

Expressive arts therapy

Guest: Dr Cathy Malchiodi

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[00:00:10] Meagen Gibson

Welcome to this interview. I'm Meagen Gibson, co-host of the Trauma Super Conference. Today I'm speaking with Dr Cathy Malchiodi, a psychologist and expressive arts therapist who specializes in somatosensory psychotherapy and expressive approaches to the treatment of traumatic stress.

She's an internationally known presenter, trainer and writer, widely interviewed in print and social media. Her latest book is, *Trauma and Expressive Arts Therapy: Brain, Body, and Imagination in the Healing Process*. Thank you so much for joining us, Cathy.

Dr Cathy Malchiodi

Thank you. This is great. I'm looking forward to it.

Meagen Gibson

So let's start by just talking about what is expressive arts therapy and why is it helpful when trying to address traumatic stress?

Dr Cathy Malchiodi

Yeah. I think a lot of people, even though they've been in the field a long time and hear this term, they hear both expressive arts therapy and expressive therapies, and they're largely the same thing. Expressive arts therapy really focuses on the arts as the core way of working. So that means visual art, movement, sound, maybe music, enactment, improvisation, and all those different kinds of dramatic ways of working. Play, I mean, that's part of the continuum as well. Storytelling, so narrative comes into this. So in creative writing, you know a lot of people engage in journaling, for example, for health and wellness. So all that's part of the expressive arts therapy continuum.

But sometimes we use the term 'expressive therapy' as relevant to traumatic stress because that covers also practices like mindfulness and many of the cultural practices that people are doing around the world still, have done for thousands of years, I'll probably get back to that notion again, but they've done things that are energy arts, like Qigong, Tai Chi, all those kind of movement pieces that involve rhythm and sound as part of an expressive way of recovering from trauma and traumatic stress.

[00:02:20] Meagen Gibson

And I know that you've talked about the four main practices of expressive arts therapy and why they're a form of somatosensory psychotherapy, and I'm really impressed with myself that I've been able to say that phrase a couple of times now without stumbling. So if we could break down, what is somatosensory psychotherapy, or is it just what you just described except with a big word?

Dr Cathy Malchiodi

Well, let me back into it again with expressive arts therapy or expressive therapies. So these are quite different from talk therapy. Now, at first, I want to say talk therapy has been effective with traumatic stress, it's shown through numerous studies. However, it's interesting over the time that I've been practicing for several decades, that a lot of people end up coming to this expressive work because the talk has taken them just so far, and they still find something lingering.

Now, as we've gone along through learning about trauma, and a lot of things have developed in terms of research, we started to go into the area of somatics. So how the body expresses trauma. So many people have heard the work of Peter Levine, have read the book by Bessel van der Kolk, have heard of how somatic parts are important to touch on. Now, expressive work has been doing that ever since expressive work started, which actually again, I'm going to say, thousands of years ago people did this before language. So there's a natural connection there with this.

Expressive work is different from talk therapy in the fact that it's action oriented in contrast to talk. Talk has done a lot of good from sitting in chairs across from each other and having a conversation that can be healing, wellness inducing and supportive, restorative. But we're more involved with sensory based kinds of things, bringing in rhythm, bringing in sound, bringing in movement, bringing in engagement, bringing in play, focusing on helping people come to their senses. So this is where the somatic and the sensory, the somatosensory, comes together because we're letting people tell their stories in a different way which may not involve words.

Now, this is another interesting thing about this work, at some point in time, and there are researchers like Ruth Lanius, for example, who realized that post traumatic stress actually, possibly, could have shut down the language parts of the brain, which we eventually learned that that was accurate. It was an accurate observation. The people that were tremendously stressed did have less access to language to talk about what happened.

So again, this way of expression and telling a story without words, telling it through rhythm or movement, telling it through sound, even one off, if you're working with children, using puppets to tell the story, obviously, that was an answer to all that, why people were stuck, of any age, in their trauma, and we're not able to say it through words.

So to me the somatosensory approach that I keep exploring has to do with three things. It has to do with what I've just been talking about, with expressive therapies, expressive arts therapy. It has to do also with somatic psychology, the somatic therapy that's been developed by so many people over the last couple of decades. And it also has to do with this next thing, which is sensory integration.

So sensory integration is something now that's being explored. It has to do with our interoception, how do we feel inside? Exteroception, what are we sensing around us in the environment, with eyes, with hearing, with taste, with all those different five senses that we have? Proprioception, how we feel about the space around us and even our balance, our sense of balance and our relationship to

gravity? So these three things, I think are the things to me right now that come together in this somatosensory approach.

[00:06:31]

I hope that makes sense because I think that work has been used by several people, but only in passing. I remember Bruce Perry, who is a colleague, said that it was really important for children to have a positive somatosensory bath. Meaning that parents, caregivers, those around them gave them all these kinds of experiences that were felt in the body. Because if they're a very young child, they weren't perceived cognitively, they were perceived as a total whole experience.

Meagen Gibson

It's so interesting that you said that because my son just took a bath the other night, and he's 9 years old, and much to my surprise, when he was going to get in the bath, he actually said to me, mom, would you come keep me company? And he's definitely of the age where he's capable of taking a bath alone. He doesn't really need to be supervised. And I was like, yeah sure, what's going on? And he was like, I'm just feeling really unsure of myself and I would like some company. And I was like, okay, great. And he didn't need me there. And we didn't really exchange a lot of information. He just needed me by him to process a lot of big stuff that's been going on with him lately.

And there's so many different modalities. Just how you're feeling in your body, how you're feeling about the space around you, about the senses of what you can come in. And people with traumatic experiences, I'm sure that you've experienced this in working with them, sometimes it takes a lot to unpack what it is that's overwhelming you and which part of your environment or your actual personal system is overwhelming because of a trauma history. Is it sounds and smells or is it the actual room itself or is it the people in the room? Unpacking all of that.

Dr Cathy Malchiodi

Well, that's a great topic here that I think people should understand, and they probably do in their practice, but they maybe haven't really articulated it. When you're introducing expressive methods, you're starting to touch the senses. Okay, some people, they're overly sensitized so we have to proceed carefully with that because there might be sound or there might be movement, there might be touch, I mean all these things can be overly sensitized in some people.

Then there's the opposite end of the spectrum. There are people that have shutdown for survival. It's a normal response to an abnormal circumstance to want to shut away all those senses because they have been overwhelmed. So how do we slowly introduce those in a way that engages the body and makes the body feel more joyful and sensitized in a way that's more pleasurable, playful, curious, all those positive experiences?

So when you describe that about your son, that's exactly what happens in a good caretaking situation, is responding to those senses and helping a young person, a child, along in that kind of expression, that kind of sensitivity about, yeah, what am I feeling inside? You think about adverse childhood experiences at that point, when children don't get that opportunity. And I think that's what Bruce was underscoring with that idea, a fleeting mention of that word, but I totally could see it in my head, oh yeah, that involves the somatic piece, the sensory integration piece, and also this expressive piece altogether.

[00:09:57] Meagen Gibson

And how many times do we encounter, either ourselves or somebody who's had trauma experiences, that immobilization factor? Whether it's in working through our trauma cognitively, I've had this experience where I'm in therapy and we approach a new subject or a new area that we're trying to work through, and my therapist will say, how does that feel in your body? And I'm just a blank.

Dr Cathy Malchiodi

Yeah. Exactly.

Meagen Gibson

And I get some homework. For the next week, she's like, how about you, you don't have to force yourself into a place, but if it occurs to you to think about this, pause and try to feel what you're feeling. And I'll come back with homework and be like, okay, here's where I finally figured out how that feels. Or people who have had traumatic experiences feeling that sense of immobilization in their lives, like, I just can't motivate myself to do XYZ, or that frozen feeling of being immobilized by trauma.

Dr Cathy Malchiodi

Well, we have to look at the context right now for all of us, including those that are trauma survivors, the pandemic has told us to immobilize. So we've all gotten a little bit of a taste of that. What is that about being immobilized? But bringing that topic up, too, I think is one of the most key factors in this expressive work. Now, in somatics, some people do active things with people, but others have looked at the somatic psychotherapy as a way of talking about the body. So we're back to the talk again. But with expressive methods we're hoping to get people moving in some way, literally.

And that doesn't mean doing some huge complex dance, but actually moving and mirroring and attunement with the other person. Because, at least this has been my experience in working with people that have had very severe trauma. Over the last 10 years I've worked with the military. And a lot of those military, female military, who have encountered sexual assault in the worst kinds of ways, multiple assaults where they have been immobilized and couldn't fight back and couldn't push back and couldn't do the normal movements that we all do. But in general, people who have experienced trauma now have traumatic stress of the kind that's more numbing to the body. They get immobilized.

So really one of the basic things we need to introduce in the beginning is movement and rhythm to get the body moving. And that can be, I always say, it can be in micro movements. It doesn't have to be this huge, expansive movement because people need to be introduced to it slowly. Just like you said, me asking somebody, OK, where do you feel that in your body? Can be like, I don't know.

Meagen Gibson

I've had that experience, as I just described. I'm like, I don't know.

Dr Cathy Malchiodi

And that can be a very cognitive question, too. That's what I said, now we all have this knee jerk reaction in the mental health world and working with trauma that we need to ask, we need to ask about, where are you feeling that in your body? And that is a good question, but again, it's a question.

So it might head right up into the prefrontal cortex or the language area and we're trying to answer that. Instead when we might introduce some movement or rhythm and start to see, where do you feel that? How are you feeling about that? Is it comfortable or not to do those kinds of things?

[00:13:37] Meagen Gibson

What do you notice while you're doing it? That might bring up like, oh, my fingers are tingling, or my legs feel heavy, or whatever were to come up. Now you're moving, what do you notice?

Dr Cathy Malchiodi

That's why I encourage practitioners to get beyond that by asking people and having them make lists of words about what that sensation is, and get them doing things. Actually, it's good as a practitioner to be doing those things with people because you want to get that co-regulation going, too. And how better to do it than beyond talk. You need to have that sensory experience together.

Again, going back to your example with your son, when you're raising children and nurturing them those are the kinds of things that make the most sense. We talk about senses, the rocking and the holding and just all that motion related rhythm, related kind of experience. So I think it's exactly the same for any age along the lifespan with trauma, that we need to go back to those basic senses and start to re-introduce it and start to re-sensitize the body to those really good feelings.

Meagen Gibson

You've brought up something that I actually wanted to touch on, so we'll circle back to it. But just the importance of this concept of regulation. It's been coming around to me again and again in, both my own reflective work, and also in what we're doing with the trauma conference. And just the importance of regulation. And we've seen, obviously, in instances where there's been a massive accident. We're talking about a car accident or something that happens in the context of war. That's not necessarily what I'm talking about, but in instances where there's CPTSD, where it's behavioral trauma and relational trauma, things like that, these traumas occur when there is an absence of regulation in the person that is impacting you.

All of the instances of CPTSD from my childhood are all about an adult being out of regulation. And I don't mean that, I said that like it's basketball, but you know what I mean. Being unable to regulate their own emotions and therefore being either explosive or unpredictable or those types of emotions all come down to a lack of self regulation.

Dr Cathy Malchiodi

There's also an absence of co-regulation. These are the four things that I look at, because when I'm trying to train or supervise people and try to help them start to integrate this work into what they've largely done is talk therapy, I think about four areas, but the first two are the most important. And I would say that's your fallback to go back to those two, and the first one is self regulation. How do we use expressive, sensory based things? Because we can't talk people into self regulation. I don't really believe that. They have to feel it in their body again. So if it's rocking or any number of things, how do we self soothe?

Some people may find that through visual journaling, just doodling and sketching starts to self regulate. They might find it through doing some percussion work with me. Very simple. I mean, you can see the drums in the background there. Just having fun with maybe doing rhythmic things

together. And there's just basic rhythms you can introduce. So that's the first layer, but it's so closely related to the second layer, which is co-regulating.

[00:17:17]

So when you're with a therapist, facilitator, coach, whoever, you have that other individual. Hopefully in a caregiver-child situation that co-regulation is going on. But a lot of people who have been traumatized missed that piece. The co-regulation makes all the difference in the kind of thing you just cited about, say there was a big car accident.

So go back to September 11th, which we had the 20th anniversary recently, why there was not a predominance of post traumatic stress after that event. Because we were all expecting it back then. We were thinking like, wow, everybody's going to have it. Because there was so much co-regulation going on, people gathering in community. Because I traveled around the country right after that. Children in classrooms were telling me about how good their parents and caregivers were with talking with them and explaining to them what went on on television and what those terrible sites were that they saw. There was a whole lot of co-regulation going on that I think really prevented that post traumatic stress from taking place.

Now you go fast forward a few years to Hurricane Katrina where there was a lot of abandonment, betrayal, not a lot of rescue as it needed to be in that circumstance. It was a very challenging situation. There were social justice issues probably mixed up in that too at the time. Much more long standing trauma with that situation because no one felt taken care of. There wasn't the same kind of co-regulation that I think went on even though after September 11th, terrible tragedy, but there was that piece.

So those two things have to be set in place. I always say to people, and you have to kind of keep going back to them, to get into a place where people can explore. Again, back to somebody asking you, well, how do you feel? What do you feel in your body? You have to set up the other two things first in order for people to feel comfortable and let go and be able to drop down into that exploration, which is the meat of working through the trauma and working with the traumatic stress. And then to get to that before, that's really where we're trying to go is restoration. The restorative piece where you start to feel like, wow, I feel different. Something's changed here. I feel more mobile. I feel more confident. I feel a bit of a sense of mastery.

I can see that in people, there's a change in their rhythm when they come into the room even. But that restoration, and that restoration we might go back and forth into because, I always say, we're all in recovery all the time because we get to a good place again, hopefully. But those two things, especially that self regulation piece, moving into that co-regulation as fast as we can. Because all healing throughout time, people will argue with me about this, but it's all happened in human relationship. That's where it ultimately happens. Or sentient being. I will say that some people find it through animals. They find it through equine therapy, they find it through working with a therapy dog as part of the picture. But that relationship piece I think is core. I'm all in favor of these expressive ways of working, obviously I'm passionate about that. But it can be any number of ways of working as long as we get that co-regulation piece there and people start to calm down, feel that sense of being connected and being in community. That makes such a difference.

Meagen Gibson

There's so many different methodologies of that. I'm so glad that you brought up animals and that type of therapy. In our house we have the joke that if somebody's got big feelings we always

acknowledge, wow, you've got some really big feelings happening right now. The feelings are never the problem. It's always like the size and the amount of big feelings. It's like, would you care to throw some water on it? Is the big joke, and it always makes them laugh. And they know that what I mean is, do you want to jump in, because we live in Florida, do you want to jump in the pool? Do you want to take a bath? We've even employed a bowl of ice water. Do you want to put your face in a bowl of ice water? Would you like to put some water on it? And they know what I'm trying to say is, I see your feelings, your feelings are not bad here, but I can't understand what you're trying to express. I can't help at all when the feelings are this big. So let's just get you calmer and then we can work through this together. And I'm sure we can find a solution.

[00:22:11] Dr Cathy Malchiodi

Polyvagal hack there, putting your face in the cold water.

Meagen Gibson

My oldest, when he grows up, if he ever writes a book, the first time I tried to deploy that technique, that will probably be in the book. 'As my mom is shoving my face into a bowl!'

I have a lot of tools and a lot of learning but I am not a trained therapist, as it is evident in many of the times I try to employ all of my knowledge on my little children.

Dr Cathy Malchiodi

Well, I put a lot of the things down into parenting. I've done a lot of interviews on attachment and this work, and I just think, I can go back decades to saying these same things to parents who are struggling, caregivers who are struggling with raising a young child. And it's almost the same information now. Fortunately, the information is informed by good research, by understanding about how the body behaves, about understanding this new area, which is very old, actually, of sensory integration, and how that leads into all of this and how people can do it. You don't have to be this licensed therapist. This needs to settle down into all of our lives and how we relate to each other, and particularly in families.

Meagen Gibson

Absolutely 100%. And something that I'll share with you that I've done with my kids as well is try to make sure that they are empowered and that they know that my dysregulation is not their fault. And so if I know I'm activated, and I don't use any of these words with them, obviously, but if I know I'm activated, I'll share with them, I'll be like, gosh, I notice when I'm angry with what you're doing, and it's unfair, this is what I do with my lips. I purse my lips and I furrow my brow and I raise my voice. And it's my job to fix that and to talk to you with a loving voice and to fix my face. And one of my kids and I actually feed off of each other, we co-regulate in a negative way when that's occurring.

And so we created a code word. He can say that code word to me when I am speaking to him in that way, and it disarms me, and it helps me reregulate. By my modeling, I know I get dysregulated, it's helped them notice when they do the same thing. They've noticed now, oh, when I play with my brother starts to get out of control and somebody is going to get hurt, because they're boys, and that's just what they do, they play until someone is crying. They notice now the cues of when things are elevating and when things are getting out of the play realm and into who's going to get hurt first realm. They've been able to collect these moments because of how I'm modeling. I know when I'm out of dysregulation and here's what it looks like and feels like, what does it feel like to you?

[00:25:12] Dr Cathy Malchiodi

Yeah, exactly.

Meagen Gibson

We've talked about communication and how we can't just talk our way through all of this and we have to integrate it through all of these different modalities. But how are these sensory modalities going to then inform the way that we are able to express ourselves?

Dr Cathy Malchiodi

Well, I didn't really touch on what I think are the four main practices. I keep working through all these kinds of ways, because I have to keep presenting this to people that are not familiar with it, and I find we need guidelines, we need to think in different areas, even though this is all up for revision.

But when I was writing the book that you cited, a couple of years ago, of course. And I started to think, I looked at all the trauma literature and thought about, well, what are the main areas that we can focus on that are expressive, that practitioners can bring into a session, that people can learn that they can do on their own? Or, as I said before, caregivers can use these with their children as well. I came up with looking at anthropology and ethnology as one of the resources for this. Because I looked at all of neuroscience, and I thought this is older than neuroscience.

Basically, I came up with looking at that literature, and talking to a lot of different anthropologists and ethnologists, that there are four main things that we have done throughout history in order to recover from trauma and loss. They've been there for thousands of years.

One is movement, which is basically moving the body in some way, experiencing that attunement with another person. And this particularly important principle, which is synchrony. Synchrony creates community, creates connection. And evolutionary biology tells us when we're in sync with others, that we're in a safe place. So that's why I said after 9/11, after that terrible tragedy, there was that sense of community gathering, even though we were fearful, we were gathering. People were relating, families were relating to their children, people were relating in support communities.

Meagen Gibson

And nothing felt safe at that point. It wasn't that we were safe, it was that we were connected and co-regulated in that way around our lack of safety.

Dr Cathy Malchiodi

Yeah. So we were in rhythm with each other in a good way that started to help calm us down, getting that co-regulation.

Then the other area that has always been prevalent is sound. That can be making sounds, I do a lot of that with people, but also experiencing rhythm, entrainment and making sounds together, maybe even singing together. We get entrained if we listen to the same music, we actually know that all these things affect heart rate, respiration, and that people can get in sync that way. But sound is another major area.

[00:28:15]

Then the other third major area to me is storytelling. Because people have shared stories, been witnessed, been heard, been seen through enactment, through all these different ways of expressing that can be verbal, can be verbal storytelling, but that also can be implicit. So implicit can be an enactment, a movement, sounds, percussion, all these different things that people can use to express a story when they don't really have words for it. Image making falls into that category. So making some kind of an image, and I always say, people think, oh my goodness, do I have to make an image that people can tell what it is? No. Actually, image making stimulates the story. So if you just make marks, colors, shapes, lines, and I say mark making, it will start to stimulate a story. You may just have to describe what those things are in that image, but you will start to say a lot more than you would in terms of talk alone. We even know that from studies now, that there's two to three times more talk if you've created even a doodle to look at, and it starts to stimulate that talk.

And then the fourth one, which has to do with self regulation, is silence. So silence, there's a lot of silence practices. We all know about mindfulness and meditation, but the act of engaging in some of these kinds of things, like image making, can be self soothing for somebody, it's very silencing to the body. We know that now from studies too, about a certain amount of just sitting and drawing, doing something that you like to do, you feel comfortable, you're not worried about the outcome. Maybe working with clay, about 45 minutes of that will significantly bring down cortisol levels, bring down heart rate, blood pressure. And again, it's like this thing you have to do on a regular basis to keep getting the benefits from it. But there are a lot of different expressive methods that people can engage in without feeling like, I have to be an artist, that bring on that silencing. But again, we also have in that area a lot of crossover with some of the other areas because sound, prayer, chanting, all those things silence the body.

So that's what I like about these four areas, too, is talk therapy is not always culturally relevant to some people. I know that sometimes I listen to talk therapists and psychotherapists and they're using an awful lot of big words that, when I was growing up, weren't used in my household. Language is important but when we get to these areas, these are things that people did again before there was language. And sometimes people can also tell you within these four things, wow, that's something culturally, personally valuable to me within my belief system that makes sense for me in this process of dealing with my traumatic stress.

So that was a really interesting find to just step off the path of neuroscience, which has informed a lot of our trauma work right now, and into this other narrative. It's a whole other area that I think even the somatic people need to explore more closely, because culture is a big part of our work right now in thinking and honoring and being appreciative of culture and also culturally humble in our work. So looking at these gets me really excited about that, because, again, also, when we're talking about trauma-informed work, trauma-informed work, by principle, is supposed to be culturally relevant. How do we often do that with language? Well, sometimes we have to work in the language of that person, so maybe that's the culturally relevant piece there. But in the expressive work these implicit things are universal, and we can find ones that are relevant for that person in terms of dealing with their stress.

Meagen Gibson

It's interesting, because when you were talking what I thought of was, like a lot of religious services and practices and how I immediately felt a little heartbreak for people who've experienced religious trauma that leave their religions or leave at least religious organizations, but that healing modality, and that co-regulative practice and the silence that a lot of them have at the end. Most services,

religious services, follow the same pattern and they leave you in that contemplative, silent space at the end, and how much people must miss that if that's what they've had to go through in their lives now.

[00:33:09] Dr Cathy Malchiodi

My personal experience with that was in the early 90s with the HIV AIDS community. The community I happened to work with was predominantly gay men, and this was out west, and a lot of them were members of the Latter-day Saints, and they were excommunicated. And so they deeply believed in the practices that were associated with that religion, and yet they were cut off from that as well. I think things have changed a lot, which is really great to see over all these decades, that there are people now still being able to embrace their religious beliefs, but it still goes on. But a lot of those are prayers. A lot of the practices are embedded there, especially that one of silencing, but also that rhythm of chanting together, being in communities, singing together, which is a large part of a lot of religious communities, singing things.

And that's one of the things if I go to disaster relief, knock on wood, I haven't had to go for a while, but I live in an area where there have been a lot of tornadoes over the years, and some pretty bad ones where there has been destruction and death. And oftentimes, if you go on those disaster relief events, you walk into a community that has a predominant religion. And mostly in this part of the country, I'm in Kentucky, are Southern Baptist Christian religions. One of the first things I ask people to do, because they think I have a whole plan, I don't have a plan, I need to understand what is going to be helpful to you. Teach me some of your prayers, I might know some of them, but what are the hymns that when you gathered in a community helped you feel better in the moment, helped you synchronize and feel connected to others, helped you explain co-regulation with each other.

And oftentimes it's one of the first things we do. I learn the songs with them and just hear what that is that helps me get into the rhythm of what their culturally relevant practices are that help them feel comfort, help them feel joyful, help re-sensitize the body in positive ways, even though we're in the midst of dealing with maybe a lot of trauma and loss. So yeah, exactly.

Meagen Gibson

I'm so glad you shared that. It makes my heart warm to imagine you landing in a situation where people need help and the first thing you ask is just, what brings you comfort? What is the religion that people observe here? And it's not something that you have to share with them, but to just acknowledge it, and acknowledge the power it has for them, is such a great example of co-regulating to an environment and the community in need.

Dr Cathy Malchiodi

I think that's where maybe practitioners feel like, oh, this is so complicated. When you start to ask people what they do to feel better, what things are in their life, and just start to touch on some of these areas. There are so many things that people already know how to do. And again, see, I'm also thinking from 20 years ago, starting thinking about trauma-informed work, we try to empower the individual to be part of the process. So again, we can have this conversation through the traditional talk therapy but I feel like I'm really lucky, I'm fortunate I can move into these other things that have been always healing to people, helping them regenerate and restore.

[00:36:46] Meagen Gibson

And in the realm of silence, and I think we mentioned meditation as well, and I've said this in several recordings, and people are going to start to write to me and say, why do you hate meditation so much? But I just always like to acknowledge that I know the science around meditation. I know meditation works for people, and I know contemplative practices and things like that work for people. But I also know that people who have been through trauma can find meditation and silence very scary.

Dr Cathy Malchiodi

And being asked to breathe in certain ways, we have to be really careful with that. We do our institute training with expressive work because breath is a really important factor. But to ask people to breathe in certain ways can be very uncomfortable, again, until you've set in some other self regulatory pieces and can find out really gradually through micro adjustments about what kind of breath might be soothing for you. Let's just try a few things, eyes open, slowly experience. But yeah, to jump into a generic, universal thing about mindfulness meditation, breathing, it's not really helpful for the average trauma client.

Meagen Gibson

Okay, now I'm focusing on my breath, but now my heart's beating out of control. Or now I'm sweating. Or now I've got all these other things that weren't happening before you asked me to start just breathing.

Dr Cathy Malchiodi

I'll be transparent here, one of the first times, and this probably had to be almost 30 years ago, and I took a social work class, just as a continuing ed piece, and they didn't call it mindfulness then, they were still talking about meditation and breathwork. And I had the most amazing panic attack from that moment of, 'everyone close your eyes and start to breathe'. Eventually I discovered a lot of the things that came up from me during that moment. It took a lot of work to figure out, but I was out of that room. I just said, oh my gosh. This has triggered me in some way.

So I became super conscious right then about what this is about, focusing that quickly inward on your response in that way, and we didn't know anything that we know now. One thing that I think we know now that seems to work for most people is what I've learned from Stephen Porges about, make sure the exhale is longer than the inhale. That is pretty much universal for most people, not everybody again, but it can be calming.

Meagen Gibson

Helpful in bridging that.

Dr Cathy Malchiodi

And I'm doing it in a co-regulatory way, too. I'm not saying to somebody, sit in a group, eyes closed, and go into yourself, by yourself and be with that. So there's all those other supports of that human connection too. So, yeah, you're exactly right.

[00:40:02] Meagen Gibson

And I even imagine combining a few different things in order to get to that silence, where we could be playing music and ask people to just simply draw lines on a sheet of paper. Everybody's lines are going to look different and that's going to be a focused, quiet activity that involves some emotion and expression. And then we can eventually get, while we're drawing, now notice your breath and combine some expressive but not difficult, not complicated activities.

Dr Cathy Malchiodi

And what you've brought there is an anchor or some kind of grounding. And that would be an example of, after I've set some foundations in place, I might have people actually draw with both hands on a big piece of paper, but the music is regulatory, they're in a comfortable position to experience this, they've got a certain rhythm going. So there's this anchoring piece that I check in with them about, is that a comfortable rhythm for you? And just get into the music and you don't even worry about what you're making. Just let's see, doing that. And sometimes I make suggestions of, try to cross the midline on the paper. Or I have a big blackboard so you can just do it on a blackboard with chalk, but using both sides of the body in a rhythmic kind of way that's comforting.

So yeah, I think that the piece about an expressive work of combining, that's again, I don't think I mentioned this, but in expressive arts therapy we think about how you combine different things. So how are you combining this image making, even though it's just lines on paper, with sound that is grounding or anchoring and getting the body moving? So again, maybe starting with these really micro movements, just small, when you feel like them getting bigger go ahead and expand on that. So a very gentle introduction. But that combines three things there, the image that combines the rhythm with the sound, and it combines the movement. So those kinds of things are the places I want people to be in rather than talking. We can talk about that later. It usually generates a conversation, but it also was that silencing and self soothing piece.

Meagen Gibson

What you said about mirroring I found it to be such an exercise that could get you unstuck from trying to create or be creative as well. If you just mirror actions, and there are ways to do that in computer programs, too. When I'm stuck, I'm like, I don't know what to draw. I am like, okay, I'm just going to put that line vertically down the center and have it go on mirroring. And I'm just going to draw something, and guess what, something's going to appear that completely surprises and delights me. And that was the whole point, not to produce something, but to just watch something unfold and be in awe about it.

Dr Cathy Malchiodi

Sometimes people don't know where to start. I have a lot of different things that I can suggest. Okay, so one thing is, you've probably seen this in your child, is there's three actually universal places, most of us start with scribbling. And the first one is interesting, it's horizontal. So when I was explaining, I say, we all started out doing that. We don't remember it because it was so long ago. We might not even have done it on paper. We might have gotten a crayon and done it on the wall. But movement is the first. So we can try that movement. We can do it as an air drawing, too. Just that movement back and forth in different ways.

The second one is vertical. That's where we go next. And of course, when you're a child, vertical can be over this way or that way, but it's more or less it's up and down. And then the third one is circular.

So we can do this circular together like that. It's not a perfect circle, again when we're doing it as very young people. So once you give people that vocabulary to try, we can just do it as air drawings and then see if you transfer it on a paper or the chalkboard, they can move from there into other things. They start to combine it.

[00:44:23]

I think that's the thing too, about expressive work, it's a new language. So what are some of the things that... If we have to learn a language, we have to learn certain words first, and then we start to learn how to make sentences from that new language. Same way with expressive work. But that's getting the body moving again, which is so important with trauma. And even to do it just sitting or in their chair depends on what people are comfortable with. We start to move and attune.

Meagen Gibson

Or even, I can imagine it'd be fun to do it in dim light with a flashlight. What kind of tools can we use to draw?

Dr Cathy Malchiodi

A glowstick, I've done that too. Sometimes I film that, because you can film that.

Meagen Gibson

It'll actually produce art or produce words.

Dr Cathy Malchiodi

I think that's a good point there, too, about... Again, this is hard work because we're working with traumatic stress. And as you said, complex traumatic stress is a long-term journey. And this is the thing I love about this work, we can talk to people but we probably can't re-sensitize the body with joy and fun and laughter at some point. I went to talk therapy, all of us therapists have been through therapy. It's pretty torturous sometimes, talking about things. But it is wonderful that we can bring in these kinds of things that actually make people curious, laugh, have a moment of joy, even though we're working with pretty deep and difficult issues. So that's the other piece here. That's why I say, I keep saying you need to have some of this in there somehow, because it's also joyful for the practitioner to start to try to work with those things.

Meagen Gibson

You've inspired me. I'm going to get the kinetic sand out of the drawer that I put it in and play with it later.

Dr Cathy Malchiodi

So this is the last thing, I don't know how far along we are here but I wanted to bring up the idea that I've been working with called a circle of capacity. Now this all came up again from thinking about what's different about this expressive work compared to where we have traditionally gone in the development of how we deal with traumatic stress?

[00:46:53]

Now we have a model out there that's really good. I'm not saying get rid of this model, it's called window of tolerance. Dan Siegel I believe invented it around 2009 - 2010. If you go on Google you're going to see all kinds of variations of it. Great model because it was all about understanding that some people feel hyper aroused, they feel very anxious, fearful, turned up, panicked, angry. And then there's the other piece that's a hypo arousal, which is more of the withdrawal, numbness and even dissociation. And I think as we learned more about that we started to realize also that people could be in both states. And I'll make a disclosure here, there have been times when I've been in the trauma mode and felt like my thoughts are racing and racing and racing, but I can't move. I feel frozen. And I really have to talk myself into it or move myself in some way to get through it. So people can be both.

But the window is this middle piece on the chart in which therapists, practitioners have been advised to work with people around these two issues and how do they expand their tolerance, their endurance? And I think they wanted to say the word capacity, but it was always this tolerance, window of tolerance. I never use that word with the people that I work with because I felt like, my goodness, I'm working with people who have sustained atrocities in their life, have witnessed military combat, death of people, felt guilt, felt shame, female military who have endured sexual assault of the worst kind and all kinds of domestic violence, interpersonal violence in a lot of the people that I've worked with. I don't want to say that they need to tolerate anything or endure anything.

Meagen Gibson

The root of that is to tolerate, and that's not very inspiring.

Dr Cathy Malchiodi

I've used it. It's been a great and helpful model because you have to think, okay, what am I doing here? How am I going to be of help to this person? How am I going to help facilitate something here and co-create things with them?

But I started to think expressive work is really about developing capacity in two main areas. Again, going back to that self regulation and co-regulation which lead to resilience. How do we help increase that capacity through these expressive means? And then how do we help people inhabit their body and their mind in more enlivening ways, in more joyful ways, in more ways that will contribute also to that self regulation and coregulation, but induce that sense of alignment that leads to curiosity? In the expressive work I'm always trying to move people into a place of being curious about things.

Now that's a term that we talk about in meditation and mindfulness, that you need to be curious about your thoughts. But expressive work is being curious about, what can I do with this material? What can I do with this drum? What can I do with some improvisation? And gradually moving them into that curiosity. Because I really feel, and I've watched so many people, thousands of people, if they can get curious, they're not fearful, and fear is a big piece of traumatic stress. Either you're fearful of what's going on around you or you're just fearful about what you're going to feel next. But getting into that curiosity is an important factor.

So I started to think about this whole circle of capacity that I just published an article on. Now this is the next thing I'm working on because I thought this is really why the expressive methods, action oriented, sensory based, are all about re-sensitizing the body and the mind to the goodness, to the wholeness, to the positivity, to the resilience, to that trauma-informed thing about empowerment,

feeling, self efficacy, feeling mastery. So not to diminish the window of tolerance but I think we're ready for some other language for people.

[00:51:14]

I still share the diagram about the window of tolerance. I have so many very intelligent trauma survivors, they want to know different things that they can think about. But I quickly moved to this capacity piece and say, this is really where we want to go. You have capacity. Right now it's feeling a little shrunk, but what we want to do is broaden that circle. And here are two areas that intersect that we can broaden that into because you will feel well again.

I think we have to have that talk with people because the ultimate thing in any kind of treatment for anything, trauma included, is that hope. What do I hope to get from this? And it's there in the capacity, we just need to find this expressive way of you gaining that capacity again, feeling that in the body and feeling that the mind has that strength and resilience.

Meagen Gibson

And when you're describing the circle of capacity I was imagining a sphere. Instead of with the window tolerance I imagine a 2D object that has square sides. And a sphere of capacity is so much more full to me. And language matters and I can imagine it's got a dent on one side, maybe, and a chunk out of the other, but it's a sphere, a fullness, and that there's a lot of capability.

Dr Cathy Malchiodi

Well, the one thing I found so far, and this is just putting it out there and talking to practitioners and talking to people that are trauma survivors, they look at it and feel that it can be more expansive, that a circle is expansive. And the cultural feedback has been pretty good because a lot of the Indigenous community, different cultures within the realm of who we see in our communities in the US, have immediately resonated with that. Not that they don't resonate with the hierarchical piece, but somehow a circle says, I'm working towards wholeness. I'm working towards something. But it also feels like it can move. I'm just getting all this feedback from people, which is what I always do. I always ask around and see what everyone's thinking. So that's the initial reaction to it. So somehow we might be ready for a circle.

Meagen Gibson

I'm ready. I think you're onto something, for sure. I imagine the more you put in it, just like a balloon or a ball, the larger it expands. Where it's like, I don't want to just take a creaky window and try to push up a sticky seal on my window intolerance.

Dr Cathy Malchiodi

I feel the other thing, and I haven't quite worked it in yet, is I always go back to, who's remarkable, Judith Herman, with her three stages of recovery. And her third stage always strikes me. It is part of the endgame of restoration, is moving back in the community. And when I look at the window of tolerance, that covers a lot of ground with traumatic stress. But the circle to me also says, how do we re-engage in the whole of community? Which she always maintained was one place, and it could be a lot of different pathways to it, but how does the trauma survivor eventually emerge to this restoration piece as part of community, feeling comfortable in some sort of community, being out and functioning in that.

[00:54:52]

So that circle says something about that to me that I'm still trying... I'm not a graphic designer, so I'm going to have to talk to somebody who can reinvent this, but what I've just scratched out now in a circle seems to say community as well. And I really do believe that that's part of this, and part of the expressive work. Because a lot of it really coalesces and takes part in the community. Singing together, chanting together, making sounds together, even when people are just working on their own image making in the same space and being able to share that expressive work, there's another layer that says that's a piece of community and connection and co-regulation, possibly too.

Meagen Gibson

Absolutely. I think what every trauma survivor ideally wants is to not only feel whole, but to feel like they're safe in the world around them, whatever that community and world consists of.

Dr Cathy Malchiodi

Exactly.

Meagen Gibson

Dr Cathy Malchiodi, thank you for joining me today. How can people learn more about you and your work?

Dr Cathy Malchiodi

They can go to the website which is www.cathymalchiodi.com

I am pretty active, it's interesting to bring up today, [Facebook page](#) given that we're all examining being on Facebook today for some reason. I put a lot of things on there that are resources that's what I want to get out there. I think that to me, I'm actually glad for social media for people who are either practitioners or trauma survivors because there's a lot of resources that I try to share that are helpful for people. So that's another way.

And www.trauma-informedpractice.com is where the coursework is for people, it's continuing education that people can engage in. So those three places are the best to start.

Meagen Gibson

Fantastic. Thanks again for being with us today.

Dr Cathy Malchiodi

Yeah. Thank you.