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Title : Somatic Small Body Map Protocol : renegotiating trauma with LGBTQIA+ service users

Author : Rivkah (Rebecca) Hetherington.

Affiliations : Art Therapy Italiana, Somatic Experiencing Italia.

ORCID : <https://orcid.org/0000-0002-0479-7825>

Website : www.arteterapiabologna.org

Email : arteterapia.rebecca@gmail.com

Biographical Note :

Art therapist, Somatic Experiencing Practitioner, psychologist and artist. She also specializes in the renegotiation of traumatic experiences with Bilateral Drawing and Clay Field (sensorimotor art therapy) and teaches in the areas of somatic art therapy, trauma, intersectionality and identity, good practice with LGBTQIA+ service users and challenging power dynamics within the therapeutic relationship. She works with children, adolescents and adults in her private practice in Bologna (Italy) and organizes art therapy projects in conjunction with Bologna’s centre for survivors of domestic abuse. She has published her research in co-production with her service users in “Art Therapy”, “International Journal of Art Therapy” and “The Arts in Psychotherapy” as well as edited books in Italy.

Keywords : (5-8) : Trauma, protocol, somatic, sensorimotor art therapy, LGBTQIA+, small body outline, body map, microaggression

Abstract :

Background: LGBTQIA+ service users suffer microaggressions on a daily basis within a heterosexual, cisgendered society. They may become so accustomed to feeling unsafe that this becomes unconsciously considered the norm.

Context: A Somatic Small Body Map Protocol has been devised that introduces a lived experience of a safe environment. The protocol has been used with twenty service users in an individual setting. This paper explores specific responses from three different service users.

Approach: The protocol integrates psychodynamic art therapy with Somatic Experiencing in order to create a guided process that pendulates between somatic verbal feedback and the lived experience of the creative process, moving back and forth between inner sensations and their visual expression on paper, changing constantly in response.

Outcomes: The service users report positive feedback following the protocol that includes reduced anxiety, greater awareness of the effects of social homophobia on their psychological and physiological states and improved ability to contact difficult emotions without being overwhelmed.

Conclusions: The protocol may be useful within art therapy as a somatic tool to renegotiate trauma connected to microaggressions, increase awareness of bodily sensations and support the capacity to tolerate potentially overwhelming emotions.

Implications for Research: The necessity of integrating somatic techniques when working with trauma is widely acknowledged. The protocol offers a structured tool to facilitate this, and specific training is being organized for its use. It may be adapted for use with other minority identities or in general to renegotiate any situation where a person has felt unsafe.

Plain-language Summary :

People who are lesbian, gay, bisexual, transgender, queer, intersex, asexual or otherwise differ (LGBTQIA+) from heteronormative conventions concerning gender, biological sex or sexual orientation can often feel unsafe outside their home. They may be so accustomed to this, they don't consider it unusual. To help change this, the art therapist has produced a guided process based around the completion of a small body outline that is coloured in according to the person's physical sensations. Art therapist and service user then explore together what could be represented in the area external to the body outline in order to help the person feel as safe as possible. They will proceed to track the felt sensations created by these reassuring things, and explore what changes are now necessary inside the body outline to reflect how their feelings have transformed in this new environment. This paper examines three service users' reactions to this experience.

The process combines art therapy with Somatic Experiencing, the name given to techniques that use verbal communication to work with body sensations. The therapist supports the service user in contacting their body's sensations and describing them so that they can be represented inside the outline. The body's response to what has been drawn can then be explored. By introducing positive things during difficult moments, the art therapist can help the person become less anxious about feeling painful things. Many people believe that working somatically with body sensations is key when working with trauma and the art therapist hopes that this guided somatic art therapy process will be useful for other art therapists. She offers specific training for its use. This process may be helpful not just for LGBTQIA+ people but for everyone who has felt unsafe at any time.

Introduction

Context:

I am an LGBTQIA+ somatic, sensorimotor and psychodynamic art therapist. Other aspects of my identity place me within a relatively privileged social position: white, middle-class European with post-graduate education. I run a private practice in Bologna, Italy where I work with children, teenagers and adults and specialise in trauma renegotiation, LGBTQIA+, cross-cultural identities, chronic anxiety and depression. Many service users contact me independently through my website while I also have referrals from the local Mental Health Centre (as is the case for Gio, example 1), from the local LGBTQIA+ centre (as is the case for Chiri, example 2) and from other psychotherapists who refer because of my expertise in a specific field (Luna, example 3).

The Somatic Small Body Map Protocol (**SSBMP**) explored in this paper is one of the resources that developed from my integration of Somatic Experiencing (Levine, 1997) with psychodynamic art therapy. I believe it to be of specific relevance for LGBTQIA+ service users because it addresses social trauma (Haines, 2019) resulting from microaggressions (Pierce, 1970). It is important for LGBTQIA+ service users to be able to self-define and assert agency in order to counteract a broader life experience of heteronormative, cisgendered society that has made 'a priori' decisions of appropriate sexual orientation and gender identification. The protocol includes at least 3 genders and 3 sizes of the outline to choose from to promote the service user's innate ability to trust their own bodily sensations as to how much is 'enough' and how much becomes 'too much'. The art therapist's ability to support somatic responses and value their authenticity even when seemingly disruptive to the process becomes a key healing factor.

Theoretical Framework:

Somatic Art Therapy

The vast presence of trauma (microaggressions, attachment, complex and simple) amongst my service users led me to further my 4-year psychodynamic art therapy training (Art Therapy Italiana) with a 3-year training in Somatic Experiencing (SE Italia) in order to be able to better respond to the needs my service users were bringing. The necessity for the integration of somatic techniques when working with trauma is well-acknowledged within our field (Elbrecht, 2013, 2018; Hamel, 2021; Hetherington & Gentile, 2022; Malchiodi, 2020; Tripp, 2016) as well as by trauma experts across disciplines (Perry, 1999; Porges, 2011; Rothschild, 2021; Van Der Kolk, 2015). The dual role of an integrated physiological and psychodynamic approach to renegotiate embodied behavioral patterns and automatized threat responses (physiological) versus the reevaluation of self-image resulting from relational stress (psychodynamic) is described by Ogden (2021). Heller and Kammer (2022) offer a clear distinction between physical implications that compromise the body's integrity versus psychological implications that threaten the self's cohesion. The former create fear in terms of helplessness while the second creates shame in terms of worthlessness. Both are strongly present within LGBTQIA+ people who have a social history of suffering physical aggression as well as moral condemnation. Trauma renegotiation needs to be supported with a renegotiation of body image and identity that changes as a result. The SSBMP may be adapted for these different areas.

Integrating Somatic Experiencing (**SE**) techniques with psychodynamic art therapy, I have found that each discipline invaluablely enriches the other. The importance of this in terms of experiencing the felt sense (Gendlin, 1978) is confirmed by Malchiodi (Rappaport in Malchiodi, 2020, p. 224). Art therapy offers tangibility to the mental imagery evoked by SE. By giving it a palpable external form, the artwork becomes an object-witness, capable of holding projection and being itself introjected, expanding the mental image's potential to influence the transformational process. On the other hand, SE promotes consciousness of the artwork's internal palpability and so expands the latter's potential as the agent of a bodily process. SE allows verbal feedback to serve a somatic purpose as well as a cognitive/symbolic one (Hetherington, 2024). Thanks to SE techniques (Levine, 2010) of **tracking** (creating awareness of felt sensations within the body and noticing how they change as they are brought into consciousness) and **pendulation** (promoting the inherent capacity of the nervous system for regulation by introducing resources to down-regulate and expand contracted areas, thus pendulating between high and low activation and vice versa), the artwork's resonance within the body becomes a tool to access behavioral patterns and learnt beliefs.

Della Cagnoletta (2010) researches the need for some service users to protect themselves from potentially overwhelming sensations and emotions that may emerge during the creative process. She explores how this can be achieved by adopting a “Formally Resolved” way of working that focuses on the artwork’s formal qualities. Once the service user emerges from the creative process and a safe distance is established from the finished artwork, somatic verbal feedback is important in order to enable connection as far as is possible with the split-off sensations and emotions (Hetherington, 2024).

The SSBMP exploits the integration of somatic verbal feedback with the lived experience of the creative process, resulting in a guided journey in which art therapist accompanies service user in a pendulation between inner sensations and their visual expression on the paper in front of them, both constantly changing as a result. This input-output feedback loop mirrors the basis of sensorimotor work.

Social Justice

The impact of social prejudice on individual well-being and the insidious way it may infiltrate the therapeutic space has become a central topic within art therapy research with the American, British and Canadian Art Therapy Associations uniting to create a triple special issue (Eastwood et al, 2023; Jackson, 2023; Kanerahtenhá:wi Whyte & Toll, 2023). A single traumatic event teaches the body that the external environment is unsafe (Levine, 1997); microaggressions reenforce this message all day, every day. The trauma vortex (ibid) keeps the nervous system in threat response mode causing the body to receive contradictory input from its interoceptors and exteroceptors. Neuroception (Porges, 2011) may transmit fear and/or anxiety while the body’s external sensory system (the five senses) report a safe environment. This leads to disorientation, confusion, distrust of one’s body, dissociation and over long periods of time an inability to trust one’s felt sense.

The SSBMP directly addresses the permeating feeling of threat inherent in a disadvantaged identity (Sue, 2010; Nadal, 2018). The protocol specifically creates the lived experience of an external environment as a safe place in order to bring conscious awareness to the service user of how their state of being changes when the ‘other’ is a source of trust instead of fear.

Life-size Body Tracings and Maps

I was trained in life-sized Body Tracing by Mimma Della Cagnoletta who has included it as a central part of her practice and teaching since the early ‘80s, developing a protocol for its use in the exploration of the psychodynamic relationship between one’s internal and external worlds (Della Cagnoletta, 2017; Della Cagnoletta & Hetherington, 2020; Hetherington, Della Cagnoletta & Minghini, 2021). Inspired by Della Cagnoletta’s work, Plevin and Catay (2016) developed a way of working with body tracings (Transformational Body Tracing) that explores bodily sensations generated through dance movement therapy. Schwalbe (2019) instead focuses specifically on the felt sense in Somatic Body Mapping.

However, the majority of published research on body maps has been by health professionals who are not creative art therapists (Solomon, 2007; Gastaldo et al, 2012; Boydell, 2021). Mainly in the field of psychology, they bring cognitive and symbolic approaches, useful for exploring identity and self-narrative. Malchiodi (2020, p. 230) limits her literature review to this area, defining ‘Body Maps’ as life-size body images that narrate specific experiences and memories.

All of the service users who contributed to this paper had previously made life-sized Body Tracings following Della Cagnoletta’s protocol (2017). For the SSBMP’s purpose of renegotiating an overwhelming emotion, a life-size image was inappropriate for practical, temporal and psychological reasons. The small body outline became a spontaneous substitute as a complementary tool, serving a distinct purpose.

Small Body Scans and Outlines

Malchiodi (2020, p. 224) defines small body outlines and scans as i) a way of documenting the felt sense and making it tangible; ii) ‘recording pain in medical patients’; iii) depicting ‘the body’s sensations of various emotions’. My own research concurs with this, finding its origins within medical art therapy (Beaman & Luzzatto, 1988; Barton, 1999; Councill, 2003; Luzzatto, Sereno & Capps, 2003) and with the primary aim of documenting rather than transforming. In fact, Tripp’s Body-Based Bilateral Art Protocol (2016, p. 183)

applies bilateral stimulation as the transformational technique: body outlines serve to record the changes, resulting 'in a series of four to eight drawings'. Dansky (2022) created the Small Body Outline Drawing specifically for substance use disorder, applying mindfulness to access body sensation. Here, transformation is stimulated through cognitive resources, "write what you feel you can do to cope (activity or affirmation) for each feeling around the body outline" (2022, p. 24) which are then expressed through a follow-up artwork.

The SSBMP is distinct in that it places the body outline itself as the tool for transformation, thanks to the use of somatic feedback that creates a reciprocal loop between the body map on the paper and the body's felt sense. Each one affects and transforms the other. This process must be guided step by step by the somatic art therapist. I have chosen to define the protocol as a 'map' and not as an 'outline' or 'scan' because 'map' is the word I spontaneously use with my service users. It has specific meaning within SE trauma renegotiation because it invokes the capacity of Exploratory Orientation (Levine, 2010) that is lost during trauma.

Training required to apply the protocol

Somatic exploration during the protocol is directive in order to guarantee safety. Art therapists should be trained in SE and understand how to use guided questions without their becoming leading: there should never be an indication (especially in the tone of voice) as to which answer is desired by the art therapist.

Art therapists should be trained in trauma renegotiation and understand how safety itself can become triggering if "too much" and "too unfamiliar". Informed evaluation is necessary as to how and when to apply this protocol. Should the safe environment become triggering, the art therapist will need to apply stabilizing techniques (eg orientation) according to the service user's response.

I periodically hold trainings both on-line and in-person on how to use the SSBMP.

Practice Description: The protocol

The protocol should be adapted to suit individual needs as they emerge. On average, the protocol in its basic form takes about 40 minutes to complete and fits well in a 60 minute session allowing pre- and/or post- discussion. During long interventions, I have used it many times at a distance of several months.

1) SELECTION OF THE BODY OUTLINE: asserting agency.

I provide as wide a variety as possible of body outlines in terms of gender (male, female, neutral), age (child/adult), body shape and paper size (A3, A4 and A5), [Fig.1]. This is important in supporting the service user's agency to determine their own body image and connect with their felt sense to understand which size is 'enough' without becoming 'too much'. The importance of choosing from a selection of outlines was noted by Luzzatto, Sereno and Capps (2003). The outline should have all four limbs to enable an active threat response if the need emerges. The outline proposed by Dansky (2022) is not suitable as the unified legs impede flight. A variety of outlines are available from copyright -free websites.

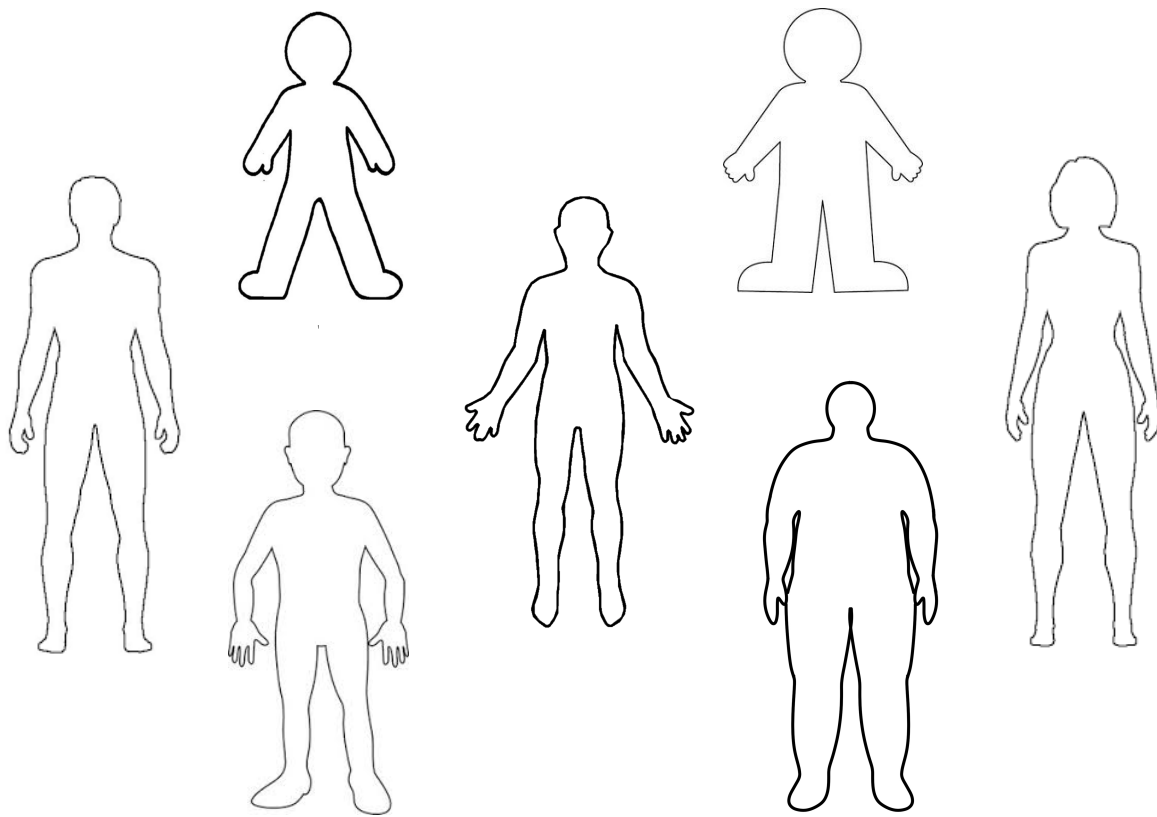


Fig. 1: images reproduced courtesy of: Easy Smart Learning Education, Clipartmax, Michael Owen Carroll and Danielle Maveal.

2) EXPLORATION OF THE EMOTION AND/OR SENSATION: identifying the renegotiation

I normally propose the protocol in response to an objective brought by the service user in the here and now; e.g. they request to work on a difficult emotion and/or bodily sensation.

I guide the service user in contacting the emotion and/or sensation and invite them to become curious as to its qualities and location in the body. Some people find this extremely difficult; within the field of trauma, chronic dissociation from the body that is no longer experienced as a safe place is a common phenomenon. It is important to be sensitive towards protective defence mechanisms and supportive of finding alternative solutions. This can be done with guiding questions enquiring as to its colour, form and/or consistency. Each person has their own unique sensibility and where colour is not immediate, another sense can be appealed to such as substance, sound, smell or even taste to create an opening.

The art therapist needs to have a clear distinction between the emotion and the physical sensations that may accompany its expression in the body. For example, fear (the emotion) versus cold or clammy skin (physical preparation for fight/flight) or muscle contraction and rigidity (a defence to prevent the fear from expanding through the body). Psychoeducation can help the service user distinguish when their physical sensations are an *expression* of an emotion or a *defence* against such an expression.

When conscious attention is drawn to bodily sensations, it is normal for them to increase. The art therapist needs to monitor the service user's threshold and use pendulation (Levine, 2010) to maintain the minimum level of activation necessary for a successful renegotiation.

3a) REPRESENTATION INSIDE THE BODY OUTLINE: creating the map

The service user chooses the art materials they feel to be most appropriate and makes the first marks inside the body outline. This may open a self-feeding process by which the body responds to the mark, leading the service user to add new marks inside the outline. Generally, the head and chest are the first areas where marks are made as they are the most readily perceived areas of tension due to the muscles involved in breathing and orienting the head and the significance of this area in terms of nervous system stimulation.

3b) EXPANDING THE REPRESENTATION INSIDE THE BODY OUTLINE: refining the map

When the process becomes blocked, I become curious about the body's response in the area immediately surrounding the mark. For example, "How do you notice your chest responding to the presence of this blue sphere?" Sometimes, large areas are left white. I enquire as to whether white actually represents their state.

If the limbs are left blank, it is important to find an opening to explore this. The limbs are responsible for physical interaction with the world including defence: fight (upper limbs); flight (lower limbs). Blank limbs may indicate dissociation phenomena and/or an uncompleted threat response (immobility) that requires renegotiation. This may be done using the Body Map (in example 3, Luna draws wavy blue lines around her limbs and the resulting image is warming, re-enforcing the return of energy and mobility) or by introducing voluntary movement or other methodology as necessary.

The outline itself corresponds to the skin and where it is not spontaneously addressed, it can be useful to call attention to it since it represents protection from as well as connection to the external world.

4) RENEGOTIATION: a safe environment becomes a resource

It is important to create a gradual transition from unsafe to safe. A state of external safety will be triggering if too distant from the person's internal state in the here and now (see example 2).

When the service user is ready, I draw attention to the white space outside the body outline. We explore how the person on the paper feels surrounded by this whiteness and track the user's body's response in the here and now. I use directive questions to orient them towards consciousness of this specific state. How safe do they feel? I then invite them to consider what kind of presence would help them feel a *little bit* safer? The use of moderating adjectives is important for **titration**, an SE terminology to monitor change, drop by drop.

There is no right or wrong safe place: it may be a phantasy world, a literal landscape, the presence of people or animals, abstract forms or colours. Just as trauma lies not in the event but in its impact on the nervous system, the same is true for a resource. What is drawn is not important. Transformation depends upon the impact of what is drawn on the nervous system.

5) TRANSFORMATION: completion

The final step is the modification of the internal body image to reflect the changes noticed in the body's state in response to the new safe environment. Both somatic and cognitive integration follow.

Applications of the protocol with LGBTQIA+ service users bringing chronic social anxiety.

Example 1: Giò [Fig. 2a & 2b]

Pronouns: they/them

Giò is 20 yrs old and was referred to me from the local Mental Health Centre. I had been seeing them for 1-hr sessions at fortnightly intervals for 18 months when the session below took place.

Giò arrived that day with the specific request to find a resource that could help them feel more autonomous managing their anxiety and reduce the frequency of using anti-anxiety medication. I proposed

the SSBMP. They accepted. They chose watercolors and an A4 gender-neutral outline. They described their anxiety as an empty feeling in the chest and represented it with black. As we tracked this sensation, they added red drip lines to reflect how the feeling was draining their energy. When asked about their limbs, they painted their body's extremities blue, explaining they were cold and numb. They then spontaneously painted the joints (elbows and knees) purple as they were 'less cold' and finally added a rainbow of colours from green to orange up the thighs [Fig. 2a].

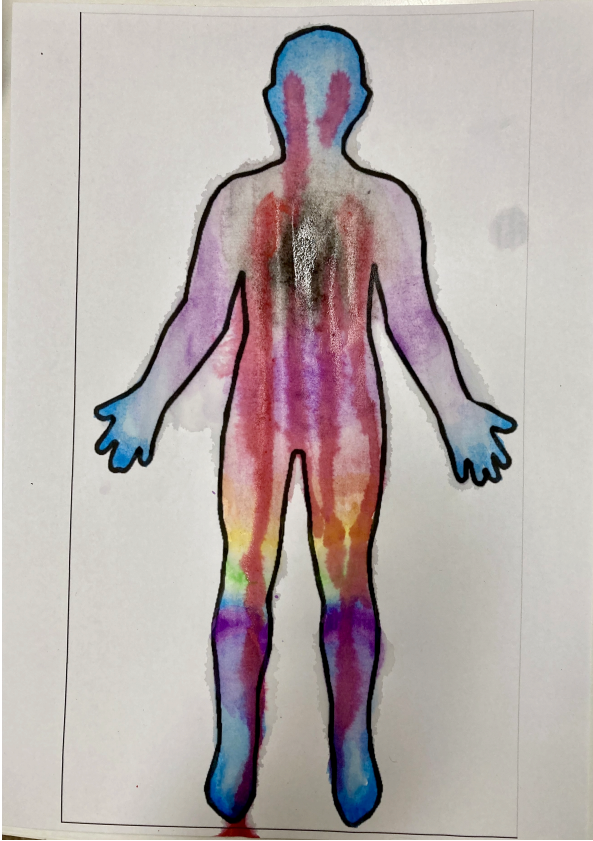


Fig 2a : Initial body outline, 30 x 21 cm, watercolour on paper (left)

Fig 2b : Finished body outline, 30 x 21 cm, watercolour on paper (right)

I noticed the green and yellow as potential resources and tested my hypothesis by calling attention to them, commenting that they reminded me of the rainbow flag. Giò liked the analogy. After a pause, they proceeded to tell me that in this specific instance of anxiety, they had managed to get up and walk away. I complimented them on this and said that it was no coincidence then that the rainbow colours were there in their leg muscles, the exact part of their body that had come to their aid. We explored this as a resource so that as their agitation was reduced, a space was created that conversely allowed them to recognize the good things that had been lost by walking away. "The problem is, I did feel better once outside, but I missed the rest of the lecture."

I now applied step 4 of the protocol and asked them to imagine any colours/places/things that could make them feel *safe enough* to re-enter the lecture hall. I was surprised by the immediacy of their response. Using pink and yellow fluorescent acrylics, they painted star-shaped flowers in the space around them [Fig. 2b]. I then guided them in a visualization of re-entering the room protected by these flowers.

The following session, they reported a general lower state of anxiety. On some occasions, they have used this visualization at the onset of anxiety, following which they did not feel the need to take the anti-anxiety medication. On other occasions, they did not feel able to visualize the flowers and anxiety escalated.

Giò's comment in response to reading the above description of their session:

Your description is as I remember it. It's interesting because there are things about the body map that remain as they are, and there are things now that I would change. The blue head, hands and feet are constant because blue is part of my identity, and those parts of my body are consistently cold, even in the summer heat. However, now, I would change those red stripes. They represent blood. If I was drawing them now I would make them orange, by introducing yellow, that is sunlight. I feel more hopeful. Also, I want to specify that those rainbow colours above the knees are about beautifying a part of my body that has been scarred by self-harm. I'm learning to be proud of myself. I cannot say that social homophobia caused my self-harm but this art therapy intervention is helping me recognize the abuse I suffered, and homophobia definitely contributed to my self-hatred: hating myself, my personality, my body, the person I am. Society really isn't that great for a queer person.

Example 2: Chiri [Fig. 3a & 3b]

Pronouns: they/them

Chiri is now in their early '30s. They attended an art therapy group I ran at the local LGBTQIA+ centre for several years. When the group ended, they decided to continue privately with individual sessions at my studio. I had been seeing them for about 8 years when the session below took place.

Chiri came to the session expressing anxiety about a new work environment. They felt like a 'fish out of water'. I proposed the SSBMP. They accepted. They chose an A5 gender-neutral outline and soft pastels. Fig. 3a represents the initial drawing that resulted from tracking the sensations created by their anxiety. They described a 'knot of tension' that began in their shoulders and upper chest, expanding down their arms to their hands and down their torso to their hips (blue and grey,) together with fogginess in their head, represented as yellow because it was blinding: 'too bright and too much'.

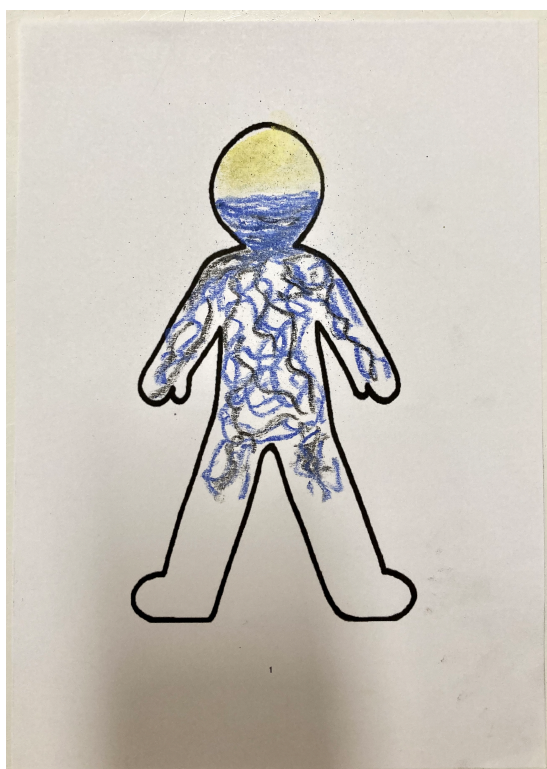


Fig 3a : Initial body outline, 21 x 15cm, soft pastel on paper (left)

Fig 3b : Finished body outline, 21 x 15cm, soft pastel on paper (right)

We were in a stagnant space of unease. The anxiety had been explored as much as was tolerable but the exploration was not spontaneously opening new doors of discovery. I began to search for resources. "What does this person need to feel a *little less* anxious?" It took some time to identify an effective influence but

once found, a chain reaction was generated by which each resource led to the next: brown feet (grounded); red hands (heat and energy for action); the blinding yellow in the head became dimmer; the blueness of the anxiety became lighter.

Their favourable response to the addition of colour in the hands and feet indicated that they were coming out of a state of immobility and moving into a state of agency. I now felt able to draw attention to the external white space. There was some hesitancy and I was careful with my wording, “what could make the person feel *just a tiny little bit* safer?” I was concerned not to trigger a counter-response by proposing too much.

Following the external representation of earth and sky, [Fig. 3b] we tracked the body’s slightly more relaxed state and Chiri added pink to the white spaces in the chest to reflect this. A few sessions later, they reported that they had settled well into their new work environment and that some of their colleagues were nice.

Chiri’s comment in response to reading the above description of their session:

There were three factors that were really reassuring: the outline was small, pre-drawn and the process was guided. It created a starting point and contained my anxiety that otherwise would have escalated. We’ve done life-size body tracings several times and they were really useful, but a completely different experience with a different purpose.

You asked me about the specific relationship of a queer person with the external environment. It’s interesting because you’ve made me realize how I had just taken my discomfort for granted. I think when anyone starts a new job, they will have anxieties about meeting new colleagues and settling into a new environment. Well, I had all of that. But I also had in the back of my mind, the question of ‘when, how and if’ I would come out to them, and whether or not I would regret my choices. And now I am struck at how unconscious that was, and at the fact that I didn’t voice it to you. Not because I hadn’t recognized it or was in denial. But because, feeling in peace with my queer identity, I just don’t think about it consciously anymore. I just accept that’s how it is. I didn’t register it as an extra dilemma worthy of mentioning here. But I think the SSBMP picked up on that. I definitely felt reassured afterwards.

Implications for Research:

Expansion of the protocol

I have applied the protocol with approximately twenty service users within my individual private practice. Further empirical research is needed and I invite interest from other somatic art therapists to help validate it. As Kapitan (2017, p. 320) says, ‘the value of a single study can be increased through the multiplier effect – but only if its results are disseminated and used by others’.

While small somatic body maps have been widely used in medical art therapy (Luzzatto, Sereno & Capps, 2003) and are cited in Hamel’s (2021) work on somatic art therapy for chronic pain, the SSBMP is significant as a tool for trauma renegotiation that focuses on the body’s neuroception of safety and so on the person’s psychological rather than physical health as expressed in the body. It has been applied here specifically within a LGBTQIA+ context but there is scope to explore the protocol’s potential in diverse trauma areas (including but not limited to other minority identities) where service users have internalized a hostile external environment. For example, I have used it to renegotiate aspects of attachment trauma from experiences of domestic violence and abuse.

Although this protocol proposes a standardized methodology in the form of a phantasy of a safe external environment, it is also possible to complete it using individual resources that may emerge during the transformational process and that may be more suited to the service user’s needs in the here and now. In this way, it can be adapted to renegotiate any aspect of trauma (psychodynamic or physiological) provided the service user is able to locate its expression in the body through the felt sense. What follows is an example of such a variation. Renegotiation is applied using the person’s somatic sensations instead of the external environment as a resource. The service user also identifies as LGBTQIA+.

Example 3: Luna [Fig. 4a & 4b]: INCREASED ABILITY TO STAY WITH GRIEF

Pronouns: she/her

Luna is in her late teens. Her parents found me thanks to a referral by a psychotherapist who had attended my training on working with LGBTQIA+ people. I had been seeing Luna for fortnightly 1-hr sessions for 2.5 years at the time the protocol was used.

Luna arrived at my studio that day with the objective of integrating change and processing grief. She described her current situation as “not just a new chapter, but a whole new book. It’s too much”.

She described the difficult emotions as, “existential melancholy, sadness and feeling lost”. She recognised that her old coping strategies frustrated her because they belonged to old patterns. Luna was in the transitional place between what is referred to as primary and secondary gestalt in Clay Field terminology (Elbrecht, 2013). Having dismantled her old behavioral patterns, new ones must be found and internalized in a process of familiarization with new perceptions of self and the construction of a new identity. However, there is a stage of homelessness that must be passed through before the new is formed.

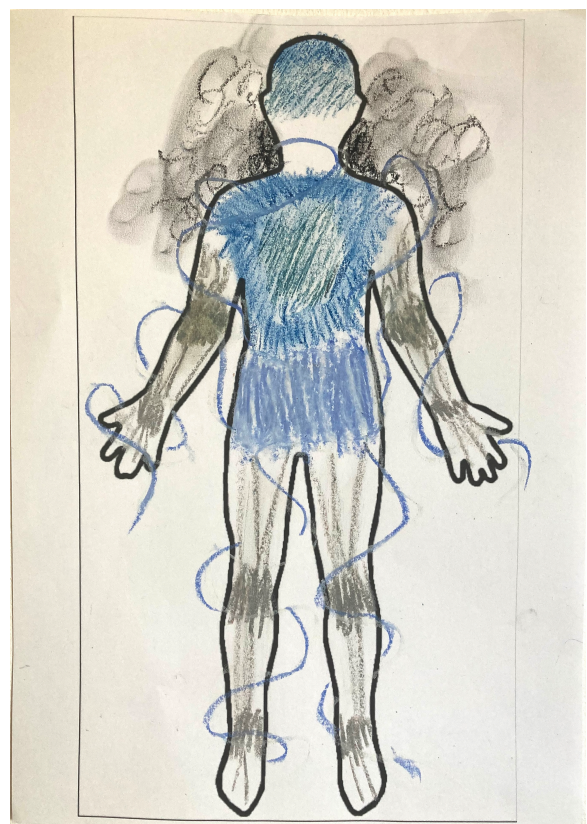
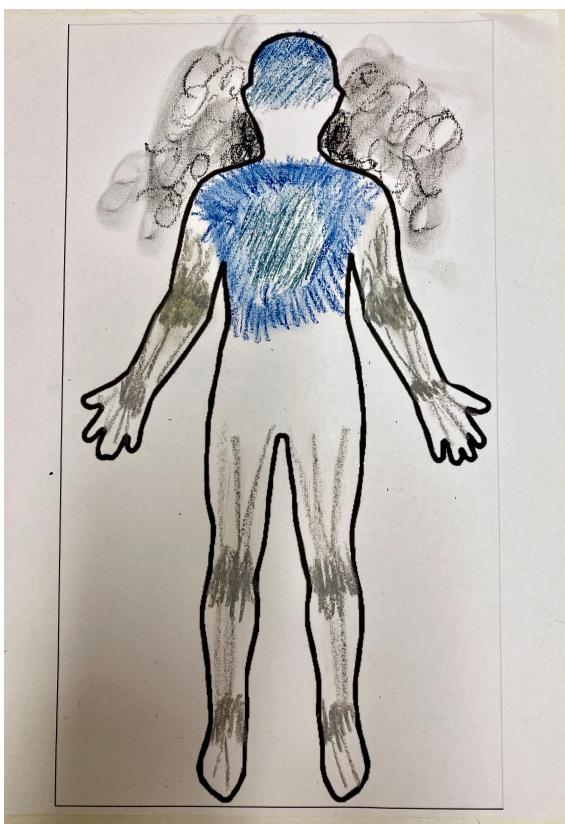


Fig 4a : Initial body outline, 30 x 21cm, soft pastel and wax crayon on paper (left)

Fig 4b : Finished body outline, 30 x 21cm, soft pastel and wax crayon on paper (right)

In response to her feeling lost in this new territory, I proposed the SSBMP as a way of orienting. She accepted and we began by representing her emotions in the here and now in terms of their expression in her body. She chose a gender-neutral A4 body outline and soft pastels. Table 1 describes the session’s process together with my observations of each step.

Stage in the Renegotiation	Observation
<p>She represented the melancholiness as grey/green/blue in the centre of her chest and head. The sadness surrounded it as dark blue. I asked her what she noticed, now that she connected with this sadness and melancholiness? "Heaviness around my shoulders."</p>	<p>I am using the technique of tracking to expand her awareness of her body's state, one step at a time. Previously, her attention was dominated by the pain in her chest and she was unaware of the tension in her shoulders.</p>
<p>As she began to represent this using grey, she noticed that it was hazy, not solid and that the biggest pressure was around her neck.</p>	<p>As she connects with the contraction in her shoulders, she realizes that it feels like a response to external pressure. Her staying with the feeling, drawing it and exploring it, allows her to become aware of a contraction in her neck.</p>
<p>I asked her how the rest of her body felt.</p>	<p>I can see her physically going towards hypo-activation. I understand that we have reached her maximum capacity to stay with the tension in her shoulders and ask a general question to discover where to go next.</p>
<p>"Immobile. Like I can't move." "Does the whiteness represent this?" "No." She coloured the joints grey, beginning with the elbows and knees and then expanding the lines to the wrists and ankles when I inquired about them [Fig.4a].</p>	<p>Her answer confirms her hypo-activation. However, she is cognitively present and so I ally with this part of her to see if the mobility required to colour in her limbs is sufficient to allow her to stay and observe this helplessness while also nourishing her self-agency.</p>
<p>I asked her what the person in the drawing needed in order to find relief from this melancholy.</p>	<p>It was time to move towards a resource to renegotiate this feeling. I encourage the person to find it within themselves so that it can emerge authentically.</p>
<p>She was unable to answer directly but identified a certain comfort in finally feeling this pain she'd never allowed herself to contact before. I asked how she could represent this comfort. She added a thick band of lilac blue in the belly area.</p>	<p>A resource is any quality that brings relief. Here, she applies a cognitive understanding that comforts her.</p>
<p>"How is this?" I asked. "Much better." I could see the difference clearly in her face: colour returned to her skin while her jaw and eye muscles relaxed. I voiced this.</p>	<p>By observing her body's change of state, I can see that her verbal response is authentic and not about pleasing me. I mirror it back to her as a way of confirming that I am with her and I have seen her. This re-enforces the positive body sensations.</p>
<p>I tried to track the sensations produced by the lilac blue, but she begins to speak of an ivy tattoo she'd really like to have done.</p>	<p>Her change of subject communicates to me that contacting the lilac blue would be painful and she's no longer available to return to the pain.</p>

<p>I connect the ivy with a similar image she had depicted in a body tracing a few months previously. I asked how it might be included here. She added blue wavy lines around the legs and arms up to the neck [Fig.4b].</p>	<p>I follow the lead that she has given me and am curious to find the ivy's function in the present moment. In my experience, when seemingly disconnected associations emerge, they actually have an important relevance and offer new openings. I remember that she had previously used ivy in a body tracing as a way to embrace her limbs. I wonder if we could use it as a similar protective force today. She does so.</p>
<p>We explored the warming effect these lines had on her limbs. She felt energy returning to them and a connection between inside and out. We ended the session noticing how she was learning to stay with the melancholy without being overwhelmed by it.</p>	<p>Her sadness was still present and hadn't changed in itself, but with these wavy lines holding her limbs she was better able to stay in a state of "I can" when coming into contact with it (Porges, 2011).</p>

Table 1: The session's process

Luna's comment in response to reading the above description of her session:

I remember this session really well because it was a turning point. Before completing the SSBMP, I hadn't really understood what was going on. I thought I was in contact with my pain, but actually I was trying to avoid it. It was a real challenge for me. I wanted to run away, and my immediate reaction was to feel petrified. Literally. It was so important for me to be guided through the process. At each step, I was lost. And at each step, Rebecca's questions helped me find the way. Had I been the one making the decisions, as I would with artworks in other sessions, I don't think I could have done it. I think my defences would have stopped me. Guided by Rebecca, it was like explaining a concept without giving it a name. I could simply live it as an experience, without needing to say anything. And now I am able to accept it. I feel the SSBMP to be profoundly true. It allowed me to look reality in the face.

The use of Somatic as well as Cognitive verbal feedback within Art Therapy

Della Cagnoletta (2010) identifies three ways of working (modalities) during the creative process: Bodily Concentration, Formal Resolution and Symbolic Narration. The Bodily Concentrated modality describes a sensory based way of using artistic materials that is "the result of a [sensory]-motor need for exploration and experimentation - a means of getting to know one's body, the space it inhabits and the objects that populate that space" (Della Cagnoletta, 2018, p. 97). It is the basis of Elbrecht's sensorimotor art therapy (2013, 2018) and is often referred to as "bottom-up" since it involves a journey from the body (in the creative process) to the mind (in the verbal feedback that follows). Formal Resolution instead refers to concentration on the artwork's form and organization (often as a means of protecting the person from emotional overwhelm), while Symbolic Narration refers to a process in which symbolic content dominates. Formal Resolution and Symbolic Narration emphasize product over process in so far as the product becomes the process's objective. In a purely Bodily Concentration mode, the lived experience itself is the objective, and the resulting matter is a by-product.

It is considered good practice to follow sensorimotor art therapy and Bodily Concentrated processes with cognitive verbal feedback in order to integrate meaning that was not explicit within the process. Failure to do so risks leaving the adult service user frustrated and unsure of what has been achieved. I propose that in the same way, when Formal Resolution and/or Symbolic Narration modalities dominate, they need to be completed by somatic feedback in order to integrate the body's sensations that went unnoticed during the process because of a concentration on form or meaning respectively (Hetherington, 2024). This can be done verbally using SE techniques.

Verbal feedback conducted cognitively can explore symbolic meaning but cannot provide the missing somatic elements. Elsewhere (Hetherington, 2024), I have explored the results obtained by integrating somatic verbal feedback with a service user whose paintings were perceptual, cognitive and symbolic. Using

SE techniques, we explored the affects, sensations and voluntary movements aroused by the images they had made. [It is important to note that task-oriented motor movements, such as those involved in the act of painting or art-making, do not fulfil the same kind of physiological need that can be met when no task is present and movement is a direct response to sensory feedback (Deuser in Elbrecht, 2013).]

The SSBMP offers an example of how somatic verbal feedback may be carried out in a structured way. Once the ability to give somatic as well as cognitive feedback has been acquired, the principles behind the SSBMP may be applied to any art therapy process. The protocol combines the techniques of trauma renegotiation with somatic art therapy, applying titration and pendulation (Levine, 2010) in a step by step process that begins with identifying a symptom (step 2), tracking the felt sense to create a guided representation (step 3a), opening up a space for dialogue with the sensations (step 3b) and then introducing a resource (step 4) to stimulate transformation (step 5). This forms the basis of the somatic art therapy process as described by Hamel (2021). There is ample scope for further research into how somatic art therapy is useful not just for chronic pain (as Hamel explores) but also for changing learnt behavioural patterns and potentially any implicit memory stored in the body if it can be captured in representation.

Conclusion

For LGBTQIA+ service users the sensation of an unsafe environment is not only their body's reaction to trauma but a day-to-day reality created by microaggressions that may have been further re-enforced by macroaggressions. Introduced at an appropriate moment during the art therapy intervention, when the service user is able to embrace the possibility of a safe environment without excessive resistance, I have shown that the lived experience offered by the SSBMP can open a door to conscious awareness of how an *a priori* perception of the world as a hostile place compromises one's sense of safety, deeply affecting behavioral patterns and approaches to life's challenges. Service Users who have used the protocol have reported benefits including improved ability to manage anxiety and emotions in general and the use of positive images and sensations that have emerged during the protocol as resources in their daily life.

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