

The Importance of Creativity in Family Therapy: A Preliminary Consideration

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In this article, the author considers the importance of creativity in the context of family therapy. Therapist characteristics and techniques that might be labeled as creative or associated with the notion of creativity are also examined. The author focuses on the concept of creativity in some prominent theories of counseling and therapy; the relation of divergent thinking to healthy human development and functioning; the dynamic, interactive nature of creativity in therapy; the circumstances in which increased creative abilities in clients is or should be a goal; some threats or blocks to the development and expression of creativity; the role of creativity in training; and the degree to which creativity is linked to the counseling office. As a result of this preliminary discussion, family therapists may be encouraged to further contemplate the role of creativity, both theoretically and pragmatically, in their approach to working with individuals, couples, and families.

The history of the field of family therapy reads like an exciting novel, with creative twists and turns at practically every juncture. Creative ideas abound in the now numerous theories and models of family therapy, and an abundance of “new” techniques have been proposed. Moreover, the creative wizardry of pioneers such as Minuchin, Ackerman, Whitaker, Haley, and Satir (among many others) is ever apparent. Indeed, few types of counseling demand more creative thought and skill than family therapy, and clinicians need a rich foundation of theory and technique from which to conduct their work. In contrasting the rigors of individual therapy with family therapy, Taibbi (1996) asserts that family therapy “requires a flexibility, a creativity, an ability to fly by the seat of your pants that exponentially increases with the number of

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people in the room and their level of distress and conflict” (p. 3). Because change in marital and family relationships is often a slow and painful process, creative thinking and maneuvering may be necessary to break therapeutic impasses, help family members resolve conflicts, and empower individuals and families toward positive growth. Yet, the role of various dimensions of creativity, including creative or divergent thinking, has received relatively little attention in the family therapy literature. Personality traits of highly creative therapists also need to be further explored. Therapists can benefit from a greater understanding of the creative processes in family therapy and individual counseling.

Although proponents of the seemingly endless array of therapeutic approaches and techniques in counseling and family therapy often claim that these approaches are innovative and effective, it is likely that some of these interventions are neither creative nor very helpful to clients in the long run. It is beyond the scope of this article to offer opinions about which approaches are and are not “creative.” In fact, on one hand, such an assessment would be presumptuous because creativity, like beauty, probably lies largely in the eye of the beholder. On the other hand, there are certain components of and parameters surrounding the construct of creativity that can be useful to family therapists in determining which approaches include creative modes of thinking and skill when working with children, couples, and families. Although one could argue that all counseling is creative to some degree, it may be that some therapists operate at a much higher level of creativity with their clients and engage their clients in creative thought and action more frequently and purposefully (both during and beyond the context of therapy), than other therapists.

A consideration of creativity in family therapy is more important than ever because in today’s world of unprecedented instability and uncertainty in the lives of children and families, the counseling process requires inventiveness and strategic effort and skill. However, therapists should not use

techniques just because they are new, intriguing, or popular. Creative thinking entails sound judgment as much as the ability to break conventional boundaries. Furthermore, the role of creativity in therapy is important because of the ever-increasing pressure to employ brief, short-term, solution-focused therapies due in part to restrictions posed by managed care. Clients also seem to expect more from therapy than ever before (and rightly so), even in the early stages. Hence, therapists generally no longer have the luxury of taking their time or being too cautious or conventional. Simply put, they need to be able to more fervently and effectively facilitate creative thought and action in their clients.

The purpose of this article is to examine the nature of creativity with regard to therapist characteristics, interventions, and the process of family therapy (for definitions of key terms, see Appendix). Specific questions to be addressed include (a) What place has the concept of creativity occupied in some prominent theories of counseling and family therapy? (b) What is the relation of divergent thinking (central to the notion of creativity) to healthy human development and functioning, and what is its role in the practice of family therapy? (c) What is meant by the dynamic process of creativity in family therapy? (d) What are the circumstances in which increased creative ability in clients is or should be the goal in family therapy? (e) What are some threats or blocks to the development and expression of creativity in both family therapists and their clients? (f) What is the role of creativity in family therapy training? and (g) To what degree is creativity in family therapy linked to the counseling office?

A BRIEF LOOK AT CREATIVITY IN SOME PROMINENT THEORIES OF COUNSELING AND FAMILY THERAPY

Gladding (1995) describes how some prominent and enduring counseling theories have acknowledged the importance of creativity, especially with regard to the counseling process and the nature of change. For instance, according to Freud (1964), creativity is central to the generally positive defense mechanism of sublimation. From Adler's (1968) perspective, the counselor encourages innovative responses from clients, with creative expression being one indicator of growth. In accordance with humanistic and existential theories (e.g., Allport, Fromm, May, Maslow; see Hall & Lindsey, 1970; Singer, 1984), the readjustment of personality tensions has been equated with creativity, in that the process of change involves both risks and creative acts (Bugental & Sterling, 1995; Corey, 1991). Gestalt theorists view creativity (e.g., trying out new behaviors that may seem strange or unconventional) as a means toward integration and change (Yontef, 1995). From some cognitive-psychology perspectives, enhancement of divergent thinking and/or new visual images is often a prerequisite to behavioral change and emotional relief (Corey, 1991; Freeman & Reinecke, 1995). Finally,

according to some adherents of linguistic/communications theory (e.g., see Fisch, Weakland, & Segal, 1982; Haley, 1987), the "language of change" essential to psychotherapy may involve the creative use of metaphors, stories, parables, fairy tales, and other methods that, according to Gladding (1995), "can open up a whole new world to clients and offer them choices and ways of looking at the world that they would not otherwise discover" (p. 4).

Most theories of family therapy have not directly stressed the importance of creativity. However, more recent books on family therapy that I have found particularly useful in exploring creative techniques and contemplating the role of creativity in therapy include those written or edited by the following authors: Fenell and Weinhold (1997); Mikesell, Lusterman, and McDaniel (1995); Nelson and Trepper (1993); Nichols and Schwartz (1998); Patterson, Williams, Grauf-Grounds, and Chamow (1998); Sherman and Fredman (1986); Taibbi (1996); Walsh and McGraw (1996); and Worden (1994). Other valuable resources include those dealing with couples and marital therapy (Gurman, 1991; Jacobson & Gurman, 1995; Martin, 1993; Sperry & Carlson, 1991; Wile, 1993), and creative approaches to working with individuals and families (Gladding, 1998; Jacobs 1992; Thompson, 1996). Recent approaches that, in my opinion, involve serious components of creative thinking and skill, include narrative therapy (White, 1995; White & Epston, 1990; Zimmerman & Dickerson, 1996), internal family systems therapy (Schwartz, 1995), solution-focused therapy (de Shazer, 1985, 1988), strategic family play therapy (Ariel, 1992), and rational-emotive family therapy (Huber & Baruth, 1989). For example, the idea of concentrating on what is working in the family and identifying exceptions to the time the problem exists (de Shazer, 1985, 1988, 1991, 1994), allowing problems to talk (Zimmerman & Dickerson, 1996), or identifying subpersonalities or "parts" of the self that inhibit individual growth and family functioning (Schwartz, 1995), appear to be creative frameworks (i.e., involving novelty and unconventionality) from which to conduct family therapy.

Although often labeled as atheoretical, experiential therapy, perhaps more than any other approach, promotes the use of techniques that are intended to facilitate creative experiencing in families. Creative, spontaneous, nonrational experiencing is an important goal of experiential family therapy (Piercy, Sprenkle, Wetchler, & Associates, 1996), and Whitaker and Keith (1981) suggest that nonrational, right-brain experiencing is an indicator of health in both therapist and family. Moreover, family problems are created and maintained in part because of a lack of creative problem-solving abilities. As Piercy and colleagues have indicated, techniques such as family sculpturing, family art therapy, puppetry, family drawings, psychodramatic techniques, and certain Gestalt interventions are all applied in order to free family members to experience each other and life more creatively and personally. Other techniques include journal

writing and other forms of writing, music, play therapy, and therapeutic games, guided imagery, genograms, early recollections, analysis of heroes and heroines, and life mapping (Heppner, O'Brien, Hinkelman, & Humphrey, 1994).

Creative approaches to therapy allow family members to communicate their thoughts and feelings spontaneously in a caring and nonthreatening environment. The use of techniques that allow clients to create and express themselves in nonverbal ways are often less threatening, and can facilitate an understanding of clients' strengths as well as their weaknesses and conflicts. These techniques can also help clients to become aware of and express feelings and unconscious material (e.g., due to traumatic experiences) in ways that allow them time before taking ownership of these thoughts and feelings (Gladding, 1998; Whitaker & Keith, 1981). Furthermore, creative "products," such as an increased ability to brainstorm potential solutions to a family problem, can provide a permanent, tangible record of progress throughout the course of therapy (Gardner & Moran, 1997; Taibbi, 1996).

However, as Piercy and colleagues (1996) have correctly observed, techniques are not central to experiential family therapy because the best interventions (especially in the later sessions) tend to arise out of the therapist's own creativity in the moment and not in any preplanned interventions (see also Neill & Kniskern, 1982). Hence, the "objective of all techniques is to eliminate techniques" (Whitaker & Keith, 1981, p. 218). What then are the components of creativity in the context and process of family therapy? Creativity is often a core feature of the assessment and engagement, middle, and termination phases of family therapy (Taibbi, 1996; Worden, 1994). One of the most significant ways creativity is manifested in all counseling endeavors, including family therapy, is through divergent thinking by therapist and family members (Flach, 1990; Taibbi, 1996).

THE IMPORTANCE OF DIVERGENT THINKING IN COUNSELING AND FAMILY THERAPY

Creativity generally refers to activities or products that are truly original and break new ground (Dowd, 1989). A central feature of creativity is *divergent thinking*, a term often used interchangeably with creative thinking. According to Torrance (1974, 1988), divergent thinking involves four main components, all of which can be assessed in individuals through both verbal and figural methods. These include fluency, flexibility, originality, and elaboration. These modes of thinking appear to precede or at least accompany corresponding modes of behavior; thus, it is not surprising that divergent thinking is generally associated with coping abilities (Carson & Runco, in press; Schubert, 1988) and good mental health (Cropley, 1990; Richards, 1990; Schubert, 1988).

Divergent thinking tends to be tentative and exploratory, and is oriented toward the development of possibilities rather

than data, speculation rather than conclusions. Other characteristics of divergent thinking include a tolerance for ambiguity and inconsistency, the ability to hold contradictory ideas simultaneously, resistance to premature closure in one's thinking and judgments, intuitive thought, and the capacity to incorporate and modify new ideas (Baer, 1993; Runco, 1991). Dowd (1989) describes divergent thinking as the ability to maintain flexible constructs and avoid a premature "hardening of the categories" or "immaculate perception." Convergent thinking, on the other hand, is characterized by reasoning that brings together the relevant data and arrives at a firm conclusion based on these data. It tends to be deductive rather than inductive. Thus, divergent thinking can be thought of as more intuitive and less data-based (or data-bound) than convergent thinking. These characteristics appear to be associated with the client's ability to master his or her environment and the therapist's skill at his or her craft.

Frey (1975) suggests that therapeutic innovators are consistently able to focus on the interplay of convergent and divergent thinking, alternately "busting out" by combining what was before uncombinable and then carefully evaluating these combinations for the best ideas and approaches with their clients. Moreover, personal or relational difficulties of clients often seem to be augmented by an imbalance in convergent and divergent thinking (e.g., a deficiency in divergent thinking and an overuse of convergent thinking). Thus, some clients and families become paralyzed in their own paradigms (Reiss, 1981). Rather than being able to imagine alternatives or try out new behaviors or methods of problem solving, they may become too locked in on the problem(s), blame someone for making others miserable, or obsess over their own repeated failed attempts to resolve the difficulties or to feel better. After a while, the attempted solutions themselves may become part of the symptom picture. In many family therapy situations, an increase in divergent thinking seems to be essential for breaking unhealthy patterns of perceiving, behaving, and contemplating options, alternatives, and possible solutions. In other families, however, difficulties might be augmented by a deficiency in convergent thinking and an overuse of divergent thinking, such as in some high-energy chaotic families. Hence, change in family systems may require shifts or increases in both convergent and divergent thinking. It is possible that the divergent thinking component is often overlooked (or sometimes underemphasized) by both family members and therapists.

Humanistic writers such as Maslow (1968, 1971), May (1975), and Rogers (1961) have suggested that therapeutic approaches that promote good mental health often parallel activities or behaviors that typify highly creative individuals. Common characteristics of creative people include autonomy; acceptance of self, others, and nature; a democratic character structure; confidence; intrinsic motivation; a wide range of interests; and a tolerance for ambiguity (see also Runco & Bahleda, 1986). Aspects or manifestations of

positive mental health include, for example, increased personal growth, awareness, and self-confidence; improved problem-solving abilities (e.g., via the generation of multiple ways of looking at a phenomenon or approaching a situation); enhanced human relationships; a strong but balanced internal locus of control and responsibility; and the giving up of traditional patterns of living for the acquisition of new perceptions and roles. Traditionally, counseling has been less often defined as a process of creation than of helping, education, personal development, and repair. However, according to Frey (1975), "In the broadest sense, counseling is actually a creative enterprise within which client and counselor combine their resources to generate a new plan, develop a different outlook, formulate alternative behaviors, begin a new life" (p. 23). Frey notes that there are many times in counseling when therapists cannot rely on technical skill (or the latest gimmicks) alone, but with inventiveness and creativity have to turn within themselves and assist their clients in finding novel solutions to problems. Hence, getting "stuck" in the counseling process may reflect a need for creativity more than anything else.

Client and therapist, then, are coproducers of both the processes and the products of counseling, many of which call for creative thought and action. Heppner, Fitzgerald, and Jones (1989) discuss two major areas of counseling in which creativity occurs. These include the therapist's and clients' appraisal and understanding of the problem(s), and the facilitation of client change. These authors suggest that, because counseling has been said to involve both scientific and artistic elements, "creativity within counseling can be the link between the predictable and the mysterious in human interaction, the known and the unknown" (p. 272).

THE CREATIVE THERAPIST, ENVIRONMENT, AND PROCESS

There are various aspects of creativity, all of which can be viewed as an integral part of the family therapy enterprise. These include the family therapist as creative person, the creative environment (the climate, situation, or place in which creativity is encouraged and expressed), and the creative process. Emphasis will be given to the creative process and family therapy.

The Family Therapist as a Creative Person

With regard to the therapist as creative person, creativity experts assert that creativity is probably not a general trait, but that individuals are more or less creative in specific areas or domains. Amabile (1983, 1989) suggests that creativity is best conceptualized as a behavior resulting from particular constellations of personal characteristics, cognitive abilities, and social environments, and not as a personality trait or general ability. There are a variety of commonly observed

TABLE 1
**Some Common Characteristics
of Highly Creative People**

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- unconventionality (free spirit; unorthodox)
 - openness to both "inner" and "outer" experiences
 - takes advantage of chance/is alert to opportunities
 - ability to think and accomplish things that go beyond the logical
 - expectations of follow-through on part of oneself and others
 - empathy and superawareness of the needs of others
 - charisma
 - futuristic thinking and a strong sense of possibilities rather than impossibilities
 - flexible and skilled decision making
 - independent style/tendency to set one's own agenda
 - sensitivity
 - hard working/persistent
 - enjoyment of frequent quiet contemplation
 - copes well with and appreciates novelty
 - finds order in chaos
 - often asks "Why?"
 - appreciation of nonverbal communication as much as verbal
 - aesthetic taste and imagination (e.g., appreciation of art, music, culture)
 - a preference for complexity and yet appreciation of simplicity
 - keen attention to the social and natural world
 - motivation and the courage to risk, try new things, and surmount obstacles
 - relative absence of repression and suppression defense mechanisms
 - often a theme of remembered unhappiness, conflict, or struggle in childhood
 - enjoyment of social interactions and yet a tendency toward introversion
 - tolerance of ambiguity
 - willingness to grow and change
 - a desire for recognition from others
 - emotional expressiveness
 - ability to make transformations between the figural and the verbal
 - enjoys the world of ideas
 - frequently questions social norms, truisms, and assumptions
 - allows oneself to be outrageous
 - willingness to take a stand
 - keen evaluative abilities (e.g., can accurately evaluate the strengths and weaknesses of one's own work)
 - humor and an appreciation of humor in self and others
 - fantasy proneness and richness of mental imagery
 - generally a strong internal locus of control
 - autonomy and independence of judgment
 - self-confidence
 - openness to new experiences
 - a wide range of interests
 - curiosity and enthusiasm
 - vivid imagination, a sense of wonderment, and childlike playfulness
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characteristics of highly creative individuals (see Table 1). Although not all highly creative individuals possess each of these qualities and abilities, I have pulled together a number of frequently observed characteristics from various sources (e.g., see Barron & Harrington, 1981; Dellas & Gaier, 1970;

Dowd, 1989). The degree to which these characteristics are common, or even important, in highly effective family therapists is a matter of debate. However, many of the same characteristics and capacities that have been used to describe highly creative individuals are also those observed in effective psychotherapists (May, 1975; Nystul, 1993). For example, the processes of counseling and of creativity require similar integrative abilities (e.g., holding seemingly contradictory information simultaneously in one's mind or remaining open and ready to various information retrieval processes, including inner sensations, images, symbols, dreams, hunches, and fantasies). Creative therapists are also more likely to take risks, be willing to fail, and combine sensitivity, open-mindedness, and divergent thinking with more traditional scientific behaviors and modes of cognizing that include rigorousness, convergence, impartiality, objectivity, and tough-mindedness. As Frey (1975) indicates, passion and reason are more integrated in creative counselors, "leading them to achieve a larger and more comprehensive perspective that transcends imposed dichotomies and thus links divergent elements that might not otherwise be unified" (p. 25).

The Creative Environment and Family Therapy

The creative therapeutic environment is one that encourages spontaneity and free expression (verbal, behavioral, and emotional) of clients and therapist, often through intense, invigorating stimulation and interaction. Part of the creative environment entails the therapist's unconditional acceptance of and regard for clients as unique individuals (Rogers, 1961, 1986). The creative environment may also include a comfortable and aesthetically pleasing physical setting in which to work. Clients, too, are partially responsible for establishing a creative environment through their willingness to self-transpose, learn, and grow. Sometimes changing the environment, either in the context of therapy or in the client's living, employment, or educational situation, may free up creative energy. For example, working with children and adolescents in milieus other than one's office (e.g., the park or basketball court), or with families in groups, may not only help therapist and clients build a greater rapport, but also release creative potential. Freeing creative energy in children and adults may also involve making some basic but often overlooked changes in clients' eating, sleeping, leisure, and exercise patterns.

The Creative Process and Family Therapy

There are several stages or phases through which individuals might progress in the creative process (Baer, 1993; Witmer, 1985). These include preparation (acquiring skills, background information, and resources; sensing and defining a problem); concentration (focusing intensely on the problem to the exclusion of other demands—a trial and error phase that includes false starts and frustration); incubation (withdrawing

from the problem; sorting, integrating, and clarifying at an unconscious level; relaxation and solitude); ideation (generation of ideas that are not judged or evaluated); illumination (an "Aha!" stage, often sudden, involving the emergence of an image, idea, or perspective that suggests a solution or direction for further work); and verification, elaboration, and production (testing out the new idea, evaluating, developing, implementing, and convincing others of the worth of the idea).

These stages may parallel the general process of family therapy. For example, preparation entails the building of a safe and secure therapeutic environment (analogous to the establishment of the creative environment discussed earlier). Concentration and incubation become key components of the assessment and problem-exploration phase, whether one is focusing on understanding the developmental history of problems and/or the homeostatic maintenance of problems in the present. Gradually then, old ideas or behaviors are often reframed so that clients can develop new ways of looking at things, seeing alternatives, and feeling more empowered to make a change in their lives (ideation and illumination). Reframing thus involves a combination or transformation of information, often in unique or novel ways, which is used to elucidate or resolve a client's problem by extending the client's experiential world in some manner. New ideas and behaviors are then practiced or tested out in real-life situations (evaluation). Finally, verification/production can be seen in increased problem-solving abilities, open and healthy expression of emotions, closer and more meaningful relationships, and the promotion of individual competence and self-esteem within the family over time (the "creative product").

It is important to note that these stages of creative process in family therapy are not necessarily linear but may operate in a cybernetic fashion. Furthermore, what often appears as resistance in family therapy may actually be a failure on the part of therapist and family members to find a creative solution to the impasses that are common in many helping situations. There are also both content and process variables affecting the clinician's creative thinking and actions. According to Heppner and colleagues (1989), process variables include the therapist's knowledge bases, self-efficacy, mental and emotional well-being, ability to remain open to new information, receptiveness to one's own experiences in therapy (e.g., dealing with countertransference issues), and effort and involvement. Sometimes family therapists try too hard, become overinvolved with clients, get too concerned about their own performance, or miss important information because of narrowly focused attention. However, the authors suggest that creative insight is most likely to occur during periods of relaxed tension, when solutions are not forced.

From this perspective, family therapy becomes one of the most productive settings to study creativity within the context

of interpersonal relationships. Cole and Sarnoff (1980) indicate that "the modeling of creativity by the counselor may well have transfer effects beyond those consciously perceived by the client" (p. 144). In addition, many would agree that change on the emotional level in families is as important as on the cognitive and behavioral levels, and it is often through affective experiences in therapy that families are empowered to move forward. Getting in touch with one's feelings, breaking free of power imbalances and emotional controls or manipulation in the family, and learning how (or allowing) oneself and other family members to express the full range of human emotions in constructive ways and in an environment that is safe and reinforcing, are all important aspects of divergent feeling. The emotional engagement of the therapist with family members, coupled with opportunities to experience and express emotions toward one another in family therapy, may be important first steps for families developing new patterns of relating in their everyday lives.

The creative process in family therapy may include other cognitive operations associated with divergent thinking. Present in many effective approaches to counseling is the facilitation of deferred judgment in the face of strong feelings and perceptions on the part of the client, and the initiation of processes that lead to divergent thoughts and emotions. As Cole and Sarnoff (1980) have indicated, "Divergent production and deferred judgment are means to insure large numbers of diverse responses increasing the likelihood of finding a problem's 'good solution.'" (p. 145). For example, therapists who have a capacity to intuit and state "hunches," recognize connections and patterns in family systems, integrate and synthesize information, use metaphorical logic and communication, and engage in frequent checking and hypothesizing with clients (e.g., "It seems to me that . . .," or "I wonder if . . .") often seem to facilitate the process of discovery and change, regardless of whether their stated hunches are accurate.

As previously mentioned, the role of creativity in family therapy may have less to do with techniques per se than with dynamic process. Creativity in counseling involves a complex interaction of counselor training and qualities, client personalities and presenting problems, structural and systemic considerations, the understanding and healthy expression of human emotions, and the circumstances under which counseling is taking place. For instance, a highly creative and well-trained therapist whose personality combines well with that of a particular teenager and her parents may still be met with a great deal of resistance from parents who find it difficult to remove their child from the identified patient role and face the reality of serious difficulties in their marriage. Persistent marital patterns, together with parent denial, may make it difficult for the therapist to assist the struggling adolescent and help the family gradually transform itself. One could argue that creative solutions to problems are more likely to occur under more ideal conditions (e.g., therapist and clients like each other, clients are bright, problems do not seem

insurmountable, etc.). If, for example, parents and teenager are able and willing to engage in creative thinking and experience, change may be more probable even if they are somewhat resistant to change. In other cases, creativity might best be expressed and enhanced in families where conditions are far from optimal and problems are numerous. There is little doubt that the outcomes depend on a multitude of factors unique to each family and situation, factors that are often not easy (or always necessary) for the therapist to predict or control.

Creative interventions require that family therapists are flexible, spontaneous, and sometimes provocative. Techniques such as enactment can be useful. According to Gladding (1995), enactment is a creative procedure for making the covert overt and informing clients of possibilities they either failed to recognize or were afraid to try previously. The circumstances, however, have to be right for a given intervention to be successful. As Gladding notes,

One way of setting up circumstances so therapeutic creativity is possible is to make therapeutic sessions more similar to play than to work. By doing so, clients are attracted to participating in activities the counselor may suggest because therapeutic directives are seen as nonthreatening and even fun. (p. 9)

This is not to diminish clients' pain or the hard work of change, but to simply suggest that successful therapy may involve a combination of "play" and hard work, and that creative activity or expression may be a requirement for successful intervention in many family therapy situations (Ariel, 1992; Taibbi, 1996). Furthermore, it is easy for clients and sometimes therapists to become more problem- than solution-oriented and to focus on clients' limitations rather than areas of resiliency (i.e., concentrating more on resolving clients' difficulties than building on strengths, opportunities, and possibilities). Being able to see beyond the problems and utilize existing strengths requires that family members think divergently.

In summary, despite the importance of creativity in family therapy and individual counseling, Gladding (1995) suggests that the most vital role of creativity in people-helping might be that it instills hope within clients that their lives can be better. As Frey (1975) aptly concludes,

The redefinition of counseling as an exercise in creativity allows us to draw on more resources in our struggle to help our clients, including such resources as intuition and our own ingenuity. We can be more sure of ourselves and our ability to provide help because we can more fully enter the relationship. (p. 27)

Yet, therapists and clients must be aware of the many threats or blocks to creativity before the creative process can flow freely and creative solutions can be found.

BLOCKS TO CREATIVE PROBLEM SOLVING AND PERSONAL GROWTH

Some of the same blocks to creativity in general are those that hinder problem solving, personal growth, and fulfillment in life (Baer, 1993; Barron, 1988; Carson & Runco, in press; Flach, 1990; Rhodes, 1990). These include the fear of failure, a preoccupation with order and tradition, resource myopia (i.e., failure to recognize one's own strengths and those of others), overcertainty (i.e., persistence in behavior that is no longer effective; dogmatism or inflexibility), a reluctance to exert influence (the desire not to appear pushy; a "don't rock the boat" attitude), a fear of play (overseriousness; desire not to appear foolish) and lack of humor or appreciation of humor, a fear of letting imagination roam, and a squelching of "What if?" thinking and fantasizing. Other blocks to both personal growth and creativity can include a tendency toward analysis to the preclusion of synthesis, a movement toward premature closure, a preoccupation with private worries and insecurities, and environmental restraints (e.g., at home, school, or work). For example, premature closure can involve stereotyping individuals or groups based on insufficient knowledge of or experience with them, or drawing conclusions and making decisions before all facts or options have been carefully considered.

The implication of these blocks to counseling and family therapy seems obvious. On one hand, if therapist and clients do not detect or respond to these inhibitors, the process of change and growth is likely to suffer. On the other hand, creative techniques such as futurization (examining a situation from a futuristic point of view), imagery and visioning, suspending judgment, recognizing and exercising multiple options and choices, and learning to integrate thought and emotion (i.e., balancing intellectual and emotional intelligence), can facilitate decision making, planning, goal setting, and problem solving (Benjamin, 1984).

SUMMARY AND CONCLUSIONS

I would like to leave readers with a few final thoughts. First, this article was written in part to emphasize the importance of creativity in clinical work and particularly in family therapy. Techniques were described which could be integrated into existing therapy paradigms. However, the ideas presented in this paper are simply starting points for a more sophisticated, in-depth examination of the many faces of creativity in family therapy. On one hand, the importance a therapist places on creativity is no doubt based to a large degree on one's theoretical persuasions, style of relating, and approaches to helping. On the other hand, while not all experienced clinicians are necessarily creative, it is my view that creativity in all types of counseling tends to correlate positively with the therapist's training, areas of expertise, and experiences in working with individuals and families.

Second, although graduate training in counseling and psychotherapy has its legitimate role and often forms the basis of creative and successful interventions, it is Frey's (1975) view that many counseling programs have made it difficult for trainees to accept themselves as innovators and creators. This is perhaps because trainees are often taught to apply the ideas of presumed "experts" and do not feel they have the freedom to express their own creative ideas or enact their own unique interventions. The same may be true in family therapy training programs. Taibbi (1996) notes that newly trained family therapists tend to be pathologically rigid (i.e., either locked into one or two frameworks from which they must conduct their work, or imitators of the latest fads or gurus). According to Heppner and colleagues (1989), facilitating creativity in counselor trainees does not have to be done at the expense of the more traditional educational objectives but can coexist with the rigor and demonstrable competence required by supervisors and accrediting organizations. Supervisors need to give family-therapy trainees the freedom, respect, and opportunities needed to fully explore the depths of their creative abilities and develop their own creative styles as budding psychotherapists.

Finally, it is my contention that the creative process in family therapy extends beyond the 1-hour session (Frey, 1975; Gladding, 1995; Taibbi, 1996). Creative therapists tend to engage clients in activities outside the office (e.g., homework assignments which can be interesting and insightful, family fun nights, marital dates) that allow family members to practice and extend what they are gaining in therapy. These activities may sometimes elicit the participation of others in the life of the client or family (e.g., peer helpers, extended family members, couple friends). However, it is important to emphasize that increased creativity in clients or use of creative insight or techniques in therapy do not automatically result in therapeutic change. The volitional/motivational aspects of counseling remain perhaps the most perplexing, with regard to modifications or transformations, in family systems. However, it is in this domain that creativity can play a unique and strategic role. Although family therapy presents some of the greatest challenges in the mental health field, it also provides a fruitful forum for the nurturing and expression of creativity in family members and the therapists who are dedicated to helping them.

APPENDIX

Convergent thinking: Characterized by reasoning that brings together relevant information and arrives at a firm conclusion based on this information, often through the recognition and expression of preestablished or externally dictated criteria. It tends to be analytical and focuses on reaching a correct solution to a problem or issue.

Divergent thinking: Characterized by thought processes that radiate outward and explore new ideas that are generated from the original notion. It often entails achievement of conclusions open to individual interpretation through the synthesizing or integration of pieces of information originally thought to be unrelated or even antithetical. It is a central feature of creativity, and the term is sometimes used interchangeably with creative thinking.

Divergent feeling: Has to do with the safety and freedom of family members to express the full range of human emotions in ways that are not damaging to oneself or others. Feelings that accompany or are a part of risk taking, curiosity, and imagination are manifestations of divergent feeling.

Fluency: The ability to produce a large number of ideas.

Flexibility: The ability to produce a large variety of ideas.

Originality: The ability to produce ideas that are novel, unusual, unconventional, or not obvious. Originality is believed to be the centerpiece of creativity.

Elaboration: The ability to develop, embellish, or complete an idea or concept.

Resistance to premature closure: Resistance of an individual to leap to conclusions prematurely without considering the available information. The creative person is able to stay open and delay closure long enough to make the mental assent that makes original ideas possible.

Intuition: The ability to attain direct knowledge or insight without rational thought and inference. Although intuition is often thought to be a characteristic of highly creative individuals, this is not always the case.

The creative process: The act of creating, usually involving several stages or phases, that include various dimensions of creative thinking and emotional expression or involvement. In counseling, this process is dynamic and interactional.

Note: These definitions are the author's, as summarized from a number of different sources.

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