

*Pushing the Experiential Edge in Therapy, Training and Supervision:
A Case Study of Create Therapy Institute's Experiential Supervision Program*

Wendy Miller and Rebecca Milliken

Introduction

We're on the move! Create Therapy Institute has new housing, and in two different spaces. One in a Victorian carriage house renovated into a two leveled art studio, for the visual artist/therapist part of our team; and the other in a spacious garden overlook for the movement dancer/therapist part of our team. We have worked to have our spaces physically match our task: to push the experiential edges in therapy, training, and supervision. Why? Because as expressive arts therapists, we are educators and clinicians, and these roles ask us to articulate and record experiential processes. These roles ask us to be threshold crossers, to mediate between different worlds in the service of reconnecting creativity with living and healing.

We are an art therapist and a dance/movement therapist. We are informed and affected by different schools of thinking in psychology and communication, by psychoanalytic, psychosynthetic, objects relations, family theory, and multi-modal expressive arts therapies. We diligently work to translate our kinesthetic and visual knowledges into the clinical space. We have been university educators, an open classroom teacher, and community consultants. We are makers. We bring our sand trays and miniature objects as image guides for remembering, recording, and reworking. We are historians of the psyche.

We founded Create Therapy Institute in 1994 not only to do our work, but also as a holding place for the development of our work. Let us admit what pushes us. We want to know what type of creativity and healing are necessary for the clinician to advance. We want experiential processes to be documented and understood, not as illustrations but as the central study. The intersubjective exchange is the dimension of the work that interests us, and we want a language to talk about it. You see, we have a stake in wanting to talk to people who live in the box about the information or experience that we have operating out of the box. And as well, we have a stake in wanting to talk to people who live out of the box about the information or experience that we have operating in the box.

We want the boxes to become physical spaces, holding the dances that move so differently now. Movement exchanges in stillness, in glimpses of memory, in gentle acts of unviolence. Movement exchanges in the office, in the hospitals with the Alzheimer patients, in the groups at the prison. We want the boxes to become physical spaces, where sculptural forms become space itself, where forms shape, inspire, and model unexpected behaviors. Spatial exchanges in the studio office, where the adoptive families can form their own identities, where the medically ill can carve their own pictures of health.

Our special gift is that we bring opposites together, and that is really the work of individuation and integration. It is a synthesis process. Our edges are pushed by our interest in bringing the therapeutic and the creative worlds into some kind of meaningful conjunction. We want to take you with us as we reflect on the Experiential Supervision Program of Create Therapy Institute. We want you to follow our course as you would follow an image, a dance, a song or a poem -- to listen to the sounds of exchange that harmonize into something we believe is a unique blend of knowing, unknowing, and becoming. We hope to describe something we believe is at the root of the work in creativity and healing, using the expressive arts therapies as our vehicle of transportation. This vehicle contains the aliveness of the work and tries to imbue it with a life force that recovers the spirit of meaning and value.

Create Therapy Institute operates in the world of psychotherapy. Yet, we ourselves, and those with whom we work, are in recovery from many aspects of that same world. We are in recovery from the limitations and definitions of our own trainings, the models with strong foci on separating creativity into its specific artforms, the fix-it models, the release-it models. Our clients are asking us to go beyond the boundaries of their diagnoses, and help them live well. Our students are asking us to be with them in the unknowing, to swim in the unconscious where they can find their own wisdoms. Our task seems to be to balance some kind of imbalance. Many of our students and supervisees have been taught to work, think, and practice inside their box, while their intuitive experiences live on the edges of those boxes. Why do kinesthetic and aesthetic experiences often lie outside the box of theory or practice? We know that is not the case, so is it possible that the labels for the boxes got mixed up somewhere?

Professional boxes come with paradigms of thought. We take it upon ourselves to celebrate various two-world paradigms -- personal and collective, unconscious and superconscious, psychological and physical -- so that the worlds can resonate or even vibrate with one another. In our Experiential Supervision groups, we orchestrate a process and an environment so that the archetypal or collective energies can infuse the personal and the therapeutic processes. In this way, we are always listening for and connecting with images and actions from the shared collective world so that they can be the informers and guides for our experiential ways of learning. They are the the images -- the bridges, the spirals, the treasure hunts, the campfires, the altars -- that push us outside of storyline and onto edges of unknowing. They ask that we come towards understanding outside the box of knowing and yet continually carrying with us all that we have learned inside those boxes as well. As leaders, we do not want to be the ones with the answers, rather the ones who choreograph a reaching in new directions. We want to break the process down experientially so people can enter the polarities within themselves and, as with the sand tray process, allow the objects and stories that are buried into the sand to simultaneously reach upwards toward meaning.

Pushing the Experiential Edge is an essay about the cultural responsibility of being a clinician, an artist, an educator, and a supervisor. Our program in Experiential Supervision is our version of a study laboratory of the culture of skilled clinicians learning to cross over their thresholds of knowing and unknowing, belonging and not belonging to this culture, in service of discovery and integration. Let us take a look at some of the ingredients in the process of developing this program.

Background

When we first founded the institute, we decided to participate in group supervision, the group being the two of us and our supervisor. In supervision, it seemed we were collecting clinical data, studying not only the translation or meaning of the data, but how it actually took form and got transferred and enacted in us. When we would return to the institute, our shared space, which at that time housed both of our private practices, we would have a different conversation about those same client cases we had brought to supervision. We began to wonder why our questions were different in our own office than in the office of our supervisor. In our own office, we would do something different with the collected material. We would sit on the floor, fingering our clients' sand trays. We would pull out each other's clients' drawings, paintings, words, and trays to make points or show commonalities and differences. We didn't stay in the same "case example" as we explored. We used our bodies. We drew on the wall. We crossed over story, text, meaning, art, ourselves, our responses. We learned from one another, and what we learned came with us when we were working individually in our respective practices. We began to realize that our office/space was itself a container not only for our clients, but for us as advancing clinicians. We paid serious attention to the exchanges between us. We not only participated in the exchanges, but began to record and study them. We experienced our office as a kind of laboratory, not a scientific laboratory, but an aesthetic laboratory, where our own and our clients' artforms and art experiences were exchanging something even when we were perhaps not noticing.

Something about this quest was about coming up again and again on the edge of what is known -- about being a dance/movement/art or expressive arts therapist, about a subject within these fields, about the techniques, about the process of 'doing' therapy, about being connected with our creative selves -- pushing or identifying the need to know that the transfer of what we wanted people to learn involved a process that was often unfamiliar, because it was out of the intellectual/cognitive realm. It was sometimes frightening and necessary to deepen our understanding and ground us in a full bodied sense of the experience. We were attempting to acknowledge the dimensions of experiential process and the exigencies/difficulty/fear,yet necessity, of pushing into it .

We began to focus on a way to study these experiential processes. We created gatherings at the Institute to question other artist/clinicians. We generated information and community, and eventually a format for our different kinds of laboratories. Our Experiential

Supervision Program, the subject of this paper, met bimonthly, nine months a year. Some of the trainees graduated from the group after four years of training, others after two or three of the years. The program became an advanced skills training in therapeutic artistry.

Why this focus? As clinicians, we were needing something for ourselves -- a collaboration between us in studying the experiential approaches we felt were most necessary for practicing clinicians. Our shared supervision had provided a place to bring our clinical dilemmas, train in self psychology, talk things through and be witnessed. But the piece that we were developing in our own space was the study, skill, and practice of therapeutic presence, being in the unknown, improvising, acting and reenacting the therapeutic exchange, and, most importantly, being seen in these processes. We wanted to extend our investigation of these processes and train others not only in problem solving tools, but in practicing the skill of navigating the relationship between play and therapeutic presence. We wanted our program to explore these guiding skills where, over time, clinicians could learn to become more comfortable staying present in the unknown moments. The task of this kind of supervision was to enlarge the capacity for use of Self.

Questions Raised in the Experiential Supervision Program

In forming the Experiential Supervision Program, we redirected the focus of our training institute. We were no longer content with teaching arts-based techniques in psychotherapy. The program drew us into other questions that concerned the notion of creative identity and its role in the health and wellbeing of an individual and in the evolution of an advanced expressive arts therapy clinician. We began to ask questions such as:

- What is really useful and deeply transforming in the evolution of the artist/therapist?
- What is creative identity?
- How does a creative identity infuse one's life with meaning?
- How does an individual connect with this resource and use it to make better connections with others?
- Are there certain environments, and if so, what are the components of these environments, that support an individual in recovering this identity?
- How can communities be supported by individual and collective exploration in this arena?
- How can people integrate this understanding into their professional and personal lives?
- How is it that the effort toward finding a sense of inner balance and direction seems to serve outer directed actions and work?

Process of the Experiential Supervision Program

Rachel Naomi Remen, author of *Kitchen Table Wisdom*, and a mentor of ours, teaches a course on the study of health and illness to students in medical school. Her students are told that

their empathy may have already peaked during the first semester of medical school because as students become more skilled, they belittle what they already had when they started. This could be true in our background fields in art/dance therapy. The training sometimes trains us right out of something we know at the same time as it gives us a ticket and teaches us new skills. We need to hold the opposites -- what we know and what we do not yet know (see: On kinesthetic Empathy, below). This is an important responsibility and needs to be held by those of us who enjoy crossing thresholds and carrying information back and forth.

On one level, these processes seem typical in the training of expressive arts therapy supervision as we are multimodal and interdisciplinary. But conventional approaches of supervision have often been organized around an expert/student model in which supervisees look to a supervisor for specific answers to whatever "problem" they see arising in cases. This approach often neglects the need for a student to learn about and practice the skill of being present in the unknown, being seen there and, through such experience, developing a more integrated repertoire of responses that embody meaning and knowledge.

Our approach has been shaped by our own mentors in therapy and expressive arts therapy, and by our our clinical experiences at Create Therapy Institute. In addition, we studied and searched for influences for a type of experiential supervision, such as in the writings of Arthur Robbins, Warren Lett and Christopher Bollas. The multi-modal process of exploration focused on one's responses to clients in clinical work using a variety of modes of perception as well as different artistic modalities. Warren Lett (1993) writes :

These modes are the primary means of making, storing and remaking images from which meanings are created...The attempt to understand experience more fully leads to attempts to represent it, moving beyond limited awareness, into a space where images and thoughts coalesce, and in which connections to sensed emotions are pursued...What is there is collected, transformed and reconstructed (384).

Our focus on the development of therapeutic artistry required us to look beyond students' cognitive understandings and to teach them to trust other sources and other types of information. We found with our trainees that our model challenged the traditional structures and practices of supervision (at least as practiced here in Washington, DC) and strived towards creating a community skilled in this way of practicing, looking and knowing. "Rarely does the traditional curriculum, relate to the subject of therapeutic artistry. More specifically, there is very little attention focused upon the therapist's integration of the creative and therapeutic processes" (Robbins, 1994, 141).

We did not want our trainees to present their problems verbally and use the expressive arts non-verbally to find the solutions that we would then put into practice verbally. We wanted to

train people to reconfigure the problem experientially and interactively and then find their own answers through experiential, non-verbal explorations. In this way, we aimed to heal the verbal-nonverbal split. The group stressed that the answers are not external seasoned answers, but rather a facilitation of a process where internal answers can be perceived and enacted. Warren Lett's (1993) observations are relevant here when he points out that "therapeutic collaboration would need to find ways of gaining access to unprocessed levels of discontinuous self so that reexperiencing and reconstruction of awareness can occur. This process is a researcher-practitioner activity in which the method of inquiry is also the method of therapy and of supervision" (372). And Robbins (1994) adds that "the traditional format of personal therapy, supervision and coursework does not make room for the kind of integration that encompasses the creative process of the therapist, their particular characterological defenses and style as well as the variety of emotional inductions that are part of countertransference" (142).

1. Transfer Process: Aesthetic Improvisation

Our focus became a kind of transfer process: by pushing ourselves and other clinicians beyond the local domains, we could not only help them to think mythically in images, but to see and use themselves as part of a larger story, to be able to live out those stories within themselves, and practice that process with us in the group.

This transfer process took on the characteristics of "crossing over" -- the therapist crosses over a threshold into a new use of Self, through a use of one's own material, shifting out from what had been known and understood.

"Arts Therapy does not contain the inexplicable within the rigid limits of the rational code. Rather it lays out meanings and senses that add to the different meanings and sense of human beings. Arts Therapy becomes a kind of threshold -- what can be known is behind us and what is known is facing us. The game of knowledge is played on the threshold" (Lorenzetti, p.20).

Playing on this threshold happens by the loosening of boundaries, the opening of one's inner receptivity and willingness to be aware of one's own process/associations/material as experience is happening. This approach is a giving over or donating of one's own material to the material of aesthetic improvisation that is collectively developing -- thus giving up on the material being entirely personal as it becomes part of a larger collective unconscious. For this reason, working with advanced clinicians was very important as stamina was needed to stay with the process and guide it towards its full embodiment, so that new spaces would open and receive the arrival of something quite unthought of and not contaminated by unresolved personal material. Instead informing and formation occurs by the use, elasticity and play of the personal material.

Christopher Bollas (1989) writes of establishing “something of an essential dialectic, one that I think is at the heart of creativity in living, a dialectic between knowing (organizing, seeing, cohering) and unknowing (loosening, not perceiving)” (63). It is the willing entry into this state of unknowing -- the loosening or unbinding of set ways of knowing and doing in order to discover new meaning. Our choice to move our group to this experiential process was a choice to explore “the unknowing” collectively. We saw our program as giving people the opportunity for ‘unbinding’ through experiential and creative work. We provided ways for people to allow their original self definitions and understandings to come apart, disorganize and be reconfigured in an effort to find new and more deeply coherent ways of doing the work they do. It was a choice to bear witness, where one’s own internal process could be enacted in front of and with others, where these internal processes and our collective responses to the experience we have with a particular client could be held together, along with the history we bring to the moments, with the present realities we walk in the door with that day, and with the collective shared unconscious of this group.

In this way, the germinal elements that drove people to do the therapeutic work they do became reconfigured into a process of evolution and growth that all clinicians go through to remind themselves of their own germinal sources for becoming who they become professionally. This quest of both personal and professional identities is a very important component for the skill of enlarging the use of self.

The impact of truly exploring and playing with one’s motivation into this field became the source of one’s recovery from the field -- recovery from trying to prove one’s skill; recovery from trying to explain one’s skill; recovery from trying to recover from the anxiety of those unknown thoughts and unthought knowns, as Bollas calls them. Experiential Supervision became an environment of recovery. This recovery provided grounding for the kind of open ended exploration the healthy clinician was striving for in his/her search for meaning. Clinicians shifted the paradigm by pushing into new territories through enactment with the arts. Through this multileveled exploration, clinical issues took on dimension and meaning to offer alternative responses to old material.

Often we found that clinicians forget to trust the unconscious communication when the literal took over. Robbins, in his workshops on therapeutic artistry, writes that it is the artist or poet (or in our case, the choreographer or sculptor), rather than the psychologist, who captures the authentic meaning of a phenomenological act. To actually be taught how to follow an image as an action and an enlivening of story made following an image a concrete process rather than a description of a process. The training is skills training in unconscious competence (see: *On Unconscious Competence*, below).

2. Approach to Skills Development in Therapeutic Artistry at Create Therapy Institute

Our approach to supervision is focused on the development of the skills for therapeutic

artistry. These key ingredients become central to an integrative process that moves one toward balance and, in so doing, hones the skills we use to learn and enact in supervision. These include:

- * Play
- * Aesthetic improvisation
- * The development of imagery
- * The use of the arts as the modes of exploration and integration.
- * Reverie as a healing state
- * Intersubjectivity as a process of training
- * Kinesthetic empathy as a sensory and process of training
- * Following an image through its movement and development towards its own meanings.
- * Reflection

3. The Anatomy of the Approach

FOCUS: Therapist's use of Self at work

POINT OF ENTRY: Sensory Awareness

MODES OF KNOWING: Visual, Auditory, Oral, Tactile, Kinesthetic, Spatial, Energetic, Poetic, Collective

PROCESS: Experiential/Interactive

ACTIVITY: Play and Interplay

TECHNIQUES: Confrontation, Mirroring, Fantasy, Dramatic Dialogue, Doubling, Enactment, Treasure Hunts, Ritual, Action Sculpting, Construction Arrangements, Group Sand play

Images and Reflection from Experiential Supervision Participants

It is always the stories and images that not only remain, but recall. As remnants collected from our shared experience, here are some of the words of the participants and co-participants, supervisors and supervisees.

One participant comments: On Aesthetic Improvisation

“ It is as if I am growing out of a skin that has served me well and defined me, given me color, design and form. I am letting this skin go, giving way to a process that I believe is about shedding a boundary and a safety net, becoming vulnerable and open to change with its inherent possibilities and challenges.

When I entered into the crazy logic of improvisation in interactive movement or dialogue only to discover the vast possibility in spontaneous here and now exploration, there was in the giving up what we were familiar with, an opening in not being wedded to our need to know where we would end up in our exploration. Then we were free to go to unimagined and entirely new places with our questions. Like the time when Lisa wanted to understand the experience of her client, the adolescent girl who was using a razor to cut on her arm. She was supposedly the expert

clinician on abuse and trauma, but instead of talking about containment and limit setting and safety, which we all knew about, and instead of showing and proving all that we knew and how good we were at what we knew, I remember Rebecca and Wendy gave each of us knives and scissors with lumps of clay and pieces of paper. It felt like the game "Rock, scissors, paper". We cut and slashed and stabbed; we enacted through the action of cutting until this hierarchy of needs came forth among us: the aggression, power, release, and violence. The aliveness of the slash became the compassion for all that couldn't be felt. We had to risk our safe and familiar ground. We had to enter what there was to be discovered. This kind of play said, 'Anything that is dreamt is possible.' It said, 'take me in, don't distance from me.' It was the dissociative distance that pushed her to reenact pain with the cutting in the first place. Everything changed for me the next time I met with my own client. I felt cracked open to myself and to her."

Rebecca Milliken writes: On Kinesthetic Empathy

It is safe to say that most clinicians understand the key role empathy plays in therapeutic work. Empathy is defined as a kind of special knowing of someone else, a focused way of attending to, intuiting, responding to another. Arthur Robbins (1986) describes, "Through empathy, which is itself metaphorical and symbolic, the therapist both receives and communicates" (14). Thus a therapist must work actively to develop and enlarge the capacity to perceive and take in as well as the ability to understand and respond on a variety of levels.

As a dance/movement therapist, I have been consistently trained to focus as much on the nonverbal dimension of experience as on the verbal. There is, in this dimension, a certain type of truth and immediacy of exchange; and the expression is often given form first through kinesthetic experience.

"This ability of movement to directly, almost instinctually, reveal affect....attests once again to the importance of non-verbal communication. Spontaneous, automatic, free from interference, body language sends messages of extraordinary purity and powerful meaning" (Mohacsy, 1995, 33).

One way I access this information is by using what we call "kinesthetic empathy." This is an enlargement of the process of empathy, emphasizing the body experience of both therapist and client. It involves using one's own kinesthetic and muscular experience to take in and better understand what is being expressed by a client. Kinesthetic empathy is an important tool for the clinician. It provides an arena for the closer consideration and integration of body experience, and expression into the therapeutic exchange. It requires a different type of attention which, in turn, offers us the possibility of being present in the moment in a deeper, more integrated way. It is an avenue through which we, as clinicians, can enlarge our range of availability and deepen the potential for experiencing and understanding.

I believe that any clinician who has honed his/her observational skills and potential for this dimension of empathy can use the information gathered in this way to better understand what is happening in the therapeutic moment and use such understanding to formulate a verbal or non-verbal response.

A sustained focus on and the use of the non-verbal, kinesthetic and sensory levels of experience is not an easy task. It is not specifically taught in most graduate programs nor is it easily acquired as a skill in clinical practice. It is a skill that must be specifically cultivated and practiced. How does one go about this task? One important avenue toward developing and honing this way of being with clients is by actively engaging in one's creative process, by creating space for oneself to put aside responsibilities and purposefulness of daily work and engage in some creative exploration. To have a chance to improvise -- on a kinesthetic as well as imagistic level, and out of improvisation - is to create. Through this type of self experience, one's primary senses are restimulated and activated - offering both a sense of replenishment as well as energy for expansion. By engagement in creative, aesthetic experience, we offer ourselves an opportunity to integrate mind and body -- sensation, emotion, image and thought. Thus type of experience returns the individual to a more sentient state, a newly enriched, physical and emotional way of being present in the moment.

One participant comments: On Collective Imagery and Interactive Play

(As background to the participant's comments that follow, it is important to note that clinicians so often bring to the supervision process all that they are holding in anxiety and worry. It is both a struggle to share the vulnerability and fragility of this state, and yet they most often feel it is the only place to bring it. Over time, we began to experience this entry as a container, a fragile container.)

"It is the collective images that stay alive for me -- what about when we all became a huge container for the marbles being thrown around among us. We became a circle container, sitting together on the rug. In silence, the marbles began to move among us, first slowly and tentatively and then aggressively, sometimes scattered, sometimes in a controlled direction, sometimes inside the circle, sometimes escaping from us going all over the room. I thought, "what are we supposed to do?" I was getting nervous about them. Do we hold them in, let them out, do we spill them, walk on them, listen to their sounds? Do we contain them or let them loose? I think we did everything I thought of, and more. It reminded me of the terror I feel when I get confused, when my clients make me feel lost, make me feel like I've lost all my marbles, I guess that's how we got to the marbles in the first place -- the clients experience, mine, and all that is moving between us. I kept wanting to control the aggression. I didn't know how to meet all that chaos - to stop it or meet it in play. We all kept moving those marbles around, until we each found some strange acceptance in the game, each in our own ways found something we hadn't known before. "

One participant writes: On the Use of Self in Countertransference and the Treasure Hunt Technique

"We went on a treasure hunt at the institute as our action to explore the intersubjectivity of another participant in the group, a Japanese-Brazilian-American clinician who was working with a mute 15 year old boy. In their session, she told us, she let out a huge burp. I almost laughed, yet it was too painful, she was so distraught over what had happened. Burping was so unlike her, so unlike her Japanese reserve -- she had actually burped aloud with him. The act of gathering,

moving, finding, hiding, giving, owning, dancing towards a kinesthetic understanding of the authority that *that* silence held next to such a seemingly involuntary gesture, it seemed.....All the noises we made that day, without words, and then, there it was, as if in that nonverbal noise, the silent muteness exposed itself and it was transferred into all of us. The mute boy was speaking to her through her body just as his silence and all that he wanted to say was held in his body, and then it moved through us. It was literally a treasure hunt.”

One Participant comments: On the Ritual Enactment of an Image

“At the end, it felt like we needed to sit around a campfire. We did! We built it almost like an altar. It was a place, a hot place. Like fire, it held the dark things that are beyond words, a place to gather around, to look at in song and in silence, to light it, build it, add to it, allow its beauty, meaning, its light or simply its presence as a holder of things that are symbolic, that have faith in things that feel unfathomable or frighteningly overwhelming. It had the presence of drawing us all near and warming us with the awe that had just taken place. It was a fire of calm.”

Wendy Miller writes: On Reverie and Unconscious Competence

The state of reverie is an alpha/theta brain wave state. It is a state of absorption that releases the general hold that some part of the Self in a wake state has on another part of the Self. What is healing is that this release rejuvenates something and allows new growth to occur. It allows certain places in the psyche to come forth without the singular dimensionality of purpose. Elmer Green from the Menniger Institute, has worked for many years in brain-wave biofeedback, and he calls the state of reverie a state of healing. It is the necessary brain-wave state for autogenic changes (organ specific changes), and is the only brain wave state where these changes actually shift at a cellular level.

Why is reverie of such interest to me? It is not just that the physical act of doing changes the way we bring in material, as art/dance therapy show. It is that within the action of doing and doing together, there seems to be an energetic field that is created -- an intrapersonal field and an interpersonal field. And this field provides something all on its own. You can tell this immediately from the collective discomfort it creates for some people just at the thought of being together in silence and in creativity. There is a nervousness, perhaps it is an excitement, but it is a state of awareness that is different from that created by verbal dialog together. There are ways to go to this state through verbal exchange, poetry, guided imagery or hypnosis, but often the therapist/facilitator is the leader or guide into this territory. Enactment requires this same guidance skill of the supervisor, but not only this skill. It also requires the supervisor to suspend this leadership role and cross over into a shared territory of play. Winnicott says that if the therapist can not do this, he or she must learn to do it before anything therapeutic can take place. I believe this is because the state of reverie is a playing field with a certain type of energetic exchange. Without it, the play is just a distraction from what is considered the “important exchange” which is the talk, the verbal sharing or the interpretative intervention.

Reverie is a state of loss/gain mixture. It is a place, a physical place where the suspension

of focus allows a different focus to come into view. This process is healing because it gives the thinker, doer, fixer, problem solver a break. This state of awareness, when it is a healthy one, is like a recall to something we deeply remember, some place inside where a kind of being exists on its own. A reflective kind of presence, a state of being in the moment with all its awarenesses folded in on one another, losing and gaining momentum at the same time.

Reverie is often thought of as a dream state, dream not in “out of reality,” but dream in something that moves without us, yet is made totally from the material of us. A crossing over, a crossing into, a crisscrossing. The state of reverie is the psychic and collective environment necessary for our unconscious competences to make themselves known in their aesthetic ways. Unconscious competence is what emerges from experiential approaches. Many people do not want to go there because of fear of danger -- psychic toxicity. To the unfamiliar, it can cross boundaries that feel hurtful and separating. We fear we will not be able to find our way back --like all those fairy tales where the mother is dead -- from Bambi to Babar, Hansel and Gretel or Cinderella. The caring is not held or if it is held it is not held safely, and out of the relational box emerges the demon of FEAR -- language or thoughts of an inner alien slip out and we don't know where we are. How, in a relational space of therapeutic exchange, do we find our true way back to Self listening to the essence of creativity: self generation and self direction. We have digested one another and one's history and wellbeing, and we can spit it out with venom or love. We can transform it or reenact it, allowing the state of healing or the state of splitting off.

Unconscious competence is the belief that what emerges unconsciously has some direction, focus, inner purpose and meaning that can be held, contained and expressed. Unconscious competence is the belief that competence comes from all that we know and can organize as well as all that comes at us mysteriously and often chaotically. Wouldn't we want to invest in such a process? I think of building the institute like a site-specific installation or an assemblage. I think of holding all the multiple parts and then reshaping them to fit together into a whole. I think of the part that slips out then as being an aesthetic beauty that emerges and surprises. What motivates me to keep going is the knowledge that *that* is what will emerge.

Evolving Vision and Goals for the Institute

We want to participate in promoting generative thinking with colleagues of many disciplines. We want to act as bridge builders between different languages/descriptions of explanation and languages of experience. We are interested in the interface between creativity and healing. We want to find the images collected in our shared collaborations and build stories out of them, stories we hope can convey the essence of the experiential nature of knowing an unknown thought. We want to push open the edges of knowing shared through the intimacies of story. We want to write about intersubjectivity, reverie and integrative arts.

As we have moved to new physical spaces, we also have moved from the institute's training of others to the development of models for clinical practice and personal/professional integration. We

have needed to not only be an institute that provides for the community, but also one that receives from it. As an institute, it is developing collaborative branches with the community. The Experiential Supervision Program made that direction clear for us. In December 1998, we were awarded an Honorable Mention for Best Practices as "Keepers of the Culture" in a National Creativity and Aging Conference in Washington, DC for Rebecca Milliken's work with older Alzheimer patients and Wendy Miller's work with older medically ill patients. In 2001, Rebecca's work with violence and substance abuse has taken her into the prisons with experiential dance/movement approaches to treatment, with an upcoming article reflecting on this work and on violence in the aftermath of Sept. 11. Wendy is working with art therapists and art educators in an integrative arts group, pushing the edges of roles, mentors and community. In addition, she has written a chapter on sand tray work with internationally adopted children for an upcoming book on creative arts therapy and adoption. This chapter has grown out of a focus the institute has long had in integrating sand play therapy and expressive arts therapy as an experiential approach to identity assessment and development, using the sand tray as a container for enactment of similar processes as those in Experiential Supervision.

The Experiential Edges of the Field

Expressive arts therapy has been seen by so many of us as the territory that lays beyond the fields of art or psychology. In fact, it has become its own territory. The new territories that people explore as they advance as clinicians can often feel outside the boundaries of an existing field. The new ideas lay at the edges of the existing fields and then between these edges is a new magnetic field which brings in other information. If one stays in the named territories, the magnetism from the new experiences attracts but has difficulty integrating. Therefore it begins to be confining or sometimes confusing for people. Crossing over the thresholds, pushing the experiential edges, is a description of a process -- a process of integration. When the polarities can't come together on their own, it's because their edges haven't been touched, loosened or opened to breathe in the new elements of experience. Create Therapy Institute aims to study the ways we push on the edges -- in this essay, the edges of supervision -- to set up ways for our experiences to magnetize something new. Experiential Supervision sets up shared collaborations as phenomena where the themes of intersubjectivity, empathy, reverie and integration can be enacted.

Bibliography

Bollas, C. (1989). *Forces of Destiny: Psychoanalysis and Human Idiom*. London, England; Free Association Books.

Dosomantes, E. (1992). The intersubjective relationship between the therapist and the patient. In *The Arts and Psychotherapy*, 19:5, pp. 359-365.

Lett, W. (1995). Experiential supervision through simultaneous drawing and talking. In *The Arts and Psychotherapy*, vol. 22#4, pp. 315-328.

Lett, W. (1993). Therapist creativity: the arts of supervision. In *The Arts and Psychotherapy*, vol. 20, pp. 371-386.

Lorenzetti, M. (1994). Perspectives on integration between arts therapy areas. In *The Arts and Psychotherapy*, vol. 21, p. 112-117.

Mohacsy, I. (1995). Nonverbal communication and its place in the therapy session. In *The Arts and Psychotherapy*, vol. 22, #1, p. 33.

Robbins, A. (1986). *Expressive Therapy: A Creative Arts Approach to Depth-Oriented Treatment*. New York: Human Science Press Inc.

Robbins, A. (1988). *Between Therapists: The Processing of Transference and Countertransference Material*. London, England: Jessica Kingsley Publishers, Ltd.

Robbins, A. (1994). Developing therapeutic artistry: a joint countertransference supervisory seminar/stone sculpting workshop. In *A Multi-Modal Approach to Creative Art Therapy*. London: Jessica Kingsley Publishers Ltd., pp. 141-159.

Tselikas-Portmann, E. (1999). *Supervision and Drama therapy*. London, England: Jessica Kingsley Publishers, Ltd.

Winnicott, D.W. (1993). *Playing and Reality*. London: England: Routledge Publishing.

BIOS: Wendy Miller: Psychologist, expressive arts therapist, visual artist, and co-founder of Create Therapy Institute. She has taught at JFK University, San Francisco State University, Southwestern College, The George Washington University, Lesley College and California Institute of Integral Studies. She has published on medical illness and the arts as complementary medicine and continues research on the relationships between creativity and healing, and the integration of expressive arts with psychotherapy and training.

Rebecca Milliken: Professional counselor, expressive arts therapist, dance/movement therapist, and co-founder of Create Therapy Institute. She has taught at Goucher College and SUNY. She has published on addictions and continues research on non-verbal communication and the integration of expressive arts/movement with psychotherapy and training.