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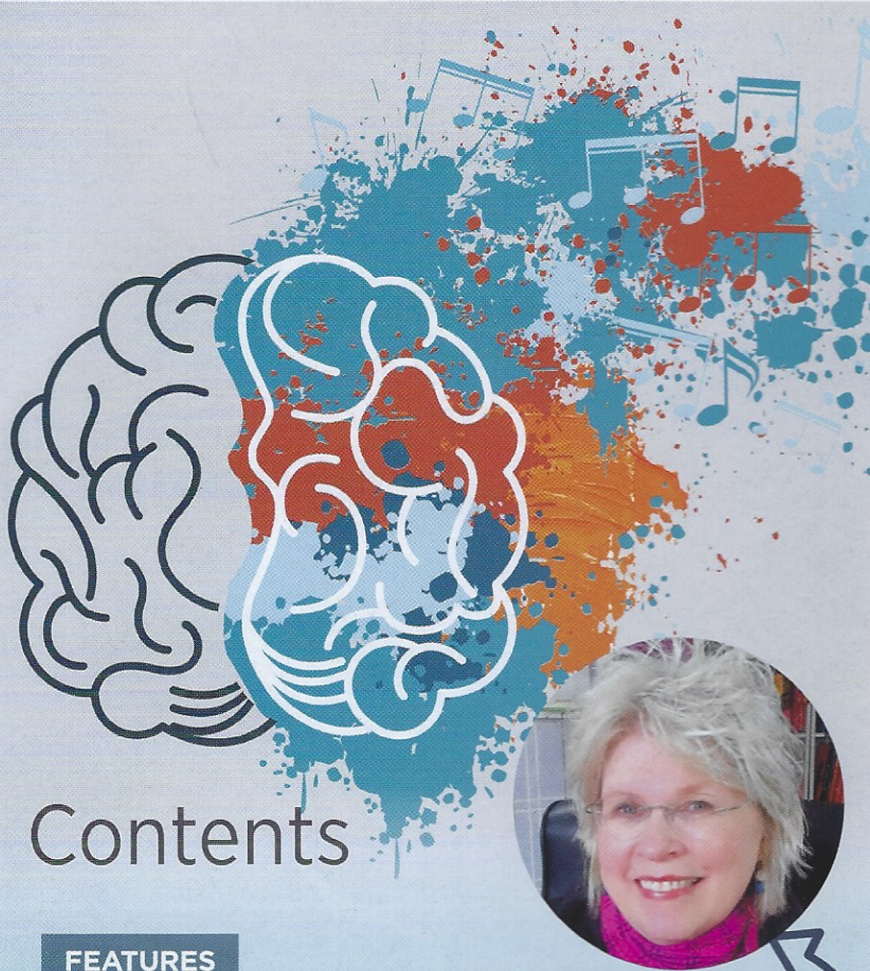
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INTEGRATIVE THERAPIES & EXPRESSIVE ARTS

plus:

- + Transformative Journey
Storytelling Method
- + Using Expressive Interweaves
in EMDR Therapy
- + An Interview with
Dr. Cathy Malchiodi
- + EMDRIA 2022 Virtual
Conference



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EXPRESSIVE INTERWEAVES

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EMDRIA Approved Consultant and Trainer



The Adaptive Information Processing model (AIP) and Eye Movement Desensitization and Reprocessing therapy (EMDR) ask the trauma therapist:

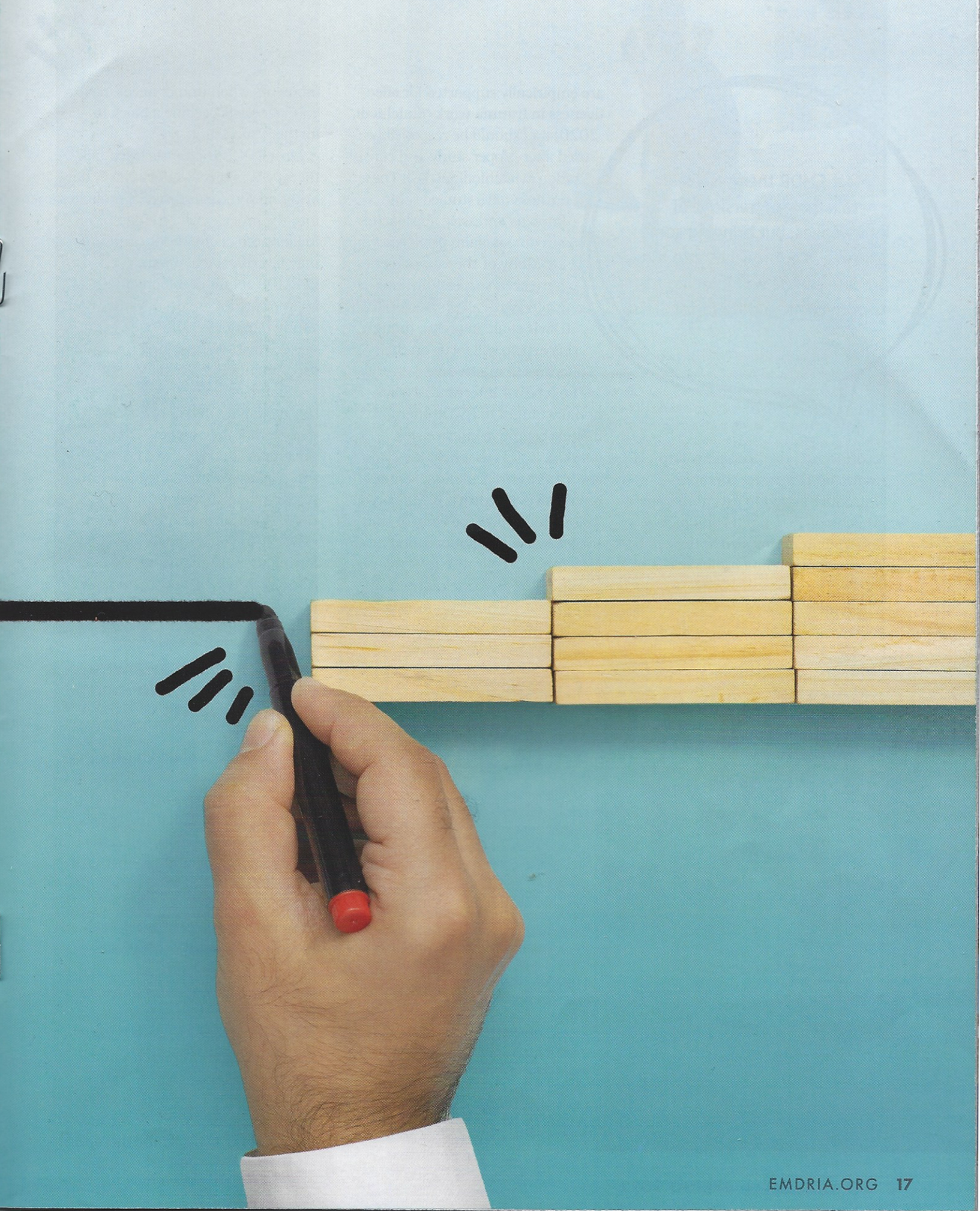
1. To trust the client;
2. To believe in the client's inner wisdom;
3. To hear reactions to internalized pain and terror as worthy messengers;
4. and to stay out of the way of healing's natural course as much as possible (Shapiro, 2017).

Simultaneously, EMDR therapists need to remain steadfast and competent containers, co-regulating and communicating compassionate presence through all phases of the treatment process (Baldwin & Korn, 2021), even when in a "following" stance. Part of the containment responsibility requires the therapist being prepared to momentarily step in when clients have disconnected from their inner guide and are instead blocked from their self-directed healing nature. This

is meant to be a brief moment of course correction, allowing clients to find their way back to integration (Gomez, 2012).

In these moments of temporary intervention, especially in the later processing phases of EMDR, the therapist often moves toward the client through interweaves. There is room for a bit of thoughtfulness and creativity in this area of EMDR practice. For example, clinicians can move through the first two phases of EMDR treatment while artfully gathering important data for possible interweave material in later work that would be grounded in deep knowledge of the client's strengths and struggles. Also, EMDR therapists can focus on the opportunities to use experiential and expressive moments as an interweave to keep processing flowing.

The expressive therapies present as a valuable resource for allowing creativity to facilitate a



“Most EMDR therapists learn talk therapy versions of interweaves, but bringing some expressive approaches into the process can be enlightening for both client and therapist.”

reconnection to internal healing resources. Expressive therapies “introduce action to psychotherapy” (Malchiodi, 2013, p. 1) and have a rich tradition grounded in their philosophy and guiding principles (Hinz, 2019). The expressive therapies, which include art, music, movement, poetry, sand, drama, play, and others,

are empirically supported for effectiveness in trauma work (Malchiodi, 2020) and should be responsibly used after proper study and consultation (Malchiodi, 2013). These authors have studied some known expressive approaches but do not claim proficiency in all. Many of these approaches have been successfully integrated with all phases of EMDR (Davis et al., in press), though this article will focus on their offerings to interweave delivery. The types of interweaves traditionally taught to EMDR therapists include cognitive interweaves (Dorkin, 2003) that help the client to access information, somatic interweaves (Schwartz & Maiberger, 2018) that utilize the body to shift the felt sense of emotions, and attachment/reparative interweaves (Gomez, 2012; Wesselmann et al., 2014) that support connecting to internal and external resources at

moments when unmet needs in younger parts become a block to further processing.

Most EMDR therapists learn talk therapy versions of interweaves, but bringing some expressive approaches into the process can be enlightening for both client and therapist. It may be critical to deliver a version of EMDR that is developmentally appropriate for children, youth, and young parts of adults—who generally do their best learning through experimentation and play.

A familiarity with these expressive modalities and ready access to materials are components of the preparation needed to access these interweaves. Many arise from serendipitous moments of inspiration, which spring naturally from close attunement and a clear case formulation. In that spirit, we offer some examples of how these powerful interweaves have supported our EMDR therapy.

EXAMPLES OF INTERWEAVES WITH EXPRESSIVE AND PLAYFUL ELEMENTS

Play Therapy

Trauma-exposed children who are allowed to choose their play in a play therapy space with a variety of materials (dolls, miniatures, puppets, role-playing toys) will often settle into narratives that contain elements of the trauma memory network, often described as post-traumatic play (Terr, 1990; Gil, 2016). EMDR therapists can bridge to EMDR processing in this setting and take advantage of the play content to support needed shifts when processing is stuck (Swinden, 2018; Beckley-Forest, 2020). Responses and reflections occur within the play therapy context offer rich options for use as interweaves. For example, when a lack of felt safety is the block, the therapist

Common Purposes of Interweaves

■ Adding needed information

Example: giving information about the biological freeze response to a sexual abuse survivor

■ Providing time orientation

Example: getting the brain to notice “It’s over now.”

■ Correcting cognitive distortions around responsibility

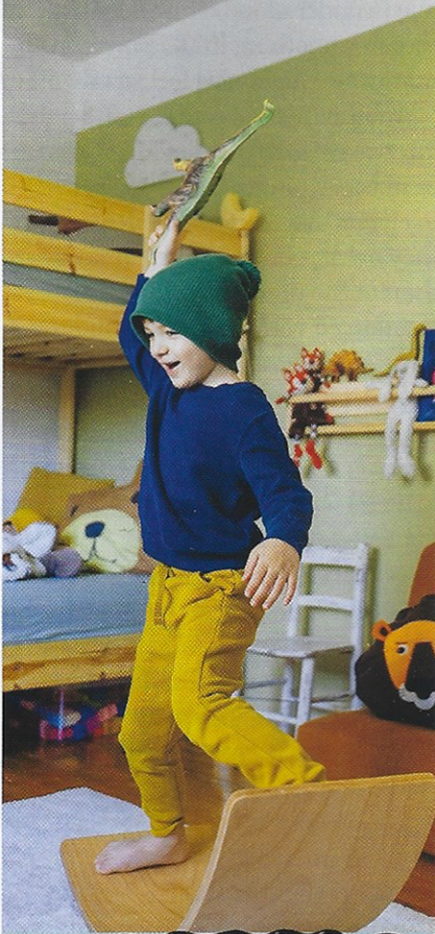
Example: challenging negative beliefs – “It’s my fault because I control everything.” (preschooler reasoning)

■ Increasing self-compassion (Kennedy, 2014)

Example – installing an experience of noticing or nurturing “little me”

■ Accessing resources to expand affect tolerance

Example: bringing in a parent or significant other



Play Therapy

Eight-year-old Kyle entered therapy with a lot of somatic distress (chronic headaches and stomach aches without an apparent cause) and anxious avoidance of challenges, and school avoidance. Significant in his history was a period of poor health in early childhood with painful reflux and other feeding sensitivities and hospitalizations. His lack of physical comfort in his body or trust in his physical abilities emerged in the preparation phase. It led the therapist to develop a repertoire of playful regulation activities. Targeting the early experiences was challenging for him, and he would curl up in a very small posture in these moments of processing or attempt to avoid them altogether. The therapist shifted the setting for the EMDR processing to large motor play, using a balance board, mock fighting with foam swords (actually pool noodles) as the BLS, encouraging him to run and jump, drum, throw the basketball and other acts of physical mastery and then notice "How much bigger and stronger you are now?" as the interweave.



Play Therapy

Jake (a child who had witnessed intense altercations between his parents) had an internalized sense of responsibility for this conflict, which was evident by witnessing his chosen play themes of superhero "rescue scenes." The therapist can consider possible experiential interweaves in anticipation of potential blocks by attuning to this negative belief as evidenced in his expressive play even in the preparation phase. When the therapist had Jake act out the parents' fight in the dollhouse to set up the target and began EMDR processing, he quickly became overwhelmed. Using a fantasy play interweave, she handed Jake a dress-up cape with the suggestion, "Show me what you would do as a superhero in this story." He paused and then began flying around the room, separating the toy parent figures, piling up pillows and stuffed animals on the dad figure and saying, "now STAY there." When he was encouraged to notice how that felt in his body with BLS, the shift was evident and processing could continue.



Creating and Making

Sixteen-year-old Susana (adopted at age three from an orphanage where she had endured many hardships) presented with depressive symptoms and was open to using EMDR to target her early experiences of loss of birth family, language, and culture. A variation of the "sculpt yourself" activity became the go-to interweave in these EMDR processing sessions, as she would often become non-verbal or be unable to express/notice/manage "What was coming up?" and would dissociate or shut down. Both the tactile experience of the sculpting and the ongoing project of making tiny clay gifts for her "little me sculpture" were grounding and helped her to begin to express what she was having trouble accessing verbally. She invited her adoptive mother to see her "little me" sculpture project. Mom asked the therapist for more clay and wordlessly began adding tiny clay hearts to the gifts. The therapist used BLS with the client as she watched her mother's work, and the emotional release of this was a turning point in her processing.



Poetry

Maria, age 16, asked her parents to go to therapy to address fears related to driving. Without any known history involving a car accident, Maria had begun to experience panic attacks during her driving training. After successful relationship building and resource installation, her EMDR therapist began to explore potential targets. The floatback technique was used after the intrusive negative cognition of “I know I’m going to hurt someone” was identified. This led to an earlier memory of when Maria’s grandfather had a heart attack while caring for her. Although he survived, Maria still carried helplessness, fear, and a sense of responsibility related to the event. The target setup went smoothly, and Maria was processing channels when a blocking belief interfered with forward movement. Maria repeatedly said a version of, “He’s crumpled like a pile of laundry....sounds I’ve never heard...it’s too much for me.” As an interweave, the EMDR therapist pointed out that Maria had spoken three lines of a poem and wondered if she could listen to her own body while they were read back to her, listening for what needed to come next. After the reading, Maria placed a hand on her heart and added, “But the noisy laundry got sorted.” The therapist resumed processing, and the target cleared soon after.

Sandtray

Jack, a 45-year-old male, presented for EMDR therapy to address a lifetime of relational struggles that seemed related to unresolved early life attachment trauma. Jack had lost a caregiver to death as an infant, and the remaining caregiver was reported to have lived out her life “in a haze.” After using the sandtray for taking history through genogram and timeline, Jack needed several sessions of sandtray-based EMDR resourcing. When beginning target work, Jack focused on creating a world in the sand about an early life memory related to a caregiver’s neglect. A blocking belief of “I deserve to be left alone” began to hinder movement through channels. The therapist asked Jack to select some nesting dolls, previously used in resourcing, from the shelves of figures. The therapist asked Jack to unstack the dolls and identify how “big” he felt while witnessing the world. Jack selected one of the smallest figures. Then, the therapist asked that small doll to return to reside inside the largest doll. Jack spontaneously shared that the larger doll was capable of holding the smaller one even though the world had a caregiver who had failed at this. Jack tearfully resumed processing with movement through channels restored.



may wonder aloud, “I wonder if there’s something in the playroom that would make this feel safer?”

Another playful and somatic interweave is to use playful games or mastery of challenges to “prove” to clients’ nervous systems that they are bigger and stronger now than at the time of the trauma (reinforced with bilateral stimulation or BLS), or that their bodies have healed, offering an experiential version of the continuous installation of present orientation and safety (CIPOS) prescribed in adult EMDR for complex trauma (Knipe, 2018). This approach pairs AIP thinking with the Neurosequential Model of Therapeutics (Gaskill and Perry, 2014) that encourages the enhancement of the somatosensory system as a foundation for therapeutic change in the higher parts of the brain such as cognition.

Creating and Making

The therapeutic use of art in therapy has a robust literature of its own. It holds great appeal to clinicians looking to integrate non-verbal expression and experiential activities into their EMDR practice. Considerations of how the creative process sits in neurobiology are still emerging, but especially focus on the use of artistic expression on integration and learning (Hass & Cohen, 2015). Of course, therapists who want to encourage the use of art-making in their setting should pursue training in how choices around prompts, materials, and support can impact the client, as the impact can often be felt very strongly. Clay, paints, crayons, doll-making, and even dry erase board drawing offer a different level of intensity and tactile opportunity for expression.

Many authors give examples of creative arts prompts related to parts

work, which can become a potent interweave in EMDR processing, as discussed by Davis in her “sculpt yourself through time” activity. (2020, p. 210) where clients are invited to sculpt images of their younger selves and even add gifts and symbols of what was needed.

Poetry

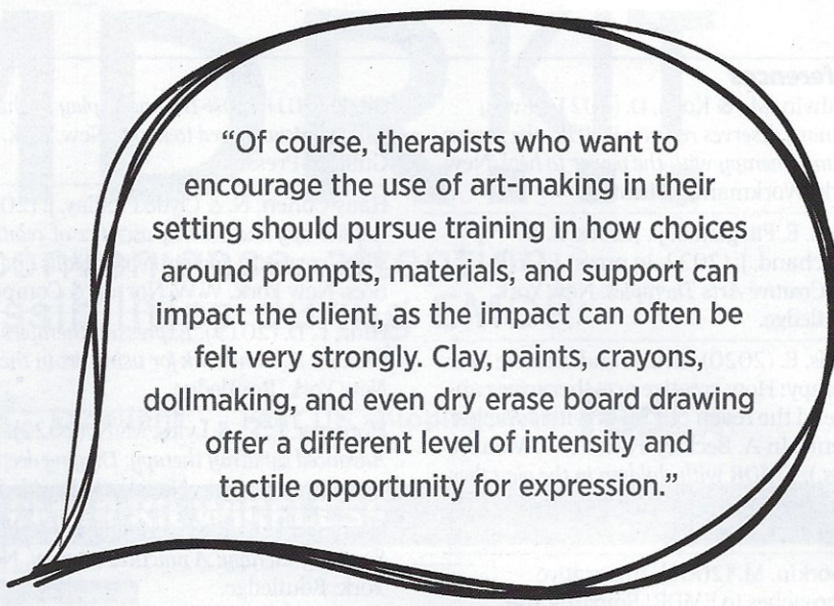
Aspects of bibliotherapy, narrative work, journaling, and poetry have been used therapeutically far longer than therapy has existed as an organized profession. In recent years, the long-held practice of bringing poetry into clinical work, especially trauma healing, has increased in prevalence (Mazza, 2022; Fox, 1997). Poetry can be read and/or written as part of the therapeutic process, but poetry also frequently emerges during dialogue; it just needs to be noticed and amplified.

Sandtray

Sandtray therapy’s natural features of containment, grounding, and externalization through metaphor make it an elegant fit for EMDR integration (Gomez, 2012; Homeyer & Lyles, 2022). Clients create “worlds” in the sand tray in response to the therapist’s invitation or prompt to explore aspects of the inner world before moving to the option of adding a descriptive narrative (Homeyer & Sweeney, 2017).

COMING TO A CLOSE

The expressive therapies have much to offer an EMDR therapist with proper training. Often, even with good preparation for EMDR processing, clients of any age will begin to loop on an intrusive blocking belief while processing a painful memory. Even when clients can share words about this block, they may have fallen into parts of the brain



“Of course, therapists who want to encourage the use of art-making in their setting should pursue training in how choices around prompts, materials, and support can impact the client, as the impact can often be felt very strongly. Clay, paints, crayons, dollmaking, and even dry erase board drawing offer a different level of intensity and tactile opportunity for expression.”

that have strained connections to traditional word usage. Bringing a creative approach to the interweave intervention can support a re-introduction of processing streams to one another, facilitating a return to healing momentum. Essentially, all interweaves are acts of compassion. They indicate the therapist has noticed the stuckness and can step in without taking over. Expressive interweaves intensify that compassion by allowing clients to make use of their creative potential, highlighting how they possess wisdom deep within.

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*To protect client confidentiality, the case examples presented are fictional composites; the illustrations are representations that are recreated samples and not actual client work.

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