PSYCHOLOGY OF OCCUPATIONAL THERAPY*

ETHEL BOWMAN

Goucher College, Baltimore, Maryland

The avowed purpose of this meeting and the place in which it is gathered are eloquent of the fact that the psychiatrist, rather than the psychologist, should discuss the psychology of occupational therapy here this afternoon. Under these circumstances, it was with a very genuine hesitation, that I accepted the shift of my contribution from the more general discussion of yesterday to this more specific one, the main interest of which is with the diseased mind, for my own work has been entirely with the normal adult human mind. These two fields, that of the normal mind, and that of the mind which has lost its fine adjustment to its surroundings, are, it seems to me, very distinct: the first is the primary business of the psychologist; the second, of the psychiatrist; and each is so enormous in itself that it is practically impossible for any one individual to be thoroughly versed in both. Nor is it desirable in these days of specialization. Yet the two are so closely allied that the workers in each field should have at least a speaking acquaintance with the facts and researches in the other. The very word "abnormal" indicates deviation from the normal, and indicates the importance of understanding normal mentality as a foundation for the better understanding of the abnormal. This fact is not as yet generally recognized. A knowledge of the normal anatomy and physiology of the human body is regarded as necessary before studying the deviations from this which are involved in illness, but the importance of this same procedure in regard to the study of the human mind, has not been practically recognized. Nor

---

*Read at fifth annual meeting of the National Society for the Promotion of Occupational Therapy (now the American Occupational Therapy Association), held in Baltimore, Maryland, October 20-22, 1921.
have the psychologists who have been mainly interested in the study of the normal taken sufficient advantage of the researches in pathological psychology, not realizing that in the extreme conditions which are represented by pathological cases they may get much light upon the familiar processes which they are investigating in the normal mind. As a psychologist who has taken but few side journeyings into the field of the abnormal, it may be that I have not much of vital importance to suggest to you today, but it is because I am convinced that the student of normal psychology has much to give to those working in the other field, as well as much to gain from them, that I am glad that the two points of view are brought together in our discussion this afternoon, and that we may perhaps have the opportunity to see how we may further cooperate to the advantage and the advancement of this occupational therapy in the interests of which we are gathered together. For the fundamental principle of occupational therapy is a psychological principle; the substitution of a coordinated, purposeful activity, mental or physical, for scattered activities or the idleness which comes with weakened body or mind.

One may as well state at the very outset, that there is no psychology of occupational therapy today. There is abundance of material for such a science, but this material is still unorganized, unsystematized, much of it still unknown. We speak with more or less warrant in fact, of a "psychology of advertising," of a "psychology of salesmanship," of an "educational psychology," and so on. Now all of these mean one of two things; either the known facts and principles of scientific psychology have been taken over and given practical application to the particular subject in hand, or the peculiarly psychological aspects of the situation have been singled out and subjected to specific study by the methods which psychology has found applicable in its problems of pure science. In a practical situation, for instance, one may analyze the conditions, then look over the known facts and principles of psychology, and see what laws and principles seem to apply in this particular case. Such a case is illustrated in education by the use of the specific laws of memory
which were first investigated in the laboratories of psychology. An excellent instance of the second kind of procedure is the study by which the telephone directory of the city of New York was reduced to one-fifth of its original size. The telephone company called upon a psychologist who had done research work in the psychology of reading; he devised a method by which various combinations of printing and spacing could be tried out, with the very practical result of the reduction of the bulk of that exceptionally bulky volume. Now in neither of these meanings have we at present a psychology of occupational therapy. What application of known psychological principles we have made, have been made on a more or less hit or miss, or "purely intuitional" basis. I know of no published book or article which represents a systematic attempt to analyze the conditions of occupational therapy, and to specify what known psychological principles are applicable to this or that situation. Nor do I know of any published investigations of a specific problem of occupational therapy where the factors are so controlled, the observations so carefully made and sufficient data collected to enable us to predict with any sort of certainty the results of a similar situation. Such facts may be practically known to the experienced worker but those are not gathered together in a form to be available to others. The psychiatrists have, I believe, done much more in this line than have the psychologists but, as I am, unfortunately not as familiar with the researches in the field as I should like to be, I can only answer for the work of the student of the normal. The reasons that such problems have not been undertaken by the psychologist are threefold: occupational therapy has not yet reached a stage where it has demanded this work as education and industry have demanded it; the problems of this kind have up to this point been regarded as in the province of the psychiatrist alone; and, last, but by no means least, for this is, I believe, the real underlying reason of it all, the trained psychologist feels that there is so much that he does not know about the human mind, that he hesitates to come out with half truths and apply laws of whose verity he is none too sure. Many of us hesitate to discuss "interest," "will,"
"thought," because we are still in the midst of rather arduous investigations as to what these are, and what they do. But we have reached a point, it seems to me, when it is now possible to advance along both these lines: (1) that of the application of the facts which have already come to us from the purely scientific investigations and (2) that of the formulation of real researches in the psychological aspect of specific situations of occupational therapy.

On the first of these points there is much or little to be said according to the point of view. To the scientist who is mainly interested in the researches of the laboratory, there is a dearth of psychological facts, in contrast to the demand for them; but when one tries to concentrate these facts into a brief period of space and time, they seem overwhelmingly numerous. Yet, if I can indicate to you a few of these facts, if I can suggest to you the desirability, nay, the necessity of studying into them further, and, if by any chance, I can impress upon you the inadequacy of these facts for the present situation, and inspire you with a desire to supplement them by further research, I shall have said all that can be said at the moment on the subject of the psychology of occupational therapy.

Every good teacher of occupation in therapeutic work, is more or less unconsciously applying the principles of psychology at every moment of her task. For psychology, as I best understand the term, is the study of our conscious processes, our thoughts, our perceptions, our imaginations, our memories, our emotions—that most intimate and immediate experience of each one of us. I am going to leave entirely out of account, for the time being, all considerations of the purely bodily reactions, of motor response to stimuli, that is, of the so-called "behavioristic" psychology, and deal with the mentality which I believe can be advantageously considered apart from those bodily reactions. And, I repeat, each one of you have used, and are constantly using, these principles. Take, for instance, the facts of attention. You may not know from your own experimentation or from a textbook, that it takes at least a second and a half to bring a new fact or object to the focus of attention, but you do
know practically, that it takes an appreciable length of time to shift your patient's attention from his immediate present interest to that which you wish to bring to his notice; you know that that length of time may vary with his physical condition and with the time of day, and that there is a wide variation of this time with the different individuals. You may not know all of these facts under the name of the accommodation or inertia of attention, but you have used them practically. For these, there is a more or less sound scientific basis. For many of the facts that are being used there is, unfortunately, a basis built upon the sand. You may, for instance, have found a certain common trait in the two or three blond patients with whom you have dealt; and you may have seen somewhere an account of the correlation of certain mental traits with this particular type of coloring. But, do not, I beg of you, take any definite action in regard to his future, on the evidence of the color of his hair or the shape of his nose, for at this point you are using material for which no lover of the scientific truth could vouch. All these facts of attention, the length of time a high level of attention can be held, the fact that only one item at a time can be at a high focus of attention; all these have a very practical bearing upon your work, both in your handling of your own mentality, and what is to our point here, in your handling of your patient's mental processes.

In the recent investigations of the psychology of memory, you will find a wealth of suggestions which can be taken over bodily to make your work with your patients more efficient, as the educators have taken them over into the schools. If you know, for instance, that careful and systematic investigation has shown that the very first impression is the most important, you will feel that you have good authority for going slowly, for spending as much time as you really want to spend in that first lesson. If you know that after a certain point, repetition is futile, but that, after a time, the thing seems to have learnt itself during a succeeding period of apparent idleness, you will not weary your patient by insistence, but drop the matter for the moment, and find on your return to it later, that the intri-
cate movement has been mastered. The whole well-developed psychology of learning will help you in your actual teaching methods.

Familiarity with the different types of imagination is frequently of value. Your patient who is predominantly visually minded learns differently and responds differently from the patient who uses his auditory or kinaesthetic imagery more freely. Sometimes an unwonted or seemingly inexplicable response may be understood, if you realize that he is working from a motor memory of something which you yourself were picturing in visual terms. A case in hand is that of a child who was failing in his school work, although in other situations he seemed of normal intelligence. A few simple tests brought out the fact that visual presentation failed to impress him, as his memory was predominantly motor; but that when he himself made the movements of writing or drawing, that is, when he used in perceiving, the kinaesthetic experiences the terms of which he was accustomed to use in imagining, an accurate recall was possible. But these facts are commonplace to most of you and can be found within the textbooks of psychology.

There is one point, however, which has not yet crept very far within these textbook covers, and which seems to be as rich in promise for application in occupational therapy, as was the memory work in education. This is the psychology of the task, the purpose, the "aufgabe"—to use the German term by which it is known in the literature. A number of recent investigations are proving the importance, the tremendous importance in mental life of the purpose, the task, the instructions, given to us by ourselves or others. That seems a truism to many of us. But it is a really vital fact. Let me tell you of one experiment in which it was brought out. A certain number of people were to be shown various combinations of meaningless letters in various colors for a very brief space of time. Now some were instructed to observe what colors were there, and some instructed to observe what letters were there. And some of those who had been instructed to look for the letters never even saw the colors, while those who were looking for the colors did not know to what
letters the blue, for instance, was attached. Do you see the
tremendous significance of this in work like yours? It means
that the task you set your patient, the very words in which you
clothe your instruction for that task, determine what he shall
actually perceive in the object before him; what ideas, what
memories, what associations shall come to his mind, and on which
he shall act. It is a responsibility to have charge of a person’s
mind, far more so than of his body. And the more you study
mental life and the more you know how these influences act and
interact, the more you want to impress on all those who are in a
position of guidance over the mentality of other people, to learn
all they can about the facts which psychology can give them,
so that that influence may be intelligently wielded.

That is the first of the two points I want to urge upon you in
connection with this present non-existent psychology of occupa­
tional therapy. Let all those who are actually doing the work
seize every opportunity to know as much as they can about these
principles which they are all constantly using, so that they may be
used even more wisely; and let all those who are responsible for
the training of aides, add a larger or a more intensive course
in psychology to their already full curriculum. A few lectures
on psychology, which shall cover the fields of normal, abnormal
and mental testing, do not seem to me to give an adequate founda­
tion in an aide’s training; better all or nothing; leave it out en­
tirely, rather than give the superficial training which will give
her the little knowledge, which always, and especially in psy­
chology, is a dangerous thing.

My other point is in this matter of a real psychology of occupa­
tional therapy, one that shall give us specific and trustworthy
information upon our peculiar problems. There is a tremendous
field for research here. Every patient is a laboratory in himself,
and if our workers are trained in scientific methods, if tests and
properly standardized procedure can be followed, we can make
a really valuable contribution to knowledge. A few of us, work­
ing at the Walter Reed Hospital during the war, were able to
carry on the procedure with the orthopedic cases, and proved
that it is possible to carry on very valuable research work, at the
same time that the practical problem of curing the patient is made of the foremost importance. Would not a few studies like these do much to convince the doubting doctor of the scientific value of occupational therapy? And it is not an impossible task to make such studies. It is largely a matter of system and method and careful observation and report. I believe the progressive physicians who support occupational therapy would welcome problems like these, and give the benefit of their scientific viewpoint in formulating and overseeing the investigation. Even a rough method and incomplete data might serve to point to us the way to future studies. The point is, to make a beginning. Think what we could do if we could have our methods perfected and our workers trained to measure the improvements in, for instance, attention, under the influence of a daily hour spent in copying the pattern in a Turkish rug; if we could have records gathered by methods standardized and therefore comparable, of the progression and retrogression in volition under certain conditions of work, and of the increase of immediate memory span through the daily practice of typewriting. The psychologists have not yet, I grant you, given you very satisfactory tools with which to work. The mental tests, over which so many psychologists today are laboring, still need improvement to give us the finer measurements. They measure at present with the yardstick or the foot rule, rather than with the inch or centimeter scale. But they give indications. Later, when we know more about these mental processes, we may be able to give finer quantitative and qualitative measures of them. But we, in our laboratories, are eagerly working and are anxious to cooperate with you on the practical side whenever our information, our time, or our material equipment can be of service; for those of us who have worked in occupational therapy know that its fundamental principle is a psychological one; that the specific task, however simple, represents a purpose, which undertaken and carried through, signifies a gain in the physical and mental coordination which is the essential element in the adjustment to environment.