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OCCUPATIONAL THERAPY USING CREATIVE THERAPIES

I work as an Occupational therapist in what I would describe as a typical, large psychiatric hospital.

I see my role as that of 'creative therapist'. By that I mean that I aim to keep aware of my own and others' creativity in all that I do, i.e. in the way I am all the time; both in my relationships with others as well as in the way I initiate, facilitate and participate in activities with both staff and patients. To put this another way, I suppose I am a humanist in my approach and philosophy.

My O.T. programme is aimed at providing stimulation and opportunity for every individual patient, each one of whom may respond differently with different media. So, we have time for a verbal therapy group, time for a non-verbal action technique group (where we may use psychodrama, gestalt, bodywork or relaxation techniques), time for using art as a medium for therapy and creativity, as well as time for a group session that we call Creative Leisure, where we think specifically about how we spend our leisure time, how we would like to spend it and what we are doing about setting that up for ourselves.

To illustrate the kind of things we do and the way an individual may work on their personal issues and develop through different media through the week, I give an example as follows.

In one of our Tuesday, verbal therapy group sessions, Mary, who had been withdrawn, depressed and regressed, hardly able to look after herself, spontaneously began to talk about her current difficulty in settling into her new house. Encouraged by support and interested questions from the group, she explored further. She talked about her recent and more distant past, which included her current relationship with her second husband, her move to her present house, prior to that the move to the previous house, and before that the breakdown of her first marriage and the pressure to leave her original matrimonial home. None of this had she been able to express openly and grieve about until then.

The following day, during the art therapy session, she painted a picture of the three houses, saying how much she wished she still had the first one. The other members of the group sensitively and firmly asked questions and encouraged her to explore and describe her feelings about the loss of the relationship and way of life symbolised in her painting.

The next day, in the action techniques group, Mary volunteered to do some work. We employed psychodrama techniques and she used many of the group members as 'auxiliary egos', representing family members in a re-enactment of the scenes which led up to the break-up of her first marriage, ending with the final, parting scene. After this, she did a 're-play' of how she **wished** she had said 'goodbye and good riddance' to her ex-husband. During this psychodrama, for a brief moment, Mary seemed to be able to let herself go in role, and release much tension by expressing her anger towards her first husband. The group also supported her by sharing how they identified with aspects of what she had expressed.

It is my aim and hope that, in this kind of O.T. programme, patients may use creative therapies however they want, but perhaps to re-create themselves and their lives, or, as Carl Rogers says to 'become a person'.

(For the purposes of this article, to preserve confidentiality, I changed the patient's name).

'Good morning heartache.'

*Having secured a small room,
wake up alone,
adjust the woodpulp blanket
and wait for alarm to subside:
identify the leaks as the jet wavers.*

*The shaving mirror doesn't reply,
but there are now a number of everyday answers:
the door lets you out and keeps you in,
nothing deforms the air without invitation.*

*Between the white wall and the uncommitted eye
she may become visible.*

Sasha