CASE REPORT

Body mapping: a novel tool for psychiatrists
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ABSTRACT

Background: Body mapping is a creative therapeutic tool that brings together bodily experience and visual artistic expression. Initially, it was used by health and safety for detecting unspoken injuries in workforce, musicians to improve posture and coordination while decreasing injury. Its effectiveness in improving communication was exploited by allied health bodies for talking about sensitive sexual health issues and improve health awareness in Uganda, Kenya, India and Thailand.

The technique involves patients to represent psychosomatic symptoms, body images, aches and pains, onto a chart (body map) using colours, pictures, symbols and words to represent various experiences. This is akin to a psychological enquiry where the clinician exploits the exercise to develop an understanding of the patient's psychopathology as well as foster a relationship.

Case description: The author reports a case of middle aged man of Afro Caribbean origin with psychotic illness who was successfully treated by utilizing the concepts of body-mind mapping. This paper highlights the benefits of using body mapping in psychiatric practice by way of improved communication between patient and therapist to explore psychosomatic as well as builds therapeutic relationship.

Discussion: Body mapping has been used by therapists in diverse areas like eating disorder, trauma etc. It helps to externalise somatic-emotional experience, to make meaning through the creative process of symbolization. This technique may be useful in cases of the chronic illnesses to aid engagement, compliance and insight. The wide prevalence of psychosomatic complaints across the world indicates the necessity for alternative models of interactive communication other than a language based psychiatric interview in all situations.

Conclusion: Body mapping can be a useful clinical communication tool. When used appropriately, it has the potential to improve insight and compliance in psychiatric patients.

Keywords: body map, psychiatry, psychosomatic, assessment tool

INTRODUCTION

Body mapping (BM) was originally developed as a research technique to explore the common and unspoken injurious effects of work on one's health by the trade unions. BM was an effective aid for improving communication. The health and safety representatives could identify clusters of common problems and their causes which in turn helped organize remedial measure for work force.

BM was also used by musicians and music conductors to learn about their body movement which helped with improving the coordination and hence become better at music, while decreasing the chances of injury in the parts of the body that are used regularly, as described in Alexander technique.

Of late allied health bodies have adopted it to foster communication with laypersons in addressing health issues. This proved to be very useful in talking about sensitive issues like sexual health and culturally determined practices habits that resulted in poor health. The dialogue that resulted whilst mapping one's own body helped improve health awareness in the participants as tried in various countries such as Uganda, Kenya, India and Thailand by The Trust for Indigenous Culture and Health (TICAH).

In this paper, I have highlighted the potential benefits of using BM techniques in psychiatric practice. Improved communication is desirable in any branch of medicine, more so in psychiatry where one encounters barriers either due to poor basal educational attainment or illness related impediments hindering the communication between patient and therapist. BM can be used to explore and understand the basis of long held psychosomatic beliefs in a well or ill psychiatric patient. This process could be both explorative to facilitate the clinicians understanding of the patient as well as serve as a bridge to build therapeutic relationship with the patient. This can also be useful in building empathy and engagement with the patient.

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patient, while helping the patient build a better insight into one's condition.

How to do it

A body map is a chart showing the front and back outline view of a human body. Patients are encouraged to represent the various problems and beliefs related to their bodily experiences onto the chart using colours, pictures, symbols and words to represent experiences lived through the body. For example, orange for aches and pains, green for symptoms of pins and needles and numbness, red for externally generated thoughts and actions, blue for impaired bodily functions, etc. Also, one would be encouraged to diagrammatically represent any particular organs and alterations in their functions that the patients report. The exercise can be one off work or be used as an evolving piece of journal over multiple sessions.

The BM exercise is very similar to a psychological enquiry done for psychiatric or psychotherapeutic assessment. While it is not necessary for the clinician to stay with the patient as he does the exercise, it will be beneficial to both the clinician and the patient to share the experience. This reassures the nervous patients in sharing their most closely held anxieties (similar to holding their hand). The exercise will be perceived as a valued piece of work and the clinician will have a chance to clarify the representations with the patient as he or she construct their body map.

The clinician cleverly exploit the exercise for two purposes; one, he uses it to develop deep understanding of the patients psychopathology in terms of various long held psychosomatic beliefs, the bodily representations of loci of long standing psychological trauma along with various physical aches, pain and body image issues. Two, he uses every opportunity to build insight by gently encouraging a rational alternative interpretation, which in turn can lead to a positively productive outcome for the patient

CASE HISTORY

Mr. O is a middle aged single gentleman of Afro Caribbean origin. He obtained secondary education and lead a productive early life. He had a twenty-two year history of schizophrenia and regular contact with mental health services and being treated with antipsychotics. He relapsed after he discontinued medication as he developed various health related beliefs about his injections. He was admitted into a psychiatric intensive care unit involuntarily, after he assaulted a young girl as thought she was an alien.

Mr. O came across as a gentle person. He was open about his beliefs but when challenged he would pleasantly disagree and excuse himself from the interview. He had paranoid delusional beliefs about his mental health workers on his care were acting against him. Held grandiose beliefs of being a very gifted person hence he classed himself to be an alien, unlike all the humans around him. He also experienced thought disorder (alienation) and second, third person auditory hallucinations.

He would proclaim a knowledge of various human biological functions by using bio-scientific terminology such as 'red blood corpuscles' and 'circulatory system' on a regular basis but had a twisted understanding of the same e.g. 'There would be red cells, white cell, green cells and yellow cells in the blood'. 'Human body has separate circulatory systems in each part of the body, which form a part of general circulation'. He believed that 'men have arterial system while women have a venous system and aliens like him have a better evolved system with both arteries and veins'. 'The total blood content of the body is much greater in aliens such as himself whilst 'humans have of 98% fluid and 2% blood in their body, whereas an alien's circulating blood volume comprises 98% of their body weight, with the remaining 2% being fluid'. 'His higher blood content made him very susceptible to changes in its volume'.

He developed and believed in a theory that the injections he has been getting, have been building a 'hydro static pressure' in his body hence resulting in nose bleeds which occur when he passes stools (those were never observed). Mr. O also believed that drug injections resulted in the distribution of 'fat droplets' throughout the circulation. These fat droplets eventually 'raise up though the blood vessels and appear in the skin as fat.' These beliefs distressed him hence he was determined to avoid injectable depot, and any blood investigations.

After few weeks in to the admission the clinicians were stuck, as they could not get him back on to his depot. All attempts to explain the uses of depot by way of friendly suggestions, repeated persuasion and coercive tactics to use his leave as leverage proved no avail. He fiercely resisted all attempts and did not budge even when faced with the prospect of being pinned down. He stayed isolated and even forgone his leave but stuck to his stance.

While it was essential to get him back on depot antipsychotic, it was equally important to make him a willing partner in this to ensure future compliance. Hence a BM approach was used in a change of strategy. He was explained the process of body mapping. He was positive about the idea and seemed to like chance to express his beliefs/theories better. He responded better to a non-confrontation stance, a couple of curious medical students aided the process of allowing him to take a position of authority on his own self. This facilitated a frank expression of his beliefs.

He drew his interpretation of 'human arterial', 'venous system' and his own superior 'hybrid system' (Figure 1,2,3). He also gave diagrammatic representation of the fat droplets in the body, his interpretation of bodily changes when there is alteration in pressure, etc, example when given a depot injection.
A few sessions of BM exercise helped him to better communicate his health beliefs in a more coherent manner. He felt listened to and understood. The clinicians also got a better understanding about the seat of his non-concordance with medication. This also enabled to distinguish his delusional system from other culturally bound health beliefs.

The soft clarifications done as part of the body mapping exercise, helped to identify the reasons for non-delusional beliefs to be misinformation and misinterpretation over the years. This de-lineation from his delusions made them easily treatable by way of health and psycho education. Body mapping and printed health literature helped him re-learn the factual information.

He was given psycho education about lipid metabolism, physiology of circulation by re-drawing the body maps with him enabling him to have alternative view point. This enabled a dialogue about depot preparations. At this juncture he was able to accept an alternative treatment method, a non-oil based depot antipsychotic. It suited the team’s intention to get him back on depot as well as, less contentious and more agreeable to his beliefs. The next day he took his depot without much ado to the surprise of whole ward.
DISCUSSION

BM is not a new tool and has been used by therapists in areas of work as diverse as eating disorder and poor self-image, with victims of torture, or in human rights-based youth programs. It essentially allows clients/participants to externalise somatic-emotional experience, to make meaning through the creative process of symbolisation, and to develop a map that reconnects different aspects of one's being.

I appreciate that most clinical encounters are much more straightforward and an intervention such as body mapping can be seen as time consuming and cumbersome.

However, ever so often one encounters a similarly complex case where need for innovation arises. Some of the chronic illnesses also pose inherent challenges in terms of engagement, compliance and insight.

Also, psychologically based techniques such as psychotherapy and cognitive behavioural therapy (CBT) designed in the western world for a language based society may not necessarily suit a less literate group of people who might have less expressive language for emotional experiences. The wide prevalence of psychosomatic complaints across the entire world indicates the necessity for alternative models of interactive communication other than a language based psychiatric interview in all situations.

There are many situations where the cognitive functions of our patients are impaired both by organic and psychiatric conditions, such as chronic psychosis, depression, dementia, learning difficulties, dyslexia, alexithymia, etc, where BM could be deployed to aid the communication. Also BM could be exploited in conditions such as munchausen's syndrome, medically unexplained symptoms and body dysmorphophobia.

CONCLUSION

BM can be a useful clinical communication tool in psychiatric practice. When used appropriately, it has the potential to not only benefit the communication but also improve insight and compliance in patients.

Consent

Written informed consent was obtained from the patient for publication of this manuscript and accompanying images. A copy of the written consent is available for review by the editor of this journal.

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References


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