

# Therapeutic Creativity and the Therapist's Zone of Proximal Development

Carol Gregory

## Introduction

In 2018 I was invited to give a response to Rachel Kelly's keynote address at the annual ACAT conference in Nottingham. The theme of the conference that year was 'Therapeutic authenticity, creativity and the use of positive resources', which lead me to consider how I might explore the idea of creativity in CAT; what is it, how does it develop; and how might it help me expand my own Zone of Proximal Development (ZPD) in the interest of my clients? As a way of exploring these questions for my lecture I decided to talk with colleagues about their experience of creativity in therapy and their personal development as a therapists.

From February to May 2018, I spoke with 5 less experienced CAT therapists, either near the end of their CAT practitioner training or recently qualified, and 5 very experienced CAT therapists, often with decades of clinical experience, to explore their ideas on these topics.

The questions below (table 1) were a way of providing an introduction to our discussion. I am not going to report all of the participant's replies, but will highlight themes and areas of interest. It is this work that I presented at the conference.

I hope you will enjoy reading it and that it might stimulate you to think about your own work and ZPD.

## Table 1

1. What do you understand by therapeutic creativity?

2. And how do you know when it is happening?

3. When doesn't it happen/ or can't it happen?

4. We think about ZPD with regard to our clients, do you think about it with reference to yourself?

5. We ask our clients to be courageous. Do you think you are courageous in your therapeutic work?

6. Creativity and Reciprocal Roles – What would be on your map if you were trying to capture something of the essence of creativity?

## Responses given

### 1. What do you understand by therapeutic creativity?

a. Less experienced therapist's responses

One response was as follows:-

*'to begin with I thought that the therapist had to have some kind of special talent, but now I think that all of CAT can be a creative endeavour, including the map... you have to take the uncertainty rather than go in with a plan, and that is what it is like for the patient too. It could be a drawing or new words that have never been thought about before.'*

b. Experienced therapist's responses

Experienced therapist's replies all shared the idea of co-creating something that wasn't there before, in a spontaneous way and in various forms e.g., a shared metaphor.

### 2. Therapeutic creativity: how do you know when it is happening?

Responses from less and very experienced therapists were similar noting 'flow', 'connection',

'attunement', 'a deepening of rapport', 'a feeling with', but also a quality of 'surprise' or 'a bit of a buzz', 'hovering and shimmering in different positions,' where 'more playful stuff begins to happen,' or the 'possibility of a shared joke' while knowing that "you could only have shared this joke with this client".

### 3. Therapeutic Creativity: When can't creativity happen?

Therapists, regardless of experience identified a number of issues; 'lack of trust', 'lack of safety,' or 'too much anxiety on behalf of the patient', or worry about getting things wrong', when adhering to the model (less experienced CAT therapists).

### 4. ZPD: How do you think about this in relation to yourself?

a. Less experienced therapists

Two people reported that this is what training and supervision is about, i.e., placing it outside the therapy session. While one clinician said she was aware when she was about to 'step outside my ZPD and take a risk', very much placing the awareness in session.

b. Experienced therapists

Unlike the less experienced therapists, none of the experienced therapists reflected on the role of supervision. One stated *'it's a bit of an un-CAT thing to say but it is when I have been outside the CAT world and brought something back – if you stay in your comfort zone its hard to grow'*.

Another commented on a gradual development hand-in-hand with CPD, while a further respondent spoke about *'actively being engaged with stretching my own creativity and blocks to it...changing a learnt*

*belief about not having an emotional voice in order to work with people and how they voice their feelings or not'.*

## **5. Do you think you are courageous in your therapeutic work?**

### **a. Less experienced therapists**

Three therapists commented on awareness of when they were trying something new. One reflected on her courage in sitting with 'dangerous men' in a previous clinical role, but stated that women with borderline personality features (now seen in her CAT work) *'trigger some of my stuff and so I have to sit with both my stuff and theirs and that's difficult.'*

### **b. More experienced therapists**

I've become less formulaic and more vulnerable to the process and allow myself to demonstrate humility. I don't always have to be right. I don't relinquish my therapeutic skills but I become more human in the delivery of them.'

One person stated that *'staying in a CAT relationship with someone in whom things cannot be fixed....is courageous, to be in that difficult place with them'*. Another stated that *'you can hide behind a lot of things... but the time I am most courageous is when I am using the relationship'*; while another said *'I think that I am courageous and say difficult things that I don't want to say as I think they'll be angry – but I'm not afraid of anger. I give people a go when my logic says "why are you doing this"? I give them a go out of respect for what a person has survived, has been through and has remained human, and that gives me courage to say that you are worth a try, worth a go.'*

Lastly another person discussed caution *...'it is paradoxical because sometimes you have to brave in recognising and following the coward*

*in yourself. We don't want to confuse courage with foolhardiness.'*

## **6. Creativity and Reciprocal Roles – What would be on your map if you were trying to capture something of the essence of creativity?**

See Figure 1. Most interviewees found this a challenging task e.g., 'Oh god, I don't know', but with encouragement produced a range of responses, and were able to find some words to begin to represent the experience, e.g., *'playful in relation to curiously playful'* and *'risk taking in relation to accepting, encouraging and playfully provoking'* as shown in Figure 1, together with two spontaneous comments. A facilitatory, playful role seems to underpin many of the responses (see later).

### **Reflections on the responses**

Creativity in the therapeutic endeavour; what is it, how do you know when its happening, and what inhibits it?

Unsurprisingly the spontaneity, and co-creation of new insights was highlighted by many therapists as an important component of therapeutic creativity, and this is in keeping with many definitions of creativity in the therapeutic world, e.g., that of Rogers (1954) who states that it is *"the emergence in action of a novel relational product...."*

When asked to reflect on how therapists became aware that they had entered this 'creative space' it seemed that there were cognitive and emotional understandings and importantly a somatic awareness, a *'felt sense'*. Is this something our clients simultaneously experience at moments of potentially mutative insights. I look forward to exploring this in therapy with my clients.

The notion of playfulness was also named, *'more playful stuff begins to*

*happen'*, Playfulness was mentioned again when interviewees tried to capture the idea of creativity in Reciprocal Role form, although its significant overlap with creativity is not explored here. Paul Sullivan Senior Lecturer in Psychology (University of Bradford, in conversation) introduced me to the idea of extending ZPD to **'Zone of Playful Development'**. This is the hope for many of our clients, that as therapy moves through and beyond distress and trauma, there is the possibility of connecting with a playful side, a zone of playful development.

Reasons given when considering what gets in the way of being able to inhabit a creative space included factors internal to the therapist e.g., therapist's transference (*Sitting with women with borderline features*), or fixed ideas on how therapy should proceed, or internal to the relationship i.e., lack of trust.

### **Supervision and our own ZPD**

Interestingly supervision was mentioned as a part of the development of our own ZPD by less experienced therapists but not by any of the experienced therapists. What does this mean? If supervision is not seen to be stimulating our growth as therapists what is it doing, or is this taken as a given? Perhaps conditions of supervision become formulaic over time? If this is the case, how do we each take responsibility for changing it?

### **Courage in the therapeutic relationship**

The responses to questions about therapeutic courage were very interesting. Being in a therapeutic relationship with individuals who have difficulties that the therapist finds challenging, having the confidence to allow oneself to be vulnerable, and saying difficult things when you are unsure of



the response, i.e., to be authentic while continuing to holding the boundaries of therapy, are examples of courage. This suggests that this is an where growth occurs in the therapist ie expansion of their own ZPD. Perhaps it is no surprise that it is in dialogue in the relationship that both client and therapist grow. Hewitt (2014) characterizes courage as 'conscious choice and action in the face of fear, and a catalyst for change', and therapeutic courage as a 'fundamental element informing all therapeutic endeavours'. While Cozolino (2004, 2018) states that what makes a good therapist is personal courage: the courage to face one's fears, limitations, and confusion'.... 'to follow the heroic journey inwards'. Naming the anxiety in ourselves or the 'coward *within*' as one respondent stated '*is courageous and helps ensure that we do not confuse courage with foolhardiness.*'

### Mapping out creativity in reciprocal roles

Although capturing something so complex in such a simple way seems counterintuitive, and some of the respondents reflected on this, but this is what we aim to do with our maps and the words we bring into the therapeutic work. It would seem that the

more we can bring cognitive, emotional and somatic awareness to complex experiences the more we facilitate the process of, and expansion in understanding.

### Concluding comments

Neuroscientist and psychoanalyst Schore (2012) states that 'interpersonal novelty is what allows the self to grow because it is unanticipated by both persons.... It is through the novelty and surprise ...that the therapeutic action of psychoanalysis takes shape'. While Ogden defines creativity (2018) from a body perspective as 'challenging habitual responses in order to move, think and feel in new and unfamiliar ways – to seek out and grapple with the risks that enliven us by their unpredictability and expand our window of tolerance'. Both these definitions concur with many of the respondents' replies about this nebulous phenomenon of creativity. Reflecting on how a creative space may be facilitated, when it is being inhibited and how it links to our own personal growth as therapists is important for both for ourselves and also for our clients. What does each of us need to do to facilitate and be alert to novelty and surprise in its multi-modal forms?

With thanks to my ten colleagues and Dr Paul Sullivan

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Carol Gregory is an honorary consultant psychiatrist in the department of Liaison Psychiatry at Addenbrooke's Hospital and works in Independent Practice

Carol.Gregory78@gmail.com.

### Other comments

Oh God I don't know!

It's about not getting stuck in a position



**Figure 1**  
**Therapist's representation of creativity in therapy through the lens of Reciprocal Roles.**

