



Research

# On-line Art Therapy for a Woman with Uterine Cancer : Integrating Sensorimotor Art Therapy through Guided Drawing with (TT-AT) Protocol

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## Abstract:

Art therapy offers a safe space for individuals to process complex emotions and regain control over their narrative, particularly in the context of chronic illness such as cancer. In the wake of the COVID-19 pandemic there has been an increased use of virtual platforms by art therapists, allowing people with geographic and other logistical challenges access to mental health support. A 45 year old woman undergoing treatment for uterine cancer, with no access to in-person therapy, was the client in this 10-session art therapy intervention that explored the integration of Sensorimotor Art Therapy through Guided Drawing with the Trauma Treatment through Art Therapy (TT-AT) protocol, delivered via Zoom. Each session offered structured art-making along with free expression that helped the participant feel empowered, even in the virtual setting. The intervention was very effective and the benefits reported by the client such as improved sense of self, reduced anxiety, and increased hope and vitality, highlight the growing potential of integrating trauma-informed therapies and protocols to support individuals through their unique life experiences, particularly when paired with the accessibility of virtual delivery.

**Key words:** Art therapy; Sensorimotor; Cancer; Online therapy; Protocol

## 1. Introduction

### 1.1 Context- Cancer as Trauma

Over the past decade, the incidence of cancer has increased globally. Uterine cancer or Endometrial Cancer (EC) is the most common form of gynecological cancer and is the sixth most common cancer among women in the world. Based on FIGO guidance, this type of cancer is categorized into stage I, II, III, and IV and Mazidimoradi et al. (2024) report that survival rate is high because of early diagnosis. A review by Wang & Feng (2022) substantiates that although the mortality rate of cancer has decreased, cancer patients and survivors can experience several psychosocial challenges such as deterioration in sense of self, disturbance of body image, sexual problems and difficulties in social relationships while attempting to cope with daily life. The average age of onset of the disease is in women above 60, but Bassette & Ducie (2024) observe that there is a growing incidence of EC among women under 50. Poor psychological well-being of the patient could impact their adherence to treatment, Quality of life (QoL), and overall health outcomes, report Fereidouni et al. (2024), which can add to the global burden of care.

The diagnostic criteria of Post Traumatic Stress Disorder (PTSD) was adjusted in the Diagnostic Statistical Manual of Mental Disorders Fourth Edition (DSM-IV) to include the diagnosis and treatment of a life-threatening illness such as cancer, as a traumatic stressor that can result in PTSD (Leano et al., 2019). The Physician Data Query (PDQ), the National Cancer Institute's source of comprehensive information on cancer (PDQ Supportive and Palliative Care Editorial Board, 2023) report that no specific therapies for Post Traumatic Stress (PTS) symptoms in the cancer setting have been developed, and recommend that treatment modalities used with individuals with PTSD can be used in alleviating distress in cancer patients and survivors. Levine (2008), believes that trauma is unique to each individual and that the healing process of trauma can be a catalyst for profound awakening; a portal opening to emotional and spiritual awakening.

### 1.2 The Client

Mariana (pseudonym), a 45 year old woman living alone as an expatriate in Spain was diagnosed with uterine cancer FIGO grade III, and had undergone a complete hysterectomy. The parameters of confidentiality, anonymity, and privacy were thoroughly discussed, and an information sheet was emailed to the client. The client provided signed informed consent for both the treatment and the use of information, images and recorded media content for academic and research purposes, expressing her willingness to have her experience benefit others. She also shared relevant medical records regarding her diagnosis and treatment.

Complications of surgery led to severe pain in Mariana's back and the need for the use of a wheelchair for mobility. As a result she was unable to work and although her treatment was funded through government agencies, due to other expenses, she became financially unstable. Although she was offered free face to face psycho oncology, she felt it was insufficient to address her emotional distress. Her mobility and financial limitations made it difficult to find an art therapist who she felt at ease with in Spain, where she lived, so Mariana contacted the therapist living in Dubai, United Arab Emirates. A year prior to this, the client had interacted with the therapist online, in a non-therapeutic setting, and was familiar with the therapist's ability to work with hard to reach clients. She contacted the therapist and by appointment, the therapist met Mariana via Zoom. After discussing her medical history and treatment and seeing her visible distress, the therapist agreed to her request of providing art therapy pro bono (free). At the time she began Art Therapy, Mariana had completed nine months of treatment for cancer. She had not responded well to chemotherapy, had begun immunotherapy; was continuing with physiotherapy and albeit painfully, she was able to walk around her room without the aid of her walking

stick. Mariana had the support of a family member who was visiting and a community health worker who made regular home visits to assist her with healthy meal planning and preparation. She was a spiritual person and her strong religious faith and church community provided some degree of emotional support. Although she had no prior experience of art psychotherapy, Mariana enjoyed art making as a hobby. She was fluent in Spanish and English and had good computer skills. Her posture and presentation suggested underlying pain and fatigue; she had not lost her hair during chemotherapy and was of average height and weight. She expressed extreme feelings of anxiety, loneliness, vulnerability and loss of a sense of purpose and identity.

## 2. Approach-Theoretical Framework and Rationale

### 2.1 Art Therapy

Art Therapy traditionally focuses on therapeutic image-making and the cognitive or symbolic interpretation of these creations. Positive results in clinical practice have been reported in the use of Art Therapy for the treatment of cancer (Schouten et al., 2015). In addition to this, Van Lith (2014) posits that art making provides a spiritual aspect to the recovery process which she views as a rebuilding of a sense of self. She adds that art making serves to inspire meaning making, and a sense of purpose and hope. A systematic review of the effect of art therapy in women with gynecological issues (Fu et al., 2020) shows that diagnosis of cancer is traumatic and can cause psychological distress. Another review (Jiang et al., 2020) shows that art therapy reduced symptoms of anxiety significantly, had a positive effect on quality of life (QoL) and symptoms in cancer patients, and can be used as a complementary treatment for cancer patients. However, Fu et al. (2020) argue that while this may be true, the quality of the current evidence limits the efficacy of these findings. They add that research on art therapy with patients with gynecological cancer is insufficient and that more rigorous research is needed.

### 2.2 Online Art Therapy

The Covid-19 Pandemic forced the need for art therapists to adapt their practice and move to online delivery of art therapy with little or no support (Zubala & Hackett, 2020). Zubala et al. (2023) report that online art therapy is not only a feasible intervention, but can also potentially be a powerful and impactful one, capable of facilitating a positive change in a short period of time. They recommend exploring ways to expand and introduce new art therapy services. British Association of Art Therapists (2021) advice that clear communication parameters, protocols of safety and information sharing are set prior to the onset of online delivery.

### 2.3 Need for an Art Therapy Protocol and Paola Luzzatto's TT-AT Protocol

The practice of art therapy is eclectic. Treatment protocols like the Trauma Treatment through Art Therapy (TT-AT) protocol pioneered by Paola Luzzatto (Luzzatto et al., 2021) describe the steps of the art therapy interventions along with therapeutic goals simple language which make it easy to replicate or successfully adapt (Pearce et al., 2023) for diverse populations and efficient research. Although TT-AT was designed as a group intervention, Pearce et al. (2023) report success and advocate further research exploring the use of the protocol in individual settings and Luzzatto et al. (2021) suggest that additional sessions could be added to address specific symptoms that emerge.

Developed in Tanzania by a group of health professional at Muhimbili University, Dar es Salam, the protocol design followed the recommendations of the International Society of Traumatic Stress Studies (STSS), which had three basic concepts (Pearce et al., 2023; Luzzatto et al., 2021):

2.3.1 The treatment should address the patient's needs, more than focussing on trauma exposure which often leads to re- traumatising clients or result in clients dropping out from treatment

2.3.2 The treatment targets should be emotional regulation, relationship with others, relationship with self, gradual exposure to trauma and personal resources. These are described as the six 'symptom clusters' and their related needs.

2.3.3 The TT-AT protocol should follow a flexible sequential approach in three phases: a) self -strengthening and stabilisation b) awareness of the trauma memory and c) resources for present life. Strengthening interventions should be provided throughout the treatment.

#### 2.4 *Sensorimotor Art Therapy*

Sensorimotor Art Therapy through Guided Drawing, developed by Cornelia Elbrecht, is a body based , trauma informed art therapy modality that recognizes the role of the body in storing trauma (Van der Kolk, 2014) and emphasizes the role of the body in processing traumatic memories and regulating arousal. Like Somatic Experiencing (SE) (Levine,1997), Sensorimotor Art Therapy is a Bottom-Up processing approach, that begins with mindful awareness of bodily sensations and gradually moves up towards cognitive processing. This approach allows the integration of somatic experiences disconnected from the client's conscious awareness. Trauma manifests physiologically as blocked internal movement which is commonly experienced as tension, pain or numbness, and can be accompanied by strong emotions. The focus in sensorimotor therapy is on restoring this internal movement(flow) and not on understanding the trauma story or the exposure of past trauma.

Guided Drawing uses slow, repetitive, rhythmic bilateral movement to explore the emotions and felt sensations in the body in the present. Lines and archetypal shapes in Guided Drawing have various qualities and can be used at the therapist's discretion to support affect regulation and the release of stored body memories in the client. Elbrecht (2021) advocates the use of the Lemniscate shape for the downregulation of emotions, promoting relaxation and supporting integration of dissociated aspects of the self and recommends that the Bowl shape be used to support clients when they need soothing, comforting or a need to be held.

#### 2.5 *Benefits of Integrating Approaches*

Elbrecht (2021) suggests that a combination of guided movement, body awareness exercises, and creative activities, can help individuals access and process traumatic memories in a safe and controlled manner to address not only the cognitive aspects of trauma but also its somatic and emotional components. There is very little or no research available on online delivery of Guided Drawing or on integrating Sensorimotor Therapy through Guided Drawing Art Therapy with a TT-AT protocol. However, studies (Hetherington, 2024; Hetherington & Gentile, 2022) report the success of integrating psychodynamic art therapy with SE, advocating that such a combination of psychological and physiological techniques complements each other. Cornelia Elbrecht (Elbrecht, 2021) supports this perspective, noting that body-focused art therapies can be particularly effective when paired with trauma-informed therapy.

This paper is based on an Art Therapy intervention delivered online via Zoom exploring the integration of Sensorimotor Art Therapy through Guided Drawing with a TT-AT Protocol with Mariana (pseudonym), a 45 year old woman undergoing treatment for Uterine Cancer. The structure followed for the 10 sessions was based on the TT-AT Protocol (Pearce et al., 2023; Luzzatto et al., 2021).

### 3. Methodology

#### 3.1 Pre - therapy agreements via zoom (90 minutes) - a week before therapy began.

The client was receptive to the therapist's suggestion of adapting the Trauma Treatment through Art Therapy (TT-AT) protocol, pioneered by Paola Luzzatto, which had been successfully implemented with various populations across different countries. Sensorimotor Art Therapy, using Guided Drawing, would be combined with the protocol to help resource the client - supporting grounding, self-regulation, and the processing of emotions that surfaced during therapy. A brief, focused approach was agreed upon for a five-week period via Zoom, consisting of a total of 10 sessions, held twice a week on Mondays and Wednesdays (which best suited the client). Each session was set for a duration of one hour. Considering the different time zones in which the therapist and client resided, a mutually convenient time for therapy was selected. The client was free to express herself in any language during the sessions but was asked to translate into English whenever possible.

All sessions would be recorded by the therapist and the client agreed to take clear photographs of all the images made in the session and send it to the therapist via email within 24 hours of completing each session. The client would retain the hard copies safely in a file till the end of the course of therapy. To ensure proper delivery of the TT-AT protocol and prevent bias, the therapist would receive fortnightly online supervision during the course of therapy from Emma Mills- refer Pearce et al. (2023) p.8, trained by Paola Luzzatto, in the TT-AT protocol.

The table and laptop camera setup in the client's space was adjusted to ensure that the therapist would view both the client and her image-making process during sessions. The client agreed not to use a virtual background. A list of art materials, was suggested. The client, being familiar with art-making, already had a good variety of art materials available. A safety protocol was discussed, outlining what the client should do and whom she should contact in case of emotional distress between sessions. The therapist's emergency contact information was also shared. Additionally, the client was encouraged to maintain a journal throughout the course of therapy.

#### 3.2 Structure of each session

Each 60 minute session included the following elements:

3.2.1. Introduction involving a brief check-in on the client's emotional state and physical health and a slow breathing exercise where both client and therapist (co-regulation) take three to five deep breaths with slow exhaling.

3.2.2. Psycho education: Introduction of the day's activity, the purpose of it and how it could benefit the client (**Table 1**).

3.2.3 Art Making using a Directive (TT-AT): The Protocol has six directives that could be used for six sessions or expanded to be delivered through more sessions based on client needs as therapy progressed. (i) The Body Outline; (ii) A Positive Memory; (iii) The Hidden Seed; (iv) The Sad /Angry Child; (v): The life line; (vi): Resources

3.2.4 Free Art/Image making and or Sensorimotor Art Therapy (Guided Drawing): The second part of each session would emphasize free image-making with a focus on expressing emotions that surfaced during the process of making the first image or Guided Drawing through bilateral drawing

3.2.5 Reflection: The final 10 minutes of each session involved reflection of the session where the client and therapist jointly looked at the images created.





**Table 1-** Trauma treatment through art therapy (TT-AT) (Luzzatto et al., 2021).

|         | Sessions | Focus                   | Goal                                     | Art therapy workshops                  |
|---------|----------|-------------------------|--|--|
| Phase 1 | 1        | Emotional dysregulation | Expression and containment               | "The Body Outline"                     |
|         | 2        | Disturbed relationships | Re-activating positive relationships     | "A Positive Relationship in Childhood" |
|         | 3        | Negative self-concept   | Contacting inner energy and hope         | "The Hidden Seed"                      |
| Phase 2 | 4        | Avoidance and numbing   | Symbolic exposure to trauma              | "The Sad/Angry Child"                  |
|         | 5        |                         |  | "My Life Line"                         |
| Phase 3 | 6        | Present life challenges | Personal resources and coping strategies | "Second Body Outline"; "My Resources"  |

A non interpretative and non-judgemental approach was decided upon. Note: After the three sessions of Phase 1 (**Table-1**), two sessions would be used to consolidate the surfaced awareness of emotions and strengthen the client before beginning Phase2. This would be done through Guided Drawing of the lemniscate and bowl shapes, followed by free image making (art making with no directive) in each session. After completion of all the TT-AT Protocol directives, any remaining sessions of the ten, would be used for free image making and Guided Drawing.

3.3 *Data and Evaluation of Progress* : The effectiveness of the intervention was assessed qualitatively and quantitatively

#### 3.3.1 Qualitative

Verbal and, or written feedback from the client (every third session), therapist observation and supervision.

3.3.2 Quantitative : Clinical Outcomes from Routine Evaluation (CORE 10): The clinical score from the CORE 10 evaluation sheets completed in sessions 1, 6 and 10 would be compared at the end of therapy (Barkham et al., 2013)

## 4. The Practice - The Art Therapy Intervention

### 4.1 Session 1- The Body Outline

Goal: Emotional self-efficacy through expression and containment: The client was invited to: Step1- Draw a body outline on white paper and locate difficult emotions she was experiencing in her body. Step 2. Choose a colour for each of these emotions and colour the area inside the body outline where she felt that emotion. Step 3. Choose a colour that feels healing to her at the present time and trace it slowly around the body outline, symbolically creating a contained space to hold in all these difficult emotions. She was given the option to write what she felt were some positives in her life that made her feel good outside the outline. Client response: (**Figure 1**) Mariana (pseudonym) identified and located the emotions and wrote the name of the emotion in the colours of her choice inside the outline using sketch pens. She chose blue as the healing colour and instinctively drew 2 outlines outside the body outline instead of one. Inside the Body Outline she wrote the words (translation): tension, fear, doubts, faith, pain, loneliness, stagnation, resilience, search for peace, I want to say what I feel but I limit myself, I would like to be focused. Outside the outline, 'words of protection' were written: strength, love, faith, hope, good friends, elegant, studious, intelligent, wise, generous, ambitious.



**Figure 1A:** Session 1, Image 1: "Body Outline"; **B:** Session 1, Image 2: "My Safe Space".

Translation of **Figure 1A**: "I am afraid of being stagnant, alone, without purpose and without being able to realize my dreams. I need to learn to appreciate myself more, and be able to see the value and potential that others see in me as a treasure."

Free Image: "My Safe Space". Draw using the "healing colour". Translation of (**Figure 1B**): "Cancer is not my identity. My identity is protected and will be released."

#### 4.2 Session 2- Memory of a Positive Relationship in Childhood

Goal: Re-activation of a positive relationship as a resource: The client was invited to create an image about a positive relationship from her childhood (**Figure 2A**). Client response. Gave the title "The two Marianas" and said there were and still are two parts of her. "It is not schizophrenia, but I know there are two separate parts."

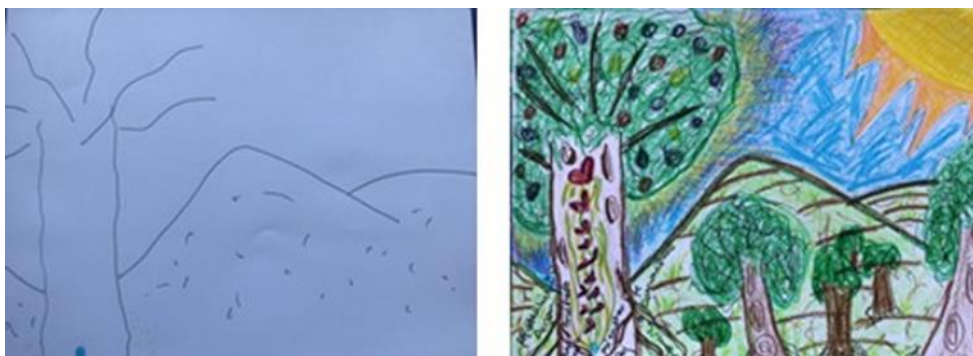
Translation of **Figure 2A**: "Thank you for coming into my life. You are there, I am standing here and I need to find strength by myself and be brave by myself now. I have a new way, a new hope". Free Image (**Figure 2B**): The client created a collage with magazine cuttings and worked in silence. Client response: "Enjoy today. I am weak, but I am still standing. The water is calm but can have stormy waves, peaceful but turbulent. The boat is inviting me to live my belle vie (beautiful life) in this time and be free".



**Figure 2A:** Session 2, Image 1: "The Two Marianas"; **B:** Session 2, Image 2: "Free image".

#### 4.3 Session 3 - The Hidden Seed

Goal: Getting in touch with inner energy and cultivating hope: The client was told that the session had 3 steps and she was invited to focus on her feelings. Step1 - Create an image of 'a barren landscape'. A landscape where there was no life. Step 2 - Imagine that somehow, one seed survived in that landscape, all alone. Mark a small dot to indicate where the seed was in this barren landscape (**Figure 3A**). Step 3 - Imagine the seed growing. What kind of plant would it grow into, and what did it need to grow and be nurtured? Illustrate this (**Figure 3B**).



**Figure 3A:** Session 3, Image 1: "Barren Landscape with seed"; **B:** - Session - New growth

Therapist : If the seed that was hidden could talk, what would it say to you? Client response: "No one is attacking you now" she said "I used to build walls to protect myself and people thought I was a strong woman. I was vulnerable and felt frail, but people did not know. Maybe people can't see the real me because of my walls. Maybe I should take a risk and show myself, but it is frightening".

#### 4.4 Session 4 : Review, Guided Drawing and Free Image Making

Goal: Building resource: Review: Mariana said she was comfortable with the pace of therapy and said she reviewed the images between sessions and had begun keeping a journal. Guided Drawing of lemniscate shape, (**Figure 4A**), using both hands in parallel and simultaneously moving the upper body creating a horizontal 8. She mimicked rocking a baby in her arms and said she felt she was being rocked like a baby. This was followed by drawing of free image (**Figure 4B**). Client response: "These are the four feelings I am experiencing now. Love, Patience, Resilience and Goodness". Daily practice of the bilateral drawing of the shapes introduced in the session was encouraged during the week to support grounding and downregulation between sessions.



**Figure 4A:** Session 4, Image 1: "Lemniscate"; **B:** Session 4, Image 2: Free image

#### 4.5 Session 5: Guided Drawing and Free Image Making

Goal: Building resource: Guided Drawing (**Figure 5A**). Client introduced the bowl shape and included horizontal lines as a base for the bowl. She engaged well with the bilateral drawing, and was encouraged to work slowly and find a rhythm. She was comfortable trying this with her eyes closed . Free image making (**Figure 5B**). Client response: "I was in a cave. Now I feel the walls that I have put up are cracked open and the light is coming through. I want to allow the light to come in - open wide the black area - and let more of the yellow light in."





**Figure 5A:** Session 5, Image 1: "Bowl"; **B:** Session 5, Image 2: Free image.

#### 4.6 Session 6: Sad /Angry Child

Goal: Symbolic exposure to trauma. The client was invited to divide a white sheet of paper into 3 panels. Step 1: In the first panel, draw a boy or a girl experiencing a sad or angry feeling; Step 2: In the second panel, draw what caused the child to feel sad or angry; Step 3: Now draw how or what the child needs to be happy in the last panel. (Note: it was recommended during supervision that in TT-AT Protocol that the angry/sad child should be drawn in the middle panel and the image showing cause of sadness in the first panel, so that the child gets a central placement). First panel - A boy's birthday party (the child was missing in the picture she drew (**Figure 6A**)). Client response: "It is a sad event, because although cakes and gifts are present, the atmosphere was not good". Second panel - "He is sad because the family is broken. Always noise and parents fighting". Third panel was broader and she drew a big arched rainbow, a plant that looked like a child, outline of two hearts and two overlapping circles. "Love, respect, family unity and support can 'perhaps' make the child happy". Free image making (**Figure 6B**): "These stripes I painted are different stages of my life. Good weather (good times) will come. I am working towards that. I am not just dreaming it will happen. All this, the therapy and the art are for that. It is difficult but I am making it happen."

Client was asked by the therapist if therapy was supporting her and how. Client response: "I feel I have received an awakening, I feel I have been shaken awake, I am not alone, I have people, I am alive, I still have goals, purpose, but different ones. I have to make changes. I have tools - my education, my art. Cancer is not my identity".



**Figure 6A:** Session 6, Image 1: "Sad/Angry Child"; **B:** Session 6, Image 2: Free image

#### 4.7 Sessions 7 and 8 - My Life-line

Goal: Facilitating emotional distance and integration of trauma

The client was invited to draw a horizontal line from one end of the paper to another. The line could be straight or wavy. On one end of the line she was asked to put her date of birth and to put the present time on the right side. On this line, using symbols, she was asked to mark the life events that felt most important; the positive events above the line, and the negative events below the line. She could write when this happened and what the event was next to the symbols. The drawing is shown in **Figure 7A**. There were more symbols above the line than below the line, but she said the impact of the negative experiences overshadowed the positive. There was no writing on the image and she sat looking at it silently. She spoke of some positive experiences, but was reluctant to revisit the past experiences, because she said it was over and she wanted to leave it in the past, but was willing to think about it if it was beneficial for her progress.

The client willingly engaged, saying she had time to reflect after session 7 and felt that this was her chance to get things out of her and be heard. She looked at the lifeline again (**Figure 7A**) and spoke graphically about past issues of neglect, deprivation, multiple forms of abuse and said that shame about these events had forced her into silence. She was tearful and spoke slowly through her tears. Towards the end of the session she recognized a feeling of overwhelm in her body and requested an activity to help her 'feel better'.

Guided Drawing-Vertical upward and outward strokes (pushing away) was suggested, followed by the now familiar lemniscate shape. The therapist gave verbal instructions and made the movements alongside the client and then gave her the freedom to continue alone, guided by what she felt she needed. The drawing is shown in **Figure 7B**. She found her rhythm and chose to engage with her eyes closed and using the palms of her hand instead of oil pastels, saying words of affirmation loudly: "I am not alone. I am not a victim, cancer is not my identity". At the end of the session she held her stomach and exclaimed: "I feel hungry"! Note: Post session, she added the words of affirmation onto the image.



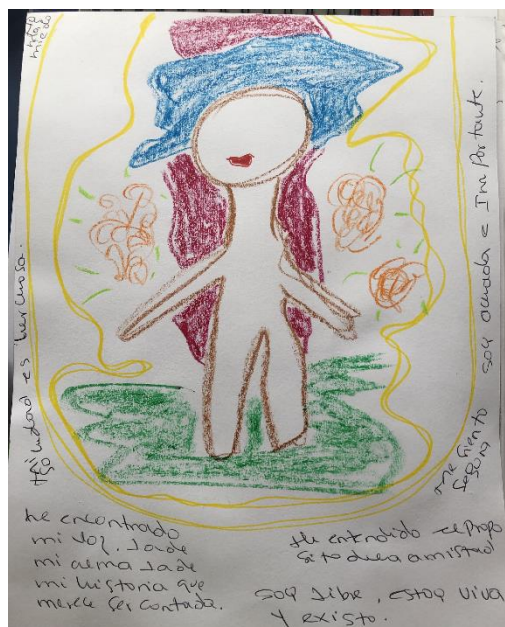
**Figure 7A:** Session 7: Lifeline; **B:** Session 8: Guided drawing.

#### 4.8 Session 9 - Resources Second Body Outline

Goal: Addressing present life challenges.

This session involved a final review of the clients therapeutic journey and discussion of strengths and resources. The client was invited to arrange all the images made in the session side by side in chronological order for a final review. She assigned titles to each image : Session 1- The beginning, Session2 - Mariana's (pseudonym) meet, Session 3 - Sincerity, Session 4 - A truth that lulls and liberates Session 5 - An enlightened time opens up, Session 6 - Good weather arrives, Session 7 - The line that broke the silence, Session 8 - The owl of wisdom. She was then invited to create a body outline (**Figure 8**) on a piece of white paper, as she did in session 1 and compare the two images. Client response:

Translation of words written outside the body outline: There are no more fears, my loneliness is beautiful and full of wisdom, I have understood the purpose of friendship, I am free, I am alive, I exist, I feel safe, I am loved and important. Note: The client was informed that the next session would be the last and to come with any queries she had. In preparation for the next session, she was asked to identify personal interests and resources that she had access to and think of how these would support her after therapy.



**Figure 8:** Session 9: Body Outline.

#### 4.9. Session 10 - What Next

Goal: Closure and building resource

Discussion of strategies moving forward: Mariana had identified swimming, yoga, meditation, art making, pilates, prayer, reading and writing. She had a desire to give back to the community in some way. She spent the rest of the session doing Guided Drawing independently with pastels and paint, using the palms of her hand and with her eyes closed. A 60 minute review session via zoom was scheduled after 4 weeks.

**Table 2.** CORE 10 Clinical Scores based on (Connell & Barkham, 2007)

| Session    | Clinical score | Interpretation                                  |
|------------|----------------|---|
| Session 1  | 20             | 20-24 Moderate to severe psychological distress |
| Session 6  | 12             | 11-14 Mild psychological distress               |
| Session 10 | 6              | 6-10 Low level distress                         |

## 5. Results

A CORE 10 clinical cut off score of 11 or above indicates clinically significant distress (Barkham et al., 2013). Analysis of CORE 10 (**Table 2**) shows that the client's distress has reduced significantly from a score of 20 at the start of therapy to a score of 6 at the end of therapy. Although she still experienced low level of distress, she reported an increased levels of hope and ability to cope. The integration of Trauma Treatment through Art Therapy (TT-AT) Protocol and Sensorimotor Art Therapy through Guided Drawing proved to be a very effective intervention for Mariana (pseudonym), a 45-year-old woman



undergoing treatment for uterine cancer. Throughout the sessions, the client demonstrated increased verbal emotional expression, particularly regarding feelings of disempowerment, and fear. As the sessions progressed, the client reported a growing sense of hope, empowerment, and self-worth. The virtual delivery of therapy offered easy access for the client from the comfort of home.

## 6. Discussion

The TT-AT protocol provided a structured but flexible framework that was easy to replicate and expand by the therapist. The protocol's three-phase structure - self-strengthening, awareness of trauma memory, and building resources for present life - and the art-making directives facilitated the externalization of emotions and allowed her to connect with the bodily and emotional pain rooted in past trauma. Bilateral drawing techniques, such as the Lemniscate and Bowl shapes, were particularly effective in helping her regulate emotions and promote relaxation and enabled her to integrate fragmented aspects of herself. One of the key benefits of this combined approach was its facilitation of holistic healing. This integration of mind-body healing highlighted in this study aligns with the growing recognition of somatic approaches in trauma treatment, particularly for individuals managing chronic illnesses like cancer. The virtual format of therapy made this intervention particularly well-suited for the client who faced challenges accessing in-person therapy. The therapist found it comfortable to hold space via the Zoom platform, but recommends that a 12 session model beginning with Bilateral drawing techniques and free image making and building up to the integrated approach used in this study could benefit clients with complex trauma. The client's access to images fostered a sense of connection with the therapy and therapist between sessions, allowing her to feel safe and supported. During the review after four weeks the client reported that she was responding well to cancer treatment and was moving from living alone to living as a paying guest with a young family. She continues with journaling and guided drawing. Lastly, the therapeutic relationship played a critical role in ensuring Mariana's active participation. Her preparedness, willingness to engage deeply in the therapeutic process, and insightful reflection were essential factors in the success of the intervention. This underscores the importance of cultivating a strong, collaborative therapeutic alliance in facilitating healing, especially in virtual settings.

## 7. Conclusions

This model highlights the growing potential of integrating creative, trauma-informed therapies and protocols to support individuals through their unique and complex life experiences, particularly when paired with the accessibility and convenience offered by virtual delivery.

**Institutional Review Board Statement:** The client provided signed informed consent for both the treatment and the use of information, images and recorded media content for academic and research purposes.

**Conflicts of Interest:** The author declares no conflict of interest.

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