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Intentional Dreaming:
The Secret Creative Life of Experienced and Senior Psychotherapists

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Abstract

Experienced and senior psychotherapists must inevitably negotiate the practice/ research divide and avoid burnout. This article reports on an inquiry into the creating activities of senior therapists as one example of how they themselves may be attempting to negotiate this challenge. The inquiry aimed to understand the experience and meaning of creating activity as an aspect of participants' clinical work. Six experienced and senior therapists from a major public hospital participated. Whilst the method drew on the classical Continental traditions of phenomenology as quest, the analysis tools of the more pragmatic North American form were also employed. Participants' creating activities were found to be higher-order, contributing something novel and compelling to their clinical work and to their experience of meaning in the work. This clearly qualifies participants as performing at a high-level. The findings also extend current understandings of the phenomenon 'creating in psychotherapy'. However, the contribution of creating activity was found to be largely invisible to the wider psychotherapy profession. Recommendations were made for changes to peer supervision protocols and professional development activities of senior therapists to take into account this aspect of their clinical practice.

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In order to address the problem of a lack of a process for actually conducting phenomenology as a research methodology in contemporary health science, van Manen (2011q) offered methods and procedures through the employment of hermeneutics, which approach is now commonly used in clinical research (Adams & van Manen, 2008). For example, as the practice of phenomenology cannot be separated from the practice of writing (Spinelli, 1989/2005; van Manen, 2011d), participants were invited to write descriptions of their lived experience. Van Manen (2011e) also suggested researchers have a responsibility to make their pre-understandings of a phenomenon explicit. In this case, my own pre-understandings of the phenomenon 'creating in psychotherapy'. To this end and as an example from the research itself, I include below a case vignette, which is a composite of several actual client events. Such vignettes are common in psychotherapy as a way to communicate ideas and knowledge and are of special interest to clinicians.

17 year-old 'James'* was describing a scene outside the school canteen where he had been excluded from a group of boys chatting together. He had felt embarrassed and deeply shamed. As he talked, I thought about his place amongst his siblings and in his family generally, where he felt mostly on the outer. I thought about his older sister complaining about James' self-consciousness, yet often criticising him. I thought about his father and older brother, both of whom James found to be aggressive and easily disappointed.

Whilst following the telling of the school canteen story, I felt myself succumbing to resignation along with James. However, something else was also happening to me. I felt myself drifting into observing both James and myself. It was as though I had switched to a dual track – with one 'self' present with James and the other self reflecting on what was occurring. My reflecting self soon did a sort of double-take as I realised I was quite unable to

picture James outside of therapy, particularly in the everyday situation of school. I decided to share my difficulty with James. "I can't imagine you at school, even though I've been there", I ventured. It struck me James looked completely unperturbed, as though I had stated something quite expected. "What's it like for you to hear that James?", I asked. "Fine", he said, "I can't imagine (me there) either".

At this, I experienced a marked sense of time slowing, as though James and I were suspended together now in the new space of this idea. Beyond the noisy din of what I thought I'd known, what I thought I'd understood about James' experience, it was as though a sudden dispersion of energy had thrust me somewhere else. I had arrived in an unprecedented, quiet place. Wide-eyed with surprise, I once again had the sense of drifting whilst watching James.

We sat resting our eyes on one another, James looking comfortably interested as though this idea of his missing in action was completely usual. I said, "Well, if you're not there (at school)…where are you?" "Dunno", he replied. We continued regarding one another and then, "Well, are you here now…in the room?" James thought for a second and then said, "Not really". "Where are you then?" I asked. "Um…", he said, and then glanced at the door, "…dunno". I also glanced at the door. Although we resumed our silent watching of one-another, the energy in the room had changed markedly. Both acutely alert now, we had companionably locked onto one another, as well as onto this new idea. Then, "Outside I s'pose", he offered.

As these words sat between us, a second energy surge, like a ripple, passed through me. A sensation of renewal, an exciting freedom from what I thought I knew about this situation took me over. I suddenly wanted to get busy, to locate a concrete thing to capture this new knowing –

words, an image, a piece of music – something to capture what James had revealed to me. It felt like action time!

"Yeah?...Shall we see where?", I proposed. "OK" he replied, and completely composed, James simply hopped up and headed towards the door to go see where he was! As this was my office and he is quite a carefully mannered boy, he not-surprisingly stopped at the door. I reached past him and opened it for us. He stepped out into the corridor with me following behind. He walked calmly along for a few metres, then stopped. "About here I s'pose", he said. We stood together, just being in this space now. I said, "So you're about here?" "Yeah", he agreed. "And not inside the room?" "No", he said. Another pause, then, "Well what if we sit here then?" I suggested. "OK", he said, and we both promptly sat down on the floor on opposite sides of the narrow corridor, leaning our backs on the walls and shuffling 'till we were comfortable. We sat now, regarding one another once again. We were both quietly smiling.

Once the shift in my understanding had manifested in action, that is, once we had physically moved out to the corridor and began to talk again, I felt a kind of letting go, relaxing now into a deeply satisfied state. Time also seemed to spring back to its usual pace.[1]

As a senior psychotherapist, the kinds of compelling, creative experiences I have had in therapy with clients such as James are ones that sustain me. Such experiences commonly appear in collected tales of psychotherapists, for example Spinelli (1997) and Yalom (2000), and aim to inspire and encourage clinicians in what is often challenging work.

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[1] This case vignette illustrates the author's experience and is a composite of several actual client events.

Reflection on this kind of spontaneous, innovative activity in therapy led me to wonder whether senior psychotherapists generally would identify creating moments in their own clinical practice, and what meaning these experiences might have for them. My curiosity was supported by studies of how psychotherapy is found to be evolving, and in research into psychotherapists' development generally (Orlinsky & Ronnestad, 2015).

Educators and psychotherapists Hillary and Keeney (Gibney, 2012) have suggested that with its increasing emphasis on psychological models, modern psychotherapy has "slipped into a lifeless space of mediocrity", becoming, they suggest, an endeavour often unworthy of our clients' investment (p. 62). When one thinks about what that investment really is, this trend is worrying. As Moon, professor and chair of Art Therapy at Mount Mary University precisely observed, the client brings to therapy their hopes for some way "to bear the sadness, express the rage, protest the injustice, and celebrate the profound and simple aspects of being alive" (Private communication, 2013).

I would suggest, however, that a mediocre therapy is also unworthy of the therapist's investment, and that working in a way that is experienced as 'lifeless' is likely to dilute the therapist's sense of meaning in the work. Lack or loss of meaning in work is a significant threat to therapist wellbeing as it has consistently been found to be a risk factor for professional burnout (Hill et al., 2015; Malach-Pines & Yafe-Yanai, 2001; Maslach & Jackson, 1984b). Understanding what sustains therapists is also important in order to counteract the more negative pathways of therapist development that can include incompetence and disenchantment (Ronnestad & Skovholt, 2003, p. 7) and to avoid unconstructive coping, anxiety and boredom in more experienced therapists (Orlinsky & Ronnestad, 2015, p. 1132).

Creating activity in one's work has been found to contribute to a sense of meaning, to improve physical

and psychological health, to boost immune function and to also contribute to greater life satisfaction and fulfillment of potential for therapists (Boyle, Barnes, Buchman & Bennett, 2009; Csikszentmihalyi, 1996; Lawrence, Foster & Tieso, 2015; Richards, 2007, 2010; Seligman, 2002). Despite these benefits, academic scholarship has tended to avoid the subject of creativity as we self-consciously worry about being seen to be researching something altogether too alternative, something like magic.

The Historical Avoidance of Creativity Scholarship

A review of the literature suggests creating activity is understood as something we do, in order to produce something new, that might be of use to ourselves or to somebody else (Sternberg & Lubart, 1999; Runco & Jaeger, 2012). From this understanding, one would assume our attempts to be creative in our work for example, would be supported by others. However, in his discussion of creativity across all disciplines worldwide Sternberg (2006, p. 2) observed that such activity "is not as highly rewarded in practice as it is supposed to be in theory", a trend that appears to be continuing (Runco & Abdullah, 2014).

In the first half of the twentieth century, the psychological sciences in particular appears to have undervalued the research of creativity. In his *The Courage to Create, May* (1975) observed that academic psychology avoided the subject as it was considered "unscientific, mysterious, disturbing, and too corruptive of the scientific training of graduate students" (p. 36). In their critical analysis of psychological abstracts for the following twenty-year period to 1994, Sternberg and Lubart (1999) found that only a half of one percent concerned creativity, which they considered a "serious underinvestment" in the subject relative to its importance to the field of psychological health and to the world (p. 686).

Studies of how counsellors and psychotherapists experience their own creative actions in their clinical work have been particularly scarce. For example, in an examination of therapist characteristics and techniques that could be seen to be creative, or associated with creativity in prominent theories of counseling and psychotherapy, Carson (1999) found "the role of various dimensions of creativity, including creative or divergent thinking, has received relatively little attention (p. 326). Whilst two journal issues – the *Journal of Constructivist Psychology* (1999) and the *Journal of Clinical Activities, Assignments and Handouts in Psychotherapy Practice* (2002) – devoted special issues to the topic, Carson and Becker (2004) observed that scientific, cohesive treatment of the phenomenon continued to be scarce (p. 111).

It appears that the problem of lack of research on this topic has continued into the current millennium. In their introduction to the *International handbook of creativity*, Kaufman and Sternberg (2006) observed, "what is perhaps most notable about creativity research around the world is how little of it there is" (p. 2). These researchers cited similar reasons as in the previous decade, namely, that creativity is notoriously difficult to study, that creativity research is not mainstream and therefore government funding does not tend to lend itself to such research, and that what research is available tends not to sell itself well as it often "proves to be relatively poorly systematized" (Kaufman & Sternberg, 2006, p. 2). Along with May (1975) and B. Nelson (2005), Richards (2010, p. 208) suggested that more research is necessary in order to understand and promote the positive mental health qualities of creativity in light of what she saw as our tendency to pathologise it.

In the more recent *Cambridge Handbook of Creativity* (Kaufman and Sternberg, Eds., 2010), the basic concepts of the topic, its diverse perspectives and the main contemporary debates were presented. A growth in scholarly journals dedicated to the subject was explained by the editors as "a maturing of professional interest", also evidenced by their

observation that the topic appeared to be attracting more media attention (p. 5). Williams, Runco and Berlow (2016) recently performed a systematic mapping of the creativity research across the intervening 25 years. Their findings suggest that the early 1990's could be seen as a foundational period for creativity studies generally, followed by a focus on research into creative process and creative performance (1990–2000) and, more recently, on creativity in work settings (2001–2010). These authors identified a recent interest in the roles of personality and intelligence in creative thinking, along with significant aspects of cognition such as divergent thinking (Runco, 2010, 2012; Williams, Runco & Berlow, 2016).

Ideas on creativity have been found to have application in education (Neville, 2001, 2007), industry (Cunningham & Potts, 2015), business and government and for the world economy, including for economic recovery (Bakhchi, Cunningham & Mateos-Garcia, 2015; Farmakis, 2014; Lawrence, Foster & Tieso, 2015). Howkins, (2001; 2013), member United Nations Advisory Committee on the Creative Economy and founder and director of The Adelphi Charter on Creativity, Innovation and Intellectual Property, looked to the role of innovation in business and technology. Howkins suggested that understanding the creative process of human beings may be the single most important contributing factor to the protection and/or recovery of world economies in the current century. Archibugi (April, 2017) speculated that economic expansion and contraction (depressions) in fact tends to follow innovation peaks and troughs.

Unfortunately, as Sternberg (2006) observed, this recent increase in research into creativity continues not to be supported by actual investment, a problem that Kim (2011) suggested now constitutes a 'creativity crisis' in the area. This concern is one supported by a recent examination of government grants by Runco and Abdullah (2014), who found that funds are not allocated to the kinds of research that would help us

to plumb creative talent and to foster fulfilment of creative potential (p. 250).

Encouragingly, in the area of psychotherapy and counselling we have seen the evolution of the *Journal of Clinical Activities, Assignment and Handouts in Psychotherapy Practice* (2001–2003), mentioned earlier, into the Journal of Creativity in Mental Health (first edition 2006). In the scholarly traditions of the *Creativity Research Journal* (1988 to present) its focus is on approaches to the study of creativity. Along with the promotion of research into creative approaches to psychotherapy, including equine and art therapy, the *Journal of Creativity in Mental Health* will hopefully encourage studies of the creative experience of psychotherapists themselves.

Despite early avoidance of the topic in the literature, therapists themselves, and writers and researchers, have understood psychotherapy to be inherently creative. Leitner and Faidley (1999) suggested that as each therapeutic journey is unique, and based upon the personal meanings that inhere in it for both client and therapist, the therapist must "literally create anew with each client the healing relationship that is psychotherapy" (p. 274). Whilst other research has pointed to a connection between therapy and other forms of creativity (Carson & Becker, 2004; Csikszentmihalyi, 1997; Holm-Hadulla, 2004), Ronnestad and Skovholt (2003) found senior psychotherapists in particular tend to use their personal experience of the creativity of others – gleaned from poetry, visual arts, film, theatre, literature and other artistic expressions – as a kind of internal resource in their clinical work. Also, Lawrence, Foster & Tieso (2015) characterized psychotherapy as "an advanced, interpersonal, creative problem-solving process" that involves fine risk-taking skills, an ability to use ambiguity and complexity and to confidently improvise (p. 167).

For Holm-Hadulla and Hofmann (2012), creative elements can be found in most psychotherapy modalities including relational, behavioural,

cognitive, psychodynamic, systemic and existential approaches (p. 139). These authors suggested the therapist's establishment of a 'creative space' and the adoption of a 'creative attitude' enable the client to access their own creative resources to bring about sought change (p. 134). However, having adopted the prescribed essential attitude and having provided for their client a safe creative space, one could ask the question – what exactly do psychotherapists then do, how do they experience their own actions and what meanings inhere in these activities for them?

An Inquiry into Psychotherapists' Experience of Creating in their Clinical Work

This article reports the findings from an inquiry into psychotherapists' own experience of creating in their clinical work. The inquiry aimed to ascertain whether participants identified creating activity as an aspect of their clinical work and to understand the experience and meaning of this. The inquiry further aimed to explicate the nature or internal structure of the phenomenon 'creating in psychotherapy'.

Participants & inclusion / exclusion criteria

Using purposive selection (Lincoln & Guba, 1985), six senior and experienced psychotherapists (Ronnestad & Skovholt, 2003), who self-identified as currently practising psychotherapy using creating ideas, elements or processes, were recruited from a team of mental health clinicians at a major Australian public hospital. Student, intern or novice-level practitioners were excluded. Participants, who were all female, included one psychotherapist / occupational therapist, one social worker, three clinical psychologists (one with doctorate), and one speech pathologist.

Method

Whilst the methodology drew on the classical Continental traditions of phenomenology as quest, the analysis tools of the more pragmatic North American forms were employed (Wertz, 2005; Gibson, 2012, pp. 75-101). As phenomenological analysis always begins with the self, I began by completing the same research activities as the participants would do, drawing on my own experiences (see Wertz, 2012, p. 168). For Husserl, my completion of these activities would constitute *the second epoche* (1939/1954, p. 254), or what van Manen (2011e) described as the hermeneutic reduction that would ideally produce a critical self-awareness of my assumptions concerning the phenomenon. In the North American protocols, Moustakas (1994) suggested this early activity by the researcher "provides a logical, systematic and coherent resource for carrying out the analysis and synthesis needed to arrive at essential descriptions of experience" (p. 47). Such activity, Priest (2002) suggested, helps to some extent to overcome the insistent voice of one's own perceived understanding, an inevitable difficulty "inherent within the strict Husserlian use of bracketing" of one's own biases concerning the phenomenon under investigation (p. 8).

Procedure

In 'doing' phenomenology, there are procedural methods or activities that van Manen (2011a) suggested fall into two types – empirical activities, which aim to explore pre-reflective experiential material, and reflective activities, which aim to draw from different sources of meaning and to interpret these (Crotty, 1996; van Manen, 2011a).

As the practice of phenomenology cannot be separated from the practice of writing (van Manen, 2011d), participants were invited to contribute written accounts of their creating activities in case vignettes about their clinical work. All of them could do so.

They also completed a written phenomenological exercise adapted from Crotty (1996). The exercise involved completing a range of sentence fragments, for example, "Creating is like…", "What I discover in creating is…", and, "I depict creating in poetic terms as…" (Crotty, 1996, p. 279). This phenomenological exercise had two objectives: Firstly, to assist the respondent to contemplate the phenomenon rather than themselves, and secondly, to facilitate a response to different formulations of the same statement, which has the capacity to evoke in the respondent different dimensions of their experience (Crotty, 1996, pp. 279-280).

The method of analysis was adapted from B. Nelson's (2005) phenomenological and psychometric study of the creative process of artists, in which he drew on the ideas of Wertz, Polkinghorne, Giorgi and McIntosh. Analysis of this material involved the employment of critical hermeneutics (Kincheloe, 2005; van Manen 2011e) in which the written material was converted into a series of natural and transformed meaning units, known as the *protocols* (B. Nelson, 2005; Spinelli, 1989/2005).

This was followed by a process of phenomenological explication of the natural and transformed meaning units in order to produce the individual phenomenal descriptions of the experience for each participant – *the individual structures.* Analysis of the individual structures involved *the transformation* of the meaning units into phenomenological concepts in the researcher's own language (B. Nelson, 2005; Priest, 2002). The term explication then, refers to the process of converting implicit awareness into a series of phenomenologically sensitive statements called *the constituents,* which aim to capture explicit knowledge (B. Nelson, 2005; van Kaam, 1969).

Using various devices, including Giorgi's (1989a, 1989b) imaginative variation, phenomenological explication of the individual structures was then conducted across cases in order to produce the

general structure of the phenomenon (B. Nelson, 2005). The general structure represents higher-order themes that transcend the specific context of the participants' individual experiences (B. Nelson, 2005). The aim here was to produce subsequent, increasingly adequate approximations or probabilities that capture 'creating in psychotherapy' as a discrete phenomenon (see Spinelli, 1989/2005, p. 3). This explanation is critical in a philosophical approach to inquiry as it acknowledges that any description of an experience presented as research findings is already an interpretation of something that has occurred in the past (Heidegger, 1927/1962; Ricoeur, 1970; van Manen, 2011j).

The material was then checked and clarified with participants through analysis cycling that included a series of collaborative group sessions (Gibson, 2012, pp. 97-99). In these sessions, the task of participants was to attend to their own experience of the phenomenon and the task of the researcher was to track the substance of the phenomenon under inquiry (van Manen, 2011s).

Results

All participants could describe discrete creating activity in their clinical work. The general structure of the phenomenon 'creating in psychotherapy' was found to comprise ten essential constituents as follows.

Creating in psychotherapy was characterised as

- higher-order creating, which has its own nature and makes its own sense
- a source of meaning in the work where lack of opportunity for creating activity can constitute a loss of meaning
- a contribution to a sense of purpose-in-life
- a preferred way of working

Creating in psychotherapy was found to involve

- decisive, often courageous therapist action
- therapist intentionality and mindfulness
- a temporary change in the therapist's experienced state
- collaboration between therapist and client
- therapist experience to responsibly manage any client or therapist effects.

Certain environmental and psychological conditions were found to be conducive to creating in psycho-therapy including

- appropriate physical space
- adequate clinical time
- optimal therapist frame of mind including freedom from self-consciousness
- peer acceptance and support for creating activity.

Discussion

This discussion is organised by research question. Italicized words are those of the research participants themselves.

The essential nature of the phenomenon creating in psychotherapy.

Whilst participants in the present inquiry saw the practice of psychotherapy as intrinsically creative, there were particular events that appeared to them all to transcend this everyday creativity. These events were characterised as higher-order creating, a kind of super-creating. As Participant I 'Lee' explained,

> I think we're always creative…but there's something super-creative that we're talking

about here. I think our job requires creativity in every moment. The very nature of (the work entails) heading into a session without structure or a plan and creating an environment…which facilitates a patient to talk, play, (and) relate (and this) is a very creative process in itself. (But) something extra creative goes on that is above and beyond the very basics of our work.

The delineation between everyday and higher-order creating was discussed by Beghetto and Kaufman (2007), who made a distinction based on outcome. For these authors, everyday creative efforts were likely to be useful or significant only to the creating person and in the personal environment. However, higher-order creating had effects that made a significant contribution to a discipline or field (Beghetto & Kaufman, 2007).

To this image, the present findings contribute the idea that a higher-order creating event is one that cannot be contrived by the therapist but, rather, is an opportunity on which the therapist awaits. For 'Violet' (Participant 3), such an event was experienced as coming *out of the blue*; something was triggered and so switched on at a particular moment in the therapy session. Participants noted that useful cues or prompts that a creative opportunity had arisen could come from any number of sources within the therapeutic field. Because a creating opportunity may arrive unexpectedly, the therapist needs to be sensitive to its potential to appear. However, for these cues to be picked up at all, a certain mindfulness or mental readiness was also found to be necessary in the therapist.

It seems then, that therapists may experience this kind of higher-order creating as a phenomenal object or 'thing', one that arrives in its own time and that cannot be called. Whilst the therapist is not able to contrive the arrival of the creating opportunity, this active waiting could in itself be said to have the characteristic of intentionality.

In the Continental traditions of phenomenology, we understand intentionality through Husserl's (1931a; 1931b) idea of an active consciousness that is always aware of some thing, some object 'out there' in the lived world, that it is mentally attempting to construct into some form. As Spinelli (1989/2005) explained, in this idea "(I)f I am conscious that I am worried, then I am worried about some thing; if I am confused, I am confused about some thing; if I react, I react to some thing…" (p. 11). In fact for van Manen (2016, p. 111), the things, the objects themselves, have a language to which researchers must listen if we are to understand the phenomenon under our inquiry. Interestingly, both Whitehead (1929)(see Neville, 2001, 2007) in education, and May (1975) in psychotherapy, have linked this Romantic (Bossi & Poggi, 1994; Cunningham & Jardine, 1990; Runco, 2014) image of consciousness to the creative process itself.

The key to Husserl's (1931a, 1931b) worldview then, was the idea that each mental act is directed at a phenomenal object, which action Husserl called our intention, that is, the direction of our subjectivity. For Earle (2010, p. 287), Husserl's intentionality referred to our ability to intuit phenomenal objects and to also grasp their special features, which we are then able to communicate in language. It is this concept of intention that Husserl believed distinguishes the mental or subjective world, which has intention, from the physical world and its objects, which lacks this element (Brentano, 1874/1973; Rollinger, 1999). This idea in fact became the means by which Husserl attempted to resolve the subject/object split in modern philosophy (Spinelli, 1989/2005, p. 8). The lived mental experience of a splitting off of subject from object is perhaps mirrored in participants' perceptions of their own state changes during higher-order creating activity (See *Change in the therapist's state.* below).

The metaphysical shape of higher order creating.

The present inquiry's findings suggest that higher-order creating events tended to have a particular metaphysical shape.

First, a preparation was found to go on across the therapist's daily life where various elements were mentally gleaned and stored by the therapist, some of which may be used in a creating event in therapy. These mental elements or objects may come from personal or professional relationships and from various experiences of therapy, but also from participants' experience of literature, art, movies and the natural world. They may be drawn from the therapist's inner life or from more external experiences and may have been positive, uplifting events at the time or more challenging ones. Such collections of mental elements have been described by Holm-Hadulla and Hofmann (2012) as tending to have some meaning within the therapist's own value system.

Ronnestad and Skovholt (2003) also found that, like squirrels, senior and experienced psychotherapists typically collect elements from their personal and professional life experiences. In this way, clinicians could be seen to be continuing their own psycho-education, that is, to be learning "primarily through reflecting upon interpersonal experiences in the professional and personal life domains" (Ronnestad and Skovholt, 2003, p. 23). In a creating event in therapy, what initially appears to the therapist's mind then, is a parade of these seemingly random elements. Kozbelt, Beghetto, & Runco (2010) characterised these as "remote associates" that may have been previously uncombinable, but which were then mentally sorted and "chained together" in a new way (p. 32).

The idea of mental activity that involves the sorting and ordering of various elements, which produces a sense of coherence, has been described by Antonovsky (1987) as an important contributor to meaning systems in the brain that make a contribution to our mental health generally (In Holm-Hadulla & Hofmann, 2012). From a psychological worldview,

Frey (1975, p. 25) suggested that this sorting process involves the practitioner's ability to observe the interplay of convergence and divergence in their own thinking, a concept that retains a significant place in the creativity literature (Runco, 1991; 2013).

Following therapist preparation, the higher-order creating event was found to have a marked beginning, and, typically, a peak moment or series of moments experienced by participants as a kind of epiphany. This thrilling moment could produce an acute, high-energy spark in the therapeutic field, an *energy,* (a) *wonder* (resulting in) *the big fist-pumping 'Yes'!!* ('Pedro', Participant 2). This can be a shared experience of profundity with the client, a *'Wow…did you feel that?'* ('Valerie', Participant 6).

Kozbelt, Beghetto and Runco (2010) have understood this as the sense that an idea "suddenly makes itself known" in the 'ah-ha!' moment (p. 30). In his research into the creative processes of fine artists, B. Nelson (2005, p. 124) described this moment as one typically associated with the experience of significant breakthrough. However, the insight that appears to 'break through' to one's consciousness in this way has also been shown to have had an often protracted history or incubation period in the subconscious, where many different configurations of the problem have previously presented themselves (Gruber, 1981; Gruber & Davis, 1988; Kottler & Hecker, 2002; Kozbelt, Beghetto, & Runco, 2010). In fact for Jung (1964), the revelatory nature of this perceived novel moment – the 'ah-ha' moment – is actually the outcome of movement in the unconscious, part of which "consists of a multitude of temporarily obscured thoughts, impressions, and images that…continue to influence our conscious minds" (p. 18).

In the present inquiry, the creative event was also found to have a recognisable endpoint where it seems nothing further need be done. This ending involves the sense of objects in the therapeutic field coming together, *when everything is in alignment…like when*

the planets line up that inspires *a wondering of how miraculous it is* (Group Session 2, Cluster 4, MU30). In fact, the therapist tends to make a decision nothing further ought to be done *a feeling of 'don't touch it… don't do anything'* (GS2, C4, MU27) – to risk the seemingly fragile completeness of the new insight or understanding. The outcome of a creating event having a therapeutic use for the client's goals was described by Amabile (1996) as a central feature of creativity (see Holm-Hadulla & Hofmann, 2012). The metaphysical bell-shape of the phenomenon creating in psychotherapy suggested by the present findings may fit well with Wallas' (1926) early stage model of creativity, which has more recently been characterised as having a phase-like internal structure (Amabile, 1996; Carson, 1999; Dijksterhuis & Meurs, 2006; Kozbelt, Beghetto & Runco, 2010).

The therapist's experience of creating in psychotherapy.

In the present inquiry, the constituents of the phenomenon 'creating in psychotherapy' suggest the therapist's experience tends to have certain characteristics.

The dream-like quality of creating activity.

Firstly, once a creating opportunity arises and the creating event *switches on*, the therapist can have the sense of entering a vast, newly-expanded psychological territory. Participants described this new mental landscape as having a certain beauty about it; *like flowing down a river… it feels soft, mellifluous* (GS2, C3, MU23, MU25). With any previously perceived psychological limits experienced as falling away, the therapist perceives a new mental freedom *that's like at the end of a yoga class…the feeling of 'I could do anything' (*GS2, C3, MU26).

Higher-order creating then, was found to have its own

metaphysical interior landscape, a freer place-of-mind infused with ethereal, poetic qualities experienced by the therapist as *part dream* ('Ada Rosetta', Participant 4). Interestingly, the therapist's continuous inhabiting of higher-order creating was found to be neither possible nor desirable. As one participant explained, like an athlete performing in a sporting event *I don't want to be 'up here' all the time…it takes a lot of energy* (GS2, C10, MU45,47). Conversely, any prolonged absence of creating opportunity inevitably drives the hunger for it (GS2, C10, MU46).

Change in the therapist's state.

The phenomenon creating in psychotherapy was found to involve a change in the therapist's experienced inner state or consciousness. A feature of this change was a kind of mental splitting of subject from object, which may be an intentional act by the therapist or an involuntary experience. In this idea, the therapist is now both experiencing and observing their own state changes including spatial (expanded and freer psychological space) and temporal (the pace or rate of time is slowed) shifts, along with a self-world shift in which the world is perceived as more abundant. This state, now both altered and split, was described by Ada Rosetta (P4) as a waiting without waiting, of being comfortably suspended as though in air or water. Higher-order creating experiences were also found to involve a change in perceived available personal energy and to involve the experience of flow as described by Citszentmihalyi (1992/2002).

The therapist's active management of creating activity.

A contribution of the present findings is that the therapist's ability to manage complex, higher-order creating events well, may be significant. For example, once a creating opportunity makes itself apparent in the therapeutic field, the therapist must mentally 'hold' this phenomenal object and await the optimal time to act. Throughout the creative event the therapist must

continuously take the pulse of the general therapeutic process, looking for evidence that the unfolding creating activity has meaning for the client.

As a creative event was playing out, Valerie (P6) reported her child client 'Arial' *was gently bouncing up and down on the chair* (which was)…*a sign to me… we were on to something.* Valerie was aware that pace and timing was critical; *I was keen…but the moment was not right.* At the intuitive right moment, Valerie (P6) took action – *I plunged in…**now** was the time.* This suggests an acute sensitivity to the client's pace and affect is needed and a careful use of language is necessary to communicate the creative idea to the client.

Alternatively, the client themselves may spontaneously take control of the creative activity. Valerie (P6) described how her client had l*ed the charge leaping into a discussion,* grasping the edges of a new understanding and running with it, plunging *into the rabbit warren of making meaning and making sense* of the creative activity, where *who knows where we might pop out.* With the therapist in hot pursuit of the client's thinking, however, he or she is making micro-decisions that connect elements in the therapeutic field. Valerie (P6) described carefully considering *what threads I could weave together to help* (the client) *make meaning* (Valerie, P6).

Higher order creating appears to be emergent and revelatory, and the reason or meaning in what appears is skilfully folded into the therapeutic process by the therapist in collaboration with the client. These shared aspects of creating activity between therapist and client have been elegantly described by Holm-Hadulla and Hofmann (2012) as "a joint shaping process" of meaning-making (p. 133).

As the therapist can be vulnerable in their decision to take creative action, courage can be required. For Lawrence, Foster & Tieso (2015) appropriate risk-taking was an essential skill of psychotherapy.

These authors suggested that "whether reflecting a client's unspoken emotion or assembling a reflection of meaning, whether identifying a discrepancy, challenging an inconsistency, or offering self-disclosure, therapeutic work requires clinicians step out onto the metaphorical limb" (Lawrence, Foster & Tieso, p. 172).

Hill et al. (2015) observed the high degree of skill involved in psychotherapy where clinicians must "conceptualize clients, have knowledge and skill to help clients, be aware of their own feelings and reactions so as not to hinder clients, be responsive to individual clients, and know when and how to refer and end with clients" (pp. 1-2). However, the present findings contribute the idea that the therapists' active management of higher-order creating activity may involve another level of clinical skill.

The meaning of creating in psychotherapy.

Whilst it has long been accepted that there are ineffable, mysterious aspects to the psychotherapeutic process (May, 1975; Seligman, Rashid & Parks, 2006), the findings from this inquiry suggest that creating activity is a meaningful aspect of clinical practice for participating therapists.

Firstly, creating activity can produce a psychological shift, a new mental freedom that for Lee (PI) felt like *being alive; waking up!* For Pedro (PII), creating was *a process of revelation of the unexpected...like turning on fairy lights !!* and that involved *emergent thoughts, ideas* (and) *actions* that brought their own *energy and excitement.* Creating can also be a source of fun for the therapist, a free-spirited act in the psychological realm that feels like both work and play. Whilst these experiences of playfulness, of aliveness, of excitement and of possibility are important for therapist meaning (Gibson, 2001, 2012; Hill et al., 2015; S. Gladding In Shook, November 2016), playful therapist action can

also inspire playful reflection and action in the client (Lawrence, Foster & Tieso, 2015; Newman, 2002; Rosenthal, 2002).

The subjective experience of beauty in creating can be a further source of meaning for the therapist. As Valerie (P6) explained, the entity 'creating' is like *an exquisite but fragile nymph.* Whilst creating was found to have a certain robustness about it, it was also found to have ethereal, delicate qualities that require sensitivity and skillful control in the therapist.

The imagination, skill and courage required to create in the therapy can satisfy an actualising tendency, characterised by Lee (PI) as *a desire for something more ... an energy for something new in myself* (and) *in the world.* This quest for meaning through self-actualisation was found by Ronnestad and Skovholt (2003, p. 20) to be a central developmental task for senior therapists. The task is "to create work that is highly congruent with their self-perceptions…and which makes it possible for the practitioner to apply his/her professional competence in an authentic way" (Ronnestad & Skovholt, 2003, p. 20). A strong sense of right fit with the therapist's values and interests has also been found to be associated with creating activity (Holm-Hadulla and Hofmann, 2012).

Creating activity was characterised in the present findings as having a depth to its origin, one that for Ada Rosetta (PIV) related to the *heart or core* of the therapist. For Violet (P3), creating activity was an experience through which the therapist's own existence somehow cycles and which is *life sustaining.* This suggests that the use of a renewed or actualised self in the creating process may contribute to a sense of coherence and purpose in the therapist's own life beyond the work. The contribution of creating activity to meaning in the work and to a sense of purpose-in-life for the therapist is supported by a study of experienced psychotherapists by Hill et al. (2015), who found this group tends to derive both self-oriented meaning (gratification, fulfilment and connectedness)

and other-oriented meaning (helping others and the world) from the work (pp. 12-13).

The experience of loss or lack of meaning as a risk factor.

The present findings suggest that participants can experience their clinical work as something to simply press on with in the face of enormous challenges. As Violet (P3) explained, sometimes it feels as though I soldier on against huge obstacles in the work with very little reward or nurturance for myself … it seems the work is heavy, burdensome and restricting like molasses. Violet (P3) also found that giving to and being for the client could create risk, in that the therapist's sense of self could be diminished: *I* (have) *often felt that therapists give so much of themselves and manipulate themselves to fit with the client (to the extent) that the self of the therapist is lost.*

Encouragingly, the present findings suggest that the contribution of creating activity to meaning and purpose was found to offset some of the inherent challenges in the work, thereby r*eleasing some of the burden that comes with the work* (Violet, P3). However, participants reported their experience of creating activity and its benefits tended to be diluted in two ways. Firstly, participants experienced creating opportunity, as described by Pedro (P2), *as a dwindling part of therapy* which had left her with *the sadness that I feel mentally devoid of being creative* and had left Valerie (P6) wondering *do my sessions feel dead* (to the client) *when I'm not creating…lacking vigour…vivaciousness …viva !* (GP2, C7, MU44).

An accelerating preference for standardised treatment approaches to mental health may be contributing to this change over time (Gibson, 2012, pp. 40-44 and 173-175)(see also, Anderson, Ogles & Weiss, 1999; Carson & Becker, 2004). This trend may be evident in the training of therapists in models of practice, which Kaufman & Sternberg (2010) suggest "can lead to entrenchment or crystallization so that it becomes increasingly difficult (for therapists) to see things in novel ways", a capability essential to creativity in their future practice (p. 474).

Secondly, whilst participants saw creativity and innovation as something increasingly encouraged in other professions, they perceived a kind of prohibition in clinical psychotherapy, where such activity may be seen as unprofessional practice and therefore not allowed. This experience appears to have had important but predictable consequences as participants described a tendency to work this way in secret.

Interestingly, the necessity to forge ahead with one's creative ideas in the face of possible censure is a common experience. For Sternberg & Kaufman (2010), the willingness of a given therapist to contribute something unique and compelling to the service they offer their client may be wasted unless the therapist is also willing to risk censure, "to fight for ideas others might scoff at", without which "that creative ability may remain latent and never see the light of day" (p. 470).

However, the findings of diminishing opportunity and lack of peer support for creating activity could have implications for burnout risk (Gibson, 2001, 2012; Malach-Pines, 2000). Symptoms of professional burnout have been found to include emotional exhaustion, a lack of a sense of personal accomplishment and remoteness (depersonalisation) from one's colleagues and clients (Leiter & Maslach, 2005; Maslach, Jackson & Leiter, 1996). Unconstructive coping, anxiety and boredom are additional criteria for burnout for senior therapists (Orlinsky & Ronnestad, 2015, p. 1132).

A developmental imperative for senior therapists, such as those who participated in the present inquiry, is to self-actualise. This process requires the therapist to integrate a personal self into a coherent professional

self in order to create a unique therapy style (Orlinsky & Ronnestad, 2015, p. 1135; Ronnestad, 2003, p. 20). Whilst this process of integration is creative action in itself, participants' experience of a thwarted creative self, working in secret, could disrupt internal congruence, erode therapist authenticity and frustrate the essential actualising impulse. Under these conditions, risk for professional burnout for senior and experienced psychotherapists, such as those who participated in the present inquiry, could increase.

The Secret Creative Life of Experienced Therapists

The findings of the present inquiry suggest the creating activities of senior and experienced psychotherapists in the clinic room could have benefits for clients and patients, for the therapists themselves, for their peers and colleagues and for the wider psychotherapy community. However, peer support and discipline acknowledgement may be important in order for these benefits to be realised.

Higher-order creating as described in the findings has been characterised by Beghetto and Kaufman (2007) as activity that can make an important contribution to a discipline or field. Holm-Hadulla and Hofmann (2012) studied creating activity in counselling and psychotherapy across a range of approaches, including cognitive behavioural, psychodynamic-existential and systemic. These authors also found that any creative advance in an individual's experience of themselves or of others can affect their personal relationships and can also have an effect on the wider social network of which they are a part.

However, peer group support for such activity has been found to be a significant factor in the individual's creative development and in the realisation of creative potential (Beghetto & Kaufman, 2007; Runco & Abdullah, 2014). Further, receiving support for and recognition of creative efforts has been found to be a significant part of the creative process itself (Csikzentmihalyi, 1997; Kim, 2011). Holm-Hadulla and Hofmann (2012) also found a supportive cultural environment essential in order for creative activity to flourish.

Personal or peer reflection for senior therapists, also characterised as "problem finding", has also been found to be critical for the creative process (Kim, 2011). This problem-finding phase was identified by Piaget (1981) as a kind of 'reflective abstraction' necessary for the production of creative perspectives on mental objects or events (Kim, 2011). This idea may be particularly important for therapists as innovative ideas that contribute to a client's therapy goals may be ones produced from the therapist's own mental activity outside of therapy, typically in the supportive environment of peer supervision.

Encouragingly, Holm-Hadulla and Hofmann (2012) expressed confidence the counselling and psychotherapy profession is one that "can establish such a supportive, stable but also flexible context in which creative resources can be stimulated and used" (p. 133). Along with Sternberg (2012), these authors emphasized that such collaborative support would be natural to senior and experienced psychotherapists as they found it is a feature of the behaviour of highly intelligent people to seek out social and cultural third-party support for their creative activities (Holm-Hadulla and Hofmann, 2012).

The present findings suggest that reflection on therapists' creating activities could contribute something enlivening to psychotherapy teams, particularly for teams of senior and experienced therapists such as those who participated in the present inquiry. In fact the present findings suggest that explication of higher-order creating events may well have the potential to infuse senior psychotherapists' work with the 'life' for which Hillary and Keeney (Gibney, 2012) urgently call.

Strengths & Limitations

The quality of the participants' contributions and their sustained commitment and interest throughout must be claimed as one of the strengths of the inquiry. However, in studies of the experience and meaning of activities, engagement and interest by participants does not necessarily produce useful descriptions, including from psychotherapists, as participants' attempts at clarity and communication with researchers about their experience has been found to be illusive (Hill et al., 2015). In the present inquiry, employment of an intersecting theory approach to phenomenology and a group collaboration structure in the analysis cycling, anticipated this and helped to avoid these challenges.

In employing an intersecting theory approach to phenomenology, the aim was to explicate both a discernible entity (something that exists) and a phenomenon (something that is experienced), and to contribute to understanding the meanings that may inhere in the experience for participants. The epistemological underpinnings of the inquiry aimed to take advantage of the knowledge-producing opportunities of group collaboration with the senior and experienced psychotherapist participants. Although this epistemological focus did require some direction by the researcher, as group collaboration was part of the analysis cycling I believe this constituted an acceptable methodological risk.

The participation of six all female psychotherapists may be seen as a methodological limitation; however I believe this to be a coincidence. In a pilot for the inquiry, male psychotherapists did participate. Future research would ideally involve a gender-balanced group and if male therapists tended not to self-select, possible reasons for this ought to be investigated further. Participant numbers in phenomenological inquiry, whilst usually small, tend to be informed by the data collection itself and what it reveals about the nature of the phenomenon under consideration (McIntosh, 1997). At the conclusion of the analysis

process, I was satisfied the constituents emerging from the data had reached saturation and no new ideas were emerging.

Recommendations

- A peer supervision model that fosters psychological support and safety is recommended for senior and experienced psychotherapists.

- Experienced and senior psychotherapists, such as those who participated in the present inquiry, are best placed to act as consultants to their teams on creating activity in the clinic room. This would ideally include discussion of case excerpts, theories of creativity and meaning and the optimal conditions for creating in psychotherapy.

- Individual supervisors of senior therapists need to aim at clinical wisdom and must also be prepared to support an uncertain process – one also supported by organisational management.

- Professional development activities should include those that contribute to the unique professional and personal interests of senior therapists and stimulate their creative actualisation.

Conclusion

This article reports on experienced and senior therapists' creating activities, which were found to be higher-order and to contribute something novel and compelling to their clinical work and to their experience of meaning in the work. This clearly

qualifies participants as performing at a high-level. The findings also extend current understandings of the phenomenon 'creating in psychotherapy'.

The inquiry aimed to contribute to our understanding of the nature or internal structure of the phenomenon 'creating in psychotherapy' and to understand participants' experience. The findings suggest the phenomenon is a complex one. Infused with ethereal, poetic qualities, it is a special metaphysical entity that has its own nature and makes its own sense. It is hoped the findings may also have made more explicit a possible link between senior therapists' creating activity and their experience of meaning in the work.

As with most competitive disciplines and industries, the findings suggest creativity and innovation are happening in psychotherapy, but we do not know about it. Despite their seniority and the evidence that creating activity in psychotherapy is essential best practice, participants in the inquiry were found to be making this contribution largely in secret. The lack of socialisation of these experienced therapists' ideas could constitute the loss of an important contribution to practice and to the discourse. The findings of dwindling opportunity and a sense of prohibition around creating activity could reasonably be expected to contribute to therapist isolation and risk for burnout.

From a cultural-historical perspective, creating ideas still remain relatively under-examined in research generally and in the mental health professions in particular. It is hoped the recommendations of the present inquiry may encourage the psychotherapy profession towards the social and cultural creativity that is increasingly recognised in other professions. I would suggest that the opportunity to participate in this significant social renewal is one the psychotherapy profession must not miss.

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