

Psychotherapy and the Creative Patient

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Psychotherapy as a Creative Process

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1987 { **SUMMARY.** Through a consideration of a case history psychotherapy is described as a creative process consisting of the moment of landscaping, figuring, and storying experience. Special emphasis is placed upon the work of re-membering in this creative process and final consideration is given to how this approach to psychotherapy regards the issues of symptoms and dreams.

INTRODUCTION

Diane was a 26-year-old woman who came to see me because of her inability to make choices about the directions of her life. Specifically, she could not decide whether she should marry Leonard, the man with whom she had been living for several years, or return to San Francisco where her parents lived in order to pursue a degree in creative writing. She did not see the two choices as mutually exclusive. It was possible, she thought, to marry and to relocate. Leonard had applied for a position in San Francisco which he honestly wanted, but there was some chance that he would have to locate elsewhere. In the latter case, should she follow him and give up her acceptance into the creative-writing program she so ardently desired? Or should she end the relationship and enter the program? Unable to decide, she waited and hoped for circumstances to make the decision for her. Every day she would awake and postpone a decision, hoping that Leonard would get the job in San Francisco.

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That would solve everything: They could relocate together and be married; she would be near her parents again; and she could begin her career as a writing student.

But as the days went by and stretched into weeks Diane began to panic. The deadline for her decision about school was getting close and Leonard still had received no word. In desperation she telephoned for an appointment, hoping, as she made clear in the first hour, that I could tell her what was the best thing to do. She came for advice. If circumstances would not make the choice for her, then perhaps someone else (the psychotherapist) could and would do so.

The situation which I have just described is certainly not extraordinary. Psychotherapists encounter it in one form or another on a frequent and even regular basis. But as often as I encounter it I am reminded of how very fragile is the initial bond between therapist and patient. The patient comes looking for direction. One enters psychotherapy with a hope that the therapist will give the right advice, or remove the symptom, or save the marriage, or make one happy — or some such variation on the theme. The patient comes, in other words, willing and even wanting to give over responsibility for his or her life to the therapist, and as Guggenbuhl-Craig (1976) so clearly describes, the therapist, out of his or her own needs to be flattered or to be seen as a saviour or a prophet or at least a good therapist, can easily take over that proffered responsibility. (But psychotherapy is no more a giving of advice and direction than it is a prescription for happiness.) It is not even primarily concerned with the *removal* of symptoms. On the contrary, as I hope to show here, psychotherapy is a creative process that allows the patient to take up responsibility for his or her own life. In less formal terms psychotherapy as a creative process is a matter of making a space and creating a mood wherein the events of a life are re-figured as stories. Taking up responsibility for one's life means that the patient within this space takes up the task of re-working events into experiences. One engages in that work which Rank (1959) called the "volitional affirmation of the obligatory" (p. 164) and which he saw as not only therapeutically useful but also as definitely creative. Or to draw upon the thought of that sadly neglected Spanish philosopher, Ortega y Gasset (Marias, 1970), the patient makes the circumstances of life a vocation, and called out by these circumstances, the events and relations which surround one, the patient begins the work of re-fashioning the details of a life into a work. As a creative

process, then, psychotherapy opens up a space wherein the patient begins the art of living life as art, and in this process of remembering what has already been given, comes to recognize the truth which the poet Eliot (1971, p. 59) knew when he wrote:

. . . And the end of all our exploring
Will be to arrive where we started
And know the place for the first time.

Through the case of Diane I want to describe what I will call the three moments of the creative process of psychotherapy: the moments of landscaping, figuring, and storying experience. These moments will then take us into a consideration of how the work of remembering is a key part of this creative process. In the conclusion I will consider how this focus on psychotherapy as a work of creation changes one's regard for what is a symptom and what is a dream. Symptom and dream become the basic material, "prima materia," for this work of creative re-membering.

MOMENTS IN THE CREATIVE PROCESS: THE CASE OF DIANE

To listen to a patient is initially to wonder *who* is speaking. Indeed this is perhaps the first question for the therapist without which one is likely to assume that it is the *person* of the patient who speaks. Such an assumption, however, would be erroneous and finally also detrimental to psychotherapy as a creative process. Initially, therefore, the therapist must practice that kind of attitude which the poet-philosopher Samuel Taylor Coleridge (1968) described for those who would believe in the poetic creations of the imagination. The therapist must adopt a "willing suspension of disbelief" (p. 274) which allows one to hear beneath the content of the patient's words its characterization. A tale is being told and the task of the therapist is to listen for the figure who tells the tale, for the figure who is spinning the story.

Person and figure are related to each other in much the same way that an actor is related to the character portrayed. When I watch Dustin Hoffman, for example, play the part of Willie Loman, I see and hear the character of Willie and not the person of Dustin Hoffman who portrays him. The actor here *is* the character he displays and if this is not the case then I am exiled from the world of Willie,

barred from hearing his tale. On the other hand, however, I know all the while that the character of Willie Loman lives through the person of an actor; and I even know that here in this case it is the actor Hoffman who brings to the role a decidedly different configuration than that brought to it by Lee J. Cobb's or Frederick March's portrayals. I know all of this and yet again I see Willie Loman. In the darkness and silence of the theater, within the mood created by the space of the stage, I practice that Coleridgean suspension of disbelief. Indeed it is perhaps even more correct to say that this suspension of disbelief happens rather than that I practice it. It simply happens that my knowledge gives way to a belief which ushers me across a threshold and escorts me into the presence of Willie Loman. In spite of what I know I do not doubt that there before me appears and speaks the figure of the dying salesman.

Diane's indecisiveness and the anxiety attendant upon it was given through her voice and her posture, and as I listened to that voice and noticed that posture the person of Diane began to flesh out before me a figure. Her voice was really remarkable and even in the first hour I could not help but notice its soft, tremulous quality. It was a voice which sounded young and filled with quiet tears. In the space of my office we were never more than 10 feet apart, but I often found myself leaning in, as it were, to catch what she was saying. Whoever was here before me, whoever was speaking, was far away. The person of Diane was there with me in the neutral space of my office, the space which is the same for all my patients. (But the figure who was speaking transformed that space into another world.) Through the quality of her voice my patient was telling me that she inhabited a different space, a space which on one hand I felt I had to lean into and which on the other hand seemed so distant and far away. In the first few hours, then, I listened to that voice and I wondered who was speaking. But I also waited in order to become more familiar with its character. A therapist can become too impatient here, too quick to assume one knows who is speaking. One must wait, therefore, to be touched and/or moved by the figure. One must allow oneself to be addressed.

Diane sat on the sofa in such a way that her posture complemented the character of her voice. She invariably curled up into a corner, tucking her legs beneath her and arching her shoulders and head into her chest. Because she was rather small to begin with and also rather thin and fragile in appearance, the posture she adopted made her appear even smaller, and indeed almost tiny. I would look

MIRRORED / found in field

at her across the room and her posture would mirror back to me how straight and how solid was my own sitting, and I would feel a certain incongruity between us. Diane's posture was creating a space around her; in the way she sat she was making a space, a space of enclosure. Reflected through that space I began to recognize that by contrast I was only in space. I had not yet entered the space which the figure of Diane inhabited, and the distance which the quality of her voice announced was re-affirmed by the difference between our styles of incarnation. Through her body the figure whose voice sounded so young and filled with tears was setting the stage for her experience, and it was only in my own initial vague bodily sense of leaning in that my own posture began to resonate with that of my patient. Leaning in was a muscular acknowledgement of who was speaking, and it indicated that before I knew who was speaking my body knew it. Leaning in, I was no longer just a body in space, the therapist sitting in his chair across the room from his patient, but a body making its space, participating with the patient in the creation of a landscape.

The person of Diane was in my office, but the figure who was speaking dwells within a landscape. Just as a character belongs to a stage, a figure inhabits a landscape; and Diane's voice and posture announced both who was speaking and the place from where she spoke. (The distance and postural difference that were initially felt by me proclaimed that the one who was speaking was a young girl, perhaps no more than five years of age, who spoke from within a space of enclosure. The distant character of her voice was the youth.) The young girl who was speaking announced herself in sounding so enclosed and so far away. In hearing the distance I heard someone who belonged to another time and who was speaking now here in my office across that space of time. Through the character of the voice and the posture of the body, then, the patient presented the figure she was. Through them she created within the setting of my office the young girl enclosed within her space.

To be sure there was a content being spoken throughout these first few hours. Characters on stage have their lines. They enact a drama. They tell a story. A patient's tale, however, differs in an important way from the tale told by a character whom an actor portrays. (The metaphor of therapy as theater which has so far marked my presentation indicates a difference as well as an identity between theater and therapy.) The difference is that the patient is making the story as she or he enacts it. The drama is being written

as it is being performed. (The story that is spoken in therapy is woven together out of the odds and ends, the bits and pieces, the small hurts and otherwise incidental occurrences which compose the fabric of a life. The moments of landscaping, figuring, and storying experience are a work of re-membering.)

MAKING A STORY/RE-MEMBERING A PAST

Her room, she said, was her sanctuary. It was, when she was a little girl, a place of retreat. Not only a retreat, however, into safety; her room was also a retreat into fantasy and daydream. She would go there to escape the criticisms of mother and in that space she would dream about her father. She loved him intensely and she knew that if she only could be a person she could care for him better than her mother did. But he always seemed distant and preoccupied. He always seemed sad and she worried that her need to be loved by him might only be another burden.

Diane would speak these words and others like them in that soft, trembling voice, curled up in one corner of the couch; and it was not difficult to imagine that she was creating in the enclosed space of safety and dreams from which to speak a variation of her childhood room. At times there would be long periods of silence and/or quiet tears, and on occasion she would shudder as if she was cold. Noticing this reaction, I asked her once if she was cold and what she needed to be warm again. Her reply was not verbal. Rather she took the comforter which blanketed the couch and the several pillows located in the therapy room and built a kind of shelter. It was, she said, a cave and in there she could be warm while the world outside was ice. For the next several months Diane would begin each hour with this ritual of building the cave and from that space she would speak about her childhood memories and her current fantasies and dreams. And always in one guise or another father would appear in her words: father as absent but in need of her, or father as hurt or sick and longing for the presence of his daughter. But it would never happen. Father would never come and Diane would remain in her cave-room-enclosed space, silent, longing, tearful, and young.

In the beginning of our work this recognition would leave Diane silent or in tears, but as our time together lengthened she began to voice some disappointment and then some anger. She also became increasingly angry with me. I had already mentioned on several occasions that I had to lean in in order to hear her speak from within

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the cave, and on occasion I even had to move my chair a few feet closer. But now Diane was challenging me to come to the mouth of her cave. "Are you afraid?" she would demand. "Are you afraid to come here where there is life and heat and fire and blood?" During this period of our work together she also remembered an incident concerning her room, which, however, she was not quite sure actually happened. Her words were as follows: "I once played by myself, in my room. It was an adventure game, a daydream about knights and princesses. I was lying on my bed and my mother came in, and I felt ashamed." This reported memory was shortly followed by a dream in which she and a girlfriend with whom she was always being compared by her mother were doing something bad downstairs. The friend got caught but in the dream Diane escaped upstairs.

Was her remembered room of childhood upstairs? Were her memory of the adventure game and her dream of doing something bad downstairs allusions to childhood sexual experiences and fantasies, particularly in relation to father? Did Diane learn at any early and impressionable age to retreat into passivity and indecisiveness, to escape to the enclosed space of safety and dreams, in order to soften and to silence her own normal but misunderstood erotic desires? Did her father encourage these desires and then draw away? And now was her new challenging attitude toward me a resurrection of these older themes?

It would make a tidy summary to be able to affirm answers to all these questions. Her childhood room as in fact upstairs, but for the rest it is not possible to say with certainty. It is not even possible to affirm that the memory of the adventure game in her room refers to an actual event. Diane herself was vague and unsure. And yet it matters very little here whether Diane told a *factually* accurate story. Commenting on Freud's notion of "psychical reality" the astute critic and observer of psychoanalysis Paul Ricoeur (1978) has noted that "it is not clinically relevant whether the infantile scenes (which the patient remembers in analysis) are true or false." And lest we are misled by the term clinical here, Ricoeur the philosopher adds that "it does not matter, therefore, from an epistemological point of view either" (p. 188). Re-membering the past is not merely a matter of accuracy to be checked and measured against what really was. It is also, and more profoundly so, a matter of intention in light of what one wishes and/or believes oneself to be. In the process of psychotherapy Diane re-membered her past in the light of

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making a story by which to live. As a consequence of that work she was able to leave therapy. Through the work of re-remembering she was able to dismantle the cave-room-enclosed space within which she had been living. Re-remembering her past, Diane was able to end therapy by leaving her room.

(It may appear at this point, however, that, insofar as the work of re-remembering has little to do with the discovery of some real but buried factual past, the creative process of psychotherapy borders on the realm of fiction making.) But we would be forced toward adopting this view only because, as I have shown elsewhere (Romanyshyn, 1982), psychology is so uncritically allied to the natural sciences that it is difficult to recognize that our image of time as a line, which today, as Rifkin (1984), Capra (1982), and others have shown, is even increasingly questionable to describe the causal relations between events and processes in the physical world and to an even lesser degree in the biological world, is totally inadequate with respect to events and processes in the human psychological world.

(A phenomenology of human temporal experience (Merleau-Ponty, 1962; Minkowski, 1970; Van den Berg, 1972) demonstrates that between the past and the present there is not a one-way relation of cause and effect but a reciprocal relation of meaning and intention.) In short, one's past changes in relation to the present from which one re-members the past and in light of a future which one now intends. The childhood I recall now at 40 or so is not the same childhood I remembered in my 20s. Moreover, it serves us ill here to retreat into the formula that the meaning of the past changes but not the past itself, for what is the past for any individual except that which one is in relation to? For whom would a past in itself exist? It could exist only for one who has neither a present nor a future, that is, only for one who does not live within time.

If, therefore, we base our understanding of the work of re-remembering upon the experience of time as we live it, then the creative process of psychotherapy is no more a matter of making fictions than it is a matter of discovering facts. This dichotomy of fact and fiction simply will not work here. It is not an either/or situation. Rather we are led and even forced by the evidence of experience itself to affirm the paradox that the past is something given in order to be made. Re-remembering the past is a matter of making a real past real. It is, as I have described it elsewhere (Romanyshyn, 1986), a matter of fictionalizing the factual. In the creative process of psy-

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chotherapy, as in life, re-membering is in the root sense of the word a poeticizing, a making or crafting, of one's history.

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The paradox of the past as a given to be made, the tension which vibrates in the phrase *fictionalizing the factual*, is more readily understandable when we recognize that in its root sense *fiction* means to form or to mold and that it originally described the process of molding or shaping a clay pot from the earth. As a making, therefore, fiction produces something real. It produces an artifact of the cultural world. Moreover, as a making, fiction works with and re-shapes something already given, something already made. It re-makes the given earth. In its original sense, in the story of an experience which the word fiction describes, the work of fictionalizing is simultaneously the *transformation* and *preservation* of the earth. The clay pot is the earth re-made. But through the pot the earth re-made also re-appears. In short the clay pot, as an illustration of the original sense of this work of fictionalizing, *re-members* (transforms and preserves) the given earth. Re-membering as a work of fictionalizing *preserves* what is already given or made by *transforming* it.

Martin Heidegger (1971) has described the origin of the work of art in much the same way in which this work of fictionalizing has been described, and I make mention of this point here because it allows me to emphasize once again that the work of re-membering belongs to the creative process. In re-membering the past the patient in psychotherapy is engaged in the process of re-shaping the given of his or her life into a vessel which contains it. And that vessel, the clay pot which the patient makes, is nothing less than the story which is told, a story which preserves the past by re-shaping it. The containing and holding aspects of story are given, moreover, in its etymology for it is related to the Greek *eidōs* which means the idea, form, or shape of things. In addition, story is kin to the words wise and wisdom as well as to the term guise which means the manner or appearance of things, their disguise which originally means the way in which something reveals and conceals or preserves itself. Finally, story means in its most immediate sense simply to see, to guide, or to show the way. The story through which the patient re-members (transforms and preserves) the past is, then, a way of seeing, a guide, something which shows the way of his or her life. It is the manner, guise, or appearance of things, the way in which the things and events of one's life are revealed and preserved. It is the form or shape of these things of one's life, the way in which they

are held and contained. And as such and in all these ways the story through which the patient re-members his or her life, the story which is the creation of psychotherapy as a creative process, is a kind of wisdom. It is a psychological wisdom which is nothing less than the power to hear within the facts of a life the speaking of a tale.

Re - M - factum making - story

CONCLUSION

The past which any individual *knows* about his or her life is essentially different from a past in which one can *believe*. A past which lies between the boundaries of knowledge and ignorance is a matter of mind. Belief, however, belongs to the realm of the human heart (Romanyshyn, 1982) and it is to this domain that a past which lies between the boundaries of belief and doubt belongs. Psychotherapy as a creative process becomes, therefore, a matter of awakening the believing heart and specifically of awakening those dimensions of human experience, courage, and memory, which the history of words tell us belong to the human heart. To re-member one's past takes courage, that kind of courage May (1975) has described in relation to the creative process. It is the courage to dare to make out of the otherwise mundane facts of one's life a believable story, a tale by which to live. And such courage is, I believe, in the final analysis akin to the act of love. Re-membering the past of one's life, then, is a work of Eros, a work which not only knits together the scattered fragments of a hitherto unreflective life, but also and perhaps more profoundly takes up a heritage as a destiny. It is what the philosopher Nietzsche described as *amor fati*, the love of one's fate in the sense of embracing it as a work to be done.

(The symptom and the dream are, I believe, the most important elements in this work, for in the symptom lingers something of one's fate denied, and in the dream there is whispered something of the work to be done.) Or perhaps in a more dramatic sense it is better to say that in the symptom resides the figure waiting to tell its tale, while in the dream there is something of the story which cannot yet be spoken in words. To conclude this essay, I want to end with a dream brought to me by a woman in her mid-30s who was troubled at the time with vague anxieties, a gnawing sense of restlessness, and a growing fear that she was wasting her life in meaningless tasks. In addition, within the previous five years this woman had had two major surgeries, one of which involved her knee and the

other her jaw. At the time of her dream she was in a pottery class, experiencing the frustration of being unable to shape a pot which would hold together.

I was in the studio, trying to make a pot, but it kept breaking. Finally in frustration I gave up and went outside to lie down. I fell asleep and in my dream I was approached by a very tiny man who was shaped like a clay pot. The pot itself was his body and his face was very clearly presented. At first I was frightened but my fascination got the better of me. As the pot-man approached he said in a voice that sounded very old, "Hold and shape it gently." Then I woke up and went back to the studio.

Knees and jaws are bones and joints. As bones they are a very basic given of one's life, the rock-hard but also fragile stuff out of which one is made and is kin to the earth. As joints, however, they are a flexible medium, the means by which one extends oneself in gesture and in speech into the world. Caught between the inflexible rigidity of bone and the call to move out and to speak, this woman was unable either to hold on and settle into her bones or to use them flexibly to fashion a world for herself. At the moment she would begin to shape a life—the clay pot in the dream, the given stuff of the earth—she would press too hard, tighten up, become stiff and rigid. As a consequence, her efforts, she said, would always end in failure and in fear of beginning again. But in the dream she was addressed as she was told in a masculine voice to take hold of things more gently. And here, I believe, in this voice the symptoms which had resided in her bones as rigidity and inflexibility became a form, a figure. Through a dream she was told and we might say even given permission to take hold of things more lightly and playfully. A passion for form, which May (1975) again ties so closely to the creative process, spoke to her and in the guise of a dream figure which voiced her other masculine side. Form and shape your life, the figure said, but in such a way which listens to what is given.

We talked very briefly about the dream, acknowledging primarily that it seemed to be asking of her to recognize that she was being addressed. If she was going to create, then what *she* would form would have to preserve (respect and care for) what was given. Shortly thereafter she made her first pot and followed it with a series of what she warmly called her "uglies."

I know of no other kind of patient in psychotherapy than the one who is faced with this challenge to create, with this task to remember one's life as story. The symptom is a failed work, or perhaps it is better to say a work which remains unfinished; and neurotic suffering the obverse of creative struggling. (What psychotherapy as a creative process offers, then, is the chance to discover the story that founds one's life as a heritage in order to take up the responsibility to continue its creation as one's destiny.)

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