual's life story, personal identity, and uniqueness, mastery or lack of mastery is accepted, valued and culturally sanctioned" in cultures that value independence. Cultures that value interdependence, on the other hand, more often promote "a sense of duty towards one's group, interdependence with others, a desire for social harmony, conformity to social norms, and roles and status defined within the group" (as cited in Jobson & O'Kearney, 2008, p. 97). As a result, there may be a tendency for cultures with interdependent values to suppress trauma memories due to the disruption it may cause to the group or community, and may focus instead on the relationship to the whole group, social roles, and harmony between people (Jobson & O'Kearney, 2008; Kalmanowitz et al., 2012). As such, common Western concepts in therapy and treatment (e.g., focus on personal identity or uniqueness) may be viewed as abnormal, immature, or arrogant, and therefore culturally inappropriate. Treatment with expectations for self-reflection and disclosure, as is often seen in art therapy, may be ineffective or harmful. These differences in social response indicate the need to consider appropriate treatment for difficult life experiences, including trauma, with people from different cultures that takes their values into consideration.

Balance, Harmony, and Art Therapy

Kalmanowitz et al.(2012) described that the concept of health in Asian culture relies on achieving balance and a state of harmony. As an example, they referred to Chinese Medicine, which "does not seek psychological insights because such insights require a concept of an inner life and an autonomous individual self that Chinese culture does not have" (p. 41). Essame (2012) described a commonly held view in the art therapy literature that art can act like a bridge between verbal and non-verbal expression, and assist in addressing implicit or unconscious memories without relying on discussion. She added that the ability of therapeutic art to hold emotional expression and address emotions or concerns symbolically and metaphorically, rather than verbally, makes it a culturally appropriate treatment in line with many Asian values. Potash, Bardot, and Ho (2012) proposed the need to recognize such culturally relevant ideas through specific lenses that include examination of different conceptions of health, the purpose of art, and expectations and values regarding therapy.

A Native American view of health and healing also values balance and harmony between self, others, nature, and the spiritual world, and the interconnectedness between the physical, emotional, mental, and spiritual realms (Graveline, 1998). As an alternate to Western views, trauma has been described as soul loss (Levine, 2009; McNiff, 1992, 2004). Levine (2009) noted that the experience of trauma can been described as the "separation of two worlds" in which there is a severance between shared reality as we know it and an alternative experience. Healing from this perspective involves engaging in ceremony and ritual practice to retrieve the soul using symbolic and imaginal means, which may be supported by the presence of a shaman (Levine, 2009; McNiff, 1992, 2004) or spiritual healer. The art therapists' role has been compared to that

of the shaman based on the similar understanding of the transcendence of the present reality through the imaginal realm of imagery (McNiff, 1992, 2004).

Therapeutic Body-Mapping

Therapeutic body-mapping is an art therapy method that uses a mind-body approach to create a life-size cohesive representation of life experiences and perception of self with the world. The use of art to map a visual narrative has been described as an integrative trauma recovery approach that helps to integrate a person's experience (Chapman, Morabito, Ladakakos, Schreier & Knudson, 2001; Gantt, 2013; Martin, 1997; Pifalo, 2009; Rankin & Taucher, 2003). A visual narrative assists in the development of a more complete cohesive life narrative than can be achieved verbally (Chapman et al., 2001; Gantt, 2013), accesses deeper emotional content, and helps to reduce confusion (Martin, 1997; Pifalo, 2009; Rankin & Taucher, 2003).

Solomon (2008) originally designed bodymapping in South Africa to assist people living with HIV/AIDS as a social action initiative and public awareness medium. Having been trained by Solomon, I expanded her method to help people explore a range of other physical, medical, and emotional difficulties in a therapeutic context. As detailed elsewhere (Author, manuscript accepted for publication), the sequence of directives that guide the mapping process incorporate clinical questions including: where one comes from, vision for the future, supports and resources, attention to any medical condition, treatment, side effects of treatment, and self-care strategies. The creation of a visual narrative in bodymapping within a therapeutic environment may potentially support resolution of traumatic suffering by creating a visual-symbolic context for life events.

Methods

Participants

The body maps utilized in the current study were documented from 18 bodymapping workshops that I facilitated in 11 different countries including Canada, Hong Kong, Macau, Spain, Thailand, and the United States. Workshops were held at the invitation of art therapy training institutes, counseling centers, and community centers. Participants were mental health practitioners, art therapists, and/or art therapy students who self-selected to attend the workshop. Hosting organizations advertised the workshops and registered the participants. For all workshops, I had no prior personal information about the participants. Translators were provided with the written procedures of the bodymapping method to increase clear communication where language would otherwise be a barrier. Informed consent was obtained prior to photo-documentation of their art-work, which included consent for use of the photographs for education and publication purposes.

Procedures

The same workshop format was used in all locations with minor adjustments to accommodate the needs of the location (e.g., timing of workshops). I introduced the history, intention, and the overall framework, and incorporated opening and closing discussion circles to build safety and a sense of community. Participants were traced while lying on large, ‘4 x 10’ pieces of paper, and then responded symbolically to a sequence of 24 art directives from which they developed the symbolic content of the body map over 2 to 3 days. Body-maps were created on the floor, wall, or table, based on personal preference and physical ability. I encouraged reflective journal writing and also provided individual support as needed. I photo-documented the artwork during most of these workshops, which cumulated into a collection of 280 photographs of body maps gathered over the 3 years. A proposal to conduct this inquiry was reviewed and approved by the Institutional Review Board of [Name removed] University.

Research Design

Key to grounded theory, the aim of the researcher is to seek data and distill information within a framework of open inquiry (Mellion & Tovin, 2002; Skeat & Perry, 2008). An area of interest, rather than a specific question to be answered, reduces the potential of biasing the direction of data collection (Mellion & Tovin, 2002; Skeat & Perry, 2008). The study design utilized grounded theory methodology proposed by Glaser and Strauss for developing theory that emerges from practice through data collection, observation, and data analysis (Mellion & Tovin, 2002; Skeat & Perry, 2008; Urquhart, Lehmann, & Myers, 2010). In grounded theory a simultaneous process of coding and constant comparison leads to further collection of data until the area of interest is saturated, meaning that no further new significant information is obtained (Mellion & Tovin, 2002; Skeat & Perry, 2008). The data are coded for themes that are then grouped into categories. Through a process of constant comparison, the categories are cross referenced through axial coding until concepts emerge that can then be integrated and developed into theory.

Hermeneutic inquiry contributes to grounded theory (via simultaneous development of theory from constant comparison and return to the data) as an interpretive process that is appropriate for use with art-based texts. McNiff (1998) defined hermeneutics in research as an "art of interpretation" that depends upon the "personal perspective of the interpreter" (p. 53). According to Patton, the premise is that "the meaning we attach to something is always *contextual* [italics in]– it depends upon the cultural, historical, and scholarly contexts in which it was created and subsequently interpreted" (as cited in Kapitan, 2010, p. 150).

Data Collection. To build grounded theory, I conducted a retrospective analysis of a collection of visual body maps (documented as photographs) obtained with consent during the

bodymapping workshops conducted between 2012 and 2014. From my entire collection of over 400 photographs of completed body maps, I reduced the data set to 85 photographs gathered between 2012 to 2014 from five sites in Canada, one site in the United States, two sites in Thailand, two sites in China, and one site in Spain. Selection criteria for photographs in each location were: (a) the photograph was of the entire body map created, (b) all stages in the bodymapping method were complete, and (c) where more than 15 useable images had been collected, those that appeared to be the most representational of the group would be selected as a form of typical sampling (Kapitan, 2010).

Data Analysis. A rigorous hermeneutic-phenomenological approach was utilized as suited for research with imagery, and involved bracketing out assumptions by closely studying the art while looking phenomenologically at what was there and what was being expressed. This information was used for open coding and development of concepts. Data analysis proceeded via a hermeneutic circle of interpretation involving cycles of observation, imaginal dialogue, and checking of researcher assumptions. The researcher makes adjustments to his or her interpretation and re-engages with the phenomenon with each deeper cycle of questioning (Kapitan, 2010).

To facilitate analysis, I posted all the photographs on a large board and began a video-recorded dialogic study of each individual image. I transcribed the recording of these dialogues and placed in them in separate files for later reflection. I also studied each selected group of 5-15 photographs as a whole in order to capture their essence and discover themes. To dialogue with the images I noted what I observed as well as listened for the art to speak to me (Allen, 1995; Betensky, 1995; Carpendale, 2009, 2011; McNiff, 1992; Moon, 1990). The hermeneutic dialogues attended to phenomenological observations of form, symbol, placement, color, and

lines. I looked at the whole group dynamic, asking questions that included: What do I see? What does the image say to me? What would it be like to be in this group? What does the group of images have to say to me as a whole? This process was congruent with a phenomenological approach to viewing art as a text upon which to build grounded theory (Betensky, 1995; Carpendale, 2009).

I transcribed my dialogues into separate documents by location and highlighted words and phrases that captured the overall qualities of the art for each location. I then listed the main themes discovered through this open coding. I used axial coding of constant comparing of categories between all the groups (Mellion & Tovin, 2002; Urquhart et al., 2010) and reduced the extraneous material to identify 11 main themes.

I then returned to the images and recorded another dialogue with all the groups of images, this time moving my focused study back and forth between groups, which served as a phenomenological reduction of the data. I identified common themes and noted places of most variance between the different locations where the data had originated. After I transcribed these subsequent dialogues and compiled a list of themes for each location, I further condensed the themes into five main variants. The five main categories were synthesized in the final stage of selective coding to determine the core variable, or central category, which represented the main theme in the research (Gallicano, 2013; Mellion & Tovin, 2002). Finally, I consulted literature on trauma across cultures to see whether my results support or divert from the literature.

Results

The resulting phenomenological descriptions were reduced into five main variants across different cultural locations, as illustrated in Table 1 (Addendix 1) and detailed below. The core theme across all variants was that a cultural difference was present in the body maps with respect

to expressions of interiority and exteriority of the body. Specifically, interiority of the body was expressed in how the individual body depicted was placed on the page and the symbolic representation of the marks placed inside the body outline. Exteriority included observations of the interaction between the bodies and a symbolic focus on the space surrounding the body. The within group and between group comparisons described below are summations of the transcribed dialogic-phenomenological method of inquiry presented according to the five main themes identified in my analysis (see Figures 6 through 12 for reference).

[Insert Figure 6 about here]

Bodies: Posture, Movement, Energy, and Tone

In Thailand, the body maps from the first of two sites, are energetic with bold colors and depictions of active movement of the bodies (see Figure 6). The bodies depicted are standing on the ground, on green grass, and often balanced on only one toe that gives a sense of rising or floating. The body maps include words such as care, strength, and calm down, and questions and affirmations. From the second Thailand site, the bodies depicted appear to be moving with upward raised hands. The energy is inquisitive and exploratory, with symbols that are scattered and disconnected. The overall effect may be described as confusion or uncertainty, due to the small patterns or symbols dispersed inside and outside the mapped bodies without apparent connections.

From the Macau workshop the bodies depicted appear to be walking or climbing, moving, reaching up, and stepping, while the some are depicted with their hands behind their heads and appear to be resting and relaxing (Figure 7). They have happy faces and look comfortable. Many of the figures appear playful, with happy faces, while some appear bound.

The group of body maps from the Hong Kong site are similar to those in Macau, with bodies stepping and reaching. Some bodies are still but most indicate movement, with playful, energetic gestures. Many of the bodies also are depicted with smiling faces and waving hands. By contrast, a significant amount of the body maps from Spain and the Native American community do not have faces depicted. A common tone across all the four Asian sites (Macau, Hong Kong, and two in Thailand) is one of playfulness, child-like innocence, and surrender. It is noteworthy that in the few exceptions to this observation, the bodies were depicted in the maps as bound.

The bodies from the group in Spain move in different direction and the images have a lot of movement as a whole. Most are depicted doing things with their arms; they appear active, rather than still or resting. The symbols and bodies depicted in the Spanish group are complex and interconnected, with a tone that produced an exploratory, imaginative composition.

A common theme across all the Canadian groups of body maps was a depiction of the bodies standing still, rooted in the earth and with a sense of energy or movement within that is depicted by connecting lines. For example, in the first of the five sites (see Figure 8) the bodies appear grounded and rooted; their feet are in or surrounded by the ground, roots, vines, and trees. Most are depicted as standing still with a lot of attention to what is happening internally. The common tone across the Canadian images is contemplative and serious, with an exploratory tone within the body.

Body maps from the U.S. Native American group had lots of movement and rising energy but appear grounded in fire and earth, similar to the maps from the Canadian groups. The figures consistently have depicted their body's' arms in the air. The raised arms create a tone of either fight or surrender. Their images appear serious, hopeful, reaching, and desiring. Similarly, the images from the Canadian groups that are identifiable as First Nations or Metis (similar to Native

Americans) in origin through their symbolism also have their arms raised in the air.

[Insert Figures 7 & 8 about here]

Interactions Between Bodies

The bodymapping method also includes tracing another figure onto the paper to represent a person's supports in the world, which may include people, places, things, and beliefs. In the Canadian groups, the other figure is expressed in various ways, often placed beside or behind the main figure (see Figure 8). The support figures are often pale in color with limited interactions expressed. The support figure sometimes embraces the main figure, however, the focus of the body map is generally on the internal experiences of the main figure rather than on their interactions.

This observation can be compared to the Spanish group where the bodies are depicted as entangled and woven together. In this group, the support figure is typically integrated into the main figure and becomes part of the background. The support figures may be seen; however, an interaction is not always obvious. The figures of the support person take unusual positions: some are hidden, placed upside-down, partly on the page, or behind the main figure depicted.

The groups from Asia, in comparison, clearly identify the body of the support person. These supports interact and often this figure is more visible than the figure of the main body. In Macau for example, the body maps emphasized interactions with the support figure, which is filled with color, as opposed to the other groups that de-emphasized the support figure in both placement and color. Similarly, in Hong Kong the main figure interacts with the support figure who is standing or curled up beside the main body. In maps from one Thailand site, the main figure is actively supported by the other figure. There is an obvious interaction with the other figure; they join, touch, help, and stand beside the main figure. The main body is surrounded and touched by

many hands prints. An interesting theme observed is that the main person may be placed standing on the foot of the other. This expression is not seen in other groups where the figure's feet may be depicted close together but often separate.

[insert Figures 8 & 9 about here]

Interiority: Marks in the Body

Participants are asked to reflect on and visually express physical "marks on the skin" and internal "marks under the skin." In the body maps from Canada, the body maps exposed the insides in a transparent, x-ray type manner (Figures 8 & 9). The symbolic representation of marks on the skin and internal marks often fill the figure's outline. These marks are commonly presented as red, raw open bellies and/or hearts, large belly marks, and large circles. The completed images often indicate the heart flowing through radiating lines. Connections made between the symbols are common, depicted through flowing lines. The common areas for the symbolic marks were the heart, chest, belly, and groin.

One of the directives is to use dates to identify specific events that led to a medical exam. Body maps from Canada often include words and dates to identify the internal and external marks and corresponding events. However, this is seen much less often in the other groups. Common across all the locations, the body maps included words and affirmations in response to the directives. The Canadian body maps, however, also included long narratives, whereas the Native American body maps did not include any words.

The Spanish body maps included marks that tended to extend outside the body. These marks and symbols are exposed but depicted abstractly, clustered around the heart, belly, and groin. The lines and geometric shapes created parts to the bodies that were often filled with different

colors. Many body maps from Hong Kong have bodies depicted as wearing clothes, being covered, or having limited expressions of internal experience that suggest that their personal experiences appear private. The focus appears to be on their desires, hopes, what is important in life, and their supports. In one of the Thailand groups, some of the body maps, in contrast, show internal marks; their hearts and bellies are emphasized, as well as disruptions in the belly, circles, jagged lines, and breasts. Hearts with lines radiating out appear to represent an opening or giving heart. Lines run through the body connecting the heart, belly, arms, and legs like blood-lines or energy lines. Finally, the Native American body maps included minimal internal marks, with symbols depicting a specific focus on hearts, bellies, and groin areas. Their symbols were large and were incorporated into the overall theme of the image in a cohesive manner.

Exteriority: Relationship to the Background

As described earlier, exteriority refers to areas outside the body outline. The Native American figures in the body maps depict a connection to the landscape (Figure 10). The bodies stand in and are connected to images of earth and fire, to the world outside, and to the external area in a single cohesive image. The landscape appears to be an important part of the experience and tells a story without using words. This is similar to many Canadian body maps that portray a grounded connection to the earth and landscape in a cohesive image. Bodies in the Spanish group are also connected to the landscape, with an emphasis on water. These bodies and the landscape around it, however, are more abstract and dispersed. A depiction of water appears around and inside the bodies, creating a sense of connection to and influence on the bodies as the water flows through.

The Macau body maps placed the figure in environments that include trees, pathways of feet, and water. Half of the images are depicted with houses or landscapes in the bottom corner,

whereas half have an abstracted circular shape at the bottom. Their toes slightly touch these bottom images, creating a floating quality, as opposed to other groups, such as the Native American or Canadian where images depict the feet immersed in the earth and trees, lending a grounded quality. In one Thailand group the bodies are seen as interacting in an environment. Their images tended to fill the whole page, creating a cohesive image of a scene or a setting. The body is situated in an environment that includes blue water, green grass, or big trees close to the bottom of the page and houses and people near the top of the page.

[Insert Figure 10 about here]

Symbolic Representation: Colour, Lines, Patterns, use of Materials, Cohesion, and Space

The body maps from the group in Spain have images that are water-based and full of colour (Figure 11). Most notable is the use of abstraction and geometric shapes. Lines run through the body from the outside and are used to create patches of different colour. Pale watery blues and complimentary colours are a common theme in the group. In most of the images, small symbols are scattered or dispersed around the body and appear to move upward. These body maps typically have small circles, vines, lines, hearts, and orange bellies. All the figures in this group of maps are differentiated and share unique as well as similar qualities in their themes, colours, and graphic components.

The Native American images have a predominance of red and black; common colors used are primary colors of red, black, yellow, and blue. There is a common inclusion of cultural symbols such as the Medicine Wheel (Graveline, 1998). In contrast the images from Macau use minimal colour to depict the inside of the body or the external area. There is more white space both inside and outside the body and simple use of symbols. The bodies don't stand out. There is

a common use of orange and green; half of the bodies have the colour green inside of them. Rainbows are commonly seen in the art. The images have dispersed, small symbols and many dots, which creates a lack of cohesion in the image. There are many small parts to the whole image and the bodies are filled with small dots clustered together, with minimal connections between the symbols. Similar to Macau, body maps from Hong Kong have many small, disconnected symbols, bits and parts, mostly placed outside the figure of the body (Figure 12).

Notable across the Canadian body maps is the predominant use of black paper. Many maps depict white connecting lines on black paper, both inside and outside the depicted body, giving the images a transparent, x-ray quality that reveals organs. This thematic use of black paper cannot be compared to other groups where black paper was not an option, due to limitations on available supplies. However, regardless of the color of the paper used, most of the body maps have a transparent quality, in that the bodies are of similar color to the background. This contrasts with the bold, filled figures in the Native American group, and the bright and boldly painted figures in one group of body maps from Thailand. Many of the Canadian figures have 3-dimentional objects attached to them as well as swirling lines, words, affirmations, long narratives, and connecting lines or pathways.

The Thailand figures are filled with bright colours. There is a predominant use of green and blue for the bodies, and use of yellow inside the body of the other person. Themes that emerge include blue water splashing, sunshine, and the use of pink. Pink is observed in the sky, tree, body, heart, body outline, and in the support figure. The space around the body is filled with colour, making use of the whole page and creating a cohesive image, whereas body maps from another site contain small, disconnected images inside and out of the body and the environment, and the external area is often unrecognizable. These maps have things attached to them, such as

collage images and pieces of paper, which is similar to the Canadian body maps that also have many attached items.

[Insert Figures 11 & 12 about here]

Discussion

Results from the retrospective analysis of the 85 photographs of completed body maps from various cultural locations found that the main thematic variant was the interiority of the body verses the exteriority of the body. To discuss the relevance of this finding, I consulted literature on responses to trauma in different cultures and found that there are differences in the nature of identity, self-definition, relational values, and the observed impact of trauma based on culture (Hassim &Wagner, 2013; Jobson, 2011; Jobson & O'Kearney, 2008; Stocks, 2007; Tummala-Narra, 2014), which lends understanding to my observations of the cultural differences in responses to bodymapping. Specifically, differences in the nature of the interactions depicted between the person and its support figure in the body maps, as well as the degree to which internal and external marks of a past life difficulty or trauma are represented within the figure, may be viewed as a result of the distinction between independent/ individualistic and interdependent/collective values in different cultures, as defined in the literature (Hassim &Wagner, 2013; Jobson, 2011; Jobson & O'Kearney, 2008; Kitayama et al., 1997; Stocks, 2007; Tummala-Narra, 2014).

Interiority

The Canadian groups of body maps and the Asian groups, contrasted in their different emphasis on symbolic inquiry. The Canadian groups, assuming an individualistic value system, emphasized the interiority of the body, whereas the Asian groups (Macau, Hong Kong,

Thailand), assuming collective values, emphasized the interactions between the two figures on the page, placing less emphasize on the interior of the body. In the Canadian body maps personal experience with life difficulty are visually and graphically exposed and revealed to others; the body maps reveal deep internal experiences with an emphasis on the interconnectedness of the heart, belly, and sexuality. This finding is supported by the research of Jobson and O'Kearney (2008) regarding the tendency for those cultures that value individualism to be more self-defining in nature and having more emphasis on exploration of personal experiences. Most of the Canadian participants chose to use black paper when given the choice between black and white paper. I noticed that the maps that utilized black paper tended to focus on internal symbolization, and depicted more internal organs, marks, and signs of distress, as compared to maps on the white paper that tended to express qualities of resilience and a more defined connection to what the figures were reaching for.

In the Canadian groups people revealed a great deal of personal information about their life difficulties and healing, both visually and verbally. During the final stage of discussing the body maps, they spoke of gaining new personal discoveries and feeling a sense of resilience. This was not the case in the Asian groups, where there was less symbolic revealing or focus on representation of internal marks. This result is supported by the literature that notes that cultures place different values and expectations on whether to share personal problems and self-identity (see Jobson & O'Kearney, 2008, p. 97). The Hong Kong and Macau groups did express a great deal of joy, however, in creating their body maps within the collective of the workshop as a shared experience.

Consistent with Jobson and O'Kearney's (2008) observations that Spanish culture has mixed qualities of independent and interdependent values, the body maps in the Spanish group focused

on the self, their interrelationship with the support figure on the page, and the environment. The interiority of the body revealed personal internal experiences; however, they used more symbolic and geometric lines than literal representation. A notable theme within the group was the amount of connections made within the body that extended to the external area, which creates a distinct visual interrelationship between the internal and external space. The merging of the main figure with the support figure on the paper, and the many instances of vines and connecting lines drawn around the body, suggest a focus on interrelationships and possibly entanglement.

Exteriority

Identifying one's roots, history, and culture may offer a sense of belonging and continuity. The question, "who are your people?" is very important for many cultures; "where you come from" was a particularly relevant question for the Native American group because it spoke to their cultural experience of colonization and subsequent loss of culture and identity (Graveline, 1998). As a result, the question of origin became the focus throughout making their body maps. Most of the people took much time working with this question and integrating it into the rest of their responses. The "journey" was a significant aspect of the body maps for the Native American group, as the concept of a journey has cultural relevance in their worldview. The journey metaphor was threaded into the overall final maps, linking the question of where they came from to their ideas about who they are and what they want for their future.

Both the Canadian and Native American body maps focused on individual experience grounded in an environment, specifically a landscape. The interdependent Native American body maps, however, did not represent graphic internal marks but instead emphasized the integration of the whole image and connections to the earth and the sky. This result is congruent with indigenous values of the interconnectedness of all things (Graveline, 1998).

The Asian body maps tended to focus on bringing all the parts together and focused particularly on the external area of the body. This result is congruent with literature that describes different values with respect to internal experience and sharing personal difficulties (as cited in Jobson & O'Kearney, 2008). It is also congruent with literature that describes an integrated view of the internal and the external world, where there is less separation between self and other (Jobson, 2011; Jobson & O'Kearney, 2008; Kitayama et al., 1997; Stocks, 2007; Tummala-Narra, 2014). These ideas offer a perspective for the differences found in the body maps, such as the incorporation of the support figure into the body of the main figure, or the emphasis on the support figure rather than the individual self of the main figure.

The differences between the two locations in Thailand are worthy of discussion. One group filled the spaces around the body on their maps with color, making use of the whole paper and situating their figure within an environment to create a cohesive image. In comparison many of the body maps from the other Thailand site contained small, disconnected images placed inside the depicted body and in the environment. In addition they left a significant amount of empty space both within the body and the environment that visually diminished the differentiation between the internal and external areas. When considered thematically, differences between these two sites represent a similar relationship to the external area as a common factor, either by placing the body within a landscape or situation, or by deemphasizing a separation between the internal and the external.

It would be a logical extension to suggest that the symbolic representations in the external area correspond to people's actual geographic area. For example, the bodymapping sites in Canada were located where people are surrounded by trees, mountains, rivers, and lakes, hence the predominant theme of being rooted in the earth. Similarly, at the Spanish location, people

were near the beach and bright blue water, hence the water themes in their art. Among the Asian groups, people were largely surrounded by other people, hence the focus on the other person and many surrounding, small dots.

Also noteworthy is the fact that at one Thailand site people held many different cultural and religious backgrounds, which included Buddhism, Christianity, and Muslim. These diverse spiritual beliefs do not overtly appear in the art, as compared to a predominant spiritual theme observed in the images of the Hong Kong group that was collectively comprised predominantly of Christians. The idea of a collective belief system expressed symbolically can be seen in the Native American art where almost all body maps included a culturally relevant symbol of the Medicine Wheel (Graveline, 1998).

Treatment Considerations

The suggestion that identification and expression of trauma or difficult life experiences, vary according to cultural context, was supported in this study and in the literature regarding individual or personal experiences versus social relationships in constructs of self. The results are important for consideration of the way the impact of trauma is viewed by professionals, with implications on how appropriate and culturally sensitive trauma treatment may be conceived. Trauma treatments may need to include socio-cultural factors that focus on relationships with others rather than solely internal experiences. Therapeutic body-mapping can be utilized as a culturally sensitive trauma treatment method, both within cultures that express interiority as well as those that do not, because the method integrates interiority and exteriority and places one's experiences within one's social-cultural context. This is in line with Carpendale's (2009) proposal that the purpose of therapeutic intervention is to connect the client back to a healthy

relationship of being-in-the-world "aimed at the re-integration of the personality into the context of the social environment" (p. 45).

Secondly, because art therapy engages symbolism as a form of expression, it may also be useful within cultures that do not place value on verbalizing internal experiences, as suggested by Essame (2012), because participants may express themselves through the creation of a symbolic visual narrative with an option to discuss their expression or not. This also is consistent with the views of Jobson and O'Kearney (2008) that assessments and trauma treatments need to explicitly consider cultural differences and include social and cultural variables, especially with respect to the differences between public and collective components of the self.

Therapeutic body-mapping adds a unique component to trauma treatment by offering a structured sequence of art directives applied to the same paper on which to organize personal narratives within a socio-cultural context. Stocks (2007) argued that creating a coherent, linear life narrative is a Western concept in psychotherapy in its focus on unity within the person and view of health as an integrated self represented within a linear life narrative. She claimed that it is essential to consider other social and cultural views such as those of Abrham and Torok that there is no "singular self" and "not only are the boundaries of self permeable and open to various 'others', but one's identity is inherently formed around a kernel of 'other' lodged in the unconscious" (as cited in Stocks 2007, p. 78). However, bodymapping generates a symbolic narrative, which is conceptually distinct from other narrative forms that derive from verbal description. Therapeutic body-mapping appears to traverse cultural differences and considerations posed by Stocks (2007) by incorporating art directives that include the person and their social and cultural experiences in a single image. The visual narrative generated is also the

result of a fluid art therapy process, where symbolism and metaphors integrate to develop a cohesive narrative that is not linear in its creation nor in the final image.

Sue et al. (1994) make a valid point that researchers often assume that "ethnic affiliation is an adequate representation of cultural variation." (p. 807). They clarified that ethnic differences (e.g., social identity among group members) are not the same as cultural differences, which "refer to variations in attitude, values, and perceptual constructs that result from different cultural experiences." (p. 807). The groups in this study represent smaller sub-cultures within larger cultures (McDonald, 2000; Sue et al., 1994). For example, the Canadian groups were all from Western Canada and cannot account for the multicultural diversity across the large country. Hong Kong and Macau have been under British influence, and more recently have become socially and politically associated with China. Macau represents a sub-group of Portuguese China. The Spanish location sampled is a sub-culture of Catalan people living within Spain; the Native American group sampled is governed as a sovereign state within the United States; and the Thailand participants had a mixture of various ethnic backgrounds. My awareness of these smaller sub-cultures drove my research to examine therapeutic body-mapping through a multiculturally-informed lens, rather than to use it as an assessment process.

Results from this research suggest that therapeutic body-mapping is a method for exploring life difficulties as appropriate for cultures that conceive of both independent and interdependent identities. Both the interiority of the body, including symbolic expression of trauma and health concerns, and the exteriority of the body in a way that can accommodate a culturally appropriate focus and response. These components are situated within identification of one's past (i.e., culture, roots, family origin, and/or difficult circumstances) and symbolic representation of the future (i.e., goals, well-being, and harmony).

Limitations

Limitations should be noted. The sample was a small number of participants from various locations within their respective countries, and therefore cannot be generalized as representative of responses or cultural values across national or ethnic cultures. However, even with a larger, more representational sample it is unlikely that generalizable claims about specific ethnic culture can be made, given the dynamism of cultural experience. Similarly, the use of data from practitioners and students cannot be assumed to be representative of the larger spectrum of peoples. The phenomenological focus on the visual data offered insights into multiplicity of expressions rather than attempted to generalize from a sample to a population. In sampling from a large collection of body maps, I sought a balanced distribution from countries with individualistic or collective cultural values represented to reduce possible bias. I also sampled an even distribution of art therapist with non-art therapist body maps. Because art therapists by training are familiar with symbolic representation and addressing personal concerns through art, balancing art therapist with non-art therapist maps sought to reduce bias. Another consideration is the influence of group dynamics on the collective expressions of colour and symbolism depicted in the body maps. Based on the distinct differences between locations and the similarities between groups in countries with more than one location represented, it may be possible that the common themes observed could reflect the location.

Another important limitation is the independent analysis of the data, which has the potential to reflect researcher bias in perception and assumptions in the analysis (McDonald, 2000). Although grounded theory was systematically followed, in such a study procedure there was no inter-rater reliability to assess for researcher bias in observation or analysis of thematic content.

The phenomenological method of retrospective analysis allowed me to stay as close to the data as possible, which increases the validity of the results. I returned to dialogue with the images in several rounds, each time bracketing out interpretive assumptions. This method also was chosen because it is effective for interpretation of imagery. Such a rigorous phenomenological method is suited for getting to the essence of an image and its thematic essence, and allowing other meanings to emerge through direct observation (Betensky, 1995; Carpendale, 2009, 2011). Facilitation of bodymapping where participant's first language was not English also may have led to misunderstanding or different interpretation of the directives provided, thus influencing resulting body maps and observed symbolism. To account for language barriers, I used translators who had been given in advance a description of the procedures, rationale, and practical considerations in order to increase their understanding and communication of these ideas to the participants.

To account for ethical and culturally sensitive practice, and to increase my ability to contextualize my observations, I lived in each location where data was gathered and participated in the local culture over 4-6 weeks during data collection. This cultural immersion provided a lens through which to understand my theoretical orientations and cultural assumptions, and to develop multicultural competency. It also provided increased understanding of similarities and difference to reduce possible assumptions and misinterpretations (Sullivan & Cottone, 2010).

No assessment was conducted to determine whether the nature of participants' exploration was directly related to trauma. Therefore, this study did not test the efficacy of the method as a trauma treatment. Testing the implications of this study's results through clinical sampling would be a valuable area for further research. Grounded theory developed through this study would be enhanced with further research on the use of therapeutic body-mapping by trained facilitators to

compare responses. This may reduce the possibility that the observations are a result of my facilitation style rather than the method itself. A study that included participant self-report questionnaires would be beneficial in documenting the potential value and challenges experienced by the participants from their perspective.

Conclusion

This research begins to address questions regarding the treatment needs for different cultures and how treatment could be modified and improved. It also provides a theoretical perspective to answer the question, "why are culturally responsive or culturally congruent forms of treatment effective?" (Sue et al., 1994, p. 809). The results from this study suggest an important difference in treatment focus. Western concepts of treatment tend to focus on discussion of personal and internal experience with a goal toward resolution of emotions and improved relationships. Differences observed in the responses to bodymapping imply that treatment approaches that consider cultural values would include a focus on social relationships, not only as a supportive factor, but also as a way in which people may define themselves. This includes recognition that some people do not experience a separation between themselves and their environment.

The body maps depict differing degrees to which people include external symbolism within their body outline to represent their internal experiences. These maps suggest that some people define themselves as being in the world, whereas other people may define themselves as being "with the world" or as having "the world within them". For people with different cultural values a treatment focus on interrelatedness, rather than on the individual, with the goal of finding balance and harmony within relationships and the environment may be more beneficial. Treatment approaches that offer fluidity by providing a spectrum of choices for clients may be

most useful. The capacity of therapeutic body-mapping to explore life experience within one's socio-cultural context supports its use as a multi-culturally sensitive treatment approach.

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Figure 6: Body Maps from Thailand Groups: Site A & B

Body Maps from Site A, Thailand

Body Maps from Site B, Thailand

Figure 7: Body Maps from Macau Group

Figure 8: Body Maps from Canada Groups: C, D,& E

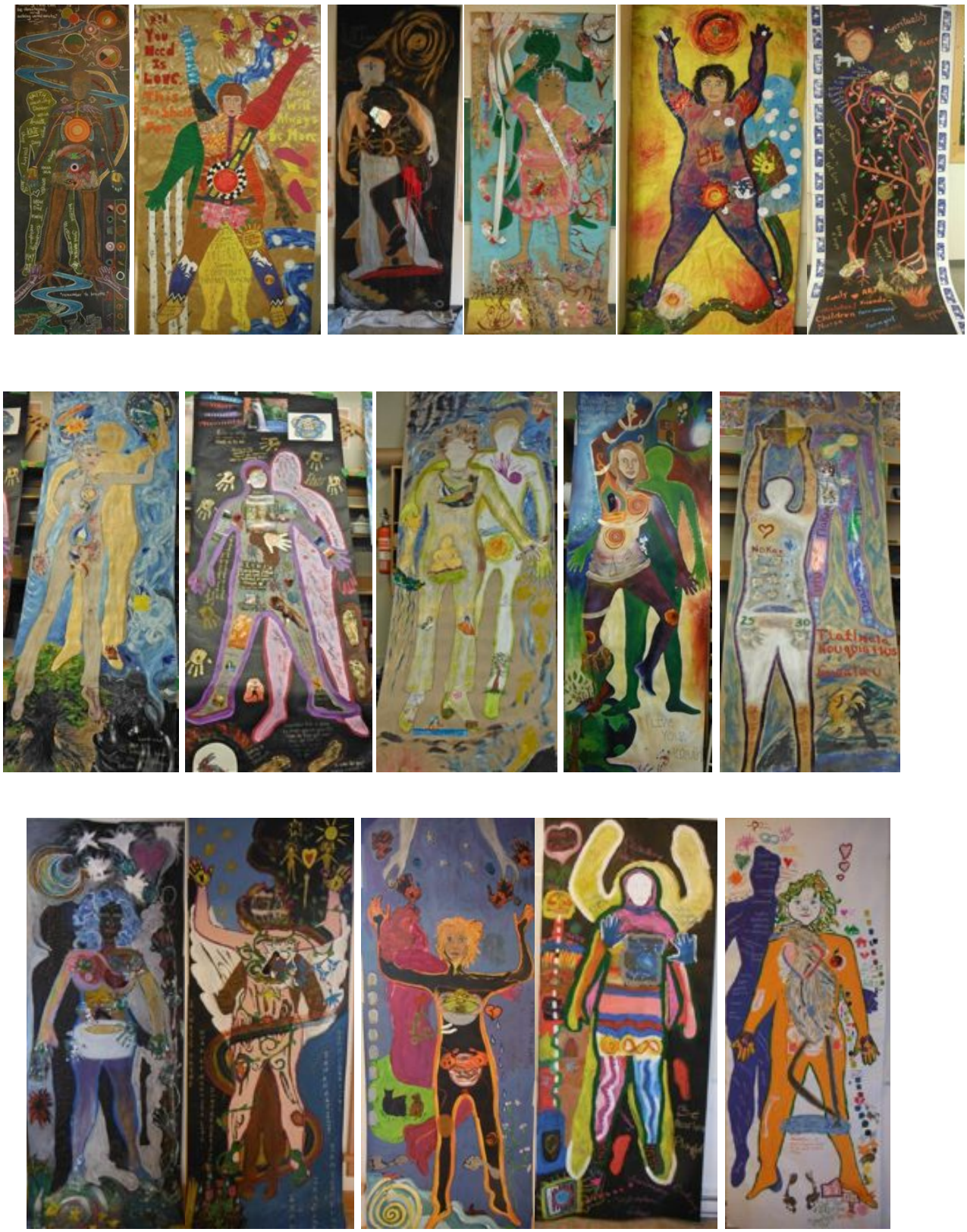

Figure 9: Body Maps from Canada Groups: F & G

Figure 10: Body Maps from Native American Group

Figure 11: Body Maps from Spain Group

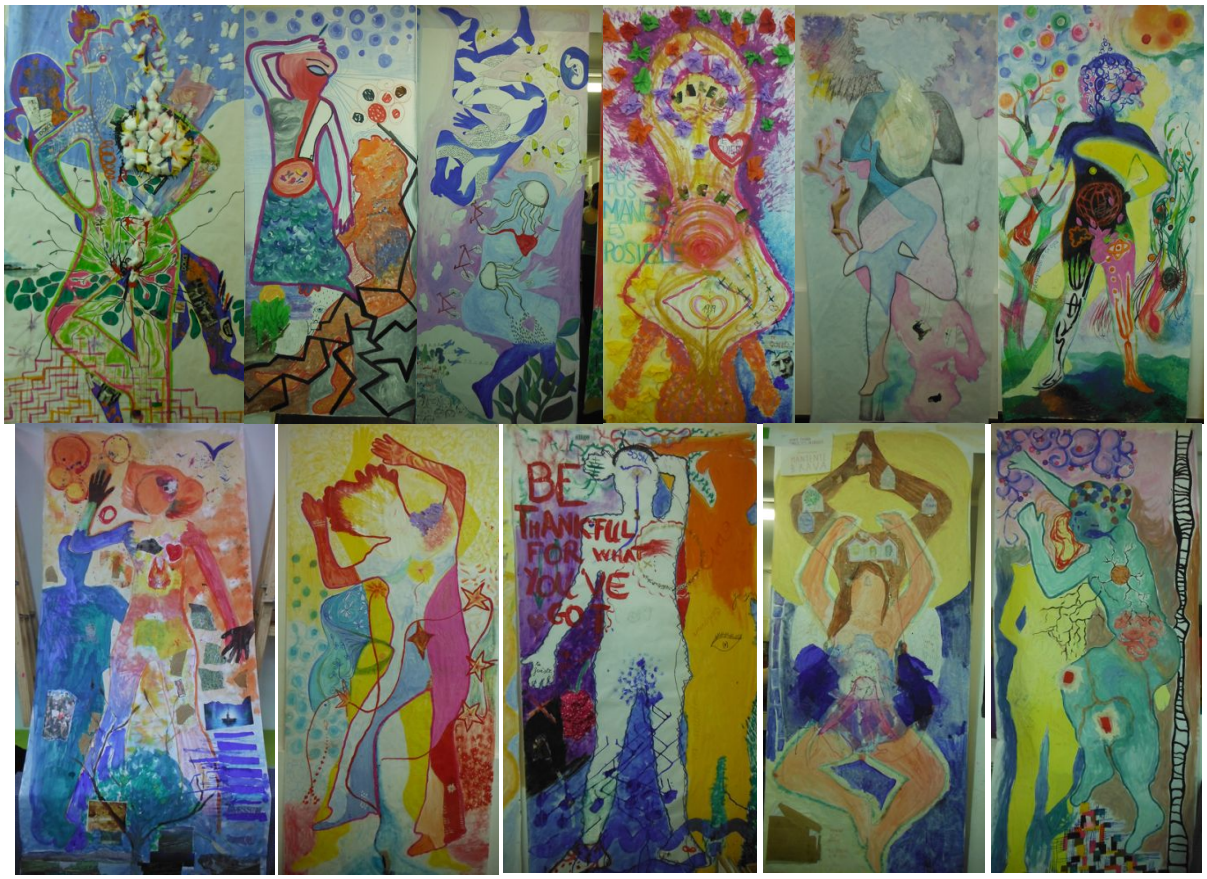

Figure 12: Body Maps from Hong Kong Group

CHAPTER 5: CONCLUSION

This dissertation culminates 18 years of art therapy practice with trauma clients and 8 years of practical and conceptual work with therapeutic body-mapping. I facilitated bodymapping workshops for the first 5 years as an extension of my "healing the healers" art therapy practice. As bodymapping became more known, group sizes grew and practitioners increasingly asked for a training experience. This change in focus from solely a therapeutic experience to a training workshop, created a need to develop descriptive material for the method. My doctoral study addressed the distinction of therapeutic stages and discussion of my observations to develop a conceptual framework for the possible therapeutic properties and the intention to maintain the integrity and ethical application of the approach.

The distinction between bodymapping and other forms of body-focused art therapy such as body tracing serves to differentiate these approaches for practitioners who are interested in using the method with their clients. Future directions include disseminating these ideas through publication, as well as designing a training program to make a more distinct separation between workshops for personal therapeutic exploration and an experiential-based training for practitioners who intend to use the method with their clients. As an ethical consideration, personal experience with therapeutic body-mapping is a critical aspect of training prior to introducing the method to clients due to the powerful and complex experience described by participants.

The review of trauma and art therapy literature in the context of therapeutic body-mapping served to develop my advocacy for the method's potential as an innovative and culturally sensitive art therapy approach to trauma treatment. In my experience, many trauma treatment

programs in British Columbia, Canada, predominantly tend to use cognitive behavioral therapy approaches. This reliance on CBT is in contrast to much of the neuroscience and trauma literature that claims a neurological impact of trauma is a reduction in the capacity for a person to recall and verbalize traumatic events. My intention has been to argue for the use of art therapy and mind-body approaches in trauma programs by referring to literature on these possible impacts of trauma that lead to gaps in verbal and cognitive functioning, and the potential for art therapy to address these gaps.

Therapeutic body-mapping utilizes many of the benefits of art therapy and sensorimotor practices to address difficult life events, including trauma, and may be described as following a similar therapeutic arc often used by practitioners during treatment. The method further expands art therapy approaches by including a spectrum of life events on a single paper that provides a time continuum for experiences and places these experiences within a person's socio-cultural context. Research that explores the integrated use of therapeutic body-mapping within a trauma treatment program would be beneficial to further understand its potential as an alternative treatment for clients who are experiencing acute trauma.

As a Canadian art therapist working with multicultural differences in treatment programs is a significant consideration. Many government programs now include training on multiculturalism in response to a growing awareness of its importance. There remains a gap, however, in that available treatment approaches often stem from Western concepts of health and well-being. The inclusion of a multicultural inquiry in this dissertation developed organically in response to my questions about the role of social context in the development of identity and considerations for offering art therapy to people with different cultural values. The results from this study, which explored the aesthetic responses to body-mapping of people from different

countries, provided me with a lens through which to understand different treatment needs of people with cultural values that may be different from the mainstream theories and treatments used in many trauma programs.

Results from this study that found a different focus on the interiority of the body in people from different countries suggest implications for treatment with people who hold different cultural values. This deduction is supported by cross-cultural literature that describes different concepts of selfhood and self-definition in people who hold individualistic and collective cultural values. For people who hold more collective values, social relationships and external environment may be intrinsic to their definition of selfhood, rather than seeing oneself as separate and "in relationship to" others. These ideas imply treatment designed for exploration and resolution of personal experiences may benefit people with more individualistic cultural values. However this may not benefit and may be harmful to people with more collective cultural values. In the case of the latter, treatment that recognizes the inclusion of social roles and the external environment as part of a person's concept of self, and defining outcome goals that seek to re-establish balance and harmony, may be more beneficial. The results from this study have increased my understanding of the importance of the social and cultural context within therapeutic body-mapping, and its capacity as a culturally sensitive approach different from the mainstream theories and treatments used in many trauma programs.

This dissertation is a result of 3 years of doctoral work dedicated to the development of theory for therapeutic body-mapping, articulation of its potential an approach to trauma treatment, and exploration of its use in other countries. Completing this dissertation has brought me full circle in answering personal questions about the role of context in definitions of self, and has given me direction for designing treatment programs in the future. The investment I made to

this research, which began as a personal inquiry, has led to many unexpected rewards including a greater appreciation for collaborative work, a professional identity as an international presenter, and a network of international colleagues.

Appendix 1: Body-Mapping Workshop Consent Form for Documentation

Christine Lummis BA, DKATI, RCAT
Art Therapy Services
christine@arttherapyservices.ca
www.arttherapyservices.ca

Consent Form

Workshop title:_____

Date: _____

Dear Participant,

Please consider the following request to have art and pertinent comments documented during this workshop for the purpose of further education on the use of art therapy, which may include conference presentation and publication.

I am currently studying for a Doctorate of Art Therapy from Mount Mary University in Milwaukee, Wisconsin. My Doctoral Learning Plan includes the study of art therapy in different cultures. I am teaching Body-Mapping workshops at Art Therapy Institutes internationally and documenting this process. If you have any further questions you may contact me at christine@arttherapyservices.ca. Thank you for your willingness to participate.

Sincerely,

Christine Lummis

I, _____, consent to have photographs and/or video taken of myself and my artwork during this workshop which may become included in the study. Your name and personal information will be kept confidential.

I understand that this consent is for educational purposes and may be used in published material, which could include journals, books, video, PowerPoint presentation, and research dissertation by Christine Lummis.

I understand that all use of material with be handled with due respect and sensitivity including anonymity and privacy of personal details.

Christine Lummis is a Registered Canadian Art Therapist and abides by all Code of Ethics outlined by the Canadian Art Therapy Association.

Signature: _____

Date: _____

Appendix 2: Body-Mapping Workshop outline

Body-Mapping Workshop
with Christine Lummis

Workshop Outline: Day one

9:00 – 9:30 **Opening Circle**

9:30 – 10:30 **Cut paper**

Trace two figures on paper. On your paper find a position and trace yourself and then trace your partner in a different position. Do the same on your partner's paper.

Highlight your body outline. Choose a colour that represents how you are feeling today and paint the outline of your body.

Paint all areas of the other body that is outside of your outline.

10:30 – 12:00 **Draw/paint where you come from**. On the bottom left hand corner, draw where you come from (city, village, country), or adaptation: circumstances

Draw/paint your goals/vision. On the top right corner, draw what you are striving for in your life.

Journey. Represent the journey you have taken to get to where you are today along the bottom.
Write reflections

Lunch

1:00 – 1:45 **Visualization**. Visualize a personal power symbol.
Marking your power point. Using a dot, indicate the source of power on the body. Draw your power symbol on your power point.

1:45–2:30 **Write your supports** into the shape of the other body.

2:30 – 3:30 **Self-portrait**. Draw your face on a practice paper, then on your map.
Hand-written slogan. Write words that you think of when times are difficult.

3:30 – 4:15 **Painting the hand. Make a print on your map.**
Painting/inking the feet. Have your partner help lift you off the paper.

Writing and personal reflection.

4:15 – 5:00 **Closing**

Appendix 1: Body-Mapping Workshop outline cont.

Body-Mapping Workshop
with Christine Lummis

Workshop Outline: Day Two

9:00 – 9:30 **Opening Circle**

Sit with body outline to reconnect

9:30 – 11:30 **Marks on the skin.** Identify marks on the skin and stories related to marks on the skin. Draw these marks on the body. Journal.

Marks under the skin. Do a body scan to identify feelings, illness, emotional scars that exist under the skin. Draw these on the body.
Journal Writing

11:30 – 12:00 **Clinical concerns: HIV, medical or emotional difficulties, trauma**

a. Using symbols or words, identify the trigger that lead you to get an HIV test, or other exam, place on the body.
a. Put the date of your HIV test, or other exam/event on the body.
b. Put a date for how/why/when HIV or other concern entered your life.

What do you think the HIV virus or other condition looks like? If you like, create an image of colours/symbols on a separate paper & blot onto body-map.

Lunch

1:00 – 2:30 **Treatment**. Identify/symbolize healing symbols, treatments, alternative practices, religious beliefs, lifestyle choices.
Side effects. Identify/symbolize side effects of treatment on the body.
Self care. Identify what you do for self care.

2:30 – 3:00 **Message to the general public.** Write a message that you would like to send out to the world (ie stigma, hope).

Integration. Choose colours to paint your person and the background. You can choose to paint around or over existing symbols.
Journal writing and reflection

Gather art around circle

3:00 – 5:00 **Sharing maps**
Closing circle