

A PERSONAL INTRODUCTION TO CREATIVITY IN THERAPY

I (Jeffrey) was waiting to appear onstage, ready to deliver a speech at a conference. I was restless with nervous energy, ready to do my thing so I could relax and enjoy some unscheduled time. But I still had a few hours to go.

I looked up from a couch where I'd been reviewing my notes and organizing slides. I didn't really need to rehearse what I was going to say, but I wanted to be as prepared as I could be because I knew it was going to be a tough audience: They'd be tired after lunch.

I noticed the organizer of the conference pacing back and forth and talking into a phone. She looked panic-stricken. How did I know this? Based on my superior therapeutic skills I deduced many symptoms of extreme anxiety. Besides, she was screaming loudly enough for me to hear: "What the hell do you mean you're not coming?!"

When the conference organizer finished the call, I observed that she looked like she was about to burst into tears. My perception was confirmed when she muttered to herself, loud enough for me to hear: "I just want to cry."

"Something the matter?" I said to her with real concern. I liked this person a lot and appreciated all she had done to bring this conference together.

She just shook her head, unable to speak, so I waited. “I’ve heard ’em all,” she said, shaking her head in disbelief, “this takes the cake.”

“What’s the matter?” I asked again.

“Oh, no big deal. It’s just that there’s a program set to start in fifteen minutes—just over there.” She gestured with her arm in the direction of a room where people were filing in.

“Yeah? So, what’s the problem? Looks like a good crowd to me.”

She nodded her head. “Would you believe that the presenter just called me?” She looked down at the phone she was still holding in her hand, squeezing it tightly, practically strangling it for bringing her unwanted news. “She said she won’t be able to make it here.”

“You mean the person who’s supposed to be doing this program isn’t showing up?”

“Exactly. So I’ve got a roomful of people sitting in there waiting for a workshop, and the person they came to see is a no-show.”

“What’s it called?” I asked her, not sure what else to say.

“Art therapy. It’s a workshop on art therapy. Now what the hell am I going to do? These people are going to be bloody upset and I don’t blame them.”

I don’t know what made me do it. But before I could stop myself, I heard a voice come out of my mouth, as if someone else were inside my body: “Well, if you need someone to bail you out, I can do the workshop for you.” As soon as I said the words I had this sickly smile on my face, feeling both amused and horrified at what I had just volunteered to do.

The woman looked at me with stunned surprise. “You mean you can do a workshop on art therapy? I didn’t know you knew anything about that.”

As a matter of fact, I hadn’t a clue what the topic was about. I can honestly say that in my whole life I’d never even done a single minute of art therapy, unless I count the time I stopped a kid from drawing on the wall of my waiting room.

“Well, sure, I can take the group for you. I’m sure we can come up with something that we could do together, but . . .”

Before I could finish the thought, the organizer had raced off to the room and was making an announcement that they were going to have a special treat. She was telling them that the keynote speaker was going to do a special session for them and he’d be right in.

I took a deep breath and started walking toward the room. Immediately, I had a flashback to another time in my life, at the very beginning of my career. I had been added as the fifth presenter to a program at my very first national conference. I was a lowly student at the time, just starting my classes. My adviser, who was quite well known, decided to add me to his program as an afterthought. Along with a friend of his, who had just authored a best-selling book, and two doctoral students, we were going to present together. This was to be my first public presentation, and my role was going to be fairly limited with all these big guns to carry the weight.

As it turned out, the famous author never showed up at the conference. My adviser had been out drinking all night, so when I went to his room to get him out of bed, he refused to answer the door. That left me and the two doctoral students. Since they were both experienced counselors and supervisors, and one of them was even a champion athlete who had won a gold medal in the Olympics, I still wasn’t that worried: I would follow their lead.

When we showed up at the room, there was a crowd packed into the space. It was not just standing room only, but people were literally sitting in the aisles—hundreds of them had come to catch a glimpse of the famous author and my adviser. I peeked in the room, feeling my heart pounding, wondering what the heck we were going to do. I skipped over a few bodies blocking the door, nudged my way through the crowd, and fought my way to the front of the room. There were dirty looks all along the way, since nobody could imagine that someone as young and innocent looking as me (I was only 23) could possibly be one of the presenters.

When I turned around to face the audience, I saw only one of my partners standing next to me. It seems that one of the doctoral students, the Olympic champion, absolutely freaked out when he saw the huge audience: He fled, leaving just the two of us to handle things. We stood before these hundreds of people, all of whom were expecting someone quite different, and looked at one another with a shrug. Somehow we would get through this.

I had exactly this same feeling as I now approached the roomful of expectant people at this international conference 25 years later. They wanted a program on art therapy and I didn't have any idea about what that involved; I couldn't even begin to fake it. I reviewed every option within my extensive repertoire and still came up utterly blank. Instead, I asked the group, now growing restless, what it would be like to participate in a workshop without a name. "What if you could be part of an experience that addressed something you'd always wanted to study?"

"I thought we were here to do art therapy," someone called out from the audience.

"I already explained that to you," I said as patiently as I could. Damn, I knew this wouldn't work! Then I said, a little more forcefully than I intended: "I know that is what you came for, but that isn't going to happen. After all, being a therapist is about being flexible, isn't it? It's about going with whatever clients bring us, no matter what we've prepared. It's about improvisation and creativity, that is, devising solutions to problems that had previously seemed unsolvable. It's about letting go of things outside of your control and going with the flow. And that's what we're going to do today."

"You mean we aren't doing art therapy?" the voice asked again.

I counted slowly to myself. "That's right. No art therapy. So, what do you want to do instead?"

We spent the next few hours talking to one another about what we needed most, and what was getting in the way of reaching those goals. I had no idea where things were going or where we would

proceed next. I just listened carefully, not only to the people speaking, but to the voice inside my head that had gotten me into this situation. Or perhaps I should say that differently: This was the voice helping me to find my way in a situation without markers or signs, without even a trail. But then, that is often what it feels like to me when I do therapy in the beginning stages, and especially when the client and I are venturing into new territory. That is what makes the process so exciting and such an adventure. We may have encountered what appears to be a familiar situation, and yet the best work that we do takes place during creative breakthroughs when we go far beyond the boundaries of where we have trod before.

I wouldn't say that the presentation I did at that conference was the best program I'd ever done. How could it be, without a minute's preparation, no structure, and an audience that had some rather highly defined expectations about what they'd come for? Still, I think it was one of the most satisfying workshops I'd ever done. I don't think many of the participants left disappointed, at least those who were willing to surrender their initial expectations and go with what unfolded.

In many ways, I did the perfect "anti-workshop" workshop. It was a program completely without structure, without an agenda, without handouts or slides, without any defined goals or outcomes. It was just an opportunity for a group of professionals to let go of their expectations and embrace what was available.

This experience was a major breakthrough for me, not only as a presenter, but as a therapist, supervisor, and author. I had finally found my voice and had learned to trust my own ability to be helpful without needing to plan so intentionally what I was going to do next. Just as I somehow managed to take care of business in my very first professional presentation 25 years earlier, this time I was able to do a workshop on art therapy without knowing a single thing about the subject. Instead, we examined how we could all be more creative

in our work, and what was blocking us from being even more innovative.

Healing a Broken Heart

When Jeffrey shared this story, it reminded me (Jon) of all the ways we have to push beyond the boundaries of what we already know, and can already do, in order to reach new levels of creative effectiveness. This doesn't happen every day, and perhaps not every week, but these breakthroughs represent the most exciting and challenging aspects of our work when we are operating without a map, or even a compass, in explored territory.

Frank was severely depressed and suicidal, so much so that he required almost daily sessions for a period of time in order to keep from hurting himself. Even with this unusual level of support, as well as antidepressant medication, his condition was worsening. And no wonder: His grief was literally eating him alive. Just a few months earlier, his eight-year-old son had been run over by the school bus right in front of their home. Understandably, this devastated the family, Frank perhaps worst of all, who felt somehow responsible for the accident.

Everything I tried, everything I knew how to do, failed to have much of an impact on Frank. After referring him for medication without success, I tried hypnosis, meditation, cognitive therapy, spiritual interventions, and every other therapy I could think of, all without noticeable effect. As one of the world's leading experts in Adlerian therapy, I introduced every action method within my repertoire—again with no observable impact. If anything, Frank sank deeper and deeper into his depression.

I came to dread our sessions as an exercise in futility, imagining that things couldn't possibly be worse. I was wrong: Frank suffered a life-threatening heart attack. He almost died, quite literally, of a broken heart.

I not only felt sorry for Frank, but also for myself. I felt inept. His hopelessness and despair were beginning to seep into my own soul, leading me to question what I do and how I do it. Yet I couldn't just give up on him; I had to do something. So I went to the local sporting goods store and purchased a pair of running shoes in Frank's size, asking that they be delivered to his hospital room.

A couple of weeks later, Frank had been released from the hospital and was back in my office. He said he was feeling physically better but was desperately afraid that his broken heart would collapse once again. "By the way," he mentioned as the session was about to end, "how come you sent me those shoes? I mean I appreciate it and all, but you could have sent flowers." For a second, he almost smiled—not quite, but the left upper lip moved upward just a little.

I smiled back at him. "Because we are going to start training for a marathon."

"Are you drugs on or something? For Christ's sake, I just had a heart attack and almost died!"

"I know that you almost died, but I also know that your heart is a muscle that can be strengthened through exercise. So I plan to be at your house each morning at 7:00 a.m. to go for a walk. Each week we will go a little farther, and eventually we'll be able to do the local 26.2-mile run." Frank knew that I had a history of being a competitive distance runner and had frequently honked at me when he drove by in his car.

Frank was more than reluctant about this plan, and to tell you the truth, so was I. There are rules about how therapy should be conducted, strict ethical guidelines that enforce clear boundaries regarding time, place, and the kind of relationship that can take place. By taking the therapy outside of the office and onto the streets, I was realigning the nature of our alliance. Yet with his life at stake and all conventional methods proving ineffective, I knew I had to try something radical and unusual to get through to him. I certainly

felt misgivings, but I could justify that what I was doing was for my client's best interests.

The next morning I showed up at his door at 7:00 a.m. as promised. We walked one block, painfully slowly, before Frank said he'd had enough and wanted to go home. He complained the whole time about how stupid this was, how tired he felt, how cold it was, how I was going too fast for him, and how he was crazy to trust a therapist who couldn't even help him. Nobody could help him. His heart was broken and that's just the way it was.

Our routine continued for the next several weeks. We would walk a few blocks with Frank complaining and grumbling the whole time and then insisting we go home. Yet we both persevered, and eventually he could walk several miles (but still complaining). I began to notice some improvement in his mood. Occasionally he would smile, or even laugh at jokes I would tell him. His gait had more bounce in it. He appeared more alive.

A month later, we were up to a slow jog, going five miles or longer. Frank began to lose weight and gain confidence. He returned to work. He stopped taking the antidepressants, as he felt they weren't needed any longer. Six months after that, he was ready for his first marathon. We got special permission from the organizers to start three hours before the official beginning, knowing that he would need extra time to complete the 26-mile course. Indeed, it took him seven hours to finish, with me at his side the whole way, offering encouragement and support. We both had tears in our eyes when we finally crossed the finish line.

Soon after this, our "therapy" ended, although we agreed to meet each year for our annual marathon, which continued for the next nine years.

As I reflect on this case, I learned, or actually relearned, that doing the same thing (talk therapy) over and over again and expecting a different result is pretty crazy. You can't solve a problem with the

same thinking that created it. It was necessary to let go of the logical and rational in favor of the novel and creative.

I guess it isn't so creative these days to suggest exercise for depression, but 20 years ago it was not at all well accepted. It was also one thing to tell a client to go and exercise but a much different prospect to be knocking on his door at 7:00 a.m. in my shorts and running shoes.

All of my previous therapy experiences had been done in the safety of my office with a set 45-minute time limit. I frequently found myself worrying, "What if he has another heart attack? Maybe I am pushing him too hard? What are other people saying about our helping relationship outside the boundaries of my office?"

I know that it wasn't just the running that helped Frank. He was deeply moved that I cared enough about him to invest this kind of time and effort to help him through the most critical time in his life. He felt my caring, my compassion, and my confidence that he could rejuvenate himself. Although at one point I myself had started to lose hope, it was this creative breakthrough that helped me find my own faith in his self-healing powers.

This case became the first of many instances afterward when I learned to trust my own intuition and my own wisdom. Certainly, these creative hunches evolved from long experience, but until this point in my work, I had been imitating my mentors, doing what I imagined they would do in similar circumstances. Finally, I gave myself permission to write my own textbook instead of following those written by others.

Since that first experience with Frank many years ago, I have worked with delinquent teens, getting them outside of my office and volunteering to work with handicapped children. Since the prognosis for addictions is so poor in traditional therapy, I have used meditation retreats in lieu of a traditional rehab program. I

have suggested that some conflicted couples stop coming to therapy and instead volunteer their time on behalf of a social justice project they both value.

The Difference between Being Lost and Found

Each of these nontraditional activities described is a valid treatment suggestion that resulted in a successful outcome. As a friend of ours, Frank Pittman, mentioned in a previous book we wrote about failures in therapy (Kottler & Carlson, 2002), you can't do good therapy unless you do bad therapy, meaning you have to take risks, to invent new methods that perhaps were never tried before. Sometimes it works out, sometimes it doesn't. Yet if you have developed a solid enough relationship with clients, then they will be patient enough to stick around long enough for you to collaborate together on a satisfactory outcome.

The clients we see are all so different that each one requires an individualized approach, one that has been customized for his or her unique needs, complaints, and preferences. This is one of the aspects of our work that makes it so exciting and creative, yet those feelings are acknowledged only after the problems are resolved. Doing therapy is among the hardest, most bewildering, most challenging jobs on the planet (at least among those that can be conducted in an office). We are constantly being tested, never sure what is real and what is not. Our own issues are just on the edge of the conversations, gently (sometimes forcibly) pushed aside. We enter such intimate, personal relationships, yet must continuously guard against any self-indulgence. We are expected to care deeply about our clients, but not so much that we lose perspective or control.

Crossing creative boundaries often occurs during periods of our work in which we feel most lost. Yet the state of being—or feeling—lost is not as easy to define as one might imagine. Scientists who study lost behavior variously describe the state of “lostness” as

(1) not knowing where you are, (2) not being able to locate your position in relation to your destination, (3) spending more than 30 minutes without a known location, (4) being the subject of a search. Although they are referring to being lost in a wilderness area, this is still a familiar condition to most therapists a good portion of the time.

The first step to being “unlost,” or “found,” is admitting that you don’t know where you are going in the first place. In the examples mentioned earlier, Jeffrey freely admitted that he didn’t know the first thing about the subject of the workshop, and then invited participants to co-create with him a new experience. Jon surrendered to his feelings of being stuck with Frank, and that made it possible for him to invent a new way of being a therapist, one who crosses boundaries that had previously seemed impermeable.

Many stubborn wanderers have literally walked off cliffs because they refused to acknowledge that they had no accurate mental map of their location. When they don’t recognize familiar landmarks, the natural tendency is to speed up one’s pace, to hurry up and find the correct path that may be just over the next ridge. Therapists, as well, persist in doing what they are already doing, even though it is clear that it may not be working very well.

In studies of lost behavior in the wilderness, there are distinct stages of disorientation, beginning with denial there is a problem. During those times, when people don’t know where they are going, or where they are in relation to where they hope to be, they try to make the terrain fit their imperfect mental image. This is similar to therapists insisting that their clients fit their theories in spite of compelling evidence that the situation and context don’t appear to apply to them.

Panic sets in next. The urgency to find familiar landmarks leads to a sense of bewilderment and acute stress. Most of us became therapists in the first place because we enjoy the illusion of making sense of things, of finding (or creating) meaning in circumstances

beyond our control, of acting as confident guides through a chaotic world. As apprehension grows, so does the capacity for clear, rational thought. Those who are lost at sea or in mountains, clouds, or woods, start making poor decisions that become progressively more rigid, unproductive, and dangerous. Their range of options appears increasingly more limited. They persist in doing what is clearly already unhelpful.

In a state of frustration and disordered thinking, people (and therapists) who feel lost make poor decisions. They follow a path of convenience rather than one that leads home. Eventually, it feels like all viable strategies have been tried and there is nothing left to be done. Clients are sometimes “fired” at this point, or helped to discover alternative resources (“Let me give you a referral”).

Creative breakthroughs take place when, during these lost experiences, clinicians are required to invent new ways of navigating through a wilderness in which they have had no previous experience. Everything they know has failed them. All their route-finding skills, all their internal resources, all their technical equipment, all their strength and conditioning cannot save them. They wander in circles—or walk off cliffs. In the language of orienteering, they are “bending the map,” trying to make reality conform to expectations.

The stories that follow represent seminal cases in which boundaries were crossed. The most eminent theorists in therapy and related fields share some of the creative breakthroughs that led them to find their own unique voices as clinicians and writers and inspirational figures. We hope their experiences will inspire you to discover your own creative path.