OCCUPATIONAL THERAPY FROM THE THERAPIST'S STANDPOINT.*

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THE use of occupational therapy in mental or physical illness, as an adjunct to medical treatment, has developed rapidly during the past twelve years. As definitions often prove a snare to the uninitiated, and as no comprehensive phrase has been coined for this scientifically applied activity, it seems advisable to give a short survey—based largely on experience gained in the United States—of the manner and degree in which this therapy is contributing to the recovery of the sick to-day.

In the general hospital, occupational therapy has come to take a very real place as an important department of medical practice, with a wide field of usefulness. Once it has been accepted by the hospital staff that the article made by the patient is the by-product, the cured patient the end-product of treatment, and that the patient might as reasonably be paid for taking a dose of medicine as for completing a craft article, then it is worth while prescribing occupational therapy for ten of the fifteen days' average residence of a patient in a general hospital.

If occupational therapy is to be incorporated as a curative scheme in the work of a hospital, the occupational therapy department must prove its value. The department will be accorded " that respect and deference in the organization of the hospital that it earns by its work, by its actions, and its co-operation in the general scheme of things ". At the same time the most skilful and carefully trained occupational instructor will be seriously handicapped in his or her efforts, if not properly supported by the medical and nursing staffs. There must be team work and real understanding of the value and methods of occupational therapy by every member of the team, doctors, nurses, medical students, administrators and the public.

The preceding statements may be illustrated by considering how occupational therapy can be employed in a chronic disorder such as pulmonary tuberculosis. It might be assumed perhaps that a person of artistic ability who for some years had herself undergone treatment for tuberculosis would prove a competent occupational therapist. However, without experience in

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the proper use of materials as the means for freeing creative impulse, the untrained therapist may easily mishandle an interest that has been overstimulated, and may thus nullify any possible advantages, immediate or future, that might accrue to the patient. A trained worker will get an insight into the medical and social history of each patient. She will appreciate the psychological approach necessitated by the rapid changes of mood of a tuberculous patient who believes he is exempt from precautions applicable to his fellow patients, yet who, at the same time, fears he will never recover, and equally fears to make the attempt to do so. Above all she will realize that with any patient, whatever the disease, the therapist must treat the whole personality. It is in the sharing of common interests that the therapist will gain an insight into the emotional and mental life of the patient as a personality. By the exercise of this human understanding the therapist will then be able to provide some therapeutically selected occupation in which the patient can find an outlet for energy hitherto pent up in emotional conflicts.

In illnesses or other disabilities with long convalescent periods, the work provided for purely therapeutic purposes may often serve also for pre-industrial and pre-vocational training. This side of the work, leading into the domain of the sheltered workshops, cannot be dealt with in this paper. It is sufficient to state that " the deciding factor of success or failure in rehabilitation is not the physical handicap, but the emotional and mental attitude or reaction to the physical disability ".

It is also impossible to give any account of the research work which has been done along the lines of analysis of crafts for work with chronic patients, and the manner in which one patient can gain physical and psychological benefit from a craft used, or game played, in one manner, while another patient may gain equal benefit from the same craft or game applied in another manner. Neither is it possible to deal with the technicalities of measuring joint motion and muscle strength and of the application of treatment, including the alteration of tools and materials to meet the required deformities and disabilities of individual patients, who may be suffering from chronic diseases, such as asthma, cardiac trouble, chorea, empyema, hyperthyroidism, hypothyroidism and from bone diseases, joint diseases, bone injuries, various types of paralysis, muscle diseases, and post-operative conditions.

In the case of children suffering from chronic diseases, occupational therapy attempts to create a normal atmosphere by the use of natural tendencies of childhood in play, life and companionship. In all chronic cases it provides a " means of conserving and bringing into play whatever remains to the sick and injured of capacity for healthy functioning ". This is not only achieved by scientifically applied arts, crafts, and games, but by the inclusion of the patient in clubs, societies and groups, so that any of his creative impulses may find satisfaction in social life.

Occupational therapy for the mentally ill is an extremely big problem, and

there is liable to be confusion between what is being done, and what can be done, at the present day. The first attempt at assisting the patient to a social readjustment was by employment in routine work about the hospital and grounds. Organized occupational therapy, however, has proved able to deal successfully with an increasingly greater number of patients than was possible under the uninspiring conditions of hospital routine, and a brief sketch will show how an occupation department can be integrated into the life of a mental hospital. It must be remembered, of course, that this paper is based on experience obtained in America.

First of all what may be called an occupational or industrial survey of the hospital is made. Suitable foremen for each particular occupation are selected from the staff, and each foreman must also show qualities fitting him to deal with the particular type of patient to be placed in his care. Much can be done to educate hospital employees in sympathetic co-operation by classes in psychiatry, occupational therapy, and the art of handling patients, etc., for, if it takes years to win the co-operation of and to readjust a patient, the education of an employee is also a lengthy business.

An analysis of all work available, from heaving coal to running the radio room, is drawn up, so that the jobs shall be apportioned suitably to the needs and capacities of the particular patient. In a hospital where such an analysis was made by the occupational therapy department, it was found that while some foremen had worked out systems which were therapeutically excellent for the individual patient, the attendant in actual charge of the group of patients mopping a floor, for instance, might nevertheless behave like an indifferent galley master, entirely heedless of the need for individual attention to any patient.

For some types of psychoses requiring daily sedative routine work, mopping the floor may be excellent, but for the schizophrenic who stands aimlessly about, or trails a soaking mop indifferently over both clean and uncleaned floor, it is a futile gesture either for himself or for the group. As everything in a patient's environment reacts on him consciously or unconsciously, and as every piece of work given a patient, whatever his mental or emotional level, presents a problem to him, then, if the solution of that problem is to be followed by a sense of satisfaction for the person chiefly concerned, the above illustration has shown that not only must the foreman and the work be known, but also the attendant and the patient.

In every case an index card is filled out from the medical record, from the social service report, and from details obtained from the physician and from the patient, showing not only the patient's capacities, but his ambitions, hobbies, etc. Thus the therapist discovers, under guidance from the physician, the work and social activities appropriate for the patient. Finally the patient is introduced to his foreman, to his work and to his fellow-workers, and from time to time his reactions are observed and noted on the index cards.

The attempts to re-educate groups of deteriorated psychotics in habits of cleanliness and in routine activities have met with considerable success, and it can be seen that the daily menial tasks of industrial work, therapeutically applied, may have excellent results. Of course as the condition of the patient changes, the work or occupation should be changed appropriately.

Apart from the social activities, group therapy on a large scale is probably not beneficial for the greater number of the mentally ill, that is for those suffering from the functional psychoses—schizophrenia, manic-depressive psychosis, involutional melancholia, psychopathic personality and the psychoneuroses.

All these disorders show a conflict in the emotional life, causing the personality to turn away from reality and from any social activities. Thus occupational therapy, which can be of the greatest value in these conditions, must here be provided in a form that affords, at first at least, an *individual* outlet for the emotional life. It will be possible to lead up to group activities only later on. Occupational therapy presents a most valuable method of substituting objective reality for fantasy in so satisfying a form that the individual is weaned back to an active participation in well-balanced play and work. Dr. Mary MacTaggart has stated that " The basis of work is play; the child who plays actively, constructively and well, will later on work with the same keen concentration and eager enthusiasm as he devotes to play ". As the mentally ill cannot work either with keen concentration or eager enthusiasm, they must first of all be met on the play level. It is not suggested that this type of adult patient should be treated as a child. The therapist, while aware of the emotional inhibition from which such patients suffer, will realize that their intelligence need be in no way impaired and must never be under-estimated. Very often patients are called by their first name, which is usually equivalent to treating them as children. Especially with the schizophrenic type of patient this often unconsciously patronizing familiarity is unwise, as the smallest detail in the emotional relationship with the therapist may bring about the wrong attitude in a patient who unconsciously desires to turn from all responsibility.

Besides understanding the patient's history, type of mental disease, reaction to present environment and the inter-patient relationship, the therapist must attempt to estimate how far the patient has withdrawn from external contacts, so that suggestions may reach both the intellectual and emotional life of the patient. A schizophrenic-paranoid type of patient may show outwardly normal behaviour, and yet may be far more withdrawn from external stimuli than another patient, who is seemingly lost in fantasy, but who can be stimulated by music, colour and rhythm.

Before attempting to redirect the expression of socially unacceptable behaviour on the part of a patient, it is well for the therapist to inquire what is the source of the patient's need for this form of expression. A woman who

has found the problems of life too difficult may pass into a state of hypomania, and seemingly enjoy the irresponsible life amongst some of the most disturbed patients. In this environment, obviously, she may express herself without criticism from others or from her own ego ideal. Such a patient may respond to the opportunity for self-expression in a group by means of free expression, mime, and classical dancing. In such group-therapy, all exercises and dances giving a rhythmic emotional expression, and explaining a fantasy suggested by the music, can be taken in a circle formation, so that the patient need not copy others, and will have no one against whom to feel antagonism or competition. Once the patient has found enjoyment in doing something well she can usually be encouraged to continue. As she gradually finds an outlet for her emotions, in and with a group, an alteration which Adler has termed the " Yes—but " reaction will take place in her attitude. At the same time the therapist will realize that although the patient has found satisfaction in co-operation, her real problem surrounding the " but " has not been, and cannot be solved, without the united understanding of the patient and the psychiatrist.

A real difficulty with schizophrenic and psychoneurotic patients is the breaking up of conventional thinking and activity. Complicated crafts requiring much tuition and exactness, as well as prepared designs for these crafts, may limit the creative desire, thus forcing the patient into accepting a standard of what is considered suitable for him, in place of freeing and adapting his own creative desires to his materials. His attempt to " be " is hindered by his fear of " being wrong ".

The schizophrenic who has gained some emotional freedom needs the stimulation of a sense of solidarity. This can be obtained through his relation to the working group, rather than to his own particular craft, which might become a means of further isolation. In a group product, such as the making of marionettes, or the scenery, properties and costumes for a play, the patient is drawn into contact with his neighbour by working for a mutual interest—the play. To be really interesting, group projects should fulfil an actual need, such as interior decoration, an order for soft furnishing for a ward, or toys for a children's hospital. The patient able to do only the simplest job, such as sandpapering, will gain a feeling of responsibility when he realizes that his neighbour does not care, and is not able, to paint on badly papered wood, so that the patient who sandpapers sees his work in relation to the whole.

It is impossible to generalize on the therapeutic application of colour or of materials for different crafts, because every individual case will have a different reaction.

Free expression in modelling, in colour and in line may be of great value, both for the freeing of an inferiority feeling in the patient by the establishment of self-confidence, and for the information of the therapist and the

psychiatrist. The "hand follows the mind", and undirected expression will show how far the patient has related herself to reality. By a therapist who understands her patient and something of universal symbolism in colour and form, much can be learnt of the unconscious, emotional conflicts of the patient, because they are symbolized in clay, colour or line, and because, in the act of creating in a safe environment, the patient will often be relieved of sufficient anxiety to be able to talk freely. This treatment can follow with good effect a period of free expression in movement to music.

Although rhythm in dance was one of the first expressions of emotion in primitive man, it is seldom used as a therapeutic measure in treating mental patients. Most hospitals have weekly dances, in which a varying number participate. In any form of recreation or work therapy, much good can be gained by the co-operation of the sexes, and this is true in ballroom dancing, but the more proficient the couple, the more must the female completely subordinate herself to the male, or to the female taking the male lead. In some cases this is untherapeutic. The exercise is beneficial, but limited to certain muscle groups. Folk-dancing expresses few emotions and gives little free movement, and from the first demands a following of definite steps and instructions by the patient At the same time this form of dancing can be beneficial for the mentally deficient and for some deteriorated psychotic patients. In mime and classical dancing, in which the patient is encouraged to express all that is suggested to her by the music, the whole body can be exercised with a minimum of muscular fatigue, and the patient finds expression for all her moods and fantasies, and above all for her repressed emotions. Judging by a little experimental work on these lines with the apache type of post-encephalitic children, it is probable that much may be done by this treatment to deal with behaviour problems.

In the treatment of schizophrenics and psychoneurotics by this type of group therapy, the music stimulates the patient's emotional conflicts. Unconscious fantasies are dramatized in motion. The patient gains self-expression in three ways:

(1) By accepting a main idea which the music seems to suggest, and in a group, the patient gives an interpretation of this idea which has been accepted by the group. Individual conflicts will show in choice of parts, movements and reactions to the group.

(2) By giving an entirely personal interpretation to any phase of music; by endeavouring to bring the fantasy into the reality of speech, on the intellectual conscious plane, by describing the idea or feeling suggested by the music.

(3) By free choice of an emotion and of music to suggest a fantasy or feeling which the patient creates in reality by the use of the group as the material. The patient who, in the presence of others, has dramatized his unconscious fantasy many times in numerous ways by movement, can more

readily bring enough courage to tackle the problem with the psychiatrist. He can pass on to play out aggressiveness, self-punishment, self-pity, etc., and he will gradually become more acquainted with his unconscious desires.

If mental symptoms are warped attempts at sublimation, then occupational therapy provides a means by which instinctual drives may find an outlet and readjustment. A certain amount of cruelty may be expelled by the patient in felling a tree, playing a game of "rugger", working in a butcher's shop, or in conquering the representatives of authority in a game of chess. Enough indication has been given to show that occupational therapy aims to absorb emotional affect, whether in direct or in sublimated form.

It is the aim of the therapist not only to assist the patient to make a readjustment, but to attain a working method by which he may continue to adjust. During treatment the therapist must be aware of the fatigue factor in mental illness, engendered by the nervous energy used in compulsive thought and action, and the conflict of fantasy life with reality. She can introduce diversional activity, and she may be able to find and recommend to the physician the type of work that stimulates and brings enjoyment. The physician should not only direct, but see the patient at work, and if necessity arises explain to the therapist that such mechanisms as sullenness in behaviour may show a desire for love, that neatness may perhaps be an over-compensation for interest in excreta, and in this case the patient can be encouraged to model with clay, while a quiet retiring patient might play the drum in the symphony band. As Dr. Oberndorf has stated, "the goal of scientifically determined occupation is obtainable only through a very close co-operation between a discerning physician and an understanding therapist".

There is a great need of research into scientific methods of approach to, and application of, occupational treatment. This work can only be attempted by a well-trained therapist, one who at least fulfils the minimum requirements of the American Occupational Therapy Association.

A competent occupational worker needs common sense, tact, imagination, and a sense of humour. An insight into his or her own personality problems is a great asset, as this will obviate any exploiting of unconscious conflicts in the work—a point of considerable importance, especially if the worker is to deal with the mentally ill. Much of the skill of an occupational therapist will, of course, only be obtained after the training period is over, in the actual practice of the profession itself. And here, as wherever it is a matter of deliberate intention to influence and direct the lives of others, it is well to keep the philosophic maxim of self-knowledge clearly before one, for only the free can liberate the bound.