

Still Life:

Heuristic exploration of somatic awareness through mindfulness meditation, art making
and imaginal dialogue

Nicole Crouch

A Contextual essay for an arts-based research project

in

The Department of
Creative Arts Therapies

Presented in partial fulfillment of the requirements
for the degree of Master of Arts
Concordia University
Montreal, Quebec, Canada

August 2014

© Nicole Crouch, 2014

CONCORDIA UNIVERSITY

School of Graduate Studies

This is to certify that the research paper prepared

By: Nicole Crouch

Entitled: Still Life: Heuristic exploration of somatic awareness through mindfulness meditation, art making and imaginal dialogue

and submitted in partial fulfillment of the requirements for the degree of

Magisteriate of Arts (Creative Arts Therapies; Art Therapy Option)

complies with the regulations of the University and meets the accepted standards with respect to originality and quality.

Research Advisor: Dr. Janis Timm-Bottos,

Department Chair: Dr. Stephen Snow

August 28, 2014

Abstract

Still Life: Heuristic exploration of somatic awareness through mindfulness meditation, art making and imaginal dialogue

Nicole Crouch

This paper provides the context for the art installation “Still Life”, which was held in May 2014 in Montreal, Quebec, Canada. This exhibition was a creative synthesis of arts-based heuristic research of somatic awareness through mindfulness meditation, art-making and imaginal dialogue. Guided by an interest in how art can be used to access other ways of knowing about our physical experience, twice a week for thirteen weeks I practiced mindfulness meditation, art making and imaginal dialogues, collecting arts-based data as well as recorded dialogues. I analyzed the dialogue transcriptions and artwork, and built the “Still Life” installation as a reflection and synthesis of these findings and experiences. Emergent imagery included rooms, fetuses and organs. Emergent dialogue themes included a crossover between the themes of body and art as well as between the themes of body and illumination/transformation. This research explores the use of body awareness in mental health and discusses the uses of somatic awareness in professional development.

Acknowledgments

I would like to extend my gratitude to my supervisor, Janis Timm-Bottos, who is an inspiration and a force, and to Heather McLaughlin, for her canny intelligence and compassionate leadership.

To my dear friends and collaborators, Clea Minaker, Tia McLennan and Andrea Peneycad, thank you for your insight and guidance. This would not have been possible without you.

To my mother, MJ, thank you for teaching me about the images within.

To my father, Neil, thank you for teaching me about the images without.

And to my son, Samuel, thank you for sharing your divine light.

Table Of Contents

List of Figures.....	vi
Introduction.....	1
Literature review.....	2
Methodology and implementation.....	11
Findings.....	15
Discussion.....	18
Conclusion.....	23
Appendix.....	25
References.....	35

List of Figures

Figure 1:	Abstracted photo collage of porch and workshop.....	25
Figure 2:	Mixed media collage of dream rooms.....	25
Figure 3:	Photo collage of a stairwell down.....	26
Figure 4:	Photo collage of a salon.....	26
Figure 5:	Line drawing of a room at sunrise.....	27
Figure 6:	Photo collage of two perspectives on the same room.....	27
Figure 7:	Interior view of collage inside a paper bag with holes.....	28
Figure 8:	Fetus made of sculpey and acrylic paint.....	29
Figure 9:	Painting of a figure.....	29
Figure 10:	Multimedia collage and drawing.....	30
Figure 11:	Latex sculpture of fetus	30
Figure 12:	Acrylic abstract painting representing intestines.....	31
Figure 13:	Acrylic abstract painting representing intestines.....	31
Figure 14:	Abstract mesh sculpture representing the digestive tract.....	32
Figure 15:	<i>Heart and Soul</i> , oil pastel and watercolour on paper.....	32
Figure 16:	Skeleton with organs in its environment, oil pastel and watercolour.....	33
Figure 17:	Photo collage of stairwell with window.....	34

Introduction

This paper provides the context for the art installation “Still Life”, which was held in May 2014 in Montreal, Quebec, Canada. This exhibition was a creative synthesis of arts-based heuristic research into somatic awareness through mindfulness meditation, art-making and imaginal dialogue.

I was drawn into this research by a deep fascination and a desire to know more deeply about the relationship between the body and the psyche. As someone with chronic pain issues due to fetal malformation, I am interested in how art can be used to access other ways of knowing about how the body and the mind work together to perceive and make meaning out of our experiences. How do we listen to the sensations, images and inner voices that speak about our bodies? How can we use body sensation to access our tacit knowledge about the world?

Over four months, using arts-based research methods, I investigated the question “what is the experience of exploring somatic awareness through mindfulness meditation, art making and imaginal dialogue?” Twice a week for thirteen weeks, I practiced mindfulness meditation for thirty minutes. Then I spontaneously made art. I sat and observed the art, trying to look at it as if for the first time. I engaged the art in imaginal dialogues, recording and describing what I saw and how I felt in the moment. These recordings were structured according to Allen’s witness writing process.

Literature Review

This literature review explores the topics of somatic awareness, mindfulness meditation and imaginal dialogue from a clinical perspective.

Somatic awareness is an individual's conscious perception of their physical functioning (McCrae & Lumley, 1998). While the term *body* refers to the physical self, with its muscles, bones, organs, brain and other matter as it is perceived by an external other, the *soma* is that same physical reality as it is phenomenologically felt from the inside (Rinfret, 2000). The experience of the soma consists of subjective perception of inner sensations, and "...is modifiable by mental processes including attention, interpretation, appraisal, beliefs, memories, conditioning, attitudes and affect" (Mehling et al., 2011, p. 1). Therefore, one's attitude, beliefs and experiences play a large role in how one senses and perceives their body.

Historical western medical and psychological definitions of somatic awareness have tended to pathologize bodily sensation, based on assumptions that increased body awareness would lead to anxiety, hypochondriasis, increased pain symptoms, panic disorders, rumination, and beliefs of catastrophic outcomes, among other things (Mehling et al., 2011, p. 2). Therefore, it was discouraged for patients to pay attention to their symptoms, but rather they were encouraged to rely on a doctor's assessment. The doctor was thought to know better.

While there has been a paradigm shift in western medicine away from this biomedical model toward a more integrative biopsychosocial perspective on health (Bakal, 1999), where symptoms are seen to be embedded within their psycho-social context, patients still rely on a doctor's expertise for identifying and curing illness.

Doctors have access to knowledge about bodies and minds that has been produced from countless research data, and this is very useful and important information. However, it is only one of the ways that we can go about knowing our bodies. By paying attention to our body sensations, and developing our somatic awareness, we are able to investigate and become familiar with our own intimate experience of our bodies.

One method of building somatic awareness is through the discipline of mindfulness meditation, which is "...a practice of bringing awareness to the present moment with an attitude of acceptance and non-judgment" (Rappaport & Kalmanowitz, 2014, p. 24). It is a form of physical and mental discipline that helps individuals to find a calm center within them, in order to observe the phenomena of their experience. This place is sometimes referred to as the eye of the hurricane (Kass & Trantham, 2014). The meditation practitioner focuses their attention on inner sensations and breath and attempts to find a position of calm non-judgment toward the thoughts and sensations that they find within, that may be perceived as a storm of stimuli. This "internal composure" can help people "...to navigate... stressors constructively and compassionately, maintaining a positive worldview of confidence in life and self" (Kass & Trantham, 2014, p. 288). Internal composure has been described as an "...innate, emergent property of evolving human consciousness that requires intentional and skillful nurturance in order to prevail and be accessed during stressful life circumstances" (Ibid., 2014, p. 288). Mindfulness meditation is a practice that can be used to develop inner composure in response to physical, emotional and psychological stimulus that we may face in our lives.

Mindfulness meditation began to be incorporated into western psychological models in the 1960s and '70s, and was valued in humanistic, transpersonal and

contemplative psychologies for its goal of unconditional positive regard and its focus on presence and the “here and now” (Rappaport & Kalmanowitz, 2014, p. 29). In the late 1970s and early 1980s, John Kabat-Zinn pioneered Mindfulness-Based Stress Reduction (MBSR), a program that was based on a philosophy of psychology that placed importance on the integration of the mind and the body through the nervous system. They discovered that “...mindfulness provides a means of detecting the often subtle psychological reactions and physiological adjustments which, if undetected, lead to overactivation of the autonomic nervous system in the classic fight-or-flight reaction pattern” (Salmon et al., 2004, p. 436). Early research showed that this MBSR program was helping people cope with a broad range of symptoms, including pain, depression, anxiety, as well as with the physical and psychological effects of heart disease, cancer, and fibromyalgia (Grossman, Niemann, Schmidt & Wallach, 2004).

The construct of mindfulness has now been fully embraced by mainstream psychology and research is abundant. In 2012 alone, over 500 scientific articles about mindfulness and health were published (Shonin, Van Gordon & Griffiths, 2013). An overwhelming majority of these studies found benefits from mindfulness meditation for both physical and psychological symptoms. On the cognitive side, Moore and Malinowski (2009) found that mindfulness meditation increased cognitive flexibility, which “...provide[d] the mental space to detect incorrect and unwholesome cognitive evaluations, which would usually go unnoticed and would lead to mistaken attitudes and emotions” (p. 184). Even after a 4-day short-term trial, researchers found that participants had “...reduced [levels of] fatigue and anxiety ...and significantly improved

visuo-spatial processing, working memory, and executive functioning” (Zeidan, Johnson, Diamond, David & Goolkasian, 2010a, p. 597).

Abundant medical research shows that practicing mindfulness meditation leads to a better quality of life by helping individuals learn how to self-regulate and to better cope with symptoms of illness, chronic pain, and/or anxiety (Bohlmeijer, Prenger, Taal & Cuijpers, 2010; Carmody & Baer, 2008; Morone, Lynch, Greco, Tindle & Weiner, 2008; Rosenzweig, 2010; Walloch, 1998; Zeidan, Gordon, Merchant & Goolkasian, 2010b), bodily distress syndrome (Fjorback, 2012), and fibromyalgia (Lush et al., 2009; Vago & Nakamura, 2011).

Many researchers write that it is not just the practice of mindfulness meditation that bring benefits, but rather the acquisition of mindfulness skills that are then applied to the regular events of one’s life. A serious mindfulness practitioner can learn to face their life with a focus on the present moment from a position of non-judgment (Carmody & Baer, 2008; Salmon et al., 2004; Zeidan et al., 2010b). In difficult circumstances, this may include facing and taking control of one’s experiences, and accepting one’s limitations. In a study with women in palliative care in the final stages of terminal cancer, Dobkin (2007) found that the participants were able to use mindfulness meditation to find acceptance in their lives, to regain and sustain mind control, and to take responsibility for what things they could change. He stated “...the women viewed life as more meaningful and manageable following [the treatment]” (p. 12): they were able to “reperceive” their daily experiences. Comments included, “I got tools for how to deal with my stress, how to sit down and peacefully breath[e]” (p. 14) and it “...helped me stabilize myself and enjoy the time that I had” (p. 12).

How does it work? Neuroscience is adding new and fascinating research to this discussion. Kerr et al. (2011) found that mindfulness meditation enhanced a person's ability to regulate alpha waves in the primary somatosensory cortex. Building on this discovery, Kerr, Saachet, Lazar, Moore and Jones (2013) discovered that research participants with chronic pain and depression were able to use mindfulness meditation to train for "...optimizing attentional modulation of 7–14hz alpha rhythms that play a key role in filtering inputs to primary sensory neocortex and organizing the flow of sensory information in the brain" (p. 1). Individuals were able to train themselves to compete with the internally focused rumination that was associated with depression as well as to "debias" the brain's attentional resources that were devoted to their experience of pain sensations. Part of the benefit of mindfulness meditation is that it helps free up space that has been focused on negative thoughts and sensations. This corroborates the Gate Control Theory of pain (GCT), as proposed by Melzack and Wall in 1965, which describes how the spinal cord acts as the gateway between physical stimulation at the periphery of the body and the brain as it perceives this stimulus (Moayed & Davis, 2013). The spinal cord is affected by both the peripheral stimulation and by messages coming back to it from the brain, which are more open or more closed to perceiving and interpreting pain sensations (Camic, 1999). These messages are influenced by cognitive and emotional factors, and therefore a person's experience of pain can be modified through these channels. We are able to interrupt and adjust our perception of pain stimulation by controlling the attention we give to it.

In addition to being an empowering tool that an experienced therapist may share with a client, mindfulness meditation is a useful practice for helping therapists expand

their awareness of their own experience in order to process countertransference within the therapeutic relationship. Typically, countertransference is thought to be more of a mental process- what does this client evoke in me? How do they make me feel? In addition to this, mindfulness can be used to help develop a therapist's capacity for reading their own somatic responses to their clients, which are often referred to in clinical literature as somatic countertransference (Vulcan, 2009).

In the past, therapists' somatic responses to clients were often considered pathological or problematic (Gubb, 2014, p. 53). However, the idea of somatic countertransference is gaining attention from various theoretical orientations within the field of psychology. Orbach and Carroll (2006) define somatic countertransference as "...the therapists' awareness of their own body, of sensations, images, impulses, feelings and fantasies that offer a link to the client's process and the intersubjective field" (p. 64). The therapist can gain information about the client's experience by being aware of their own somatic experience. In their study on the use of embodied practices in psychotherapy supervision, Panhofer, Payne, Meekums and Parke (2011) found:

...advances in neuroscience, philosophy and cognitive linguistics suggest that the nature of the human mind is largely determined by the form of the human body, putting forward the idea of an embodied cognition and an embodied mind. The origin of thought is mostly unconscious, and abstract concepts are mainly presented in a metaphorical manner, opening the door to the idea that knowing can happen in the body, in unconscious, preconscious, and/or ...non-linguaged way. (pp. 9-10)

This proposes that we carry knowledge in our bodies that we are already using in forming our thoughts and feelings about the world.

Many psychotherapists insist on the importance of clinicians paying attentions to their bodies in the therapeutic space. Boadella (1997), uses the term “somatic resonance,” and describes a therapeutic encounter thus: “...the embodied therapist and the embodied client enter the room. Two breathing systems interact, two motoric systems come into awareness of each other: a relationship begins in which nonverbal communication plays a very large part” (p. 37). Stone (2006) describes the therapist’s body as a “...tuning fork...” which “...vibrates with the patient’s psychic material through the unconscious...” (p. 115) and that this physical experience is often not clear, but must be sustained in a state of “...not knowing and confusion even more than usual” (p. 115). This suggests that somatic resonance as countertransference is much more ambiguous and needs to be welcomed and held rather than interpreted.

These perspectives are supported by relational neuropsychology and the human capacity for mutual affect regulation. Zabriskie (2006) writes about the “physical energy fields” (p. 72) that are shared by bodies and minds in the therapeutic encounter. Research emphasizes the power and unconscious influence of non-verbal communication between individuals in sharing information about someone’s “...biology, emotion, and verbal conversation . . . (and) reveals that non-verbal communication of emotion... carries information about bio-emotional states between individuals, thus regulating the biological functioning of both people” (Pally, 2000, p. 95). We are in a constant process of mutual affect regulation through non-verbal communication.

With the discovery of a neurological basis for empathy through mirror neurons (Gallese, 2001), and Schore's (2005) work on right brain to right brain communication, we have discovered that a clinician's "...right brain tracks at a preconscious level not only the rhythms and flows of the patient's affective states, but also the clinician's own interoceptive bodily based affective responses to the patient's shifting arousal levels" (p. 845). We neurologically track our clients' states. This bodily sense of inner knowledge can be more easily accessed with dedicated practice.

The last element of this literature review is the role of the image. The creative arts therapies are well poised at the intersection of the body and inner imagery, from a clinical perspective. Somatic imagery is referred to in various articles as inner imagery that is associated with an embodied approach to working more closely with sensation, emotions and multisensory communication (Panhofer et al., 2011, p. 12).

Whitaker (2004) writes that art therapies are able to help us access other ways of knowing about our bodies in a postmodern world, where knowledge is diverse and meaning is not concrete, stating that art therapy provides a container for the many scenes and images that we contain within ourselves. She proposes that we can "...sense and investigate so much at any one time. Our image of the body is in fact multiple, we use it in different ways, in different contexts, as a result of differing circumstances and stimuli" (p. 4). She suggests that the art therapy room is a microcosm for society, and that clinicians can perceive how the body moves in the world in the therapeutic environment. Therapists' can develop deeper awareness of their own and their clients' movements, postures, voice, facial expressions, as well as being attuned to body-focused language,

such as “I’m on top of things...I need to let go... I grabbed the opportunity... I took a stand... I can feel it in my bones...” (p. 7).

Eugene Gendlin developed the practice of “Focusing,” which is a series of six steps that are used to help individuals access their body’s innate wisdom, using somatic imagery and *felt sense* (Rappaport, 2009). Based on much research and experience, Gendlin (1978) believed in the power of the body’s own wisdom, stating that “...only your body knows what your problems feel like and where their cruxes lie... and...when you learn how to focus, you will discover that the body finding its own way provides its own answers to many of your problems” (pp. 11-12). Encouraged by Gendlin to combine Focusing with other modalities, Rappaport has started working with focusing-oriented art therapy “...in order to give visual expression to the *felt sense*” (2009, p. 17).

It is important to keep in mind that working with inner imagery can be very delicate insofar as it represents elements of a person’s psyche, and therefore should be treated with care and respect. So often, clinicians and researchers are anxious to develop a method or strategy to deal with symptoms or pathologies. Watkins (1984) discusses how so often imagery is coopted for the sake of symptom control, with a particular goal of a desired state, rather than being allowed to express its needs for its own sake (p. 82). For example, someone might be told to imagine something that they find pleasant in order to not feel anxious, rather than trying to see what healing images an anxious state might provide. Watkins is supportive of Gendlin’s focusing method, stating that “...it is different from others in that it minimizes verbal report and encourages genuine passive introspection, [helping] the patient become aware of the deep reservoir of emotion which is so often suppressed or denied” (p. 96).

Watkins furthers Gendlin's proposal by suggesting that inner imagery should be treated like invited guests. In her book "Invisible Guests," Watkins (1986) talks about how we can make room in ourselves for welcoming our otherness in the form of inner imagery. In order to allow these "others" from the shadowy interior to speak, they must be "set free" (p. 98). They must not be held to the logic that governs the conscious mind, but rather be encouraged to express themselves with their own voice and inner logic.

Methodology and Implementation

The steps of heuristic inquiry are clearly outlined by Moustakas (1990), the method's designer. There are six phases of heuristic research, which "...guide unfolding investigations and comprise the basic research design" (1990, p. 27). The first phase, or the "initial engagement," demands that a researcher focus on a personal passion, interest or fascination in order to develop a research question, using intuition and tacit knowledge to expose the context and personal significance of the question.

The second phase, *immersion*, requires the researcher to live their life through the frame of this research question. In order to facilitate this experience, the researcher engages in spontaneous self-dialogue, pursuing intuitive feelings and hunches. During this immersive period, twice a week I practiced 30-minute mindfulness meditation, followed by 10 minutes to an hour of art-making, followed by approximately 10-15 minutes of audio recorded imaginal dialogues with the art. There were 24 sessions over the course of twelve weeks. I also made notes of my personal reactions to conversations that I had with my doctor, therapist, osteopath, massage therapist, and others in my life whose comments felt connected to this research.

Each mindfulness meditation session consisted of sitting still for 30 minutes, paying attention to my breath, sensations, and thoughts. I tried to allow the intention of exploring somatic imagery to be present but not to guide my thoughts, lest it direct my awareness toward particular imagery or ways of seeing things. I tried to maintain an attitude of *beginner's mind*, making space in each session for the present moment to be new and unknown.

Once the meditation was over, I would move to the art making. I limited the size and scale of the work based on my storage space at home. Otherwise, there were no limitations on the type of works I could make, nor on the media and materials I would use, as long as I was making something. I limited this activity to one hour. During this time I tried to work spontaneously, not thinking too much about the product but rather trying to stay engaged with the materials, and finishing when I got a sense that it was time to stop or when the hour was up.

Following this, I would make a *witness recording*, based on Allen's witness writing process, which is designed to help artists cultivate their non-judgmental witness (Allen, 2014). This process consists of formally describing the art, describing the environment and body sensations, and then observing the art and asking it a question, paying attention to subtle thoughts and feelings. Sometimes I would engage the art in an imaginal dialogue. After this, I would reflect on the process and make comments about how the process might have been connected to exploring somatic awareness.

The third phase of Moustakas' heuristic inquiry is called *incubation*, and is a period of retreating from the intense searching of the immersion phase. At this point, the researcher is "...no longer absorbed in the topic in any direct way..." but rather allows

for a “creative integration” of the parts or qualities of the research material as they naturally resurface (Moustakas, 1990, pp. 28-29). During this phase I stopped intentionally collecting data in a disciplined way. I continued to record thoughts and reflections about the process but was not actively pursuing data collection.

The fourth phase, *illumination*, is a natural consequence of the incubation phase. Moustakas describes it as a “...breakthrough into conscious awareness of qualities and a clustering of qualities into themes inherent in the question” (1990, p. 29). These may involve “...an awakening to new constituents of the experience... corrections of distorted understandings or disclosure of hidden meanings” (p. 29). During this phase, I transcribed the recorded dialogues, and then read them over, grouping elements into themes based on tacit awareness of the experience and new understandings that were generated by the research. During this phase, I was conscious of my thoughts, feelings, sensations and reactions to the content.

The fifth phase, *explication*, is one in which the researcher “...brings together discoveries of meaning and organizes them into a comprehensive depiction of the essences of the experience” (Moustakas, 1990, p. 31). After reviewing the data that I collected, both the dialogue transcripts and the artworks, I had a fairly strong sense of thematic content. I went back over the transcripts and coded the data that fell into five dialogue themes; body, art, associations/interpretations, imaginal dialogues, and transformation/illumination. I also organized the artwork into three repeated image themes: rooms, fetuses and organs.

Finally, in the sixth phase, *creative synthesis*, I brought together the components and themes of the whole research into an installation exhibition that I felt reflected both

the process and the content of the research. I held public gallery hours for four days and hosted a “Finissage” party in which I invited approximately 60 guests to informally discuss the work. To see a 36-minute video of the installation “Still Life,” follow this link <https://vimeo.com/98264033> and enter the password opensesame.

Some of the limitations of this study are a result of the nature of the design. Heuristic research is focused on the subjective experience of a phenomenon, and aims to generate knowledge about this subject through personal interrogation of the experience. There is no such thing as validity or reliability with heuristic research due to its intentional bias. The heuristic researcher must nevertheless be rigorous and committed to the topic and the process. The research can be judged according to the quality of effort and dedication given to the work, and the degree to which the creative synthesis is able to communicate the experience to the audience. In order to do this, I set fairly strict research parameters, staying on task with the work and taking time to record my thoughts and ideas as I went along. Another limitation to this study was the short time frame. Ideally, heuristic research would be allowed to follow its natural course, and Moustakas’ stages would be reached in their own time in order to ensure that no stage is rushed or forced. However, due to program deadlines, I needed to arrange a timeline for project completion. In the end, I did not feel that this research was affected by a sense of time pressure or forced progression.

Findings

I will first discuss the repeated imagery that arose from the art and then the dialogue themes.

Within the art, there were a number of repeated images. To begin, the most commonly arising topic was rooms or spaces, empty of human subjects. Six of the 23 art sessions depicted home spaces, especially rooms (see Figures 1 through 7). There were various imaginary rooms and spaces, sometimes depicting multiple floors, suggesting movement or travel between levels (see Figure 17). At times there were multiple spaces overlapping with each other and seemed difficult to access, and other times the rooms seemed warm and welcoming. I often felt drawn into these rooms, imagining myself in them and feeling a sense of familiarity, though none of them are places I have been before. Over the course of the research, these rooms led me to wonder about searching. They seemed to propose more questions than answers. What was I looking for? Where in the world, and in myself, should I look? “Where does one look, with so much stimulus?” came to me often while scanning my body in meditation. The meaning of these spaces began to coagulate as form of a potential space or meaning- a form whose meaning is yet to be discovered. This void, this space, suggests the direction of the search. For example, the sudden appearance of an inner image that arrives without accompanying emotions or a moment of recognizing that I have no contact with sensations from certain parts of my body.

Another recurring image in this body of work is the fetus, which is repeated in various forms and media (see Figures 8 through 11). It appears at various stages of development, as an early embryo and then later as a fetus. This image was usually associated with personal narratives, of stories of my own birth as well as my pregnancy. These memories were emotionally charged and embedded in physical experiences, whether consciously or unconsciously remembered. For example, in dialoguing with the

fetus sculpture (figure 8), I remembered how uncomfortable I had felt during the early stages of my pregnancy about the idea of a fetus with a tail and gills inside me. It seemed like a cross-species error, as if I had accidentally mated with a frog or a trout. This memory left me with a feeling of nausea. In another instance (see Figure 10) I was imagining the experience of the fetus, which urgently needed to be born in order to have life-saving surgery. I imagined being the surgeon, wanting to deliver the baby in order to “...slice it open, stitch it up and see what it’s like...” I felt that I was looking for a different perspective from always imagining my birth experience from my own point of view (Dialogue 14). In another case, I painted the baby coming out of a tunnel (see Figure 9), imagining that it was stuck between the inside and the outside world, not knowing which world it belonged to. There was a deep sense of sadness associated with this image. I felt great compassion for the baby, who seemed to me to be bruised and fragile.

Another recurring image was the appearance of organs, intestines in particular, in the art. There were abstracted intestines (see Figures 12 through 14), a heart and soul (see figure 15) and more explicit body diagrams or cutouts, such as Figure 16. These were all connected to exploring present moment physiological experiences, such as painting in response to body sensations (Figures 12, 13 and 14). With each of these works, I was trying to express through mark making how I was feeling in the present moment. Sometimes I did this by associating the brush marks with my body. For example, in one painting (see Figure 12) I tried to regulate my movements to my breath by only making one stroke per outbreath. Other times, I would try to depict the interactions I felt between different body sensations, such as the lines between the body

parts in figure 16, when I felt a connection between tightness in my right knee and my coccyx, for example.

In addition to the repeated images arising from the art, I also discovered emergent themes in the recorded dialogues. These were art, imaginal dialogues, associations/interpretations, body, and transformation/illumination. In analyzing these themes, what I found most intriguing in the context of this research was when more than one category would be used for the same data. Body and Art themes crossed over numerous times. This would often happen when I would use an art word to describe a body sensation. For example, I had a feeling of “whiteness” in the head, which I then drew as white blobs at the top of the image (Figure 15). And after creating the small, purple fetus (Figure 9) and feeling the sadness associated with it, I referred later to a “purple feeling” in my coccyx. For figure 16, I drew and spoke about “hot pink muscle tension,” feeling that the colour described the tone of the sensation.

Another interesting crossover of themes was in the intersection of body and transformation/illumination. In nearly every dialogue there would be a moment of physical change, such as a deepening of breath or a sense of release or change in body sensations. These would often come as a signal that the dialogue with the image was complete. Examples of this include “...and now my heart is beating fast and I think that’s it...” (dialogue 5), “...it feels like I’m discovering it to be true in a way that... goes beyond words. And now the back of my neck is warm and my pelvic floor just relaxed” (dialogue 7), “it feels like it’s part of a system and that the blockage, the tightening- oh! my shoulder is releasing- the tightening is perhaps a protective fear response...” (dialogue 9), “I’m thinking about the shame of it... and I feel something shifting. The

tightness of my spine moving. My right hip flexor softening...” (dialogue 11), “...I could feel my heart pounding, and I started breathing quicker, then there was a great release and all of a sudden I could breathe beneath my scar. There were connections...and then I could feel something in the back of my head...” (dialogue 18). These moments felt like physical cascades in direct response to thoughts or ideas. They appeared to be either an excitement, such as feeling my heart pounding, or a relaxing of areas that had previously been tense.

Discussion

The experience of exploring somatic awareness through mindfulness meditation, art making and imaginal dialogue was a fascinating and enriching pursuit. I found, like almost all of the scientific literature finds, that there are benefits to be gleaned from a regular meditation practice. I generally felt calmer and more rooted after these sessions, and also felt reassured that I had these moments of grounding to come back to during busy or stressful times. Despite some intermittent frustration with having to fit the discipline into an already packed schedule, I was almost always pleased that I had taken the time to practice and make art, once the session was over.

Some of the repeated images found in the artwork are familiar and personal. Organs and intestines are the location of my most intense physical pain, and it seems appropriate that this would arise from the art. Over the course of this research, I was able to imagine and bring images to the surface that I have associated with anxiety provoking or painful inner sensations. Beyond its literal significance, there was also an attempt to feel the sensations of the organs in the present moment: a desire to match the imaginal perspective of the source of the sensation with the somatic experience. These images

resonate in a tone that makes me think of staying present with the body as it appears in each moment.

In contrast, the imagery of the fetus has an ancient feeling, as if its pre-birth state is a reminder of where we have come from. The developmental progression of gills and a tail are in parallel with the evolution of humans. It represents the fragile beginnings of things, and it is waiting to uncover its potential power. This element is reminder of growth potential. Interestingly, the feelings that I associated with these images were often sad or confused, and I was left feeling nauseated by one of them. Perhaps this represents the struggles of growing up, and trying to recover from early surgeries. I felt a tender care for these fetuses, and also a curiosity about their experiences. These guests seemed to visit from the past, and evolved over the time of the research, but were never actually “born.” Perhaps they reflect the mystery of those things that are always in a state of potential, never actualized but always promising to be.

The empty rooms are the most ambiguous of the repeated imagery. They propose questions, such as who lives here? What is this space for? Am I allowed in? I was able to sit with these images for much longer than with the other works, and I continue to be excited about them when I see them. I am drawn to the possibilities of an empty room, of a new container. The association to the body is the hope of inner renewal, and the hope of finding new ways of looking at old spaces. When one takes time to pause and make space for what arises, it seems quite fitting that what should arise would be space itself. This reminds me of Kerr et al.’s (2013) discovery that by focusing the mind’s attentional resources on mindful awareness of sensation, rather than on ruminations on painful or uncomfortable sensations, mental space could be made available for discovering new

ways of perceiving these somatic experiences. These rooms might represent seeing and feeling with a fresh perspective, and perhaps also finding a new home inside the body.

These themes were able to evolve and develop over time due to the unrestricted nature of this research. Much like Watkins' invited guests, they were allowed to take on a life of their own and speak of new possibilities of inner spaces as well as shadowed interpretations of familiar sensations.

The overlapping of the art and body themes is another interesting and surprising finding. I have since become more aware of how often I use colour and texture to describe somatic impressions. This suggests a kind of crossover between senses and feelings. This points to the unique universe held by each individual, as we carry with us a lexicon that expresses our unique perception of the world. I am especially sensitive to colour and texture. This is not surprising, given that I am a painter and have developed this way of seeing and perceiving over time, and likely due to a sensitivity to it. As a training therapist, I have learned that I have a bias toward this, and might need to be sensitive to not imposing this bias on my clients. Alternatively, I can pay attention to what language clients might use to describe their bodies and emotional worlds. The Hakomi method, a mindfulness body-centred therapy that pays special attention to use of language that refers to the body is a good example of ways that this knowledge has already been applied to clinical practice (Whitaker, 2004). I expressed this finding in the creative synthesis project by teasing apart the elements of form and colour in the large room. I painted everything in black and white but played recordings of colours "...red, indigo, blue, green..." in order to enhance and allow the audience to superimpose colour into the images through their imaginations.

The overlap of the body theme with transformation/illumination theme was less of a surprise, given the findings about the benefits of mindfulness meditation on the body. I was fundamentally interested in exploring this experience, trying to discover the experience of this kind of transformation without assuming that it was a given. These experiences feel quite like Gendlin's (1978) *felt sense shift*, on which he bases his method of "focusing." He insists that all mental problems exist in the body and that cerebral, analytic approaches to therapy "...don't work because they don't touch and change the place where the discomfort really exists. It exists in the body. It is physical. If you want to change it, you must introduce a process of change that is also physical" (p. 41). Through this research, I experienced how thoughts are connected with physical shifts. It is my sense that these shifts are happening inside our bodies all the time, and often go unnoticed due to competition with so much other stimulus that surrounds us, and the prioritization of language in communication. The development and maintenance of this deep level of somatic awareness can benefit clinicians and their clients because it involves the physical body in the healing processes via non-verbal communication.

I presented the creative synthesis piece in the two front rooms of my house. I felt that transforming my private living space into a public art space was a meaningful and appropriate metaphor for transformation through art. It also emerged from the delight I took in one of the collage images, in which a staircase is whimsically hand-painted (Figure 17). In the first room I positioned a tall, black, metal filing cabinet into which I placed file folders containing black and white prints of all the art I had made in the data-collecting phase. In the other, larger room I painted black and white imagery directly onto the walls and the ceiling. Some of the images were chosen to represent the

emergent themes of the research. These included some of the fetuses, some of the rooms, and some of the images that represented the organs. I also introduced new anatomical imagery taken from a medical anatomy textbook. These included the lungs and diaphragm behind where the heart should be, the large intestine, the bones and some muscles of an arm, and a cross section of a face and neck. I also introduced images of large plant-like neurons, influenced by the work of pioneering neuroscientist Santiago Ramón y Cajal (1995). I played a soundtrack of 36 minutes of edited dialogue, which I built from the dialogue data.

The creative synthesis was an expression of the experience of being inside the meditation and then watching that translate into art immediately after. There was very much an inside/outside pendulum. In many ways, this reflects the dualistic perspective of the *body*, as perceived by an external other, and the *soma*, as experienced from the inside. Walt Whitman expressed it well when he wrote “I cannot understand the mystery/but I am always conscious of myself as two. Do I contradict myself?/Very well, then I contradict myself, I am large, I contain multitudes" (1959). By designating the filing cabinet as a sort of body container that holds inner imagery, and by surrounding the viewer with repetitions of that same imagery in the other room, I hoped to repeat the experience of both searching for sensation within the body as well as being engulfed in imagery. The viewer is able to be both the researcher, with white gloves and files in the cabinet, as well as being immersed in a constellation of imagery.

An experience that I wished to communicate with the “Still Life” piece was an archival quality that evoked the role of memory in this research; body memory, emotional memory, as well as the sense of loss that can be associated with memories. I used black

and white photos and black and white paint to express a sense of the past, and of how inner imagery necessarily loses some of its intensity when it is brought into an artwork. There is a paradox in this: as something is brought into consciousness, it takes form, and so simultaneously loses, for the moment, the other potential forms that it could have taken.

Conclusion

In the past, the field of psychology recommended that individuals should not focus on their somatic experiences for fear of ruminating on them and augmenting the painful aspects. However, with the increasing success of clinicians integrating mindfulness meditation into therapeutic approaches, psychological norms are recommending the development of somatic awareness in order to manage various symptoms. Meditation and arts-based approaches are becoming more highly sought after as they can be used to help clients bring awareness to their bodies and psyche, in order to develop "...somatic emotion-regulation skills that build affect tolerance, ...[an] unpacking of somatic memories without dissociative regression; internal experience of a calm core; and gradual movement to verbal capacities for self disclosure and social engagement" (Kass & Trantham, 2014, p. 305). These benefits are desirable as long as they are achieved of their own accord, rather than being decided by the therapist and externally imposed as a goal, rather than coming from the client and from the process.

This research project has been an investigation of that space of somatic experience through the use of meditation and art making in order to explore how these processes are felt and how they can be personally beneficial. It was my intention to gain experiential knowledge about the subject in order to apprehend how it could be integrated

into my personal and professional life. Bloomgarden and Netzer (1999) note that heuristic inquiry privileges tacit knowledge and intuition, which are inherent to art therapy as a modality of treatment as well as to an art therapist's work with clients. These are "...important contribution[s] to the art therapist's competence and skill" (p. 51). This kind of investigation is useful for building compassion and empathy for myself and for my clients' multifaceted somatic experiences.

APPENDIX



Figure 1. Abstracted photo collage of porch and workshop.



Figure 2. Mixed media collage of dream rooms.



Figure 3. Photo collage of a stairwell down.



Figure 4. Photo collage of a salon.

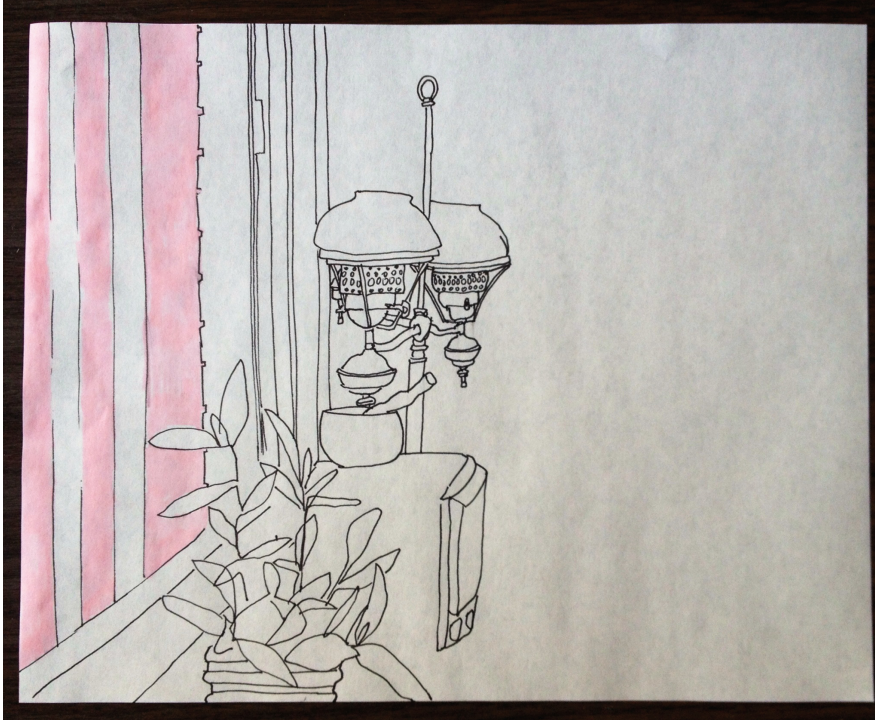


Figure 5. Line drawing of a room at sunrise.



Figure 6. Photo collage of two perspectives on the same room.



Figure 7. Interior view of collage inside a paper bag with holes.



Figure 8. Fetus made of sculpey and acrylic paint.

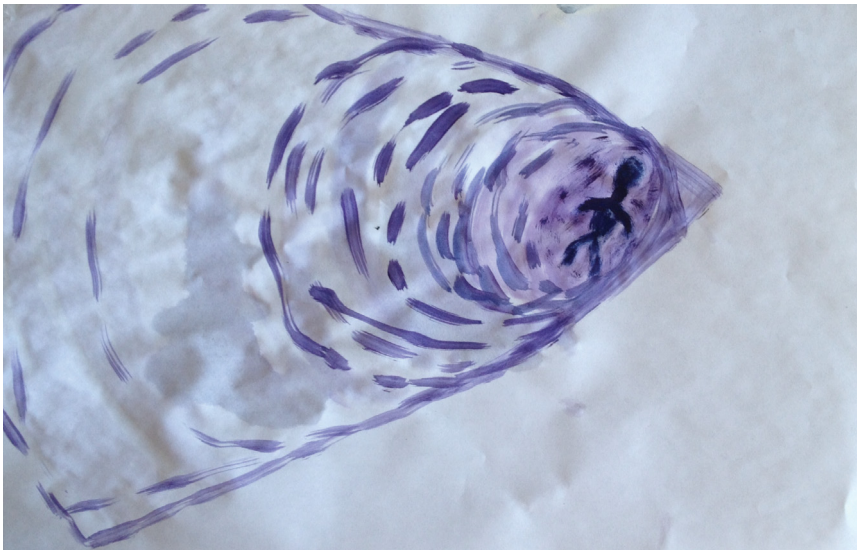


Figure 9. Painting of a figure.



Figure 10. Multimedia collage and drawing.



Figure 11. Latex sculpture of fetus.

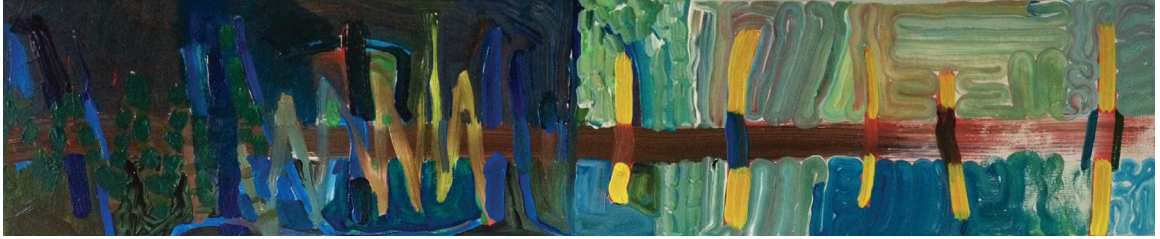


Figure 12. Acrylic abstract painting representing intestines.



Figure 13. Acrylic abstract painting representing intestines.

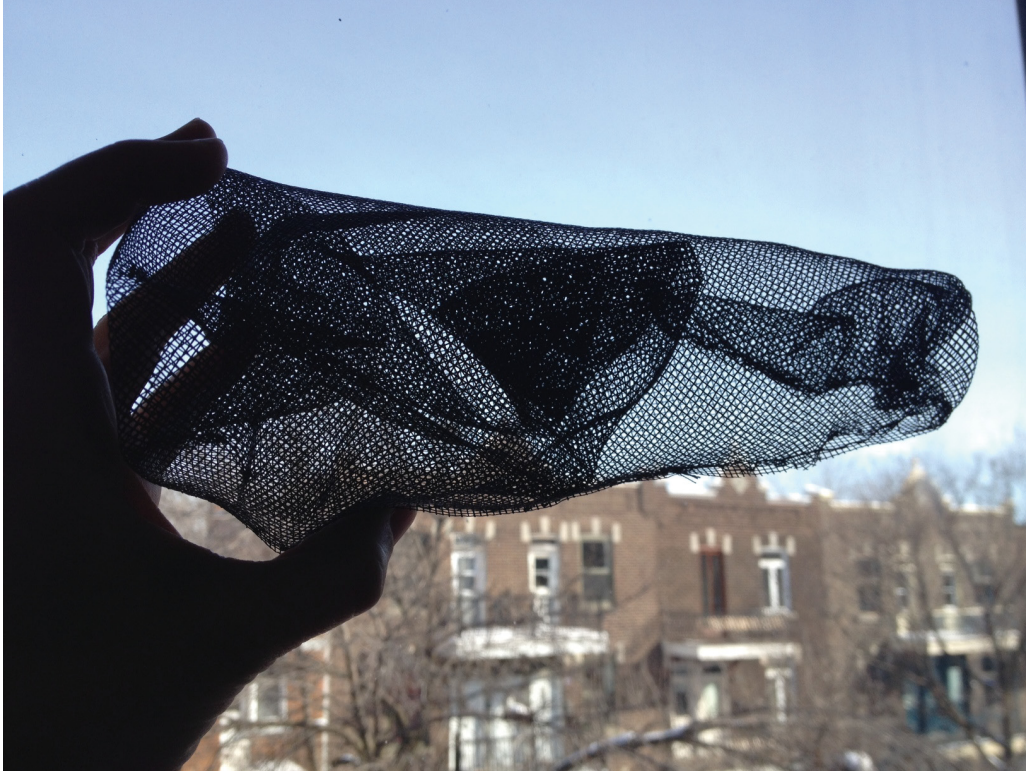


Figure 14. Abstract mesh sculpture representing the digestive tract.



Figure 15. *Heart and Soul*, oil pastel and watercolour on paper.



Figure 16. Skeleton with organs in its environment, oil pastel and watercolour.



Figure 17. Photo collage of stairwell with window.

REFERENCES

- Allen, P. (2014). Intention and witness: Tools for mindfulness in art and writing. In L. Rappaport (Ed.), *Mindfulness and the arts therapies: Theory and practice* (51-61). London, UK: Jessica Kingsley.
- Bakal, D. (1999). *Minding the body: Clinical uses of somatic awareness*. New York, NY: Guilford Press.
- Boadella, D. (1997). Embodiment in the therapeutic relationship. *International Journal of Psychotherapy*, 2(1), 31 – 43. Retrieved from [http://www.ijp.org.uk/Journal of Psychotherapy](http://www.ijp.org.uk/Journal%20of%20Psychotherapy), 2(1), 31 – 43.
- Bloomgarden, J. & Netzer, D. (1998). Validating art therapists' tacit knowing: The heuristic experience. *Art Therapy: Journal of the American Art Therapy Association*, 15(1), 51 - 54. Retrieved from <http://www.arttherapy.org/aata-publications.html>
- Bohlmeijer, E., Prenger, R., Taal, E., & Cuijpers, P. (2010). The effects of mindfulness-based stress reduction therapy on mental health of adults with a chronic medical disease: A meta-analysis. *Journal of Psychosomatic Research*, 68, 539 – 544. Retrieved from <http://www.journals.elsevier.com/journal-of-psychosomatic-research/>
- Camic, P. (1999). Expanding treatment possibilities for chronic pain through the expressive arts. In C. Malchiodi (Ed.), *Medical art therapy with adults* (43-61). Philadelphia: Jessica Kingsley.
- Carmody, J. & Baer, R. (2008). Relationships between mindfulness practice and levels of mindfulness, medical and psychological symptoms and well-being in a mindfulness-based stress reduction program, *Journal of Behavioral Medicine*, 31, 23 – 33, doi:10.1007/s10865-007-9130-7

- Dobkin, P. L. (2007). Mindfulness-based stress reduction: What processes are at work? *Complementary Therapies in Clinical Practice, 14*, 8 – 16. Retrieved from <http://www.journals.elsevier.com/complementary-therapies-in-clinical-practice/>
- Fjorback, L. O. (2012). Mindfulness and bodily distress, *Danish Medical Journal, 59*(11), B4547, 1 - 18. Retrieved from http://www.danmedj.dk/portal/page/portal/danmedj.dk/dmj_forside
- Gallese, V. (2001). The ‘Shared Manifold’ hypothesis from mirror neurons to empathy, *Journal of Consciousness Studies, 8*(5–7), 33 – 50. Retrieved from http://www.imprint.co.uk/jcs_contents.html
- Gendlin, E. (1978). *Focusing*. New York, NY: Everest House.
- Grossman, P., Niemann, L., Schmidt, S., & Wallach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis, *Journal of Psychosomatic Research, 57*, 35 – 43. Retrieved from <http://www.journals.elsevier.com/journal-of-psycho-somatic-research/>
- Gubb, K. (2014). Craving interpretation: A Case of somatic countertransference, *British Journal of Psychotherapy, 30*(1), 51 – 67. doi:10.1111/bjp.12062
- Kass, J. D. & Trantham, S. M. (2014). Perspectives from clinical neuroscience: Mindfulness and the therapeutic use of the arts. In L. Rappaport (Ed.), *Mindfulness and the arts therapies: Theory and practice* (288-315). London, UK: Jessica Kingsley.
- Kerr, C.E., Jones, S. R., Wan, Q., Pritchett, D. L., Wasserman, R. H., Wexler, A., ... Moore, C. I. (2011). Effects of mindfulness meditation training on anticipatory alpha modulation in primary somatosensory cortex. *Brain Research Bulletin, 85*,

96 – 103. Retrieved from <http://www.journals.elsevier.com/brain-research-bulletin/>

Kerr, C. E., Saachet, M. D., Lazar, S. W., Moore, C. I., & Jones, S. R. (2013).

Mindfulness starts with the body: Somatosensory attention and top down modulation of cortical alpha rhythms in mindfulness meditation, *Frontiers in Human Neuroscience*, 7(12), 1 - 15. doi:10.3389/fnhum.2013.00012

Lush, E., Salmon, P., Floyd, A., Studts, J. L., Weissbecker, I., & Sephton, S. E.

(2009). Mindfulness meditation for symptom reduction in fibromyalgia: Psychophysiological correlates, *Journal of Clinical Psychology in Medical Settings*, 16, 200–207. doi:10.1007/s10880-009-9153-z

McCrae, J. D. & Lumley, M. A. (1998). Health status in sickle cell disease: Examining the roles of pain coping strategies, somatic awareness, and negative affectivity, *Journal of Behavioral Medicine*, (21)1, 35 - 55. Retrieved from <http://www.springer.com/medicine/journal/10865>

Mehling, W. E., Wrubel, J., Daubenmier, J. J., Price, C. J., Kerr, C. E., Silow, T.,

Gopisetty, V., & Stewart, A. L. (2011). Body Awareness: A phenomenological inquiry into the common ground of mind-body therapies, *Philosophy, Ethics, and Humanities in Medicine*, 6(6). Retrieved from <http://www.peh-med.com/>

Moore, A. & Malinowski, P. (2009). Meditation, mindfulness and cognitive flexibility,

Consciousness and Cognition, 18, 176–186. doi:10.1016/j.concog.2008.12.008

Morone, N. E., Lynch, C. S., Greco, C. M., Tindle, H. A., & Weiner, D. K. (2008). “I

felt like a new person.” The effects of mindfulness meditation on older adults with chronic pain: Qualitative narrative analysis of diary entries. *The Journal of Pain*,

- 9(9), 841 - 848. Retrieved from <http://www.jpain.org/>
- Moustakas, C. (1990). *Heuristic Research: Design, Methodology, and Applications*. Newbury Park, CA: SAGE Publications.
- Moayed, M. & Davis, K. (2013). Theories of pain: From specificity to gate control. *Journal of Neuropsychology, 109*(1), 5 - 15. doi:10.1152/jn.00457.2012
- Orbach, S., & Carroll, R. (2006). Contemporary approaches to body in psychotherapy: Two psychotherapists in dialogue. In J. Corrigan, H. Payne, & H. Wilkinson (Eds.), *About a body: Working with the embodied mind in psychotherapy*, 63 – 82, London, UK: Routledge.
- Pally, R. (2000) *The mind–brain reality*. London, UK: Karnac Books.
- Panhofer, H., Payne, H., Meekums, B., & Parke, T. (2011). Dancing, moving and writing in clinical supervision? Employing embodied practices in psychotherapy supervision, *The Arts in Psychotherapy, 38*, 9–16. doi:10.1016/j.aip.2010.10.001
- Polanyi, M. (1967). *The tacit dimension*. Garden City, NY: Doubleday.
- Rappaport, L. (2009). *Focusing-oriented art therapy: Accessing the body's wisdom and creative intelligence*. Philadelphia, PA: Jessica Kingsley.
- Rappaport, L. & Kalmanowitz, D. (2014). Mindfulness, psychotherapy and the art therapies. In L. Rappaport (Ed.), *Mindfulness and the arts therapies: Theory and practice* (24 - 36). London, UK: Jessica Kingsley.
- Ramón y Cajal, S. (1995). *Histology of the nervous system of man and vertebrates*. New York: Oxford University.
- Rinfret, M. (2000). “Integration des écoutes psychologiques et somatiques”. *Revue québécoise de psychologie, 22*. Retrieved from https://oraprdnt.uqtr.quebec.ca/pls/public/gscw030?owa_no_site=1935

- Rosenzweig, (2010). Mindfulness-based stress reduction for chronic pain conditions: Variation in treatment outcomes and role of home meditation practice, *Journal of Psychosomatic Research*, 68, 29 – 36. Retrieved from <http://www.journals.elsevier.com/journal-of-psychosomatic-research/>
- Salmon, P., Sephton, S., Weissbecker, I., Hoover, K., Ulmer, C., & Studts, J. (2004). Mindfulness meditation in clinical practice. *Cognitive and Behavioral Practice*, 11, 434 - 446. Retrieved from <http://www.journals.elsevier.com/cognitive-and-behavioral-practice/>
- Schore, A. N. (2005). A neuropsychoanalytic viewpoint: Commentary on paper by Steven H. Knoblauch. *Psychoanalytic Dialogues*, 15(6), 829 – 854. Retrieved from <http://www.routledgejournalhealth.com/journals/details/1048-1885/>
- Shonin, E., Van Gordon, W., & Griffiths, M. D. (2013). Mindfulness-based interventions: towards mindful clinical integration. *Frontiers in Psychology*, 4(194), 1 - 4. Retrieved from <http://www.frontiersin.org/psychology>
- Stone, M. (2006). The Analyst's body as a tuning fork: Embodied resonance in countertransference. *Journal of Analytical Psychology*, 51(1), 109 – 124. Retrieved from [http://onlinelibrary.wiley.com/journal/10.1111/\(ISSN\)1468-5922](http://onlinelibrary.wiley.com/journal/10.1111/(ISSN)1468-5922)
- Vago, D. & Nakamura, Y. (2011). Selective attentional bias towards pain-related threat in fibromyalgia: Preliminary evidence for effects of mindfulness meditation training. *Cognitive Therapy and Research*, 35, 581 – 594. doi:10.1007/s10608-011-9391-x
- Vulcan, M. (2009). Is there any body out there?: A survey of literature on somatic countertransference and its significance for DMT, *The Arts in Psychotherapy*, 36,

- 275 – 281. Retrieved from <http://www.journals.elsevier.com/the-arts-in-psychotherapy/>
- Walloch, C. (1998). Neuro-occupation and the management of chronic pain through mindfulness meditation. *Occupational Therapy International*, 5(3), 238 – 248. Retrieved from [http://onlinelibrary.wiley.com/journal/10.1002/\(ISSN\)1557-0703](http://onlinelibrary.wiley.com/journal/10.1002/(ISSN)1557-0703)
- Watkins, M. (1984). *Waking dreams*. Dallas, TX: Spring Publications.
- Watkins, M. (1986). *Invisible guests: The development of imaginal dialogues*. Hillsdale, NJ: Analytic Press.
- Whitaker, P. (2004). Art moves: Exploring the implications of the body and movement within art therapy. *The Canadian Art Therapy Association Journal*, 17(1), 3 - 9. Retrieved from <http://canadianarttherapy.org/cata-journal>
- Whitman, W. (1959). *Leaves of Grass*. New York: Viking Press. Retrieved from <http://www.gutenberg.org/files/1322/1322-h/1322-h.htm>
- Zabriskie, B. (2006) When psyche meets soma: The question of incarnation. *Body, Movement and Dance in Psychotherapy: An International Journal for Theory, Research and Practice*, 1(1), 67 - 77. doi:10.1080/17432970500468422
- Zeidan, F., Johnson, S. K., Diamond, B. J., David, Z., & Goolkasian, P. (2010a). Mindfulness meditation improves cognition: Evidence of brief mental training. *Consciousness and Cognition*, 19, 597 – 605. Retrieved from <http://www.journals.elsevier.com/consciousness-and-cognition/>
- Zeidan, F., Gordon, N. S., Merchant, J., & Goolkasian, P. (2010b). The effects of brief mindfulness meditation training on experimentally induced pain. *The Journal of Pain*, (11)3, 199 - 209. Retrieved from <http://www.jpain.org/>