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An Exploration of the Utilization of Art Materials in Sensorimotor Psychotherapy for Resolution of Attachment Trauma

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AN EXPLORATION OF
THE UTILIZATION OF ART MATERIALS
IN SENSORIMOTOR PSYCHOTHERAPY
FOR RESOLUTION OF ATTACHMENT TRAUMA

by

Susan Lorena Snodgrass

A research paper presented to the
FACULTY OF THE DEPARTMENT OF
MARITAL AND FAMILY THERAPY
LOYOLA MARYMOUNT UNIVERSITY

In partial fulfillment of the
Requirements for the degree
MASTER OF ARTS

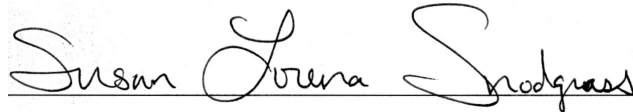
May 2015

ART MATERIALS SENSORIMOTOR PSYCHOTHERAPY

ART MATERIALS SENSORIMOTOR PSYCHOTHERAPY

Signature Page

Author's Signature:

A handwritten signature in black ink that reads "Susan Lorena Snodgrass". The signature is written in a cursive style and is positioned above a horizontal line.

Susan Lorena Snodgrass

Research project advisor signature:

A handwritten signature in black ink that reads "Paige Asawa". The signature is written in a cursive style and is positioned above a horizontal line.

Paige Asawa, Ph.D, MFT, ATR-BC

Abstract

This research investigates the researcher's experience of the integration of art making within sensorimotor psychotherapy as they relate to the resolution of attachment trauma. The heuristic method of research inquiry was employed in which the researcher was the subject in the research. The basis for the research was an increasing awareness of attachment trauma present in her life history. A review of the literature yielded that a large body of research had been published on attachment theory, trauma, and art therapy. There existed at the time of the research inquiry a lack of literature exploring the utilization of art making in sensorimotor psychotherapy. Data was gathered in the form of artworks created during individual psychotherapy with a psychologist certified in sensorimotor psychotherapy and in the form of post-session reflective writings. The artworks and post-session writings were analyzed. Themes that substantiated the research inquiry emerged. Multiple meanings were derived from this research. A primary meaning was the recognition that the therapeutic alliance coupled with art making and sensorimotor psychotherapy provided a secure environment for integration of attachment trauma. Further research is warranted. There is a potential for development of methodology for incorporating art making into sensorimotor psychotherapy for clients with whom the process is merited. Future iterations of the developed protocol might include replications of the study and modification and expansion of the protocol. The protocol could be employed for processing other types of trauma. Additionally, there is a need for more art therapists who are concurrently trained in sensorimotor psychotherapy.

Keywords: art therapy, attachment, integration, sensorimotor, sensory, trauma

Disclaimer

This paper is based on an independent study resulting from the researchers review of the literature. This paper does not reflect the view of Loyola Marymount University, nor the Department of Marital and Family Therapy.

Dedication

I dedicate this inquiry to the truth seekers, and encourage that if one should deem their experience unsatisfying, a diligent search commence to locate answers that resonate. May you find the courage to face, and to change, so that you might have the life you want. The way out is through (Frost, 1915).

This research is dedicated my first art therapist, Bruce L. Moon, Ph.D., ATR-BC, HLM, without whom I might never have encountered the field of art therapy, to my psychologist, Patricia Zomber, Ph.D., for her commitment to me as a client, and to all those who seek to find their truth, and to extend the light of this truth to others.

Acknowledgements

This paper would not have been possible without the work of dedicated and willing professionals in the field of mental health and art therapy, who have worked tirelessly to extend and expand the possible paradigms for recovery. From a personal stance, I would like to thank Bruce L. Moon, Ph.D., ATR-BC, HLM, Patricia Zomber, Ph.D., and Paige Asawa Ph.D., MFT, ATR-BC, for their continual acceptance of my process and person. I would like to extend my distanced gratitude to researchers involved in tireless advocacy and publication in the field of traumatic studies.

I would like to acknowledge the faculty of the Department of Marital and Family at Loyola Marymount University for their expertise, support, and guidance throughout my master's education. I would also like to acknowledge my cohort, for their empathy and understanding.

This exploration would not have been achievable without the support of loving family members and friends. Not only have I been bolstered by a loving support network throughout my education, but many of the reparative experiences in my life, I owe to them. Thank you Vanessa and Aaron, your love means the world to me. Certainly not least, I would like to thank my animal companion, Alicia, for offering me her trust and love. My relationship with her is but one example that is much more to communication and healing than words.

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Introduction

The Study Topic

This research explores the integration of art materials and processes within sensorimotor psychotherapy in an effort to resolve attachment trauma. Prior researchers have worked diligently to define and expand the field of attachment studies. The field of trauma studies has undergone a similar evolution. The meeting place of the two is where I have come to understand the impact of my childhood experiences on my life. Despite a long history of interaction with the field of mental health, and the pursuit of a master's level education in the field of psychotherapy, healing of my attachment disruption did not begin to occur with any lasting measure until I began to work with these traumas on the level of sensorimotor awareness.

Having also an extensive personal history with the field of art therapy, first as a consumer and then as an art therapist in training, my personal experience with the modality is that it is of high value for the consumer. The opinion of the researcher is that art therapy reaches beyond the limitations of traditional talk therapy, and is highly applicable for working with subjective interpersonal content. Translation of internal process into external image has remained a consistently gratifying and healing force in my life.

Van der Kolk (2014) stated that researchers study what puzzles them most, and often become experts in subjects that others take for granted. He referred to a quote by Beatrice Beebe, "most research is me-search" (p. 109). It is true that my own drive toward education and research has been in an effort to understand and conquer my own perceived deficits, and then to apply the knowledge gained in my work with others that have experienced similar disruptions.

It is with the same curiosity of spirit that I embarked on this "me-search" (van der Kolk, 2014, p. 109). Standalone, it was part of an essential quest to "know thyself". Expanded, it is true

that my experience is human, and in its humanity, the sharing of which might one day benefit others who find themselves on a similar quest.

Significance of the Study

It is difficult to pinpoint when I became aware that I was, in part, a product of traumatic disruption in attachment. In some manner it had always been there, a vague sense that something wasn't quite right. As a child, this manifested in somatic complaints. In adolescence, I shifted into a rebellion that eventually culminated in psychiatric hospitalization. In adulthood, the impact of trauma was evidenced by repetitive failures in significant other relationships.

Despite long-term intermittent interaction with the systems of mental healthcare, and a sustained interest in the field of psychology, it was not until sometime in the year of 2010 that I came across research on attachment. My engagement with attachment theory resonated with my perception of my internal experience. Motivated by a desire to understand the role attachment had played in my life, I quickly moved into intensive self-study and acquired the services of a personal psychologist whose approach was informed by attachment research. During the course of my pursuit of completion of my undergraduate education, many of my individualized research projects focused around the topic of attachment. This trend continued throughout my graduate studies.

The undesired termination of a significant other relationship during the late summer of 2013, at the onset of my master's education in the field of marital and family therapy and art therapy, exponentially increased my awareness of, and desire to resolve, my attachment trauma. Within a month, I reunited with and embarked on a therapeutic journey with the aforementioned psychologist. In the span of time that I had been out of state completing my undergraduate education, she had become certified in sensorimotor psychotherapy (level II). When I presented

her with my current dilemma, sensorimotor psychotherapy was suggested. My subjective experience of this method of therapeutic intervention convinced me of the validity of this process as a means for resolution of trauma.

Following a conversation with my faculty research mentor and a verbal attainment of willingness to participate from my psychologist, a heuristic inquiry was formed and a research protocol developed and initiated. My ongoing studies and personal experiences in the field of art therapy, coupled with my experiences as a consumer of sensorimotor psychotherapy led me to develop the following questions: What is the experience of integrating art making into a sensorimotor psychotherapy as it relates to attachment? Would my perceptions of my individual experiences of sensorimotor psychotherapy and art making be altered from their current state? Would my subjective analysis of my progress toward resolution of my attachment traumas be evaluated as enhanced by this integration?

Background of the Study Topic

Bowlby referred to attachment as the bond formed between children and their primary caregivers (as cited in van der Kolk, 2014, p. 111). The relative security or insecurity the child feels in the attachment affects the manner in which the child is able to successfully relate to the world and persons in it. Ainsworth and Main furthered this research, examining observed responses present in infants during separation and reunification with primary caregivers (as cited in van der Kolk, 2014, p. 115).

Siegel (2013) stated that patterns correlate between the security of attachment in childhood and the feeling of security present in that same child, now an adult. Skowron and Dendy (2004) elaborated, stating that in experiencing a secure relationship with a caregiver, a child's regulatory functions are gradually internalized. This results in adulthood as the capacity to self-soothe during experiences of stress and anxiety, and to achieve comfort and satisfaction in intimacy and autonomy. In contrast, insecurely attached children develop secondary strategies for managing anxiety and eliciting caregiving that persist into adulthood (Skowron & Dendy, 2004). Van der Kolk's (2014) affirmation that the need for attachment never lessens assists in supporting this view.

Developed by Pat Ogden, sensorimotor psychotherapy is a method of treatment for trauma that utilizes the body as the primary entry point. Though treatment is focused on the body, emotional and cognitive processing are integrated into treatment as well (Ogden & Minton, 2000). The central concept is that the integration of somatic, affective, and cognitive responses work to resolve trauma (Langmuir, Kirsh, & Classen, 2012). In particular, due to the attachment-informed nature of the modality, this method is said to be helpful for clients with a personal history of chronic attachment disruption (Langmuir et al., 2012). In the process, the therapist

becomes the psychobiological regulator for the client, and in essence creates a secure and safe reparative experience from which the client can learn to appropriately modulate arousal levels (Langmuir et al., 2012).

Art therapists have focused on the applicability of art therapy in sensorimotor processing and in the field of trauma studies. Specific to trauma work in art therapy, Gantt (2009) asserted that art making provides a method for communicating with the nonverbal mind. Cohen (as cited in Gantt, 2009, p. 149) viewed image making as a sensorimotor activity that can modulate traumatic affect. Talwar (2007) concurred, stating that clients can often put traumatic experiences that are unable to be verbalized into artistic images.

To the knowledge of this researcher at the time of writing, there is no literature that explores the utilization of art making in conjunction with sensorimotor psychotherapy.

Literature Review

This review of the literature explores existing research in the topics of childhood attachment, adult attachment, the effects of traumatic disruption on attachment, sensorimotor psychotherapy, and the meeting place of sensorimotor psychotherapy, art therapy, and the treatment of trauma. A brief overview of attachment theory is reviewed, followed by the impact of attachment on physiological functioning. The correlation between childhood attachment patterns and adult attachment is highlighted. Traumatic disruptions in attachment and the long-term impacts on somatic processes and level of functioning are explored. The sensorimotor psychotherapy method is introduced. Existing literature on the research topic is reviewed, which further clarifies the impetus for the study.

Attachment

Bowlby referred to attachment as the bond formed between children and their primary caregivers (as cited in van der Kolk, 2014, p. 111). The relative security or insecurity the child feels in the attachment affects the manner in which the child is able to successfully relate to the world and persons in it. Ainsworth and Main furthered this research, examining observed responses present in infants during separation and reunification with primary caregivers (as cited in van der Kolk, 2014, p. 115).

Van der Kolk (2014) verified that research over the past five decades has established that having secure attachment experiences correlates to self-reliance and development of sympathy for others and prosocial behaviors. Van der Kolk (2014) asserted that the relative level of security in attachment bonds impacts perspective-taking skills, and the development of self-awareness, empathy, impulse control, and self-motivation.

In the development of attachment attunement is a crucial aspect. Winnicott is considered to be the founder of attunement studies (as cited in van der Kolk, 2014, p. 113). Winnicott observed that attunement begins as a subtle exchange on the level of physical interaction. What attunement provides the infant is the sensation of being met and understood (van der Kolk, 2014). This leads to formation of identity and sense of self (van der Kolk, 2014). The visceral and kinesthetic meeting place of the two, van der Kolk (2014) stated, is the foundation for what is “real” (p. 113).

Relevant to this research is van der Kolk’s (2014) claim that babies are unable to regulate their emotional states, or the changes in heart rate, hormone levels, and nervous-system activity that accompany them. Synchronistic attunement with a caregiver provides the platform for physiological equilibrium (van der Kolk, 2014).

Adult Attachment

Siegel (2013) stated that patterns correlate between the security of attachment in childhood and the feeling of security present in that same child, now an adult. Skowron and Dendy (2004) elaborated, stating that in a secure relationship with a caregiver, a child’s regulatory functions are gradually internalized. This results in adulthood as the capacity to self-soothe during experiences of stress and anxiety, and to achieve comfort and satisfaction in intimacy and autonomy. In contrast, insecurely attached children develop secondary strategies for managing anxiety and eliciting caregiving that persist into adulthood (Skowron & Dendy, 2004). van der Kolk’s (2014) affirmation that the need for attachment never lessens assists in supporting this view.

Siegel (2013) discussed the importance of the attachment narrative in adults. In interviews with adults that were securely attached as infants, there is coherence in the narrative

of childhood and evidence of coming to terms with both the positive and negative aspects of early caregiver relationships. With insecurely attached adults, interviews can yield a lack of recall of experience, or a dismissal toward the concept that early relationships have had an impact on their makeup (Siegel, 2013).

Van der Kolk (2014) stated that in adulthood, it could be difficult to parse out which psychological issues have developed from disrupted attachment, and which have resulted from other traumas. Thus, they are often intertwined.

Traumatic Effects of Disruption in Attachment

According to Ogden, Minton, and Pain (2006), early relationship dynamics with caregivers are responsible for the child's developing cognitions and belief systems. These dynamics can be traumatic or non-traumatic. Ainsworth's "Strange Situation" experiment (as cited in van der Kolk, 2014, p.115) in 1969 gives credence to this claim. Ainsworth and her colleagues observed mother-infant pairs. In the experiment infants were temporarily separated from their mothers, and left in the room with a stranger. After a short time, the mothers returned. The babies' and mothers' responses during separation and reunification were observed. Out of these observations, Ainsworth noted two categories of children: securely attached and insecurely attached (van der Kolk, 2014).

Ainsworth's experiment showed that securely attached children became visibly upset when separation from the mother occurred, but were easily soothed by her upon her return (van der Kolk, 2014). Insecurely attached children are a category unto their own, but within it, are several subcategories. The two first developed were "anxious" and "avoidant". When separated from their mothers, avoidant infants did not appear to show concern and ignored her upon return. However, within the child the physiological responses told a different story. These infants

showed a chronic increase in heart rate, which indicated a chronic state of hyperarousal (van der Kolk, 2014). Anxious children went into distress upon separation from their mother and were not easily soothed by her when she returned. They were observed to be hyper-focused on their parent, and did not return to play once reunification was complete (van der Kolk, 2014).

Van der Kolk (2014) stated that along with the secure attachment style, both avoidant and anxious attachment styles are considered to be “organized”. Though two of the three types are insecure, the responses given to the child by the caregiver are at least consistent, if not ideal. The child then, is able to adapt itself around this consistency in order to maintain the relationship with the caregiver.

In later years, the work of Main identified a fourth type of attachment, which was named “disorganized”. After reunification during the Strange Situation experiment, disorganized children do not appear to know how to respond to their caregiver. They seem to contemplate approach and avoidance, but are not able to successfully execute either. For disorganized children, the parent is the traumatic source of terror and distress (van der Kolk, 2014). Siegel (2013) affirms that this sense of terror leads the child to experiences of fragmentation and dissociation. The disorganized child, when approached by the caregiver, simultaneously experiences a physiological freeze reaction alongside a compulsion on the part of the limbic system to approach the distressing caregiver for protection and soothing (Siegel, 2013).

A critical aspect for children with regard to attachment is their sense of whether or not they are able to feel a visceral sense of safety with their caregiver (van der Kolk, 2014). Van der Kolk (2014) cited a study that looked at the attachment patterns of more than two thousand middle-class infants. While the majority of 62% were found to be securely attached, 15% were classified as avoidant, 9% as anxious, and another 15% were identified as disorganized. The

study did not show a correlation with gender or temperament, reinforcing the concept that caregiving is responsible for attachment patterns.

According to van der Kolk (2014), if a caregiver is unable to attune to the infant's physical reality, the child learns to discount its inner bodily sensations, and tries to adapt to the caregiver's needs. The message becomes ingrained that there is something innately wrong with the way the child is naturally.

Van der Kolk (2014) posits that caregiver is often unaware that they are not in tune with the child. In cases where the parents are preoccupied with their own trauma, parenting is often unstable and inconsistent. Chronic misattunement can lead to disconnection and to the parent developing a distorted perception of the child (van der Kolk, 2014). No matter the level of capacity in the parent, the biological instinct to attach is irrefutable for the child, and they develop coping strategies in an effort to get their needs met (van der Kolk, 2014). Complicating the matter further, these children's responses to painful events are mainly determined by how calm or stressed the parents are (van der Kolk, 2014). Van der Kolk (2014) stated that the feeling of safety in infancy correlates to emotional and mood regulation as the child grows.

Langmuir, Kirsh, and Classen (2012) claimed that trauma disrupts standard physiological responses. Siegel (2014) expanded on this idea, describing an interview process where an individual whose attachment is disorganized is questioned about past traumatic experiences. As a result of the questioning, the individual may become flooded with emotions, images, sensations and behavioral impulses. These experiences feel as if they are happening in the present moment. The individual experiences a loss of awareness of space and time (Siegel, 2013). These sensations of physiological hijack are confusing, intruding, and even terrifying for the recipient

(Siegel, 2013). Langmuir et al. (2012) postulated that this is due to the traumatic event being stored in procedural memory.

Van der Kolk and Fisler (1995) described implicit memory, also referred to as procedural or nondeclarative memory, as correlating to memories of skills and habits, reflexive actions, and emotional and conditioned responses. Ogden et al. (2006) explained it as somatic and affective memory states that are not coupled with internal awareness of the event in time, ergo, as having happened in the past.

Explicit memory, sometimes referred to as declarative memory, is the conscious awareness of events that have happened to an individual. Explicit memory is a constructive process, dependent on pre-existing schema (van der Kolk & Fisler, 1995). Siegel (2013) proposed that the overwhelming experiences of the interviewee suffering from disorganized attachment were indicative of a blockage between a given implicit memory, and its journey toward explicit recall.

The experience of traumatic recall can be intrusive, confusing, and terrifying (Siegel, 2013). Van der Kolk & Fisler (1995) stated that during a traumatic memory recall, in which the memory is locked in an implicit state, a result can be the failure of capacity to verbalize about the traumatic event, though the person might be aware of perceptions and emotional relevance. Talwar (2007) highlighted this phenomenon, stating that traumatic memories that have been “walled off” (p. 23) retain their potency on an affective level, and the passage of time does not serve to decrease their intensity. Siegel (2013) agreed, asserting that images, emotions, body sensations and behavioral impulses that feel as though they are happening in present time hammer into consciousness when unresolved traumatic memories are activated. Ogden et al. (2006) explained that these implicit memories are “situationally accessible” (p. 236), and can be

activated by internal and external stimuli that are paired with the trauma. These implicit memories include reactivated sensorimotor components.

Van der Kolk and Fisler (1995) stated that the maintenance of chronic physiological intensity can lead to overly emotional reactions and dissociations. In short, the individual continues to cope by similar means through which they survived the original trauma(s). Gantt (2009) agreed and stated that a fear for trauma survivors is the feeling that the trauma is happening at present, or will happen again in the future, thus repetitive survival strategies are continuously employed. Ogden et al. (2006) named some of these strategies as the repetition of traumatic attachments, attachment to the perpetrator, and isolation, or the denial of attachment needs.

Langmuir et al. (2012) asserted that maladaptive cognitions and negative emotional overwhelm is easily activated by external and internal cues. Talwar (2007) emphasized the sheer difficulty for clinicians of treating traumatized clients whose sensorial experience of the trauma does not fade with the passage of time.

Sensorimotor Psychotherapy

Developed by Pat Ogden, sensorimotor psychotherapy is a method of treatment for trauma that utilizes the body as the primary entry point. Though treatment is focused on the sensory process of the body, emotional and cognitive processing are integrated into treatment as well (Ogden & Minton, 2000). Langmuir et al. (2012) named that the central concept of sensorimotor psychotherapy is the integration of somatic, affective, and cognitive responses in order to resolve trauma. In particular, due to the attachment-informed nature of the modality, this method of treatment is said to be helpful for clients with a personal history of chronic attachment disruption (Langmuir et al., 2012). In this method, the therapist becomes the psychobiological

regulator for the client, and in essence creates a secure and safe reparative experience from which the client can learn to appropriately modulate arousal levels (Langmuir et al., 2012).

Sensorimotor, emotional and cognitive are the three levels of information processing (Ogden & Minton, 2000). Each of these levels correlates with a respective part of the brain. Sensorimotor processing, which includes sensation and programmed movement impulse, initiates in the lower hind portion of the brain. Emotional processing is associated with the limbic area of the mid portion of the brain. Both of these types of processing are considered bottom-up, in that they originate at the sensory and/or affective levels and travel upward toward cognitive awareness. These two fundamental areas, sensorimotor and affective, develop and are intact in earlier stages of life (van Der Kolk, 2014).

Cognitive processing takes place in the frontal cortex and is considered to be top-down, originating in the frontal cortex and traveling downward to the affective and sensory levels (Ogden & Minton, 2000). Cognitive top-down processing indicates that a decision can be made in thought, and carried out via action. Top-down processing also allows for the ignoring of bottom-up physiological indicators, such as hunger pangs. The physiological responses do not cease. They are simply not attended to by the cognitive mind. In the world many adults are used to, we often operate in top-down processing.

The field of psychotherapy has also long been dominated by ‘top-down’ techniques utilized in an attempt to manage disrupted ‘bottom-up’ processes. The general aim is the conscious sublimation of sensorimotor and emotional tendencies (Ogden & Minton, 2000). While these techniques are often useful for attempts at management of traumatic symptoms, some researchers assert that these techniques do not address the entirety of the problem (Ogden

& Minton, 2000; Siegel 2010, 2013; van der Kolk, 2014). It is this exact experience, as a mental health consumer, that led this researcher in pursuit of bottom-up treatments.

Ogden and Minton (2000) claimed that in sensorimotor processing, there are a large number of fixed sequences of steps that are associated with its functioning. Some commonly known are the fight, flight, and freeze responses. The startle reflex and other involuntary reactions are also sequenced by the sensorimotor system. The sequences used to walk and run, which then become automatic, are part of this system as well (Ogden & Minton, 2000). Young children are governed by bottom-up processing. As stated previously by van der Kolk (2014), early attachment behavior is guided by tactile and kinesthetic sensations that help regulate the infant's behavior, as well as their physiological responses. Ogden and Minton (2000) agreed, and stated that the neural networks that become the foundation for later cognitive development are built through bottom-up processes.

Van der Kolk and Fisler (1995) claim that many trauma authors have observed that traumatic experiences are organized on the sensorimotor and affective levels. Ogden and Minton (2000) stated that if the neural networks have been disrupted due to trauma, the bottom-up, sensorimotor processes associated with the trauma(s) are incomplete. Tactile and internal sensations, vestibular and kinesthetic responses, and somatic defenses are examples of ways in which the body remembers trauma on a sensorimotor level (Ogden et al., 2006). Sensorimotor processing then, is the re-experiencing of the sequenced physical sensations and impulses as they progress through the body to completion, that is, to a place of stabilization and rest (Ogden & Minton, 2000). With assistance from the sensorimotor psychotherapist, the client learns how to track, via the use of cognitive function, the unassimilated sensorimotor reactions that were activated at the time of the trauma (Ogden & Minton, 2000). By working with the body to re-

experience and assimilate traumas that are lodged in the sensorimotor level, emotional and cognitive processing is improved (Siegel, 2010).

Ideally, the brain functions as an integrated whole. The integration present in each section affects the efficacy of the other regions (Ogden & Minton, 2000). Ogden and Minton (2000) assert that no experience we encounter is processed on a singular level, and that the integration of processing across all three levels: sensorimotor, emotional and cognitive are essential for trauma recovery.

In the sensorimotor psychotherapeutic relationship, the therapist's ability to attune to the client's physical experience is imperative (Ogden & Minton, 2000). This empathic attunement enables the observer to penetrate the world of the other. Buk (2009) described that the therapist assists by noticing, observing, and articulating the client's sensorimotor experience. The therapist models the process for the client, and over time, the client gains the skillset to be able track the sensorimotor processing without assistance. A case study by Flynn (2010) revealed both therapist and client satisfaction with the treatment outcomes of utilizing the sensorimotor psychotherapy process for resolution of childhood trauma.

Sensorimotor Psychotherapy, Art Therapy & Trauma

There is a paucity of research in the area of sensorimotor psychotherapy utilized in conjunction with other modalities. A handful of researchers have attempted to combine alternate therapeutic interventions with sensorimotor psychotherapy. Flynn (2010) utilized cognitive behavioral therapy in conjunction with sensorimotor psychotherapy. Mise and Iantaffi (2013) combined mindfulness-informed approaches with sensorimotor psychotherapy in a womens' sex therapy group. Langmuir et al. (2012) attempted to develop a method of adapting sensorimotor

psychotherapy to a group format, in working with women with a history of childhood and adult-based interpersonal trauma.

Art therapists have focused on the applicability of art therapy in sensorimotor processing and in the field of trauma studies. Specific to trauma work in art therapy, Gantt (2009) asserted that art making provides a method for communicating with the nonverbal mind. Cohen (as cited in Gantt, 2009, p. 149) viewed image making as a sensorimotor activity that can modulate traumatic affect. Talwar (2007) concurred, stating that clients can often put traumatic experiences that unable to be verbalized into artistic images. Buk (2009) stated that traumatic memories and associations are encoded in implicit sensorimotor form, making them difficult to articulate. To quote Buk (2009), “Because the physical act of making art involves the synthesis of the sensorimotor and perceptual realms, it allows for a more direct expression of the traumatic memories, while simultaneously promoting the artist’s autonomous engagement and sense of control” (p. 62).

There is even greater poverty in the existing literature regarding utilization of art making with sensorimotor psychotherapy. Elbrecht and Antcliff (2013) utilized clay work with clients in art therapy, and refer to the session format as containing sensorimotor processes. Sensorimotor psychotherapy in specific was not employed. To the knowledge of this researcher at the time of writing, there is no literature in existence that explores the utilization of art making in conjunction with sensorimotor psychotherapy.

The researcher, at the time a marital and family therapist trainee, and an art therapist in training, who possesses a personal history of trauma, sought to initiate the research on art making used in conjunction with sensorimotor psychotherapy for the resolution of attachment trauma.

The research was oriented toward personal and professional development, and to the encouragement of further research.

Research Approach

This research was qualitatively conducted (Creswell, 1994). Within the qualitative paradigm, falls the method of phenomenological study. Heuristic inquiry, developed by Moustakas, is one means of phenomenological analysis (Kapitan, 2010). These methods are explored in detail below, as they relate to the researcher's rationale for her study.

“For the qualitative researcher, the only reality is that constructed by the individuals involved in the research” (Creswell, 1994). The qualitative researcher assumes that multiple realities exist in any given situation, hones in on process, and does not concern itself with outcome (Creswell, 1994). The qualitative researcher is the primary agent and filter for data collection and analysis. Behaviors are observed in their natural state (Creswell, 1994).

The qualitative approach does not adhere to fixed procedures, and instead remains open, emergent, and focused on understanding gained through words and pictures (Creswell, 1994). This inductive reasoning assists the researcher in the creation of abstractions, concepts, hypotheses, and theories born from observation of details. Creswell (1994) states that descriptive words such as understanding, discovery, and meaning are part of the verbiage of qualitative research. Indeed, qualitative research, at heart, its concerned with how persons create meanings out of their experiences in their lives and the world (Creswell, 1994).

“Phenomenological research is a study of essences or core meanings about a common experience” (Kapitan, 2010, p .137). Phenomenological study examines aspects of human experience via detailed description of the person(s) being studied (Creswell, 1994). This is often referred to in the literature as the “lived experience” (Kapitan, 2010, p. 139). Philosophical in nature, phenomenological research is an extensive and long-lasting engagement that aims to discover patterns that can be utilized to create meanings that can exist in relation to one another

(Creswell, 1994). The process systematically uncovers and describes internal structures and meanings (Kapitan, 2010).

As quoted in Kapitan (2010), “Heuristics, in the context of qualitative inquiry, is a term used to define a type of phenomenological inquiry that includes the personal insights of the researcher” (p. 144). Moustakas (1990) states, “In heuristics, an unshakable connection exists between what is out there, in its appearance and reality, and what is within me in reflective thought, feeling, and awareness” (p. 12).

Human experience is explored (Moustakas, 1990). Emphasis is given to the researcher’s internal frame of reference (Moustakas, 1990). Stemming from the researcher’s life, an experience whose nature is unknown calls to the researcher. Fleeting associations and awareness evolve into essential meanings. As a result of the process, the researcher’s self is transformed (Moustakas, 1990).

A defining element of this research is that it utilizes self-awareness in intense committed engagement in an experience in efforts toward the discovery of new and in-depth meaning about the experience (Kapitan, 2010). Moustakas (1990) names the process as an internal search in which immense responsibility is placed on the researcher. The issue, problem, or question is focused on with unwavering attention and interest (Moustakas, 1990). Criterion for the research inquiry is that the researcher has had a direct and personal encounter with the phenomenon of interest. Connection to the phenomenon need be autobiographical (Moustakas, 1990).

Methods

Introduction to Methods

This research utilized the heuristic method of inquiry. The six steps developed and outlined by Moustakas provided the framework for the design of the study. Sampling, gathering of data, and analysis of data are presented. Definitions of key terms are provided for the reader.

Definition of Terms

Attachment - The bond formed between a child and their primary caregiver(s) (van der Kolk 2014, p. 111).

Attunement - attunement involves the perception of signals from others that reveal their internal world (Siegel, 2010, p. 34).

Bottom-up processing - Sensorimotor processing, which includes sensation and programmed movement impulse, initiates in the lower hind portion of the brain. Emotional processing is associated with the limbic area of the mid portion of the brain. Both of these types of processing are considered bottom-up, in that they originate at the sensory and/or affective levels and travel upward toward cognitive awareness (Ogden & Minton, 2000).

Explicit Memory - Explicit memory, sometimes referred to as declarative, is the conscious awareness of events that have happened to an individual. Explicit memory is a constructive process, dependent on pre-existing schema (van der Kolk & Fisler, 1995, p. 3).

Implicit Memory - Refers to memories of skills and habits, reflexive actions, and emotional and conditioned response (van der Kolk & Fisler, 1995, p. 3).

Sensorimotor Psychotherapy - Developed by Pat Ogden, Sensorimotor Psychotherapy is a method of treatment for trauma that utilizes the body as the primary entry point (Ogden & Minton, 2000).

Top-down processing - Cognitive processing takes place in the frontal cortex and is considered to be top-down, originating in the frontal cortex and traveling downward to the affective and sensory levels (Ogden & Minton, 2000).

Design of Study

The study was designed to facilitate the exploration of art making paired in-session with sensorimotor psychotherapy as a method for resolution of the researcher's attachment trauma. The researcher underwent an immersive review of historical data relating to the researcher's attachment relationships. The majority of data was gathered in the time frame between July 2013 and September 2014. The data reviewed was in the form of journal writings, detailed notes, email correspondences, recorded dreams, artworks, and photographs. Upon inception, earlier historical recorded data from an impactful and traumatic attachment relationship that took place during the researcher's adolescence (1994-1995) was reviewed. The impetus for this review was increased knowledge on the part of the researcher of parallel processes, repetitive strategies, and emergent patterns that have longstanding historical involvement in her attachment dynamics.

Sampling. The researcher was the subject of the study.

Gathering of data. The time frame for the data gathering was six weeks. Over the course of the data gathering, six weekly sessions with a psychologist certified in sensorimotor psychotherapy took place. In these sessions, the researcher produced six distinct artworks, at the rate of one per session. The art materials available to the researcher in each session were white copy paper (8.5"x11" & 11"x17"), gessoed canvas (uncut), colored pencils, oil pastels, water-based markers, watercolor paints, acrylic paints and an artist's palette. The steps of the heuristic protocol as designed by the researcher are as follows:

- 1) For six consecutive Tuesdays, in the evening, the researcher reviewed historical data (types listed above) in groupings of a few months at a time. Each weekly review was conducted for several hours dependent on the time required to immerse in the data. The researcher compiled free-associative pre-session writings during each review, as compelled by her internal experience.
- 2) The researcher then met with a psychologist certified in sensorimotor psychotherapy for one hour of individual psychotherapy each week on Wednesday evenings, for six consecutive weeks, beginning on October 15, 2014. Data gathering concluded on November 19, 2014.
- 3) During each session, the researcher produced an artwork utilizing the sensorimotor psychotherapy process and art making methods and techniques.
- 4) Upon arrival home post-session, the researcher wrote about her experience. These writings followed no set format, and emerged naturally.
- 5) A period of incubation lasting ten days followed the close of the data gathering process. During the incubation period, the researcher did not review her data, artworks, or develop any part of this research paper.

Analysis of data. The researcher analyzed both the artworks made in session and the post-session writings, to look for emergent themes and meanings. Art and text analysis were utilized. In an effort to increase intersubjective validity (Kapitan, 2010), the researchers mentor, a faculty member of her graduate program and a board certified art therapist who is specialized in trauma research, assisted with the formation of the data analysis process.

To further the intersubjective validation process (Kapitan, 2010), a team of eight fellow researchers, from the same graduate program, who were at the time also embarked on trauma-informed research projects, offered analytical assistance with possible meanings. This occurred

by way of a review of the artworks facilitated by the primary researcher. The process is outlined below. The written outcomes of this process underwent text analysis by the primary researcher.

In the review, the researchers were asked to sit on the same side of a long table. The primary researcher presented each artwork individually to the group, in consecutive order based on date of creation. The student researchers were asked to view each artwork in silence and to write any free-associative words or terms that came to mind on sheets of 5.5"x4.25" white copy paper. There was no time limit given to the response-writing process. When the responsive writing was complete for each separate artwork, the student researchers were asked to circle three words or terms that they had written that seemed most poignant to them.

When this process was complete, the artworks were displayed as a series, and laid out in chronological order by date of creation, beginning with the earliest. The researchers were asked to view the series as a whole, and again asked to inscribe any free-associative thoughts or terms that arose in consciousness. Following this, they were again asked to circle the terms they felt were most important. The faculty mentor then assisted in facilitating a group discussion about the artwork and the art analysis process, during which the primary researcher took notes.

One student researcher, who had been unable to attend the research meeting due to illness, was video-conferenced into the meeting and sent text images of the artwork to review, in consecutive order as described above. The notes from this researcher were delivered to the primary researcher upon their next physical meeting.

Results

Presentation of Data

The data was compiled between the dates of October 13, 2014 and November 19, 2014. As detailed above, the night before each session, historical data was reviewed in the form of journal writings, notes, letters, email correspondences, recorded dreams, artwork, poetry, photographs and a day planner. The following day the researcher created an artwork during a psychotherapy session utilizing the sensorimotor psychotherapy process, with a certified psychologist. Materials available to the researcher were white copy paper (8.5"x11" & 11"x17"), gessoed canvas (uncut), colored pencils, oil pastels, water-based markers, watercolor paints, acrylic paints and an artist's palette. After each session, the researcher recorded digital writings about the session.

Session one. The first session of the protocol took place on October 15, 2014. Deviating slightly from the intended protocol, I began, two nights prior on October 13, 2014, to review the historical data from 1994-1995. The data, pertinent to a significant other relationship that took place during that time span, was in the form of notes written in a day planner. Additionally, a few letters and poems and artworks in which the dates ranged from 1994-2004 were reviewed. The inclination to review the data early was due to a synchronicity in date and a potential parallel process, in that a significant date in the data was October 13, 1994, the date the relationship incepted. I felt it might enhance the heuristic immersion process to begin the data review on this date. The date correlation was unplanned when the protocol was developed. The data was then reviewed for two consecutive evenings, instead of one.

The data review was emotionally evocative for the researcher. An unplanned free-associative note-taking process commenced, alongside the review. This process persisted

throughout each data review of the protocol, and in this instance, ended abruptly, midway through. I experienced a high level of engagement with the data. Primary emotions that surfaced during the review were anger and incredulity that these happenings had been part of my life history. The review seemed to assist with memory recall, and development of a timeline for a collection of foggy memories of events that had taken place some 20 years prior. I found myself noticing patterns of potential reactionary call and response between the significant other and myself that I had not been aware of prior.

After the first night of review, I felt compelled to take the planner to school the following day, perhaps in an effort to continue my immersion. I showed the data to a trusted colleague who was not in my research cluster, and we had a brief discussion about the content. That evening, I continued my reading and review of the data, noticing that I did not feel compelled to write any further notes.

The following afternoon, at 4:15 p.m., I went into session with my psychologist. I brought in a collection of art materials and placed them next to me on the floor. I laid a drop cloth in front of me, and cut and placed a piece of gessoed canvas on top. My psychologist joined me, sitting on the floor near me. I felt that I wanted to paint, and I picked up a paintbrush. I began to talk with my psychologist about the data I had reviewed while using paintbrushes to add paint to the canvas. I used the brushes for a few minutes, but quickly transitioned into using my fingers and hands to apply the paint, feeling a need to connect my body to the art materials.

As I described this relationship and the memories that surfaced to my psychologist, a somatic art process unfolded in conjunction with the sensorimotor expression. I scratched away paint with my nails. I pressed, smacked, and smeared. In the middle of the session, I crumpled the canvas in on itself. I uncrumpled it and continued to apply paint. I developed a rhythm with

the art making, while still talking about the relationship, in which I created an art composition, and then abruptly smeared the creation out of recognition. I repeated the process of creating and smearing a number of times.

Just past the halfway point of the session, awareness arose of what was transpiring. The art making process had become the metaphor for the totality of the relationship. My lack of satisfaction with the artwork paralleled my experience of inability to find a point of satisfaction in the relational dyad. The relationship had been one of rapidly shifting extremes, and the art making process was reflective of this. There was integrity to my art making, in that I found that I could create a pleasant image, but when looking at it felt unable to leave it be, feeling it would be misrepresentative of my experience of the cyclical dynamics that had governed the interaction. At one point, I heard my psychologist gasp when I smeared over a particularly aesthetically pleasing form.

As I deepened into the process, I regressed into recollection of the somatic experiences in the relationship. Sensations connected with feelings of longing, obsession, hope, waiting, powerlessness, empathy, sympathy, desire to help, consolation, love, anger, betrayal, frustration, confusion, identification, and desire for equanimity all surfaced. It felt as though the sensations were coming out of me onto the canvas. The sensorimotor tracking process was difficult to stay with. Normally, I had tended to participate in the sensorimotor psychotherapy process with my eyes closed. At the time my eyes were open because I was attempting to consciously create a piece of art. However, when my psychologist would facilitate and ask me a question, I was able to answer her verbally and as I spoke I sobbed and painted. I stated a fear that there might not be a resolution to the art piece, just as there had been no satisfactory resolution to that relationship. I

stated my desire to achieve both. Eventually I did get to an end point with the art, which I named a “black orchid”, and then a “masquerade mask” (Figure 1).

After the session, I returned home and reflected on my experience via recording the post-session writings. I marveled at how quickly I had been able to access such dated material. I felt a distinct difference between this session and others prior that did not include art making, in terms of how quickly I accessed the submerged content. I became aware of more parallels present between the art process and the relationship with the significant other, and in my relationship with myself. I reflected on, and remembered my experience, noting a new perspective I had developed to replace a distorted perception I had long held regarding the termination of the relationship.



Figure 1. “Black Orchid” or “Masquerade Mask”

Session two. From this point forward, all of the historical data reviewed involved a significant other relationship that initiated and ended in 2013. The second data review occurred on October 21, 2014. The data I reviewed was dated from July 1, 2013 to September 30, 2013. I continued the former week's trend of writing as I read through the historical data, which were in the form of emails, texts, journal entries, recorded dreams, photographs, and artwork I had created. As in the week prior, I stopped writing abruptly, partway into the review.

I had been apprehensive to begin the data review, fearing the unpleasant feelings and memories that could be evoked. As I embarked, I encountered information I vividly remembered and information I had forgotten. Up to this point, the majority of my processing of the relationship and separation had taken place in the therapy room, in conversations with my support system, and in my own journaling and art making. Much time had passed since I had encountered any direct correspondence between the significant other and myself, and the review was impactful, eliciting profound emotional responses.

As I reviewed, I felt I was reliving the experience of the relationship in real time. As feelings and reactions surfaced, I became aware that I was triggered. As I reviewed documentation of our conversations, I was overcome with pain and grief. The experience felt to be still intact inside of me, over a year later. The feelings and sensations were so immense and profuse that I felt they could have been tangible. I wept for the loss. When I arrived at the point in our conversation where the significant other terminated the relationship, I stopped reading. Partly, this was due to fatigue. The amount of the historical data to review for the week had been sizeable. The other factor was that I had gone through such an emotionally evocative process by reading the pleasurable correspondence; I did not feel capable or even coherent to read the painful dialogue in that moment. I cried myself to sleep.

The next evening I went into session at 4:15 p.m. as scheduled, in tears. While in the waiting room, I had read through the last of our correspondence, in an attempt to complete the data review and to prime myself for the process. Again I situated myself on the floor, with my psychologist joining me. I selected and began to paint on a piece of canvas I had cut with a brush, but soon found I was unable to continue. Attempting to create art seemed to disconnect me from my body, so I stopped in favor of the sensorimotor experience. I laid on the floor on my back, with my body in a fetal position. I heaved and sobbed and verbalized that I was now aware that my heart and cognitive mind were split and that their separate agendas were at odds with one another. I spent the remainder of the session in much the same manner, discussing the pain of the loss of the relationship and my feelings of lack of resolution. At a certain point, she asked me if I wanted to contact the significant other, to tell them how I felt, and I replied, "What's the point?" I felt as though I was trapped between mind and heart, in a state of suspension that fosters inaction.

At the end of the session, I had difficulty returning to a state of presence. I asked to come back the same night to participate in another session in order to finish processing. My psychologist was in agreement that I should return, and asked me if I wanted to take my painting with me to work on in the interim, since I hadn't been capable of working on it in session. That felt right to me, and I took my painting home, where I added painted to it and brought it back at 7:10 p.m. (Figure 2). The abstract forms that were painted in the session were the red and green inside of the "frame". The rest was painted at home in the interim between sessions. The phrase "Why aren't you here? You're supposed to be here" had been verbalized by me in the session that day, and I felt it expressed the pain of the loss accurately. Additionally, I brought back with me three artworks from approximate ages 16-20, which were all related to the relationship I had

been working with in the initial session of the protocol. I felt that they were connected and similar to the art I had created that day. They were titled “Agony”, “Suspension”, and “Reaching” (see Appendices 1-3).

Upon return to her office, I showed my psychologist the artworks, and proceeded into the sensorimotor process again, lying on the floor with her sitting near me, and the artwork spread out to my side. It was during this time that I saw in my mind’s eye an image of my heart, suspended. It appeared to start performing and radiating color when I looked at it. A flood of pleasant memories from childhood opened into my awareness. It seemed as though in these two sessions, my heart had found its voice. The experience was new for me, of having an existing “part” of myself emerge and communicate in the sensorimotor process. Possibly the most important revelation here is that my heart had no interest in time or space. It also held no fear of pain. This was in direct juxtaposition with the agenda of my cognitive mind, which very much disliked the experience of pain. I became aware that I had come into contact with a split off internalized part of myself. A memory arose, connected to the relationship processed in the last session, of events that I felt caused this rupture between head and heart. My psychologist, allowed the session run over and I appreciated that because I felt both that I needed it and that she was able to see and recognize this need.

Post-session, I began to write. I found that my heart wanted to write a letter to the significant other. I allowed the written expression to unfold, noting that my heart was able to write in defense of my perspective and innate right to my process, while at the same time being gentle toward the significant other. I feel asleep shortly after I was finished writing, having at that point more than 3 hours in therapeutic processing.



Figure 2. “Why Aren’t You Here? You’re Supposed To Be Here”

Session three. Historical data for the third session was reviewed on October 28, 2014. The date range of the data spanned from September 1, 2013 through November 30, 2013. Reviewing the September data was an overlap from the week prior, however the review the week before had been so emotionally consuming that I didn’t notice my oversight until partway through the process. Of note is that it was during this time frame of the historical data that I had chosen to reinstate psychotherapy with my psychologist, which began October 7, 2013. The reader will recall that it was at this time that she had introduced me to and we began to work with the sensorimotor psychotherapy method.

As I reviewed the data, I continued the writing process as I had the weeks prior, though at the start, I began to write down patterns and themes I thought were of import. As I progressed through the data my writing became more free flowing and less structured. Another change present this week was that I continued to write notes for the duration of the data review.

The next evening, during the session, I cut the remainder of the canvas into pieces. Once again selected to work with paint and canvas. By this point I felt relatively certain I would opt to paint for the duration of the protocol, but I allowed myself access to the aforementioned selection of materials, in order to allow for a spontaneous process to unfold. Similar to the week prior, I was able to paint for a short duration (Figure 3), using brushes, after which I felt overtaken by the sensorimotor processes that were awakened. Again I lay down on the floor, this time covering my face with my shirt. As in the prior sessions, my psychotherapist was sitting on the floor near me.

Though the historical data I had reviewed was pertinent to the significant other relationship, the session strayed from this topic. In this session, another seeming part of myself emerged, and the phrase I felt rise into my awareness was “childhood terror”. Much of this terrorized part had no voice with which to speak and was unable to form words. This was another first for my experience of the sensorimotor psychotherapy process. I asked my psychologist to speak directly to the part, so that my cognitive mind was relieved of the burden of having to translate.

As I observed the process unfolding via dual awareness of sensorimotor and cognitive processes, I listened to myself talk and respond. Thematically, I spoke of childhood encounters with death, existential dilemmas, and feelings of hatred toward a caregiver due to intense feelings of upset and confusion concerning their actions. My psychologist inquired about the feelings of anger, and asked if I possibly wanted to destroy something symbolically. I answered no. I told her that I felt it wasn't safe to do so because I was aware that there were breakables in the room. I went on to state that the only place I felt it was safe to express anger fully was in a

mental hospital safe room where there was no ability to break things, hurt others, or hurt myself. As I heard myself state this, I felt surprised by the admission.

Next, I verbalized that I felt as though I wanted to scream, and told her that I could see an image of a mouth screaming in my mind. At this point I began sobbing. My body heaved and I screamed once and coughed. I then breathed very heavily and continued to simultaneously wail and cry. I began to speak about the victimization I had experienced as a result of bullying in middle school and the confusion that ensued as a result. I was by this point, heavily into the somatic release of the incomplete trauma. I saw it through and verbalized that I felt my heart was breaking due to feelings of rejection and judgment. I then came into contact of feelings of not wanting to live due to the impact of the traumatization. In large part, this part of me was still locked in the victimized confusion of why people had chosen to hurt me, and wondering what I had done to deserve the maltreatment.

My body eventually settled down, and at that time my psychologist began to speak to me. She validated my experience, and gently educated me on the plausible reason for the intensity of my emotions. She informed me that they felt so big because they had been bottled up for so long. As she spoke I felt deep sadness and tears streamed down my face. I also felt comforted by her words. Specifically, at one point she stated she could see me. I took this in as a novel idea, comprehending that at times of severe rejection and mistreatment, I have felt as though not only emotionally, but physically, I must not exist, due to confusion about how it could be so seemingly easy for others to ignore my emotionality and personhood.

I returned home after the session and took notes on my experience. Awareness came to me as I wrote. I pondered that if the only place I believed it was safe to fully express my

emotions was in a mental hospital, that there likely existed a correlate to how safe I have felt expressing my emotions in my life.



Figure 3. Untitled.

Session four. The fourth session of my protocol took place on November 5, 2014. The night before, I reviewed historical data from December 1, 2013 through March 31, 2014. The pre-session writing continued, as in the weeks before. However, this week, most of what I wrote down was regarding the dreams I had had about the significant other relationship during that timeframe.

In session the following evening, I sat down and once again began to paint, using brushes. My psychologist sat on the floor with me. She opened by asking for feedback on the process, and I felt it threw me off course. I became frustrated at feeling as though I had to explain myself when I what I really wanted was to engage in the process and have her trust that I knew what I needed. I was painting while talking to her, and I felt that the act of painting acted as a moderator

to help me converse without becoming overly reactive. I found that I was able to ask her pointed questions that, even though I was attempting to understand and respect her perspective, also honored my own. My directness surprised me.

As the conversation unfolded, she seemed to take ownership of her perceptions, stating that she felt ungrounded and in unfamiliar territory. She informed me that she hadn't been able to tell if there was repair or closure happening in the sessions, whereas normally she felt she could. She also iterated that she was generally a cautious therapist. I was responsive, and told her I felt there was much progress and repair occurring. I explained my perceptions and reasoning for my seeming lack of caution. I offered feedback about the reparation I felt had occurred and reminded her that I too was in unfamiliar territory.

The conversation with her may have impacted the session, because I noticed that barely looked at her. I felt tired and unable to get into my body. I tried to discuss some of the data I had reviewed and the realizations that came with it, hoping it would assist. It did not, and I gave in to the sense of futility and talked about how I really wanted be in my body and that it felt terrible not to be. She asked me to describe it and I said it felt like a vibration and not a good one; as though I couldn't feel my body from the inside, only from the outside.

This led to a recall of a negative experience of sensory dissociation that had occurred due to drug experimentation as a young adult. This had come up in a prior session that had taken place some time ago, outside the window of the set protocol. I noticed that I was able to verbalize about the experience this time, whereas before I had only been able to connect to it somatically. This processing led to a connection to another significant other relationship that was in progress during the drug experimentation incident. A sensory review of that experience brought me back around to the review of the historical data. I began to draw parallels between

the two significant other relationships; the one I had been involved in as a young adult and the one that occurred in 2013. I was able to maintain painting throughout the session, and as the different topics emerged, I created new elements in the artwork, which were largely color correlated (Figure 4).

At the end of the session, she asked me if I wanted to say anything about the artwork I had created. I observed that creating art in session assisted me in dropping into the sensorimotor material quickly. I informed her that I felt making art in session resulted in my talking about events I don't otherwise discuss or have ongoing conscious awareness of. I also stated that I felt that themes of my experience of spirituality had begun to emerge as a result of this process. She validated that my creating art seemed to help the material bubble up. She then said she could tell that I really need to just go for it when I get there and that she was going to trust that.

A pervasive theme throughout this session had been about my perceptions of others negative reactions toward me, and how tiring and frustrating the experience of contending with them had been. This may have begun with the conversation at the beginning of the session, which was still a point of irritation for me when I arrived home to write. I found myself continuing to process the earlier part of my conversation with her in my writing. I wondered if this was because I had suppressed my emotions during the conversation. I had consciously done this in order to mitigate my becoming reactive to a conversation in which I felt I was likely to project a lifetime of feeling criticized onto her, due to my state of vulnerability. Though I was aware that it is acceptable to project onto your therapist, I did not have a desire to take the pain of my past out on her. As I continued to write, I felt a longing to have her trust me to know what I needed. I saw the irrationality in my wish for her to innately understand me and always know

the right thing to say. Once I felt I had been able to express all of the suppressed emotions and projective material, I stopped writing.

Fifteen minutes later I resumed writing, having shifted into a more neutral emotional space. I reflected on the restraint I had employed in order to converse with her without becoming reactive. Even though the restraint employed could be seen as an attempt at symptom management, I felt even more resolute in my beliefs that simplified coping mechanisms are ineffective for resolution of trauma. I had a strong sense that, unless I was allowed the freedom to work with the lodged traumatic material inside of me in a way that felt appropriate to me, true healing would evade me.



Figure 4. Untitled.

Session five. The fifth session of my heuristic protocol took place on November 12, 2014. The data reviewed was from March 1, 2014 through June 30, 2014. I again unintentionally overlapped in my review of the historical data of March 2013. This was a result of having

experienced some confusion when setting the span of months for each of the protocol dates at the onset. I continued the prewriting process, as in the previous weeks. Also mimicking prior weeks, I chose to paint, and sat on the floor with my psychologist sitting near me.

Overall in the session, I somatically felt many different feelings and sensations that I had not been in contact with in some time. Between each one, I would feel exhausted, which would send me back into my cognition. During the painting process, I used both artistic paintbrushes and my hands to apply the paint. I began by painting and talking about feeling exhausted. I then stopped painting and lay on the floor, hoping to engage a sensorimotor experience. I was unable to, so I sat up and began to paint again. I continued to alternate between painting and resting for the duration of the session.

Eventually I was able to connect with a sensorimotor process, and the feelings I felt were connected to a desire for people to stay, and not leave. I realized this was a barrier to letting go of attachments. I did not want to get rid of the good parts of the relationships, which I saw as inexorably intertwined with the bad parts. With my psychologist's assistance I was able to visualize a conglomerate of good and bad, pain and pleasure, which were inherent in three specific attachment relationships of mine. The visualization was a giant meatball. I felt a strong need not to destroy it. My psychologist worked with me in the visualization metaphor, proposing that she provide me with assistance. I agreed, and offered her a dump truck image that I had drawn in an art journal some months prior. With my permission, she drove in it to the meatball, loaded the meatball in the back of the dump truck, and drove it to the edge of a cliff overlooking a landfill. There she dumped it off. As I watched this process unfold in my mind, I could sense that meatball did not want to be in the landfill. It grew noodle-like legs and arms, and began to climb out. It stopped near the top of the cliff. She noted with me that the meatball had stopped.

There was no further progression and we left the visualization scene as it was, with the meatball hanging on the cliff, her in the driver's seat, and the back of the truck still raised in dumping mode.

I sat up and returned to painting. After some time, an image of a teapot came into my mind, and I felt I wanted to explore it. I lay back on the ground and worked within the sensorimotor material. The teapot turned out to be a symbolic metaphor for my perceptions of contrasting motivation levels between the significant other and myself. After exploring this for some time, and to a point of completion, I resumed painting (Figure 5). As the session ended, both my psychologist and I noted that this was the first meeting in which I had not incorporated black paint. When I arrived home, I wrote my post-session notes with a sense of neutrality.



Figure 5. Untitled.

Session six. The historical data, dated from July 1, 2014 through September 30, 2014, was reviewed on November 18, 2014. The prewriting process that had been carried throughout

the protocol occurred in the final data review as well. The final session occurred on November 19, 2014. I had postponed my session time three hours, to 7:15 p.m. because my pet was ill and urgently needed to see a veterinarian. By the time I arrived, I had experienced a very long and taxing day. I was extremely tired. As was now standard, I sat on the floor and my psychologist sat near me. I elected to paint on the backside of the first painting, due to both being out of canvas material and feeling a heavy dislike for the significant other from the first session. This sense of dislike and foreclosure left me, in that moment, unconcerned about needing access to that side of the painting in the future.

The historical data review, along with my fatigue, had evoked a sense of apathy, which served to foster a sense of individuation and ownership of my experience of the relationship, and other relationships that had been discussed over the course of the protocol. I reflected on all the different feelings that had surfaced as I painted, and their conflicts with one another. This led to a state of confusion. Again, I expressed my desire to let go of these attachments and my felt incapacity to do so.

I discussed an awareness I had gained over the course of the week. I told my psychologist that I had come to realize that even if these attachment persons were to return, as part of me felt I wanted them to, that trust had been broken, possibly irreparably. I had spent time over the week wondering what I would actually require of these persons in order to feel safe connecting to them, ultimately feeling that they would be unable to deliver what I needed for repair. This led to feelings of discouragement, and an exploration of whether or not I felt able to forgive disruption in relationships of any kind. I realized while exploring the concept verbally that I was capable of forgiveness. I found myself drawing on a current example of a long-term friendship of mine that was undergoing repair.

Over the course of the protocol, I consistently noticed that the art making assisted me in discussing rarely addressed topics. This session was no different. Spiritual content again surfaced, and I expressed my experiences of spiritual phenomena that I rarely discuss with others. I was able to continue to paint for the duration of the session (Figure 6), and did not find myself dropping into a bodily experience that required singular attention. It was interesting to me aesthetically to utilize the textures and paint from the other side of the canvas and to incorporate them into my artistic creation. When I arrived home, I forgot about needing to write my post-session notes for two hours, likely due to fatigue. I was lying down to sleep for the night, when I remembered that I needed to write them. I roused and wrote them quickly, and fell asleep directly after.



Figure 6. Untitled.

Analysis of Data

Data in the form of artworks created in session and the text of the post-session writings were analyzed separately. The researcher's decision to utilize external data gained via members of her research cluster through art analysis methods ultimately served as a means of validation for the researcher. When the group art analysis data was compared with individualized post-session text analysis, corresponding themes emerged. These themes were, in order of prominence: feeling, trauma, sensory, black, and attachment. The conceptualization that the themes could be independently identified by the research cluster, as well as by her, was gratifying to the researcher's internal knowledge of her experience. The emergent themes substantiate the topic of inquiry.

Feeling. For this researcher, the dominant theme of feeling encapsulates my experience of the interconnectivity of physiological and emotional responses, both of which are bottom-up processes (Ogden & Minton, 2000). Sensorimotor processing includes the tracking of physical sensations, which for me, are most often linked to stored memories that have a particular emotional vividness. Recalling stored interconnected memory content led the researcher to experience a myriad of emotional feelings. The experience of the art making that took place during session, at times, incorporated use of the physical body. During these processes the sensation of touching the paint materials directly was the somatic experience of feeling them. The researcher's acknowledged primary method of perceiving and comprehending self and others is via feeling, or what could be called felt sense. The frequency of this theme in the analysis gives a strong indication of this.

Sensory. The second most prominent theme was sensory. In both forms of analysis there was a high indication of going, into, out, and space. My experience of the sensorimotor process

is that of going into and out of spaces of sensation and memory. Expanding further on the concept of space, within this research there was a therapeutic space created for the process to unfold, internal spaces that were explored, and space available on the canvas for artistic expression. The sense of being “into” and then “out” of the sensorimotor material is understandable when considering that the process hinges on a sense of going “into” the body, and into the stored trauma, in order to allow the incomplete process to express to resolution; to get the trauma “out”. The perception of coming out of the experience at the end of each session, or coming in and out of my body during sessions are noted throughout the presentation of data.

Trauma. The overall themes show an interconnectedness that reflects the topic of the research. Within feeling is sensory experience. Both of the themes above can also enfold into the experience of trauma. A common experience in my unresolved trauma is that of emotional and physiological hijacking (van der Kolk, 2014). When experienced, there is a deep sense of being overtaken by sensory activation, usually alongside memory and emotion. There is a desire, yet inability, to create cessation. Experiences of bodily dissociation also frequently occur in traumatized individuals (van der Kolk, 2014). I experience this to be a sense of being out of my body, in a state of non-feeling/non-sensation and having awareness of a sense of difficulty regarding the ability to get back in. Siegel called this a feeling of being unreal and broken apart, the source of which is a fragmented self whose attachment processes are in a state of disorganization (Siegel, 2013).

Expanding further, the sub themes of hurt, pain, and fighting were frequent and are reflective of trauma. In that I was privy to all of the experiential material that led to the development of this research, I was not surprised to see the text analysis yield these results. However the ability of the co-researchers to pull these threads from my artwork was both

validating and uncomfortable. It could also be said that hurt, pain, and fighting are reflective of feelings and sensory content, thus the dynamic relationships between the themes reflects the dynamism of the overall research process.

Black. The use of the color black in art is often associated in the general public with trauma and depression. As an art therapist trainee, I was aware of this knowledge at the time of creation. However, a post-analysis search of the literature led me to meaningful discovery. Withrow (2004) highlighted several studies that involved the art of traumatized “life-threatened children” (p. 35) which included a high prevalence of the use of black and sometimes red. Gregorian, Azarian, DeMaria, and McDonald (1996) noted that these children did not use a colored background or colored paper and infrequently used white. Wu, Chang, and Chen (2009) claimed that over time, traumatized children discontinued use of these colors.

The artwork I created in session four shows a prominence of black and red on an untouched, white background. The only other color utilized was silver, which is near in hue to white. The large stripe of black paint (Figure 3) was created directly before I was unable to sustain painting due to emotional and sensory overload. This art was created in the same session in which I connected to my “childhood terror”. This happened directly after making the black mark. Though far away from my childhood in years in age, trauma research continues to affirm that recall of dissociated traumatic memory occurs as if the individual is experiencing it in present moment (van der Kolk, 2014). It may be of note that my use of the color black decreased in prominence as the sessions of the protocol progressed.

I will attest that the color black is often prominent in my artworks that involve difficult emotional processing. However, at least as far back as adolescence, I have found a sense of comfort in the color black. Withrow (2004) discussed that in the evening, when our vision is

“shrouded in gray and black tones” (p. 36), the hypothalamus releases melatonin, a depressant closely associated with sleep. The idea that black could then be associated both with depression and soothing restoration seems plausible. As I have indicated in the presentation of data, my traumatic experiences include both pain and pleasure. My use of the color black in art making seems to reflect this as well, for the experience of creating the art is pleasurable, even if the content is upsetting to confront. In fact, I have always experienced relief by externalizing painful material into imagery. While I do not utilize black in every artwork I create, it may be of import that all but one of this series contained the color black.

The artwork of the second painting portrays a girl surrounded by blackness (Figure 2). The artwork brought in after the first part of the same session (Figures 8-10, Appendices), each has a high prominence of the color black. Though they were not created during protocol, they give further evidence to the claim made above about my use of the color black when confronting difficult material in art making. Figure 1 also incorporates a great deal of black paint, particularly in the middle. Figures 4 and 6 display areas of heavy black paint on the canvas. In Figure 4 black paint was utilized when discussing a particular bodily sensation, that of dissociation.

Attachment. The word together was dominant in the analysis. Evidence of attachment disruptions and the desire for togetherness were prominent throughout the presentation of data. Many scenarios relating to togetherness, or lack thereof, were elicited verbally throughout the sessions of the protocol. The art created in the second session asks the question “Why aren’t you here?” and then states, “You’re supposed to be here” (Figure 2), indicating that there is confusion and lack where there was once an experience of intimacy and togetherness.

Indeed the themes center around the topic of the research, and as such, may simply indicate commitment on the part of the researcher to immerse in a full heuristic exploration of

the dynamic relational interactivity of these themes. However, they might also give confirmation of the researcher's assessment of her experience of having been affected by disrupted attachment. Other themes might have emerged, but none were as prominent as those that were highlighted with the most frequency. Perhaps this was the effect of focusing, but the artwork created was also able to indicate similar themes to the group of researchers who participated in the art analysis.

In this heuristic inquiry, the researcher attempted to answer the following questions: What is the experience of integrating art making into a sensorimotor psychotherapy as it relates to attachment? Would my perceptions of my individual experiences of sensorimotor psychotherapy and art therapy be altered from their current state? Would my subjective analysis of my progress toward resolution of my attachment traumas be evaluated as enhanced by this integration? These questioned are explored below.

What is the experience of integrating art making into a sensorimotor psychotherapy as it relates to attachment? I felt, even after the first session, that the method of integrating art making into sensorimotor psychotherapy was effective for me. The utilization of art materials allowed for rapid accessibility of stored sensory traumatic attachment material. Though the historical research data reviewed was specific to two particular romantic significant other relationships, connections were opened to other events in the researcher's personal history that had affected her attachment processes. Specific experiences of disrupted relationships with caregivers, alternative significant others, and peers emerged throughout the protocol process. Traumatizing existential, spiritual, and substance use experiences surfaced as well.

Bodily sensations throughout the process accessed both painful and pleasurable experiences. Re-experiencing of traumatic material and contacting of deep pain occurred. The

trained psychologist, the therapeutic holding environment, the researcher's prior knowledge of the sensorimotor psychotherapy process, and an open acceptance of the experience were necessary for containment. Additionally, the ability of the researcher to sustain attention in parallel processing served as a grounding force, especially during the more intense re-experiencing moments. The intensity of the sessions arched through a steady increase and then decrease for the progression of the protocol. The decrease in intensity began at the midway point.

Creating the art served as a metaphor for traumatic attachment experiences. The use of body parts to apply the art materials in session one enhanced sensory processing. It also seemed to externalize the sensory process onto the canvas. In the second and third session, there was an inability to create art while simultaneously processing on a sensorimotor level. The researcher felt she needed to select one or the other in order to proceed. Sessions four through six showed an increase in ability to sustain both activities simultaneously, and to utilize art making to intentionally access stored traumatic material.

Would my perceptions of my individual experiences of sensorimotor psychotherapy and art making be altered from their current state? Several distinctive new experiences occurred during the protocol that the researcher had not experienced in previous sensorimotor psychotherapy sessions. These served to alter my perceptions about sensorimotor psychotherapy and the integration of art making.

The emergence of "parts" was unexpected for the researcher, and led to conceptualization and visualization of the internal fragmentation involved in her complex attachment trauma. The inability to form words at times was also unexpected. Resurgence of rarely experienced feelings and sensations occurred. The emergence of existential and spiritual material was novel as well. I found myself throughout the protocol discussing events and concepts that I normally do not. I

also became aware that there was a form of pleasure I derive from the re-experiencing of these events, even when the material being encountered is painful. Indeed, there was an increasing awareness throughout the protocol of the inseparability of painful and pleasurable material.

The parallel processing that I had experienced in sensorimotor psychotherapy sessions prior to the protocol, if explained, resembled a present centered awareness of a regressive state. This experience was expanded. Incorporating the art making led to an additional, simultaneous present-centered awareness that the act of creating art itself had become a metaphor for the traumatic experience that was being reprocessed during the sessions. At times, I felt a multiplicity of awareness. Though not always experienced in synchrony, consciousness of feeling cognizant of past sensory, affective, and memory recall, while also being alert to present moment, the physicality involved in art making, and attentiveness to development of artistic composition did occur.

My perception of the role and impact of the sensorimotor psychotherapist was also altered. Due to experiences that occurred during the protocol, I came to understand more fully how important it is to be able to rely on the sensorimotor psychotherapist. In the moments where I was unable to speak, or when an intense traumatic experience was being relived through bodily processes, her ability to guide the session was more necessary than it had ever seemed to me. Her willingness to allow the session to unfold, and in one instance be prolonged, was key for me to feel as though my needs were important; the opposite of which plays a large role in my attachment trauma. In allowing this, she may have provided a corrective emotional experience.

Lastly, I noticed that the incorporation of art making allowed me to more quickly move past my reactionary defensive strategies and into authentic and vulnerable communication. With my defenses lowered, and often at the end of particularly difficult and intense re-experiencing of

events, I found that the sensorimotor psychologist was better able to “get through” to me. During these times I found myself comforted by her speaking to me, in a manner in which I had not experienced before. This served to raise my awareness that in these moments, I was possibly suggestible, and that the enormous amount of trust I held in my therapist was paramount to my ability to feel comfortable allowing the intervention.

Would my subjective analysis of my progress toward resolution of my attachment traumas be evaluated as enhanced by this integration? The short duration of the protocol does not lend itself to probable complete resolution of attachment trauma, and that is not the claim being made here. This was a pioneering effort on the part of the researcher, and not meant to undermine the deliberate and painstaking efforts made by traumatized persons and the mental health professionals that work with them over lengths of years as they progress toward recovery.

It should also be stated that at the time of the research, the researcher was an artist with an undergraduate degree in studio art, and an art therapist in master’s level training. Her comfort level with art making and art materials may have served to ease a commonly experienced tension around technical and compositional proficiencies.

Additionally, via the direct effect of the sensorimotor psychotherapy on bottom-up processes, some amount of progress might not be consciously known to the researcher, and therefore unavailable for evaluation. However, my perception is that the overarching process of progress toward resolution of my attachment trauma was enhanced by the integration of art materials into the sensorimotor psychotherapy process.

Conscious recognition of fragmentation occurred. The various parts that emerged solidified and gained traction throughout the protocol. New awareness and insights regarding interpretation and meaning of past events transpired. Internal conflicts and projective

identifications and processes were illuminated. Increased awareness of the impacts of trauma on level of functioning was highlighted. Reparative experience of feeling “invisible” occurred on a somatic level. Cognitive distortions were challenged, and sense of individuation and identity formation advanced. Ability for reliance on others and toward the development of authentic expression of self was improved.

The researcher’s experience of the sensorimotor psychotherapy process is that, because the information is being processed in bottom-up format, many of the results of the process are not immediately known. Though some insights and awareness arrive in, or shortly after the session, the most prominent qualifier of subjective validity for the researcher has been noticing distinctive, and seemingly permanent, alterations in both thought patterns and behavior in the undetermined timespan following the session. These changes occur without an effortful amount of cognitive processing on the part of the researcher. In addition, a reduction in traumatic symptomology progressively ensues.

In short, the sensorimotor psychotherapeutic processing “keeps going” long after the session has closed. Since the process is non-linear (Ogden et al., 2006), it is likely that a number of positive progression markers are not available from the analysis of the artwork and the post-session writings. It should be made clear to the reader, however, that the process was found to be valuable enough to not only research, but also to continue to incorporate post-protocol. This should be seen as giving credence to the researcher’s belief in its value for those traumatized by disruptive attachment events.

Meanings

Quoting Kurtz, Ogden et al. (2006) stated that “the goal of therapy is not any particular experience: it is a change which organizes all experiences differently, a change in the way of

experiencing. To make that kind of change, we must deal with meanings.” (p. 269). She asserted that traumatized individuals who were able to create more realistic or positive meanings regarding their experience have more success in overcoming the impacts (Ogden et al., 2006). Presented below are the pertinent meanings I derived from the heuristic research process.

Moustakas (1990) stated that self-dialogue is the critical beginning to the heuristic process. In my case, self-dialogue became a core aspect of the process. Dialoguing with the emergent parts of myself allowed me to frame and conceptualize the internal fragmentation that had resulted from traumatic experience. The art making became a form of self-dialogue as well, expressing trauma that resulted in integrative synthesis. To quote Buk (2009), “Because the physical act of making art involves the synthesis of the sensorimotor and perceptual realms, it allows for a more direct expression of the traumatic memories, while simultaneously promoting the artist’s autonomous engagement and sense of control” (p. 62). The addition of art making into the sessions allowed for what Ogden et al. (2006) named as a key goal of the sensorimotor psychotherapy process: the exploration, metabolization, and assimilation of separate and incoherent fragments.

My relationship with myself deepened as a result of this inquiry. The sheer dedication required to sustain a protocol such as this, while simultaneously balancing personal, academic, and professional commitments was immense. My vow to myself was to be veracious regarding my experience, no matter what the reaction from outside. My objective was to not abandon self. Interpersonal relational losses occurred as a result. Those that remained evolved and deepened. New connections were formed. No matter the status of my existence, I did not waiver in my promise to myself. My commitment provided a missing partnership with many aspects of myself

that prior, as result of the particulars of my attachment trauma and the cumulative impacts on my functioning, I had been unable to achieve.

This dedication is what Moustakas refers to as focusing (1990). He goes on to describe the process as enabling the researcher to identify unconscious material within an experience that has remained out of reach simply because the researcher has not paused long enough to examine the experience. Allowing myself the time to delve into these suppressed emotions was valuable. How many times had I pushed them away, rejected them as I had been rejected, abandoned them as I had been abandoned? I granted myself the permission, space, and acceptance to allow this process to unfold. The process was integrating, which is both an aim of the heuristic process, as well as for the resolution of attachment trauma. Ogden et al. (2006) named integration as a concluding goal of the sensorimotor psychotherapeutic process, discussing that development of new capacity in the individual allows for integration of a new somatic and linguistic sense of self. Though I do not feel that I am near conclusion, the process thus far has resulted in my noticeable awareness of a new somatic and linguistic “me”.

Moustakas (1990) asserted that, while in the immersion process, the researcher “lives the question in waking, sleeping, and even dream states” (p. 28). This was certainly accurate for me. I do not believe that I have ever been as intimately involved with exploration of another phenomena as I have this one. I quite literally dedicated my life to the heuristic exploration of my experience from September of 2013 until April of 2015. Despite the intensity of the process, engagement in a challenging graduate program, and disruptive events in my personal life, I persevered and maintained my concentration.

Though many of the experiences of trauma symptomology described in the literature were pervasive throughout the protocol, I offer a few significant highlights here. In the

experience that occurred during day one of my protocol, I am reminded of Sigel's (2013) discussion of an interview with a person suffering from disorganized attachment. As a result of the questioning, the individual became flooded with emotions, images, sensations and behavioral impulses. Siegel stated that the experiences feel as if they are happening in the present moment and that the individual experiences a loss of awareness of space and time.

As I painted in the first session while my psychologist facilitated and asked questions, I was able to instantaneously access material from 20 years prior. I had near-immediate connectivity to past experience. The concepts of space and time were rendered irrelevant. I spent the session re-experiencing the entirety of the relationship. Langmuir et al. (2012) postulated that this is due to the traumatic event being stored in implicit memory.

Session two began the emergence of split off parts of self. The dedication to this process was not without struggle. Indeed, much of the time it was painful. That, I expected. However, the emergence of a heart aspect that had a completely separate agenda for my life, and also felt no pain, took me aback. The coexistence of the painful and pleasurable parts of myself mirrored my experiences of attachment trauma. Recognizing that the dual existence of pain and pleasure is an aspect of my experiencing of attachment trauma, and to that end, my overall internal framework was informing.

As the process built on itself, in session five I came to understand that the reason I was unable to individuate and let go of these deeply painful traumatic experiences was because they were intertwined with extreme pleasure, joy and happiness. Unable to explicate one from the other, it seemed there could be no experience of good if the bad were removed, and vice versa. I became aware of why I could not resolve with ease. Ogden et al. (2006) discussed this. They claimed that in certain types of trauma, individuals experiencing a complex melding of pain and

pleasure during the traumatizing events might then habitually seek out experiences that couple the two. Furthermore, they asserted that a traumatized individual might associate positive feeling and sensation with a sense of being vulnerable to danger.

Also in session two, Talwar's (2007) statement that traumatic memories that have been "walled off" (p. 23) retain their potency on an affective level, and whose intensity are unaffected by the passage of time rings true. Though considerable time had passed, the sense of loss and grief experienced in session was as if the separation had just occurred. This potency resulted in an extension of the session and the creation of an artwork that seemed in content, connected to similar artworks created almost two decades prior, in which the sense of loss and grief was also profound.

The experience of emotional pain I connected with during session two had not decreased in intensity, though my external experience was not that of being in constant contact with it. Grief, Ogden et al. (2006) claimed, is an important emotional response to trauma that emerges. They asserted that, in addition to the experience of grief while working with the traumatic memory, the experience of grief for what has been lost in the span of time during which one's life was affected by the trauma is great. I have found this to be accurate, as the unlocking of the grief associated with trauma has led me, after the reprocessing of it, to a sense of loss associated with the time I have spent locked in traumatic responses.

The arising of childhood part of self that was locked in terror during session three is also reflected in the literature. Van der Kolk (2014) asserted that the parent themselves becomes source of terror and distress for the traumatized child. Siegel (2013) affirms that this sense of terror leads to fragmentation and experiences of dissociation. The experience of making contact

with a terrorized self was surprising to me; in that the dissociation had been so complete I was unaware of its existence until it emerged.

Van der Kolk and Fisler (1995) discussed that during a traumatic memory recall, in which the memory is locked in an implicit state, a result can be the failure of capacity to verbalize about the traumatic event, though the person might be aware of perceptions and emotional relevance. This mirrors my experience of becoming aware of the childhood part of myself, frozen in terror, which was non-verbal but clearly perceptive and emotionally relevant. Due to my increasing knowledge on the impacts of trauma, observations of my emotional reactions and repetitive behaviors led me to suspect its existence for some time, though I had been unable to gain access to it earlier.

Van der Kolk (2014) claimed that in adulthood, it could be difficult to parse out which psychological issues have developed from disrupted attachment, and which have resulted from other traumas. Thus, they are often intertwined. This became apparent in the protocol as differing unresolved traumatic experiences surfaced for processing, all interconnected in some way. In session four the artwork was compartmentalized and sectioned by color into different traumatic experiences. Most of the experiences processed during the protocol were related to attachment processes, but some were not.

The breadth and depth of the interconnectedness and complexity of my trauma was made undeniable to me through the explication of the themes. Though not a requirement of the heuristic method, my decision to include the outside researchers in the art analysis process proved validating. Gantt (2009) asserted that art making provides a method for communicating with the nonverbal mind. I had known that the traumatic events had created a lasting impact on my functioning, but through viewing the art I created, a group of fellow researchers were able to

observe the impact as well. The awareness that that they had been able to, without having experienced the sessions or the events themselves, identify themes in my artwork that correlated to the themes in my text analysis was profound.

Coming to understand that I do not generally feel emotionally safe was significant. In session three I verbalized that the only place it was safe to feel anger was in a psychiatric hospital safe room, where I was not at risk of hurting self or others. Post-session writings reflect my growing awareness regarding my lack of feeling safe in the world. Ogden et al. (2006) open their manuscript by stating that traumatized individuals tend to “interpret their reactivated sensorimotor responses as data about their identity or selfhood” (p.3). They go on to state that the phrase “I am never safe” (p. 3) is a common belief among traumatized individuals.

Lastly, I realized the importance of the sensorimotor facilitator. Ogden et al. (2006) stated that, “working with traumatic memory necessitates careful planning, psychoeducation and good collaboration between therapist and client.” (p. 240). Careful planning took place during the formation of the research protocol and discussions about it with my psychologist. A level of psychoeducation existed in me prior to beginning the research protocol, as I was not only pursuing a master’s education in psychology, but had also been working with the sensorimotor psychotherapy and art therapeutic processes for some time. A collaborative therapeutic alliance with my psychologist had been formed prior to beginning the research protocol. This likely allowed me a level of comfort that I would not have achieved with someone I was unfamiliar with. The importance of her ability to attune to me is shown throughout the presentation of data.

Small disruptions in communication, because of the nature of the relationship, registered to the traumatized parts of me as huge upsets that were disproportionate to the actual event; an experience that mirrors the child’s feelings about their caregiver (Ogden et al., 2006). Likewise,

her willingness, patience, acceptance, and attunement facilitated corrective experiences that were necessary for my ability to reach states of resolution and physical, emotional, and cognitive ease.

Creative Synthesis

Moustakas (1990) stated that the culmination of the heuristic inquiry is the creative synthesis. The synthesis, he claimed, comes from the researcher's intuition, imagination and personal knowledge of the essential qualities and meanings of the experience. In this research, the creative synthesis took the form of a painting created by the researcher after all other parts of the research paper were complete.

Having by then interacted with the heuristic process for a period of 19 consecutive months, I came to feel as though the topic of inquiry had been explored thoroughly. However, it was not until the end of the research process that a synthesis of the explored material occurred. This transpired not as a direct result of the art making or the protocol, but, as far as I can assess, as a result of committed dedication on the part of the researcher to comprehending the topic at hand.

Allowing myself to indulge fully in the exploration of my attachment trauma, created a space for discovery. For months, I dialogued with myself, my colleagues, my peers, and with other mental health professionals about the research topic. I recorded my dreams. I read the existing literature, and I created art about my process. My life was centered around and committed to understanding the impact of attachment trauma on my functioning.

My commitment to the sensorimotor psychotherapy process allowed for me to acknowledge deep pain and to begin to process it on all levels: sensory, emotional and cognitive. The development of the protocol and the addition of the art making into the sensorimotor psychotherapy session added yet another dimension to my process of exploration. The format of

the researcher paper and structure of the heuristic research process assured recursive engagement with the material.

What I provided myself in this process, was permission to acknowledge truths that I had been ashamed of admitting to, and feared there was no solution for. The acceptance of myself, as I am, was gained through my tireless commitment to understanding the role attachment trauma in my life. Authentic disclosures and narratives developed and were integrated. An internal identity was formed that existed outside of the expectations and opinions of others.

I now understand what happened to me. I understand how it affected me. I am aware of a reality that I was largely in denial of prior. I have been traumatized on multiple occasions by multiple events and people. And I am in acceptance of what has occurred. I arrived at this awareness without knowing that Ogden et al. (2006) had also named this as a goal of sensorimotor psychotherapy. They assert that successful integration leads the client to develop a realization that the trauma did indeed happen, and has affected them for many years. However, having been able to re-experience it in the body without being overwhelmed, a sense of empowerment evolves, which includes the placement of the trauma in time and space; namely, in the past.

In the painting, I am naked in a bathtub. The faucet is on, and water fills the tub. A dark shower curtain has been pushed to the front. I am allowing the hot water to ease any remaining tension. The sensation of the liquid is calming, and I am submerged in the water, with my head resting back on the cool porcelain. My feet are crossed and are resting at the base of the tile, out of the water. I have relaxed.

Though the darkness of the shower curtain speaks to me of a past filled with pain, and joy within that pain, it no longer stretches the length of the tub. I am able to look out, into the rest of

the room. There is calmness to the scene. The cool greens and blues relax my eyes. Even as the water tumbles around me, I am soothed by its warm enveloping. The tub is almost full, and it will soon be time for me to turn the faucet off, and rest in all that I have explored. There is no pressure to move forward or backward, no agenda other than to dwell in my experience. I am validated by the view of my legs and feet, casually propped up and out of the water. I am soothed by the sensation of the water over my form. This is the place I have created to be with myself.



Figure 7. Untitled.

Conclusions

Moustakas (1990) quotes Jourard and stated that self-disclosure is “the act of making yourself manifest, showing yourself so others can perceive you” (p. 17). This became relevant quite directly in the session in which my psychologist informed me, “I can see you”. In that moment of my vulnerability and my psychologist’s attunement, a buried and invalidated part of myself became aware that another person could recognize it. Van der Kolk (2014) named these attuned moments as visceral and kinesthetic meeting places that determine the foundation for an individual for what is “real” (p. 113). That part of me, now aware it that it existed, was able to experience a sense of individuation of self and development of identity that had not been experienced prior (van der Kolk, 2014).

The expansion did not cease there, as during the analysis phase of the heuristic research process, I choose to disclose my artwork to a group of fellow researchers. This group of people proved able to see the thematic content of my experiences in my art. As we conversed after the art analysis was complete, I was touched by their insights regarding their perceptions of my internal journey, which were surprisingly accurate. My art had been perceived, and I along with it. I was surprised and moved by how grateful they expressed they were to have seen my art, and how encouraged they had become to then share their artwork with the group in later analyses meetings. What had begun as an individualized research project now had developed multifaceted layers of depth and meaning. Sharing the art of my personal exploration had impacted others and “sparked a similar call” (Moustakas, 1990, p. 17).

Moustakas (1990) claimed that disclosure of self encourages others to do the same. This concept was always an important purpose of this research for me. It is my belief that the complexity and impact of attachment disruption has taken a vast toll on our collective social

functioning. The pressure to process psychological and emotional health concerns cognitively, rather than in an integrated fashion, I believe, is counterproductive to our performance. When combined with cultural norms that steers persons away from self-awareness, self-exploration, and self-disclosure, I fear we have reached a discord with ourselves and the selves of others that is of epidemic proportion. Though my aim to disclose authentic experience began as intentional, the expansion of the process has already proved more meaningful than I had originally envisioned. My hope is that this trend continues.

At the time that this research is made available to the general public, others will have the opportunity to see me, and perhaps, become motivated to allow others to see them. This is of great importance to me, as there is much of internal human experience that goes unexpressed and suppressed. Normalizing emotional and sensory experience is necessary. Becoming a population that is educated on the effects of trauma is imperative. When I was an adolescent, there were very few persons or texts that my defensive self could register as authentic or helpful in qualifying my experience. The few that I encountered meant the world to me. In addition to the gratification of having been privileged to be capable of adding to the body of research, It is my hope that the authenticity and of my self-disclosure will offer others that have experienced similar events the encouragement to do the same.

Reference List

- Buk, A. (2009). The mirror neuron system and embodied simulation: Clinical implications for art therapists working with trauma survivors. *The Arts in Psychotherapy, 36*(2), 61-74.
doi:10.1016/j.aip.2009.01.008
- Creswell, J. (1994). *Research design: Qualitative and quantitative approaches*. Thousand Oaks, CA: Sage Publications, Inc.
- Elbrecht, C., & Antcliff L. (2014). Being touched through touch. Trauma treatment through perception at the clay field: A sensorimotor art therapy. *International Journal of Art Therapy, 19*(1), 19-30. <http://dx.doi.org/10.1080/17454832.2014.880932>
- Flynn, S. (2010). Addressing anger using sensorimotor psychotherapy and cognitive behavioral therapy. *Canadian Journal of Counseling, 44*(2), 227-230.
<http://cjc-rcc.ucalgary.ca/cjc/index.php/rcc/article/viewArticle/910>
- Frost, R. (1915). *North of Boston*. New York, NY: Henry Holt and Co.
- Gantt, L., & Tinnin L. (2009). Support for a neurobiological view of trauma with implications for art therapy. *The Arts in Psychotherapy, 36*, 148-153. doi:10.1016/j.aip.2008.12.005
- Gregorian, V., Azarian, A., DeMaria, M., & McDonald, L. (1996). Colors of disaster: The psychology of the "black sun". *The Arts In Psychotherapy, 23*(1), 1-14.
doi:10.1016/0197-4556(95)00065-8
- Kapitan, L. (2010). *Introduction to art therapy research*. New York, NY: Taylor & Francis Group, LLC.
- Langmuir, J., Kirsh, S., & Classen C. (2012). A pilot study of body-oriented group psychotherapy: Adapting sensorimotor psychotherapy for the group treatment of trauma. *Psychological Trauma: Theory, Research, Practice and Policy, 4*(2), 214-220.

<http://dx.doi.org/10.1037/a0025588>

Mize, S., & Iantaffi, A. (2013). The place of mindfulness in a sensorimotor psychotherapy intervention to improve women's sexual health. *Sexual & Relationship Therapy, 28*(1/2), 63-76. <http://dx.doi.org/10.1080/14681994.2013.770144>

Moustakas, C. (1990). *Heuristic research: Design, methodology, and applications*. Newbury Park, CA: Sage Publications, Inc.

Ogden, P., & Minton, K. (2000). Sensorimotor psychotherapy: One method for processing traumatic memory. *Traumatology, VI*(3), Article 3.

<https://www.sensorimotorpsychotherapy.org/articles.html>

Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to psychotherapy*. New York, NY: W. W. Norton & Company, Inc.

Siegel, D. (2010). *The mindful therapist: A clinician's guide to mindsight and neural integration*. New York, NY: W. W. Norton & Company, Inc.

Siegel, D. (2013). *Brainstorm: The power and purpose of the teenage brain*. New York, NY: Penguin Group (USA) LLC.

Skowron, E., & Dendy, A. (2004). Differentiation of self and attachment in adulthood: Relational correlates of effortful control. *Contemporary Family Therapy, 26*(3), 337-357. doi:10.1023/B:COFT.0000037919.63750.9d

Talwar, S. (2007). Accessing traumatic memory through art making: An art therapy trauma protocol (ATTP). *The Arts in Psychotherapy, 34*, 22-35. doi:10.1016/j.aip.2006.09.001

van der Kolk, B. (2014). *The body keeps the score: Brain mind and body in the healing of trauma*. New York, NY: Viking.

- van der Kolk, B., & Fisler, R. (1995). Dissociation and the fragmentary nature of traumatic memories: Overview and exploratory study. *Journal of Traumatic Stress, 8*(4). 505-525.
<http://dx.doi.org/10.1002/jts.2490080402>
- Withrow, R. (2004). The use of color in art therapy. *Journal of Humanistic Counseling, Education and Development, 3*(1), 33-40. <http://ehis.ebscohost.com>
- Wu, F-G., Chang, E., & Chen, C-H. (2009). Depressive tendency of design major freshman students explored through the use of color in mosaic creations. *The Arts in Psychotherapy, 36*(4), 185-190. doi:10.1016/j.aip.2009.01.002

Appendix One



Figure 8. "Agony", 1996, Acrylic, 8"x10"

Appendix Two



Figure 9. "Suspension", 1995-1996, Acrylic, 14"x11"

Appendix Three



Figure 10. "Reaching", 1995-1996, Acrylic, 9"x12"