

Interview

A conversation with Cathy Malchiodi

Abstract

Jo Kelly interviewed Cathy Malchiodi on her recent visit to Australia for the Australian Childhood Foundation where she was conducting a series of one day workshops on creative interventions for working with children, young people and families who have experienced trauma. The interview covers art therapy's role in trauma work as an important part of a continuum, particularly as art therapy focuses on non-verbal, experiential and sensory intervention. Cathy discusses some key issues regarding the development of art(s) therapy in this region, particularly the challenge of embracing the diversity of experience, qualifications and professional identities. She also explains the current political landscape of art therapy in the USA and affirms the need for a professional association that has to balance the safety of clients and the needs of practitioners with effective contributions to professional evolution through dialogue between arts therapy educators and researchers.

Keywords

Professional identity, trauma and arts therapy, professional associations, training, research, creative interventions, education.

Jo Kelly: What has the interest in the workshops for the Australian Childhood Foundation been like?

Cathy Malchiodi: Well, surprising would be the first answer, because I didn't realise that I was so well-known in Australia, not just by the art therapy community, but by a lot of other people who work with traumatised children and families. One astounding aspect was that the first workshop in Melbourne filled up after a month and the Foundation wanted to put on another workshop. I wondered what is it about coming here, aside from supposedly being known?

I think part of it is, people are realising that experiential, sensory-based methods, I won't call them exactly the arts, but involving the arts and play, are really necessary in the work with trauma. Sensory-based methods are certainly necessary in the work with children, but I think it is broader than that. The Foundation thought they would fill the venue but they didn't realise

there would be an overflow, that there was such an interest. I had no clue, no idea that an entity outside the art therapy world saw me and that work in a different way and wanted to bring it over here to formalise some kind of short training. Yes, that has been a big surprise to me.

JK: Pretty validating and affirming, I would say.

CM: Yes, I think what's affirming is when I talk to people who are in art therapy here or on the periphery of art therapy, or are in some other creative domain. I ask them why is this happening and they comment that there are only really a couple of people who are well-known around the world. First of all, I wondered who they might be and was told, "You and Shaun McNiff really have grasp of the social media". I am on social media quite a bit, but I think it has to do with the writings. The writings reach beyond just the art therapy community and into different communities.

Shaun reaches more into the broader spectrum of the expressive arts, and I reach into the trauma work conducted by people like Bruce Perry, Peter Levine, Bessel van der Kolk, Stephen Porges, and Dan Siegal to some extent. That was where I was surprised I was seen to be on that continuum. What I'm doing is slightly different, which makes me hopeful for art therapy. To be perceived as being on that continuum with those other practitioners who are talking about different aspects of dealing with trauma and the brain, maybe we're finally starting to get there and get recognition. So, that's pretty good, I mean, I didn't have that as a set goal but it is great if that is what is happening.

***JK:** Yes, and that's a good segue into the next question. When you've met with other arts therapists here and in the South East Asian region, what are the key issues you have observed that are of concern?*

CM: I think here, in Australia, what's both surprising and not surprising is there are so many different groups of art therapists who are training. There are different avenues to obtain credentials, diplomas or degrees. That is pretty interesting, because that was the way it used to be in the United States 25 years ago. There were not just university programs; there were institutes and other colleges. Actually, I think art therapy was pretty exciting then because there was a lot of diversity in education. Art therapy wasn't just situated in an ivory tower; it was in a lot of different places where mentoring could occur and there was flexibility to rearrange programs. There was a lot more practical and didactic experience. Then education decided to homogenise and only pursue one pathway with the universities and colleges. That probably was a good decision during that time period in order to solidify the profession.

In Australia and South East Asia there is a chance to regroup and have a different kind of model – a model that is exciting, more practical and a better learning experience. It is going to be hard to sort out. I've been to Korea, Japan, China and Hong Kong, educating or leading

workshops there. I always say, "You know, I can tell you what I know and what I learnt from a Western perspective, but you need to re-interpret that". There is always a tendency when somebody is invited from overseas to lead these types of trainings to think that theirs is the only way, that the United States must know the best way. I don't think we necessarily know the best way. We know one way. That's been the issue I am hoping people are picking up on. I know they are excited to talk to an American art therapist, as if we have the best grasp of advocacy and training. I don't think that's necessarily true. What I'm hearing from the work people are doing, is exciting. You're in a pretty exciting place, figuring out ways to help a new profession, to learn this material and explore it.

***JK:** Thanks Cathy, again, that leads onto my next question. Tell me a little bit about the current landscape of art therapy in your home country.*

CM: That's the 65 million dollar question! Where do I start? Art therapy 20 years ago in the United States had to make some changes because of the way our healthcare system was evolving. It was getting tougher and tougher for art therapy graduates to find art therapy work. Before that actually, it was quite easy. It was a much more broad and open situation but then 'managed care' was introduced in the United States. At the same time, a lot of different professions became regulated. Some of them were regulated before then, but not everyone was regulated across the 50 states. That started to happen.

The 1990s was a pivotal time and, as we reached the twenty-first century, it became clear that a lot of programs were struggling with how many students would be graduating and could be employed in some way, particularly as an 'art therapist'. Art therapists were starting to be employed under other titles. One of those titles that, for some reason education found attractive, was mental health counselling or professional counselling, which is a licensed profession. In the United States, it wasn't a licensed profession in every state

until 2009. California and Nevada were the states to be licensed and California is a big state. It is one of the top five most populated. Once that happened during that time, there came a push within a lot of programs to consider adopting a counselling model. This was in order that students could attain their art therapy credentials through the National Board for Certification but also obtain the ultimate counselling licence. Now, that was a very pragmatic move for two reasons. One was that students would, supposedly, qualify for more positions. I think that's somewhat true. I don't agree that we should have totally gone in that direction, but that's how the decision was made.

The other reason it was made was a financial one so the programs could survive. Providers could ensure they were recruiting lots of students, which is part of what's going on in higher education in the United States. It has become somewhat of a business, with the bottom line of making sure you have enough students to fill seats to have tuition to run programs. In the last couple of years, many of the programs are shifting over to re-titling their degrees to 'counselling'.

Lesley University is a good example, and just this year decided to do away with the notion of a Master in Expressive Therapies and change everything to a Master in Mental Health Counseling. Students will get units of their expressive therapy: the art therapy, music therapy or whatever specialisation they are in, within that degree, but the title will now be Mental Health Counseling. Other establishments are in the process of doing it or have already done it. On a student's diploma certificate, in no way shape or form, will the term 'art therapy' appear. In order to qualify for a counselling licence in many of the 50 states, and eventually all of them, graduates will need to have a Master in Counseling or a Master in Mental Health Counseling which is actually a better title to have. It's considered more of a psychotherapy title. But, 'what does this mean for the field of art therapy?' is the big question.

Again, it is a pragmatic move, but when art therapy marries up with another profession,

and essentially it's a marriage in which you take somebody else's name as your name, your own maiden name disappears. It will have some kind of effect. It's not clear what that effect will be, but it's going to be much harder to justify now, the clear existence of art therapy as a professional domain.

***JK:** I am mindful of that circumstance in America, which I've been observing via network forums. Indeed, we have had a conversation on this. By contrast, in Britain, art therapy is a very specific title and, although a larger population than here, the country is much smaller, and culturally different. So, there are these two different evolutionary developments 20 years ahead of where we are. In Australia, we are still emerging as a profession and trying to establish ourselves. Is there any advice, or are there any suggestions that you can give ANZATA for developing the profession here in Australia, New Zealand and Singapore?*

CM: Don't follow exactly what the United States has done! Again, there is a tendency to think that because the United States has always had higher education in general as an excellent commodity. People come from all over the world to study there, but the track that art therapy has taken itself on is going to be very difficult to ever get extricated from. When you get involved with another profession, and that one being the named profession for your degree title, you are always going to have to follow their rules first and follow less-so your own rules or values. Your world-view will have to be subsumed.

It seems to me to compare to the metaphor of when another culture moves into a homeland of an indigenous people. In many instances, those indigenous practices are hard to keep on the radar screen, on the grid so to speak. It's happened throughout history. If another culture becomes the more dominant one, indigenous cultures suffer. Within the profession, it will be really difficult to maintain an art therapy identity. I think it will be hard but do-able, to find different routes to becoming a competent professional.

In the United States, the national organisation has become too exclusive. I think they try to be inclusive, but they have been gradually excluding practitioners as stakeholders. As a practitioner in the United States, I feel that I am on the third tier. Art therapy education is a large business in the United States, and that's fine. It seems to be thriving as it makes the transition into counselling. Students are very important, because they are the consumer, the commodity. They provide the energy to keep things going on that level. However, in the United States, I don't feel the practitioners' needs, world-views or what they face in the workforce, are really being addressed. If ANZATA can be mindful of that somehow, and also to consider how can it be inclusive of all the diversity of competency and training. I am so impressed with the people I have talked to, in places like Melbourne and Adelaide. They seem so concerned about imparting knowledge and practice. I've seen some excellent work going on by very devoted and dedicated people, but politics sometimes takes over and stakeholders get excluded. I think that is the really tricky part.

***JK:** I feel that there's this groundswell of interest from people who are therapists, but also interest from the community. Programs have sprung up to meet a need, but there are very few higher education establishments and places where one can train. There is a limitation in such a large region. Arts therapists have also had to club together and to provide support for each other.*

I was reading the ANATA newsletter of Spring 2005 when we had 130 professional members. Now we have three times that. We're still a small association across a vast area. Now in higher education art(s) therapy training, which originally would have had overseas trained art(s) therapists to teach, graduates are now teaching on the programs which they graduated from. That's a good thing because it shifts and changes the emphasis of practice and theory.

CM: Yes, there are not only professional and political views, there is also a theoretical trends landscape. One of the huge theoretical trends right now of course is neuroscience. Everybody

is talking about the brain because it is probably the first topic that has come on the horizon that validates, not only the use of art therapy, but all the expressive arts. It has become so prevalent that no-one can see outside of that. The arts certainly can be explained from that perspective, but we're losing a little bit of our focus on how the arts affect meaning-making and what we can do as professionals that no other professionals focus on. That is not their strength, their strong place. Others may have strength in another approach, but this is our approach. We can inspire people to experience things in ways that a lot of other professionals will not be able to, but we must not get too focused on the brain. I think it will pass but right now, that's the focus. The other trend is yet to be answered.

There is also a big focus now on being not so much activity therapists but relational therapists. Yes we are, but we have not really articulated that relationship clearly. It is probably a good thing that this relational aspect is perceived. Drawing a line in the sand that we are relational and use art in an art therapeutic relationship is really important. But no-one is really articulating what that means. Maybe if we keep saying that mantra, 'we're relational', we might finally be able to articulate what exactly that is to the public. Because I don't think the public gets it. They see the art, they see the person who is the art therapist, but they don't know how this all comes together. What is the special skillset that is the art and the relationship put together with the client?

***JK:** That leads on to questions of research. How important is research? I know it's an obvious question, but I know also that art therapists are only just getting round to how essential research is to a developing profession. We have got to keep conducting research, to inquire about arts therapy and ways to research it. I have found doing my research immensely important. It gives validation to what you do and know. I'm not saying it is the only way, but it is one systematic way in which I have discovered certain aspects of art therapy.*

CM: Well, there are a lot of people writing about research and writing research articles about why we should do research and making some suggestions about what models might be best. I've yet to see many people operationalise these things that they are talking about into large-scale studies that have impact on showing the results, the efficacy or the reasons why art therapy (and also why art therapists) are useful. Not just the art therapy, but how the relational aspect of the art therapist is educated to make an effective professional. That is not researched at all. Then I see very little partnering for some reason. I know it's going on out there. It is not completely unheard of; it occurs with other professionals. Music therapists do this very, very well. They find doctors, they find different people who are interested in the idea of music for therapeutic, rehabilitative and behavioural purposes and they partner with them. And it is not a terrible thing to do a mixed-method study where you do an art-based study, plus a quantitative study.

Actually, the only way I believe we are really going to improve our efficacy is if we conduct mixed-method research. We don't have to be statisticians. That's what you hire them for. But there's a resistance to that right now, a kind of a push-pull about that. There seems to be a notion that things must be strictly art-based. That is a valid approach but researchers double the proof in conducting a mixed-method and show a humanistic qualitative aspect as well as quantification. Both can come together in a synergistic way. I don't see that happening.

The other thing that doesn't happen in research in the United States in art therapy, unlike the other professions, where people are employed at universities is to teach research and practice, I don't see a lot of art therapy doctoral-level educators conducting large-scale studies. In other professions, they have to do this as part of their work or they are not there any more. There are ways to do that. Combining research efforts with other universities, other departments, could collect data on a large-scale basis across the United States. It takes work but currently, there's no

requirement or no interest. I don't know why it doesn't happen but we have to make it happen. Art therapy educators have not been the leaders in research. They have asked their master's and doctoral students to do these things. For the most part, many of them are not engaging in it themselves. Perhaps because they're so busy with a lot of administrative duties, I'm not quite sure why, but it doesn't happen as it does in other professions.

JK: *That's an interesting point you make because I know when I was doing my literature review on art therapy with young people in schools, which was mainly concentrated on the United Kingdom and the United States and here in Australia, what kept coming through strongly was the need for collaborative research and the need for mixed-method research. Of course the flavour of research is different in each country.*

In Australia, we need to conduct research but we have very few people who will engage in doctoral-level research because firstly we don't have the numbers, and obviously, not everybody wants to do research, but it is essential.

CM: A coalition of people interested in research or the national organisation in the United States, for example, could pick out five national projects that perhaps have to do with the military, that's very popular right now, but it could be children with autism, mood disorders, it could be any number of research projects. They could figure out what the most common themes that are really important to society, and organise some kind of collaborative research. Someone could decide the protocols, as best they can – they can always be changed – and then issue a call for research that any practitioner can participate in. Researchers would have to obtain participants' informed consent, and their permission to conduct the research with human subjects, but it has to be on that broad scale.

I think sometimes we think we have to do everything on our own. That is not the way research happens in science for example. They conduct research maybe in one lab but then they replicate it in other labs and see whether they obtained similar results. But no-one seems

to look to that common model. Practitioners could conduct research with one or two people and submit their results. If it is made easy on the practitioner, they become engaged as a stakeholder and feel as if they are part of a bigger thing. Venues could be schools, military or hospitals. Off the top of my head those are three really good areas to design and conduct research.

JK: ANZATA put forward a motion that was passed at the last AGM in Singapore to develop research grants. It is a relatively small amount of money, but ANZATA has received expressions of interest. The idea is that people will conduct research, ANZATA will give them a grant for that and they write it up in a journal, not necessarily our journal but a journal. That is the whole cycle and we need to get that up and running. In this way a body of evidence is built that is regionally-based, culturally specific and addresses the ways in which we are working. I think that's very valuable.

CM: You said something really important there about publishing it in a journal outside of the professional journal. As harsh as that sounds, there are many that will say this to me, "art therapy research must be published in an art therapy journal". No, just the opposite. Find the very best journal that gets a lot of hits on the internet and if it is a great study, get it into that journal. You can always publish smaller studies in the professional journal but if it is an article that is going to make a big splash, it needs to go outside. Don't sing to the choir.

JK: That's exactly right. It is like presenting at interdisciplinary conferences where you are meeting with people who have no knowledge about what you are doing. I'm not against talking or presenting at your own conferences but it can become insular instead of being outward looking.

CM: Well that was the other thing. At some point, in writing about the clinical and pragmatic experiences that I have had with people, I became strategic, even just looking at the publishers to align with. Guilford Publications gave me a lot of editing. I don't

find that with a lot of art therapy publishers. For various reasons, the publishing field can be slack, but Guilford has maintained a really high standard. They are a diverse publisher, so well-known authors who never would have picked up an art therapy book, see the catalogue and it comes into their radar. Guilford is a tough publisher to write for. When I look back now I think, that's how things get moving; sometimes we have to have courage to go outside the easier publishers to write for.

Even writing for *Psychology Today*, when they invited me to write for them, they were looking back at 2008. I was picked as I was in the top ten blog writers. Art therapy needs to get itself out there. Now, I have a 2.7 million readership. It is scary, but how else do you get ideas out? You have to step outside the realm of safety, take the risk and see what happens. But art therapists have been really insulated as a profession in the United States and elsewhere. Yes, research has to get accomplished in a collaborative way and it has to reach well outside the group and be disseminated by publications in the best of journals. There is this purist notion that art therapy research needs to be in one of the named art therapy journals.

JK: Yes, I agree with you.

CM: There are so many people outside of art therapy who are conducting studies that are quite interesting. These results could help art therapists in our daily practice but most of these researchers are not art therapists. Unfortunately, there has been a big uproar about it.

JK: How important is a professional association?

CM: If you don't have a professional association, you will never have a chance of being a profession! I mean truly, there is a very pragmatic aspect to that. I think the professional association has to consider again the importance of how can we be inclusive of all of our stakeholders? How do we make everyone feel that they have a voice at the table? That's the tricky thing about professional associations. In order for the profession to be

recognised, it has to first exist and then, within that, look like it is a credible organisation that is in the business of protecting the consumer or the client through competent, ethical standards and the best practices. There's no question, you have to have a professional association.

***JK:** It is good to hear you say that. One of ANZATA's issues is that many arts therapists who have done their training have come from other professions where they are already required to belong to a professional association. If they are in employment, there has been an argument querying why they also need to belong to an arts therapy association. I think if you are an arts therapist, you need to support the professional association.*

We do advocate for arts therapists but we are limited because we don't have the resources and none of us are paid. But a professional association is intricately linked to training, research and practice. You need all those four things moving to together to build up a professional identity and an actual profession.

CM: In the United States there's an association of play therapists, APT. Now play therapy is not technically a profession, even though people refer to themselves as play therapists. In order to be considered a professional in that group you have to have some kind of certification or licensure in any number of clinical areas, social work, psychology, counseling or art therapy. They come together around an idea and they use the term play therapist, but there's no such thing in the Department of Labor. You don't get hired as a play therapist but collegiality and professionalism is all around those things you have just said, research collaboration, promotion and best practices in that field. Even if you take away being a recognised profession, there is still a need to ensure there are standards and that the public is protected. That's the whole point. It will be interesting for this neck of the woods, so to speak, to see what happens with that.

***JK:** Thank you for that Cathy and good luck with your workshop tomorrow and in Sydney and have a safe flight home!*