An interview with Cathy Malchiodi

Cathy Malchiodi has been at the forefront of exploring how different forms of creative interventions can support children, young people and their carers/families. She is the author of several books including 'Creative Interventions with Traumatised Children'.

In the lead up to her Australian speaking tour in June 2014, Cathy took some time to answer a few questions about her work with children. This entry is the first in a two part interview, with the second being published in the New Year.

1. How long have you been working with traumatised children?
I have been working with traumatized children for 30 years! My first work with children began in schools and later in shelters and programs for children and their mothers who were survivors of domestic violence [also called interpersonal violence]. Since that time I have had the opportunity to work with child survivors of natural and man-made disasters, medical illnesses and accidents, and those who have lost parents due to neighbourhood violence, war or terrorism.

2. How would you describe your style of therapeutic work?
I would describe my style as that of a humanistic counsellor and psychologist. That is, I have always believed in the potential for resilience and post traumatic growth in all individuals no matter what challenges they have faced or endured. As a humanist I also believe that each individual child’s pathway to resilience, reparation and recovery is unique and is based on many factors including social support, culture and community. As our understanding of neurobiology and neurodevelopment has increased my
work has been influenced by individuals like Bruce Perry, Daniel Siegel and Peter Levine, each of whom proposes that it is important to address both mind and body in terms of trauma intervention. If I had to sum up my core beliefs about therapeutic work with children, the most important aspect is the relationship and I am grateful to have included the arts, play and imagination in therapy with children. I believe the integration of these action-oriented, sensory-based interventions with an empathetic, attuned relationship with a helping professional are key to helping children and families find their own pathways to resilience and recovery.

3. **What draws or drew you to this modality?**
As a college student I started out with an interest in the visual arts and my undergraduate major was in fine arts. My first work was an art teacher with young children and later adolescents; each time I entered a classroom to teach art I was impressed by not only the happiness the arts brought to students, but also the depth of emotion and experiences they expressed through drawing, painting, and other art forms. So I became interested in the psychological benefits of creative expression and worked toward obtaining a degree in art therapy, then credentials in mental health counselling and expressive arts therapy and finally a doctorate in psychology.

4. **For those who are new to creative/art therapy, can you briefly describe how it can assist traumatised children?**
I really believe that anyone who is working with individuals of any age should be using expressive arts and/or play to address trauma. Trauma is generally not a verbal experience; it is an implicit [non-verbal] experience that is felt throughout the body and often is encoded in one or more of the senses—visual, auditory, tactile, etc. Therefore, for most people it is easier to express trauma-related emotions and experiences through sensory-based activities like play and expressive arts. Children in particular do not have the sophisticated ability to articulate perceptions, thoughts and feelings about traumatic events. The expressive arts and play are developmentally appropriate ways to help them repair and recover. Finally, we know now that for people of any age profoundly traumatizing events actually cause language areas of the brain to “turn off” as if the brain is unable to process or communicate emotionally powerful events with words. That is compelling evidence that helping professionals have to look to interventions that capitalize on non-verbal activities to assist individuals in self-regulation, stress reduction, self-expression and making meaning of what they have endured in terms of trauma or loss.

5. **We understand that the answer to this might be quite long or complex, but can you tell us, what the neuroscience behind art/creative therapy is?**
Creative arts therapies [art therapy, music therapy, dance/movement therapy, drama therapy and creative writing/poetry therapy] have emerged in mental health and healthcare as an essential part of the spectrum of interventions that mediate the psychosocial and, in particular, the body’s reactions to violent acts. In the past decade there is emerging evidence, based on greater understanding of the trauma, that creative art therapies successfully address both mind-body reactions in the following brain-wise ways:

1) **Self-Regulation.** Self-regulation is basically the ability to moderate emotions when under stress; in other words, individuals with good self-regulation skills can calm themselves down when upset and respond to adverse experiences with resilience. Exposure to violence, particularly interpersonal violence, often undermines the ability to self-regulate; in trauma-informed intervention, an initial goal of treatment is to provide survivors with opportunities to practice self-regulation. Evidence-based studies indicate that creative arts therapies are key approaches that provide the necessary sensory experiences to support positive self-regulation, including reduction of stress-related reactions and development of self-soothing behaviours.

2) **Right Brain Dominance.** When a violent experience traumatizes an individual, there is widespread agreement that the left side of brain may temporarily go offline; that is, the left brain’s language centre may be affected and logical, linear narratives about the trauma may become unavailable. The right brain stores trauma memories in sensory-based forms—sounds, sights, and other fragments of experiences in non-linear, non-verbal forms. Additionally, neurodevelopment research underscores that early relational trauma [such as abuse or neglect] impacts the right hemisphere and interferes with secure attachment to a caregiver or parent during the first several years of life. While art expression in all its forms is a whole brain activity, it is one that involves right brain dominance because it is an experience largely involving tactile, kinesthetic, auditory, proprioceptive and other senses; in brief, it taps trauma memories on a sensory level rather than a verbal level.

3) **Integration.** Reparation and recovery from trauma is often referred to as “trauma integration.” In essence, successful integration is a state of being able to talk or think about the trauma experience without reliving it, including psychosocial and somatic reactions to traumatic events. Emerging research on the creative arts therapies with individuals who have experienced interpersonal violence or war underscores that art expression is a way to help reconnect sensory memory [the right brain’s experiential memory of events] with a linear, explicit memory [the left brain’s chronological narrative of events].

4) **Meaning-Making.** Judith Herman’s seminal treatise on trauma highlights the essential reason that violence must be shared and expressed in order for recovery to manifest. In a brain-wise sense, trauma integration also involves an experience of making sense and meaning of what has happened, no matter how violating or horrific. In *Telling Without Talking* I wrote, “Art as a healing force does not come easy for those whose lives have been controlled, are accustomed to betrayal and punishment, and have learned self-hatred. But inevitably when it does, creativity and imagination restore a sense of possibility, identity, and reconnection with parts of the self that were silenced in order to survive the violence.” To me, this is a fundamental principle in the neurobiology of art expression. It is why humans paint, sing, dance, and dramatize in the first place; it is the drive to make meaning of events when words
In the second part to this interview, Cathy discusses how attachment issues and trauma can benefit from sensory-based approaches to our work. Don’t miss it!

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Lauren Thomas — I agree Libby, our disposition as professionals working with young people is so important. …

Jaclyn Guest — Thanks Joe. Every time I drive over the west gate bridge I think of Darcy. I remember my …
adults who look after them.