

## The Creative “Holding” of the Therapist

*“Only those therapists who, if not at peace, are at least fairly comfortable with their own unconscious material (which sometimes is of a primitive kind) can be at home with similar processes in the patient, without imposing a rigid structure on what goes on.”*

Roberto Assagioli

It is important that the therapist be in touch with their own creative processes, (in whatever shape or form) so that they are themselves relatively free of fear and/or envy of their client’s creative - or playful expression.

So - if I’m in touch with my creativity - as therapist - then I don’t have to worry about my client getting in touch with theirs. If the therapist is able to hold a creative stance within themselves, then that will enable the space between - the field - to hold and enable creative possibilities and transformation for the client i.e. the space or holding will in itself be a creative one.

For the therapist that stance is one of **active receptivity** - and not, (obviously!) one of active expression (competition).

Th - holding/facilitating (the feminine principle)

 an encounter (conjunction)

Cl - insemination/’ insight (the masculine principle)

*As one client said to me: “It’s strange - I seem to constellate so many of my ideas and images when I’m here in this (therapeutic) space - they all seem to come together”*

**The holding** that the client experiences within the therapeutic space could be equated to that of the good-enough mother - and it is the process of internalising that good-enough holding environment (according to Winnicott) which enables the client to gradually let go of the actual imagined mother’s support.

As with a (good-enough) mother and her child in play, the space ideally created between therapist and client becomes that area where inner and external life contribute and fantasy and reality can meet.

**The playful space** between the therapist and client is healing in itself ~ according to Winnicott it is the quiet holding presence that facilitates the client to play.

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*“Psychotherapy has to do with two people playing together. The corollary of this is when playing is not possible then the work by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play.”*

D.W.Winnicott: *Playing and Reality*

**Interactive play** (interactive drawings and painting, working with non-dominant hand, sand play, clay or play dough, puppets and toys, interactive movement and sounds - rattles and drums etc.), can tap into early pre-verbal responses and memories, and is another way of suspending those unconscious and often painfully inhibiting ego controls and defences.

### **On sand play therapy:**

*“There’s this confined space, and there’s movement. So there is impermanence. Things move, shift, change. And I can create within that space - or I can destroy it. The sand play shows me how I create or destroy things. I can see the tracks and movements I’ve made, the patterns - and I have the power to change them. When I play I can get aggression and anger out and it’s less scary - because it’s play. The roleplay and dialogue help me when I’m meeting an edge - sitting there with an adult to watch me - makes it safer.”*

K.M. (health-worker: 1996)

### **On the importance of being creative**

*“Making is the most important thing: having the space and the tools is like an insurance against depression and dependence. Sometimes, even being loved is not enough to make me like myself, but always, always, the process of transforming something else, that particular release of energy, is an indisputable step forward.”*

P (furniture maker)

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