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# Body maps – Can this methodological tool provide new and enriched understanding of longstanding issues within the illegal drugs field?

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In this contribution, we want to showcase an increasingly popular new qualitative research method – body mapping – and demonstrate its value in generating data to improve our understanding of long-standing issues within the drugs field, while simultaneously ensuring the voice of participants is centre stage in the research process. Before highlighting the visual impact and narrative power of body maps as a research tool, we provide a brief introduction to the method referencing its recent use in drug-related research.

Body mapping is a visual technique used to capture qualitative information about an individual's subjective experience using creative arts. The process involves participants sketching an outline of their whole body after which they fill the map with symbols and images that depict their experience of a phenomenon such as substance use. This body map is accompanied by a first-person narrative (or testimonio) that takes the viewer on a symbolic journey of their embodied experience highlighting the most significant aspects. As a constructivist tool to assist research participants in describing and giving meaning to their experiences (Veale, 2005), body mapping is an empowering methodological technique particularly valuable for engaging participants who may not feel confident in an interview environment providing a space for them to reflect upon their personal experiences.

The creation of body maps as a storytelling device is not, of course, a new idea. Pioneered by Jane Solomon (2008) in her research with women living with HIV and used in health and social research in the Global South (Gastaldo et al, 2018) it is now beginning to be used by criminologists to supplement or accompany traditional qualitative methods (see Hulley & Young's (2022) research with lifers convicted of 'joint enterprise' murder, and Dennis (2020) and Macken et al (2021) studies charting the experience of substance users).

Body maps were used in our evaluation of a small-scale intervention aimed at ensuring drug-free living for men leaving prison. The intervention provided people with a place in a shared, drug-free house on release from prison, integrated with support from qualified psychologists, house managers and peer mentors. Many of the men we spoke to had been drug users for many years, been in and out of prison many times, street homeless on previous releases from prison and were facing a complex web of inter-related issues in addition to their prison time and drug use. For some, it was the first time they had tried to abstain from drug use. In this project, we had to adapt the body mapping technique and use small A4 body outlines, rather than allowing participants to draw their own life size bodies.

To demonstrate the power of body mapping, we share a body map created by 'Tom' a 35-year-old, white male participant who has struggled with drug addiction (since age 13), and been in prison multiple times and, at the time of study, was resident in a 'dry house' in central England. In doing so, we want to emphasise two things. Firstly, the impact of the visual images to draw in stakeholder interest and convey the perspective of participants, especially when prominently displayed as has been the case with the body maps created in both Hulley & Young's (2022) and Dennis's (2020) projects which were displayed in the National Justice

Museum (<https://virtualexhibition.v21artspace.com/power-freedom-to-create>) and the Constance Howard Gallery (<https://sites.gold.ac.uk/sociology/i-am-a-work-in-progress/>) respectively. Secondly, the powerful, personal and direct nature of the data generated by collecting spontaneous stories or testimonials explaining the body maps, rather than by conducting interviews driven by the researcher. In what follows, Tom's body map is accompanied by his testimonio.

## Tom

A 35-year-old white male participant who has struggled with drug addiction since age 13 and been in prison several times.



*The rose - that's [intervention provider], that's what's fixing me now. Helping me with me drugs and me problems. Life weighs me down and that's why I put the ball and chain. And then obviously cos I've bin through a lot in life, I'm quite broken. Drugs are involved in me life obviously but I'm staying clean at the same time. A new start. Got my pride back, my family and friends back. I'm about to get me son back. Literally I've not seen him for nearly 2 years but obviously I've not been well, not been able to. I've got a lot of trauma and I needed that sorting before I can be a dad. It's brought everything back for me. I lost everything see. I had everything and then drugs messed it all up. I'm more open, but I'm more tired. I over think. I feel lost a lot of the time, but I'm just trying to stay grounded innit. That's me.*

*Cannabis is always on me mind. I think that's the worst drug for me. It's constantly there. Cos I've smoked weed longer even than I've smoked fags. My bad drugs were amphetamines and party drugs*

*but I've had to stop everything. Alcohol wasn't really a big thing for me but weed was. I used to wake up, blaze. I'd even wake up in the middle of the night, just have a joint. I'm more relaxed and chilled out. I used to think I needed some weed just to chill out. I don't.*

*We've got the psychologists as well. I've never 'ad all that. Never 'ad the support, never 'ad 'elp. I struggle emotionally. I've got emotional unstable personality disorder, so life is hard. Normal life situations that wouldn't affect the normal person affect me massively, so now I'm having to deal with that without taking drugs, so relearning how to live life. Most of us are the same. A lot of us express ourselves with anger and frustration cos we don't know what to do. We haven't been brought up, we've been dragged up. We've never really had a stable environment. We've never learnt how to deal with our emotions. But now these [psychologists] are teaching us how to deal with it.*

*If I didn't move in there now, I'd probably be back in jail. 100%. I'd never have had all this support, I'd never know what was actually wrong with me. I'd be taking drugs now. 100%. I was just going round terrorising everybody, robbing things, doing anything I could just so I could get a bit of money, just so I could get off me 'ead, cos I couldn't deal with reality. Imagine it, you're in turmoil in your life, you don't know where you're going.*

*These [intervention provider], they give you stability, they give you a place where you go and they support you as soon as you come out. You get like food vouchers straight away, they 'elp you with your benefits. Then you've got all the groups and then you start learning and understanding why you are the way you are. It's also seeing as well that it's possible. These [peer mentors] have actually been in our shoes. They know. That's the thing. You're always self-doubting. You're always telling yourself you can't do it, you're not good enough. And then you see these and they're like, I was in that position and now look at me.*

*I've had a few slip ups. I've smoked a bit of weed and I've had a beer which still I shouldn't have done it. People in our position are going to mess up. You can ask any user. They [intervention provider] put more support in place. They ask you what was your trigger, instead of saying oh now you've fucked it, go home. That's it, get back to the streets. That's not gonna work for no one. Being a drug addict is a lonely, lonely place to be. But when you realise you're not on your own and that there's loads of people that go through what you go through constantly, then you feel less of a freak. It's like you're actually becoming part of society.*

*I'm just living like a normal human being, and that's all I ever really wanted to do, I just didn't know how. I think it's probably the best thing I've ever done in me life.*

## **References**

- Dennis, F (2020). Mapping the Drugged Body: Telling Different Kinds of Drug-using Stories. *Body & Society*, **26**(3).
- Gastaldo, D, Rivas Quarneti, N & Magalhaes, L. (2018). Body-Map Storytelling as a Health Research Methodology: Blurred Lines Creating Clear Pictures. *Forum Qualitative Sozialforschung*, **9**(2).
- Hulley, S & Young, T (2022). Body Map Storytelling: Exploring identity with lifers convicted of murder using the doctrine of 'joint enterprise'. *Prison Service Journal*, **261**, 15-20.
- Macken, S, Nathan, S, Jersky, M, Boydell, K & Gibson, A. (2021). Body Mapping in a Drug and Alcohol Treatment Program: Eliciting New Identity and Experience. *International Journal of Environmental Research and Public Health*, DOI: [10.3390/ijerph18094942](https://doi.org/10.3390/ijerph18094942)
- Solomon, J. (2008) Living with X - A Body Mapping Journey in the Time of HIV and AIDS: Facilitator's Guide, [Living with X: A body mapping journey in the time of HIV and AIDS - APSSI](#)
- Veale, A. (2005) in Greene & Hogan (Eds.) *Researching Children's experiences*. Chapter 14, p 253-273. Sage: London.
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