



Conscious Life presents

Experiential Expressive Arts Therapy

Guest: Dr Cathy Malchiodi

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[00:00:09] Meagan Gibson

Welcome to this interview. I'm Meagan Gibson, your conference co-host. Today I'm speaking with Dr Cathy Malchiodi, the executive director of the Trauma-Informed Practices and Expressive Arts Therapy Institute and an investigator on a five-year grant with the US Department of Education, integrating Trauma-Informed Expressive Arts into classrooms.

Our session today is exciting because it will be interactive. I encourage you to grab some scrap paper, some pencils, some pens, or any simple art supplies you have around and stick around until the end so you can get a taste of what Expressive Arts Therapy is all about. Dr Cathy Malchiodi, thank you so much for being with us today.

Dr Cathy Malchiodi

Yeah, it's great. I'm excited about this session.

Meagan Gibson

I want to start by giving people an overview of what is Expressive Arts Therapy and how is it different compared to other approaches when addressing traumatic stress or even everyday stress and distress.

Dr Cathy Malchiodi

I just want to start with a working definition. I think some people that are probably listening to this may be aware of it. They hear the word "expressive arts" and automatically they think some kind of an art experience. But Expressive Arts Therapy in the context, especially working with trauma, is a little bit different because we think about how we use multiple senses, multiple experiences that you might categorize as art, you might categorize them also as sensory-based or action-oriented or body-oriented.

Usually what I'm trying to do with someone, if I'm thinking through an Expressive Arts Therapy lens, I think about how to bring several different art forms into the session. So movement, it might

be sound of some kind, whether making sounds or listening to sounds, enactment, gesture, image making, drawing or some kind of thing that has to do with visual work. And when you think about that, I'm not talking about making some kind of art we're going to hang in a gallery. It's doodling and just using color, shapes, lines and mark making to represent something.

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Even creative writing comes along in that continuum. So it's a little bit more language-oriented. So storytelling and narrative. And a lot of times in working with several different kinds of approaches within one session, people are more easily able to get to language when they couldn't get to it before. So one of the goals of Expressive Arts Therapy is that moving through the senses and helping people be able to articulate that story. Although I will say too, just one more thing.

Sometimes the story just comes out in one of those art forms and it doesn't need words. Maybe words are not even appropriate for it. But when we're witnessing it and looking at it and the person has created it and expressed it, they see the story there and they feel relieved. "I've got that story out there that I didn't have words for, but I can do it in movement or image or one of these other kinds of sensory-based experiences."

Meagan Gibson

It's interesting because as you're talking, I want to ask, too, because I think that's important, if when people can't find the language to describe an experience and they can't talk about it... But then there's, I would say, almost the flip side of the coin of the over-intellectualizers who really know how to talk through an experience but have completely cut themselves off from the neck down and can't bring it into their body and don't know how to transform it in any other way other than talking.

Dr Cathy Malchiodi

Yeah, well, a lot of us end up in that way, too. We call that, there's a term "embodiment," that's out there a lot in the literature, and I'm sure a lot of people in this conference talk about embodiment. So that's kind of getting in touch with your body senses. A lot of times we call it "interoception," which is a felt sense.

But a lot of things can impact us. Trauma is one of them, where we have to cut off that sensation for survival. It's like a normal response to an abnormal circumstance. So there are people that start with words, that may be more comfortable with that, but there are those of us that disembodied, because there's so much anxiety or so many feelings of psychological and sensory pain that come along with life.

I think one of the things that happened, too, in recent years, and we see it a lot in adolescents and children, is that there's a very high level of anxiety and depression. A lot of our children and adolescents have become disembodied. And then being on social media and some of the isolation that happened really reinforced that.

So there's a lot of different reasons to come back to these expressive methods in sensitive and structured ways, to get back in touch with that. But I think what you said is really important. There are people that come in, I see them all the time... They come in with words, they have a story, but

they're not connected to this at all. It's all up here. And recovery involves all of our body and mind, and not just that one part that tells the story. So, yeah, you can have that as well.

[00:05:32] Meagan Gibson

Exactly. And as somebody who has a teenager who literally days ago just got his first phone, finally, after begging and begging and begging, it occurs to me that, as we were talking before about the interoception and even the way that they relate to each other. They talk to each other in the same room through devices, right? They're sending each other messages. It's not the same as it used to be, where we used to all get together. We didn't have devices, we played a game together, or we told stories, or we related to the same thing.

It's not the cause of the anxiety, but it's definitely a contributing factor. So anything that we can teach and educate people about how to integrate all those things, no matter how you relate to the world. Whether it's intellectually first or body first, or expressing first, getting all those things working together in the same direction is what we're after.

Dr Cathy Malchiodi

It's interesting what you said, too. This is a normal form of communication now. My husband's in the office right next to me, and he might send me a text. Well, he knows I'm busy right now, but sometimes I'm just here, and he could come over and say something like, "I just sent a text." We've normalized that. But the thing is, we're humans that have been around for thousands of years. This is not our normal form of communication. We used to come and talk to each other, or, like you said, be together and do things together.

And we've incorporated this really quickly. And I don't think our minds and bodies have really caught up with it either. So that's why I always get excited about talking about the expressive work, because that has been around for thousands of years. That was our first communication.

I'm starting to call it the original psychotherapy, because it was there before talk therapy came around. And that was what connected us and healed us and restored us and transformed us as humans. Singing together, dancing together, moving together, just being together, and listening to each other's stories in person, not on the device. That's why I think this is such an important thing to return to in at least part of our lives, to use these things. Yeah.

Meagan Gibson

Sorry, I didn't mean to interrupt. Forgive me. And so much of what you're talking about, on the one hand it seems ridiculous that we have to teach ourselves how to do this again because it is so ingrained. And yet our lives and our rituals around life that we're both talking about have changed so much that we do have to be reminded of why it's important and how to do it, don't we?

Dr Cathy Malchiodi

Yeah. Well, the other thing I think... I found myself saying here "post pandemic," but the pandemic is not over. People are still getting sick. It may be Covid or it may be something else. But now we've learned this isolation piece from each other, and we go back in isolation. I know plenty of

colleagues and friends right now that maybe they're getting Covid for the first time even, and they have to isolate. So they have to go back into that again.

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That's now our method of dealing with things. But it brings back this disconnection between each other. And sometimes it brings on that disembodiment too, not wanting to be in contact with all these things that are going on in our bodies as sensations and discomfort and even suffering. We're in that mode. And I think I call that somewhat of a trauma. It could be a stress, it could be distress, or it could be a traumatic moment for people to go back...

Meagan Gibson

You bring up a great point, which is that we're talking about all this in the context of trauma, but you don't have to have been traumatized or experienced trauma for this to benefit just nervous system regulation and your everyday life, right?

Dr Cathy Malchiodi

Yeah, because I think even though this whole program is about trauma, we have levels of it, it's not always full-blown trauma. But it's okay to say that I need to deal with my stress before it becomes distress, which I think is kind of the pathway into trauma. So, yeah, there's really various levels to it. Not everything is trauma, but there are these other pieces that we need to work with.

Meagan Gibson

There's this term that you talk about. You refer to it as "restorative embodiment." So what is that and how does it happen via Expressive Experiences?

Dr Cathy Malchiodi

What I started to think about with this work, because in the beginning, when I started to do trauma work, it was with all ages... I started out with children, adolescents, and moved into working with adults, families. So that's all part of my work.

I started to think, "Okay, one of the things I want to have happen through this work, of course, is to alleviate or somehow ameliorate or reduce things that are activating, that feel uncomfortable in the body. So how can I do that with expressive work? Or if someone is feeling numb, withdrawn, lacks energy, or even is dissociative, how can I help bring energy back in to their bodies?"

So I started to think, "Okay, certainly we want to reduce those reactions. That's what's making them uncomfortable. That's why they're turning up in therapy and looking for, seeking help. First thing is to say, "Those are normal reactions, again, to abnormal circumstances. But yeah, they are getting in your way." But then I started to think talk therapy really helps with that. But Expressive Arts brings another level to it, where people start to feel these positive things in their body.

They create something or they move a certain way, they start to feel maybe more playful all of a sudden. Or a lot of what I try to introduce is curiosity, because, I always say this over and over again, a lot of people come in with a lot of fear in their bodies, and they don't even want to go into

their body because of the fear sensations. But when I can get people to be curious about art materials or movement or sound, those two things can't exist together. Curiosity and fear are really opposite.

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So even if they have a few little moments of curiosity that can be restorative in that moment, that can bring on like a feeling of maybe relaxed alertness, or all of a sudden they feel more enlivened, or they feel like some kind of self-agency or mastery or confidence all of a sudden. I think those moments are restoring what was taken away by trauma. Trauma, even stress will take it away and distress, but trauma the most takes away our sense of enlivenment and playfulness.

I start to see someone in the session be playful, even if it's for a few minutes, and then maybe... That was just a moment in time. They've experienced now some form of restorative embodiment. So I felt like, "This is interesting, the whole field of embodiment, disembodiment and how we deal with the body through things like Somatic Experiencing and all these different methods."

What is it that's restorative? And I think that's maybe why thousands of years of humans doing the arts was not just about expressing and kind of getting rid of the symptoms, but also bringing back that joy, bringing back connection with each other, that kind of co-regulation between people that feel supportive, reparative, recuperative, invigorating, all those things.

That's kind of the concept that I try to explain to people. You're suffering right now, you're in pain. How do we work with that and reduce that? But also how do we put something else in there that feels good to your body? And hopefully we're going to find something in this array of expressive work that I think will do that for you.

We're going to go on a little exploration here, as I say, arts-based research, to find out what that is. That's where that term comes from. To me, I thought Expressive Arts does this thing a little bit differently than talking, because I could talk to you right now, but I don't think I could talk you into it. You have to sense it somehow. You have to feel it somehow. So that's the great thing about this, the restorative piece, I think.

Meagan Gibson

Absolutely. And I just want to emphasize as well that that's one of the reasons that I absolutely love speaking with you. My particular lens on trauma has always been that I am excited about trauma work and helping bring trauma work to people, because that access to playfulness and curiosity is the most heartbreaking part of it for me. There are other effects, obviously. Your nervous system, your gut, all of the immune system impacts, and your mental health, all of that, of course, we want that to be better.

But when all of that's out of the way, that access to playfulness and curiosity... And if you think about even just our relationships, our defensiveness can get in the way of our relationships deepening and things like that. So anything that helps us bring back curiosity, playfulness and open-mindedness, I'm all for.

[00:15:09] Dr Cathy Malchiodi

You remind me when you say that, too... One of the things that a lot of people that go through trauma, and I think a lot of us have had... I'll say I've had this experience. If we feel from a traumatic event or maybe even early childhood adverse events that create chronic trauma or complex trauma, we feel shame. And shame really takes away all these.

We don't feel like we're good enough or we can have these anymore. We can't have that playfulness in our bodies. We can't be curious, we can't be joyful because we're shamed. And I think that was a difficult one to work with. But to start to sense that stuff in your body starts to move that around a little bit, you start to feel better, just start to respond to the world in a different way.

Meagan Gibson

Absolutely.

Dr Cathy Malchiodi

What you said.

Meagan Gibson

Yeah, there's big ones. There's shame. Another one for me is grief, obviously. What was the other one? Just fundamental safety. A lot of people won't allow themselves to explore curiosity or play because of their hypervigilance, because of experiences that they've had. So there's a lot of really great reasons that are in the way of playfulness and curiosity, but working toward it, again, is the path. Instead of trying to make ourselves safe, let's work towards embodying a place of play and safety arises.

Dr Cathy Malchiodi

Yeah. The other thing, when you're speaking about this, I think it was a few sentences back. I want to bring up the term "neurodiversity" because I think this is a key thing that a lot of people are thinking about more and more. I don't think in therapy, in the psychotherapy world, it's been talked about enough how psychotherapy is adjusted for the neurodiversity that people might come in with.

And certainly there are a lot of parents and caregivers out there that have a child who's identified by some, maybe the school or whatever, as autistic or ADHD, or has some different kind of brain functioning that affects learning and just affects maybe even emotions. How they're told to express through words can be really difficult, especially for children, but also for a lot of adults. So for me, that's another thing.

I think, when I was thinking about the idea of shame, a lot of times those people that feel that they're in that neurodiverse category are not getting neurodiversity affirming models of therapy. And I think this might be one of them because there's so many different ways that you can express your story and not have to do it the traditional way, very language based.

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I find that a lot of the things that are standard models in trauma still go back to the words as the end piece. Neurodiverse people need other ways to communicate. There's a whole book out there now. I have not read it, but I've heard it's very good. A book by Temple Grandin about *Visual Thinking*. And she talks a lot about how that was not addressed for her. And she spent her life kind of figuring out, "What is it about me? With learning... And I'm not getting these supports in that way."

There are people that are more auditory, there are people that are more tactile. There are a lot of people that are very tactile or very sensitive to tactile for some reason. So there's all those channels here that come up in this that wouldn't come up in a talk therapy session.

So I'm really starting to explore that more and more. Even with some of the things growing up, too, and trying to learn and having some difficulties myself and thinking, "Wow, there weren't those kinds of supports or options..."

Meagan Gibson

Absolutely.

Dr Cathy Malchiodi

The neurotypical way is language and standardized tests, and all these things to identify who you are, how intelligent you are or how able you are to communicate.

Well, there's other ways to communicate. And again, thousands of years ago, this was the way people communicated. They didn't wake up with language one day. They were communicating through sound and movement and other things. So it's basic to us as humans.

Meagan Gibson

Absolutely. I'm so glad and grateful that you brought up neurodiversity. And there's so many different types and ways of being neurodiverse. I just was on a holiday with about ten people who are dyslexic. I know a lot of dyslexic people.

So, when we were talking about ways of learning and ways of understanding, I was talking about reading includes audiobooks, reading includes experiences. Learning experiences include a lot of different things. So, yeah, we've got ADHD, autism spectrum, all of them. So I just wrote down the Temple Grandin book. I'm going to read that later, but thank you.

Dr Cathy Malchiodi

I want to read it too. I've got like everybody a stack of books by the... I know a colleague of mine mentioned that because I've been looking at this neurodiverse piece in the trauma field and therapy field and thinking this hasn't really been addressed. But I think that a lot of therapists, again, if they're listening to this session and thinking, "Okay, maybe ought to be including this..." I think that's a compelling reason. It's not even about some of the other things that have been mentioned here already.

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You're going to have patients, clients, individuals, families coming in with this piece. Talk alone is not going to get there. Cognitive behavioral therapy works really well with trauma, but if somebody has this component and this characteristic, you're going to have to make those adjustments. You can't do it through talk, you're going to have to do it through these sensory kinds of things.

Meagan Gibson

100%. And I just imagine somebody who's been, especially in their adolescence, through a lot of behavioral therapy in order to be higher functioning in school and to have the skills to succeed in social environments. And then have them go into talk therapy and they're just using all of the tools that they were taught to succeed in school and be able to fit in, to do therapy and not actually gaining a ton of the benefits that they could gain through other modalities of free expression that don't require them to work so hard here to do it right.

Dr Cathy Malchiodi

Well, I know that's exactly why I ended up on a track in the arts... to writing and I think because I had so many years in the arts through high school and then college and then teaching art and all of that, and then becoming an art therapist and an expressive therapist. It took all of that before I could do something like a degree, a graduate degree in Psychology and write.

That was my platform. And I really supported, I think, the ability eventually to write that I never got when I was in high school or college. In fact, I was steered away from that because I was not good at it. Twenty books later, now I think something must have happened. But it was the art foundation that was stimulating for me to learn more, to be able to express more. So there's something there. I don't know what it is exactly, but I think we have to be open to that and think, "We can't always use this typical way of communicating."

Meagan Gibson

I'm so glad you shared that personal story. Thank you very much. I've read many of your books, and you're an excellent writer. I appreciate...

Dr Cathy Malchiodi

I find it so easy. No, it wasn't that easy. On the whole idea of neurodiversity, I think I inherited from a parent a little bit of the ADHD piece, but that was kind of helpful to be in the arts. But art led me to language somehow, led me to access that eventually. That's why I'm really supportive of people having other ways to communicate.

Meagan Gibson

We've got some really exciting experiential stuff coming up in a second, but I do have one more question that I definitely want to get to you before we get to that. And because I found this model to be so helpful and have shared it with so many people since I first learned about it from you a couple of years ago... Which is this idea of the Circle of Capacity. And it takes what we've talked

about in other sessions, the window of tolerance, and literally expands in three dimensions. So I'd love it if you could describe to me what the Circle of Capacity is.

[00:24:07] Dr Cathy Malchiodi

Yeah, for years a lot of people, my colleagues, a lot of friends and colleagues have been using the model which is called "window of tolerance" by Dan Siegel. It's a really remarkable model and framework. What I found difficult for me in talking to people with pretty severe trauma from assault of some kind, whether it's physical assault, sexual assault, witness to violence, a lot of things... The word "tolerance..." It was very difficult for me to tell them about expanding our window of tolerance for activation or dissociation, or sometimes both.

They've tolerated a lot. I thought, "I don't think that Dan Siegel actually meant to use that word." I'm not trying to change his framework, and his framework is still a good one. I started to think, "Isn't it about increasing capacity?" But that was also coming along in my head about...

When we give people these arts-based experiences, these sensory-based experiences, I'm thinking about how can we start to open up your capacity for regulation, for co-regulation, and also for what I was saying about the restorative aspects, joy, enlivenment, curiosity, playfulness, self-agency, confidence, mastery, and even their sense of self-compassion.

So I was starting to look at what the Expressive Arts do, but also looking at what I learned early as a therapist. And I think it was probably mostly from reading Irvin Yalom's books about the idea of hope. And I thought people need a more hopeful way of seeing this. So that's how I try to present that to people about, "Okay, your circle of capacity is going to expand and contract like it all does for all of us, because different things come and challenge us, and sometimes it gets smaller. But what are we expanding to?" And what I find is people hear the hope in that.

Not just I'm going to alleviate my symptoms, which is great. I want to alleviate a lot of these reactions that are really getting in my way. But what else do I have to look forward to? And to be able to look forward to, like, "Okay, I'm going to have skills and resourcing that can help me increase joy, or I can have moments of playfulness, or I can start to... I'm really experiencing what curiosity is.

That's why I think I'm not throwing out the window of tolerance. That was a really brilliant model and still is. But I'm thinking, how do we reframe that language at some point for people to feel like, "Wow, okay, there's something else beyond just getting rid of my reactions here or being able to manage them. I'm going to also be replacing that or increasing that capacity for these things that everybody has a right to."

Every child, adolescent, adult, we all have a right to these experiences, but how do I get to them? I can't talk people into it. They have to have an experience of it and start to feel it in their bodies. I'm glad bringing that up, because I think that's another thing here. Hopefully people are hearing that this is a humanistic way of looking at people and what humans have the potential to experience, but also what they have the right to experience. Yeah. They're not just trauma survivors that got rid of their reactions. That gets filled up with some other things that we all deserve.

[00:27:44] Meagan Gibson

It's so funny too, because I refer in my mind to the Circle of Capacity more than I would like to, it's actually embarrassing, probably multiple times a day. Because in my imagination, it's literally like a big sphere. And have you ever heard of the Shel Silverstein book, *The Missing Piece*?

Dr Cathy Malchiodi

Oh yeah!

Meagan Gibson

That's the visual for me, but it's a 3D instead of 2D sphere. But we're going along and having experiences, and the terrain might be rocky, and my little sphere of capacity gets little dents in it. And so then I have to be careful where I roll. And it's a whole hybrid model of the missing piece and the sphere of capacity having a baby.

That's what lives in my mind all the time as far as how I'm practicing this and what it looks like and how I take care of myself and where I'm working, where my edges are, where I've backed my circle or my sphere into a corner and it can't expand. And I need to do some work. Thank you.

Dr Cathy Malchiodi

I like the three-dimensional thing too. If I could only figure out how to do that. Not only I have this Canva and those graphic programs, but I've always thought about it as three-dimensional. Someday we may be able to do that on these. Every time I kind of do these motions, right? I'm making it three-dimensional.

Meagan Gibson

In my imagination... I'm going to come to you someday. I'm going to be like, "I figured it out!" And we can assess people and show where their sphere is flat, or where they've got a dent, or where they need to, in their self-assessment, turn it and look at it in a different way. We'll take it offline. That's another discussion. Okay, back to what we're doing here.

One question before we kind of get into the exercises, which is, can people do Expressive Arts and can they use them on their own as part of their self-care, or do they need to work with a licensed professional like yourself?

Dr Cathy Malchiodi

It's both. A lot of the things that I... If somebody comes to me, I'm trying to get them to do this on their own and adapt it and bring it back into their own lives. I think, when we really run into things that are conflictual, all those things about reactions that are challenging our lives, all healing, I think in all trauma recovery, involves working with somebody at some point if you have that level of traumatic stress, but when you're just dealing with stress or distress, a lot of these things can just be helpful on your own.

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I think when we get into traumatic stress, really having that relationship with a trusted other, whether it's formally a psychotherapist, somebody that is familiar with these particular methods or other methods that are helpful for you, or some kind of support community that really can reflect back... So there's different levels to it for me, because I see some people do well within a support group. Other people need psychotherapists, other people need formal group psychotherapy. But the day-to-day distress and stress, I think these are really helpful things people can do on their own.

And certainly this one that we're going to do is something people can adapt right now. I have to say, this is one of the experiences that I'm doing in a Department of Education grant that's a huge amount of money for five years to do Trauma-Informed Expressive Arts in classrooms, teaching teachers to bring this into the classroom, work with the classroom students, and also get their feedback for how to do it better because they have their own ideas.

I mean, that's the other thing, you empower people to say... "Here's this process. We're going to do it one way today, but I want you to take this and change it and adapt it to whatever circumstances and be creative with that, be flexible with that. So certainly teachers are not technically therapists, although I think they're the front line of mental health in this Country, and they're also getting benefits from it. That's the interesting thing. In doing it with their students in this co-regulatory, relational way, they're also getting benefits from these things. They can't help it. They're starting to get their own mental, physical, sensory, body-based wellness going.

I think there's just multiple levels to that question. Some people are pretty strict about, "You need a therapist," but I think with our day-to-day stress, these are things people can do on their own. So when we get into that other level of traumatic stress where we may be over-activated, suffering, dissociated, then we may need to really go work with someone to identify some specific things that are going on.

Meagan Gibson

Absolutely. And as you mentioned earlier, with the Circle of Capacity and just becoming more aware of our own state and our own kind of self-regulation, having tools that we can use between sessions or if we're unable to get to our therapist, or if there's a lot of barriers, there's cost, there's geography, there's time availability... There's so many barriers to treatment that anything that we can do to help people get tools that they can use between sessions or when things are inaccessible are great.

Dr Cathy Malchiodi

And I have to say that's one of the goals of this grant, because there are so many children in the classroom that aren't... We always say, "Oh, that child needs a therapist." It's not always going to happen. But something has to happen, something that's going to address some of that and help that child either regulate or co-regulate, start to process some of the things that are going on, because classrooms have been, not to get off on a big tangent here, but they've been stressful. In the United States in particular.

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They've been stressful because we have not only the lockdowns and all that online learning and then the anxiety levels and depression, and children and adolescents... We have gun violence as a threat. And it has happened numerous times. So there's always a level of stress in the classroom. It's not all going to be seen by therapists. There aren't enough therapists to see everybody and there's not enough accessibility, like you said. So how can we start to address that? Let's give the teachers the tools to do at least some of it and get some of that.

Meagan Gibson

Absolutely. And that's not even speaking of the cultural shame or disregarding of the value or merits of therapy or the stigma around who needs mental health support and why, who deserves it or who needs it... So there's so many barriers. But anyway, that's why we're here. That's why we're talking about this. That's why these conferences are free so that I can get this information into as many people's hands as possible. So we are going to talk about... You were going to go through an exercise now that's about the sigh. So I can't wait.

Dr Cathy Malchiodi

Hopefully it's going to work. I'm going to switch my camera and you'll still be able to hear me.

Meagan Gibson

Yeah.

Dr Cathy Malchiodi

I just wanted to show people some of the things you could think about getting. Most people have crayons around. I mean, that's one thing you could use. But I just wanted to show people a couple other things here because if you go to just a regular, I hate to say Walmart, but I'll just say it, to that kind of target, you can get oil pastels, which are kind of nice for this because they blend. And then I love them.

And these are on your big Amazon shopping... Paint sticks! And these are wonderful, especially if you're also at home, you're working with your own children, maybe doing some of this. And they're very inexpensive. They're like temper paint in a stick, so they dry almost immediately. And they're water soluble, they're nontoxic. But the colors are really wonderful. And then there's little kinds of sets of them, and then there's colored pencils. So they're all things to think about. Colored pencils, the least I like for this, because it doesn't blend as much. But this, again, is neurodiversity. Different feels for different materials...

Meagan Gibson

I's just going to say. Oil pastels feel totally different. Like, I love the feel of oil pastels.

Dr Cathy Malchiodi

I mean, compared to crayons, it's more fun to blend. The colors are brighter usually. I mean, it depends on the quality of the crayon. But I just want to show people this. These I've gotten

addicted to. I didn't even know about these three or four years ago. And once I started to get these, I hate to tell you, I'm a hoarder. I've got so many different...

[00:36:52] Meagan Gibson

And those are the paint sticks?

Dr Cathy Malchiodi

Yeah. Because they're just really easy to use and the colors are just... No, they're really rewarding for me. So just experiment with that and see what... These things are all inexpensive ones. You don't have to get the most expensive ones at all with this material. And I'm going to switch back.

Meagan Gibson

That's not really the point, is it? It's not that you have the best art materials, it's that you have art materials.

Dr Cathy Malchiodi

Yeah. And then the quality of these things are pretty good for the price. So don't look and think, "I better buy the most expensive one. It's going to be better with those paint sticks or the oil pastels." The least expensive is going to be really fine. So just some ideas there... Now, I didn't have felt markers there. That's another way to go. But I don't like that as much because you can't blend them together.

Meagan Gibson

They're kind of rigid.

Dr Cathy Malchiodi

I'm going to say, if somebody prefers that, that might be the way to go. So again, that's the first thing here about thinking about experiment. Just experiment with some materials and see what you like, what's going to happen with those.

Meagan Gibson

Start with what you have. If somebody's at home and they're like, "All I had is color pencils." Or even highlighters or pens, whatever you've got.

Dr Cathy Malchiodi

I use highlighters to make actual art. I like highlighters.

Meagan Gibson

I just bought new ones when I was on vacation. They're little animals because who doesn't want their highlighter to look like a llama? So anyway, back to it.

[00:38:27] Dr Cathy Malchiodi

So what I've got back here on my easel is a couple of things. If you're watching this and you don't have those, you can be drawing some kind of figures on paper, or you might not even want to draw anything on paper, but you can see like there's a body image there and then there's kind of a profile, which is, I'm going to show you in a second and do this myself.

But what I work with a lot with people... A lot of therapists work with breathing, and breathing is really hard. We all breathe differently. We're comfortable with a certain kind of breathing and other kinds of breathing, we're not. People do this four square, like, "Breathe in, hold it for four, breathe out for four, hold it." Those kinds of things.

Or there's different ratios. Breathe in for six, breathe out for nine. So there's tons of ways you can do breathing with people. But the one thing that we really know about breath is that our exhale is more restorative, calming, relaxing than our inhale. So it's something that we can do for ourselves any time of the day. Just do that. Just have our exhale be longer than our inhale.

But it's also why we sigh. We do a lot of this all day long, different ways of breathing out. And I have to say, to go back to the inhale and the exhale, when we inhale, we need that. That's our energy source. But sometimes we do that a little bit more than the exhale and we get ourselves more anxious. It also energizes us, too. It gets us to do things. But the exhale is a really interesting thing that's been studied.

So in mindfulness, it's been studied a lot. They've even now done studies over the last few years of sighing as a real way of, in the moment, relieving stress, distress or practicing ways over time that somebody that maybe has traumatic stress, anxiety, worries, fears, can at least bring that down a little bit. So what we're going to do is, let's see, hopefully we have enough time. We're going to do at least one or two of these sighs.

And what I want you to do with me is, let's say we're going to do two different sighs, because I'm looking at our time here. I want to talk about this a little bit. What I want you to do when I ask you to do the sigh is really start to feel it in your body and even hopefully feel comfortable to make a sound with me, if you feel comfortable with that.

And the first one we're going to try is... Because we all have this every day. Tired, we feel tired for some reason, at some point in the day, whether it's the beginning of the day, middle... And we feel tired. So I want you to think about that as a way to sigh. What would be a tired sigh? And at the count of three, with me and seeing where you're moving your body at the same time, make that sigh of tired. So one, two, three.

You heard my sound, so let's do that one more time. So really we're sitting. You could do this standing, if you're watching this, which I think is even better. I try to get people to stand because then you get more of a sense of it. But because of our camera angle today... There's again this tired sigh. So on the count of three, and really exaggerate the movement this time. One, two, three. Now I heard you sigh.

[00:42:12] Meagan Gibson

Well, I'd muted. I didn't want to overrun your presentation.

Dr Cathy Malchiodi

So it's a little bit of co-regulation, even though it's out of sync on Zoom, but we're pretty close. What I want you to do, you could pick either one of these or both. And I'm going to pick some colors, too, that came for me today about this tired sigh, and with color, shapes, lines, mark making on either that silhouette or that body image, I might try to do both and show what that tired sigh... You might want to do that again to see, really... I'm feeling that in certain parts of my body felt like... So I'm going to pick out some colors here and do mine right in back here, hopefully.

And you don't have to use both hands like I'm doing, but I'm just in a mood to use both my hands for some reason. And if you just have photocopy paper with you, you could just, with colors, shapes and lines, or just mark making, show that sensation of that tired sigh. So as many colors as you want to use... Or I just felt, don't think that this is the only way to do it. I just all of a sudden saw these two colors and thought, "Yeah, that captures it for me."

Meagan Gibson

I didn't have the side profile one.

Dr Cathy Malchiodi

Yeah. Hold on to that and then we'll come back. Let's just do one more. Usually I do another one. There's all different kinds you could do sometimes. The next one I do with... I'm leading a group and we're just experimenting with this, I might say, "Well, try a frustrated sigh. What's that like?" And you hear a whole different sound, a whole different body movement, different kind of experience.

But because we don't have so much time, let's do one that is restorative as we finish up here. So think about what a sigh of relief is like. A lot of us do that during the day. We don't even notice it, but we're in a situation where we just need to let out that long exhale. We do it spontaneously. I've asked a lot of people when I hear them sigh, "Do you know you just sighed?" "No."

So I'm asking you to be conscious of what that sigh of relief is like for you. So again, start to sense in your body this sigh, and on the count of three, we'll together do a sigh of relief and make the sound if you feel comfortable. So one, two, three.

Okay, so one more time. And try to make that, because this is a nice one, to have a sense of relief. Make that sigh as long as you feel comfortable. Don't stress yourself. When it feels stressful just stop. But see if you can make it as long as possible and really sense where is that in your body. So, one, two, three. Yeah, I like that. Okay, so one more picture. I'm going to change my pictures here, actually, and try to capture just with color, shapes, lines. I'm going to go with a paint stick here.

I just want to say while you're finishing up... All these different body outlines, you go on Google and just put in "body outline" and you'll get hundreds that are all downloadable. So I always have a stack of all different ones. The first one that I did here is more kind of standard adult, but it doesn't

matter. Sometimes I relate to this one more. I might think that's more for children, but sometimes I just like that one. But I have a lot because people can choose if they feel comfortable doing that body outline and showing the sigh on there or any number of things. So, Meagan, what'd you come up with?

[00:49:01] Meagan Gibson

I'll show you mine. I did another side profile.

Dr Cathy Malchiodi

Oh, yeah. That one's the relief. So you've colored...

Meagan Gibson

That one's the relief. Yeah, colors are totally different. I'm trying to make sure I can get it in the frame.

Dr Cathy Malchiodi

So what the point of this is... We've covered a lot of senses here really quickly, and sometimes the sound is more dominant for some people. If we got to stand up, sometimes the movement becomes really dominant because you can feel your whole body do it. So if you're going to experiment with this, try that.

But a lot of times, a lot of trauma specialists ask me, "Why do we have to do the drawing part?" Because we did the release, we did the sound together, and we did it together, which is that co-regulation and synchrony between each other. Doing the image, even though we're just doodling, mark making... I always just say mark making, color, shapes, lines, mark making... The image is what stimulates language, we know that now over and over again in a lot of studies.

And if we don't do that piece, that would be the next thing here, to do a little bit of maybe writing three to five words about each one of these and seeing between these two what kinds of words we're coming up with, taking those words and combining them and maybe making them into a little bit of prose or storytelling.

For most people, it will stimulate some language. Not for everybody, again, because some of us have more of a struggle with that, because we don't think that way, we don't operate through language. But the majority of people will come up with something, even if they just describe the colors. Like, "What were those colors that you used?"

Meagan Gibson

I thought you were asking me.

[00:50:53] Dr Cathy Malchiodi

A typical Expressive Arts Therapy continuum of going from these sensory movements, the sound, which is part of the body, and taking it, bridging it into just making the image and the colors and shapes and seeing what comes out of that. So what were you going to say that I interrupted?

Meagan Gibson

Oh, no. I thought you were directly asking me, "What were the colors you used?" But it was more of a rhetorical question.

Dr Cathy Malchiodi

Yeah, you had a different color scheme in both of them, as far as I could see.

Meagan Gibson

Mine were like greens and yellows, and different areas of my body lit up in different colors.

Dr Cathy Malchiodi

Mine are quite different. I mean, I felt the upward thing, even though relief is a release and letting go, but it felt like letting something become light and get away. And the tired one for me today is just this downward motion and darker colors. But what I often do in a session, it's not necessarily that I introduce this. I might see somebody during the session, when we're doing something, let go of a big sigh, and I'm like, "Wow. What just happened there?"

And I might make a guess at it. And I always say, "I'm just guessing here. I don't know exactly what that was about, but can you show me what that was on maybe just a piece of paper or here's one of these outlines. What was that sigh about?" We were talking about such and such or doing something about a certain topic and to get into their body sensations of what that was, because we don't notice those sighs...

And we have a lot of them. We have angry sighs. The children in the classrooms have identified hundreds of sighs, and they get up and lead the group, too. They say, "This is my sigh today. I'm angry," and do the sigh. And everybody else does it with them and experiences it. So they co-regulate together. They sense each other together. So when somebody's showing me their sigh, "Oh, I just had this sigh. It was about confusion." I said, "Can you do it again?" And I do it with them and then ask them if they're comfortable to put it on paper so that we can kind of explore it some more and expand that.

Meagan Gibson

It makes complete sense and it's so important and cannot be overlooked because so much of just basic communication is misunderstood because we're trying to interpret when someone's self, can I self-identify, this sigh meant this and this sigh meant that. And when someone questioned, "Hey, I noticed you had a reaction to my request or my instruction or whatever." You might see as a teacher... And understood you.

[00:53:45]

A teacher might see a particular sigh as just defiance or boredom or whatever. And what the sigh might really be indicating is shame, "I don't want to read in front of the class because I don't feel comfortable reading or I don't know the answer to that math problem. And so I feel shame and embarrassed. And so putting the stopgap between self-identifying and being able to communicate and feeling something and then responding to that feeling with a behavior unconsciously is, like, more important than math and language to me.

Dr Cathy Malchiodi

Oh, yeah, exactly. And so that's what the teachers in the classroom are finding out. They're getting two interesting things. They're getting more compliance, or not even compliance, it's more participation and being in the present moment in their classroom and being able to learn more. But the teachers themselves are feeling more in tune with their students and connected to their students and connected to themselves and feeling their own body's relief.

Because the reason I work with this a lot is... We know these studies that tell us that that exhale through the sigh is restorative in and of itself. So once people can become conscious of that and think, "Okay, I can stop here and just do my sigh of relief or my sigh of happiness or my sigh of calm, and keep that sigh as long as they feel comfortable to let it out. And it's all different for all of us. Some can go forever, and some can go six, nine seconds through it, but that's an important thing for people to learn.

Meagan Gibson

And I have also noticed that in a therapeutic environment, obviously it makes sense for someone to sigh. And you say, "Can you describe what that sigh was about? Can you tell me more?" But in maybe a parenting or a teaching environment where you can't just go into that and you're not going to ask, it's also a signal to me personally, with my own kids and the kids that I deal with in my life, it's a signal that it's safe to approach if your kid is super dysregulated.

Like, you cut the banana, right? Kids are irrational. What can I tell you? They're just little irrational people, just trying to figure out their emotions. So you cut the banana wrong, and their kid goes flailing on the floor. And you're trying to rationalize with them. The banana will taste the same. It's just a mess. You're trying to approach it as an adult. They're trying to approach it as a tiny feeling person. That's a total mess.

But the sigh, once they're done with their fit, the sigh is the signal it's safe to approach. And I learned that from one of you. That sigh is like, "Okay, we have now begun the journey back to self-regulation, and it is safe to approach with techniques and tools and embrace or whatever it is that that little person needs right now."

Dr Cathy Malchiodi

Yeah, exactly. That's a perfect example.

[00:56:44] Meagan Gibson

And it also works on adults, if I may be so bold. Just waiting for the sigh... You just wait. Otherwise, we just talk people into the ground in their emotional state of dysregulation, and it just doesn't do anybody any good.

Dr Cathy Malchiodi

No. But I want people to think, too, here, if you try this, try it standing up, because it's even more powerful and you can even move your arms with it in whatever direction they need to go. And that's what we call... Well, I learned this first from working with the educators. It's "embodied cognition," which is a principle in the classrooms.

If you're standing up and doing things, you learn more. You just incorporate more and you probably feel better too. It's my end thought on that. Getting up and moving and doing these things really has a bigger impact. We had to sit in the chairs here and that's fine, but stand up and try to do this and get the whole body into it and see what that sensory experience is like. So it's even more of a release, when we do that.

Meagan Gibson

I think like a whimsical sigh. And my arms almost want to flail side to side as though I've got a skirt on that would flail in the wind. It's a totally different sigh if you're standing up. I totally get that.

Dr Cathy Malchiodi

Yeah. And that brings me just to one last thought here. We've been doing psychotherapy, I guess I want to say 150 years, maybe it's more than that, 170 somewhere in through there, doing it sitting in chair. And that's why I'm advocating here for more getting up out of the chair once in a while, if it's possible for the person to do that with you.

If you're a therapist listening to this, think about that outside the box of just us sitting and talking with each other, even doing things together. Stand up, it's okay. And it changes things and it empowers people. And especially people who have trauma in their background tend to get frozen. And that's the worst thing for people.

That's the one that generates the most PTSD. If you really look at the statistics about how PTSD occurs, being frozen and passive is not where we want people to be. So just getting them up and moving just a little bit during the session, you can have some really powerful transformative and restorative impacts.

Meagan Gibson

I think we would get so much more done in therapy if we could just walk while we did it or sit next to each other in a car while we did it. Facing forward, we're just talking, we're walking, we're talking. It's fine.

[00:59:28] Dr Cathy Malchiodi

This is how those of us in psychotherapy are trained, the seated contact. And it's worked. There's nothing terrifically wrong with that. But we can make that adjustment if we think about these expressive ways of working and sensory ways of working and get up out of this seat.

Meagan Gibson

Absolutely. Cathy Malchiodi, always a pleasure. How can people find out more about you and your work?

Dr Cathy Malchiodi

This is fun too, to actually do it.

Meagan Gibson

Absolutely. And next time I want to do even more. We'll just tell everybody at the beginning, "Go watch the other interviews. We're going to play for the next 40 minutes, come along!" So how can people find out more about you?

Dr Cathy Malchiodi

You can just google me. I always say that, because it's so easy to google my name. You're not going to find anybody else with that last name. But, yeah, you can just google that. And I'm really encouraging people... I'm starting to write some things for Psychology Today about neurodiversity. So when you find me online or if you look on Psychology Today, I'm hoping to get more of that out there, because I think therapists in the trauma field need to incorporate this a lot more consciously.

People who are neurodiverse have had specific traumas, bullying all kinds of things in their lives, but they also need other ways of expressing, and the words may be really a difficult way for them to go. So to start to think expressively with that person who identifies that way, across the lifespan, not just children, but across the lifespan, I think it's really important. So that's what I'm encouraging people to look for.

Meagan Gibson

Fantastic, and a wonderful note to end this on. Thank you so much, Dr Cathy Malchiodi.

Dr Cathy Malchiodi

Thank you.