

Kindling the Spark



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The Healing Power of Expressive Arts

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For as long as I can remember, I've experienced the arts through my body. My earliest memories are of creating drawings filled with lines and colors that I experienced as visceral sensations in my limbs, torso, gut, and heart. From the time I could hold a brush, marker, or crayon, I made marks on anything I could find, including the blank pages of my parents' books. One day, in an attempt to rescue the family library, my father gave me a set of paintbrushes, cans of old house paint, and a special wall in the basement to use as a canvas. That basement became a young artist's first studio, where I was set free to experiment with whatever shapes flowed forth. I moved my brushes around with a sense of play and delight, and eventually covered every inch of that wall.

I can easily recall the sensuality of my first encounters with paints, the textures of pastels on paper, and clay on a potter's wheel. Though visual art came easily to me throughout adolescence, I joined singing groups, played musical instruments, and participated in a small theater troupe. What I remember most about these experiences is how wonderfully alive they made me feel, despite the challenges of growing up in a single-income family living paycheck to paycheck. Even when illness or threats of losing our house loomed, those moments at a piano, or in an art class, or moving across a stage, allowed me to go inward, to untangle, often without realizing it, confusing emotions I had no words for. By the time I was a teenager, I knew deep inside that there was something almost magical—something every artist must know—about the capacity of the arts to heal.

Later, as an art student in Boston, I gravitated to art forms that resonated with my body's inner language of creativity and play: specifically, painting in the abstract expressionism style known as action painting. This style, made famous by Jackson

Pollock, involves splashing, throwing, or pouring paint onto large canvases. Creating these works felt to me like a form of dance with brushes and buckets of acrylic paints. The dance floor was a giant white surface, which I'd fill with rhythmically intuitive lines and shapes, stretching my body this way and that to hurl violet, blue, and crimson into patterns that felt enlivening, nurturing, and reparative.

During this time, a chance invitation from an acquaintance landed me a seat in a short course with Robert Motherwell, one of the best-known abstract expressionists. He was attracted to a creative process known as automatic drawing, which surrealist painters believed was a method of expressing the subconscious. In automatic drawing or painting, the hand is supposed to move randomly and intuitively across the surface, making improvised lines and shapes. Fascinated with the prevailing psychoanalytic thinking of the time, Motherwell believed that authentic imagery emerged only when rational thought could be bypassed. He was a large man, who towered over most of his students and moved slowly around the room as he spoke to us about freeing ourselves from what he called the "head trip" that led to overthinking the creative process.

Going Out of My Mind

After graduating from college with a fine arts degree and moving to California, I knew I didn't want to become an art teacher, nor be limited to the isolation of studio work. So it seemed like a perfect synchronicity when one of the first art therapy graduate programs opened up in the San Francisco Bay Area. I enthusiastically enrolled in the courses, but after my first semester, I wondered if I'd made the right decision.

Instead of learning about how to use the arts to facilitate an enlivened bodily experience of our deepest inner resources, I encountered conventional psychotherapeutic thinking that seemed hopelessly preoccupied with getting inside the head. Instead of illuminating the power of artistic expression, my professors reduced it to a manifestation of psychopathology and misguided dissection of the subconscious.

As in most art therapy graduate programs back then, we were taught how to administer various projective drawing tests to identify emotional conflicts, psychiatric disorders, and defense mechanisms. Psychoanalytic and cognitive behavioral talk therapies were presented as ways to "process" images, thereby extracting symbolic meaning and pathology. Triangles were related to previous sexual assault, holes in

trees meant emotional trauma, and certain spirals equated to a risk for suicide. Once, I made the mistake of drawing a self-portrait of myself playing a flute during an assessment course and was told by a professor that I had an oral fixation.

I went on to complete that degree, but out of necessity. I wanted to become a therapist and offer people the kind of deep healing through creativity I knew the arts could provide, even if the rest of the field wasn't quite on board yet. Indeed, I often locked horns with colleagues who saw art as providing clues to psychopathology, rather than a pathway to healing and vitality. Very few people at the time even recognized that all the arts—movement, music, drama, creative writing, and visual art—were interconnected and necessary to fully harness the body's wisdom and curative powers.

Stubbornly, I continued my quest to understand the arts as body-based agents of health and well-being. I discovered Eugene Gendlin's focusing-oriented psychotherapy and his concept of the felt sense, which integrated emotion, intuition, and embodiment as healing factors. I took to heart his belief that there was value in expressing beyond words, and that movement was a powerful way to explore this inner wisdom.

I also studied Gestalt art therapy, an approach using movement and sound to communicate gestural elements in drawings and painting. To incorporate dramatic enactment in my work, I joined an improvisation group and began participating in performance art and theater. I even presented myself as a patient to an occupational therapist, so I could learn more about sensory integration, something that seemed relevant to understanding the body's rhythm, balance, and spatial perception. These principles would eventually become the foundations of how I'd introduce expressive arts to traumatized individuals for the next three decades of my career.

But first, two more pivotal influences came along to inspire me and validate what I intuitively knew about the power of expressive arts. One literally fell into my lap in 1994—a photocopy of an article by Bessel van der Kolk in the *Harvard Review of Psychiatry* that was left on a library table where I'd sat down to do a literature search. As I picked it up, I was struck by a single line in the abstract, illuminating how ordinary declarative memory failed in people overloaded with posttraumatic stress. As a result, van der Kolk explained, language and talk therapy were limited tools in working with these kinds of clients. Far more impactful was an ability to tune in to the somatosensory level through

the visual images and physical sensations where trauma memories are stored. This insight felt like a monsoon for an expressive arts therapist who'd been wandering around a talk-therapy desert for so many years.

The other influence was Peter Levine and his book *Waking the Tiger: Healing Trauma*, which integrated his body-based clinical approach with indigenous traditions that for millennia have used forms of artistic expression—like drumming circles, group dancing, mask making, and dramatic enactments of traditional stories—for the purposes of healing.

Working from the Bottom Up in Three-Part Harmony

The natural, bottom-up reparative process inherent in all forms of expressive arts therapy begins with expression of the body's sensory and kinesthetic experiences as a foundation for the eventual exploration of emotions and personal narratives. With talk therapy, we tend to stay with narratives that only tap the higher brain through language. But by not engaging the senses, we ignore the healing potential of embodied somatosensory communication, which naturally relaxes the mind's control and begins to tap a deeper level of implicit experience.

Even in most forms of art therapy, the tendency is to talk about an image from a top-down level, although the field has had a model for a bottom-up progression—the expressive therapies continuum (ETC)—since the late 1970s. Now, after all these years, therapists from all orientations have begun to recognize the value of working with their clients' implicit, somatic-sensory experiences (lower brain) before tackling emotions (limbic brain) and narratives (higher brain). There's enormous flexibility within this broad model, which can enhance a wide range of talk therapy approaches, but its full power only emerges when the expressive arts are incorporated to tap sensory and embodied experiences.

For example, I normally start a session with some form of movement, such as stretching, chair yoga, or just moving both sides of the body. To crystalize that sensory, kinesthetic experience, I often invite people to use colored pencils or oil pastels, saying, "Show me through colors, shapes, and lines what you're feeling. Don't worry about making it into 'art.' Just put something on paper. You can even just make marks on the paper with colors." If a person is feeling relaxed, she might draw some wavy blue and

green lines, or if still stressed, a series of orange and purple zigzags to indicate tension or energy. The benefit of drawing a feeling state makes tangible the essence of what's experienced by the body when words may not capture it.

Moving to the next level of the process, I often suggest drawing the perception of that feeling in the body. To do this, I provide a simple outline of a body printed on a piece of paper and give a few prompts: "Can you show me where that feeling is in the body? If it feels like it's outside the body, that's okay. Just show me through colors, shapes, and lines what that looks like."

So if the tension is in the gut, a person might draw those orange and purple zigzags in the belly area. Many people find themselves coloring the head, shoulders, chest, and belly, but others may just focus on mark-making in the extremities. This can be a way of expressing emotional numbness or dissociation. However, the point of this activity is not to place meaning on what's drawn on the body image—it's to begin to see what the body is revealing as a source of wisdom.

Finally, as an example of how to progress to the higher brain, I might ask, "What kind of story would that image tell me if it could talk? If it's a worry, for example, what would that worry say?" By letting the image do the talking, this type of narration supports safety and establishes some distance in talking about difficult issues. For example, a young woman who suffered from traumatic stress from a sexual assault let her worry say, "I'm hiding deep in your body, ready to wreak havoc when you least expect it. I burn like a fire in your stomach. I love to make you squirm with nausea. Like a turbulent sea, I tumble and roll. I make sure you know when something is amiss, whether you like it or not."

Allowing the body's experience to talk often reveals how distress emerges when triggered by environmental cues. This young woman was surprised at how much her traumatic stress turned up in her gut as nausea and stomach pain. Although these reactions were often unbearable, she was able to realize that her body was trying to protect her from threat by getting her attention this way.

Not every client will get through all three levels of the ETC process in a session, or even several sessions. And some clients, if it feels safer for them, might be more comfortable starting with the narrative piece. What's essential is that the individual can eventually

access all three expressive levels. This is the three-part harmony that starts the flow of embodied intelligence and becomes the foundation of trauma reparation and integration via the arts.

Learning to Inhabit the Body

Although I started my career working with children from violent homes and women who survived sexual abuse, I now work mainly with military personnel. Most clinicians can easily understand the challenges of treating deeply rooted trauma, but many wouldn't think of the expressive arts as one of the most effective ways to overcome them.

Despite an orientation toward protocol and order, the military men and women I treat find that creativity and playfulness gently bypass the survival responses learned in combat that contribute to traumatic stress. In fact, a surprising number of veterans actually seek me out as an expressive arts therapist precisely because they hear from others that they won't necessarily have to talk about their traumatic experiences in order to heal from them. Others, like 26-year-old Katja, get referred to me when they don't make progress in talk-only therapy or with medications that leave them lethargic and numb.

Katja had recently returned from combat in Afghanistan and suffered from severe hyperactivation and dissociation due to posttraumatic stress. As I read in her case notes, she'd witnessed the death of a fellow soldier after their unit had encountered an improvised explosive device along a roadside. Katja had been walking about 30 yards behind him when the explosion occurred. She was thrown to the ground, unconscious for a time, but woke to see medics dragging away the almost unrecognizable remains of her friend.

A month later, when Katja was back in the States and stationed at a local army base, she began to have severe anxiety attacks. She told me that when anyone came closer than a few feet from her, she experienced overpowering feelings of anger and uncontrollable panic that she self-medicated with binge drinking. These episodes were often followed by long periods of feeling immobilized, staring at the television in her apartment with no sense of how much time was passing.

I started our first session with the same question I ask all my clients: where in the room would you like to sit, and where would you like me to sit? It's important to get an initial sense of how traumatized people respond to a new space and how comfortable they are in proximity to the therapist. Katja was adamant that she wanted us to be as far from each other as possible, adding, "It's nothing personal" with a shrug. She also chose to seat herself in a place where she could keep an eye on the doorway, a position many soldiers in my practice select, even though the office is secure from outside entry.

Katja was obviously in top physical shape, but like many individuals who've honed the skill of hyperalertness to survive in combat or other volatile situations, she was not at all relaxed in her body. While she sat in a chair far across the room from me, she seemed frozen in an uncomfortable position, with her shoulders raised, her neck strained forward, and her torso tensed.

In the first session, it's important to introduce ways to express nonverbal embodied experiences and sensations to people who are often out of touch with the distress their bodies are holding. Since Katja indicated that she liked to doodle, I asked her if she could show me through mark-making and colors, shapes and lines what her sense of her body was in the here-and-now.

Without hesitation, she picked through a pack of colored pencils and drew a well-constructed, three-dimensional, opaque, brown box, which she promptly titled "One Uptight UPS Package." Given the tension I noticed in her posture and what I've experienced with other returning soldiers—that they can be in the best physical shape and still have absolutely no body awareness—her drawing seemed pretty accurate: she was a tightly sealed box, with mysterious contents, that might not be easy to open.

Because Katja was comfortable with drawing, we started there. With most individuals, I start with some sort of movement that includes mirroring and establishes attunement between us. Either way, I gradually encourage clients to engage in playfulness, which can include drawing, experimenting with sound and rhythm, pretending through drama, and moving in space. Once we can play for the first time together, I know an implicit trust between us is developing, a reparative relationship is beginning to form, and creativity can safely emerge to do its work in the healing process.

But playfulness was a challenge for Katja because she'd given me a clear message that maintaining distance was a key issue. In situations like this, I find using a prop—in this case, a giant stretchy band—can create a sense of connection while allowing for

distance and control by the client. To start, both Katja and I looped the giant stretchy band around our torsos, and I simply mirrored her movements while she kept a safe distance from me. She could easily control our proximity to each other as she experienced pulling against me while having a sense of joining with me. This became a way to safely begin to play during sessions, offering action-oriented possibilities for resistance, mirroring, and relating in a way that was completely determined by her.

As Katja started to experiment more with moving toward and away from me, I helped her grasp these changes by calling attention to them in the moment. For people who either avoid or are unconscious of what the body is telling them, talking begins the process of moving from the body's sensations to higher levels of the brain. For example, if I noticed her moving away, I simply wondered out loud, "How far do you need to move away to feel more at ease with me?" Katja didn't have an answer for this question, but a smile on her face told me she was thinking about it. In this way, we began a series of conversations, often unspoken, about the space between us, as well as how space affected her body's reactions in relation to other people in her life.

Music was another important component for prop-enhanced movement with Katja. Auditory cues like this can help anchor people in the moment and support the developing connection between therapist and client through rhythm and energy. While it's perfectly acceptable to move without it, music not only can help people feel calm and self-regulate, but it can bring a sense of vitality and energy into their bodies. In this initial session, we started out with relaxing instrumental pieces that I played on my iPad while we used the stretchy band. But as Katja's relationship with me turned more playful over time, I asked for her input on the musical selections we moved to. Some of her favorites were "Ain't No Mountain High Enough" and Motown hits that immediately brought back sensory memories of dancing with friends during less distressing times.

Rediscovering and reinhabiting the body in this way, finding pockets of pleasurable sensations that have been hidden and buried by trauma, can be profoundly healing, but it's not instantaneous. It took two months to work through Katja's dissociative reactions and trepidation about proximity to others so it no longer overtook her daily life. Although I integrated other expressive arts into our sessions and she explored more of her symptoms through drawing, our focus on movement continued to be a

regular part of the psychotherapeutic relationship. Eventually, we dispensed with props, simply mirroring each other to those Motown hits as a beginning and ending to sessions.

Naturally, Katja took these moments with her to situations outside therapy. One night, when standing in a long line at a drugstore, she started to feel anxious and out of control while people and their shopping carts pushed up against her. Instead of panicking, she started to hum “I Second that Emotion” and move her feet back and forth to the rhythm of the song. As she paid the cashier and took her purchases to the car, she was surprised and pleased that she’d managed to, in her words, “not lose it” just by recalling a good rhythm in her body.

Unpacking the Box

Katja’s symptoms abated a bit over time, as did the frequency of her drinking, but she still struggled with severe anxiety and swells of anger on occasion, usually in public places. Fortunately, an important turning point in our work came about when she decided one day that it was possible for me to sit directly across from her to do some mirrored movements. That we could share such a close space was an indication of real progress, and I mentioned it out loud. But just as we started to move our arms together, Katja stopped and told me that she felt a distressing tension throughout her upper body. “I’m glad you noticed that,” I said. “Let’s start with some shoulder stretches and neck rolls instead.”

She agreed, but as soon as we started, she reached for her neck with both hands and began to massage it vigorously. While this initially seemed like a form of self-soothing, I was alarmed to see her shoulders tense upward and her breathing become shallow and accelerated. Through grounding techniques we’d practiced in the past, I quickly helped her self-regulate, but it was obvious that something important was going on that we needed to explore.

I asked Katja if she felt comfortable showing me on a body outline what she’d been experiencing when her hands had rubbed her neck so vigorously. She was familiar with the body-outline process because we’d used it before as a warm-up activity to other expressive arts experiences. This time, her colored pencil went directly to the neck and shoulders on the outline, and she immediately drew the “uptight UPS box” from our

first session over that area. My hunch—now that we'd developed a foundation through movement, music, drawing, and playful attunement—was that she might be ready to unpack and safely process the contents of that tightly wrapped box.

When Katja agreed, I suggested that I use EMDR as part of the process. Although I wouldn't use EMDR with all my clients—children, for instance, wouldn't respond well to what can seem like a distracting and confusing technique—I've found over the years that it's particularly effective with military personnel. So as we sat across from each other and looked at the drawing, I asked her to slowly imagine opening that box. She closed her eyes for a moment, took a breath, and when she looked at me next, she began to mentally take out the contents. I interspersed eye movements at critical intervals and guided her to do quick line drawings of her breathing as a grounding technique along the way.

While some soldiers choose not to talk while processing traumatic memories in this way, Katja shared specific details out loud, and what she described made my stomach clench with each disclosure. Several times, she'd been choked by fellow soldiers in her unit as they'd sexually assaulted her, and, like many female military personnel, she'd never reported it or told anyone, hoping it would "just go away." She sobbed as we unpacked these traumatic moments together. It was difficult, gut-wrenching work, but I believe it wouldn't have been possible without her first having experienced ways to gradually communicate her body's implicit experiences.

The most reparative moment came at a point when Katja felt compelled to massage her neck area again. "What do you sense now?" I asked.

Before answering, she drew a sketch of a woman wearing a T-shirt and khaki pants, facing outward with intense eyes and a powerful stance. "I'm thinking I'm in boot camp again," she said after a time. "I was as strong as any of them. I could make anyone back off. But this time it wasn't fair. I was outnumbered. It wasn't my fucking fault." Katja's body was shaking, but for once she was almost entirely relaxed in her chair.

While we'd revisit these memories and sensations in several more sessions, this was a turning point that allowed us to now focus on recovering Katja's confidence in herself and her physical capabilities to meet challenges. Through expressing herself in movement, music, and art, she began to feel a change in her body and mind that helped her begin to release the shame she felt around not being able to defend herself in an indefensible situation.

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Despite an increased understanding in the field of the power of the arts to repair, expressive arts therapy is still relatively unknown to many therapists. And some even view movement, music, drawing, drama, and play in therapy as a distraction from the “serious” work of trauma treatment, ignoring that for thousands of years, humans have been turning to the healing rhythms and synchrony of the arts to confront and resolve distress.

There’s a guitar riff toward the end of David Bowie’s “Starman” that always sends chills throughout my body, no matter how many times I hear it. It’s a sensation of feeling totally alive and serves as an anchor for me to be present in the moment. Spending an afternoon in my art studio, dancing in a group, and doing improvisation activate my body, mind, and spirit in similar ways. Katja, like so many others who suffer from traumatic stress, had lost touch with that sense of aliveness when her body had become numb in the face of her emotional pain.

Of course, there are any number of ways I could’ve talked to her about resilience, but unless she was able to *experience* it in her body—however tiny the spark at first—new narratives for healing and transformation would likely not have taken root. After all, aliveness is not an experience we think or talk ourselves into; it’s state of being we enter when we feel things like joy, compassion, and inspiration, a state the expressive arts have helped people experience since the very dawn of civilization.

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