

Bodymap Protocol

Integrating Art Therapy and Focusing in the Treatment of Adults with Trauma

Darcy Lubbers

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ABSTRACT

Darcy Lubbers' doctoral research is presented, investigating the lived experience of participants receiving an integrative Bodymap Protocol (BMP), with study outcomes indicating positive, therapeutic effects on participants' trauma conditions. The BMP integrates the modalities of focusing and therapeutic art expression, and utilizes the outline of the body as a container. It was administered to nine adults, each of whom was receiving ongoing therapy for trauma at the time of the study. Following the administration of the protocol, individual semi-structured interviews were conducted to explore each participant's artwork and lived experience of the BMP. Interpretive Phenomenological Analysis (IPA) was applied to transcripts of the semi-structured interviews and the artwork. NVivo-Pro 11 software was utilized by the researcher to explore the predominant themes that emerged. The study resulted in positive outcomes, as expressed through participants' semi-structured interviews and artwork, thereby providing a foundation and motivation for continued trauma studies with this protocol.

Highlighted aspects of body psychotherapy include: 1) neuroscience: underscoring the effectiveness of nonverbal modalities in trauma treatment; 2) facilitating embodiment, self-regulation, and access to unconscious material through an integrated protocol; 3) providing a safe container for emotional/physiological healing; 4) moving beyond symptom reduction in healing trauma.

Keywords: art therapy, body psychotherapy, somatic psychology, focusing, trauma

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This paper presents a doctoral research study conducted by Darcy Lubbers (2017) with a discussion of the implications of research findings for the fields of somatic psychology and art therapy. The study investigated participants' lived experiences of receiving the Bodymap Protocol (BMP) and whether there was a perceived therapeutic effect in relationship to their trauma symptoms. The BMP is a one-time, integrated protocol designed by the researcher, which incorporates the modalities of focusing (Gendlin, 1981) with therapeutic art expression. The BMP utilizes the body outline as a container for felt sense impressions, which are expressed through visual art.

Neurobiology highlights the usefulness of trauma treatment methods that target non-verbal memory, including art therapy and somatic methodologies (King, 2016; van der Kolk, 2006). Traumatic memories are most often stored in implicit memory, and are therefore usually not accessible through the explicit memory system, which is mediated by the hippocampus (Chapman et al., 2001). The overly-stimulated and incomplete traumatic memories primarily affect the limbic system and nonverbal areas of the brain, becoming locked in the body as incomplete biological responses to perceived or actual threats (van der Kolk, 2006).

The body psychotherapy literature supports the immense potential of working with, and through, the body as a nexus for healing trauma (Levine, 2010; van der Kolk, 2006). The potentially profound effect of trauma on the body, including the disruption of normal physiological responses, with the resulting broad range of trauma-related symptoms, is well supported in the theoretical literature (van der Kolk, 2006). In utilizing body psychotherapy modalities, the process of healing and transforming traumatic responses and patterns is facilitated by a reconnection and reintegration to bodily felt sense, sensations, feelings, implicit memories, and spontaneity (Gendlin, 1996; Ogden et al., 2006).

The art therapy clinical and research literature additionally underscores the potential of therapeutic art expression for resolving trauma (King, 2016). Art expression offers a well-documented pathway for revealing, expressing, and transforming the implicit experience (Hinz, 2009; Lusebrink, 2004; Malchiodi, 2012).

In both the art therapy and body psychotherapy fields, however, more credible, empirical research is greatly needed (van der Kolk, 2006; Kapitan, 2010). Rationales cited by Lahad, Farhi, Leykin, & Kaplansky (2010) also support the development of integrated trauma treatment methods that include art/imaginal work as part of the treatment method. Gendlin similarly invited the integration of other modalities with focusing, asserting that focusing can be used to deepen the experiential component of any therapeutic approach. "Focusing is an entry into a crucial mode of sensing. Every other method works more effectively when focusing is added" (Gendlin, 1996, p. 65). This opinion is corroborated by Rappaport (2009) and Nokes-Malach (2012).

Purpose of the Study

This research study was designed to address the following assertions:

1. The development of clinically effective and cost-effective methodologies for the treatment of trauma is critical, due to the pervasive and destructive nature and impact of acute, chronic, and developmental traumas in the world.
2. Advances in neurobiology highlight the usefulness of psychotherapies for trauma treatment that specifically target nonverbal memory. The connections emerging between neurobiology and the fields of art therapy and somatic psychotherapy point to the potential promise that each of these fields holds for working with traumatized individuals.
3. There is a critical need for more empirical, credible research in each of the fields of somatic psychology and art therapy.

4. There is a dearth of protocols that integrate the strengths of each of the fields of somatic psychology and art therapy for the treatment of trauma. This is a new area of research that shows great promise, due to the potential strengths of each field in trauma treatment.
5. Testing the BMP in a qualitative research study is an important first step toward verifying its efficacy.

Definition of Key Terms

These definitions of terms were intended as working definitions for this research. They were not meant to be all-inclusive.

Art therapy: clients, facilitated by an art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior and addictions, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem.

Bodymap: full-size, visual image of soma, or *living body*, created with felt sense as an internal reference point for their visual art expression. A bodymap, as referred to by this researcher, begins with a life-size, drawn, or painted image of an individual's body outline as a symbolic container for their lived experience.

Clearing a space (CAS): method of accessing a space to separate a problem or issue from any identification with—or attempt to influence—it, and thereby allowing a fresh felt sense to form. A place of wholeness, separate from our problems (Gendlin, 1981; 1991; 1996).

Felt sense: bringing awareness to the body and sensing an issue in a fresh way; it can also be viewed as a *bodily felt sense*. Felt sense is distinctly felt, however conceptually unclear, and carries a multiplicity of potential meanings. Paying attention allows meaning to become clearer as an interaction occurs between *felt meaning* and emergent symbolization, and elicits a central change process in focusing/FOT (Gendlin, 1981; 1996).

Somatic psychotherapy: bodily experience is highlighted as correlative, causative, and caused by psychological experience. "It is grounded in the belief that not only are thought, emotion and bodily experience inextricably linked (creating a *bodymind*), but also that change can be brought about in one domain of experience by mindfully accessing another" (SomaticPsychotherapy.ans.au, n.d.).

Trauma: "A circumstance in which an event overwhelms or exceeds a person's capacity to protect his or her psychic wellbeing and integrity" (Cloitre, 2006). Trauma is viewed as the biological and physiological response to event(s) or circumstances, rather than the actual events or circumstances (Levine, 2010; van der Kolk, 2006).

Research Design and Method

Research Questions

1. What is the lived experience of adults with trauma who are administered the BMP?
2. Is there a perceived therapeutic effect of the BMP experienced by the participants in relationship to their trauma condition, as expressed through their semi-structured interviews and artwork?

Research Design and Method

This research study investigated the nature and quality of participants' experiences with the phenomenon of the BMP through 1) expressing what arises in the body, 2) utilizing the medium of art expression, and 3) witnessing and free-associating to the completed art production. The researcher believed that a qualitative and phenomenological approach was best suited to the research objectives.

A purposive sampling method was chosen for this research, in order to best meet criteria for providing emotional safety for participants (Goodwin, 2010). Nine eligible applicants were selected to participate in the study on a voluntary, first-come, first-serve basis. If an applicant was deemed eligible for the study and chose to participate, a time and date were scheduled to conduct the research. The following steps were followed in soliciting participants:

1. Applicant referrals were solicited by contacting Los Angeles area psychotherapists who utilized art therapy or somatic therapy in their practice, through postings on www.linkedin.com and www.facebook.com special interest groups.
2. Therapists were asked to post recruitment flyers in their waiting rooms, which included information about criteria for inclusion and exclusion in the study, along with the researcher's contact information.
3. Applicants were provided with information about the nature of the initial meeting, including the process of evaluation for acceptance into the study.
4. A 30-minute in-person screening meeting was scheduled with the researcher.

Applicant Screening

Acceptance as a participant in the study was determined by the following factors: 1) inclusion criteria, 2) exclusion criteria, 3) researcher's observation of applicant, 4) score on the impact of events scale (IES-R; Weiss and Marmar, 1996).

The parameters provided in the inclusion and exclusion criteria and the IES-R were intended for the applicant's safety. To minimize harm or risks to participants, individuals who had experienced severe trauma, as defined by the exclusion criteria, were excluded from the research. The researcher also reserved the right to deny an applicant from participating in the study based on her observations during the screening interview.

Inclusion Criteria

The researcher assessed the following inclusion criteria—that is, that the applicant was:

1. An adult with a history of trauma
2. Currently in ongoing psychotherapy
3. Willing to seek treatment with their psychotherapist if psychological difficulties arose during their participation in the research, or should they choose to withdraw
4. Local/available to the area where the BMP and semi-structured interview were administered.

Operationally, the type of trauma that a participant experienced was restricted by

the exclusion criteria listed below. The degree of trauma experienced was an additional factor in determining whether an applicant was accepted into the study.

Exclusion Criteria

To minimize harm or risks to participants, individuals who had experienced severe trauma, as defined in the questions listed below, were excluded from the research. An applicant who answered “Yes” to any one of these questions was deemed not eligible to participate in the research.

1. Has your traumatic experience occurred less than one year ago?
2. Have you experienced the following traumatic events, involving death or threat of death or serious injury (whether personal, witnessed, and/or experienced by a family member): exposure to a natural disaster, terrorist attack, or combat/war?
3. Have you experienced any of the following within the last five years: assault, robbery, major car accident, major medical procedure?
4. In the past year, have you had thoughts of seriously harming yourself?
5. Are you currently having such thoughts?
6. Have you recently or currently been experiencing states of high physical arousal—often experienced as trembling, increased heart-beat, or panic attacks?
7. Have you recently or currently been experiencing flashbacks or nightmares about the trauma?
8. Have you recently or currently been experiencing symptoms of psychosis such as hallucinations, persecutory thoughts, delusions, or feelings that you are not real?
9. Have you recently or currently been highly dissociated—often experienced as being unable to feel any sensations in your body?
10. Do you have a pattern of using alcohol or another substance or behavior that is problematic for you and results in impairment in your daily life, or in noticeable distress?

Researcher’s Observation

During the screening interview, the researcher observed and assessed the applicant’s ability to function, speak coherently, and regulate their breath, and have sufficient coping skills to regulate him or herself. Incoherent speech was defined as the inability to complete a sentence.

Impact of Events Scale-Revised (IES-R)

The IES-R (Weiss and Marmar, 1996) was included as an additional safeguard for applicants to aid in assessing the degree of symptomatic psychological and physiological impact that had resulted from a traumatic experience (or series of experiences). Due to the subjective lens through which an individual’s experience of trauma is focused, the researcher believed that the IES-R would provide an appropriate measurement of the degree of arousal and dysregulation that the individual was currently experiencing.

Additionally, the 22-item self-report measure focused on both somatic/physiological and psychological/cognitive manifestations of distress resulting from traumatic experience, including such symptoms as digestive problems, headaches, intrusive thoughts, flashbacks, and nightmares. Due to the somatic focus of this research, this measure was a good fit for the research as an additional applicant-screening tool.

The IES-R has a scoring range of 0-88. Applicants with mid-range scores (9-37) on the IES-R were accepted for the study. This indicated that their current symptoms were neither too low to register any significant psychological impact of traumatic event(s), nor in the highest ranges, which indicate a probable diagnosis of PTSD, and specify that trauma symptoms are likely to suppress immune system's functioning even 10 years after an impact event or events.

Bodymap

Safety Measures

- **Orienting.** Participants were directed to sit comfortably and to orient to the space around them, including letting their eyes gaze and look around the space, noting pleasant colors, textures and/or light quality, and allowing their eyes to linger on these pleasant sights.
- **Grounding.** Participants were invited to bring their awareness back to their body and to observe the flow of their breath, to become aware of their feet on the ground, their body in the chair, and to notice any feelings of physical comfort and/or support.
- **Warm-up drawing: Safe place.** Participants were offered drawing materials to choose from, including oil and chalk pastels, magic markers, and colored pencils, and directed to draw an image of a safe place. The safe place could be somewhere the participant had actually been, or simply a place that he or she imagined in their mind's eye. Participants were asked to feel into (Gendlin, 1981; 1996) the experience of being in this place—to imagine actually being there.

Bodymap

- **Step 1: Clearing a space (CAS).** Participants were guided through CAS (Gendlin, 1981). They were instructed to bring their awareness toward the center of their body (torso), and to ask themselves: "What is going on with me right now?" and/or "What have I come in with today?" They were guided in setting aside other issues without examining them closely in order to make room to focus on a particular trauma healing issue. Participants were instructed to ask themselves, "Except for these things that I have set aside, am I OK now?" (Gendlin, 1981). When the answer was yes, they were ready to proceed to the next step.
- **Step 2: Healing issue.** Participants were directed to bring their awareness to a healing issue or intention connected to a traumatic life event or events that they wished to focus on for their bodymap, to refine their language against their felt sense until they experienced a sense of "yes—that is it" or "this feels right."

- **Step 3: Bodymap.** Participants were directed to create a full-size visual representation of their body, with the felt sense of their healing issue as a reference point for their art expression. Colored pencils, oil and chalk pastels, magic markers, acrylic paints, watercolors, poster paints, and collage materials were provided.

As participants represented the outside edges of their body and filled it in with imagery, they were directed to check in with their bodily felt sense of their healing issue, beginning with their torso. They were instructed to observe any feelings, sensations, or memories elicited as they moved back and forth between attending to their issue and their body. They were encouraged to be mindful and spontaneous as they created their bodymap, intuitively choosing colors, shapes, textures, symbols, and images to represent emergent feelings or memories and corresponding somatic sensations. They were directed to bring their awareness slowly throughout their body, and continue pendulating between noticing sensations and reflecting on their chosen issue, continuing this process until they experienced a sense of completion.

Participants were then guided to step back and observe their completed image and notice any immediate impressions. They were given 3-5 minutes to jot down notes about their impressions of their imagery. Participants then scheduled a semi-structured interview (within 24 hours) with the researcher. They were asked to make note of feelings, thoughts, impressions, insights, questions, and/or dreams that emerged from the experience.

Semi-Structured Interview

The purpose of the semi-structured interview was to observe and discuss, qualitatively and in depth, each participant's experience of the BMP. Questions in the interview were open-ended. Participants were given the opportunity to notice somatic impressions, feelings, memories, insights, or other senses activated by the BMP. Interview questions were designed to cover the breadth of the participant's experience with the BMP, and any emergent associations in relationship to their healing issue as they viewed their artwork with the researcher.

Participants were encouraged to observe, witness, and associate to their symbolic language in the embodied (art) images that had emerged. Responses to their process during the BMP and to their completed artwork were a primary focus.

Interpretive phenomenological analysis (IPA; Smith et al., 2009; Willig, 2008) was utilized to analyze the qualitative data that was obtained. The theoretical perspective of IPA is in alignment with this study's objectives, with its emphasis on utilizing the richness of participants' somatic and imaginal expressions, and its aims of elucidating individual experience and meaning. The participants' perspectives and individuality of their experiences—as well as their overall experience of the protocol—were sought by the researcher. Essential meanings were attended to through what emerged in their body maps, their associations to their artwork, and their description of their qualitative experience.

Interviews were audiotaped and transcribed, and participants' artwork was photographed. The IPA analysis followed the following steps:

1. A thorough encounter with each transcript through reading it multiple times
2. Identification of themes
3. Clustering of themes, including parent and child themes
4. Integrating the cases by listing themes with relevant quotations. (Willig, 2008). NVivo-Pro 11 software was utilized to help with the identification of themes by organizing and coding themes in participants' transcripts.

Results and Discussion

The BMP was administered to nine adult individuals: six women and three men. They ranged in age from their early 20s to 70 years. Each of the participants' lived experiences of the BMP was positive and meaningful. Each perceived a lessening of their trauma symptoms from participating in the BMP. Although participants' experiences were individual and unique, the ways in which the BMP was identified by participants as providing therapeutic change and benefit brought forth four common themes.

Emergent Themes

The BMP facilitated:

1. A safe container for expression of feelings, with resulting emotional and physiological release, and the freeing up of life energy
2. Access to unconscious material, bringing it forward into greater conscious awareness, with resulting shifts in insight and meaning-making
3. A transition toward a physical, physiological state of greater embodiment and self-regulation
4. The emergence of healing imagery and an experience of integration

Each of these thematic aspects served an important role in healing participants' trauma symptoms, and interrelated with one another with associated benefit. Each theme relates directly back to the purpose of the study and the initial research questions, affirming positive findings for the study. Each is well-supported in the extant clinical and research literature in the somatic psychology and art therapy fields. These thematic results support the efficacy and viability of the BMP as a vehicle for therapeutic change and transformation.

1. Safe Container for Expression of Feelings

Somatic psychology posits that one's body is viewed as their *emotional container*. When an individual experiences trauma, that container no longer feels safe as one moves through a process of instinctual fight/flight and/or freeze. As a result, an individual becomes distanced from their emotions and from their inner creative life, along with their ability to be present in the moment (Levine, 2010).

In this study the BMP provided a safe container symbolically, with its drawn outline of the body that was then spontaneously filled in with felt-sense impressions. The outline created a structure for the protocol that allows for the safe expression of feelings, and for unconscious material to emerge.

Participants shared their appreciation for the BMP format and that it allowed them to express difficult or out-of-reach feelings safely, often with an outcome of experiencing relief. Great depth of feeling was expressed by participants in the bodymap imagery, some of which they had not expressed before, either due to lack of safety in other forms of expression/communication, or due to lack of access to those feelings.

Edgar expressed deep feelings of pain through his art depictions in his bodymap (Figure 1), and described his experience as deeply healing. He spoke about the safe container provided by the BMP, and by each step of the process. He included the semi-structured interview as part of the container, noting it as a time of reflection and integration for the whole process.

Remarking on his fluid use of art materials and his bodymap, Edgar shared, “I didn’t want to spend time fussing, I came up with a really close version of what feels right to me. I got to use collage in a way that it’s meant — it feels really powerful, like, things became other things, they interact. I’m just really happy about it — and I feel so much emotion moving as I’m telling you about it; I feel grief.”

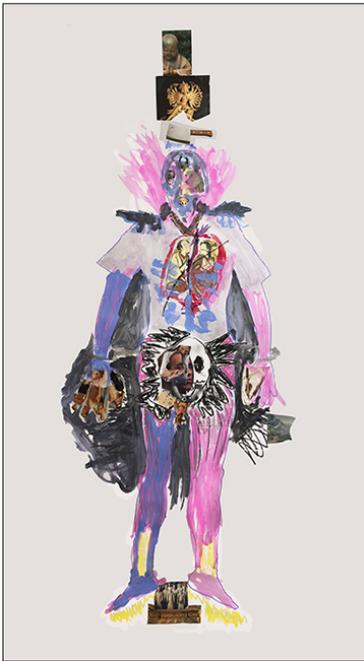


Figure 1. *Bodymap – Edgar*



Figure 2. *Bodymap – Elise*

Elise [pointing to the red “throw-up” coming from mouth] (Figure 2) shared; There’s been a lot of rage, you know. When I see the drawing, I see it as rage, a real spewing. “‘Create miracles’ is underneath the spewing.” She noted her depiction of her eyes: “They’re closed, but it’s going inward. Yes, an inward glancing. This, to me, is the real witnessing; observing, being mindful of the emotionality as opposed

to just peaceful — just present to whatever might be coming up or emerging.” Elise also identified, “there’s a kind of a blockage there [pelvis] and I think some of that is probably just about ‘Don’t be a girl’ or ‘If you’re feminine, this isn’t okay to express.’”

2. Facilitating Access of Unconscious Material

Each participant reported experiencing healing benefits, due to shifts in awareness and new insights that emerged as unconscious material came forward. Jason shared that he had been physically and emotionally abused as a child by his father. The focusing steps brought this healing intention forward:

“I wish to be free of, or to integrate in such a way that, my body’s fearful memories of being seen, being physically abused, being hated by my father, become transformed and no longer interfere with my day-to-day and long-term freedom of self-expression, ease, creativity, and my ability to access my inner wisdom and guidance.”

Jason experienced a healing shift through emergence of unconscious material during the process of drawing his safe place (Figure 3) and creating his bodymap (Figure 4). He described his safe place, “where I can sit in a hanging hammock chair and swing back and forth and feel the breezes of fresh sweet air enfold me.” He shared, “I feel held here, in the arms of nature... And thus I am more in touch with my inner self, my sense that I feel whole.”



Figure 3. *Safe Place — Jason*



Figure 4. *Bodymap — Jason*

Jason noted, “I was able to have a sense of my body that was less intellectual and more in touch with the positive feelings that I associate with being in my body.” His internal landscape and felt sense shifted to one of peacefulness and “feeling held” by nature: “I come back to myself in nature in ways that I can’t in other places.” His experience of the safe place drawing created an internal shift with “a feeling-tone of less anxiety and being able to be in the moment.” He imparted that his insights regarding the unconscious information that emerged were not present while he was immersed in the process of creating his bodymap, but that they emerged as he reflected on it:

“I just want to reiterate that all of the explanation I’ve done in the last 30 minutes or so was not in my mind when I was making this map. I was literally very much into the tactile feeling of, ‘Okay, that [tree] bark has to go on my legs,’ or ‘that ocean image has to go here’ or ‘No, I’ve got to draw this lightning bolt here.’ And I literally followed your [researcher’s] instructions in terms of keeping my mind very open to the sensing of the moment. And that was very much in my feeling about it. I didn’t make the connections I’m making now while I was doing it...I was just doing it.”

Jason described, “The heart blast there is the wound. The ‘ow’ is one of the places where he [father] used to hit me which resulted in my confetti brain, which is what’s up there.” Jason connected with an important resource — his memory of how healing nature is for him. “So I love the ferns and the ocean.” He remembered what he had forgotten — that going into nature was his healing resource, while enduring abuse from his father. He recalled spending hours by the rivers and woods near his home, which engendered feelings of safety and nurturance.

After his interview, Jason appeared energized, present, and connected. He summarized, “So, I’m very moved by just looking at this image — I can’t stop looking at it actually. It’s very powerful.” He reflected: “They [life energies] are moving. You know, my vitality [in childhood] was not erased; it remained.” And in regard to the BMP, he reflected, “I have to tell you, this works [LAUGHTER].”



Figure 5. *Bodymap — Hayley*

3. Greater Embodiment and Self-Regulation

A shift toward a state of greater embodiment and self-regulation through receiving the BMP is also supported in the extant literature. Both art and somatic modalities have the potential to aid individuals in moving into a more embodied state of awareness — something that is lost through the experience of trauma. Participants reported experiences of breakthrough, of moving from either a more vigilant *fight/flight*, or a more dissociated or frozen pattern of awareness, into an experience of greater embodiment.

Expressing anger for the first time about a childhood molestation she had kept secret throughout her life, Hayley (Figure 5) stated: “Yeah, with a big fireball [in the chest] that’s wanting to come out and hasn’t come out because I’ve suppressed it for so long; you know what I mean?” She also reflected on having “X’d” out her pelvic area, symbolizing her numbness following her sexual abuse. Hayley reported an experience of releasing held energy, and of greater connection to her body following the BMP.

4. Integration: Emergence of Healing Imagery

All of the participants experienced the nature imagery in their safe place drawings as healing. They each also identified healing colors and/or images in their bodymaps. The researcher noted the organic way in which healing (and resourcing) images also arose naturally in the bodymaps. Participants were able to intuitively envision the change they sought, and to begin creating healing and integration for themselves in their imagery. The bodymaps in their entirety can also be viewed as healing images, with the healing occurring organically through the process of creating them, in different ways for each participant.

Jason included an image of his “healing hands” (Figure 4), and Elise included a healing image of “rainbow legs” (Figure 2) which she described as “a feeling of just really being embodied in my legs — and they do have all the colors, different emotions and, you know, I carry them all.” She also described her use of purple paint as healing. In Edgar’s interview, he identified his placement of a “Buddha” collage image above a “Kali” image as representing a healing quality and message for him (Figure 1). It represented the Buddhist “acceptance of what is,” a quality that he longed to have more of in his life.

Edgar’s image of two “Asian lovers” collaged on the heart of his bodymap expressed deep conflict regarding predominant culture’s — and his own — rejection of his “inner feminine.” However, during his interview, he had an “aha” moment of a “deep inner shift” that he described as inexplicable to him. He described it as an emergent feeling of love moving into his heart. It elicited an experience of “self-love” and “self-acceptance.” He further described it as an integration of the masculine and feminine polarities occurring within as his awareness shifted to include a perspective of the two images looking at, and loving, one another.

Researcher's Reflections

Sequencing of Protocol Steps

In reflecting on the two research questions for this study, the data has highlighted the uniqueness, individuality, and richness of each person's lived experience through each of the steps of the BMP, and through the integration of the protocol steps as a whole. In the process of sharing each participant's artwork and reflections, the data has served to elucidate their relationship to their trauma condition, and their experiences of positive and healing changes as a result of participating in the BMP. Participants' reflections have supported very positive, encouraging findings to both questions.

In their ISTSS task force research survey, Cloitre et al. (2011) cited consensus among respondents in regard to "the added benefits of sequential interventions for treating complex trauma." They identified the importance of a first phase of "establishing trust and safety" (Cloitre, p. 625).

In the BMP study, the researcher found that the safety provided by the sequencing of the initial steps of the BMP facilitated positive resourcing for each of the participants (Levine, 1997; 2010). Orienting, grounding, and the safe place drawing provided a bridge for accessing each participant's inner feelings of comfort, strength, optimism, and safety. Through the perspective of the BMP, this is the ground upon which an individual can begin to take the steps that lead to a restoration of balance and stability. These are not simply abstract mental states; the positive feelings engendered are embodied experiences (Payne et al., 2015).

According to the survey results of Cloitre et al. (2011), the first phase of treatment ideally precedes a second phase of "focusing on processing the unresolved aspects of the individual's memories of traumatic experiences" (p. 625). This second phase emphasizes "the review and re-appraisal of traumatic memories so that they are integrated into an adaptive representation of self, relationships and the world" (Cloitre et al., 2011, p. 625). As characterized in the emergent themes of this study, the BMP facilitates the movement of implicit material into explicit awareness, of its safe, effective communication and symbolic transformation, and a shift toward greater embodiment and self-regulation (van der Kolk, 1996).

The ISTSS survey identifies the "consolidation of treatment gains to facilitate the transition" as the third phase of treatment (Cloitre et al., 2011, p. 625). This corresponds with the integration phase of the BMP, evidenced both by participants' descriptions of their unique experiences of felt shift, arising out of new felt meanings (Gendlin 1981; 1993; 1996), and by the spontaneous emergence of healing imagery in their artwork as they moved through the steps of the protocol.

Embodiment: Somatic Indicators

The researcher noted moments when witnessing their numbness and depicting it (consciously and/or unconsciously) in their art, and then reflecting on it during their interviews, elicited a sense of relief for participants, and resulted in a more embodied presence during the course of their interviews. She also noted participants' somatic responses, which served as indications of the discharge of held tensions, with greater resiliency and self-regulation (Levine, 2010). One of the most prevalent of

these was the emergence of laughter at points in which new meanings emerged for participants due to unconscious material surfacing, with new self-understanding and deeper integration of trauma narratives. This laughter appeared to the researcher as lighthearted and relieving.

Other somatic responses that were indicative of a natural release of tension were tears, sighs, yawning, taking a deep in-breath, exhaling after a period of holding the breath, and bringing hands to the heart. Each of these spontaneous biological activities led to the restoration of balanced autonomic tone (Levine, 2010; Payne et al., 2015).

At times, the researcher was aware of her own somatic sensations as material was shared by participants. This occurred as Edgar related the spontaneous imagery that arose in response to reflecting on the symbolic cleaver over his head in his bodymap (Figure 1). The researcher noticed that she had goose bumps as he described his *disempowered left arm* releasing the *writing pen*, and reaching up to grab the cleaver in a gesture of great self-protection and empowerment.

This also coincided with a moment of physiological release for Edgar, in which he took a sudden deep in-breath and then released it. His shoulders dropped, releasing tension; his face became more flushed; he made eye contact with the researcher, and laughed with relief. As described, the movement from a less embodied state to a more embodied state through participating in each of the steps of the BMP emerged as a healing theme in the study. Participant accounts reflect an experience of *breakthrough*, of renewed vitality, and of greater connection to self.

Additionally, the experience of the BMP as a safe container for the expression of feelings suggests that individuals with dissociation are able to experience particular therapeutic benefit from participating in this protocol, as are others with traumatic responses where their energy is held in a fight/flight or vigilant, response. For those dealing with dissociation, it appears to potentiate an important healing step towards reclaiming their relationship with their bodies by first bringing awareness to their experience of numbness through the integrated somatic and art expression steps of the protocol. As Gendlin described,

We experience our felt meanings implicitly, when they are vague and unclear, before we make them explicit by referring to them with words or mental pictures. When we focus on an implicit felt meaning, and symbolize it (by attaching to it words or mental pictures), we use its bodily felt sense as a direct referent and transform it into an explicit felt meaning.

(1962, p. 5)

Clinical Applications of Research

A number of participants shared with the researcher that going through the BMP was helpful for opening up potential new avenues of exploration with their current therapist. They cited areas where they had previously felt blocked or hesitant to move forward due to fears about re-triggering their trauma symptoms by bringing them up in their therapy sessions. In approaching the therapeutic process from an integrative perspective, the potential for using the BMP as a safe and efficient method for addressing trauma in clinical work is supported. Cloitre et al. (2011) point to

individual therapy as a possible and effective first phase of their recommended three-phase trauma treatment strategy.

Therapists may find benefit in utilizing the BMP with their clients as a safe container for expression of feelings, for eliciting unconscious material, and to support individuals who are experiencing states of fight, flight, or freeze in order to facilitate self-regulation and embodiment. The safe container provided by the BMP allows for a potential deepening of the therapeutic relationship due to the safety of the container and the richness of the material that may emerge for the client.

As a number of participants in this study expressed, the BMP can provide a valuable map of their conscious and unconscious process, which can be referred to in therapy sessions with the possibility of creating a follow-up map created at intervals—for example, every six months. As more psychotherapists are seeking cross-disciplinary training, this integrated protocol provides a time-and-cost-effective approach for working with clients with trauma, particularly for therapists with training in both the art and somatic fields.

Researcher's Note of Caution

Staying within one's scope of professional practice is important in considering the use of the BMP for treating trauma. For those who do not have cross-disciplinary training, collaboration, consultation, and supervision are recommended. Somatic therapists may wish to work in conjunction with art therapists, and vice versa, in both the administration of the BMP and the review of the findings.

The safety precautions that have been utilized in this protocol are also critically important to include in potential future research with the BMP, and also in clinical work. The study participants were in ongoing therapy, and had the opportunity to process material that emerged during the BMP with their therapist. The inclusionary and exclusionary criteria are also important to consider for participants' safety, as is the IES-R measure.

It is likely that anyone who has experienced trauma will also have aspects of self that are dissociated, particularly in cases of complex trauma. It will be important for clinicians who wish to use this protocol to observe the presence of dissociation as well as the intensity of the emotion that emerges as an individual moves out of a freeze state. Incorporating the initial safety steps of orienting, grounding, and the safe place drawing are of critical importance. The researcher strongly suggests that clinicians make certain that participants are self-regulated at the close of the protocol, before they leave the therapy site, just as they would with any clinical process.

Limitations of Study

As a result of the purposive sampling method proposed for this research, participants were limited to adult individuals who lived in the Los Angeles area or who were able to travel to the Los Angeles area to receive the research protocol. The sample was also limited to individuals who were currently in psychotherapy. This also limited the transferability of the study.

The participants were noted by the researcher as being remarkably open and engaged with the entire process of the BMP, including sharing very personal material both in their artwork, and in their semi-structured interviews. Although the researcher believes this occurred due to the safe container that the BMP provided, it was not possible to rule out the researcher's personality as a factor, even though she endeavored to be neutral and consistent in her approach with each of the participants.

Additionally, although the researcher strove for neutrality and to set aside her professional identity as a clinician, her training helped her to observe the participant data in ways that were reflective of her background as both a somatic therapist and an art therapist. Researchers who wish to further investigate this protocol by conducting additional studies would likely benefit from having training in somatic therapy, art therapy, or mindfulness, or a combination of these modalities.

The qualitative, phenomenological IPA research design, although desired for this study, generated descriptive data, but not statistical evidence. It was designed to test the BMP qualitatively before considering the possibility of testing a hypothesis that was generalizable. It was hoped that qualitative results from this research would provide an impetus for further research that would expand on this study design. One option with the same design would be to administer the IES-R measure both before and after the administration of the BMP, and note any changes in the scores. Another possibility would be to administer the BMP more than once, over time; for example, every three months for one year for a longitudinal study.

A quantitative component could be included in the research design in order to test for significance in regard to the lessening of trauma symptoms resulting from utilization of the BMP. However, it is expected that a larger quantitative or mixed methods study would likely present other challenges that were avoided in this study. The individual, lived experience at the heart of this study would perhaps not be as easily captured. Another challenge is that it could require several facilitators, rather than one. The participants' responses to their particular administrator of the protocol might, as a result, present a confounding variable.

Recommendations for Future Research

Conducting a qualitative study was appropriate for the ideographic and thematic findings sought by the researcher. It was an important starting place to initiate investigation of this integrative protocol for the treatment of trauma.

The potential significance of the BMP study is in integrating the work that is beginning to occur in the art therapy and somatic fields by providing a protocol that effectively uses the strengths of each field in a synergistic way, with its potential for greater efficacy than using either modality on its own. Additionally, the researcher believes that providing both clinically effective and cost-effective methodologies for the treatment of trauma is an important issue to address in future research.

The positive outcomes for this study are very promising, and this study can serve as an integrated model for trauma treatment upon which future studies can be based. One possibility would be to conduct an additional qualitative study with a similar

sample size, or with a larger sample size in which more researchers participate in administering the protocol. Another possibility would be to research this protocol with individuals with other specific presenting issues; e.g., depression, eating disorders, or specific kinds of trauma; or with clinicians and health practitioners, or different age groups such as children, teenagers, or the elderly.

With the results of this study illuminating how profound the experience can be for individuals, another possibility for researching this protocol would be to investigate the administration of the protocol in a group format. There were specific reasons for not conducting this first study of the protocol in a group format, including the confidentiality risks for participants. It is not possible to guarantee that participants won't speak about each other after the study, even with a signed confidentiality agreement. However, there may be a way to structure the research design to mitigate the confidentiality risk; for example, to administer the protocol in an already existing group. Another would be to have a purposive sampling method in which it becomes highly unlikely that participants will cross paths again.

The researcher has administered this protocol in group settings (outside of a research setting) with very positive feedback from group members. Yalom (2005) cited multiple benefits of group therapeutic process, including universality, along with validation of individual experience, lessening of isolation, instillation of hope, and raising self-esteem. One of the potential benefits of investigating the protocol in a group format is that being able to conduct the protocol in groups ultimately would ultimately result in an even more efficient and cost-effective treatment to administer. It could allow more people to receive an intervention for their trauma condition at the same time, and the BMP could then potentially be used as a treatment model for traumatic events that affect whole communities. Broader scale mixed-methods research could also be looked into in a large community setting, such as a hospital or educational setting, administered to either individuals or groups.

Summary and Conclusion

The importance of providing both clinically-effective and cost-effective methodologies for the treatment of trauma is a critical, timely issue. The theoretical and research literature suggests that a large percentage of the population has been impacted by traumatic events (Ross, 2010; van der Kolk, 2006).

This study utilized a phenomenological research design to investigate participants' lived experiences of receiving the bodymap protocol (BMP), and to identify whether there was a perceived therapeutic effect for them in relationship to their trauma symptoms. The BMP is an integrated protocol that incorporates the modalities of focusing and therapeutic art expression, with an approach of mindfulness as an integral component to each of the somatic and therapeutic art steps of the protocol.

The BMP was administered individually to nine adults, six women and three men, who ranged in age from their early 20s to 70 years of age. Each of the participants was receiving psychotherapy for trauma at the time of the study. Semi-structured interviews were conducted to explore each participant's lived experience of the BMP, and to review the artwork they created during the protocol. The interviews and

artwork were analyzed for ideographic and thematic data by the researcher with IPA, utilizing NVivo-Pro 11 software.

Each of the participants' lived experiences of the BMP was positive and reflected a perceived therapeutic shift. The steps of the protocol supported an integrative experience for participants, and each shared experiences with the researcher of a personal breakthrough, and a shift toward greater embodiment, self-regulation, and resilience. Four common themes emerged through the IPA of the data. The BMP facilitated: 1) a safe container for expression of feelings, 2) access to unconscious material, 3) a shift toward a physical, physiological state of greater embodiment and self-regulation, and 4) the emergence of healing imagery and an experience of integration.

Each of the four themes relates directly back to the initial research questions, and to the purpose of the study, with very positive findings. The themes also relate directly to the extant literature within the fields of somatic psychology, clinical art therapy, and neurobiology. This study has demonstrated the therapeutic effectiveness of the BMP as a one-time protocol for the treatment of trauma. It has evidenced trustworthiness, with credibility, transferability, dependability, and confirmability.

It is the researcher's hope that this study will contribute to the professional fields of somatic psychology and clinical art therapy, and that it will provide a useful and viable integrated approach for trauma treatment. The positive outcomes for this research study provide a foundation and motivation for further research.



Darcy Lubbers, PhD, attended Brown University for her undergraduate studies, Loyola Marymount University, Los Angeles, for her masters' studies, and Santa Barbara Graduate Institute and The Chicago School of Professional Psychology, Los Angeles, for her doctoral studies. She completed her doctoral research at The Chicago School of Professional Psychology. In addition to her private practice in Santa Monica, California, Dr. Lubbers currently provides art therapy, somatic therapy, and family therapy services for PCH Treatment Center in Los Angeles. Her publishing credits include

Adult art psychotherapy: Issues and applications, and articles in the *Depression and Bipolar Support Alliance magazine*.

Website: darcylubbers.com

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