



Global Initiative for
JUSTICE, TRUTH +
RECONCILIATION

BODY MAPPING FOR ADVOCACY:

A Toolkit

By Shirley Gunn



International Coalition of
SITES of CONSCIENCE

About The International Coalition of Sites of Conscience

The International Coalition of Sites of Conscience (ICSC) is a global network of museums, historic sites and grassroots initiatives dedicated to building a more just and peaceful future through engaging communities in remembering struggles for human rights and addressing their modern repercussions. Founded in 1999, the ICSC now includes more than 250 Sites of Conscience members in 65 countries. The ICSC supports these members through seven regional networks that encourage collaboration and international exchange of knowledge and best practices.

Learn more at www.sitesofconscience.org.

Cover photo:

A body mapping workshop supported by the GIJTR in Côte d'Ivoire in 2017.

Designed by: Andy Thesen

ABOUT THIS GUIDE

Founded by the International Coalition of Sites of Conscience, the Global Initiative for Justice, Truth and Reconciliation (GIJTR) is a Consortium of nine organizations around the globe dedicated to multi-disciplinary, integrated and holistic approaches to transitional justice.

This guide, *Body Mapping for Advocacy*, was written by Shirley Gunn, Director of the Human Rights Media Centre - a member of the International Coalition of Sites of Conscience in South Africa that advances human rights through the collection and dissemination of victims' narratives - with support from the GIJTR.

Contents

Author's note	1
Workshop preparation	6
Workshop Day One	12
Workshop Day Two	20
Workshop Day Three	28
Workshop Day Four	38
Workshop Day Five	44
Notes	50

Author's note

This is the second toolkit in the *From Memory to Action* series. The first, authored by Ereshnee Naidu, was subtitled: *A Toolkit for Memorialization in Post-Conflict Societies*. This toolkit provides information on how to facilitate a body-mapping workshop. Body mapping is also a form of memorialization, where the focus is on personal stories. It is an arts-based research method traced back to the 1980s, adopted and adapted by social workers, medical practitioners and researchers in different parts of the world to suit their particular research objectives.

In 2002, I saw the potential value of the method for South African survivors of apartheid violence and torture through the work of the Memory Box Project. Clinical psychologist, Jonathan Morgan, created this project at the University of Cape Town to help South African women with HIV/AIDS record their lives. South African artist, Jane Solomon, adapted body mapping into an art therapy method whereby women with HIV/ AIDS used imagery and words to narrate their life journeys. She authored a manual titled *'Living with X' A Body Mapping journey in the time of HIV and AIDS*, which I have found very useful.

The Human Rights Media Centre commissioned Jane Solomon to facilitate the first body-mapping workshop with apartheid survivors and members of the Khulumani Support Group in the Western Cape Province in South Africa that same year. I also went through the process of creating my own body map. Subsequently, I have facilitated numerous workshops with Khulumani Support Group members in the Western Cape coined 'memory and healing body-mapping workshops.' These body maps, encapsulated in plastic to make them stronger and more durable, add to the multimedia traveling exhibition titled **Breaking the Silence: A Luta Continua.**

Broadly speaking, the personal stories in **Breaking the Silence** foreground and advocate for reparations from the South African government for those identified as victims by the South African Truth and Reconciliation Commission and also for those who were excluded for various reasons, as well as for reparations from multi-national companies that aided and abetted apartheid.



Body map Funeka Hlazo, Worcester,
South Africa, 2016

Moreover, the purpose of the process was to give unacknowledged survivors of the struggle against apartheid a chance to remember and express their experiences, and to create a record that might honor their sacrifice and educate future generations. *Breaking the Silence* has been exhibited in museums across South Africa, and it has traveled on the continent, to the United Kingdom, Gothenburg University in Sweden and Stanford University in the USA. It won the Age of Hope trophy in 2006, for 'public awareness in the heritage sector,' by the Western Cape Government.

Through the International Coalition of Sites of Conscience, I have continued to experience the value and power of body mapping in different post-conflict contexts. I was commissioned to facilitate body-mapping workshops with survivors of conflict in Liberia (2010 & 2012), Kenya (2012), Uganda with peace workers working in South Sudan (2016), Sri Lanka (2017), Cote D'Ivoire (2017) and Guinea (2017).

I have adapted the method over the years and believe that by adding life history writing and drawings to the body maps they are individually and contextually richer. Seen as a collection of personalized stories, the body maps serve to raise awareness and advocate for the rights of victims in their country-specific contexts. I draw on all these experiences, as I write this toolkit. Photographs of body maps or parts thereof, created by participants from these different contexts, are included in this toolkit.

Body mapping, as I have developed the method, takes five whole days. There have been many instances when we have worked into the evenings and nights to ensure completion of the process and the artworks. The process is as important as the outcome. As facilitator I am not only



Breaking the Silence: A Luta Continua, banner at the Apartheid Museum, 2004

concerned that participants' body-maps reach a visually pleasing completion, but that I create a safe space for participants to remember and express their experiences in order to achieve a level of healing from their painful memories.

Throughout the five days, there are writing, drawing and sharing exercises before participants work on their body maps. Not everything written by participants in their journals and shared with workshop participants is added to the body maps. Synthesis and summary is key, as is the right to privacy. While the workshop environment must be safe for participants to reveal their inner pain, they may feel anxious about sharing some intimate detail with their communities and more broadly too. Some post-conflict countries are unreceptive to survivor stories and the facilitator must be aware of this and protect participants from potential repercussions. It is important that the purpose of the body-mapping workshop is established at the start of the workshop so participants understand and agree with how their artworks may be showcased.

Emotional stress affects our bodies in many different ways. To understand how stress impacts on the body, some basic knowledge about the body is necessary. But other factors also play a part, such as personality, the amount of stress the person experiences over the years, and whether the person has a shoulder to cry on when those stress factors occur. Participants may reveal difficult, painful life experiences for the first time and therefore facilitators should have some prior experience of working with emotional trauma. In some instances, having a clinical psychologist at hand is advisable.

Today, we recognize the interaction between body and mind when looking at health complications. It is common knowledge that stress, resultant from



Breaking the Silence at the Slave Lodge, Cape Town, 2006, with exhibition guide Maureen Mazibuko

everyday life, conflict and war, and poverty too, makes us more vulnerable and at risk of disease. Stress can potentially make us sick or increase the risk of getting sick or diseases. The built-in life story exercises in this toolkit are critical to contextualizing the nexus between life experience and how these impact on the body.

The body is made up of numerous interdependent systems, such as the skin, respiratory, gastrointestinal, reproductive, urinary, circulatory, and skeletal systems. Each system is explained in simple words and diagrams to aid the facilitator. The diagrams may assist participants who want to draw a body part that has been affected by stress and disease. Facilitators are advised to acquire an illustrated anatomy book that participants may use as a reference. The assistance of an artist can also be considered.

Different exercises utilize creative and cognitive approaches using both the right and left sides of the brain. The left side of the brain is responsible for controlling the right side of the body and performs tasks that have to do with logic: science and mathematics. The right side of the brain coordinates the left side of the body and has to do with creativity and the arts. Many participants may not have had opportunity to explore their creative talents and the creative exercises may seem difficult at first. However, everyone can

draw. Look at how easily children take to drawing. It comes before learning to write, and more easily. I can guarantee that, as the workshop progresses, participants will become more comfortable with drawing.

Through a reflective, creative and supportive process and working on life-size 2,2 x 1,5 meter card the space inside the body tells the story as manifested in the body. The space on the life-size card outside the body is for life story sharing in words and imagery.

The timeline for life story sharing flows in an anti-clockwise direction, from the right hand corner to the left hand corner as one looks at the body map. Imaginative ways for showing the direction of the story can be used, such as arrows or little footprints. In three stages: early childhood, school years and adult life, participants write their life stories in their journals, draw a number of drawings, and then share their stories with workshop participants before life stories are incorporated on body maps.

The methodology does not only look at trauma and victimhood, but also at resilience. For example, participants think about one symbol that best represents their strength(s) and by focusing on 'hopes for the future' participants are assisted to look beyond the present to the future. In addition there is the shadow exercise. When drawing the



Body map Neliswa Busakwe, Worcester, South Africa, 2016

outline of their bodies, participants work in pairs. The second outline of their partner is the participant's 'shadow' that represents people and organizations that have extended loving, caring support during difficult times. This reflective exercise happens every day and assists in disrupting feelings of isolation, loneliness and abandonment. Given the opportunity to rediscover individuals and support networks, and acknowledge who they are in their shadows, offers relief. Inevitably there are tears of sorrow due to loss, but the process also offers participants time to rediscover purpose and get renewed strength.

This toolkit is not a blueprint; it is a guide. Facilitators can and should exercise a margin of flexibility regarding which exercises follow one after another. However, it is strongly advised that all exercises are completed for the satisfaction of creating the body maps and the process itself. The manual follows an order that I have found works well.

I have a health and art background, as well as years of experience in working with trauma survivors. The experience and knowledge I have accumulated over the years come into play as I facilitate body-map workshops. There is only so much information I am able to share in this toolkit. I have tried my best to make it simple and applicable.

At the end of the toolkit I have included a few references that I have found useful. Because this is not an academic essay, I have not always acknowledged sources, as it would disrupt the flow. But rest assured I have relied heavily on Internet research and additional reading in the effort to share important information regarding the human body and how stress can impact on our health. Good luck!

– Shirley Gunn, Human Rights Media Centre, Cape Town



Breaking the Silence body maps with scrapbook life histories part of the educational program, Apartheid Museum, Johannesburg, South Africa, 2004

Workshop preparation

Participants

- **Victim-centered:** Whoever is responsible for the recruitment of participants should consult and include organizations working with survivors.
- **Size:** Between 12 and 20 participants is ideal.
- **Gender:** If participants are both men and women, ensure that there is a gender balance. Single-gender workshops work well, especially with women, who can be silenced in a mixed-gender group.
- **Translation(s):** Participants best express themselves in their mother tongues, and if this differs from the mother tongue of all the participants and the facilitator, the services of a translator(s) is essential.
- **Old comfortable clothing:** Participants are told in advance to wear old comfortable clothing, as their clothes may get soiled with permanent marker pens or metallic paint which does not come out in the wash.
- **Commitment to participating for five days:** A commitment to participating every day is sought during the recruitment phase before the workshop and also by the facilitator when establishing the ground rules at the start of the workshop. If a participant has an unexpected emergency and cannot attend one of the five days, this must be negotiated with the facilitator, who will have to pay special attention to the participant to catch up on the day missed. However, if two days away are required, the participant should withdraw from the workshop, a difficult decision but in the best interests of everyone. Keeping a daily register is advised.

Venue

- **Size of the venue:** The workshop venue must be large enough for everyone to work on the floor and with sufficient space for tables arranged together where writing, drawing and sharing exercises take place. If the venue cannot accommodate participants working on the floor and at tables, there can be a separation with table space in an adjacent room. The size of the card is 2,2 x 1,5 meters, and there must be a passage of at least half a meter between each card.
- **Privacy and security:** The workshop venue must be secured for all five days. In other words the venue should not be used in the evening or night for other activities. Furthermore, it should offer privacy – meaning it should not be an open space that will attract curious onlookers. The venue should be locked after hours to keep the art materials and body maps safe.

- **The floor:** It is tough on the knees working on the ground on hard tiled surfaces, but tiles are easy to sweep and mop. If the floor is carpeted, ensure that it is covered with plastic sheeting, especially during painting exercises; paint-spilling accidents happen. Senior and disabled participants can opt to work on a table as large as the size of the card.
- **Residential workshops vs commuting daily:** If budget allows, residential workshops are preferable, as they provide participants with time away from everyday pressures and they are spared the stress of navigating unreliable public transport to and from the workshop venue.

Facilitator

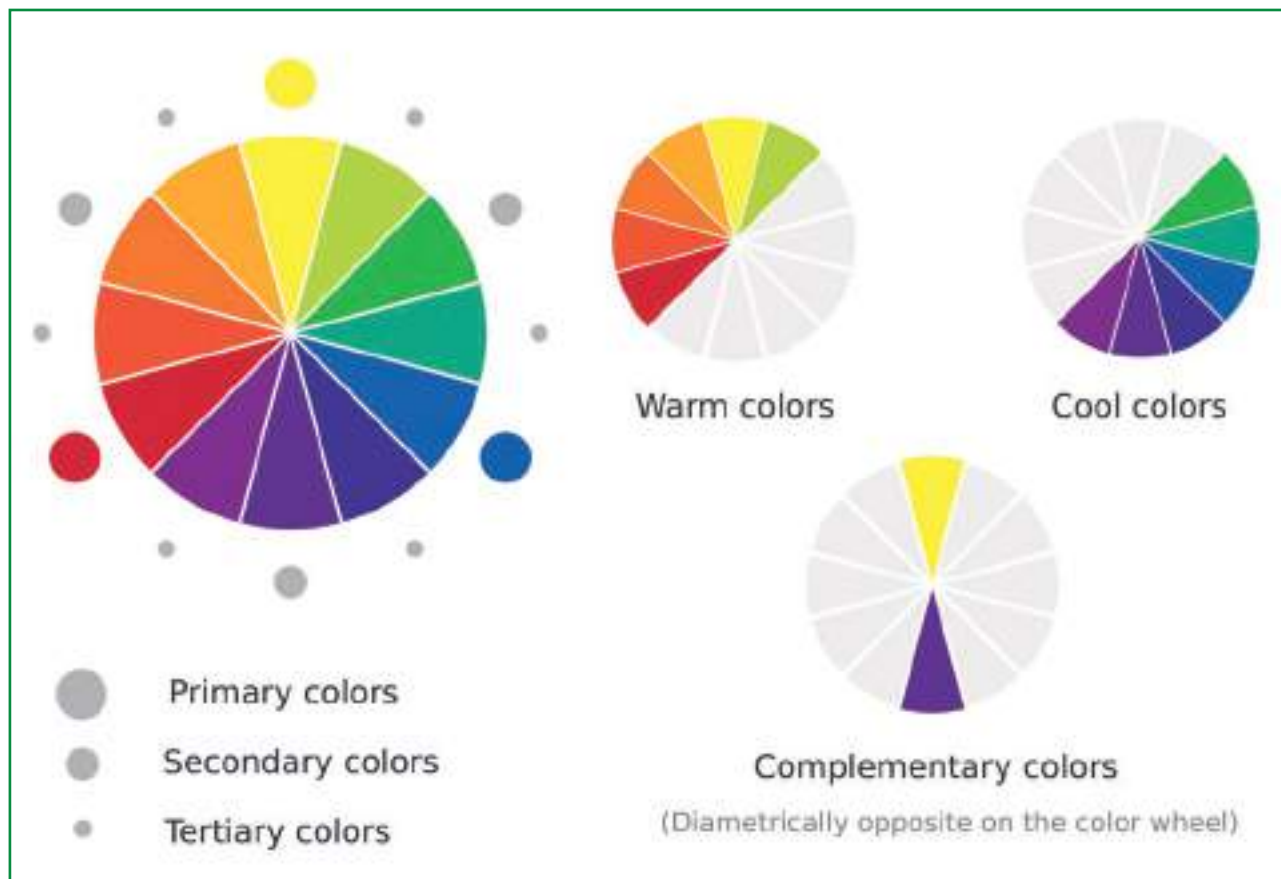
- **Timekeeping:** The facilitator must be firm about time keeping: start and end times, lunch and tea times and time allocated to each exercise. However, flexibility is required. If an exercise takes longer than the time allocated, adjustments must be made to the daily program.
- **Support:** The presence of helpers can be very useful but they must take directives from the facilitator. Should the facilitator lack artistic confidence or need assistance because the group is large, the support of an artist is advised. However, the artist must not do the creative work for participants but instead assist with visualization exercises and realization of these on the body maps supporting the authenticity of the participant's artistic expressions. As mentioned earlier, a clinical psychologist may be needed to support participants.
- **Drawing:** The facilitator must encourage participants to express themselves creatively and to actively shut off the critical left side of the brain that can inhibit creativity. The facilitator should practice drawing too; it is fun.
- **Additional research:** The facilitator must read the toolkit a few times and be familiar with its contents but is also encouraged to do additional research and reading to fully prepare for each exercise during the five days.
- **Life story exercises:** The facilitator can choose to type up and photocopy the life story questions for participants in advance of the workshop, each exercise on a separate page.
- **Safe space:** The facilitator creates the workshop environment as a safe and supportive space by insisting on respectful listening, by allowing everyone equal time to talk, and by acknowledging the pain expressed.
- **Confidence:** The facilitator must demonstrate confidence, which comes with practice and experience.

Materials

Materials for the workshop must be purchased and gathered in advance of the workshop. The materials required can be bought at art shops and at supermarkets. Participants will have to cooperate to share materials. If handled with care, the materials will last for another workshop. It is important that the facilitator demonstrates respect for materials, and gathers and sorts materials after each exercise and at the end of each day. A list of materials required for the body map workshop follows, those marked with an * are essential.

- **Journals:** One A4/letter size hard covered exercise book with 128 or 192 pages for each participant and the facilitator. Alternatively, sheets of A4/letter paper will do, but participants are encouraged to keep their writings and drawings after each exercise in order because they can get lost.
- * **Black ballpoint pens:** One for each participant and the facilitator.
- * **Name tags:** One name tag for each participant and the facilitator. Name tags can be left in the workshop room at the end of each day to ensure they are not left in rooms, at home, or get lost.
- * **Card:** Durable card used in clothing factories for pattern-making is the best material for body maps. It is light brown in color, 1.5 meters wide, and comes in big rolls. The card is cut to the required length of 2.2 meters, one for each participant, but cut a few extra lengths for the color chart, for templates to test secondary colors mixed with paint or food colorant, and to protect and transport the body maps.
- * **Newsprint:** Several sheets of white A1 paper.
- * **A4 and A3 paper:** One ream (500 sheets) of A4/letter paper and a half a ream of A3 paper is needed.
- * **Permanent markers:** Two black permanent markers for each participant for outlines and writing on the card and one brown marker for each participant. Permanent markers dry out, especially if the climate is humid or hot, and writing over paint and lead can damage the nibs.
- * **Lead pencils:** At least one HB pencil per participant and numerous softer lead pencils from 1B to 6B.
- * **Erasers:** One eraser for each participant.
- * **Sharpeners or an NT cutter:** A few sharpeners or an NT cutter is needed to sharpen the lead pencils and pencil crayons. An NT cutter does not eat away at the lead and wood as do sharpeners, so pencils and pencil crayons last longer.
- * **Colored pencil crayons:** A few boxes of colored pencil crayons are needed. They work well on the card and come in a variety of colors.

- * **Paint:** A variety of paints can be used. Powder paint is cheap. The three primary colors: red, yellow and blue are essential. These colors can be mixed with black and white to make the spectrum of secondary colors (see the color wheel below).
- * **Food colorant:** Food colorant (not food essence) works well on the card because the writing and drawings underneath can be seen when painted over with food colorant. Food colorant is inexpensive and can be bought at most supermarkets. They come in small 28 ml bottles in primary and secondary colors such as yellow, red, blue, orange, green and pink. Buy at least five bottles of each color, which when diluted with water can make a variety of colors, dark and light, depending on how much water is added.
- * **Metallic acrylic paint:** Metallic acrylic paint is expensive but one tube or bottle of gold, bronze and silver is wonderful for decoration (earrings, teeth, wedding rings, wristwatches, bangles and necklaces) and for positive emphasis (on symbols, hopes for the future, and participants names). If mixed with a tiny amount of water, the paint will go further, be less sticky and easier to paint on the card.
- * **Wax crayons:** Most participants are comfortable with wax crayons from childhood and they are inexpensive. However, when encapsulating the artworks, the hot plastic can melt the wax, which has a smudgy effect, so I do not encourage an excessive amount of wax coloring in of drawings.



- * **Oil pastels:** Oil pastels come in strong vibrant colors in boxes of 12 or 24. The bigger the box, the greater variety of colors; the more colors used, the more individual and unique the artworks will appear. Oil pastels are expensive so buy about three boxes.
- * **Chalk pastels:** Chalk pastels also come in a variety of colors depending on the size of the box. Chalk tends to smudge but if sprayed with inexpensive hair lacquer immediately after application on the card, smudging is minimized. Chalk pastels are expensive, one or two boxes are sufficient.
- * **Paintbrushes:** A range of paintbrushes from very thin to thick, pointed and flat are required.
- * **Mirrors:** One mirror per participant is required for the portraiture exercise. Glass mirrors are heavy and awkward to transport; plastic mirrors are ideal and cheap. Selfies on cell phones can be used as an alternative to mirrors but self-images are small, the size of the cell phone screens, so mirrors are preferable.
- * **Glue:** A few glue sticks or a bottle of craft glue is needed.
- * **Scissors:** A pair of craft scissors is needed; alternatively paper can be folded and torn to size.
- * **Rulers:** A number of plastic rulers are required.
- * **Hair lacquer:** Hair lacquer is sprayed on chalk pastel drawings immediately, and on the body maps when they are completed. About three large spray cans are required.
- * **Masking tape:** A roll of masking tape is needed to stick the ground rules and color chart on the walls (or on the glass windows to prevent damage to the paint work or wallpaper), and to hold the body maps together in a cylinder when they are completed.
- **Old cloths:** Absorbant cloths for wiping of hands and spillage on surfaces.
- **Bucket or recycled container:** A cheap plastic bucket or a recycled container in which to soak and clean the paint brushes.
- * **500 ml plastic bottles:** Many plastic water bottles cut off at the bottom of the neck in which to mix and store paints.
- **Plastic ground sheeting:** If the floor is carpeted, use sheeting.
- **Recording device:** If you intend on recording or taking photos during any part of the workshop, ask for all of the participants' consent first. Cell phones do the trick, but do not forget the charger!
- **Anatomy book:** Try to find an illustrated second-hand anatomy book.

Note: Besides the journals (which are optional if sheets of paper are used) and ballpoint pens that belong to each participant, all other materials should not leave the workshop venue. They belong to everyone and can be used for the next workshop.

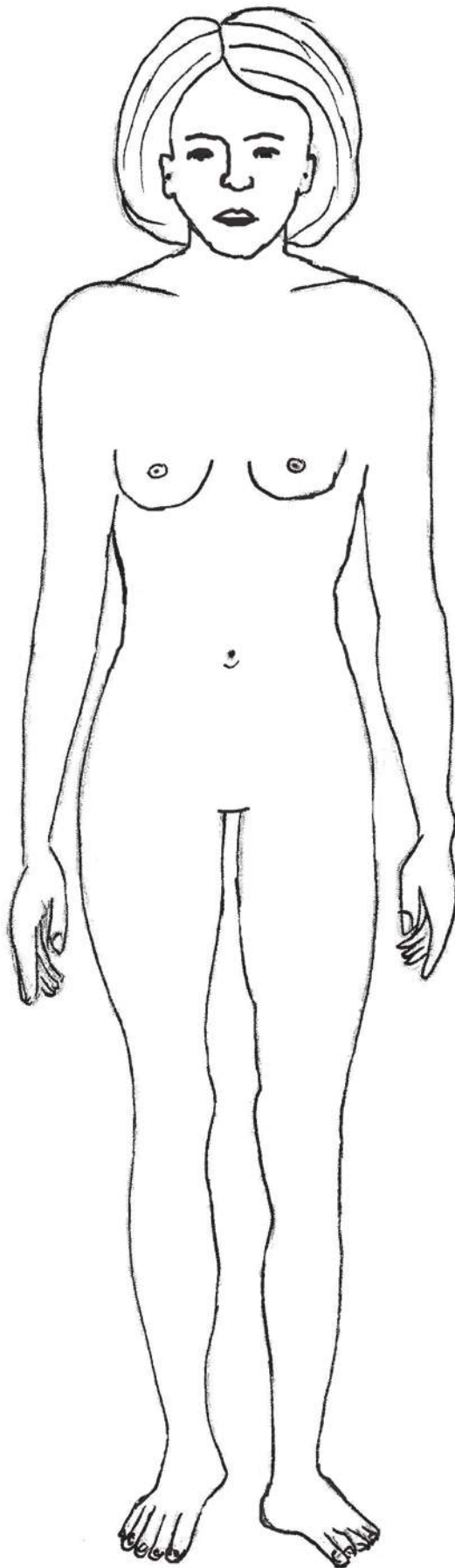


Figure to photocopy to indicate marks on the skin and other body ailments referred to in text

Workshop

Day One

Introductions and ground rules; meaning of color; tracing outlines and name, surname and date of birth body map exercises; written, drawing, sharing early childhood years and body map exercise; evaluation; and homework.

Introductions and ground rules

(60 mins)

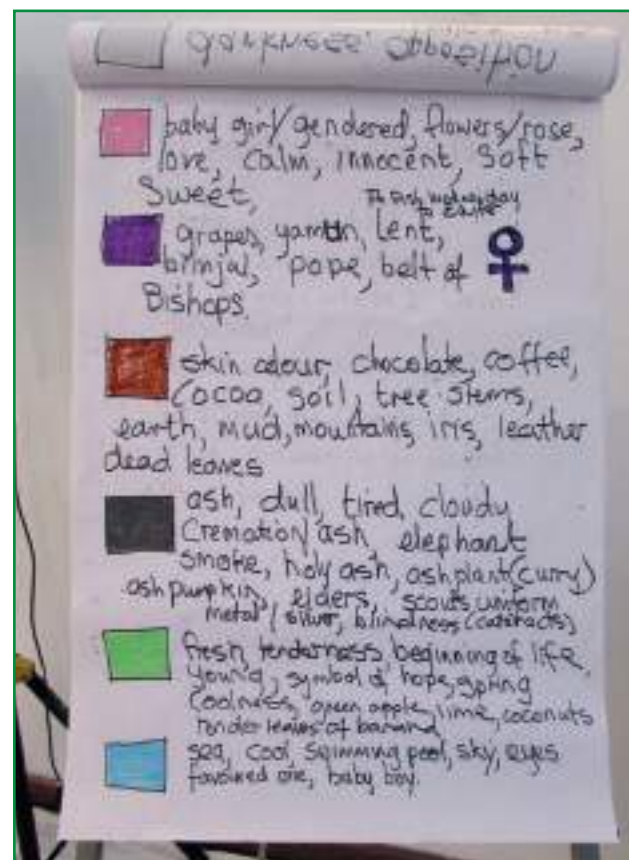
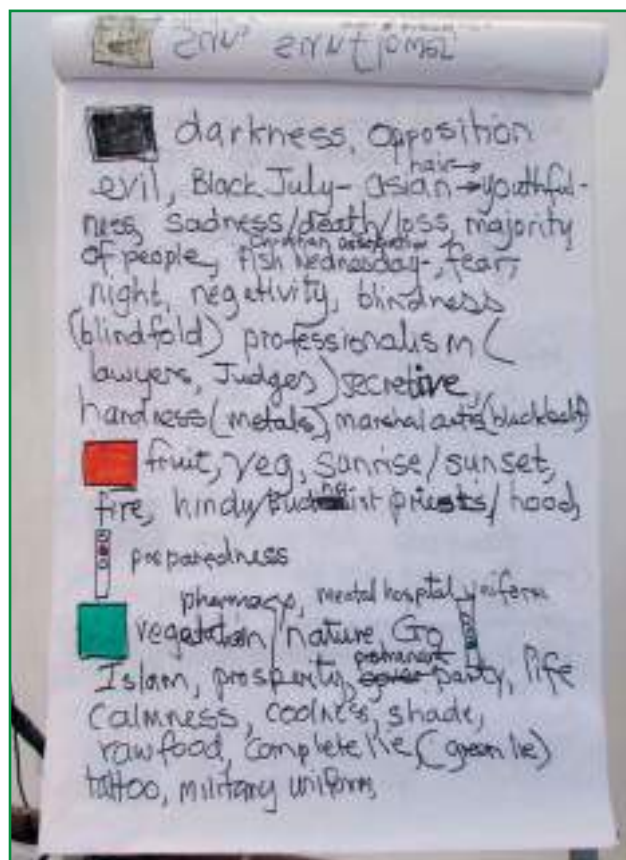
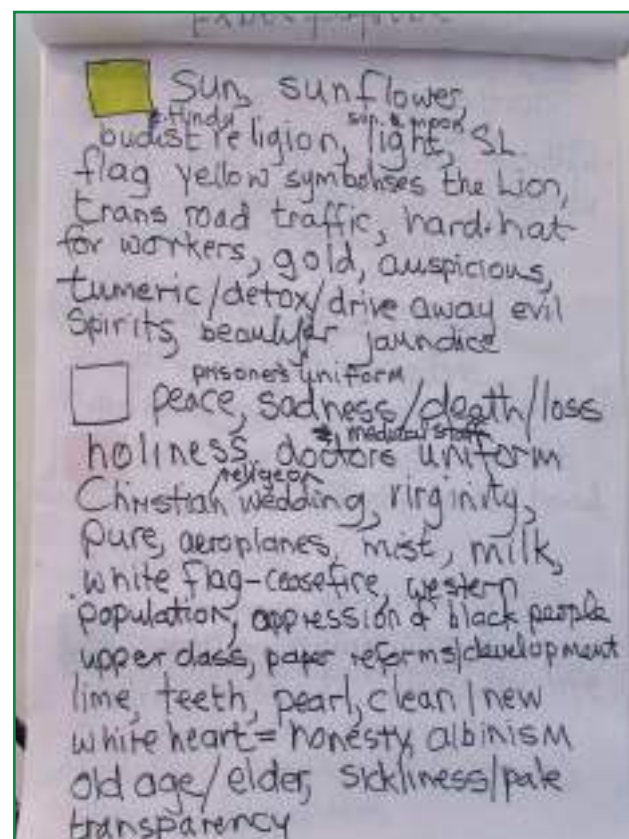
After registration, and participants are seated around tables facing one another wearing their name tags, the workshop can begin. Start the workshop with **introductions**. A good method of opening up participants to the concept of sharing is to ask everyone to introduce themselves by their name and tell the story of the origin of their names. The facilitator introduces themselves in the same way. With the story behind each name, the names are easier to remember.

The facilitator then outlines the **purpose** of the workshop and invites and addresses questions of clarity before participants discuss the **ground rules** that will apply to all participants equally. If the facilitator sees that participants do not raise certain important ground rules, they can be added. Ground rules should cover: punctuality, respectful listening, confidentiality, cell phones off or on silent, active participation, sensitivity, no one may dominate or consume group time. Further ground rules can be added to the list as the workshop progresses over the five days. The ground rules can be neatly written on A1 paper and pasted on the walls or windows as a reminder to all the participants of their commitment to one another. With this done, it is time to begin the first exercise.

1: Exercise – The meaning of color

(60 mins)

Different societies and cultures attach different meanings and significance to color and some meanings are deeply personal. In this exercise, the facilitator colors in a block of color on the left hand side of an A3 piece of body map card so that the color against the brown background is clearly visible. Starting with the primary colors: red, blue and yellow, and black and white, the facilitator then asks: what associations do you have with this color? A volunteer among participants, with neat handwriting, is invited to act as the scribe. Participants brainstorm what associations they have with the color in the block and the scribe records the meanings put forward by participants alongside the color.



Color chart, Sri Lanka, 2017

Associations may be contradictory, for example, the color white is a neutral color associated with purity, virginity, cleanliness, healing and spirituality but it is also associated with oppression and surrender. Black is regarded as a strong color associated with authority and power, which is why professionals wear black, but it is also associated with submission, shame and guilt, depression, grief and loss. When the meaning of a particular color is exhausted, the facilitator moves on to the next color until a variety of secondary colors are also covered. Stick up the color chart on the wall, which acts as a reference for participants as they perform visualization and drawing exercises, and when adding color to their body maps.

Materials: Card, oil pastels in a variety of colors, and a black permanent marker.

2: Body map exercise (60 mins) Tracing outlines, writing name, surname and date of birth

Tracing outlines: This is a critical exercise and will be the template for all the exercises that follow. It is important not to rush the exercise, as mistakes cannot be erased (unless it is done in pencil first).

The facilitator demonstrates the exercise with a participant as her or his partner. The partner must lie down on the card extending the limbs (arms and legs) in a position that enables viewers to see the whole body in its fullest proportions. Some flexibility with the positioning of arms and legs is desirable so that the body maps do not all look alike. For example, the left arm can be up and right arm down alongside the body; fingers can be extended or held in a fist. Tuck clothing under the person's body so that the permanent marker does not leave unsightly marks on clothing. Arrange the participant's hair as well. The person lying down on the card must remain still throughout the tracing exercise.

Holding a **black** permanent marker straight downwards towards the card, and not at an angle, the facilitator traces the contours of the person's body. It is challenging tracing feet, as they protrude upwards but ankles have flexibility so can be pushed straight down or sideways to get the effect of feet. The head and hair is challenging as well – the head may look bigger because of hair surrounding the face and shoulders, which is fine. When the facilitator has demonstrated how to trace her or his partner's contour, she or he must lie on the card making sure that some areas of her or his body does not completely overlap with the black contoured tracing. The partner then traces the facilitator's body in a **brown** permanent marker. The areas outside the black outlines are the shadow. More about shadows come later on day four.

On completion of the demonstration, participants working in pairs must carefully trace the contours of their bodies. The first contour will be the

persons whose body map it is and is traced in a **black** permanent marker. When this is done perfectly and to completion, the partner lies on the card and her or his contour is traced over the first contour with a **brown** permanent marker, allowing some areas to extend beyond the black contour.

This exercise is repeated on the second card in reverse order. Still working in pairs, the partner who was the second person to be traced in a brown permanent marker on the first card is now the first person to be traced on the second card with a black permanent marker. At the end of the exercise each participant has a body map with her or his outline traced in black permanent marker and that of their partner's traced in a brown permanent marker.

Note: Instead of tracing the contours in permanent markers, trace them first in soft 4B to 6B lead pencils. The first outline is immediately gone over with a black permanent marker and the second contour in a brown permanent marker. Rub out the pencil lines with an eraser.

Writing name, surname and date of birth: In neat, bold, clear handwriting (8 to 10 cm in height) and working in lead pencil, participants write their names on the top left hand corner (as they face their body maps) or across the top of their body map (depending on the best space available outside the contours) and underneath their names their dates of birth. When participants are satisfied with the way they have written their names, the pencil lines are gone over in a permanent marker, pencil lines are erased, and names are given color with pencil crayons, oil pastels or metallic paint, with borders or decorations. When participants have completed this exercise, they must return the materials used for the exercise to the table. The paintbrushes used for metallic paint must be cleaned immediately or put in the bucket of water to soak.



Xoliswa Ndzeku works on her body map, Worcester, South Africa, February 2016

Note: The facilitator must try to understand the sequencing and context of the conflict from whence participants come from. From participants' date of birth, she or he can work out how old participants were when their country, region, province or village faced conflict and when that trauma is likely to have affected participants and their families. For example, if participants are young and conflict recent, their early childhood or schooling may have been disrupted. This becomes the homework of the facilitator as she or he prepares for the subsequent day's life story exercises.

Materials: One 2,2 x 1,5 m card for each participant, black and brown permanent markers, lead pencils, erasers, rulers, pencil crayons, oil pastels, metallic paint and fine paintbrushes.

3.1: Written exercise Early childhood years

(60 mins)

Seated at the tables, participants are asked to reflect on and write about their early childhood experiences in their journals before school-going age. The facilitator should present guidelines verbally and guidelines should be written neatly on A1 sheet(s) of paper or typed up and photocopied for each participant in advance of the workshop.

- What is your name and surname, nickname, and maiden name?
- What name do you prefer to be called?
- What are/were the names of your parents?
- When and where were you born?
- Do/did you have brothers and sisters and what are/were their names?
- Where do you fit in within the family structure?
- Describe your home environment and community.
- Did/do your parents work? What work did/do they do?
- Who looked after you when your parents worked?
- Who reared you: one or both parents, siblings, grandparents, an extended family member, or foster parents?
- Did you suffer from any medical problems or childhood diseases?
- What is your earliest childhood memory?
- Describe life in your community as a little child.
- What games did you play? Who were your best friends? What songs and lullabies do you remember?
- Did you have pets or animals at home?
- Who cooked your meals and what was your favorite meal?
- What were your responsibilities as a small child?
- What happy and sad memories do you have of your early childhood?
- Who comforted you when you felt sad?

Materials: Journals or sheets of A4/letter paper, ballpoint pens, or pencils and erasers if preferred.



Funeka Hlazo works on her body map, Worcester, South Africa, February 2016

3.2: Drawing exercise – Early childhood (30 mins)

Participants are asked to draw one drawing that reflects their early childhood life of home or community, or the drawing they frequently drew as a child. Participants are then asked to color in their drawings reflecting on the meaning of color chosen.

Materials: A4/letter sheets of paper, pencils, erasers, wax crayons and pencil crayons.

3.3: Sharing exercise – Early childhood (60 mins)

Each participant is given a few minutes to share their early childhood story and drawing with the group. The facilitator must monitor the time and encourage short, summary presentations. Sad or traumatic experiences in participants' early childhood may be revealed. All participants are expected to listen respectfully to everyone else.

3.4: Body map exercise – Early childhood (60 mins)

Referencing their journal writings and drawings, participants' early childhood experiences are written and drawn in lead pencil below their name and date of birth on the left side of the card. Early childhood narratives should not cover more than 500 to 800 cm down the side of the card, outside and between of the black and brown contours. When

participants have used all the available space efficiently in both words and images, and having consulted the facilitator on their pencil draft, participants go over the pencil writing in permanent markers and add color to their drawings taking into account the meaning of color.

Note: Participants must not panic if they do not manage to complete this exercise within the time allocated but at least the draft drawing and writing should be mapped out. If working with journals, encourage participants to paste their A4 drawings in their journals with glue but one centimeter must be cut off the tops and sides of the page so that it fits neatly in the journal.

Materials: Lead pencils, erasers, permanent markers, wax crayons, oil and chalk pastels, pencil crayons, scissors and glue.



Progress Day One, Worcester, South Africa, 2016

Day One Evaluation

(10 mins)

At the end of the day, the facilitator should ask participants to describe in one word how they feel at the end of the first day. These one-word evaluations can be recorded by the facilitator or written on an A1 sheet of paper by a volunteer participant. If the same word is used more than once, tick it as many times as it is used.

Day One Homework

Participants are encouraged to read through their early childhood life stories, underline significant people in their lives, those who loved and nurtured them and had a positive influence. Participants can continue writing about their early childhood memories, as events or memories may be recalled later, or jogged by what another participant may have shared, or because the time allocated to the exercise was insufficient.

The facilitator is also encouraged to write their reflections of the day, transcribe or enter the one-word evaluations in their journal (that can be added in the workshop report) and prepare for Day Two by reading the toolkit and preparing the workshop venue and materials, such as, sharpening pencils and pencil crayons, and washing the paintbrushes.

Workshop

Day Two

Recap; portraiture; the skin; skeletal and muscular systems; school years life story writing, drawing and sharing exercises; evaluation; and, homework.

With everyone seated at the table, the facilitator recaps the progress of the previous day, and outlines the exercises to be accomplished on the second day.

4.1: Drawing exercise – Portraiture (60 mins)

A portrait is a painting, photograph or sculpture of a person, in which a face and its expression is the main element, displaying likeness, personality, and mood of a person.

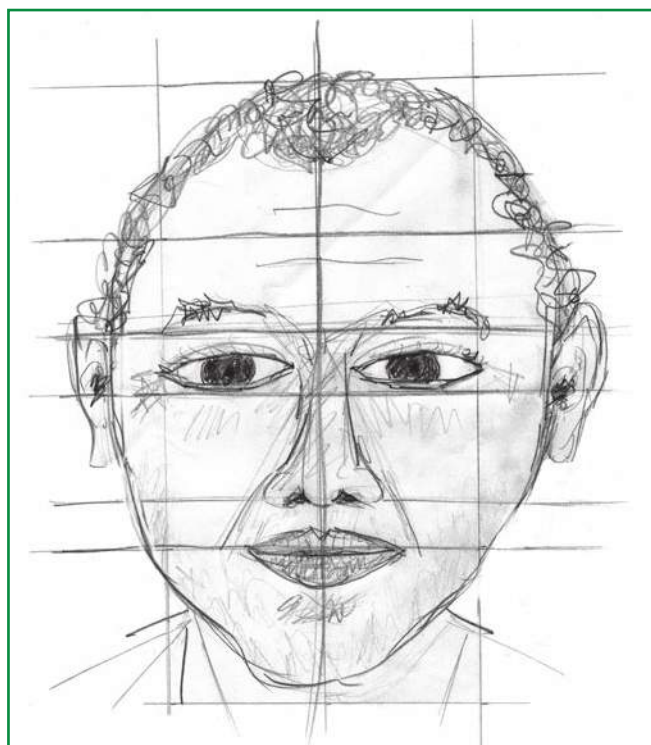
This is a fun exercise. Each participant is asked to study her or his face in the mirror. They must look at their eyes in relation to their ears and nose, and the proportions of their faces above and below their eyes. Participants are asked to quickly draw their portraits as reflected in their mirrors. They will be much laughter in the room, as everyone does quick sketches, because most will get the proportions horrible wrong. So everyone will start again on the other side of their page or on another blank piece of A4 paper.

It is time for the facilitator's input. The face is oval shaped. Measure the length of your face by balancing a book on top of your head and with a ruler measure from the book balanced on the head to the chin. The facilitator then draws an oval shape on A1 paper and dissects it in the middle in four quadrants by drawing horizontal and vertical lines. The bottoms of the eye sockets are halfway up the head, just above the horizontal line. The tops of the ears are normally in line with the eyes.

Participants are then tasked to start again. They must fold their A4 page horizontally and vertically and draw both lines with a pencil using a ruler. Balancing their journals on their heads and working in pairs to get their measurements right, participants must measure their faces from their journals to their chins and from ear to ear. These measurements, from top to bottom and from side to side, are written down on the A4 page. Participants must draw an oval shape according to these measurements in the quadrants using a ruler. The oval shape can be adjusted if the participant's face is narrow and thin or round and chubby. Participants are asked to study their eyes, just above the horizontal line, to mark the outer edge of their eyes near the ear and inner part of the eyes near the

bridge of the nose on the page, and then they draw their eyes getting the size, shape and proportions right. The bridge of the nose lines up with the top of the eyes. The mouth is between the eyes and the chin in the lower quadrant.

Each participant's facial features are unique: faces have smile, worry and aging lines, marks and scars, which must be added to the portraits. Participants might have nose or earrings, or a bindi worn by married Hindi women; these can be added to their portraits. The facilitator can keep reminding participants to study their reflections in the mirror and draw what they see until they are satisfied that their portraits are a reasonable likeness to how they look. The facilitator goes around the tables and assists with measuring proportions and detailing as well.



The quadrants of the face

Materials: A mirror for each participant, blank A4 sheets of paper, lead pencils and erasers, rulers, and journals to mark the top of the head.

4.2: Portraiture exercise – Body map

(60 mins)

Participants take their mock-up portraits and draw their faces on their body maps in lead pencil. They can continue to look at their reflections in the mirror as they transfer their portraits on the card.

Materials: Card, rulers, mirrors, pencils and erasers.

5.1: Exercise – The skin

(10 mins)

With participants sitting at the tables, the facilitator shares information about the skin.

The skin

The skin, the outer covering of our body, is our largest organ. It is visible whereas our other organs are invisible. Skin ranges in color depending on the amount of melanin produced by the skin. It is made up of seven layers and guards the underlying muscles, bones, ligaments and internal organs. Human skin is covered with hair follicles, but can appear hairless. Skin can be dry or oily. As skin ages, it becomes thinner and more easily damaged, and it sags and wrinkles.

Damaged skin will try to heal by forming scar tissue, which is often discolored and depigmented. Human skin is seldom unscathed of marks and scarring. We may have birthmarks, moles, freckles, beauty spots, vaccination marks, stretch marks, or skin conditions, such as acne, eczema, shingles, warts or baldness. We have scars from injuries, from superficial scrapes to deeper wounds inflicted by hard objects, such as bullets or a surgeon's knife. All these marks define who we are and our personal histories.

COMMON SKIN MARKINGS	
Beauty spots	Dark moles or freckles commonly found on the face.
Freckles	Small darker patches on the skin that often become pronounced through sun exposure.
Burns	Second-and third-degree burns can cause scars. Deeper burns develop into darker scars while shallow scars are lighter or may not scar at all. Often hair follicles are damaged so scarred areas are hairless.
Moles	Oval or round, symmetrical growths on the skin that are typically brown or black. Moles can occur anywhere on the skin, alone or in groups. Most moles appear in early childhood and during the first 25 years of a person's life.
Birthmarks	Congenital irregularities of the skin that present at birth or appear shortly after birth, and occur anywhere on the skin.
Chicken pox marks	Caused by a highly contagious virus and characterized by itchy red blisters that appear all over the body that mostly affects children and can leave scars.
Vaccines	Both smallpox and BCG vaccines leave a scar, mostly on the upper arm.
Stretch marks	Long, narrow streaks or stripes that occur when the skin is stretched too quickly. Pregnancy, puberty and rapid weight gain can cause stretch marks.
Scars inflicted by hard objects	Permanent markings from torture, beatings, wounds inflicted by knives, bullets or surgical operations.

COMMON TYPES OF SKIN CONDITIONS	
Eczema	Eczema causes the skin to become inflamed and itchy, most commonly appearing on the face, back of the knees, wrists, hands and feet.
Acne	Pimples that appear when the passageway connecting the skins pores to the oil glands become blocked and mostly appears on the face, neck, shoulders, chest and back.
Warts	Small growths on the skin that appear anywhere on the body. They are very common, mostly among children and teenagers. Warts can be removed with liquid nitrogen but they mostly disappear on their own.
Athlete's foot	An itchy, contagious fungal infection that affects the skin on the feet that can spread to the fingernails and the hands.
Shingles	A viral infection that causes a painful rash anywhere on the body but it mostly occurs as a single stripe of blisters that wraps around the left or right side of the torso.
Baldness	Excessive hair loss affects all men as they grow older. Hair loss usually begins at the temples, with the hairline gradually receding. Female baldness is more common after menopause.

5.2: Drawing exercise – Skin markings (20 mins)

After the facilitator has shared the above information about the skin, each participant is given an A4 photocopy of page 11 of this toolkit. Participants are asked to draw all the marks and scars on their skin on the sheet, small or big, visible or faint, keeping in mind the left and right sides of their bodies are reversed when looking at the page, and to write a few words about each mark.

5.3: Body map exercise – Skin markings (30 mins)

Participants draw all the markings on their bodies in pencil and write brief explanations (one word is often sufficient) about the markings and scars on their body map in legible handwriting in pencil. Then they write it in a permanent marker, after which the pencil lines are erased. Participants then color the markings, as realistically as possible, using pencil crayons, not lead pencils or permanent markers.

Materials: One A4 photocopy of page 11 for each participant, lead pencils, erasers, pencil crayons and permanent markers.

6.1: Exercise – The skeletal system (10 mins)

The skeletal system includes all the bones and joints in the body. The human skeleton is the internal framework of the body. Adults have 212 bones including the bones in the ears. The main function of the skeleton is to provide protection to our internal organs, in particular the chest and the rib cage. Muscles attach to bones to provide movement. Our bone marrow produces red blood cells that carry oxygen around the body.

Humans have four main types of moveable joints:

Hinge joints: The knee and elbow are examples of hinge joints as are fingers and toes, allowing extension and flexing.

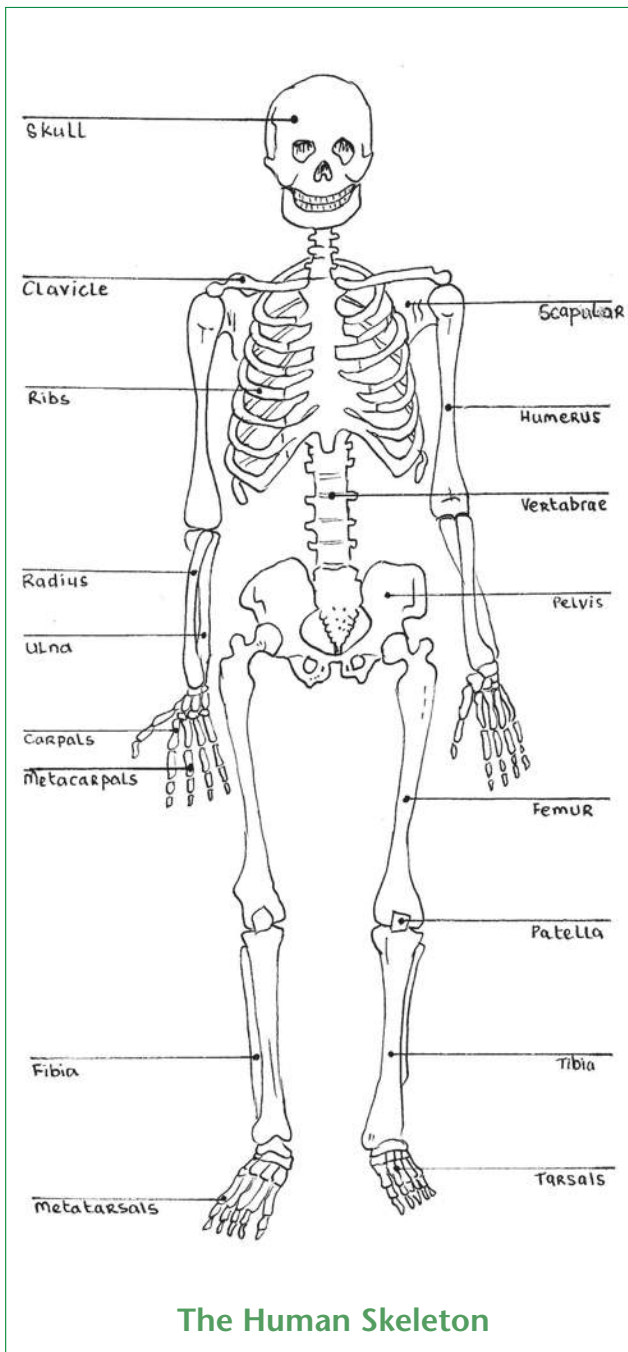
Ball-and-socket joints: Ball-and-socket joints are found in the hip and shoulder and allow movement in many directions.

Pivot joint: The pivot joint is found in the neck that enables the head to rotate side to side.

Gliding joints: Gliding joints are found between the carpal bones in the wrist and between the carpals and metacarpals of the palm, and between the tarsal bones of the ankle and between the tarsal and metatarsal bones of the foot. The bones of the wrist and ankles move by gliding over each other.

COMMON BONE CONDITIONS

Osteoporosis	As we age we lose bone density, which makes our bones brittle and more likely to break.
Arthritis	Arthritis refers to joint pain or joint disease.
Scoliosis	This is a sideways curvature of the spine that occurs most often during the growth spurt just before puberty.
Bone tuberculosis TB	This TB is extra-pulmonary (TB outside the lungs) that affects, above all, the spine, long bones and joints.



The muscular system: The muscular system is responsible for the movement of the human body. Muscles are the only tissue in the body that has the ability to contract and therefore move the other parts of the body. Attached to our bones are about 700 named muscles making up roughly half of our body weight. There are three types of muscle tissue: visceral, cardiac and skeletal.

Visceral muscle: Found inside of organs such as the stomach, intestines, and blood vessels and is controlled by the unconscious part of the brain and is known as involuntary muscle. It has a smooth appearance.

Cardiac muscle: It is only found in the heart and is involuntary muscle and auto rhythmic stimulated by a natural pacemaker and it is very strong. Cardiac and visceral muscles are primarily responsible for transporting substances, like blood or food, from one part of the body to another. The final function of muscles is to generate body heat. Our muscular system generates a great deal of waste heat. Many small muscle contractions within the body produce our natural body heat. When we exert ourselves, the extra muscle contraction leads to a rise in body temperature and eventually sweating.

Skeletal muscle: This is the only voluntary muscle tissue in the body. Every action that a person consciously performs, like talking and writing, is controlled by skeletal muscle. Most skeletal muscles are attached to two bones across a joint and are very strong. Skeletal

muscles are responsible for maintenance of our posture, body position and movement.

Tendons: Most skeletal muscles are connected to bones through tendons. Tendons are very strong and woven into the coverings of both muscles and bones.

6.2: Drawing exercise (20 mins)

Skeletal and muscular systems

At the table, participants mark on the A4 human form (photocopied from page 11) all the bones they have broken (fractured). They also include all other joint and ligament ailments they have or had. When everyone has completed the exercise on the A4 page, the participants should add their bone and muscular injuries and ailments, torn ligaments or tendons, old and current. They can mark these on the A4 page of the human body and write about the injury too in a few words.

6.3: Body map exercise (30 mins)

Skeletal and muscular systems

Participants return to their body maps using the images of bones in the toolkit on page 24 or anatomy book as references. The entire bone that was broken is drawn on the body map and then colored in with white pencil crayon or white chalk pastel that must be sprayed with hair lacquer. Muscular pains, torn or damaged tendons and ligaments are included too, first in lead pencil with a few words about what happened, and then colored in with pencil crayons and the story behind the injury written in permanent markers.

Note: If a participant did not break any bones and have muscle and tendon problems they can work on their early childhood life stories on their body maps.

Nelson Muyela, Kenyan torture survivor, body map workshop, 2012



7.1: Written exercise – School years

(60 mins)

Like with the first life story exercise, participants are asked to write about the school years in their journals. The facilitator vocalizes the questions that are either written on A1-size pieces of paper in neat handwriting or typed up and photocopied for each participant.

Primary-school years

- What primary school(s) did you attend?
- How did you get to and from school?
- Did your siblings attend the same school(s)?
- What are the names of your primary school teachers that you liked?
- What do you remember about them?
- Which subjects did you like and dislike.
- Which teachers did you dislike and why?
- Who assisted you with your school work or show interest in your schooling?
- How did they show interest?
- Did you participate in any extra-mural activities, elaborate?
- Who were your close primary school friends?
- What did you do together?
- Were your experiences of primary school years happy and positive or not?

High-school years

- What high school(s) did you attend?
- How did you travel to and from school?
- Who paid for your schooling, books and uniform?
- Do you remember the names of your high school teachers that had a positive or negative influence on your life?
- What do you remember about them?
- Which subjects did you do; which did you like and dislike?
- Who assisted you with your school work or show interest in your schooling?
- What extra-mural activities did you participant in at high school?
- What clubs or groups did you belong to outside of school?
- Who were your close friends in high school and what did you do together?
- Who were your close friends outside of school and what did you do together?
- Did you have romantic relationships in high school?
- What good and/or bad things do you remember about these relationships?
- Did you attend religious instruction classes, for example, Sunday school or Madrasa?
- Were your experiences at high school positive and happy or not?
- What were your dreams and aspirations for yourself in high school?
- What were your parents or guardian's aspirations for you?
- Who were your role models?
- In what year did you finish/leave school?
- What were your reasons for leaving school?
- Did your schooling prepare you for life?
- What happened in this phase of your life if you didn't go to school?
- What were the reasons for the disruption of your education?

7.2: Drawing exercise – School years

(30 mins)

Participants are asked to draw a drawing in lead pencil of a strong memory during primary school and during high school, or of whatever she or he was doing at these formative years. When participants have finished the drawing, they must give it color, with reference to the meaning of color.

7.3: Sharing Exercise – School years

(60 mins)

Each participant is asked to share their stories, from the time they started and finished their schooling or were forced to leave school, as well as their drawings, in short, summary presentations. Respectful listening is expected of everyone.

Day Two Evaluation

(10 mins)

At the end of the day participants are asked to say in one word how they feel at the end of the second day. These one-word evaluations can be recorded by the facilitator or written on an A1 sheet of paper by a volunteer participant. If the same word is used more than once, tick it as many times as it is used.

Day Two Homework

Participants are encouraged to read through what they have written in their journals about their school years, underline the people who were positive influences, and continue writing about that period of their lives, if so inclined. Including these stories on body maps will be the first exercise on Day Three.

Note: Should participants want to continue working after the workshop has wrapped up for the day, the facilitator must continue offering these participants the support they require.

The facilitator is encouraged to write his or her reflections of the day, write up the one-word evaluations in her or his journal and prepare for Day Three by reading the toolkit and preparing the workshop venue and materials and the exercises. The facilitator should also review the body maps and assess progress each participant has made regarding the exercises and focus her or his attention on those whose progress is tentative and slower on Day Three.

Workshop

Day Three

Recap; symbols; respiratory, digestive, and circulatory exercises; Life after school to present, written, drawing and sharing exercise; evaluation; and, homework.

7.4: Body map exercise

(60 mins)

Following on early childhood life story and childhood drawings, participants include writings and drawings of their school years in lead pencil, following an anti-clockwise direction, going round the bottom of the body map. When writing and drawings are carefully arranged in the available space, they are gone over with permanent marker and given color.

8.1: Symbols – Conceptual drawing

(60 mins)

Sitting at the tables, the facilitator summarizes the progress made on the previous day and outlines exercises to be accomplished on day three. The session begins with information given by the facilitator about symbols and their meanings.

A symbol is a material object that represents something abstract. The facilitator can select symbols from the template below, and/or come up with others she or he may think of, as examples.

This self-reflective exercise requires of participants to decide on one symbol, that best represents their character and strength, and to draw the symbol on a large A3 piece of paper, and give it color, with reference to the meaning of color.

SOME SYMBOLS AND THEIR MEANINGS

Elephant

Strong, empathetic, ambitious, protective.



Tortoise

Deliberate, patient, invulnerable to attack.



Cat

Independent, vigilant, territorial, curious.



Donkey

Hardworking, patient, humble.



Dog

Courageous, vigilant,
loyal.

**Bee**

Hardworking,
productive, communal.

**Dove**

Peace loving, freedom
loving.

**Heart**

Empathy, compassionate,
loving, sincere.

**People in a circle**

Friendship, cooperation,
community-minded.

**An untieable knot**

Oneness, unity,
commitment.

**Tree**

Life, knowledge,
connection for
ancestors and family.

**Candle**

Light, life, spiritual.

**Fish**

Communal,
life giving.

**Pitcher**

Provider, container of life.

**Watering can**

Service, nurturing.

**Scales**

Justice, quest for truth.

**Rainbow**

Positivist, hopeful, idealist,
optimist. The colors of a
rainbow are: red, orange,
yellow, green, blue,
indigo and violet.

**Sickle and hoe**

Hardworking, hope in
a fruitful harvest.

**Book**

Quest for knowledge,
scholarly, spiritual.

**Flower**

Love, compassion, beauty.



8.2: Symbols – Sharing exercise

(20 mins)

Each participant shows their drawings to the group and explains why they have chosen the particular symbol that best represents themselves, and their choice of colors.

8.3: Symbols – Drawing on the body map

(60 mins)

Participants return to their body maps to draw their symbols large and bold, either in the space above their heads, chest or stomach, in lead pencil. When participants are satisfied with their drawings, they give them color. Symbols are a visually important aspect of the body maps, so metallic paint can be used and the exercise should not be rushed.

Materials: A3-size paper, pencils, erasers, oil pastels, pencil crayons, permanent markers and metallic paints.

9: Respiratory, digestive, and circulatory systems

(30 mins)

With participants seated around the table, the facilitator provides information on three more systems of the human body: the respiratory, digestive and circulatory systems. The facilitator allows time for participants to add all relevant details on their A4 sheets of paper of the human body after system. When participants have completed this exercise, they can move to their body maps and include details related to the three systems on their body maps. The shared anatomy book will be useful, and the diagrams in the toolkit can assist participants to manage a degree of anatomical likeness too.

The respiratory system

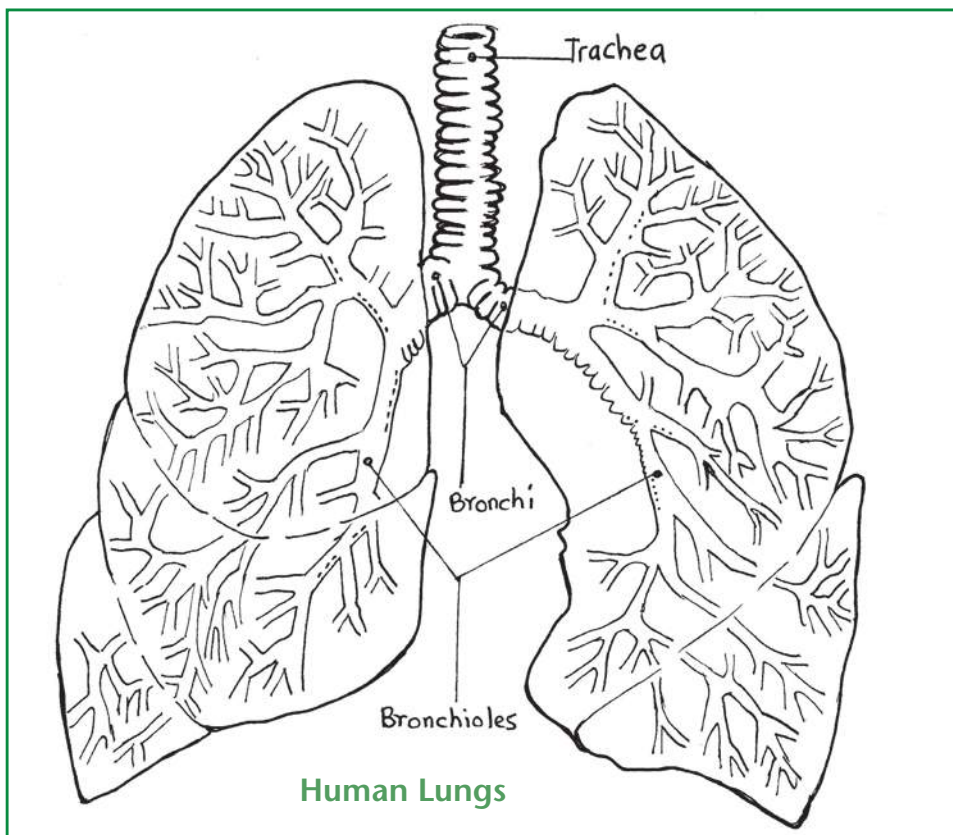
The respiratory system is a series of organs responsible for taking in oxygen and expelling carbon dioxide. The primary organs are lungs, which carry out this exchange as we breathe. Your lungs are in your chest; they are so large that they take up most of the space in your chest. You have two lungs, but they are not the same size, the left lung is smaller because it shares the internal space with the heart. Our lungs are protected by our rib cage, which is made up of 12 sets of ribs connected to our spine in your back and go around your lungs to protect them. Beneath the lungs is the diaphragm, a muscle that works with your lungs to allow you to inhale (breathe in) and exhale (breathe out) air.

From the outside, lungs are pink and squishy, like a sponge. At the bottom of the **trachea** or windpipe, there are two large tubes called the main stem **bronchi**; one heads left into the left lung, while the other heads

right into the right lung. Each main stem bronchus then branches off into tubes, or bronchi, that get smaller and even smaller still, like branches on a big tree. The tiniest tubes are called **bronchioles**.

As you breathe in, your diaphragm contracts so your lungs have more room to grow larger as they fill up with air. Your rib muscles also lift the ribs up and outward to give the lungs more space. When you inhale air through your mouth and nose, and the air goes down your trachea. Tiny hairs called **cilia** keep mucus and dirt out of the lungs. The air then goes through the series of branches in your lungs, through the bronchi and the bronchioles. The air finally ends up in the millions of **alveoli** that allow oxygen from the air to pass into your blood. All the cells in the body need oxygen every minute of the day. Oxygen passes through the walls of each alveolus into the tiny capillaries that surround it. The oxygen enters the blood in the tiny capillaries, hitching a ride on red blood cells traveling through blood vessels to the heart. The heart then sends the oxygenated blood out to all the cells in the body.

When it's time to exhale, everything happens in reverse: Your diaphragm relaxes and moves up, pushing air out of the lungs. Your rib muscles become relaxed, and your ribs move in again, creating a smaller space in your chest. By now your cells have used the oxygen they need, and your blood is carrying carbon dioxide and other wastes that must leave your body. The blood comes back through the capillaries and the wastes enter the alveoli. Then you breathe them out in the reverse order of how they came in — the air goes through the bronchioles, out the bronchi, out the trachea, and finally out through your mouth and nose.



The air that you breathe out contains wastes and carbon dioxide, and it's warm, too! As air travels through your body, it picks up heat along the way. Your lungs are important for breathing and also for talking. Above the trachea is the **larynx** or voice box. Across the voice box are two tiny ridges called vocal cords, which open and close to make sounds. When you exhale air from the lungs, it comes through the trachea and larynx and reaches the vocal cords. If the vocal cords are closed and the air flows between them, the vocal cords vibrate and a sound is made. The amount of air you blow out from your lungs determines how loud a sound will be and how long you can make the sound.

Your lungs allow you to breathe, talk, shout, sing, laugh and cry. Exercise is good for every part of your body, and especially for your lungs and heart. When you take part in vigorous exercise your lungs require more air to give your cells the extra oxygen they need. As you breathe more deeply and take in more air, your lungs become stronger and better at supplying your body with the air it needs.

SOME RESPIRATORY DISEASES	
Tuberculosis (TB)	TB is an airborne bacterial infection that usually occurs in the lungs but it can spread anywhere through the bloodstream or lymph nodes. TB may remain inactive until the immune system becomes compromised. Symptoms include coughing, trouble breathing, fatigue, fever and sweating.
Bronchitis	A viral infection and symptoms include difficulty in breathing and a hacking cough that produces phlegm. It is treated with rest, plenty of fluids, and avoiding smoking and fumes.
Allergies	Symptoms include itchy eyes and skin, sneezing, nasal congestion, wheezing and rash. Seasonal allergies result from grass, weed, tree pollen and molds.
Hypotension	Also called high blood pressure is a long-term medical condition in which the blood pressure in the arteries is persistently elevated. Causes of high blood pressure include stress.
Asthma	Symptoms include coughing and wheezing. Chest tightness is common in an asthma attack and can be controlled with proper treatment.
Pneumonia	A lung infection caused by bacteria, viruses or fungi. Microorganisms grow and thrive in the lungs, creating difficult symptoms. The air sacs become inflamed and may fill up with fluid, which disrupts the flow of oxygen. Most people recover after a few weeks. Symptoms of chronic pneumonia include coughing up blood, swollen lymph nodes, chills, and lasting fever.

After this information, the facilitator asks participants whether they suffer or have suffered from any respiratory conditions. If they do, they are asked to write down what these conditions are on the A4 picture of the body.

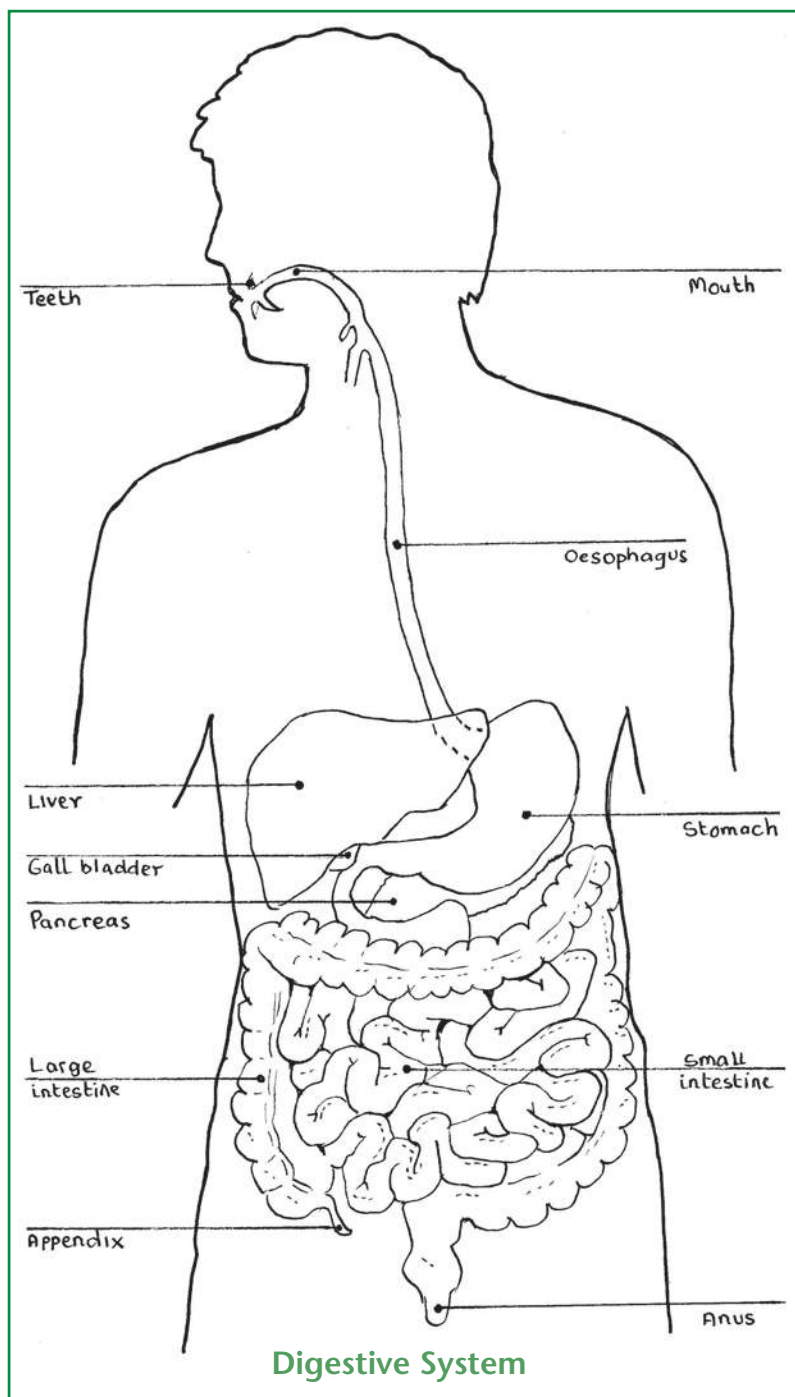
The digestive system

The digestive system is made up of the gastrointestinal (GI) tract and the liver, pancreas and gallbladder. The GI tract is a series of hollow organs joined in a long twisting tube from the mouth to the anus. The hollow organs that make up the GI tract are the mouth, esophagus, stomach, small intestine, large intestine and anus. The liver, pancreas and gallbladder are the solid organs of the digestive system.

Each part of the digestive system helps to move food and liquid through the GI tract, breaking down food and liquid into smaller parts so that the body can absorb and move the nutrients to where they are needed. Nerves and hormones help control the digestive process.

You chew food that enters the mouth and your tongue pushes the food into your throat. The epiglottis folds over your windpipe to prevent choking allowing the food pass into the esophagus. Once you begin swallowing, the process becomes automatic. Your brain signals the muscles of the esophagus and peristalsis begins. When the food reaches the end of your esophagus, a muscle called the sphincter relaxes and lets the food pass into your stomach. This sphincter usually stays closed to keep what is in your stomach from flowing back into your esophagus.

After the food enters the stomach, the stomach muscles mix the food and liquid with digestive juices. The stomach slowly empties its contents into your small intestine. The muscles of the small intestine mix food with digestive juices from the pancreas, liver and intestine and push the mixture forward for further digestion. The walls of the small intestine absorb water and the digestive nutrients into your bloodstream. As peristalsis continues, the waste products of the digestive process move into the large intestine. The large intestine absorbs water and



changes the waste from liquid into stool. Peristalsis helps move the stool into your rectum. The rectum stores stool until it pushes it out of your anus during a bowel movement.

COMMON GASTROINTESTINAL CONDITIONS	
Acid reflux & heartburn	Acid reflux is the backward flow of stomach acid into the esophagus. Sometimes acid reflux progresses and is called GERD, the most common symptom is heartburn.
Peptic ulcers	These are sores that develop in the lining of the stomach, lower esophagus, or small intestine and are fairly common.
Irritable bowel syndrome (IBS)	A common disorder that affects the large intestine. Symptoms include cramping, abdominal pain, bloating, gas and diarrhea and constipation, or both.
Gallbladder disorders & gallstones	Symptoms may include upper right side pain in the abdomen along with fever and shivering. When gallstones block the gallbladder completely, it becomes infected. It is more common with diabetes and heart disease.
Pancreatitis (inflammation of the pancreas)	Pancreatitis happens when the digestive enzymes are activated before they are released into the stomach and begin attacking the pancreas, often by long-term alcohol use, or gallstones and hereditary disorders, such as cystic fibrosis.
Appendicitis	An inflammation of the appendix which causes pain in the lower right abdomen. An appendectomy is the surgical removal of the appendix.
Diarrhea	Loose, watery stools discharged from the bowels frequently. It usually lasts a few days and disappears without any treatment. It can be chronic or acute when it lasts for more than two days. It is a common problem.
Hemorrhoids	These are swollen veins in the lowest part of the rectum and anus. Sometimes the swollen veins stretch so that the veins bulge and get irritated, especially during a bowel movement. Swollen hemorrhoids are also called piles. They cause itching, pain and sometimes bleeding.

After going over the digestive system, the facilitator asks participants whether they suffer from any GI conditions. If they do, they are asked to write down on the A4 picture of the body what these conditions are.

Circulatory system

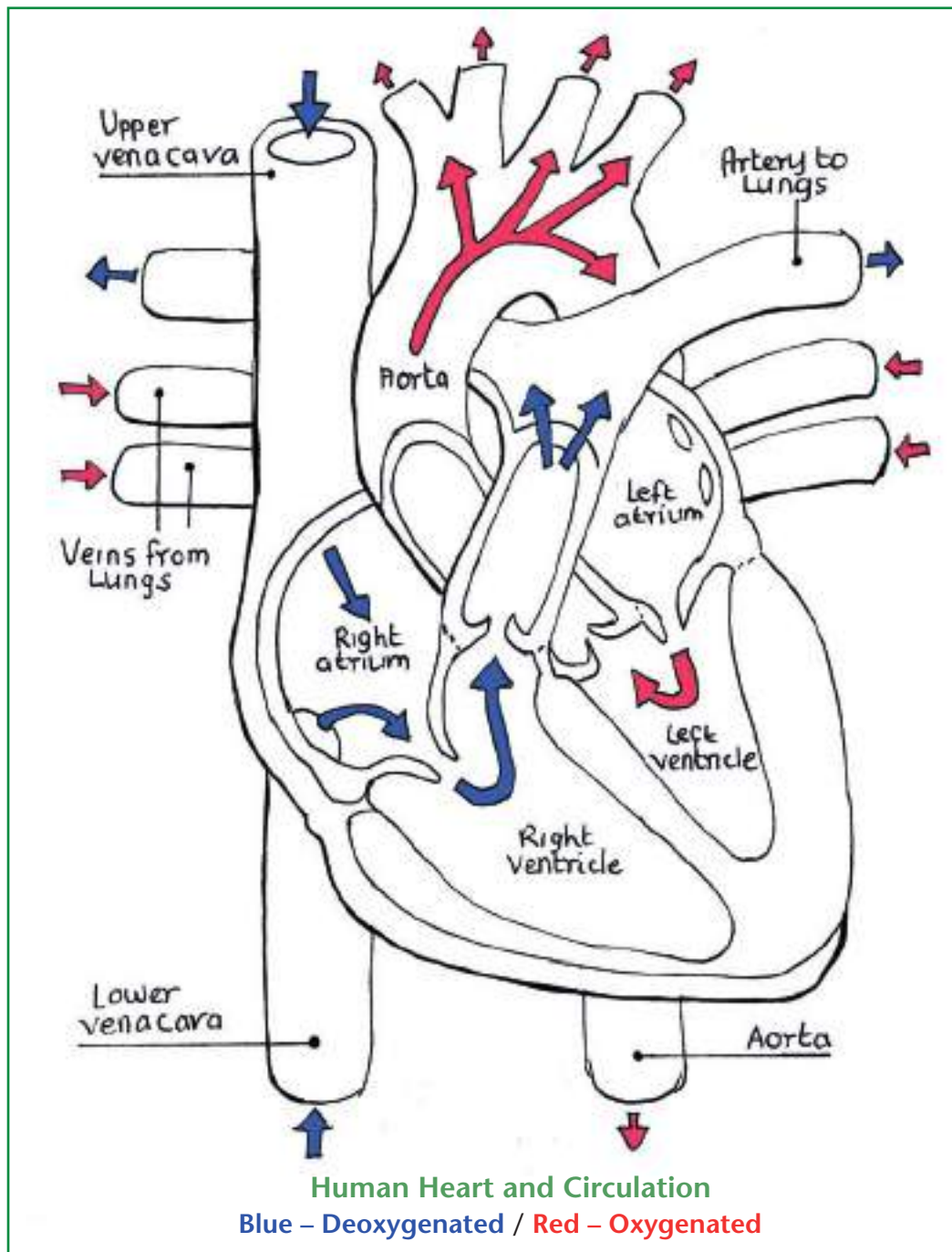
The circulatory system, also called the cardiovascular system, is an organ system that permits blood to circulate and transport nutrients, oxygen, hormones, and blood cells to and from the cells in the body to provide nourishment and help fighting disease, stabilize temperature and pH and maintain homeostasis. The circulatory system includes the lymphatic system, which circulates lymph.

Blood is a fluid consisting of plasma, red blood cells, white blood cells and platelets that is circulated by the heart through the vascular system, carrying oxygen and nutrients to and waste materials away from the body tissue. **Lymph** is recycled excess plasma after it has been filtered and returned to the lymphatic system. The lymph, lymph nodes and lymph vessels form the lymphatic system.

The cardiovascular system is comprised of the blood, heart and blood vessels.

The circulatory system of the blood has two components: a systemic circulation and pulmonary circulation. Humans have a closed cardiovascular system, meaning that the blood never leaves the network of arteries, veins and capillaries. The lymphatic system clears away infection and keeps your body fluids in balance. It is an open system providing an accessory route for excess fluid between the cells to be returned to the blood.

Many diseases affect the circulatory system, including cardiovascular disease affecting the cardiovascular system, and lymphatic disease affecting the lymphatic system.



SOME CARDIOVASCULAR CONDITIONS	
Cardiovascular disease	This generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart muscle, valves or rhythm, are forms of heart disease.
Lymphatic disease	If it is not working properly, fluids build up in your tissues and cause swelling, called lymphedema.
BLOOD RELATED DISEASES	
HIV/AIDS	HIV is a virus that attacks and gradually destroys the immune system. AIDS stands for 'Acquired Immune Deficiency Syndrome.' The virus is mainly transmitted through sexual intercourse but it can also be passed down from mother to child during pregnancy, acquired via blood transfusion with infected blood, or through the sharing of needles, or needle-stick injuries.
Diabetes	A chronic systemic disease associated with abnormally high levels of sugar (glucose) in the blood. Insulin produced by the pancreas lowers blood glucose. Absence or insufficient production of insulin, or an inability of the body to properly use insulin causes diabetes.

After offering this information, the facilitator asks participants whether they suffer from any circulatory conditions. If they do, they are asked to write down on the A4 picture of the body what these conditions are.

10: Drawing on the body map (60 mins)

Participants include conditions they suffer from related to the respiratory, digestive, and circulatory systems on their body maps. They can explore creative ways to depict strokes, HIV/AIDS, acid buildup etc. The anatomy book available is a useful reference, as is the manual.

When participants have completed this, they can continue working on their school years writing and drawings on their body maps.

11.1: Writing – Life stories after school to the present (60 mins)

- Did you study and or attend any courses after leaving school?
- What did you study and what courses did you successfully complete?
- What work experience have you had?
- Are you currently employed or unemployed?
- What work do you do?
- When did you get married and to whom?
- Describe the ceremony and how you felt on the day.
- How many children do you have, what are their names and ages?
- What challenges have you experienced as a parent?
- How did conflict disrupt your life?
- Write about your experiences of the conflict?
- From your perspective, what were the causes of the conflict?
- What post-conflict challenges have you faced?

11.2: Drawing – Post-school to present (60 mins)

Seated round the table, participants are asked to draw one or two drawings or representations of strong memories they have during this period of the lives. It is given color too.

11.3: Sharing exercise (60 mins) Post-school to present

Each participant is asked to share their stories with the group. Presentations must be short and concise, and participants will also show and explain their drawings.

Day Three Evaluation (10 mins)

At the end of the day participants are asked to say in one word how they feel at the end of the third day. These one-word evaluations can be recorded by the facilitator or written on an A1 sheet of paper by a volunteer participant. If the same word is used more than once, tick it as many times as it is used.

Day Three Homework

Participants are encouraged to read through what they have written in their journals about their post-school years to the present, underline the people who were positive influences, and continue writing about that period of their lives, if so inclined.

The facilitator is encouraged to write her or his reflections of the day, transcribe/enter the one-word evaluations in her or his journal and prepare for Day Four by reading the toolkit and preparing the workshop venue and materials and the exercises. The facilitator should analyze the body maps to see who is lagging behind in the exercises, as these participants must be provided extra support on Day Four.

Workshop

Day Four

Recap; body map life story exercise; reproductive and urinary systems exercise; psychosocial conditions; shadows; evaluation and homework.

11.4: Body map exercise

(60 mins)

Continuing in an anti-clockwise direction, participants include their life stories (after school to the present) on the outside of the body maps and shadows. When writings and drawings are carefully arranged the writing is gone over with a black permanent marker and the drawings given color. Space on the top right side of the body map is left open for the hopes for the future exercise on Day Five.

12: Inputs and written exercises

(40 mins)

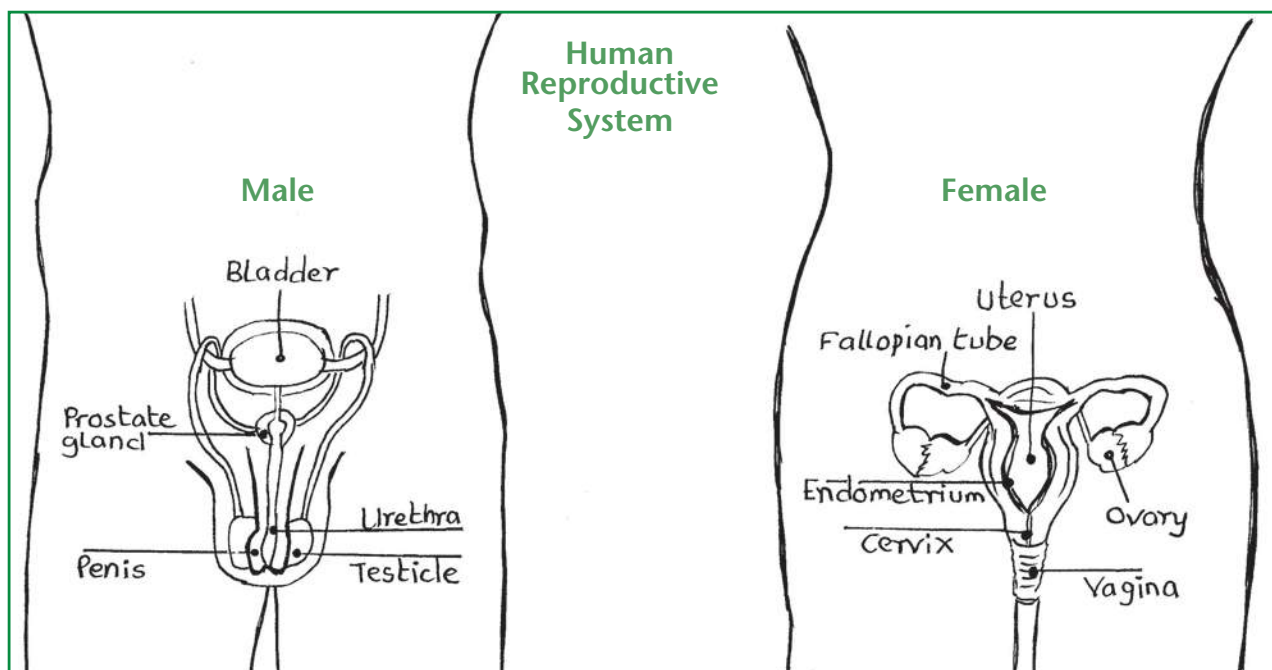
Reproductive and urinary systems

The facilitator provides information on the reproductive and urinary systems, as well as on some psychosocial conditions from which persons, who have been exposed for lengthy periods of stress and hardship, may suffer.

Reproductive system

The reproductive system is a collection of internal and external organs – in both males and females – that work together for the purposes of procreating. The male reproductive system consists of the testes, where the sperm are produced, and the penis. The penis and urethra belong to both the urinary and reproductive systems. The external structure of the female reproductive system includes the clitoris, labia minor and majora, and Bartholins gland that secrete mucus to lubricate the vagina. The internal organs consist of the vagina and uterus, which act as the receptacle for semen, and the ovaries, which produce the female ova. The vagina is attached to the uterus through the cervix and the fallopian tubes connect the uterus to the ovaries.

In response to hormonal changes, an egg is released and sent down the fallopian tube during ovulation, and if it is not fertilized this egg is eliminated during menstruation. Fertilization occurs if a sperm enters the fallopian tube or the uterus and burrows into the egg. The egg then becomes implanted into the lining of the uterus where it begins the process of embryogenesis and morphogenesis. When the fetus is mature enough to survive outside of the womb, the cervix dilates and the contractions of the uterus propel it through the birth canal.



A person's sex is determined by what reproductive organs the person has. Some humans are born with both parts and are called intersex.

REPRODUCTIVE DISEASES OR CONDITIONS	
Cancer	Many parts of the male and female reproductive systems can be affected by cancer. In females, cancer can attack the uterus, ovaries, breasts and cervix. In males, prostate cancer is the most common.
Severe menstrual cramping	Also known as dysmenorrhea, it is common among women.
Vaginal yeast production	This common disorder of the female reproductive system is caused by a yeast fungus in the vagina. Symptoms include itching and irritation in the vagina and vulva, vaginal rash and watery discharge, and a burning sensation, especially during intercourse or while urinating.
Endometriosis	This is a condition where the lining of the uterus – the endometrium – ends up outside the uterus commonly in the ovaries, bowel or the tissue lining the pelvis. Pelvic inflammatory disease can involve an infection in any of the female reproductive organs.
Erectile dysfunction	ED is a common condition that affects one in ten males on a long-term basis.
Prostatitis	This condition involves swelling on the prostate gland.
Sexually transmitted diseases	Both genders can develop sexually transmitted diseases, such as HIV/AIDS, syphilis, gonorrhea and chlamydia.
Infertility	The inability of a couple to conceive a baby after one year of unprotected sex. In males, either too little or no sperm cells are produced. Lifestyle factors, such as alcohol or drug use, can play a role. In women, it is a disorder of the reproductive system that hinders the body's ability to ovulate, conceive, or carry an infant to term.
Loss of libido/sex drive	A common problem that affects men and women. It is often related to relationship issues, stress or tiredness but can also to reduced hormone levels.

After the facilitator has shared this information, participants are asked to list in their journals or on a piece of A4 paper any conditions that they have suffered from or currently suffer from related to the reproductive system.

The urinary system

Also known as the renal system, produces, stores and eliminates urine, the fluid waste excreted by the kidneys. The kidneys make urine by filtering wastes and extra water from the blood. Urine travels from the kidneys, through two thin tubes called ureters and fills the bladder. The urethra is the small tube that connects the bladder to the outside of the body.

COMMON PROBLEMS ASSOCIATED WITH THE URINARY SYSTEM	
Bladder infections	Also known as cystitis, usually caused by bacteria.
Enlarged prostate	It can make it difficult for men to pass urine.
Incontinence	This is when urine leaks from the bladder out of the urethra.
Kidney infections	Usually caused when a bladder infection moves up the ureters.
Kidney stones	Painful condition caused by infection and high calcium levels in the blood.

After the facilitator has shared this information, participants are asked to list in their journals or on a piece of A4 paper any conditions that they have suffered from or currently suffer from related to the urinary system.

12.1: Body map exercise

(60 mins)

As in the previous exercises, conditions associated with reproductive and urinary systems are first written and drawn on the body map in lead pencil. When diagrams and writings are carefully arranged to fill the available space, the writing is gone over with a permanent marker and given color.

13: Input and written exercise Psychosocial conditions

(30 mins)

Some common psychological or psychosocial conditions

Anxiety: Anxiety comes in a number of forms. **Generalized anxiety;** **phobias** that focus on specific things; panic attacks where anxiety boils over with a paralyzing hyperventilating sense of crisis that causes massive activation of the sympathetic nervous system; **obsessive-compulsive disorder** where anxiety buries and busies itself in endless patterns of calming, distracting ritual; and, **post-traumatic stress disorder (PTSD)**, anxiety that can be traced to a specific or sometimes repeated trauma, as opposed to single trauma, such as exposure to human rights violations and political conflict. Anxiety disorders are associated with chronically overactive stress-responses, and increased risk of many diseases, even shortened life.

Depression: Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Depression affects how we feel, think, and behave and can lead to a variety of emotional and physical problems. You may have trouble doing day-to-day activities, and sometimes may feel life is not worth living.

Insomnia: There are three different types of sleep: shallow sleep, where you are easily awakened, deep 'slow wave' sleep, when energy restoration occurs, and Rapid Eye Movement (REM) sleep, when there is increased brain activity during dreaming and a dropping of the frontal cortex, the logical part of the brain, so dreams seem bizarre. Sleep follows this order: shallow, to slow wave, to REM sleep and back again, back and forth repeatedly in 90-minute cycles.

People die without sleep. Sleep allows the brain time to work at half speed to conserve and restore energy, and it allows us to dream. Sleep also plays a role on cognition – the mental process of acquiring knowledge and understanding through thought, experience and the senses. For example, it can help with problem solving, hence the saying 'sleeping on a problem'. Both slow wave and REM play roles in the formation of new memories, the consolidation of information from the previous day, and information that became less accessible while awake.

Stress can disrupt memory consolidation. Sleep deprivation is stressful. Stress does not only decrease the total amount of sleep but also the quality of whatever sleep you do manage. It is shallower, meaning that you wake up easily. Lack of sleep or poor quality sleep activates the stress response and an activated stress response makes for less sleep or lower quality of sleep. Each feeds on the other.



Eric Myers, talking about his experience of conflict and trauma, Liberia, 2010

OTHER STRESS-RELATED PROBLEMS	
Headaches	Stress is a common trigger of tension-type headaches and migraine, and can trigger other types of headaches or make them worse.
Obesity	With lots of stress people get cravings for starchy comfort food that packs it on the abdomen and/or hips. The poor are more likely to eat an unhealthy starchy diet because healthy food is unaffordable.
Decreased appetite	Also known as poor appetite or loss of appetite, occurs when a person has a reduced desire to eat.
Memory decline/ amnesia	Deficit of memory caused by brain damage, disease, or psychological trauma.

After the facilitator has discussed the above information, participants are asked to write about any problems they experience associated with psychological or psychosocial problems in the journals or on a piece of A4 paper.

14: Body map exercise

(60 mins)

Psychological and psychosocial problems are included on the body maps.

15.1: Written exercise – The shadow

(30 mins)



Ora H. Baysah, sharing her experience of conflict, body map workshop, Liberia, 2010

Each day during written life story exercises, participants have been asked to recall and write down the names of people (relatives, friends, teachers, community members, employers, leaders and mentors, etc.) who were supportive and caring at different stages of their lives, especially those who stood by them during difficult times. Participants might have recorded names of organizations too that they turned to in times of need.

This exercise requires participants to compile a list of those names. Participants can review the list of names, add some or subtract others, so that they arrive with the final list of people and organizations they wish to especially acknowledge on their body maps. If homework is done every evening, the task is quick and easy.

This exercise reminds us that we are not alone. Everybody has a shadow. Shadows never leave our side, although at different times of the day they shorten or lengthen or may be invisible, just as ones support networks increase or decrease or become invisible, and in those times participants may

feel desperately alone. Shadows are therefore strong metaphors for ones support system. This reflective exercise brings all those support people and organizations to the fore.

15.2: Body map exercise

(90 mins)

In lead pencil and in clear bold handwriting, participants write the names on their shadows that fall outside of their own body maps. The names should be spread out so that no part of the shadow is bare, unless that is intentional. When this is done, participants overwrite the names in brown permanent markers. These areas are then painted with food colorant, keeping in mind the meaning of color and left to dry.

Day Four Evaluation

(10 mins)

One-word evaluations sum up the feelings of participants, and are documented.

Day Four Homework

As was the case of the previous days, participants are encouraged to read through what they have written about their post-school years to the present, and continue writing about that period of their lives, if so inclined.

The facilitator is encouraged to write his or her reflections of the day, transcribe or enter the one-word evaluations in her/his journal and prepare for Day Five by reading the mutual, and preparing the workshop venue and materials. The facilitator should take time to analyze the body maps to see who is lagging behind in the exercises, as these participants must be provided extra support on the fifth and last day.



Steven Monday, body map workshop, Liberia, 2010



Body map workshop, Sri Lanka, 2017, the shadow here is shown in green

Workshop

Day Five

Hopes for the future; written, conceptual, sharing and body map exercises; completion of the body maps; written evaluations; presentations; giving thanks, and wrap up.

16.1: Written exercise (30 mins)

Hopes for the future?

Seated at the tables participants are asked to write about their hopes for their futures in their journals.

16.2: Conceptual drawing exercise (60 mins)

Participants are then asked to draw on an A3 piece of paper in lead pencil an image that symbolizes their hopes for the future. Participants must then give their symbols color with pencil crayons, pastels, and/or metallic paint.

16.3: Sharing exercise (30 mins)

Participants share their hopes for the future drawings and explain their symbolism.

16.4: Body mapping (90 mins)

Drawing, writing and painting

These drawings, accompanied by a few key words, are added to their body maps in the top right hand corner made stronger with color and metallic paints.

For the rest of the morning until mid-afternoon, participants have time to complete their body maps, their stories within their bodies, and their life stories outside of the bodies, and to add color to them.

When participants have completed all exercises, they will paint the inside of their body maps with food colorant, in a contrasting color to that of their shadows (see color wheel on page 9) in alignment to the meaning of color.

17: Written evaluation

(30 mins)

While the artworks are left to dry on the floor to dry, participants seated at the tables receive a blank A4 sheet of paper and complete a short written evaluation comprised of open-ended questions, which is given to the facilitator when completed. Here are some examples of relevant open-ended questions:

- What have you learned about yourself during this five-day workshop?
- What have you learned about other participants?
- Explain which exercises you liked the most, and which did you like the least?
- Do you see yourself continuing to write your life story, or autobiography, after the workshop now that you have made a start?
- How do you feel about your body map, and also as testament and memorial to your life?



Body map workshop, Sri Lanka, 2017

18: Presentations

(90 mins)

This exercise is the highlight of the workshop. The workshop room is cleared, all materials returned to the tables, chairs are arranged in a semi-circle, horseshoe arrangement and each participant is given time to share their stories. Two participants hold up the body map as a backdrop allowing the participant who has the floor to explain their story, starting from beginning to end.

The organization responsible for recruitment could be invited to the presentations and/or other interested stakeholders. Attentive listening is observed. These presentations can be documented, and a group photograph taken at the end of the session.



S. Christina, body map workshop Sri Lanka, 2017



Presenting body maps
Left: Elhadj Barry, Conakry, Guinea,
December 2017

Below right: Konate Carnon, Abidjan, Cote
d'Ivoire, November 2017

Below left: Nastlya, body map workshop
Sri Lanka, 2017





Sandana Figurado, Sri Lanka 2017

Giving Thanks

(30 mins)

Participants are finally asked to form a circle and the facilitator steps forward, and facing the person on their left, begins the process of thanking each member. As the facilitator proceeds to the third person, the participant on her or his right follows the facilitator to thank everyone in the circle going clockwise. And so it goes, until everyone has had the opportunity to express her or his gratitude to every participant.

Wrap up

The facilitator packs up the materials, washes the paintbrushes, allowing them to dry, and packs up the body maps by carefully rolling them up, one on top of the other, best done with an extra pair of hands, with the extra piece of card to make a cylinder fastened with masking tape with lids on both ends made with smaller pieces of card. If the facilitator is required to write a report, it will be quick and easy if daily reflections of the process are written up. It is best to write the report while the workshop experience is fresh but allowing sufficient time to process the experience. The written evaluations should be included in the report.

Note: To preserve the body maps encapsulation can be considered but should be included in the budget, as it is costly. The body maps are handed over to the organization responsible for their safekeeping and exhibition in a suitable public space for viewing and dialogue.

References

Naidu, Ereshnee, with contributions from Bix Gabriel, Mofidul Hoque and Yasmin Sooka, "From Memory to Action: A Toolkit for Memorialization in Post-Conflict Societies," International Coalition of Sites of Conscience, 2012.

Sapolsky, Robert M., *Why Zebras Don't Get Ulcers*, Holt Paperbacks, 2004.

Solomon, Jane, "Living with X: A Body Mapping Journey in the Time of HIV and AIDS," Regional Psychosocial Support Initiative, 2008.

Notes

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



International Coalition of
SITES *of* CONSCIENCE

1.646.397.ICSC (4272)

www.sitesofconscience.org

 [Facebook.com/SitesofConscience](https://www.facebook.com/SitesofConscience)

 [@SitesConscience](https://twitter.com/SitesConscience)

 [SitesofConscience](https://www.instagram.com/SitesofConscience)