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SERENDIPITY'S ROLE IN PSYCHOTHERAPY: A BRIDGE TO THE CREATIVE ARTS THERAPIES

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In 1754, Horace Walpole (1717–1779) proposed the addition of the term “serendipity” to the English lexicon, based on the Persian fairy tale, *The Three Princes of Serendip*. It was defined as the discovery of valuable things not sought for through the combination of accidental events and sagacity.

Although Walpole's term has survived to date, its original definition changed. The sagacity factor has been dropped in many contemporary popular dictionary definitions. In Rosenman's (1988) view, “Sagacity, defined as penetrating intelligence, keen perception and sound judgment, is the key element of serendipity” (p. 132). Nevertheless, despite these conceptual differences, serendipity's contributions to many discoveries in science are by now famous (e.g., Fleming's penicillin, Gram's staining technique, etc.), even though many have considered it “unscientific” to reveal such data. By contrast, serendipity's role in advancing psychological treatment is less well-known, too infrequently addressed, often ignored or unrecognized, or kept a secret until the discoverer's work has gained enough fame so that the discovery would not be attributed to mere luck instead of to hard work (Merbaum & Lowe, 1982).

This paper presents Merbaum and Lowe's (1982) classification of serendipity in psychotherapy, Rothenberg's (1988) differentiation between purely accidental events and articulations of errors of “so-called serendipity,” and a proposal for integration of terms with further specification of the phenomenon. Implications for the creative arts therapies are discussed.

Serendipity in Psychotherapy

Merbaum and Lowe reviewed the literature in clinical psychology and allied fields and identified the presence of serendipity in the following contexts: Type I: psychological research; Type II: naturalistic contexts; Type III: medical and psychological treatment. The latter was defined as follows:

A serendipitous event in psychotherapy is one that occurs independently of (or despite) the therapist's intentions and generates new, unexpected information that furthers a client's diagnosis or treatment. Such events may occur within or outside of the therapeutic setting. In therapy, opportunities for serendipity will be greater the more often unplanned and unexpected occurrence disrupt the routine therapy format that has been established. Outside of therapy, serendipity could be said to have occurred when a patient unexpectedly derives therapeutic gain from some event occurring [sic] independently of therapy. (p. 117)

The authors presented two illustrations. In the first vignette, Levinson (1961) described how a dog “happened” to be present in the office when the therapist was treating a difficult problem child. Later, the child, who had formed a strong attachment to the dog, would not come to his sessions if the pet was absent. As a result of including the dog (as co-therapist) in his

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and other children's sessions, the therapist found that these interactions facilitated the emergence of valuable clinical data that would have been difficult to obtain with more traditional means.

In the second vignette, a male therapist and female patient (with a diagnosis of paranoid schizophrenia) had agreed that the length of this particular session would be open because she was very upset and had traveled far to see him on the weekend. An hour and a half into the session, which had begun at 5:00 p.m., the therapist asked her how much more time she needed. As she did not reply, they continued for another 30 minutes. Then the therapist pointed out that, due to weakness from hunger, he was having difficulty in following her. The patient, interpreting rejection, "became extremely upset and, standing up, began trembling, wringing her hands, and leaning to and fro" (Standal & Corsini, 1959; in Merbaum & Lowe, 1982, p. 119). However, as a result of the therapist's agreement to continue the session, the patient, trembling, then started to reveal previously unexpressed data about her relationship to her father—including incest. Although in the original report the therapist failed to mention the patient's adjustment after this session, Merbaum and Lowe argued:

It does seem clear that a marked emotional reaction (possibly including hallucinations) and critical clinical material were evoked largely through fortuitous circumstances. The therapist's "rejection" of his patient, which sparked her intense catharsis, may never have occurred if they continued to meet for sessions of uniform duration. The new information gleaned from this incident would be of heuristic value in the treatment of similar cases. (p. 119)

By contrast, McCormick's (1979) case report illustrating typical patient-change due to redefinition of who is really the patient, or of the problems to be addressed in therapy, does not qualify as serendipity. A lucky accident is missing. In other words, changes in treatment cannot be automatically attributed to serendipity. Instead, circumstances within which spontaneous remission occur are noteworthy and ought not to be indiscriminately labeled as non-specific factors. In Lazarus and Davidson's (1971) view:

Unplanned or unexpected clinical improvements are often dismissed as "spontaneous re-

missions" but the clinical innovator is the one who carefully notes a variety of possible cause-effect sequences and thus discovers therapeutic levers that his less inquisitive colleagues are apt to overlook. (p. 178; and in Merbaum & Lowe, p. 119)

Serendipity may also play a role in the development of theoretical models. Freud's derivation of the defense mechanism of sublimation, for instance, was inspired while he was reading a periodical cartoon (*Fliegende Blätter*) (in Sachs, 1944, p. 100).

Merbaum and Lowe concluded that in spite of the dearth of reports in the literature, "probabilistically, we are well assured that serendipity is as prevalent in clinical psychology as it is in other areas of psychology (p. 120). This assumption is also applicable to the creative arts therapies.

Purely Accidental Events versus Articulations of Error

The following year, Rothenberg (1983) defined creativity: "to create is to bring forth an entity that is *both* new and valuable. This is the strict specific definition that has achieved the most consensual agreement in scientific research on the matter because it applies best to general usage and general interest" (italics in original, p. 57). He then stressed that in view of this definition, "psychotherapy is a creative process because . . . it involves the bringing forth of entities that are new and valuable" (p. 58).

A major factor in producing progression in the creative process is the factor of articulation. Articulation, which technically means simply to join is a word with a double sense. The articulation or joining one element with another produces both a coming together and a separation at the same time. (Rothenberg, 1983, pp. 58–59)

Therapists and patients, together, engage in an articulation process, separating and uniting past, present and future elements from the patient's life. In the end, the patient has achieved both "an active psychic separation from the past and a concomitant clarification and acceptance of continuity with factors in the past. In this sense, the patient develops meaningful independence and psychological freedom"

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