

FEATURE



Ani de la Prida explains how she has developed a creative and pluralistic approach to therapeutic communication in her own practice

Communication is a key theme in therapy, and one that I have been interested in for many years. Both of my parents were immigrants to the UK. My father was Spanish, my mother Hungarian. I have family dotted across several countries and so communication has always been important to me. Many members of my family don't speak the same language and I grew up learning to find creative ways to communicate.

I originally trained in person-centred art therapy and was supervised by the founder of the approach, Liesl Silverstone, for around 15 years. I then went on to train as a person-centred therapist, but visual language has always come first for me in my therapeutic practice.

What is person-centred creative arts practice?

Person-centred creative arts practice is defined as the creation of art using any creative medium, but where both the method and the finished artwork are free from any judgment, assessment or external interpretation.¹ Creating art in this way can be incredibly therapeutic and healing in itself. The person-centred approach is a non-directive and non-interpretive model, which, when applied to art therapy, creates an incredibly powerful and yet gentle therapeutic approach.²

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My counselling training was person centred and initially I specialised in working with children and young people, and so, very early on in my career, I worked with various methods of therapeutic communication, such as play, sand tray, story and metaphor.

As person-centred therapy is an approach that is non-directive and client-led,³ it always seemed obvious to me that in order to follow a client's direction, I ought to be able to follow in any way they wanted to go, including non-verbal activities. If we restrict therapeutic communication only to the spoken word, I think it forces clients to fit a narrow, therapist-imposed mode of communication, which risks limiting client expression and the therapeutic process.

I ran art therapy groups with offenders and drug abusers in London for seven years and would often be asked for various activities, such as going to the park, playing monopoly or indoor cricket, or even discussing the news. I often questioned in supervision whether this was 'therapy'. I learned that it was. For example, a client who brought a newspaper to sessions to talk about the news had been in prison for years and was working on his socialising skills and building confidence. Groups that wanted to play monopoly were learning how to have fun in a group. Many had not had opportunities to play as a child. So, I learned it is important to be open to working in new ways, and to be able to offer a range of ways in which I can work with clients.

Most often, these have been introduced at a client's request, but sometimes at my suggestion; always tentatively with careful consideration, and collaboratively negotiated with clients. In that sense, I feel I have moved away from a purist person-centred approach towards a more pluralistic approach,⁴ in that I do introduce ideas for potential ways of

working. The pluralistic approach holds that both client and therapists have ideas about what might be helpful, and includes both client and therapist contributions and ideas about process and activities as part of the therapeutic process.⁵

My heart is in the person-centred approach and my practice is person centred. However, there is also now some new space for exploration and co-creation, the aim of which is not to direct but to enhance how I support the client's direction. That feels pluralistic. Not either/or, but both person centred *and* pluralistic. This type of collaboration and co-creation brings a creativity to therapy, not only in terms of methods that can be used, but also a creativity to therapist responsiveness that promotes the therapeutic process. There is a synergy with this collaborative co-creation where something new develops, not solely my idea or my client's, but something that emerges that is new and unique to that particular client and that particular time.

When I started to work in private practice from a room in my home, I filled it with art materials, toys and a sand tray. I would start sessions by inviting clients of all ages, by saying, 'We can talk, or not. I have creative materials available, which you can use if you

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Beyond words

WORDS

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like, and I'm open to working in any way that you feel would be helpful.' Being explicit in this way can give a client 'permission' to bring in their ideas.

In 2014, I became fascinated with digital media, and I introduced an iPad into my clinical practice. I wanted to find out if digital media was easy to use in therapy, and what impact it might have on the therapeutic process. I designed a small research study and downloaded an art app and positioned the iPad alongside other creative media, thinking clients would use it to draw digital pictures. What I discovered was so much more than I could have imagined, and it opened up a world of therapeutic possibilities that I would never otherwise have considered.

I presented my findings at the BACP Research conference at Nottingham⁶ and since then have continued to develop what I now see as a creative and pluralistic approach to therapeutic communication. This includes art and creative methods, because these are my passion; but it is more than that, it is essentially about a pluralistic openness and creative responsiveness when working with clients, and also about inviting a client's creativity into the therapeutic process.

Why use creative arts?

Being creative is good for us. It improves wellbeing and can help people become better

at adapting to challenges. It is known that engaging in creative arts fosters creativity.¹ When therapists include creative arts in their work with clients, communication is enhanced and becomes more effective and authentic.⁷ Art can help with processing emotions and experiences, particularly when working with trauma and especially when a client finds talking about feelings or an experience difficult.⁸

In my experience, adolescents often find non-verbal methods helpful in enabling the processing of feelings, which they can then express verbally. For example, Avram, a 15-year-old client, who I have been working with initially face to face but more recently online, says: 'Talking was harder at the start, and drawing was easier. I like that I can still draw online if I want. I think that being able to draw helps me feel clearer and then it's easier to talk.'

Working with art can tap into subconscious material, which with therapeutic facilitation can foster self-awareness, by bringing material into conscious awareness.² 'Images like dreams tap into the world of spontaneous knowing, nothing to do with thoughts... an integration between the thinking and the knowing mode, between conscious and unconscious material.'⁹ In my experience, this can quickly promote a greater depth of therapeutic communication and increase potential for relational depth.²

Jenny

For example, a client, Jenny, was smartly dressed and appeared confident. She described herself as a mother of two lovely children. She said she liked her job working part time as a recruitment consultant. She had lots of friends and an active social life and was happy in her marriage. She described herself as usually bright and cheerful, but that for the last year she'd been feeling depressed. She was confused as she didn't understand why. I asked her to imagine if she were a flower (see illustration below), what flower she would be, and invited her to draw that on paper. Jenny drew a daisy. She said the daisy was bright and cheerful, qualities that she recognised in herself. She said that daisies kept looking up with their face to the sun, and this described how she liked to look on the positive side of things.

At this point, Jenny is describing what she can easily recognise about herself. We continued to explore, and with some facilitation Jenny was able to connect with some of her deeper feelings. She had drawn herself as a daisy in a field of bright flowers. She began to realise she felt the daisy was boring and plain, not exciting like the other flowers. She was able to connect to this and said that she felt bored and boring. Life didn't excite her. She felt she'd lost her identity: 'Once the kids came, I sort of became a mum, like all the other mums I know. My life revolves around my children. I don't think I know who I am or what I even want any more.' She saw that although there were lots of flowers around, the daisy was on its own. She realised that although she had lots of friends, she didn't really feel close to any of them, and in fact she felt lonely.

I drew her attention to some dark, unintentional marks on the white petals. Marks that appear unintentionally are often a rich source of unconscious material and insight.² Jenny said the marks were because this daisy gets trodden on a lot: 'People don't really care when they step on the daisy; it is too small to notice.' Jenny realised that this described how she felt deep inside. She said her husband was actually very demanding, and he '...walks over me at times; even though I tell him I don't like it, he doesn't seem to listen or care'.

In this example, you can see how quickly in the first session Jenny was able to move from



Image courtesy Ani de la Prida

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not knowing the source of her depression, to being able to highlight several areas in her life that were causing distress. Working with a visual image and metaphor helped Jenny to connect with her own deeper experiencing, facilitating a greater depth of self-awareness and communication in the session.

Digital expression

When I introduced an iPad into my therapy room, I found that clients often experienced digital drawing as easier, quicker and more versatile than when using paper and art materials. Younger clients have often described finding working with paper harder and slower than using an iPad. Mistakes can be undone with digital art, and this seems to promote a freer expression.

Adult clients also discover they prefer digital art at times. One client described how she liked to create messy digital art without worrying about getting paint or chalk on her clothes. Another client described excitement as colours seemed to shoot directly from her fingers onto the iPad. One of the most striking things for me was the way in which digital technology can bring the world of the client into the therapy room. A young client told me he was terrified of Lord Voldemort from *Harry Potter*. He googled an image of Lord Voldemort and we looked at it together in the session. I was able to share his experience of fear in a very immediate way.

Therapeutic work can include listening to music with a client who is sharing the significance of a song, or the words to express their feelings. Clients can use digital technology to share photographs. These might be used to explore feelings, express grief, or identify hopes and wishes. My therapeutic work increasingly includes text

and email. For example, some clients can find it helpful to express feelings when they occur between sessions, which they can then text or email, and these can be explored at the next session. Digital communication can be influenced by an online disinhibition effect,⁹ which can promote self-expression and self-disclosure within the therapeutic relationship in ways that can be helpful to the therapeutic process. One client, John, describes his experience: ‘Sometimes it’s hard for me to hold things in, I really need to say them, and this way I can, when I email and text. I wouldn’t have been able to get to where I am now with just talking. I think it’s good if other people can learn how to work in this way.’

I have discovered that some clients may find it helpful to text in sessions, even when working face to face. For example, it can be difficult to verbalise traumatic experiences, and a text can feel safer. Texting allows space to reflect on what you are saying, in a way that isn’t possible with the spoken word. Digital expression can feel less real, less tangible, because it can be deleted at the click of a key.⁶

A pluralistic approach

A pluralistic approach to therapeutic communication is likely to be helpful for most clients. However, in order to work with creative arts in a way that is safe for clients, I believe it needs to be non-interpretive, non-directive and collaborative. And, in order to be able to achieve that, further training may be needed. Using metaphor, story or guided visualisations can be an accessible way for therapists to work if they don’t have creative materials available. But it is important to recognise there are potential dangers. There is greater potential for harm

with digital and creative methods, which can quickly connect to painful or traumatic experiences. Additional training or CPD to develop skills and confidence is advisable in order to work safely and effectively.

My tips for working safely when working creatively include:

- always offer an invitation and discuss with clients before using creative techniques
- avoid interpretation and judgment
- focus on facilitating the client’s self-expression and discovery of meaning
- don’t rush
- work in a non-directive way, and don’t interpret
- ask for feedback.

Being sensitive to how clients would like to work, being able to offer my ideas to support individualising and co-creating is at the heart of therapy for me, and something I think should be encouraged. Simply letting clients know it is OK to bring in a photo or to share a song or working with a metaphor, such as ‘If you were a flower today’, can be a crucial invitation. The benefit of a creative and pluralistic approach to therapeutic communication is summed up by a client, Nadia, who said: ‘I’ve had therapy before, but this is different. That there are so many ways to communicate, it makes a real difference. There is no pressure ever, but knowing that there are so many different ways I can communicate, really helps.’ ●

YOUR THOUGHTS, PLEASE

If you have a response to the issues raised in this article, please write a letter or respond with an article of your own. Email: privatepractice.editorial@bacp.co.uk

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