

## **BODY IN THE CONTEXT OF PROMOTING RESILIENCE THROUGH THE METAPHOR OF ART**

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### **Abstract**

In the present times, which imply pressures on individuals in many ways, it is difficult to maintain coherence of one's own health. As a response to the difficulties of being, which are present in a person's life on an every-day basis, many minor and more serious health issues may appear, regardless of a person's age. Not listening to the signals of own body, understating or completely ignoring or denying them brings the risks of occurrence of physical, mental, psycho-somatic illnesses and even sensory dysfunctions. Self-care, not only in terms of physical appearance, diet and overall lifestyle is considered inevitable part of a person's life. Paying attention to oneself, feeling the emotions, understanding the language of the body, being aware of one's own limitations should not stay on the level of wanting. One of the various ways of how to get to know oneself better, how to learn to listen to one's own body, one's self, and one's needs is art therapy and its techniques and approaches. Several ways of working with the body scheme, self-image and self-perception have been developed and used. They are linked by the effort to create insight, to establish a new perspective of looking at oneself, understanding and accepting oneself. Stemming from this knowledge, we constructed a pilot research study based on gradual creation of images that at the end come into one unity in an individual body scheme of the person. Comparisons between each step of the process and the content of the final body scheme were conducted. We observed similarities in the colour scheme, content, symbols, themes and the process of art-making itself. Strongly connected with these observed features was the initial body position when creating the individual traced image of the body scheme. Already in the creation of individual parallel images, the observed individuals were discovering and revealing their themes, which linked to their coping resources and stressful life situation. In majority of cases, individual images and styles appeared in the final body scheme that the participants filled with content in the final art therapy session. They discovered their painful points metaphorically as well as physically. At the same time, it was important for them to realize the connection of the physical symptoms with the perceived threat that was reaching them in various forms. The results of the conducted pilot study suggest that this body-scheme oriented art-therapy technique can serve as a useful therapeutic tool in the exploration of psycho-somatic symptoms. The paper is a partial outcome of the project VEGA 1/0598/17 Evaluation of The Effective Factors of Multisensory Approaches in Therapeutic Education.

**Keywords:** Art therapy, body scheme, self-perception, self-esteem.

## **1 INTRODUCTION**

The topic of awareness and understanding one's own emotions is becoming increasingly important. If we do not understand our own emotions and subsequently feelings, we can never understand, grasp and perceive the emotions of other people. We only have uncertain feelings of hurt and emptiness. If we do not

understand our own pain, which some emotions may cause, might we easily hurt others? If we cannot express emotions and own them, how can we expect it from others who are learning through us? Emotion is physical, emotion will manifest in a physical signal. The body is the element which provides us with messages about how we live and do or do not manage difficult issues and recurring situations of everyday life. Learning to understand the language of our emotions, which communicate with us through our bodies, belongs to the fundamental pre-requisites for improving the quality of life in different areas. Art therapy constitutes one of the opportunities of how to learn to perceive our emotions and subsequently thanks to this understanding to support our resilience against stress.

## **2 RESILIENCE**

In the past the question of resilience (even though the term was not defined) was a question of survival as such. Nowadays we can talk about mental resilience linked with the quality of life experienced. Mareš (2012) talked about resilience being understood as a person's characteristic, as a certain personality trait. This resilience (as a personality trait) is defined as hardiness. According to Šolcová and Kebza (as cited in Selko, 2007) hardiness is a constellation of personality traits, which are characterized by three basic components: a) individuals with high level of hardiness fully engage in activities (commitment), b) they believe that they can influence events in their lives and act accordingly (control), c) they consider changes in their lives normal and common, but also an inevitable and creates opportunities for further development (challenge).

- Commitment – the ability to take responsibility for a task project, or relationship.
- Control – the ability to have one's own life in their own hands, to influence it, manage it, be the cause of what happens in it, the means and the drive that acts, the author of the intended actions.
- Challenge – the awareness that a person's life is characterized by variability, not stability. The person can see relationships and situations as challenges and not as problems.

Křivohlavý (2001) describes resilience in terms of coherence, as formulated by Antonovsky. From his perspective coherence is described as belonging in a social sense meaning a strong coherence of a group of people, and also the connection of an individual's personality, which means a united "unsplit" heart (strong character). The opposite of coherence is then incoherence and inconsistency in a group of people and lability and disintegration of personality. A person manifesting a strong inner unity (coherence) and living in a solid, coherent social group resists life situation better.

Personality characteristics of coherence was defined by Antonovsky (as cited in Křivohlavý, 2001) based on three basic characteristics:

- Comprehension of the situation,
- Meaningfulness of the struggle, and
- Manageability of the task.

Thorová (2015) mentioned that resilience is defined rather as a process than a specific personality trait. Resilience is developed based on a dynamic process of interaction created between the personality of the individuals and the environment that surrounds them. The process of resilience is influenced by many factors and it has got a cumulative character. Congenital predispositions, learned skills and characteristics of the outside environment enter this process.

Mareš (2012) pointed out to more recent research which shows that resilience is not a homogeneous whole. Three separate forms of resilience can be differentiated:

- Returning back to normal, potential healing (recovery) – it is the case when an individual with a difficult situation is diverted from a normal state, but after the distress is over, the person quickly comes back to the original pre-stress state. The negative event does not leave any adverse effects.
- Resistance – a person stays untouched, functions normally before the stressor appears, during the stress situation and afterwards, as if the stress event did not concern them. They behave in the same way on the outside. However, this differentiates the person from the general population because the person does not express "normal" emotions connected to these situations, such as fear, sadness or anxiety.
- Reconfiguration – represents a change of personality when the individual survives a trauma and leaves it changed. There are two options. The first one is the possibility that the person might be enriched by the traumatic experience and may handle a similar situation better. The second option is that the reconfiguration does not lead to a positive change and the person will be affected by the traumatic experience for a short or

a long time.

The concepts of resilience include the majority of psychological concepts using certain protective and supportive components in relation to higher personal well-being, quality of life and health. Some important protective factors relating to psychological/mental resilience in children and young people include (Thorová, 2015, modified):

- Personality factors – so called ideal identity, is characterised by deep understanding of one's own person, flexibility, active approach to life, perceiving one's own self-efficacy and resilience against social pressures, positive self-esteem, communication skills, self-confidence, ability to create realistic plans, interest in new experience, etc.;
- Emotional and motivational factors – it is the ability to work effectively with negative and positive emotions, managing strong emotions and impulses. It includes humour, optimism, expressing motivation to change and to grasp opportunities. Children who are more resilient showed a "non-complicated" temperament, were sensitive, positively thinking, kind and warm-hearted;
- Cognitive factors – the ability define and solve problems, the skills to positively evaluate the thought structures and frameworks (reframing), high intelligence, good executive functions and a quality way of processing information;
- Relationship factors – emotional support at least by one of the parents or a strong attachment to a carer in the close surroundings (a relative, a teacher, a trainer);
- Community factors – engaging in organising community leisure and religious activities. Children have a lot of interests and hobbies, develop a lot of friendships and participate in social activities (clubs, groups, communities, society, religious groups, etc.);
- Educational factors – schools, organisations, professionals who are oriented on supporting the development of individuals and supporting their resilience. Children with a high level of resilience in school also show a higher level of cognitive abilities and language knowledge.

Bratská (2001) summarised the factors that contribute to building resilience against hardship in this way: inherited characteristics and congenital pre-requisites, personality characteristics, age, acquired knowledge and gained life experience, gradual heightening of requirements, learned and routine strategies and techniques of coping with stressful situation, the condition of the organism (tiredness, illness, influence of reward and punishment), the level of aspiration, self-regulation, social support, etc.

## **2.1 Coping Strategies**

Every person wants to be alive and healthy. If something gets into this condition, we try to change the unwanted or unpleasant situation. We try to overcome the adversities. The ways of how we do it are different and their effectiveness may vary. In professional literature we know the process of stress management as 'coping'. It is often described as 'managing'; it is one of the themes that psychology focuses on. For a long time, psychologists have been concerned with the negative sides of human functioning. Therefore, turning attention to mechanisms that help manage everyday tasks is of a great benefit. Coping can be defined as a response oriented on lowering physical, emotional, psychological stress which relates to stressful situations and everyday life.

Coping strategies include:

- Problem-focused strategies: effort to change the environment, the conditions. It includes the analysis of the problem, active action and seeking practical social support;
- Emotion-focused strategies: effort to influence one's own emotional reactions, experienced lived difficulties. It includes expressing emotions, searching for emotional social support, re-interpretation of events, accepting or denying the situation;
- Escape-focused strategies: daydreaming, sleep, alcohol or drug use, humour;
- Evaluation-focused strategies: effort to define, to find the personal meaning of the situations.

Besides coping strategies, people can learn to use techniques and conscious strategies of overcoming stress.

## **2.2 Techniques Helping to Overcome Difficulties**

Depending on personal preference and available internal and external resources, people can engage in activities that will help them overcome difficult life situations and stress in a more aware and conscious manner, rather than leaving it to the crisis coping strategies. These techniques include:

- Relaxation,
- Meditation,
- Imagination,
- Biofeedback,
- Faith,
- Physical activity.

Many of these techniques point to the fact that body and mind are interconnected and influencing one will change the functioning of the other one. Being aware of these connections and noticing them is a helpful managing strategy as well.

## **3 PSYCHOSOMATICS**

(Not) coping with stressful or common everyday situations results in the increase of different somatic and mental illnesses, the causes of which are unclear, or the physical symptoms that a person claims to suffer from are not objectively verifiable. Current medicine is according to Honzák (2014) focused primarily on treating the body, the attention is paid to the disorders of cells, tissues and organs. It views the human being as a purely biological mechanism and does not integrate psychosocial or spiritual factors. The body is not only a sum of cells, tissues and organs. The emotional and cognitive system belong to the body too. Emotion is not only a feeling, emotion is physical. According to Honzák (2017) emotions are a physical phenomenon, neurochemical reactions that prepare the organism for action. We can feel emotions physically. We feel joy, sadness, fear or anger in different ways in the body. For the protection of health and integrity it is therefore important to understand one's own emotions, to be able to discover where and how we feel them (how they are expressed, resonated in the body) and understand them (to know what the body is telling us through the emotions). From our practice we know that people focus on physical problems and they seek help only when the body becomes ill. Few people search for help in emotional pain, a good example being the burn-out syndrome. People suffering from burn-out syndrome often did not pay attention to the signals which the body was sending to them through the emotions they were experiencing. They tried to cognitively deny them and to search for explanations. They managed to persuade their thinking that everything was alright for a while. However, they could not trick the emotions and not paying attention to these signals lead to physical manifestations and symptoms based on which they sought medical help. Their body made them stop. After eliminating a physical illness, they finally had to pay attention to their emotions and feelings. It is not surprising. From their early childhood most people are taught to deny their emotions and not to be too dramatic about them. Children often perceive their emotions as physical pain, but during their life they learn that emotions are irrelevant and that it is inappropriate to focus on them too much. Emotion on a physical level is one of the symptoms of many illnesses (such as anxiety of a patient with angina pectoris when the organism is flooded with katcholamins which impacts on the heart muscle at risk - Honzák, 2014). Despite the fact that we do not link physical symptoms with emotions this process does happen in our body. Invisible long-term stress and suppressed emotional symptoms may trigger a visible illness. It is necessary to perceive a person as whole, not only as a physical being without emotional, mental, social and spiritual experiencing. Seeing a person as one whole, as a unity is represented by the holistic approach and the bio-psycho-social approach (which however does not consider the spiritual component of life and its influence on the life of the individual).

The impact of emotions can be captured on three axes (Honzák, 2017): arousal versus apathy, approaching versus distancing, and cooperation versus competition. These physical processes are translated into consciousness and what we are aware of are feelings. We can differentiate six basic emotions: fear, anger, joy, sadness, disgust and surprise. The difference between an emotion and a feeling is stated in the following table (Tab. 1) according to Honzák (2017):

**Table 1 Differentiating between emotions and feelings**

<b>Feelings</b>	<b>Emotions</b>
Feelings ensure the long-term experiencing of our Self (body & mind)	Emotions ensure the current experiencing of our Self (body & mind)
Feelings are subtle, but they last longer	Emotions are intensive and short-term
WORRY is a feeling	Respective emotion is FEAR
ANIMOSITY is a feeling	Respective emotion is ANGER
HAPPINESS is a feeling	Respective emotion is JOY
DEPRESSION is a feeling	Respective emotion is SADNESS
DISLIKE is a feeling	Respective emotion is DISGUST
WONDER is a feeling	Respective emotion is SURPRISE

Rudolf (2017) stated that people live in a 'situation', which means that they are constantly affected by a changing tension between the individual and the surroundings. A person reacts to this tension within their own resilience/flexibility.

#### **4 ART THERAPY**

One of the possibilities that are applied in terms of general techniques to manage difficulties is art therapy. Art therapy is applied art in terms of its use in intervention for individuals or groups with disabilities, disadvantages or with different types of illnesses or limitations. It helps a person to return to the state of harmony with themselves, their surroundings and the world.

Art therapy represents a set of artistic techniques and processes that besides other aims have the goal of changing the self-esteem of a person, enhancing their self-confidence, integrating their personality and inducing a feeling of a meaningful fulfilment of life (Šicková, 1994 as cited in Šicková, 2016). It is focused on the process of creating and on the meanings that the authors find for themselves and that help them understand themselves, other people and the world. It is also a creative activity that facilitates the development of personality in a bio-psycho-social-spiritual unity. It supports finding creative solutions where thinking and logic on their own are not enough.

We can fight against difficulties, disability or disadvantage and perceive them as our arch-enemy, or we can accept them as our life partner and friend who helps us grow and overcome the challenges of life. Šicková (2016) wrote that the best way to maintain happiness even in difficult life situations or illnesses is the creative process, where the sufferer and the helper collaborate with each other and with the illness, handicap or a difficult issue and together they try to understand their meaning for their lives. She considers important to maintain coherence with its active cognitive and emotional, which are: understanding meaning, managing the illness, managing fear of the unknown and overcoming it. In phenomenologically influenced art therapy, the perception of difficult life situations is directed by the assumption that the perspective does not depend on the images themselves but rather on the way how we perceive and understand them. It is a program in which the person who is ill or disabled is an active agent. And to be active in solving problematic situations is one of the conditions of overcoming them. The art therapy process itself can be a stressful process in which people can realize how they work with themselves in such situations and how they approach tasks and novel situations, which can also be stressful.

Therapeutic pedagogues (helping professionals) accompany individuals in these processes and help them in searching for their own ways of solving and coping. They offer the opportunities of creative expressions which constitute a source of learning, understanding, encouragement, support and relaxation. The quality of artistic expression lies, according to Campbel (1998), in the fact that it brings enrichment of our creativity, supports self-healing processes and helps understand that it is in our power to change ourselves, our relationships and environment that we live in. The inner potential of art making is in the requirement of active engagement as well as the willingness to risk, and it allows a unique self-expression based on non-verbal

means. Stehlíková Babyrádová (2016) considers the integrative effects of art therapy crucial. They influence the dis-integrated personality of an individual and initiate a positive comeback to solving the relationship with oneself, one's interpersonal relationships as well as the group relationships. From these elements stems the key aim of art therapy, which is strengthening the belief in oneself and self-realisation of one's potential.

Within art therapy, many different techniques are used which are focused on different areas of human experience. Many techniques are, either directly or indirectly, focused on self-image, self-awareness, self-understanding, self-esteem and searching for the connections between Self, other people and the world. One of these techniques is also working with the body scheme. Drawing a human body (figure) belongs to commonly used assessment methods. The assessor focuses on different aspects such as: age appropriateness, the size of the person, details, leaning, positioning, enhanced or missing parts, etc. Another option is drawing into (finishing) a pre-printed figure. However, when we talk about body scheme, we understand it as the perception of our own body (how we perceive ourselves in relation to our body/self-acceptance, self-perception). People with different disabilities often have their body scheme distorted. They may perceive themselves according to the reality, or they might remove or add something. People suffering from eating disorders also have problems with their body scheme. They see themselves differently from the way other people see them and often reject the topic of the body completely. In such cases, working with the body scheme is conducted on a two-dimensional level. However, we understand working with the body scheme with an overlap into three-dimensional perception. An image is two-dimensional, but thanks to connecting it with self-perception and imagination we can 'feel' the body as a realistic unity. As we have already mentioned, emotions are a physiological act. Based on our own experience from practice, it is difficult for people to name (to define) what they are feeling or how they are feeling. They come into therapy because they feel some discomfort, disharmony, they feel something is not right, they are not successful, their life is falling apart, etc. When questions about how they feel, what they feel, where they feel it are asked, answers are not coming. The most common response being 'I don't know'. They know the term emotion or feeling but in their actual listing in relation to themselves or towards other people, a problem occurs. Sometimes, a feeling of shame or guilt for feeling negative emotions might be behind it. More often it is about the disconnection from the body, the self. It is a learned way, strategy that they once chose in order to survive. We explain it with a metaphor of a new watch. When you buy a new battery-powered watch, first you need to take off the protective film that separates the battery from the clockwork. If you leave the film in there, the watch will not function properly despite the fact that both the battery and the clockwork are working. The watch looks alright but does not work. In order for our body to work well as a whole, it is necessary to remove the barrier (the film), which prevents the connection between the head (perception of the mind) and the body (physical symptoms) – between the source (battery) and the mechanics (the clockwork). Emotions contain information, but they are also a subjective experience of feelings and motivational powers more significant than any information. They influence our mind before the mind is able of clear consideration of situations and connections (Honzák, 2017). According to Rudolf (2017), emotional processes create access for the current situation to be experienced. It established a reliable impression about the meaning of the object, the current condition of the subject and the type of their mutual relationship. Emotion is therefore more than a reaction of the subject to outside sensations. It allows for mirroring of the objective world in the subject and their mutual relationship. Through emotions we are able to evaluate situations in which we happen to be. Emotion also includes a plan for action of how to manage the situation.

## **5 RESEARCH STUDY**

Based on the theoretical knowledge and practical experience in the area of resilience, psychosomatics, emotions and art therapy, we designed an art therapy activity, which is conducted in subsequent steps, which in the end are evaluated and summarised in the final key activity called 'Emotional Body'.

It is a pilot study or preliminary study that we conducted with several groups of students of art therapy. The total number of students (research sample) was 98. The whole activity consisted of five sessions which happened once a week. First four sessions lasted 90 minutes, and the final fifth session was three hours long. As methods of data collection, observation of art work and reflective discussions with the participants were used.

The technique was focused on supporting personality traits influencing hardiness and coherence referring back to Antonovsky. This means that through practical experiential art activities focused on self-awareness in the context of stressful situations, the students (research participants) will in the end realize the meaning of the terms such as: comprehensibility of situations, meaningfulness of the fight and task management. Based on that they can realize their own strategies that they use in coping with difficult situations.

## 5.1 Art Making and Data Collection

In the first session, the students received an instruction to depict the theme 'The symbol of my Self' in any chosen artistic way. It could have been a concrete or an abstract image on the format of A4 or A3. They could use different art (drawing) material and a technique of art making (painting, drawing, collage, assemblage, etc.). In the second session, with the same conditions/options they were invited to depict the theme 'The element of my Self'. They could choose from the elements of fire, water, earth, air and metal. In the third session, they received the instruction to depict a topic of 'Me and my theme' – what is my theme, what I have been concerned with for a while. In the fourth session they were depicting the theme of 'The colour my Self.' The art making was usually followed by sharing and a discussion about the final image. The option to discuss the process remained open. Between the fourth and the fifth session, the students received a homework. The homework was to ask someone to trace around them on a large piece of paper. They could choose any position that was comfortable, pleasant or typical for them. It was suggested that it should not be a simple tracing of a body lying down on the back. They were asked to cut the figure on the line and to bring the figure with them to the final session. They were also asked to bring all four artworks from the previous sessions. We introduced the final session with a short relaxation so that the participants could focus on the following work with their body. We asked them to sit comfortably, relax and close their eyes. At first, they were to focus on their breathing. We provided enough time to let them calm down completely and focus. After a while we asked them to imagine a situation in which they felt in danger (threatened). The important part was to identify where in their body they felt being hurt, hit or touched, where they felt pain, discomfort, unpleasant feelings. Which parts of the body were resonating? They were asked to realise what shape, colour, intensity, and size this feeling has. We gave them time to grasp, anchor and remember the inner image and feeling. In the next step they had to focus on the part or parts of the body that help them cope with stressful situations, situations that are difficult or unpleasant for them for some reason – what they rely on within their body, what they lean on, where they feel strong. Again, the participants were asked to focus on realising the colour, shape, intensity and size. In the end, they were directed to focus on the question if there is a body part that needs support, help or protection. After finishing this short imagination, we asked them to open their eyes slowly and to mark the weak, strong and potentially at-risk parts of their body in their traced figure in the way they saw them with their inner sight in the imagination. It is ideal if the participants can place the traced figure on the floor or attach them on the wall. Drawing into the figures was followed by a discussion. Each member of the group presented their traced figure and the identified places in it. The participants described their 'hurtful' (weak, vulnerable) parts/places. These were spots where they felt the pain entering. They also described their strong places, points of support that they relied on within their body when they need to cope with burdens, unpleasant situations, problems. In case they felt that some body part needs help and support they described that too. After presenting the places in the outline, they compared them with their previous artworks. Individually, they compared the colours, shapes, used symbols and content. We discussed it with each individual and then processed our notes in further analysis.

## 5.2 Research Results

The collected data included our observations of the artworks and the participants feedback during the discussion about their images and processes. We focused our analysis on the factors of colour, shape, symbols, and general content. We were looking for connections and metaphors linking the artistic representation with the body self-perception.

After processing the collected data, we found that there is the highest match between the points marked in the figure outline and previous artworks of the individuals was in colour (Tab. 2). From 98 participants, the match was noticed in 80 of them (78.4%). The second highest match was in the shape – 76 participants (74.48%). In the area of the content the match was found in 60 participants (58.8%) and the match in symbols was recognised in 52 participants (50.96%).

**Table 2 Match rate between the final artwork and artworks from previous sessions (n=98)**

Area of the match between the final artwork and previous artworks	N	%
Colour	80	78.40
Shape	76	74.48

Content	60	58.80
Symbols	52	50.96

The connections between these areas of the artworks suggest the links between self-perception, body symptoms and emotional wellbeing. From the research results we can conclude that even though we are not aware of our own emotions and experiencing on the body level, they constitute part of our self-perception. They influence and reflect on our demeanour. The matches found in colour, shapes, contents and symbols were surprising for the participants. They gained insight, realized and understood what was happening in their lives, how they were treating themselves and their bodies in emotionally difficult situations. Selected art therapy techniques and themes contributed to self/understanding and reflected authentic and real, lived emotions and feelings. Themes of the first four sessions were focused on Self in relations, where the research participants focused on artistic metaphors based on their own self-awareness and self-perception. Each session allowed for deep self-experience, self-concentration and process. In the end, it is not about the number results. It was important to work on several themes separately across a few sessions, as that allowed the participants to realise intensively that the matches in certain areas as not accidental, but rather repetitive. Thus, they are not influenced by the present mood, conditions or frame of mind. Collecting the artworks over time focused their attention on the individual issues that are important and truthful. The most significant value is in the findings based on the feedback from the participants. Most of them came to the conclusion that they do not notice their body enough, or they did not place importance to the signals that the body was giving them. They discovered and potentially realized what they rely on in their body, which body part is pressured and at risk of injuries, and how they do or do not take care of themselves in such situations. The body parts they used for self-protection (strong parts), or the parts that were not protected often hurts them. The parts that were marked in the body outline by content, colour, shape or a symbol were places that the body 'communicates' through. For example, one student mentioned her face as the weak body part (she absorbs through her face what people 'throw at her') and used red colour to emphasise it. As she later said, she often has problems with sinus or jaw and tooth inflammation. Sometimes the inflammation is so strong that it requires a surgery. She does not protect her face but tries to face it and withstand it. Also, the symbol of the red colour is interesting in terms of linking to inflammation.

We discovered another interesting fact – the connection of the position of the body on tracing the figure outline activity with the need for protection. Two thirds of the participants did not have the need (it was not important to them or they did not even think of it) to depict the places that they would need to protect or support. Most of them had their outlines traced in a position that naturally protected the weak spots, or as they mentioned in the verbal description, it represented the position that they take when they feel pain in danger. For example, if in a situation of subjective threat, they feel pain in the abdominal area they were outlined in an embryotic position in which this area is protected. Or in the verbal description they stated that as soon as they feel pain in the stomach they instinctively protect it by placing their hands on this area. One third of the participants did depict or verbalise the places that they need to protect or support. Most of them had they figure outlined in a very open position without the opportunity to protect themselves. When asked the question why they do not protect themselves in any way they were surprised and some of them even started crying. The opportunity for further work with self-protection and self-support opens here.

We gained information about how the physical perception of emotions and subsequent feelings are connected with our subjective health. Individual members of the group had the opportunity to realise holistically how they treat themselves and their body in stressful, difficult and threatening situations. Space for searching for connections was also created.

## 6 DISCUSSION AND RECOMMENDATIONS

This work has opened many themes and questions for further analysis. For future work with body scheme, we consider important to work with smaller groups, or individually. It is also meaningful to dedicate more attention to the actual drawing around the body. Already in the beginning of the process, it is necessary to point out the importance of the body position they want to be traced in to the person being traced and to the person tracing. It is useful not to take the final proportions of the image personally as they do not represent an objective reality, but they reflect the respecting or non-respecting of personal boundaries by the person tracing. This list of suggestions is not exhaustive, but it may contribute to improving practice base on our experience and collected research results.



## 7 CONCLUSION

In our research study we explored the meaning of emotions, feelings, their representation in body symptoms and their influence on the body scheme. Based on our previous knowledge and experience, we constructed an art therapy technique focused on self-perception and body scheme and we piloted the use of this technique. The aims of the study were fulfilled and feedback on the use of the technique, its meaning and benefits for the participants were collected and analysed. Through art therapy techniques we evidenced the connections between emotions and the body symptoms as well as the importance of holistic self-care.

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