

Editorial

I have been asked, as Chairperson of London Scope, an organisation that was set up to promote the use of Creative Therapies, and to support those working in this way, to compile an issue of this magazine on Creative Therapy.

I am an Occupational Therapist, working in acute psychiatry, trained in Counselling and groupwork at South West London College and Michigan State University, and with some training in Psychodrama and Gestalt.

To write about Creative Therapy involves looking at the term and what I mean by it. To define it is difficult, because you could say that any therapy is a creative process.

However, the term as I mean to use it evolved relatively recently, in the 1970's, although there were some Occupational Therapists, Artists and Doctors in Psychiatry, who were using Creative media with patients, much earlier.

In the late 1950's, the Growth Movement started in America, bringing a Humanistic philosophy to Therapy, with the work of people like Rogers, Perls and Lowen. This was presenting a 'following' non-interpretative approach, with the emphasis on the 'here and now', on spontaneity and the experiential. Having developed on the West Coast of America, the Movement came to London offering therapy, workshops and training, firstly through an organisation called Quaesitor. This movement attracted people in the helping professions who were already using creative media, and made sense of what they were already doing intuitively, and they responded to what they learned and began developing what were first called 'projective techniques'.

Occupational Therapists and others using these creative therapy techniques, often worked alone, and looked for support. Scope was founded in 1973, as a support group for Occupational Therapists wanting to use these methods, and since then its membership has broadened to include Art, Drama and Music therapists, Doctors, Social Workers, Nurses and Priests. Art, Music, Drama and now Dance therapy have evolved as separate entities, each with their own training, and these disciplines now work hand-in-hand with occupational therapists, many of whom have also trained to some extent in the different approaches.

Some people in Psychiatry remain suspicious of the newer approaches to Therapy, and are often more trusting of conventional analytic work, Art therapy being seen as the most acceptable form of Creative Therapy, perhaps because Art has long been used in Psychiatry and so is more familiar than dance, music, drama and bodywork.

As Counselling has grown in this country, with its wider definition of therapy, it has embraced these creative methods.

There is now an interest in creative therapies, not only in the Psychiatric field, but in counselling centres, growth centres, and more recently in industry and education (teachers' centres taking an interest in creative therapies as a way of expanding teacher awareness as well as of teaching children).

I have asked people I know who are working in some of the different approaches to write about what they are doing now, and hope to give readers a taste of some of this development. It would be interesting to have readers' response to this issue and London Scope would like to hear your comments and ideas.

Ann McEwan

(Ann McEwan can be contacted at work on 794-0500 ext. 3686.)
