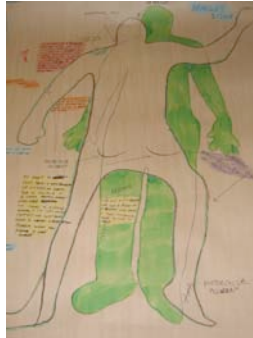




UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

THE BODY REMEMBERS: BODY MAPPING AND NARRATIVES OF PHYSICAL TRAUMA



BY

TANJA MEYBURGH

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE

**MASTER OF ARTS
IN
COUNSELLING PSYCHOLOGY**

AT THE

UNIVERSITY OF PRETORIA

SUPERVISOR: L.H. HUMAN

NOVEMBER 2006



ACKNOWLEDGEMENTS

To Mom and Dad for believing in me and making it possible

To Lourens Human for his guidance and patience

To Chris von Bergman for the proof-reading and feedback

To The Trauma Centre and the participants for putting their trust in me

To my dear friends and family for the circle of understanding

To my peers for their shoulders, feedback and support



ABSTRACT

“The Perfect Body” is a dominant narrative in western culture which we are exposed to on a daily basis in the media and advertising. Individuals who have been physically traumatised may find difficulty in reclaiming their bodies after a traumatic experience, leading to a narrative of “Disownment” of their bodies. Due to the high incidence of traumatic incidents in South Africa, the accompanying load on the trauma therapy field, and new findings into the ineffectiveness of many current therapeutic methods, new methods for working with Trauma are being sought. Re-telling of traumatic experiences has led to re-traumatisation and aggravated symptoms of Post Traumatic Stress Disorder. Body psychotherapy methods have tried to address the physiological nature of the symptoms and the implicit memory of trauma by grounding the therapy process in embodied techniques. Body Mapping is a new technique that falls both within the narrative therapy and art therapy approaches. Documented application of Body Mapping with traumatised individuals is not available.

This study focuses on the experiences of Body Mapping of two men who were incarcerated and tortured for their political activities during Apartheid. The research was done from a Narrative perspective which privileges the individual story as subject of research. No attempt was made to find a representative population or a sample that could be generalised. The research question is “how do physically traumatised individuals make sense of physical trauma through their experience of Body Mapping?” Unstructured interviews were conducted after the Body Mapping group and were transcribed. Narratives about their experience and the cultural and historical factors that may have played a role in the construction of these narratives, were identified. Participant one narrated his experience of Body Mapping as a time and place of Togetherness, Stock-taking and Freedom of expression. Participant two narrated his experience of Body Mapping as a time and place of Ambivalence, Revelation and Release, Journey and Achievement.



Findings are relevant to therapists working with physically traumatised individuals and recommendations for further research in the method are indicated.

KEY WORDS: Body Mapping, Art Therapy, Narrative, Trauma, Embodiment, Experience, Post Traumatic Stress, Torture, Memory, Post Modernism



SAMEVATTING

“Die perfekte liggaam” is ‘n dominante narratief in die Westerse kultuur waaraan ons, deur die media en advertensies, op ‘n daaglikse basis blootgestel word. Individue wat fisies getraumatiseer is, mag dit moeilik vind om hulle liggame terug te neem na ‘n traumatiese ervaring. Dit gee aanleiding tot ‘n narratief van “Onteiening “ van hul liggame. Binne die konteks van die hoë voorkoms van traumatiese insidente in Suid-Afrika, die gepaardgaande las op die gebied van traumaterapie, en nuwe bevindings oor die oneffektiwiteit van talle hedendaagse terapeutiese metodes, word nuwe metodes om met Trauma te werk, gesoek. Die hervertelling van traumatiese ervarings lei tot die hertraumatisering en verswarende simptome van Post-Traumatiese Stresafwyking. Liggaam-psigoterapeutiese metodes het in die verlede probeer om die fisiologiese aard van die simptome en die implisiete herinnering aan trauma aan te spreek deur die terapie-proses in beliggaamde tegnieke te anker. Liggaamskartering is ‘n nuwe tegniek wat binne beide die benaderings van narratiewe terapie en kunstherapie val. Gedokumenteerde toepassing van Liggaamskartering met getraumatiseerde individue is nie beskikbaar nie.

Hierdie studie fokus op die ervaring van Liggaamskartering deur twee mans wat gedurende Apartheid aangehou en gemartel is vir hulle politieke aktiwiteite. Die navorsing is gedoen vanuit ‘n narratiewe perspektief wat die individuele storie as navorsingsonderwerp voorop stel. Geen poging is aangewend om ‘n verteenwoordigende populasie of verteenwoordigende snit te kry waarop veralgemenings gebou kan word nie. Die navorsingsvraag is: “Hoe maak fisies getraumatiseerde mense sin van fisiese trauma deur hul ervaring met Liggaamskartering?” Ongestruktureerde onderhoude is na afloop van die Liggaamskarteringsgroep gedoen, waarna dit getranskribeer is. Narratiewe oor hul ervarings en die kulturele en historiese faktore wat ‘n rol kon gespeel het in die konstruksie van hierdie narratiewe, is geïdentifiseer. Die eerste deelnemer het sy ervaring met Liggaamskartering weergegee as ‘n samesyn in tyd en ruimte, bestekopname en vryheid van uitdrukking. Die tweede deelnemer het sy



ervaring met Liggaamskartering weergegee as 'n tyd en plek van ambivalensie, openbaring en vrystelling, reis en prestasie.

Die bevindings is relevant vir terapeute wat werk met fisies getraumatiseerde individue. Aanbevelings vir verdere navorsing ten opsigte van hierdie metode word aangedui.



TABLE OF CONTENTS

ACKNOWLEDGEMENT	I
ABSTRACT	II
SAMEVATTING	IV
TABLE OF CONTENTS	1
CHAPTER 1: BEING IN A BODY INTRODUCTION	3
1.1 The problem	3
1.2 Question	6
1.3 Goal	6
1.3.1 General Goal	6
1.3.2 Specific Goals	6
1.4 Structure	7
CHAPTER 2: BODY OF KNOWLEDGE LITERATURE REVIEW	8
2.1 Definitions	8
a) Trauma and Post-Traumatic Stress Disorder	8
b) Torture	9
2.2 Embodiment	10
a) Em-body-ment	10
b) Em-body-ment and Trauma	12
c) Em-body-ment, Trauma and Memory	13
2.3. Therapy	14
a) Em-body-ment and Therapy	14
b) Art Therapy	16
c) Body Mapping as Art Therapy	18
CHAPTER 3: THE BODY REMEMBERS RESEARCH METHODOLOGY	21
3.1 Academic Context	21
3.2 Organisational Context	21
3.2.1 The Participants	22
3.2.2 The Researcher (Self)	23
3.2.3 The Supervisor	25
3.3 Position	25
3.3.1 Experience	25
3.3.2 Experience and Embodiment	26
3.3.3 Experience and Narrative	27
3.3.4 Experience, Narrative and History	28



3.3.5	Experience, Narrative and Culture	30
3.4	Data Collection	31
3.5	Research Quality	35
3.6	Ethical Considerations	37
CHAPTER 4: THE BODY SPEAKS PARTICIPANT ONE		39
4.1	Narrative 1: Body Mapping as a Time and Place of Togetherness	40
4.2	Narrative 2: Body Mapping as a Time and Place of Stock-taking	42
4.3	Narrative 3: Body Mapping as a Time and Place of Freedom of Expression	47
CHAPTER 5: THE BODY WINS PARTICIPANT TWO		51
5.1	Narrative 1: Body Mapping as a Time and Place of Ambivalence	52
5.2	Narrative 2: Body Mapping as a Time and Place for Revelation and Release	57
5.3	Narrative 3: Body Mapping as a Time and Place in the Journey	60
5.4	Narrative 4: Body Mapping as a Time and Place for Achievement	62
CHAPTER 6: THE WHOLE BODY CONCLUSIONS AND RECOMMENDATIONS		67
7.1	Conclusions	67
7.2	Recommendations	71
REFERENCES		74
APPENDIX A: PARTICIPANT LETTER OF CONSENT		81
APPENDIX B: ORGANISATIONAL LETTER OF CONSENT		82



CHAPTER 1: BEING IN A BODY INTRODUCTION

1.1 Problem

Every human being has a body. This body carries us through life's experiences and it is through being embodied that we can interact and engage with the world around us. Each individual has an image of their body, and this image contains the reflections and influences of the cultural discourse in which that individual lives (Csordas, 1994). In today's society we are bombarded with images of how one should look and what the perfect body is. It is almost impossible to move through one's daily life without being exposed to marketing, advertising, pictures, products, and posters of beautiful bodies. These bodies are fit, healthy, slim and free of scars and blemishes. They give a picture of what it could be like to look "perfect". Although the image of perfection may differ between cultures, the basic message is the same: "you should want your body to be like this".

Turner (1992) sees the body as a representation of the fundamental features of society, and as a narrative of social processes and social structuring. Our culture seems to have an obsession with beauty, but nowhere is it more eagerly represented than in film, television, and fashion magazines. While we are constantly being fed these images of perfection, a context of evaluation and comparison is created by which we begin to experience our own bodies. The media, as a reflection of the society to which it caters, is a powerful instrument of social consciousness. Although it can be argued that the media simply reinforces the ideology of its collective audience, it also brings a certain authenticity to these ideas (Weiss & Haber, 1997). Cultural ideals pertaining to beauty and perfection find security on the screen and in the pages of fashion magazines, where they can transform into unattainable standards. In many cases the attractive protagonist is attributed good characteristics while the bad characters are portrayed as unattractive.



In a single issue of Men's Health Magazine (2006, Vol. 108), the following headlines can be found: "Eat more, weigh less", "Lose your gut and turn fat into muscle", "Get abs like these", "Live pain free" and "Look younger, Feel younger" and "Get the Perfect Body Now". Typing the words "scar removal" into the Google internet search engine resulted in 2,320,000 results advocating everything from chemical peels, collagen injections, laser resurfacing to skin grafts. There are hundreds of methods available to ensure the attainment of blemish free skin that, to the outside world, makes the body look untouched or unharmed.

Enter into this picture of perfection an individual that has suffered a physical trauma and has had their body violated and visibly or invisibly scarred. South Africa has had a violent history and today South African police statistics are rife with cases of crimes that involve insult on the human body. For example, for the years 2003 and 2004 there were 260,082 reported incidents of assault with the intent to do grievous bodily harm, 52,733 reported rapes, and 30,076 cases of attempted murder (Crime Information Analysis Centre, 2006).

These statistics reveal a society deeply affected by physical trauma, and a community in which the likelihood of some form of physical trauma is always possible. Where does this leave the physically traumatised individual within the dominant narrative of perfection? What place does the disfigured or scarred physique take in this picture? There would seem to be little or no chance that a physically traumatised individual will experience their body as perfect after a physical trauma whether visibly scarred or not. The body may become something that doesn't belong within the cultural discourse and may be rejected or 'disowned'. Many trauma survivors experience feelings of dissociation and physical numbness indicating a loss of sense perception (Rothschildt, 2000). According to Herman (1992), this disconnection between consciousness and the body can become a disconnection between the body and the sense of self, emotions, thoughts and sensations. After a trauma, the experience of the world becomes increasingly disembodied.

Many trauma survivors tell of their experience of somatic symptoms long after the traumatic event, such as bodily tension, headaches, nausea, and racing heart. The body, through its sensory storage and messaging system, holds many keys to the resources for identifying, accessing and resolving traumatic experiences (Rothschildt, 2000). Many trauma survivors and ex-combatants turn to alcohol and drugs to help to numb the pain of their experiences. Some find ways of reclaiming their bodies – of becoming “re-embodied”. This may be through exercise, sports, massage, body therapies and other ways of reconnecting with their physicality and regaining control of their bodies in a positive way (Eckberg, 2000).

Some of the recent trauma therapies include massage techniques, somatic experiencing, and body psychotherapy in order to access traumatic memories without the hyper-arousal and re-traumatisation that accompanies retelling and reliving the traumatic experience (Levine, 1997; Rothschildt, 2000; Herman, 1992; van der Kolk, 1994). Somatic disturbance is considered to be at the core of Post Traumatic Stress Disorder (PTSD), however, very few practitioners have access to therapeutic techniques that help the client reclaim their body (Levine, 1997).

Traditional talking therapies cannot address the full extent of trauma, as verbal accounts of the experience may not be available to memory, and if they are, a premature narrative of the trauma could lead to re-traumatisation (Rothschildt, 2000). There is a need for non-verbal methods and alternative ways of processing the trauma before a comprehensive narrative can be explored. Herman (1992, p.171) describes the normal memory as the “action of telling a story”, however traumatic memory is static and wordless. The traumatised individual becomes stuck in the stereotyped, repetitious moment of trauma which she refers to as a “pre-narrative”, and the role of therapy is to provide words to these snapshots of the experience.



Body Mapping is an art therapy process that involves mapping the outline of a person's body and over a number of sessions, the participant is involved in a process of exploring and experiencing aspects of themselves in relation to their body. The Body Map becomes testimony to their relationship with their body and a storybook of their experience. The intention behind Body Mapping is to help the individual to "re-member" the trauma experience in a way that can lead to a narrative of re-owning the body. It is in search of this narrative of "ownership" that the research question has been inspired.

1.2 Question

The research question of this research project was: "How did people make sense of physical trauma through their experience of Body Mapping?"

1.3 Goal

1.3.1 General Goal

The goal of this research was to see how people make sense of physical trauma through their experience of Body Mapping.

1.3.2 Specific Goals

The specific goals of the research project were to:

- do a literature review.
- describe the research methodology.
- conduct the research project.
- write the research report

1.4. Structure



In chapter one, the problem, question and goals of the research have been stated. Chapter two will be dedicated to a review of the literature consulted on the topic including definitions, embodiment and therapy. Chapter three contains an explanation of the research methodology and the conceptual framework used in this narrative research project. This includes details of the research context, participants and supervisor; the position, data collection and analysis and finally an explanation of how quality and ethics were approached. In chapter four and five the results of data analysis with each participant will be presented. This is followed by the conclusion and recommendations for further research in chapter six.

CHAPTER 2: A BODY OF KNOWLEDGE

LITERATURE REVIEW

In trying to answer my research question about Body Mapping, I¹ consulted various literature sources to see to what extent I could do this before turning to the participant's individual experiences. As I reviewed the relevant literature, I found most information about the social construction of the body and embodiment in anthropology and medical sociology literature. Mind-body dualism revealed itself in the lack of literature in academic psychology on the link between trauma or experience and the body. I found myself lost in corridors of books in the psychology, philosophy, sociology, theology, anthropology and journal sections of the various university libraries. I spoke to different organisations and HIV projects that use Body Mapping and visited exhibitions of Body Maps in galleries around Cape Town. I surfed the web for journals and articles, but I could find no academic papers or research available on the subject of Body Mapping and trauma.

At the other extreme, I realised that research in the area of trauma is so extensive, that a specific area of the field needed to be focused on. To navigate between these two extremes, an explanation of key terms relevant to this project will be followed by literature pertaining to embodiment, trauma and memory and then to Body Mapping as an art therapy technique.

2.1 Definitions

a) Trauma And Post-Traumatic Stress Disorder.

Freud, in 1914, defined trauma as a breach in the protective barrier against stimuli leading to feelings of overwhelming helplessness (Sadock & Sadock, 2003). Post Traumatic Stress Disorder (PTSD) was originally seen as an anxiety disorder, but in 1980 it was recognized as a unique disorder in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association [APA], 1980). PTSD is distinguished from other Anxiety disorders in the fourth

¹ The researcher will be referred to as 'I' from now on.

edition Diagnostic and Statistical Manual of Mental Disorders (APA, 1994) particularly due to the fact that it contains the criterion for requiring an actual traumatic event. According to the DSM-IV, PTSD is defined as the development of characteristic symptoms following exposure to an extreme traumatic stressor when the person responds to that event with fear, horror or helplessness (Wilson, 1995). Symptoms experienced include, but are no limited to:

- Recurrent distressing dreams of the event
- Intrusive thoughts of the event
- A sense of reliving the experience
- Intense psychological distress at exposure to internal or external cues that remind one of the event
- Difficulty falling or staying asleep
- Difficulty concentrating
- Irritability or outbursts of anger
- Hypervigilance

In addition, the survivor may feel symptoms of helplessness, inadequacy, mortality, role-ambiguity, over-identification with victims, guilt and shame (Sadock & Sadock, 2003).

b) Torture

In the convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (in Gordon & Marton, 1995, p.346), the United Nations General Assembly defines torture as:

Any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him, when such pain or suffering is inflicted by or at

the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity.

Torture is currently not illegal in many countries in the world including South Africa and many states of the United States. As a result, victims of torture can only pursue legal proceedings and gain compensation based on the assault or grievous bodily harm (The Trauma Centre for Survivors of Violence and Torture, n.d.). This means that there is no sentencing of the guilty perpetrator within the above definition of trauma.

2.2 Embodiment

a) Em-body-ment

In researching the body and post-modern approaches, I came across extensive philosophical literature on embodiment, in particular in the fields of anthropology and medical sociology. The body has been central to work on varied subjects including gender, race, identity, science and technology. However, the literature has developed mostly in theory, and has neglected the experiential and the empirical (Csordas, 1994). Thomas and Ahmed (2004) also point out that much of recent work on the body has sought to overcome the mind-body dichotomy of the western tradition in which the mind is accorded an elevated status over and above the body.

Csordas (1994) postulates that the body is the vehicle for our experiences, and that it is only through being embodied in a particular culture at a particular time, that we can have experience. The body is seen as a cultural and historical phenomenon as well as a biological one. Johnson (in Wiess & Haber, 1997) refers to human beings as creatures of the flesh, and that what we experience and how we make sense of experiences depends on the bodies that we have, and how they interact with the environments in which we live. In other words, it is through our bodies that we understand and act within this world. Johnson believes that there could be a connection between structure of our bodily activity and what we think of

as our “higher” cognitive operations, which shows how our bodily experiences work their way into our understanding and reasoning of more abstract concepts.

Nancy Sheper-Hughes and Margaret Lock (in Csordas, 1994) give us “three bodies”, including the individual body, the social body, and the body politic. The first refers to the lived experience of the body as self, the second to representational uses of the body as a symbol of nature, society, and culture, and the third to the regulation and control of bodies. Foucault and Nietzsche (in Weiss & Haber, 1997, p.4) consider the body to be “socially constructed, and at the same time, it is also the basis of our being, a basis that has been covered up by the intellectualist philosophical tradition”. Foucault and Bourdieu see historical forces as simultaneously imprinting on and shaping the body, as well as destroying the body (in Turner, 1992).

In contemporary social theory, as a consequence of the growing interest in “deconstruction” in the work of Paul de Man and Jacques Derrida, it is fashionable to regard the body as a text, or as the effect of a discourse (Turner, 1992). Csordas (1994) emphasises that one can study culture and self in terms of embodiment, just as we can study culture and self in terms of textuality. He also believes that the deconstructionist idea that there is nothing beyond the text has been taken too literally, and that it has pushed the body itself out of experience. The body is linked with phrases such as “the body as text”, “the inscription of culture on the body”, and “reading the body” (p.146). Johnson believes that the dominant philosophical traditions have simply ignored the body (in Weiss, 1997)

Csordas (1994) postulates that another transformation of the body in the contemporary world is being created through acts of political violence of all types: ethnic violence, sexual violence, self-destructive violence, domestic violence, and gang violence. This has to do with the very meaning of being human, because in being in a body, one can experience pain and self-alienation.

b) Em-body-ment and Trauma

Studies have been done into the symptoms of PTSD, which supports the hypothesis that somatic disturbance is at the core of PTSD (e.g. Levine, 1997; Van der Kolk, 2004). Body symptoms characteristic of the autonomic nervous system's arousal during the traumatic event include accelerated heart rate, cold sweating, rapid breathing, heart palpitations, hyper-vigilance, and hyper-startle response (Rothschildt, 2000). Trauma can make a person blind, mute, or deaf; it can cause paralysis in the legs, arms or both; it can bring about chronic neck and back pain, chronic fatigue syndrome, bronchitis, asthma, gastrointestinal problems, severe premenstrual syndrome, migraines, and other psychosomatic conditions (Herman, 1992).

Levine (1997) coined the term "somatic experience" which sees trauma as "part of a natural physiological process that has not been allowed to be completed". In the face of a threatening situation, our bodies become physiologically aroused (for example, increased heartbeat, sweating, and tightened muscles). This would lead either to the fight or flight response. If the energy of this highly activated state is not discharged through this response, it stays in our bodies, and the organism concludes that it is still in danger. Hyperarousal, constriction and helplessness are an overt reflection of the physiological processes happening in the body (Levine, 1997).

Another hypothesis for the physical ailments associated with trauma is that they are the result of "partial or compartmentalised dissociation where one part of the body is out of touch with other parts" (Herman, 1992, p.27). Dissociation as a result of a traumatic event creates a disconnection between the consciousness and the body; one part of the body and the rest of the body; the self and the emotions, thoughts, or sensations; and the self and the memory of part or all of the event. Csordas (1994) goes further in saying that dissociation can separate the body's feelings and senses from the interpretation of the event, rendering the visceral reactions incongruent with the interpretation.

c) *Em-body-ment, Trauma and Memory*

There are two types of memory that are important in the area of trauma. That is, explicit and implicit memories. Explicit memory is that which is conscious and “enables the telling of the story of one’s life, narrating events, putting experiences into words, constructing chronology, and extracting meaning” (Rothschildt, 2000, p.29). Implicit memory however is a procedural memory that is unconscious, and that bypasses explicit memory. For example, once one has learnt to ride a bicycle you don’t have to think about how to do it, but rather the body just does it.

Mae-Wan Ho (in Schmidt, 2006, p.79) says,

There is no doubt that a body consciousness exists prior to the “brain” consciousness associated with the nervous system. The body consciousness has also a memory. The relevant transmission system is called proton jump-conduction which belongs to a form of semi-conduction in condensed matter, and is much faster than conduction of electrical signals by the nerves. Thus the 'ground substance' of the entire body has a much better intercommunication system than can be provided by the nervous system alone.

Karl Lapsley (in Levine, 1997), performed extensive experiments on rats which involved teaching them to find their way through mazes and then dissecting their brains until the point where they lost total ability to perform any function. The rats could still find their way through the maze even after their cerebral cortices had been removed. Lapsley never managed to find a location in the brain that could hold a complete memory.

Neurological processes are also involved in coding the event, and may interfere with traumatic memory. During an overwhelming situation, the highly developed cognitive system is bypassed and the information is stored un-integrated with other memories through normal associative links (Johnson, 1999). Recent research into the areas of activity in the brain when recalling traumatic experience, locate the site of traumatic memory storage as the limbic system, particularly the

hippocampus and amygdala (Lezak, 1995; Rothschildt, 2000). Laterally, it is located in the right brain; the left side being responsible for verbal recall. Arousal is also regulated by the limbic system, as it is the part of the brain that also regulates survival behaviours, such as fight or flight, and emotional expression. O'Shea claims that the nervous system brings the past into the present (O'Shea, 2006).

Memory begins with sensory input, and it has sensory-motor aspects. Alexithymia refers to the inability to translate the representations held on a visual and sensory-motor level into meaningful symbolic and verbal representations (Schimek in Johnson, 1999). Impressions are not encoded as words, but as somatic sensations such as smells, sounds, sights, touches and tastes (Rothschildt, 2000).

Memory is also expressed in the symptomatology of PTSD such as nightmares, flashbacks and startle behaviours (Eckberg, 2000). Due to the profound denial and dissociation at the time of the trauma, the patient often does not remember the event, and finds it difficult to put it into words (Johnson, 1999). Disconnection between body and soul is one of the most important effects of trauma. In shamanic cultures, the medicine man or woman calls for the spirit to return to the body (Mindell, 1993).

Many trauma therapies that I researched focus on re-telling the trauma experience. Recent studies however into trauma debriefing which focus around retelling the event, have shown that this may do more harm than good, as the traumatised person receiving debriefing may experience re-traumatisation, and is more likely to have post-traumatic symptoms in the long term (in Appelt, 2003).

2.3. Therapy

a) Em-body-ment and Therapy

It is important to note that there are various therapies that work with the principle of using the body in order to accomplish therapeutic goals, and not necessarily



only those of physical trauma. Various studies report successful interventions in using more embodied techniques such as adventure therapy, dance therapy, and movement therapy (e.g. Dreckmeier-Meiring, 2004; Totoria, 2003; Mills & Daniluk, 2002). The basic tenet of these therapies is also to move away from exclusively talking therapies by incorporating experiential and embodied means of healing and integrating mind-body techniques.

In terms of adventure therapy, Haskell (in Itin, 1997) suggests that embodiment and embodied experiencing, can be applied to integrate experiencing of self (in particular soma), other (in groups) and Nature. The participants are required to engage their physical body with the adventure environment. Charles Goodwin's theory of action in interaction proposes that embodiment and materiality contributes to the organisation of action (2000).

Eddy (Moving on Centre, n.d.), the creator of Somatic Movement Therapy, found that concrete description of their actions and interactions helps clients to become conscious of choices that they often make without awareness. She proposes that it provides a systematic language to clients that can make concrete what is often considered intuitive. By stating clearly how they experience touch and movement, they are able to refine their communication with others.

Based on the principle that body and mind are interrelated, dance movement psychotherapy is defined by the American Dance Therapy Association (n.d) as "the psychotherapeutic use of movement as a process which furthers the emotional and physical integration of the individual" (p.1) Mills and Daniluk (2002), found that all women that participated in their study on the usefulness of dance therapy as a therapeutic technique, experienced bodily reconnection. Totoria (Dancing Dialogue, 2001) found that in dance therapy, both verbal and non-verbal processes are used to examine the link between an individual's emotional and physical self. Non-verbal activities are used to uncover and examine their metaphoric significance in an individual's life experiences.

In the above therapies, the physical body is the active vehicle of experience through which they engage with their environment, themselves, and their interactions with others. Art therapy, although also a bridge from the non-verbal to verbal communication, is traditionally a modality that does not directly address embodied experience or the connection between body and mind.

b) Art Therapy

According to the American Association of Art Therapy “there is little qualitative or quantitative research on "art therapy and trauma" per se (American Art Therapy Association; n.d.). In addition, there are only a few art therapy books published on clinical art therapy that are grounded in research.

In my opinion, the artistic process opens the possibility for a personal experience to find expression from a place that words cannot access. Johnson (1999) puts forward that the creative arts therapies have a unique contribution to make in the treatment of trauma in people who have difficulty in expressing their experiences directly and effectively in words. Kolb (in Johnson, 1999), did case studies with the drawings of Vietnam War veterans, and found that drawings assisted in the retelling of events. Naumberg (1973) noted that art therapy offered a specialised nonverbal symbolic imagery for expressing unconscious, repressed emotions. Due to the dissociation of the memories of traumatic experiences and the resulting disruption of the victim’s ability to translate feeling states into words, gaining access to traumatic events is difficult. Research done by Johnson (1987) concludes that the difficulty may be due not only to psychological defences, but also to the neurological processes responsible for the actual coding of such events.

Gregory Bateson (1973) wrote that iconic communication serves functions totally different from those of language and performs functions which verbal language is unsuited to perform. Aside from the highly visual aspects of these traumatic memories, they also have strong sensorimotor qualities. Art therapy, is uniquely suited to gain access to traumatic images and memories because the encoding of

traumatic memories can be done through a “photographic” visual process. A visual medium such as art therapy may offer the means by which this information may come into consciousness. In fact, reports of clinical and research efforts in the special areas of child abuse have often used drawings to obtain information (Greenberg & Van der Kolk, 1987).

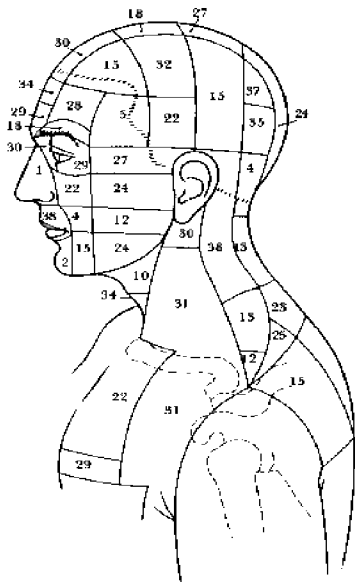
Schimek (1975) has noted that unconscious mental representations may be events that are recorded in sensorimotor form with strong visual and kinaesthetic qualities. Reliance then on verbal communication is actually counterproductive to the process of accessing these types of traumatic memories. Art work, by being distanced from the body of the patient provides a safer medium for the expression of traumatic images (Golub in Johnson, 1999). Johnson suggests that nonverbal media have a role to play in each of these stages. Carlson (1997) emphasizes the benefit of art therapy to provide a safe place for clients to initiate change. According to Levine (1997), the solution to trauma comes not through confronting it directly, but by working with its reflection, mirrored in our instinctual impulses. Johnson (1999) believes that this distance created between artwork and client “does not interfere with the client’s state of cognition, which ensures that personal control and sense of integrity, important considerations in the treatment of trauma, can be better preserved” (p.110). Discussion of the picture is less threatening for the client because the picture is concrete and external to the self.

In summary, our ability to experience in this world is directly related to our embodiment as human beings in a context. These experiences, when traumatic, involve a complex process of cognitive and somatic processing and memory. Trauma recovery involves the processing of implicit memories that are non-verbal and may be held in the body. To prevent re-traumatisation, through reliving the experience through re-telling, alternative methods are sought to process traumatic memories.

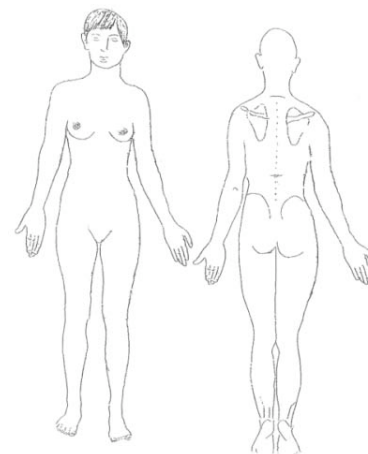
c) Body Mapping as Art Therapy

Body Mapping, as a form of art therapy, may assist in distancing the traumatised individual from their experience, and create the opportunity to process the experience on a non-verbal level before exploring it verbally. Lytton, one of the participants on the Bambanani HIV project reports that: "I think that our bodies hold a lot of memories, and they're stored in different places. I do think that once you start drawing them, even just subtle things get expressed on paper you're not completely aware of" (Brath, 2005, p.2).

Body Mapping has its roots in the alternative medical field. Maps have been used for centuries to for example, indicate acupuncture points and meridians in Chinese medicine and to indicate location and functions of chakras in the Hindu tradition. In searching the internet, I discovered that modern medicine sometimes also uses the word Body Map to refer to anatomical diagrams (fig. a¹) and for mapping bodily disfigurements on client records (fig. b²).



a.



b.

¹ www.patienthealthinternational.com

² www.devon.gov.uk



Body Mapping in a therapeutic setting involves mapping the outline of a person's body, and over a number of sessions, involving the client in a process of exploring and experiencing aspects of themselves in relation to their body. Their experiences can be recorded in a journal or memory book that becomes a testimony to their relationship with their body and is the storybook of their experience. This is how Body Mapping has been used in initiatives undertaken by artists in collaboration with the University of Cape Town. They use Body Mapping and memory boxes for individuals living with HIV. Morgan (2003) says that Body Map paintings were initially envisaged as another way for people to tell their stories, and as a way to generate visual material for a book. He sees the potential of Body Maps to become "participatory qualitative research tools" (p.8), and that the end products hold strands of art therapy, narrative therapy and body work.

The use of Body Maps then extended from the HIV field into other therapeutic areas. The Khulumani support group did Body Maps with victims of Apartheid crimes shortly after the Truth and Reconciliation Commission to give the opportunity for telling the story of their experiences. These maps have been exhibited in various venues including the Apartheid museum and the Slave Lodge in Cape Town. Art of Africa exhibited Body Maps in 2004 that were painted by San artists in the Kalahari as part of a poverty alleviation project (Art of Africa Gallery, n.d.).

Most of the information that I gathered about Body Mapping was through the web pages on the subject and visits to galleries around Cape Town, and a single book containing the stories of the Bambanani women's group. I could find no academic research into the use of Body Mapping as a therapeutic technique.

In summary, I can therefore say that through the literature study I gained some insight into the workings of physical trauma in the body and processes of traumatic memory. Although various therapies have been used to address the



use of embodied techniques for therapy, very little scientific research has been done regarding using art therapy with traumatised patients. As I am interested in the use of Body Mapping as a therapeutic technique, I was not able to answer my research question from the literature available. It is for this reason that I conducted the research project.

In Chapter 3 I will discuss the research methodology.

CHAPTER 3: THE BODY REMEMBERS

RESEARCH METHODOLOGY

Qualitative research is more interested in words than numbers. It is not interested in quantification, but rather in adopting a philosophical stance that human knowledge is contextualised and local (McLeod, 1994). Context is of utmost importance.

3.1 Academic Context

The University of Pretoria strives to remain internationally competitive, while also focusing on local innovation and research. The University strives to contribute to scientific knowledge and obtaining results that can be applied to local problems in South Africa. The University of Pretoria also aims to reflect the rich diversity of the South African intellectual potential, and its mission includes fulfilling social responsibilities within its community (University of Pretoria, n.d.). In this way it strives to be recognised as a top learning institution. This project has been done under the auspices of this institution, and therefore a topic that is particularly relevant to the South African context has been chosen. The results of the research will inform practice and approaches to solving local problems. It has been written up in a report using internationally recognised methodology that contributes both to this country's and international understanding of these problems.

3.2 Organisational Context

The study was conducted in conjunction with the Trauma Centre for Survivors of Violence and Torture in Cape Town. The Trauma Centre is a non-governmental human rights organisation that is involved in advocacy and counselling for survivors of violence and torture. The structure of the

organisation allowed for me to have supervision and support during the research project by creating a container of expert knowledge in relevant areas of the trauma field. The accounts given by the participants have been constructed within the organisational and research context and therefore cannot be seen as an objective reflection of reality. The research material stems from a construction of the participant's experiences that is negotiated in relation to this context (Burck, 2005).

Furthermore, as the Trauma Centre's reputation was at stake through my actions as researcher, it was important that I act within their objectives and procedures and not act as an individual in decision making processes such as location of the interviews. Limits on the research were imposed due to the ongoing relationship of the Trauma Centre with the research participants independently of the research. This created a context in which I was sometimes unaware of communications between people in higher managerial positions with the participants which at times blurred the differentiation between my role as researcher and myself being viewed as a representative of the Trauma Centre within these ongoing discussions. This confusion became evident in some of the interviews.

3.2.1 The Participants

The Trauma Centre services the areas of Cape Town City Bowl and the surrounding Cape Flats including Kayelitsha, Bonteheuwel and Lavender Hill, three of the areas worst affected by crime in the Western Cape. Clients also include ex-political prisoners and political refugees from other African countries. All clients go through an initial assessment by the Trauma Response Team during the crisis counselling phase, and those identified with Post Traumatic Stress Response or difficulties in re-adjusting to their lives receive further counselling. Participants for support groups are also identified in this way.



The Body Mapping project was conducted with a group of three men who had been tortured during their imprisonment under the old Apartheid regime, and the research was conducted with two of these men. Their ages range between 35 and 65. The men in the group were part of the “Bonteheuwel Military Wing”, a group of Umkhonto we Sizwe (MK) soldiers which were renown for commitment and sacrifice in the fight for freedom from Apartheid during the 80’s. Interviews with two of these men have been used for research purposes. Due to the small community of ex-political prisoners from which they come, specific details of the men involved have been omitted to protect their identity.

This group does not reflect a representative population of physically traumatised individuals. In working from a Narrative perspective I am interested in individual stories rather than populations that can be generalised. A representative sample was not the focus because each individual in the group is located historically and culturally and brought their unique experience of the trauma to the group (Mischler, 1986). The reader of the research is also invited to make their own conclusions about the applicability of the results within their own culture and contexts.

3.2.2 The Researcher (Self)

My research has been qualified because I received training in research methods during my Bachelor of Arts in psychology; had to conduct my own research project during my honours year; and was involved in lectures relevant to this research project during my MA1 year. In this respect, it is expected that numerous years of training have given me the necessary tools to validate my role as researcher. I am also a qualified Family Constellations Facilitator, Bridging Polarities Through Art Therapist, and have a Diploma in teaching.

These qualifications influence the way that I interpreted texts as I have a knowledge that gives me the understanding of phenomena from a particular perspective. However, they may also be a limitation rather than an asset as,

during this research, I worked with people who are not academically qualified. This could influence the aspects of the narratives that they chose to tell me, as well as the way in which they narrated them to me in particular, considering our different educational backgrounds.

In narrative research, the researcher is not seen as an all-knowing expert that uses theory to analyse and formulate the client. This process would be seen as disempowering and marginalising to the client rather than to see him as an expert in his own life (Appelt, 2003). In this research, I took the position that the participant's own stories have more meaning than any theory or truth, and therefore situate them, rather than myself, as experts of their own experience of trauma. The reason why I have decided to refer to myself as "I" throughout this report relates to the position I have taken of acknowledging that the opinions expressed are often my own and are influenced by my own education, history and culture (Liebliech, Tuval-Mashiach & Zilber, 1998).

I am a young, white South African woman that turned 19 in the year of our first democratic elections. I have no adult experience of Apartheid, and very little access to the communities who were affected by political oppression and torture. By culture and history I theoretically belong to the group and race of the perpetrators during the Apartheid era. I am subjective, in that I brought my own life's experiences, interpretations, values and beliefs into the research right through the entire process from my choice topic, analysis of data, and writing this research report.

These positions that I take as researcher needed to be acknowledged during the research, and an attempt was made to remain aware of how this may influence the data. In order to keep a check on this, I kept a personal diary while continuously questioning how my own story could be affecting the research process. In this way, I have tried to make my role as researcher transparent to the reader, so that it may inform their interpretation of the text.



3.2.3 The Supervisor

This research has been done under the supervision of Dr Lourens Human. Dr Human has conducted and supervised a number of research projects using narrative research methodology. This report has therefore obtained criticism under strict methodological considerations, including guidance regarding structure and content, as well as feedback on the development of arguments and ideas regarding the research question. In accordance with Narrative methodology, I have also been encouraged by my supervisor to form my own opinions on how the data should be analysed. I have thereby been afforded the possibility to explore new areas of understanding and give a unique voice to the research process.

3.3 Position

The research has been done from a Narrative psychology position which lays focus on experience, experience and embodiment, experience and narrative, as well as how narrative is shaped by historical and cultural influences.

3.3.1 Experience

According to Epston and White (1990), direct knowledge of the world is not possible. We can only know the world through our own lived experience. In every day of the duration of our lives we are exposed to new experiences, whether they be ordinary or life-changing events. Human beings have a past, a present and a future. If one looks back on one's life, there is nothing, whether good or bad, that did not add to your knowledge or understanding in some way. I believe that all experiences have an effect on how we see ourselves and they mould who we are. Our every day experiences are an integral part of forming our identity.

Robert Scaer (2001) believes that all our senses – smell, vision, vestibular input, taste, touch, nociception and proprioception – contribute to the formation of the boundaries that eventually tell us where we as a perceptual whole end, and the rest of the world begins.

3.3.2 Experience and Embodiment

Epston (1998) believes that “our experience of the world is all that we have, and that is all that we can know” (p.10). It is through our experience as embodied human beings that we use our senses: our sight, touch, hearing, smell and taste to explore events in our lives. It is because we are in a living body that we can move through the world and enter into an interaction with that world (Weiss & Haber, 1997). The experience of physical trauma, is an experience of an event that impinges directly onto the person’s sensory perceptions of their own body.

Abram (1996, p.123) draws on the philosophies of Merleau-Ponty when he states that,

It is as visible, animate bodies that other selves or subjects make themselves evident in my subjective experience, and it is only as a body that I am visible and sensible to others. The body is precisely my insertion in the common, or inter subjective, field of experience. If this body is my very presence in the world, if it is the body that alone enables me to enter into relations with other presences, if without these eyes, this voice, or these hands I would be unable to see, to taste, and to touch things, or to be touched by them – if without this body, in other words, there would be no possibility of experience – then the body itself is the true subject of experience.

I would describe a sensory experience as the way that we explore the curves and contours of the physical world, like a sculpture. The experience of an artwork depends on the perspective by which you view the form, and the meaning that it evokes in you, regardless of any “true” meaning intended by the artist of that sculpture. Each person enters into an interaction with the art work depending on the meaning that they attribute to it. Epston and White (1990)

believe that meaning given to the experience by an individual is given more weight than truth.

Coming from the post-modern perspective, it is argued that there are no essential truths, but only the meaning we ascribe to our own experiences (Freedman & Combs, 1996). Although a particular event may occur in time, the meaning ascribed to it may be generalised beyond the specific event and influence the person's sense of self (Gergen, 1991). A traumatic experience would also, in this way, be experienced differently by every individual in terms of the meaning that they ascribe to it and how they construct their own identity around that experience, rather than evoking a generalised reaction that is common to all physical trauma survivors.

In my opinion, there is also no right or wrong way to make the perfect sculpture. It is through individual experiences that we form and mould who we are, that we sculpt our own identities. We sculpt identities within the co-creative interactions of language that both creates meaning and connects us to others.

3.3.3 Experience and Narrative

The means by which we make sense of the world, give meaning to our lived experiences and express ourselves is through narrating our experiences. Edward Bruner (1986) stated that "stories make meaning" (p. 140). Epston (1998) proposes that narratives give meaning and frames for lived experience, and they provide a means by which to order those experiences. He explains that it is in narratives that we situate our experiences, it is the narrative that determines how we will shape and express those experiences and it is the narrative that determine "real effects and directions in our lives and in our relationships" (p.12).



I was wondering about how meaning could be attributed to experiences that cannot be narrated due to memory difficulties or the threat of re-traumatisation. My curiosity lead me to Freedman & Combs (1996), who believe that language can take different forms, verbally and non-verbally, and that language forms the basis to all interaction. Without language, there is no interaction. In other words, the only world that we can ever know is the world that we share in the interactive process of language, both verbal and non-verbal. In this way, every time we decide to enter into this interactive process we bring forth realities that are ever changing because the language that we use always changes (Freedman & Combs, 1996).

Andrews (2000, p.77-78) says that “Stories are not only the way in which we come to ascribe significance to experiences...they are one of the primary means through which we constitute our very selves...We become who we are through telling stories about our lives and living the stories we tell.” Widdershoven (1993) believes that narratives not only help us to organise and make sense of experience and imbue our lives with meaning, but it is in these very acts of meaning-making, that the human subject sculpts a narrative identity.

3.3.4 Experience, Narrative and History

Every event occurs in a moment in time. According to Wilber (2001), different stages of consciousness growth over the course of time present a different view of the world. The world looks different – is different – at each stage. We are born, we live, and we die. Our lives move from beginning to end, but at the same time, the way we narrate our experiences is influenced by both the past and the future. The way that we story our experiences changes as we grow and develop through our own life histories, as well as the historical era in which those experiences are lived.

Joyce (in Ashcroft, Griffiths & Tiffin, 1995) sees history as fiction, subject to the muse of memory. The method by which we are taught about the past, is the same way that we read narrative fiction. Over time, every event becomes an expression of memory, and is therefore subject to invention. So too, can we narrate and invent our own experiences and identities. Even when stories appear to be legend, or somewhat distorted or adapted, they remain accounts of experienced events (de Blecourt, 2003).

In the history books of South Africa, white historians constructed identities that were primarily defined by the colour of one's skin. When I was at school, we were taught one account of history, that started at the arrival of the first white man at the Cape and had white people as its central characters. Since the fall of the Nationalist Apartheid government and the election of a democratic government in 1994, history in the school books has been re-written, and has re-situated the black identity within the South African context (Terre Blanche & Durrheim, 1999). In the famous words of Voltaire: "history is the lie commonly agreed upon" (University of Memphis, n.d.).

Joyce (in Murphy, 2000), calls on readers of historical accounts to witness the "trauma of history", in that it has been used as a means to colonise others, as the language imposed on others requires them to narrative their experiences and forge identities within an oppressive language, political system, and historical reality. Murphy (2000) is particularly interested in ways that the extimacy of language complicates the intimacy of individual experiences of colonial subjection, subjectivisation and subjectivity.

In my opinion, the artistic medium used in the Body Maps create a universal language through which stories of identity can be told, and mapped within the individual's experience of history and created identity. Historically, the narrative of physical trauma in South Africa, such as the torture of political prisoners, is often situated within a history of oppression and politicised identity, based on

the colour of one's skin. The body is the site of the physical characteristics that had the power to marginalise and oppress.

3.3.5 Experience, Narrative and Culture

Through language, narratives are placed in the changing spheres of history and culture, and we see how discourses of that culture impact on how people make sense of their experiences. Post-modernist understandings see identity as socially constructed, that is, that it is negotiated within social institutions and within communities of people. It is not necessarily one's motive that drives one to act, but it is the way one talks about one's motive that "has been socially derived in narrative negotiations" (White, 2000, p. 62). Narrative research situates the person's experience into the cultural context and is interested in how metaphors and discourse helps to shape experience.

Stories operate within interpretive communities of speakers and hearers that are political as well as cultural actors. According to Squires (in Andrews, Sclater, Squires & Treacher, 2002, p.77):

Stories often seem to function in narrative research as forms of politics, broadcasting 'voices' that are excluded from or neglected within dominant political structures and processes - as indeed stories have often done in recent western history, for instance in the writing and reading of nineteenth-century accounts of working-class life, slavery, and women's experiences. Much recent work on narrative foregrounds this function.

Being a part of a shared history, points to the contexts and the communities in which we live and their influences on how our stories about ourselves are told and on how we shape our identities. In the words of Gergen (1991, p.87):

We shape the world in which we live, thereby creating our own 'reality' within a context of a community of others. The boundaries of our narratives are constructed through political, economic, social, and cultural constraints and

potentials, with our choice of narratives not limitless, but existing within prescribed contexts.

Csordas (1994) says that knowledge is a product of belief that is created in a specific context. We only obtain a reality through the way we understand and give meaning to our lives through the process of language (Schanck in Myrsiades, 1998). In other words, language is not reality; only the meaning that we give to the language is reality which is influenced through the interaction with others in a cultural context. The self does not stand-alone; it is not autonomous but rather a cultural creation through the process of language (Schanck in Myrsiades, 1998). According to Freedman and Combs (1996) realities are socially constructed, meaning that everything that we as human kind have come to accept as reality is socially created through interaction, and through time. Thus, realities are constructed as different individuals live out their realities together.

According to Burr (1995) cultural discourse can be explained as a set of meanings that are communicated in any way, verbally or non-verbally, but that when placed together produce a particular version of events. Burr (1995) further explains that different discourses bring different aspects of our lives and the discourses that we use as our realities create a lens onto the meaning that we give to them.

3.4 Data Collection

Riesmann (1993) proposes steps to help create order to the complex process of Narrative research, acting as a guide for the researcher. Riesmann's five phases of research are: attending to experience, telling, transcribing, analysing and reading the experience.

Phase 1: Attending

During my exploration of various therapies before and during my MAI year, I became aware of the link between trauma and the body. The Body Mapping groups that I conducted as part of my internship at the trauma centre, and subsequently this research, were born out of my interest in this link. As researcher, I also come from a unique history and culture, I am educated in psychology, and have my own values and ideas about all subjects that I approach. Awareness and reflecting of how this influences the data collection process is essential.

Phase 2: Telling

The data used in this study is transcripts of interviews pertaining to a Body Mapping therapy group that was run by myself during my internship at the Trauma Centre in 2005. These interviews that were conducted for project evaluation reports for the Trauma Centre political violence team in December 2005. There were therefore two phases of telling: Body Mapping and interviews.

The first phase in the telling of the experience was the telling of stories in the Body Mapping group that ran over six consecutive weeks between May and June 2005. The focus of each session working on the Body Maps were constructed around the following body areas and themes:

1. The body outline and the skin.
2. An outline of a person who stands behind the participant and the connection of the participant to their family and community
3. The physical area that was worst affected by or related to the trauma, and the area that represents the difficult emotional experiences



4. The area of the body in which the participants feels the strongest and that hasn't been affected by the trauma.
5. Looking and reflecting on the whole body map, and incorporating hopes and dreams for the future.

The process was also documented by the participants in their journal and photographically by the researcher at various phases of the therapeutic process.

The second phase in the telling of the experience was through reflective interviews on the use of Body Mapping. During the evaluation of the Body Mapping group at the Trauma Centre, an hour long audio recorded interview was conducted with the participants, and these interviews were the primary focus of the research. The interviews were conducted through an unstructured format and opened with the question: "How did you experience the Body Mapping process?"

In this respect, the interviews were conducted from a Narrative perspective, which maintains that whatever meanings are constructed in the interview are treated as co-constructed between the interviewer and the interviewee (Terre Blanche & Durrheim, 1999). The unstructured interview is intended to allow the narrative to be directed by the participant and for the researcher to reflect and pose questions based on the narrative that unfolds (Lieblich et al., 1998). This type of interview is conversational because one adjusts the questions according to how the interviewee is responding and is therefore open to researcher bias (Suler, 1995). The intention of the researcher was to intervene as little as possible on the flow of the participant's narrative of their experience in order to allow the data obtained to reflect more accurately how the participant's narrative unfolded without interruption.

Phase 3: Transcribing

According to Riessman (1993), the researcher's opinions, values and methodological choices are reflected in the transcript. Transcription cannot be seen as separate from the analysing process. In other words, even in the transcription process, the researcher is performing an interpretive act based on her theory, which is why transcripts may differ from researcher to researcher. I personally transcribed the data for this project from the audio recordings into written texts.

Phase 4: Analysing:

The data was analysed by means of a narrative analysis, which is an inductive process, and aims at understanding how a narrative is historically and culturally constructed. Narrative analysis is interested in the *content* of texts, at levels ranging from individual phrases and images to discrete stories to larger 'stories' encompassing long and multiple stretches of talk, image or action (Squire in Andrews, 2002). Narrative analysis also pays attention to the *context* of storytelling: to the real and assumed audiences of narratives, their microcontextual co-construction between tellers and hearers (Mischler, 1986), and to narratives' broader cultural and historic contexts.

Riessman (1993, p2) says that the purpose of Narrative analysis is to see how participants 'impose order on the flow of experience to make sense of events and actions in their lives'. Narrative research is not a method, it is a way of reading the text. Analysing the texts started with an immersion in the texts through reading and re-reading in order for the researcher to become familiar with the text. Through the process of analysis, I tried to understand how the participant orders and makes sense of their experiences.



Firstly, I asked myself the question: “What is this person trying to say to me?” in order to identify the underlying narrative themes about Body Mapping. Then I analysed the text in terms of the use of a historical timeline in order to understand how the participant narrated his experiences within the flow of past, present and future. Thirdly, I looked for contextual clues, metaphors and cultural discourses which contextualised the participant’s experiences. Finally, I tried to get a sense of what the participant’s story meant to me, and why this meaning was constructed between us.

The transcribed texts were treated as a place from which to find clues that may lead to a better understanding of how the participant constructed his experience of Body Mapping.

Phase 5: Writing and reading

The data has been written up in the form of a research report. In my opinion, this report has many voices and is open to different people’s readings and constructions. The meaning is created by you, the reader and the historical and cultural context from which you read. This text can also have different meanings in different historical or cultural contexts when read by the same person (Riesman, 1993). You are therefore invited to form your own understandings and interpretations of the text.

3.5. Research Quality

Qualitative research is concerned with meaning in context. The criteria traditionally used to evaluate the scientific value of quantitative research in psychology are not applicable to qualitative research in the same form (Appelt, 2003). Traditional forms of quantitative research evaluate the quality by determining representativeness, generalisability, objectivity, validity and reliability.



(McLeod, 1994) states that there are no unified qualitative paradigms for evaluating qualitative research because they need to be tailored to fit the particular method they are meant to evaluate. Narrative research is not concerned with representativeness or generalisability as it acknowledges that there are many different interpretations of the same phenomenon and that each individual studied cannot be representative of an over-arching truth about that phenomenon (Mischler, 1986). In terms of validity and reliability, Stiles (1993) makes a distinction for qualitative research, particularly social constructionist methods. According to him, reliability refers to the trustworthiness of the observations or the data collected, while validity refers to the trustworthiness of the interpretations or conclusions that the researcher comes to through analysis of that data.

To enhance the validity and reliability of my research, I used the guidelines proposed by Elliot, Fischer & Rennie (1999, p. 14) that help to increase trustworthiness:

- Owning one's own perspective as researcher by disclosing values and assumptions so that readers can interpret the analysis in a way that considers alternative interpretations.
- Using examples of the data to demonstrate the analytic procedures and the understanding that they have generated. In this way the reader can assess the fit between the data and the researcher's interpretation of the data.
- Providing credibility checks by referring to colleague's or supervisor's interpretation of the data.
- Aiming to present analyses that are characterised by coherence and integration while still preserving nuances in the data.

In the presentation of the research results, extracts of transcriptions of interviews have been inserted and structured in a way that the text and analysis are juxtaposed to facilitate comparison between the two. In order to transparently present the research as my own perspective, I kept a research journal that included my own feelings, opinions and experiences of the body mapping process and reflections on the relationship that developed between

myself and the research participants during the therapeutic process. Wherever possible I have tried to include some of these thoughts and reflections as part of the analysis. I have also chosen to use the word “I” in this research document in order to “own” my personal values and assumptions.

Additionally, during the course of the research project I have been under ongoing supervision by the research supervisor as well as regular peer review groups in which my reading of the text was validated and compared with those of my peers.

3.6. Ethical Considerations

There were two phases of this research. The first phase, was the group therapy that took place in 2005 as part of my internship practice at the Trauma Centre for Violence and Torture independent of this research project. The second phase was the research phase which proceeded after the research proposal was approved by the Ethics Committee of the Faculty of Humanities at the University of Pretoria.

Ethics of the study were upheld through allowing the participants choice of participation, consent and confidentiality. The participants were invited to participate in a discussion before the Body Mapping process began and therewith be given the choice to proceed in the group. In terms of participation in the research, it was made clear to the participants that we may approach them at a later stage for research purposes, and that they may choose not to participate in this, or would be able to withdraw from any research process at any time should they choose to. During this introductory session, an outline of the process of Body Mapping, and an explanation of the connection between the body and trauma as an underlying assumption for the group was also given.

This research was approved on acceptance of the proposal by the Ethics Committee of the University of Pretoria. A letter of consent for participation in



the research study as well as an explanation of confidentiality was signed by the participants (see appendix A). A letter of permission was given by the Trauma Centre for conducting the research (see Appendix B). Furthermore, the research was done in conjunction with the centre at which ethical consideration is part of their policy. Confidentiality during the research project was ensured by changing any information that might lead to the identification of the client, or any other person they identified during the process.

The participants were at all stages of the process given the option to see the research notes and will be given a copy of the findings on request. This will support transparency throughout the research process.

In this chapter, the research methodology was discussed. In the following chapters, the findings and results will be presented.

CHAPTER FOUR: THE BODY SPEAKS PARTICIPANT ONE



Mr G¹. is male and in his sixties. He was in the top ranks of the resistance military and was arrested, imprisoned and tortured for activities during “the struggle” against Apartheid. I identified three narratives about Mr. G’s experience of Body Mapping: Togetherness, Stock-taking and Freedom of Expression.

¹ The participants full names are withheld for confidentiality.



4.1. Narrative 1: Body Mapping as a Time and Place of Togetherness

Dear Mr. G

When I read your interview, I hear that the Body Mapping gave you an experience of togetherness with your comrades in a way that was different to how it was in the past.

L1: Okay. Mr G, I 'd just like to start with the question: how did you experience

L2: the body mapping process. How was it for you?

L3: Firstly I found it very useful in that, during that process there was a MK

L4: reunion with other comrades who were involved in the anti-Apartheid struggle

L5: Although we were involved at the same time, there were many operations

L6: when each of us for security reasons did not want to know the details of the

L7: other's operations. Now, being brought together during the Body Mapping

L8: process there was a revelation of the extent, the motivations, the results and

L9: the community involvement of members of MK. Specifically the Bonteheuwel

L10: Military Wing. While we were, for security reasons, not involved in the same

L11: operations, yet now we had a practical recreation presentation of the process

L12: because these operations were part of the process of liberating people from

L13: the repression and oppression of the Apartheid regime.

You start the timeline of your experience by using the word “firstly” (L3), indicating that there are other experiences to follow. You describe your present experience as one of “reunion” and you then go on to describe how it was in the past, when your operations had secret “details” (L6) that kept you separate from your comrades. The word reunion implies togetherness after separation because it refers to the act of people coming together who have been apart, or the action of becoming a single group or organisation again (Oxford, 2005). You then go on to make a more specific (L9) example of how this present experience differs from the past experience when you talk about the Bonteheuwel Military Wing. You construct your present experience of togetherness by explaining how it is different to your past experience of separation. “Now” (L7), in the present, what was hidden from each other in the past before has been revealed (L8), creating a different experience of being



together to what was experienced in the past. In the past there were secrets but now you had a chance to hear about experiences of your comrades which you had not heard of before. Coming together as a group seems to have taken you out of the isolation of your own experience.

Furthermore, the narrative of togetherness versus separation is supported through the use of language that points to the cultural context of your experience. Many of the words that you use come from the political context of South Africa during the 1980's. You speak of MK (L3), which refers to the African National Congress's (ANC) special underground guerrilla arm called Umkhonto we Sizwe or 'spear of the nation' (Sparks, 1990). This was a coming 'together' of people prepared to fight for their shared ideals of freedom and democracy. The word "comrade" (L4) was used during Apartheid to refer to a person who was a member of the same communist or socialist political party (Bozzoli, 1987). The term Apartheid (L4) comes from the Afrikaans word for "apartness" and was used by the National Party to indicate their policy of separate development of races (Sparks, 1990), and it was this system of separation against which the MK fought. I thought perhaps that it was the personal connection to these contexts of togetherness and separation that may have contributed to this experience of togetherness being an important one for you.

When I read this narrative, it reminds me of the feeling I sometimes have of being an outsider and not really understanding the "social language" of groups. This sense of being different to others makes me particularly aware of group cohesion and I appreciate the experience of coming together with people who are like-minded or with whom I have something in common. Perhaps this is why this narrative was also the first one to catch my attention in your interview text.

Regards

Tanja

4.2. Narrative 2: Body Mapping as a Time and Place of Stock-taking

Dear Mr. G,

From what you say in your story, the Body Mapping seems to have been a way of stock-taking your past experiences.

L1: Tanja: If your Body Map had a voice and it was going to tell you something.

L2: What do you think it would say to you?

L3: Mr. G: It would say to me that through the Body Map I have been enabled to

L4: revisit, reassess, and audit my personal history, my community history and

L5: the way forward.

You view the Body Map as something that has “enabled” (L3) you to look back and “revisit” or go back to see your past experiences. You are able to “reassess” (L4) your history which implies that you could be changing your evaluation of it based on your present experience. You use the metaphor of auditing (L4) to describe your experience of the Body Mapping. The Oxford dictionary defines the word audit as ‘an official examination of business and financial records to see if they are correct’, or an ‘official examination of the quality of something’ (2005, p.83). Auditing refers to looking back and taking stock of what has happened in the past but it is also usually done in order to predict and plan for the future. The Body Map has allowed you to look back in the past as well as towards the future.

Furthermore, you not only speak of your personal history, but also place yourself within a “community history” (L4), which again points me towards the previously mentioned narrative of togetherness. Where before you described the past as a place where you were isolated from others, here you place yourself within a communal history.

L1: Now it was revealed to us individually and collectively what we were involved

L2: in, and the challenges that we faced. For the first time, we have given a



L3: comprehensive picture of what and how our struggle was conducted. And at
L4: the same time it helped each of us, particularly me, to weigh my involvement
L5: in relation to the involvement of other comrades. So that although I was sure
L6: that I was doing the correct thing, yet because there had been no audit, of the
L7: quality and quantity of my contribution. Now being brought together with the
L8: other comrades, this served as a quantitative and qualitative audit of the work
L9: which I contributed in this process of liberation.

In this extract I noticed how you move repeatedly between the present and the past experiences. “Now” it was revealed what we “were” involved in (L1 & L2); “For the first time” a picture of how the struggle “was” conducted (L2 & L3); “At the same time” helped us to “weigh our involvement” (L3 & L4); and “Now” being brought together served to audit what I “contributed” (L7, L8 & L9); You qualify your present experience by weaving it through past experiences and how this present experience is different from those past experiences. You seem to be weighing up or measuring between the present and the past. The present becomes a reflection of the past. The one part of this extract that follows a different time sequence is where you say that “although you were sure” (L4 & L5) that you were doing the correct thing in the past, there had been no audit in the past. Perhaps there was nothing to measure experiences by in the past, and it is only in the present where one can look back that measurement can be made.

The words “individual and collective” (L1) reminded me of the words of Carl Marx and communist discourse. These words were often used when talking about individual and collective destinies to be free and creative human beings (Prychitko, 2003). In this context you seem to be placing your experience of how the past involvement became apparent within the collective picture of the group. In L1 to L4 you repeatedly use the words we and us, indicating a sense of how you place your experience within the collective experience. You also appear to be weighing up or comparing your experiences with the other group members.

In your interviews you use the words “comprehensive picture” (L3) which, in my opinion, continues the narrative of stock-taking. It implies that almost all of the



details, facts and information have been included. They have been “revealed” (L1) implying that they were hidden from view before. There is new stock which can be counted in your measurement of the experience, there is a greater ‘quantity’ of information. In this extract, you use many metaphors of measurement and quality to describe your involvement and contribution to the struggle. You use the words “weigh” (L4), “audit” (L6 & L8), “quantity” (L7 & L8) which refer to measurement. The word “quality” would indicate an evaluation of what the standard of something is compared to other things.

It seems to me that the Body Mapping process made you look back at your past experience and evaluate it as something good or bad. In L6 you say that you knew you were “doing the correct thing” at the time when you were fighting for the struggle and that this has now been evaluated. What I don’t glean from what you are saying is how you now evaluate your involvement then – was it good or was it bad?

Quality and quantity are also words used in research sciences, and I was wondering how much the context of the interview being for research purposes informed your choice of words to describe your experience.

Listening to your narrative, I find that I also look back on things that I did in the past and my evaluation of them often changes from one day to the next depending on my current perceptions. It is easy for me to look back and criticise myself, looking for the details that confirm my own opinion and leaving those that don’t out. I’m left wondering what it really means to have a comprehensive picture, and how it can be possible that our memory can truly represent what really happened. It has made me question many of my own opinions about things that have happened in my past.

Another aspect of the narrative of stock-taking, that also relates to the theme of measurement and evaluation, is that of review.

L1: All these reflections became alive through my participation in the body

L2: mapping process so that I was able to review and place in perspective my



L3: own involvement in the history of racial discrimination in South Africa. In my
L4: body map, on the one side I indicated this history of motivation and on the
L5: right hand, on the left hand side I have detailed the program for the resolution
L6: of the problems which had been historically created by racism in South Africa.

You say that the reflections of the past “became alive” in the Body Mapping, like the past was dead and has been re-awakened. By becoming alive you could re-view or re-look at them. You speak specifically about your own involvement in history, and you seem to have been given a new way to look at these experiences because the review has allowed you to place your involvement in the past into perspective (L2). It would appear that you are saying that the Body Mapping changed the way, or the place from which, you look at the past.

You see the history of South Africa as one of racism or racial discrimination which would seem an ongoing perspective that you have of the past (L3 & L6), however, it is your position in terms of your involvement and motivations that has changed. You refer particularly to your perspective on your motivations, a word which usually means that you are giving reasons for your actions. I get the impression from your narrative that it is important for you to let me know what the reasons were for your involvement in the fight against racism in South Africa. I wondered if perhaps you sometimes feel judged for your actions in the past, and need to remind people of the reasons.

On the actual Body Map, you place the past or “history of motivation” (L4) on the one side, and the future or “resolution” on the other side. One could say that you identified and sorted the one from the other.

L1: I was motivated to return to the trauma centre to be part of the ongoing post
L2: traumatic process of counselling and attempting to make practical and
L3: relevant our re-integration into society by reinforcing in us the assessment of
L4: the relevance of the struggle against racism.

In L1 and L2, you speak of returning to the trauma centre which makes us aware that you have been there before and that you consider the therapy to be an



ongoing process. You see therapy as a process that can help you to re-integrate, and this is done by looking back. Integration refers to making somebody become accepted as a member of a social group (Oxford, 2005). It would appear that at some time you were integrated, or part of society, but as a result of your experiences, you were perhaps excluded or unaccepted by society and through therapy you are attempting to become part of the group again. When you use the word “attempts” (L3), I wonder how convinced you are of that possibility for the future.

I thought about what it means to be part of society. Being part of the group often means that one needs to ascribe to specific norms, and if one does not, then one is considered not to be “normal”. This reminded me of therapeutic discourses of pathologising things that are different to the norm, and these discourses maintain that only through looking back into the past can one hope to heal and move forward. I wondered how much of the traditional therapeutic discourse informed this description of your experiences of therapy.

I also got an impression of the movement from the past forward by the repeated use of other words that use the prefix “re-“, that is, re-flections, re-view, re-turn, re-integration, re-inforce and re-solution. “Re” indicates something that is done for a second time or more. A word that stuck out for me particularly in this extract is “reinforcing”. You seem to be drawing on military discourse in which more people or more arms are sent into to battle in order to make something stronger. Perhaps the therapy process has made something stronger in you.

In summary, I get the impression that you are saying that through the therapy you were able to take stock of your past experiences and through doing this helped you look differently at those experiences.

Regards

Tanja

4.3 Narrative 3: Body Mapping as a Time and Place of Freedom of Expression

Dear Mr. G

When I read the following extracts of the interview, I hear that The Body Mapping process was, for you, an experience of freedom of expression which you compare to your experiences of communication in the past:

L1: And I felt privileged to be associated with people like comrade Tanja, a
L2: research student for her masters degree in community psychology, through
L3: her open communication as opposed to the previous Apartheid regime's
L4: secretive manner of dealings with members of indigenous people. Not only
L5: opened the door to my mind of a novel and new method of social and
L6: community communication through the Body Maps, but also through her
L7: democratic approach towards the freedom of expression which she
L8: personified in encouraging all the participants including myself to be
L9: responsible for whatever we decided to communicate through the Body Map
L10: and not coercing us into a one-way communication either from her or from
L11: us. But that we would discuss what we were going to express through the
L12: body maps.

You refer twice to your experience of the type of communication that happened in the Body Mapping groups as being different to the type of communication that you have experienced in the past. Firstly, the way that I communicated openly (L3) and secondly, the way you decided what you wanted to communicate (L9). You compare the first instance of open communication to how different it was to the previous Apartheid regime's secretive dealings with indigenous people. This points to the fact that I, as a white descendent of this regime, gave you a different experience of how communication between races could be than you had then. This type of communication is "novel" or "new" to you (L5), and the experience of a white person communicating in this open way opened a "door" in your mind. It changed the way you think.

To you, this is also a new method as opposed to the old method of "social and community communication" (L5 & L6). These words place you again within the group and your experience of togetherness in the Body Mapping. You also



speak of “all the participants” (L8) and “we” (L9) and “us” (L11). With the words “all the participants, including myself” (L8) you indicate that you feel included in the group as one of them. I notice that you also say that it was neither “from her or from us” (L10 & L11), which places me separate from the group. My impression is that this indicates the difference between me and you as a group, between a white South African that has not been denied the right to freedom of expression and vote and the non-white South African who was denied that freedom.

Being “privileged” (L1) indicates to me that you feel it is an advantage to have participated in the Body Mapping group because many people do not have the opportunity to do so. When I hear you speak about your relationship with me as one that is different to the relationships that took place during Apartheid, I am reminded of how in the Body Mapping group I was so anxious of being a young white South African woman and whether this would get in the way of the therapy process. Perhaps this also contributed to the efforts that I made to be as democratic as I could.

You refer to the encouragement that was given to decide for yourself what to communicate by comparing it to being coerced into one-way communication, which seems to be a type of communication that you have become accustomed to in the past. I hear political discourse speaking through your words in terms of the difference between a democratic and non-democratic state. A non-democratic state involves being overpowered by the voice of the ruling group in which selective communication flows from the top ranks to the people and the individual is given no voice in the process. This is often enforced with threats or coercion as tools of control. However, you experienced the Body Mapping as a democratic process because your voice was encouraged and you could take responsibility for your communications rather than being censored by someone else.



In this part of the interview I felt the little voice of guilt whispering in my ear. Although intellectually I have no direct reason to feel guilty, I am also painfully aware of the white perpetrators from which I descend. Hearing you speak reminded me of how lucky I am to have been raised with the choice to make my own decisions in many respects and that makes me grateful to have the freedom to vote. The main source of censorship in my life is an internal voice that controls what I say to other people, perhaps because I fear what they may think. Freedom of expression can, for me, sometimes be a scary thing. Your courage to tell your story touched me.

As I read further I see how you experienced the Body Mapping “Now” (L1), in the present, as a democracy. You go on to say that if the political state in South Africa in the past had had the same kind of democracy at the “onset” (L2) or beginning, many problems would have been prevented. The present would be a very different place if what was being used now could have been used then.

- L1: Now this practical democracy, academic democracy, had it been the basis of
- L2: social and community relations in South Africa from the onset of the organisation
- L3: of the state of South Africa, should have resulted in a prevention of many of the
- L4: problems which have been created by the dictatorial policies of the nationalist
- L5: party's racist regimes and approaches to community relations.

This could imply that a therapeutic context where freedom of expression is encouraged may have the ability to have a positive effect on prevention of problems in the future. Your experience of Body Mapping as a means of freedom of expression is contrasted to “dictatorial” communication of the past which the Oxford dictionary (2005) defines as “using power in an unreasonable way by telling people what to do and not listening to their wishes” (p.404).

I get the image that the policies and regimes of the previous government are giants with booming voices which have overpowered the individual voice. This, on the one hand, brings out a feeling of helplessness in me, wondering if there really can be a true freedom of expression because I cannot imagine a world



where there isn't someone whose voice is more powerful than one's own. On the other hand, that a therapeutic context can give one a feeling of unshackling the voice from oppression gives me hope.

Regards

Tanja

CHAPTER 5: THE BODY WINS
PARTICIPANT TWO



T is a 38 year old male that was arrested when he was 15 years old for his political activities as a youth activist during Apartheid. He was imprisoned and tortured by the police. I identified four narratives about T's experience of Body Mapping: Ambivalence, Revelation and Release, Journeying, and Achievement.



5.1. Narrative 1: Body Mapping as a Time and Place of Ambivalence

Dear T,

When I read your narrative, I notice that you are initially ambivalent about the Body Mapping process. You seem to give it two faces, one that is good, helpful and brings you together with others, and one that is bad, not helpful and isolates you from others. Let me show you why I think this:

L1: Basically the question that I'd like to ask you for starters is: how did you

L2: experience the Body Mapping?

L3: Okay. Aaah. It's actually good and bad. It helped me... and it actually didn't

L4: help also. Because the one thing is that with the Body Map you are put back

L5: into the past where old wounds that you were busy... that you were hiding,

L6: trying to forget were reopened. And it actually let you work with your

L7: emotions - tried to work through all the pains and suffering that you had.

It seems to me that the Body Map put you back in the past, where old wounds that you had forgotten were re-opened. It brings your past experience into the present so that you can work with it. It seems to me that you are saying that going into the memories of the past was a bad experience, but working on it in the present was a good experience.

It would appear that you are constructing your ambivalence using the words "good" and "bad" (L3). This reminds me of religious discourse that dichotomises the world into good and bad. Things are usually considered in various religions as *either* good or bad, making it unlikely that it can be both at the same time. It also sounds like the legal discourse that distinguishes those people and acts in society that are bad from those which are good. Both of these discourses imply that there are things in the world that are punishable if you are guilty of doing bad things, and there is also innocence from guilt and reward if one is good. When I consider this discourse, I think of how you were tortured or punished for doing something that you thought at the time was for good. Now, through the Body Mapping, it would appear that you are trying to do



something good for yourself, but are also experiencing it as bad. When you say that you experience the Body Mapping as both, I'm left with a contradiction which challenges the way I tend to see the world through the lenses of "either-or" rather than "both-and".

You use the "both-and" rather than the "either-or" perspective again when you state that the Body Mapping helped you, and that it didn't help you (L3 & L4) and you refer to the Body Mapping process using the words "hiding" and "opening" (L5 & L6). Although you have been hiding and trying to forget old wounds, the Body Mapping process has resulted in you reopening or remembering. This reminds me of traditional forms of therapy that are based on the premise that remembering and talking about your difficulties, your past and your emotions are supposed to help you. I wondered if you could be drawing on psycho-therapeutic discourse to construct your experience of what helping should look like. Traditional concepts of therapy revolve around talking as 'cure' or 'catharsis' rather than trying to forget or repress traumatic material. I was left wondering how much the traditional discourse of therapy informed your evaluation of this experience as helpful.

You then go on to explain the other side of the contradiction, that is, that it didn't help you:

- L1: On the other hand, why I say that it didn't help is, aaah... our circumstances
- L2: didn't change, it actually grew worse because we thought doing the body map
- L3: we will be able to reach out to the people who were in the past – the
- L4: organisations, aaah...instead it just made it worse because we always run
- L5: against a brick wall. Where we tried to extend a hand of friendship, it was
- L6: chucked back in our faces. So that is why I say it helped me and it didn't help
- L7: me also.

You describe how your experience of being helped did not better your circumstances but rather made it worse. It would appear that you expected that through the Body Mapping you would be able to reach out to people with whom you had a bad experience in the past and that it would be different this time.

Instead, the past just repeated itself again. You qualify your reason for it being unhelpful by referring back to past events.

When you use the metaphor of a brick wall I get the impression that there is “always” (L4) a division or a barrier that stops you from reaching out and “extending a hand” (L5) of friendship. It would seem that there is no other outcome than being confronted by this barrier. The language that you use is absolute when you say that no matter what you “always” run against the brick wall. I am left with the impression of isolation, reaching out for help, and an almost hopeless feeling because this barrier seems impossible to break through. This part of your narrative made me feel humbled and almost naive because, in the work that I do as a therapist, I tend to think that there is always a way to help and always a way to break through these walls. In this sense, I find myself feeling relieved that you go back to describing the Body Mapping experience as good:

- L1: So, the Body Mapping was...okay (breath).... Was good in a sense where I
- L2: worked through the past all the hurt I went through in the past, trying to cope
- L3: in the future, trying to work out my emotions and that so that I can be a
- L4: person who can be somebody who the community can look up to also. Not
- L5: only because I was part of the struggle in the 80's but as a member of the
- L6: community that is trying to do meaningful changes.

In this extract you talk about the Body Mapping being “okay” (L1) and then change your mind and say that it was “good”. You again turn to past experiences to qualify why you evaluate the Body Mapping in this way. You see it as good because it helped you to go through things that happened in your past so that you can cope with the future and so that people can look up to you. You do not want to be looked up to because you were a freedom fighter then, but because of what you are doing today. It sounds to me like it is becoming important to you that people recognise you for who you are today rather than identifying you always with the T from the past. The Body Mapping may have given a chance for you to show a different side of yourself to the community.



I was also wondering if you changed to say that the Body Mapping was good because it was me, also as the therapist, that you were talking to and that you did not want to hurt my feelings by saying that it was bad.

Earlier in our interview you described that the Body Mapping reinforced a barrier that stops you from reaching out, and I got the impression of isolation. In the following part of your interview however, you talk about how the Body Mapping also gave you a sense of connection to others and how you discovered that their experiences were similar to yours.

- L1: All of us who participated in this workshop have been hurt and was only
- L2: needing a listener to work through their pains. You do feel sad while you
- L3: open up and explain what happen to you in the past but after talking with the
- L4: group you find they are in similar positions than you

When you use the words “all of us” I see that you are identifying yourself with the group and are aware of their feelings. You are a part of the group both because you participated in the Body Mapping together, and because you were all hurt in the past. Within the context of the group you are able to open up and show your feelings, and it seems to be a place where the hurt of the past can be received by people who know what you went through. When you talk about it now, your story becomes something between you and the listeners and you no longer feel isolated in your experience.

- L1: So you... It did help you man. The Body Map did help you because it give you
- L2: that inspiration, that other people are going to see what you went through. But
- L3: it is not you alone. There are thousand other T's and another thousand other
- L4: B's. A thousand other G's and Tanja's and C's. That went through the same
- L5: thing but in a different way.

When you talk about how it did help you, I notice that you do not refer to past experiences in the same way as you have done before in your narrative. The Body Map has given you “inspiration” (L2) which is a word that points more to



the future. When you talk about the past you refer to “what you went through” and “went through the same thing” (L4 & L5), which gives me the sense that it is not something that you are stuck in. You “went through” the experience which could mean that you overcame it and have moved on. The movement is towards the future. In this sense you also qualify your experience of helpfulness by the effect that it has on your future.

You also relate the experience of Body Mapping as helpful in the context of connecting to other people, whereas before you said it was unhelpful because it reinforced your isolation. I was wondering how this makes you view the past and what happened to you now that you know that other people also went through the same thing. Does it change how you see your experience? It seems to me that you are saying that pain is something that we all carry, but even though each of us experienced it differently, there is something universal about the experience and sharing it is helpful. I’m left with the impression of how lonely it must be to carry the pain of the past on one’s own particularly when the details are perhaps something that one thinks may be too horrible for others to hear. Your story makes me feel grateful for having people in my life that have helped carry the burden of my own story.

When I summarise what I hear in your narrative so far, I see that bringing the wounds of the past into the open seems to have been a bad experience in the respect that you had to revisit those difficult experiences. At the same time it was a good experience because bringing them into the present context of the group, you experienced connection which you felt was helpful. It seems that after the group listened to your experiences you could see them in a different way.

Regards

Tanja



5.2. Narrative 2: Body Mapping as a Time and Place for Revelation and Release

Dear T,

You seem to have experienced the Body Mapping as a process of revelation of things that are inside of you and that have, until now, not been seen by other people. The isolated world of the experiences that you have carried within you have been brought out into the open for everyone to see.

L1: And emotionally I was not in the best of frame and I was sceptical about doing
L2: the Body Map in the beginning because I didn't want to let other people to see
L3: my pains or my emotions and by putting it down on the Body Map it is actually
L4: a revelation of what's inside of me. Even though people don't know T, but by
L5: looking at the Body Map they will say, oh it was that guy, you see. And that
L6: what was the hardest part of looking at my ideas and my pains and my
L7: suffering on a piece of cardboard and say "this is T". This represents the life of
L8: T. And it was not such a good idea, but okay I did go through it and I did
L9: succeed in writing down my emotions the best I can.

Before you started the Body Mapping you were sceptical about the process because you did not know how it would be to have other people see what was inside of you. Now that it is completed, you believe that it is a representation of you. Although it was hard to look back into the past to look at those feelings, they are now represented on a piece of cardboard in a way that people can recognise who you actually are on the inside - what your "ideas" and "pains and suffering" are (L3, L6 & L7). I noticed that you did not talk about your history of pain and suffering using the word "past", but it appears, to me, that your pains, emotions and sufferings that you refer to could be those that you were experiencing at the actual time of the Body Mapping process (L3, L6 & L7). I noticed this change because in other parts of your interviews you repeatedly refer to this pain as something from the "past". Could it be that the map has allowed you to work with emotions that you are feeling now rather than those that live in your memory of the past?



You not only identify yourself with the Body Map, but you see the Map as exposing yourself in a way that everyone can see. You use the word “revelation” (L4) which is defined as something that people are suddenly made aware of, especially something that has been secret and is surprising (Oxford, 2005). You seem to think that it is enough for people to look at the Body Map to see who they are looking at even if they don’t know you (L4 & L5). That tells me that there is a lot on the Body Map that is accurate about who you think you are, and that it reflects, to you, something that is true about yourself. It represents yourself as you are now but also your life that has led you to this. One could say that your secret is out because you are not necessarily what people thought you were and now they can see who you really are. What has been hidden in the past is exposed and I think that even you may have been surprised by what you see.

You have explained that when people see the experiences on the Body Map, they can see that you are in fact not what they thought you were. A part of you has been exposed that breaks down the image that you and others once held of you.

L1: You were saying that the body mapping makes all your emotions come out.

L2: How was it for you to have that happen?

L3: Aaaaah. Please Tanja. One session when I didn’t want to work on the Body

L4: Map because of emotions I had to relive again. And...for a person like me

L5: where people see me as a strong person to break down, and to become more

L6: like a baby. It was the hardest part of my life to be like that. Not even the

L7: security branch could break me in the past, but drawing the Body Map and

L8: writing down my emotions: the pains – physical pains as well as emotional

L9: pains. And then starting to remember the one person who was not only my

L10: father but my best friend and seeing everything on the Body Map which I

L11: would like to have become and which I didn’t become. And all the pains, and

L12: to break down that is something extra-ordinary for a guy like me who is

L13: supposed to be such a strong person.



You say how the Body Mapping caused you to “breakdown” (L5) like a “baby” (L6). The image of a baby could be ambivalent in itself as a baby is vulnerable, helpless or dependent, as well as innocent, new born and full of possibility. It would appear that the map leaves you in a state of vulnerability because you cannot hide your emotions. You state that not even the security forces could break you down in the past (L5). The security forces were responsible for your torture. It could be that you experienced the Body Mapping as something extremely difficult to endure – a kind of torture. When I read between the lines of this statement, I wonder if you may be reinforcing an image of yourself as someone who was strong - strong enough to endure the torture that you went through.

You were put in a vulnerable position because it made you re-evaluate yourself as the strong person that people see you as. This includes the things that you are “supposed to be” as a strong person (L11). The idea of vulnerability and strength could be informed by cultural prescriptions in your community that distinguish between male and female characteristics. These gender discourses have historically informed male and female roles and have been highlighted and resisted by the feminist movement. They paint the man as strong and rational with emotions seen as a sign of weakness. Many young boys are told that “boys don’t cry”, and irrational and emotional behaviour is seen as the domain of the woman who is “the weaker sex”. I think of this particularly in the area that you live because there is a strong patriarchal system and gangs have a lot of control. In gangs men stick together and behave in certain ways in order to belong to a group that provides protection, and non-conformism to these groups can leave one weak and vulnerable. I think that in your community, it makes sense that people want to and need to be strong. “Ordinary guys” don’t show their vulnerability which makes you “extra-ordinary” (L12) because you have done it.



5.3 Narrative 3: Body Mapping as a Time and Place in the Journey

L1: If your Body Map had a voice and it could tell you something, what would it

L2: say to you?

L3: You've come a long way T. We had a lot of suffering. And I think it is

L4: time to let the past lay to rest. But it also...uuh...what it... because if my Body

L5: Map have a voice, then it will also have the voice of the most important

L6: person in my life, and that was my father. And what he used to say to us:

L7: never give up even if it is going tough and... You never give up, you see. That

L8: is still my philosophy. Sufferings must not be a stumbling block, it must be a

L9: challenge. That you determine your destiny.

In my opinion, you have given your Body Map a positive voice that sees difficulties as something to learn from. You use the metaphor of a journey to describe the movement from the past into the present. The Body Map tells you that you have come a “long way” (L2) in your journey. You identify your pain and suffering with the past and you are ready to “lay the past to rest” (L3). This gives the past the image of something that is dying or has died. One could see this as an indication that you believe you are now ready to start anew, leave the pain behind and move on.

You ascribe your father's encouraging voice to the Body Map as it speaks the way that he used to speak: “never give up even if the going is tough”. I get the impression that your father's voice supports you in your striving for a better future. You are drawing on the past, and the context in which you grew up to help you deal with tough experiences. This voice from the past helps you to keep going, and you appear to have taken this voice on as your own voice – the voice of your Body Map and as your philosophy. You draw strength from the context of the family in which you grew up.

You speak of sufferings as a “stumbling block” (L1) which is something that gets in the way and causes you to trip. It becomes an obstacle in your journey. Rather than seeing it as such, you want to see it as a challenge. I found it



interesting that you use the words “must not be” and “must be” (L1). Must is absolute, like there is no other choice or alternative. What I hear is that you may believe you have the freedom to choose whether the challenges that you put in front of yourself will get in your way and through this you have the freedom to choose your own destiny. At the same time when you say “it must be” a challenge, it sounds like there is no other option but to see it that way, to use what has been difficult in the past to make something good for your future. It seems like a contradiction to me: “it must be” which would give no other option, and that you “determine your destiny” which implies free choice.

This made me think of my own life, and how in the past it has often been the voices around me that have kept me going when times got tough. Sometimes when I could not find my own way forward, the voice of someone important in my life would encourage me through difficult times. Often I don't want to accept this voice either because of its authoritative tone, or because its goes against my own thoughts of how terrible the moment is. When I read this part of your story, I realised that perhaps free choice is only possible with the support of those around us. Those words that are offered may become the very things that I can choose from to help me when things get tough.

Regards

Tanja



5.4 Narrative 4: Body Mapping as a Time and Place for Achievement

Dear T,

To me you make it clear that the Body Mapping was a major achievement for you because you were able to express your emotions, which is something you have not accomplished before. You give a number of reasons why you think it was such a big achievement.

L1: How is it for you when you look at that now. When you look at all that out

L2: there on the cardboard?

L3: I can't believe that is T. I can't believe that is me. Because the one

L4: thing is, I am not good at expressing feelings or writing it down, and to do this

L5: is a major breakthrough. Maybe I will get an Oscar for it. Because the thing

L6: is, uuuh.. not even my wife knows about all this emotions and pains and

L7: suffering and to let the world or South Africa to know about it is a major

L8: achievement for me.

It seems that you believe you are “not good” (L4) at expressing your feelings, which indicates to me that in the past you have not been able to do this, or at least you have not been able to do it in a way that you think is “good”. This is a new experience for you. Expressing your emotions is something that is not congruent with the way that you thought you were, and it leaves you with a disbelief in what you have shown you are capable of. You are evaluating yourself by what you were capable of in the past and have found that you have gained a new skill.

You not only identify yourself with the map, but you also see the Body Map as exposing you in a way that everyone can see. I am reminded of the image you spoke of earlier, of the wall that you keep running against. This wall was one which stood between you and others. When I hear that it was a “major breakthrough”, I not only hear that you have broken through a barrier in yourself, but also that you have broken through a barrier that stands between you and others. You are now able to express you emotions to your wife, to



South Africa and to the whole world. By telling us that your wife didn't even know in a way validates what a big achievement this has been for you because until now you have not been able to divulge any details even to what one could consider is possibly the closest person to you.

I found it interesting that I was shocked that you were not able to tell your wife about your emotions until now and I realised how I hold this idea about relationships that one should be able to tell each other everything and that there should be no secrets between you. In my mind, secrets in relationships are considered to be bad or indicative of mistrust. I realised that I have been taught an ideal of how a relationship "should" look like, which is a modern western concept. A generation before mine or in a different culture it is actually quite "normal" not to talk about one's feelings. I realised how my learned concepts informed my reaction to what you said.

- L1: I see it as achievement because what... uuuh... for the past 25 years we
- L2: were not talkers, we were doers, you see. To talk and express our
- L3: emotions so that people that didn't even know us can see what we went
- L4: through, it is an achievement. Because when we were youngsters, part of
- L5: being young, we never talk about how we felt. We never revealed our
- L6: emotions.

You continue to explain why you see the Body Mapping as an achievement by contrasting the new experience of expressing your emotions with the last 25 years when you did not talk about them. You indicate the size of your achievement by contrasting the present with a long stretch of time in the past and how you were different then. You were different then because you were doers rather than talkers, and because you were young. You ascribe a characteristic of being young as not talking about how you feel, which makes me think that you perhaps see talking about feelings being something that is usually done by older people, when they become more mature. It is "normal" when one is young not to talk about feelings and you were just doing what social discourses would prescribe is the normal thing for someone your age.



Furthermore, the qualification of this being an achievement is also made by indicating to us how you talked and expressed emotions to people you didn't even know. Previously you said that your wife didn't even know which shows me that not only have you made an achievement in terms of telling someone close to you, but also by telling your story to a wider audience, qualifying it as an even bigger achievement.

In terms of the context of being “doers” and not “talkers” (L2), you seem to be referring to your comrades when you use the word “we” (L1). “Doers, not talkers” is a common phrase used by activists who believe that taking action is the way to initiate change when things are not right. In your case, you were a youth activist in the 80's and part of the discourse around the work that you were involved in was that “action speaks louder than words”. You were 15 at the time that you were arrested for activities relating to the reasons for your imprisonment and torture. I tried to imagine what it would be like for a teenage activist in the 80's – living in a time and context when the social problems in South Africa were taking preference to individual and personal problems. You could perhaps be referring here to a context where the individual emotions came secondary to 'the cause' in which emotions were expressed as part of a bigger social picture of justice and equality:

L1: Our Body Maps are our openness to other people. So that if we can have

L2: done it, then they can also do it. Not only through Body Mapping, but by

L3: working through the past and becoming more fulfilled in the present and the

L4: future by dealing with your past hurts.

You see the Body Maps your “openness to other people” (L1) that you and the group have been able to achieve. In L3 and L4, you ascribe a more fulfilled present and past twice by “working through the past” and by “dealing with past hurts”. Having looked at the past has changed your present and future. You also indicate that before your group did the Body Mapping, you were closed to other people, and now you are all open. You believe that all of you in the group changed your way of relating to “other” people. You use the words “our” and



“other people” which shows me that you distinguish between the group, with whom you are identified, and others. By other people you seem to be referring to people who have also been hurt and also need to work through their past.

I find it interesting that you say “not only” the Body Mapping (L2) and you say “but also” by working through the past (L2). To me this indicates that you might not identify the actual Body Mapping process with “working through the past” (L3), but that you might see them as two separate things that were done in the group. I’m wondering if the actual Body Map was not the thing that you thought helped with moving on from the past, but rather that it was the sharing within the group after the actual drawing on the Body Map.

Another aspect of how you see the Body Mapping as an achievement is because you have discovered something new about yourself and your talents. You now consider yourself to be an artist:

- L1: For the first time I became an artist also now. And I think I’m going to open a
- L2: gallery. Because I wasn’t a person who could draw. And ... laugh...to start
- L3: drawing and making hearts and that is something new. Because the one
- L4: thing is, life...you....everyone has hidden talents, and by drawing the Body
- L5: Map I learnt another talent of mine. And that is, it doesn’t matter how you look
- L6: or who you are, or where you are from.

In L1, you say that “for the first time” (L1) you have become an artist. This is something that is completely new and that you didn’t think of yourself as in the past. You have discovered something about yourself that you did not know before because you did not see yourself in the past as someone that “could draw” (L2). Through the Body Mapping you realised that you have a skill. It would appear to be a skill that you think you can use in the future, for example, to “open a gallery” (L1 & L2). Your previous view of yourself as untalented has been challenged and changed.



When you say that you see drawing as “a hidden talent” of yours that you have discovered, I hear the theme again of what was hidden before is now open. You are talented regardless of how you look, or who you are, or where you come from (L5 & L6). The impression I get is that you have previously seen people or you yourself have been judged, based on external appearances. It made me think about times during Apartheid when a certain view of abilities and skills lead to certain jobs and opportunities being reserved for white people only. I wondered whether you are referring to people being talented whether they are black or white or coloured, or if they come from rich or poor backgrounds. Perhaps it was this discourse that made you believe in the past that you did not have certain talents and that you were not capable of achieving what you have now done.

Regards

Tanja



CHAPTER 6: THE WHOLE BODY CONCLUSIONS AND RECOMMENDATIONS

7.1. Conclusions

When I pull all the parts of the body of this thesis together, I ask myself if I have answered my research question. This study set out to find out how people make sense of physical trauma through their experience of Body Mapping.

My initial interest in the subject came from an interest in the connections between the body, trauma, embodiment, and Body Mapping. I wanted through this research project to draw lines between the various subjects like a dot to dot picture that comes together as a whole. Of course I didn't know when I embarked on this journey that my participants and my methodology would lead me off in a completely different direction.

It was not my aim during this research to find definite answers for my research question. When I look back, I see my thesis as a chance for the participant's experiences to be narrated, and through this, a chance for the reader to witness a personal and first hand account rather than wade through numbers and statistical tables. In a sense, this becomes the performance of their experiences in a way that their voices are privileged, and they have the opportunity and freedom to speak to an audience that is interested in their individual story. Each participant narrated their experience in a different way, and in each story I followed the narratives that I personally heard in my reading of them. With this in mind, I come back to the question: "How did the participants make sense of physical trauma through their experience of Body Mapping?"

To me, the narratives in Mr. G's telling of his experience were about Body Mapping as a Time and Place of Togetherness, Stock-Taking and Freedom of Expression. Mr. G experienced the Body Mapping as a reunion with his



comrades which gave him an opportunity to experience a sense of togetherness which was completely different to his experience of isolation in the past. Furthermore, Mr. G narrates his experience as one of Stock-Taking. It allowed him to audit, measure and evaluate his experiences of the past and by doing this he was able to look differently at those experiences. Mr. G's narrative of freedom of expression indicated how he experienced the Body Mapping as a democratic process in which his voice was encouraged, and he could take responsibility for his communications rather than being censored by someone else. In general, Mr. G's present experience of Body Mapping is constructed by comparing it to the past. Mr G. also draws on military, political and academic discourses as well as discourses of the financial professions to situate his experience.

I identified four narratives in T's experience of Body Mapping namely Ambivalence, Revelation and Release, Journey and Achievement. T was ambivalent about the Body Mapping because he found it good and bad, helpful and not helpful. Although the Body Mapping helped him to work through his experiences of the past and brought him out of isolation, it was also what left him vulnerable and didn't change his present circumstances. T constructs the second narrative of Revelation and Release by explaining how the Body Mapping opened up what was inside of him for everyone to see. Through this, people see him differently now than they did in the past. The narrative of the Journey is employed metaphorically by T as he describes how his Body Map's voice encourages him to keep going even when the going gets tough. I get the impression that the Body Map forms a bridge between the past and the future and that the choices that he makes will determine whether he crosses it or not. T furthermore sees the Body Mapping as an achievement. He was able to open up and show his feelings to others and he discovered that he had artistic talent. In summary, T seems to see the Body Mapping as creating a Time and Place which connected him both to the pain and suffering of the past, and it opened up the possibility of him and his community seeing him differently now and in



the future. T draws on cultural discourses of gender, religion, therapy, and politics to situate his experience.

Each experience is an individual experience in its own right and cannot be generalised or over-arching conclusions made. I cannot claim to have proven any particular theory as right or wrong, but would like to draw your attention to some aspects that were of particular interest to me. I must remind you that this is only my reading of these narratives and I invite you, the reader, to make your own conclusions from their words.

In my opinion, the Body Mapping created the possibility for a different experience in their lives to those of the past. For both, it gave them the opportunity to move from the isolation and exclusion of the past, into a place of community and inclusion. Both participants constructed their present experience of the Body Mapping by comparing it to experiences in the past, and both found some positive aspects to the Body Mapping process. At times it seemed that the narratives of their Body Mapping experience shackled the present to the past, and at other times, it seemed to free them from the past to look towards the future.

Looking back at the literature that I presented in Chapter Two, the main areas of review looked at Post Traumatic Stress, Embodiment, Trauma, Memory and Therapy. Both participants completed the maps and narrated their experiences in the interviews. Both of the participants mentioned how talking about their experience helped them, which would seem to contradict the literature that talking therapies in the case of trauma can do more harm than good. However, it could be possible that the non-verbal story told during the Body Mapping process had an impact on the verbal telling of the story.

It was however interesting that neither of them ever spoke about the actual trauma experience. The Body Mapping did not necessarily bridge from pre-narrative to narrative of the actual trauma experience. However, from the



narratives that I have drawn from the participants experiences, one could conclude that the Body Mapping did have therapeutic value. Although they did not talk about the actual events, both participants had some positive experience of the process, and did not necessarily need to access the traumatic events of the past in order to experience Body Mapping as helpful. Where talking therapies often address the actual event, the Body Mapping helps people to talk about their bodies that were in the event.

In terms of the literature on embodiment, working on the Body Map gave them an opportunity to situate their experience of the past in the here and now in an artistic process that engages the senses, for example: touch and sight. The literature introduced us to the concept of being embodied which requires being present in time and place and in a body that becomes the vehicle of one's experience. In my opinion, Body Mapping did not provide an embodied experience of therapy in the same way as would be experienced in adventure, dance and movement therapies because it was not a physical exercise, but rather an externalisation of their physicality. Although awareness was brought to various body areas, the participants did not refer to bodily sensations that arose out of the Body Mapping process in their narratives. Rather, from working on different body areas, they situated both past, present and future experiences within the outline of their body, thereby depicting their experiences in a physical form.

It was not the aim of this research to prove the literature right or wrong, but rather to engage in a conversation between what has been said in the literature in the past, and what was experienced on a personal level during the Body Mapping group. It is my opinion that the narratives of each of the individuals are relevant to the therapy field because they document how Body Mapping can be used to assist the individual to make sense of their experience, and this provides many opportunities for further research as outlined below.

7.1 Recommendations

Firstly, I would not recommend anyone to undertake further research from a narrative perspective into this subject unless they are willing to be challenged and changed as a person. If you are fragile, prepare to be broken. The subject of trauma and torture can be daunting, but taken from the narrative perspective there is no choice but to get involved and acknowledge your involvement in the process. For me, doing the research some days felt like my body was being dismembered and shredded, and on other days it felt full, nourished and whole. To move between the narratives of the destruction of dignity and gross human rights violations, into the narratives of forgiveness and hope both humbled and moved me. It did this in ways that I could never have experienced in my own life. I would nevertheless do it all over again, and consider it a privilege to have been associated with such inspiring individuals. In many ways, they taught me to put myself back together again.

In terms of these participants, I found it helpful that they both came from the same area, racial group and socio-economic status because this helped me research and better understand their cultural circumstances and relate them to my own. Research done with different racial groups might also yield some interesting stories as, for example, I wondered how it would have been if I had done the Body Mapping with black participants or white perpetrators of the previous regime.

There is also the element of poverty that I think played a role in the way that the participants narrated their experiences, as they referred to how physical circumstances had not changed. I wondered how it would be to do Body Mapping with people who did not struggle to such an extent on a material level. Furthermore, I would also have liked to hear a woman's experience, and think this could be an interesting area for further research.



There were both limitations and strengths to the therapeutic and research process by me being a young, white female. Both participants expressed that it was healing to them that somebody of the previous perpetrator culture was interested in listening to their stories. I also wondered what it would have been like if there was a male therapist as opposed to a female, and if they let themselves be more vulnerable because I wasn't a man. However, I also wondered if perhaps they did not tell the torture stories in explicit detail because they may have thought, as a woman, I would not be strong enough to hear them. Being of a different cultural group and age, it was difficult for me to ascertain what gender discourses could have been playing a role during the entire process.

In terms of the methodology, I feel that the narrative therapy and research position was particularly fitting to this group. Firstly, in terms of the therapeutic group, there was a dire need for the participant's stories to be told and to be witnessed. Although the Body Mapping did not, in my opinion, directly address the questions of remembering implicit memories as reviewed in chapter two, it did provide a platform for the telling of stories. I had a discussion about the results with an experienced trauma therapist and somatic experience practitioner, and he gave me his opinion that stories first need to be witnessed in some way before the trauma work can be done. Perhaps this could also provide a further area of research – to see if doing a Body Mapping process before traditional forms of trauma therapy facilitates the therapeutic process.

Narrative methodology privileges the voices of the participants and gives them control in the therapeutic and research process. It gives them an experience of empowerment rather than losing control to the therapist or research process as they did to their perpetrator, and in the case of these participants, to the circumstances that they experienced during Apartheid. There is a wide scope to extend the research of use of Body Maps into other physical traumas such as rape and abuse, as well as areas such as self-esteem and eating disorders.



One of the limitations of the narrative methodology used was that it was not possible to make conclusions about whether the Body Mapping had a positive or negative effect on Post Traumatic Symptoms. To supplement the research that I have presented in this report, the administration of a PTSD scale before and after a Body Mapping therapy process would be useful.

REFERENCES

- Abram, D. (1996). *The spell of the sensuous: perception and language in a more-than-human world*. New York: Vintage.
- American Art Therapy Association. (n.d.). About Art Therapy. Retrieved on 5 May, 2006 from <http://www.arttherapy.org>.
- American Dance Therapy Association (n.d). About us. Retrieved on 2 November, 2006 from <http://www.adta.org>.
- American Psychiatric Association. (1980). Diagnostic and statistical manual of mental disorders (3rd ed.) Washington, DC: Author.
- American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th ed.) Washington, DC: Author.
- Andrews, M. (2002). Grand National Narratives and the project of truth commissions: a comparative analysis. *Telling Wounds: Narrative, Trauma & Memory*. p.307 – 315.
- Andrews, M., Day Sclater, S., Squire, C. and Treacher, A. (2000). *Lines of Narrative*. London: Routledge.
- Appelt, I. (2003). Report on models of practice and research for the Trauma Centre for Survivors of Violence and Torture.
- Applefeld, A. (1994). *Beyond despair: three lectures and a conversation with Phillip Roth*. New York: Fromm International.
- Art of Africa Gallery. (n.d.). *Exhibitions*. Retrieved on 19 June, 2006 from <http://theartofafrica.co.za/exhibitions>



Ashcroft, B., Griffiths, G. & Tiffin, H. (Eds.). *The Post-colonial Studies Reader*. London: Routledge.

Bateson, G. (1973). *Steps to an ecology of mind*. London: Paludin.

Bozzoli, B. (Ed). (1987). *Class, community and conflict: Local perspectives*. Johannesburg: Raven Press

Brath, E.S. (2005). *Body Maps at the Painted Bride*. Retrieved on 29 September, 2006 from <http://www.paintedbride.org>.

Bruner, J. (1986) *Actual Minds, Possible Worlds*. Cambridge: Harvard University Press.

Burck, C. (2005) *Multilingual Living: Explorations of Language and Subjectivity*. Palgrave: Macmillan.

Burr, V. (1995). *An Introduction to Social Constructionism*. London: Routledge.

Carlson, E.B. (1997). *Trauma Assessments: a Clinician's Guide*. New York: Guilford Press.

Crime Information Analysis Centre. (2006). *Crime Statistics for South Africa*. Retrieved 25 September, 2006 from www.capegateway.gov.

Csordas, T.J. (Ed.). (1994). *Embodiment and Experience*. Cambridge: University Press.

Dancing Dialogue (n.d.) Somatic Dance Therapy. Retrieved on 1 November, 2006 from www.movingon.org

De Blecourt, W. (2003). *Bedding the nightmare: somatic experience and narrative meaning in Dutch and Flemish legend texts*. Folklore. Retrieved on 29 August, 2005 from <http://www.findarticles.com>.



De Schazer, S. (1991). *Putting difference to work*. New York: Norton.

Dreckmeier-Meiring, M. (2004). Using high ropes courses in individual therapy: a social constructionist approach. Retrieved on 2 November, 2006 from <http://upetd.up.ac.za/thesis>.

Eckberg, M. (2000). *Victims of Cruelty: Somatic Psychotherapy in the Treatment of Posttraumatic Stress Disorder*. Berkley: North Atlantic Books.

Elliott, R., Fischer, C.T. & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British journal for Clinical Psychology*, 38, 215-29.

Epston, D. (1998). *Catching up with David Epston*. Adelaide: Dulwich Centre Publications.

Eptson, D. & White, M. (1990) *Narrative Means to Therapeutic Ends*. New York: Norton.

Freedman, J., & Combs, G. (1996) *Narrative Therapy: The social construction of preferred realities*. New York: W.W. Norton and Company.

Gergen, J K. (1991). *The saturated self. Dilemmas of identity in contemporary life*. USA: Basic Books.

Goodwin, C. (2000). Action and embodiment within situated human interaction. *Journal of Pragmatics*, 32, 1489-1522

Gordon, M. & Marton, R. (Eds.) (1995) *Torture: Human Rights, Medical Ethics and the Case of Israel*. Zed Books: London.

Greenburg, M., & van der Kolk, B. (1987). *Retrieval and integration of traumatic memories with the painting cure*. Washington: American Psychiatric Press.



- Herman, J. (1992). *Trauma and Recovery*. New York: Basic Books.
- Johnson, D. (1987). The role of the creative arts therapies in the diagnosis and treatment of psychological trauma. *The Arts in Psychotherapy*, 14, 7-13.
- Itin, C. (Ed.). (1997). Proceedings of the first international adventure therapy conference: Exploring the boundaries of adventure therapy: International perspectives. Perth, Western Australia: AEE/COEAWA.
- Johnson, (1999). *Philosophy of the Flesh: The Embodied Mind and its Challenge to Western thought*. New York: Basic Books.
- van der Kolk, B. (1994). *The body keeps score*. *Harvard Review of Psychiatry*, 1, 253-265
- Levine, P. (1997). *Waking the Tiger: healing trauma*. California: North Atlantic Books.
- Lezak, M.D. (1995). *Neuropsychological Assessment*. New York: Oxford University Press.
- Lieblich, A., Tuval-Mashiach, R., Zilber, T. (1998). *Narrative Research: Reading, Analysis, and Interpretation*. Thousand Oaks: Sage Publications.
- McLeod, J. (1994). *Doing Counselling Research*. London: Sage Publications.
- Mills, L. & Daniluk, J. (2002). Her Body Speaks: The Experience of Dance Therapy for Women and Survivors of Child Sexual Abuse. *Journal of Counselling and Development*. 80, 77-88.
- Men's Health Magazine (2006). Vol. 108. pp. 40, 121, 136, 216 & 232.

- Mindell, A. (1993) *The Shaman's Body*. San Francisco: Harper.
- Mischler, E.G. 1986. *Research interviewing: context and narrative*. Cambridge, MA: Harvard University Press
- Morgan, J (Ed.) (2003). *Long life: Positive Stories of HIV*. Cape Town: Double Storey Books.
- Moving on Centre (n.d). Somatic Movement Therapy. Retrieved on 2 November, 2006 from <http://www.movingoncentre.org>.
- Murphy, S.P. (2000). Joyce, Derrida, Lacan, and the Trauma of History: Reading, Narrative, and Post-colonialism. *Style*. Retrieved on 29 August, 2005 from <http://www.findarticles.com>.
- Myrsiades, K. and Myrsiades, L. (1998). *Race-ing Representation: Voice, History and Sexuality*. Lanham: Rowen and Littlefield.
- Naumberg, M. (1973). *An introduction to Art Therapy*. New York: Teachers College Press.
- Oxford (2005). *Oxford Advanced Learner's Dictionary*. Oxford: Oxford University Press.
- O'Shea, M. (2006) Role of delayed nonsynaptic neuronal plasticity in long-term associative memory. *Curr Biol*. 16: 1269-79
- Prychitko, D.L. (2003). *Marxism*. Retrieved on 21 August, 2006 from <http://www.econlib.org/LIBRARY/Enc/Marxism.html>
- Riessman, C.K. (1993). *Narrative Analysis*. London: Sage Publications.



- Rothschildt, B. (2000). *The Body Remembers: the Psychophysiology of Trauma and Trauma Treatment*. New York: W.W. Norton & Company.
- Sadock, B.J., Sadock, V.A. (2003). *Synopsis of Psychiatry (9th ed)*. New York: Lippincott Williams & Wilkins.
- Scaer, RC (2001). *The Body Bears the Burden: Trauma, Dissociation, and Disease*. New York: Haworth Medical Press.
- Schimek, J. (1975). A critical re-examination of Freud's concept of unconscious mental representation. *International Review of Psychoanalysis*, 2, 171-187.
- Schmidt, J.B. (2006). *Inner Navigation: trauma healing and constellation work as navigational tools for the evolution of your true self*. Hamburg: Aptitude-Academy.
- Sparks, A. (1990). *The Mind of South Africa: the story of the rise and fall of Apartheid*. Johannesburg: Jonathan Ball Publishers.
- Stiles, W.B. (1993). Quality control in qualitative research. *Clinical Psychology Review*, 13, 593-618.
- Suler, J. (1995). Using Interviews in Research. Retrieved on 8 October, 2006 from <http://www.rider.edu/~suler/interviews>.
- Terre Blanche, M. & Durrheim, K. (Eds.) (1999). *Research in Practice: applied methods for the social sciences*. Cape Town: University of Cape Town Press.
- Trauma Centre for Survivors of Violence and Torture. (n.d.). *Political Violence*. Retrieved on 9 August, 2005 from <http://www.trauma.org.za>

- Thomas, H. & Ahmed, J. (Eds.) (2004). *Cultural Bodies: Ethnography and Experience*. Oxford: Blackwell Publishing.
- Turner, B.S. (1992). *Regulating Bodies*. London: Routledge.
- University of Memphis (n.d.). *History*. Retrieved on 10 October, 2006 from <http://history.memphis.edu/history>
- University of Pretoria (n.d.). *Mission*. Retrieved on 13 February, 2005 from <http://www.up.ac.za/up/web/en/up/about/>
- Villa-Vicencio, C. (Ed) (1987) *Theology and Violence: the South African debate*. Johannesburg: Skotaville publishers.
- Weiss, G. & Haber, H.F. (1997) *Perspectives on Embodiment: the Intersections of Nature and Culture*. New York: Routledge
- White, M. (2000). *Reflections on Narrative practice*. Adelaide: Dulwich Centre Publications.
- Widdershoven, G. (1993). Hermeneutic perspectives on the relationship between narrative and life history. *The Narrative Study of Lives*, vol.1. London, Sage.
- Wilber, K. (2001). *A Brief History of Everything*. Boston: Gateway.
- Wilson, R.A. (1995). *Cartesian Psychology and Physical Minds*. New York: Cambridge University Press.

APPENDIX A: PARTICIPANT LETTER OF CONSENT

Letter of Consent

I, _____ (name), hereby give consent to participate in a research project supervised by the University of Pretoria. The Trauma Centre has given permission for the information obtained during the researcher's internship year in 2005 to be used for the research study.

The goal of the study is a narrative exploration into the use of Body Mapping with survivors of physical trauma. This study will involve the use of the stories of participant's experiences to understand the process of Body Mapping.

I understand that my Body Map journal entries and interviews that I did about the Body Mapping process for the Trauma Centre will be used for the research purposes. Ethics and confidentiality will be maintained at all times in accordance with professional principles of psychology. It is agreed that my name and personal information will not be used without my written permission.

Signature

Tanja Meyburgh
Researcher

Lourens Human
Supervisor
University of Pretoria



APPENDIX B: ORGANISATIONAL LETTER OF CONSENT

To Whom it may concern

The Trauma Centre hereby gives permission for Tanja Meyburgh to conduct a research experiment using the data collected for the Trauma Centre as part of her internship duties in 2005. Consent was received by the participants to participate in this research project.

The goal of the study is a narrative exploration into the use of Body Mapping with survivors of physical trauma. This research will be done under the auspices of the University of Pretoria and will be supervised by them.

Ethics and confidentiality will be maintained in accordance with professional principles in psychology.

Erica Jacobs
Executive Director

Tanja Meyburgh
Researcher

Lourens Human
Supervisor
University of Pretoria