IS DIVERSIONAL OCCUPATION ALWAYS THERAPEUTIC?

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To have asked the question of workers with those mentally or nervously ill a few years ago, is diversional occupation always therapeutic, would have catalogued one as an asker of foolish questions. The answer then would have been an emphatic "Yes, it always is." The answer now is "No, it is not always." Granted, the answer now given is not voiced by a complete chorus of workers, but those who do subscribe to this, do so with a conviction that grows stronger with each year's round of observation.

Occupation, as a therapeutic agency, was dreamed of over one hundred years ago and has been spasmodically applied with more or less success every twenty-five or thirty years since its conception. During all these years its curative value has been thought to rest largely, or solely upon the diversional character of the work. Those who question the correctness of this statement, should recall that the present healthy movement now called "occupational therapy" had its birth some twenty-five or so years ago, in a number of widely separated hospitals treating those mentally and nervously ill, and was spoken of as "diversional occupation." This term has continued in use among these workers until it was gradually replaced a few years ago by the now almost universally used term "occupational therapy." Those who wrote of occupational experiences during this period put much stress upon the curative value of the diversional element of the crafts used.

1 Read at the Fifth Annual Meeting of the National Society for the Promotion of Occupational Therapy (now the American Occupational Therapy Association), held in Baltimore, Md., October 20–22, 1921.
The war called for occupational therapy to enter new fields and with the broadening of the horizon many new attributes of the science of curative work were discovered and developed. Much has been done in these new fields, but these remarks will be confined to work with those mentally or nervously ill. What progress has been made here? Facilities have been multiplied, craft knowledge has been increased, and much has been learned about application; but while the name has been changed from diversional occupation to occupational therapy, still it is to be feared that many workers recognize only the merits of its diversional element.

Is it patent because a mental patient enjoys the work he is doing, that he is receiving the maximum of benefit therefrom, or is it even self-evident that he is benefited at all? Can it be said of all cases that because their period of occupation cannot be progressively increased that this is a gauge of the benefit they are receiving? Can the fact that the patient has made a very interesting piece of work always be accepted as evidence that he has been helped thereby and not in certain peculiar cases really harmed? Must the instructors feel that unless they can find something that each case will enjoy, for them occupation is a failure? The answer to all of these questions is "No." There are many other attributes of occupational therapy of equal importance. For some cases these other attributes or principles of application, are all important while the diversional phase is unimportant and perhaps even degrading. These principles will be designated by names when they are more thoroughly understood. Now it is better to present cases in occupational treatment to illustrate the use of these principles and show the results obtained. If compared with cases requiring diversional occupation the application of these principles will become clear.

Case 1. A young construction engineer who read abnormal meanings into irrelevant happenings. Annoyed much at night by imaginary persons. Developed a morbid playfulness which manifested itself in pranks like hiding others' hats, untying apron strings and removing and hiding all the electric bulbs used on one of the halls. He came to
the occupation building shortly after admission to hospital, being employed at basketry. Shortly afterward was transferred to the carpentry and cabinet making shop. Here he made many pieces of fine cabinet work as presents for members of his family. He seemed to enjoy more the planning and contemplation of a new problem than the finished piece. He would often give way to his morbid desire to play by striking his work repeatedly with a hammer. Then having gotten the desired satisfaction, he would set to work to remove the dents in a workmanlike fashion. For six months he was thus happily occupied but his condition did not improve, although we then felt that occupation was doing all that it could do for him. Then came the need for occupational equipment and he was asked to help. Up to this point his work was simply diversional. It was his own, and he could gratify upon it the unhealthy subtle desires to play. Now he recognized that he was doing vitally needed tasks for us, therefore any gratifying of this morbid playfulness not only marred but delayed the finishing of equipment we needed. This made him try to curb this tendency. When at the end of nine months we found that letting him do too many occasional pieces for himself was paralleled by lapses, we planned to occupy all of his efforts with our needs. Six months before this change was made his outlook was not considered very hopeful. The changed interest paralleled a progressive improvement and after being treated twenty-eight months, he was discharged as well. Is it too much to claim that the change in presentation contributed definitely to recovery?

Case 2. An actor and dancer who was in a very elated condition and quite over-active, spending much of his time in the hall in dancing wildly from one end of it to the other. In the odd moments of comparative quiet between these periods of action he designed in color, a number of extremely fanciful posters. These he made very rapidly. Nothing held his interest long. When he came to the shops we wondered what we might offer that would hold his interest and keep him in one spot a little while. He wanted to model and with relief we gave him clay and tools. He constructed a skeleton of wire and set to work completing in four days, a dancing girl. He used no visible motive and the figure was purely a portrayal of his mood. He entertained us with very convincing accounts of his achievements in certain studios abroad. These experiences also were children of his over active imagination. Next he started a totem pole lady in clay, but work upon her lagged as she grew taller. He saw others making jewelry and wished to try
enameling. He designed and executed a most exquisite peacock plaque in enamel on silver, completing it in four days. Within the next week a butter-fly brooch was planned and made of copper, silver and enamel. The color was very fine but to the structural details he would not give sufficient thought to make the piece the success we expected. All the while he was becoming quieter, more rational and less over active. When five days latter he finished a pair of enamel cuff links we felt discouraged because his interest was lagging more markedly each day. Finally he started a silver ring and worked over it with lessening interest for a week. He seemed almost ashamed of, and embarrassed by his inability to get results. He started to skip occupational periods until finally after two more weeks he refused to come at all, giving no reason but his indifference to occupation in general. The interesting fact is that a progressive mental clearing up paralleled the growing indifference to occupation. The facts are very clear; in all cases of this type much is accomplished by the patient through the urge or drive of the extreme excitement. The results are the outcome of his over-active condition and not the product of a previously acquired artistic or craftsman like skill, or even present instruction. The occupation presented serves as an outlet for pent up energy, at the time when a safe outlet is most needed. Having helped dissipate and slowly curb the unhealthy over activity, one must expect the patient to be more and more unable to accomplish wonders. He has no vast background of knowledge and skill with which to work and that imperative urge to do the unusual and the impossible is fast ebbing from him. As he slowly clears up he realizes this and comparing his more glorious achievements with his present laborious efforts, is embarrassing and he covers this with indifference while he transfers his interest to the world to which he will soon return. It will be seen that with this type of case to observe a decreasing interest paralleled by decreasing periods of occupation is what the worker must expect.

Case 3. A young architect whose illness developed while in an officers training camp. He had disturbing ideas of persecution. When less disturbed he came to occupation. Modeling was presented with the idea of making his efforts both educational and therapeutic. Material was carefully selected from an album of photographs from a collection made in a large museum of comparative historic architectural details. The method of working clay was explained and demonstrated. While polite and attentive he followed a different plan giving what appeared to him plausible reasons. He changed his motive every fifteen
minutes during the day and could not be led or persuaded to return to the original. After ten days thus occupied, the result was a fairly good piece of work but a very disturbed patient, who had to be dropped from occupation for twenty days. He returned and at his own request, started to model another piece of ornament but followed the above procedure. He produced, at the end of ten days, a better piece of work than before, but was then so disturbed that occupation had to be discontinued. Occupation was presented again after twenty-six days, but he was still too disturbed to accomplish anything, and after a few days all efforts had to be discontinued for another twenty-one days. It was decided that while he was producing a fair result the fact that he could get results without obeying instructions gave the instructor no control. Instead of occupation curbing his hallucinations, it was presenting him a flexible medium in which to give them an added expression. When he returned again he was employed at brush making. Here, when he let go, he made mistakes which he had to correct. The instructor now had control and through the occupation could apply the brakes. While he objected to the craft yet it held him steady. After about a week he was allowed to weave neckties; here again to drift meant mistakes to correct. Of course he did not like it, it was not as diversional as modeling, but by this time we too were convinced of this fact. Next he was allowed to try simple metal work. Each problem was prescribed by the instructor. The method of execution was outlined and he was held rigidly to this course. No further lapses occurred. A progressive improvement was noted and after the later course had been pursued for three months, he was discharged. Is it not fair to feel that his reaction to modeling, contributed in some degree to the relapses noted? May we not also believe that the reaction to occupation as finally presented helped eliminate some of the causes if these relapses and thus contributed to his recovery?

Case 4. A man above middle age, depressed but hopeful in a worried sort of fashion, was very profuse in expressing his distress. Certain physical conditions were contributing to his distress, but these were being taken care of, although he seemed to derive satisfaction from complaining that nothing was being done for him. His reaction to an invitation to try occupation was all that you could imagine. His eyes were too bad, his hands were in woeful shape, his false teeth did not fit and the doctors and the dentist did nothing about it. This got us nowhere, so we started him at brush making; compelling him to do this work by force of insistent and continual argument. He said that this
was the most distasteful work he had ever done and he wished to change to metal work. We permitted the change. Before he was in the new class-room thirty minutes he felt more distressed than ever over the mistake he had made in changing. As his distress increased he pleaded to be allowed to return to brush work and finally we gave way. Then began all over the worry and distress over the injustice of asking a man in his condition to do such things. We held him at brush-making two months before we allowed him to change to chair caning. When he wished to know why we would not let him change we told him this; "You seem to be two natures warring within one body; the one says I will, the other says I won't. Our problem is to retrain you to face and solve problems, not avoid them because they appear distasteful. Here you are, better self and baser self fighting almost equally balanced; first one is up and then the other as if upon a teeter board and the havoc this strife is causing, is evident even in a physical way. Can you ask us to side with the baser self by allowing you to avoid simple problems like irksome occupation? No, we must help hold the other side of the teeter board down until thus assisted, better self has a chance to recuperate. Now be a man and face it squarely and help us help you. You can make no changes as long as we feel a change will undo what has been accomplished." After a while when he had given us a rather stormy morning he would come after lunch and ask to be allowed to work, so as to undo the damage he had done. Gradually he became less distressed over supposed lack of attention and would even acknowledge with a half-way smile that our course was right and that he was gaining control. After caning chairs for six months we felt there was little danger of his lapsing and changed him to metal work. He spent five months working in this craft before he left the hospital. He did not learn to enjoy even this work but he was able to use it to develop self-control. As some of the other causes of his distress disappeared he found himself in a much more stable and happier frame of mind.

Is it not clear just how occupation was made to contribute to this end, when if misapplied it would have contributed to his distress.

Other cases could be given but these should be sufficient to identify these other attributes of occupational therapy which are fully as important, and in many cases are far more important than simple diversion.