SOME RESULTS OF OCCUPATIONAL THERAPY WITH REGARD TO HEALTH, ECONOMICS AND GENERAL WELFARE OF A COMMUNITY

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For the last few years occupational therapy has been subject to severe test, it has been on trial, as it were, in many countries.

Exigencies had arisen for which no one was prepared. When we think of the haste with which serious situations had to be met we wonder that so much has been accomplished, and not that some mistakes have been made.

Now that we can, so to speak, take breath it seems an opportune time for occupational therapists to stop and consider the scope of their work—what the results have been, and what may be the remedy for any of the failures to accomplish all that we desire.

It is well known that we make no claim that this form of treatment is a "cure all," but it has been shown that, in many cases, some occupation that will hold the interest so completely that self pity is eliminated, will bring a sufferer back to the enjoyment of life.

When we consider, however, that no sick person is completely cured until enabled to fill the same, or equally as good a place in the community as before sickness, we can see the important part this work may play in the problem of healing, and with what wisdom it needs to be administered. Our duty does not end until we see the disabled one cured in the largest sense of the word. Often where the work of the surgeon, the trained nurse, the physiotherapist ends, our hardest work begins—the man is not yet fitted into a useful place in the community.

1Read at 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.
We talk much in these days of the lessons we have learned from the war. Many of these things we have known well before; the war has only brought them home to us more forcibly.

One fact has been particularly emphasized—no country can live unto itself, we are parts of a complete whole. "That the units composing the world of nations are happy or unhappy together has been demonstrated by modern experience." A country that is distraught by internal strife or other disaster disturbs the world's welfare. The attention of the other nations is focused on it and every effort is made to alleviate its condition, whether from feelings of altruism or self-protection.

As with countries, so it is with communities. If the health of one of its members is impaired to such an extent that he cannot share its normal life, he is bound to elicit serious consideration from members of that community. Their sympathy may be aroused to make his life happier or they may appreciate the fact that, for economic reasons, he must be helped to a useful life. A community is only prosperous as its members are happy.

Critics of occupational therapy realize the fact that in this adjustment it has an important part; it can make the individual members happier. A man who has been closely connected with our disabled returned soldiers, especially in their placement in industry, showed his appreciation of this fact when he said recently—"I believe occupational therapy is the greatest idea that has come to our attention in many years."

Fortunately, all serious illness does not end in the necessity of an entire readjustment of life. Fortunately, too, for our peace of mind, we have seen many people restored to health, partly by the help of occupational therapy. But it may do and has done more than that. It can bring something into life that will make it richer ever after.

We have seen a taste for good literature aroused in some who had never before been brought in touch with "master minds." Can we over-estimate what this may mean all through life?

We all know that handiwork has had an especial appeal to many to whom illness has brought enforced idleness. Have we been able to make this mean more than mere strengthening of muscles,
steadying of nerve, or the ability to create a given number of articles? Perhaps our patients themselves will best answer this question.

Said a young captain recently, after return to Tuxedo Hospital from a week "home leave," "I constantly see how I can make our home more attractive with my own handiwork now that I have acquired some skill here." Surely the added interest aroused in home is going to bring happiness to more than himself.

The following remark heard in the basketry room of the hospital emphasizes another point: "When I get home I am going to teach my children to make baskets from the willow that grows on our farm. We will enjoy the work in the winter and have all the baskets we need." Who knows but that in that lonesome farm community this man and his children may be real missionaries, providing a pleasurable, as well as useful, occupation for the long winter evenings, and also encouraging the idea of turning available material into useful product.

"The world all looks different to me," remarked a shy young patient, after he had discovered his unsuspected talent for modelling, when he was given plasticene as an experiment to arouse interest in his surroundings. The creditable portrait bas-reliefs eventually made were as much a surprise to himself as to his associates. He may never be a sculpor, but he has more confidence in himself, he enjoys his fellow beings more and he will appreciate beauty as he never did before.

One of our boys had been so interested in watching the beautiful colored pattern grow on a bead necklace while he was propped up in bed that his thoughts immediately flew to a poor, bed-ridden woman he knew at home and he asked if he might have a loom to teach her. On his first home "leave," he did teach her, and his face glowed as he told how well she worked, and how happy it made her. Bead work may seem a paltry occupation for a man, and is so, if not used with care, but the beauty in a design thus made may be as inspiring as a picture, a sunset or a poem. If it engenders a desire to make another life happy, it is worth while.
Every aide could quote instances illustrating the fact that the effect of occupational therapy does not end with the recovery of the patient.

Many have gone out to shoulder their old responsibilities with a life enriched by new interests.

If, in this commercial age, we can revive something of the spirit of the old craftsmen who got their joy in their work and showed endless patience and skill in what they produced, we have given our invalids something that will be a joy to themselves and should make them more valuable citizens.

If we can give them an appreciation of the really beautiful, even if they have not time to attain great skill in production, new avenues of pleasure will be open to them.

That the highest ideals in craftsmanship, or any other line, may be upheld requires high ideals, good training, patience and tact on the part of the occupational therapists; it requires cooperation with the hospital staff; it requires an appreciative board of management and an understanding Public.

Much has been done along these lines, much more may be done.

When discouraged over the fact that John Lee still loves to use a punch needle to ornament a sofa pillow with a chenille like deer's head, whose soft eyes would look reproachfully should you lean against it; and that Alex Brown would like to make something in thirty minutes that will sell for five dollars, we take courage in the thought that they are in the minority, and we look back several years to an exhibition, before there were trained workers in our hospitals, when most of the work bore the stamp of these Lee and Brown productions, and compare it with a recent exhibition of work from our Winnipeg hospitals, where much of the work, it was remarked, would do credit to a good craft society or interior decorator.

If, in addition to this ethical advantage, we can see patients leave the hospitals equipped to earn a living, even better than before sickness, as some have, surely we might call them cured, even if one leg is wood or the left hand has to do all the work.
Compare this with the statement made in this city at a public meeting recently by the superintendent of a general hospital (where they have no occupational therapy) who, when urging the cause, cited the case of a patient, crippled from infantile paralysis, who, after treatment, extending over months in hospitals, was discharged. "We had to send him back to his community," said the doctor, "where he will be a charge for life. It should have been possible for us, during the months of treatment, to have taught him some trade. Then we could have sent him out with some chance of useful happiness, instead of under sentence of deadly, helpless monotony."

There is still hope for this young man if we can extend vocational training to the homes as has been done some places and should be everywhere. In a large percentage of cases occupational therapy must extend beyond the hospital.

The extensive work done by the vocational departments in your country and ours is too well known to be described. We know, from personal observation, that many men, unfit for their old work, have been trained and successfully placed in life. Many have received training along lines for which they had a natural aptitude, but no opportunity to cultivate it. As a result, a truck driver, at seventy five dollars a month before the war, now draws a large salary as window dresser. Many other changes just as interesting have taken place.

This is well illustrated in one of our western Canadian cities where attention was arrested by the unusually attractive display of furniture in one of the shop windows. Inside there was a welcome to the work rooms, escorted by the proprietor who was full of enthusiasm and interest in his employees, all of whom had been his pupils in the vocational classes of the Soldiers' Civil Re-Establishment. Jacobean and chippendale reproductions, and also good original designs all showed skilful workmanship, although some of the men had never handled tools before their recent training. Circumstances had thrust them into the field of unskilled labor. Some beautifully shaped pieces and some excellent wood carving all told the tale of happy hours spent there.
So here and there, through the land, there is springing to life a joy in work, borne out of suffering.

It is apparent to those who have carefully observed results from occupational therapy in our military hospitals here in the last few years, that its influence has been felt for good in several ways in the communities.

With regard to health, we know that many men have made a quicker recovery than they otherwise would. Some have gone to their homes unjured, but having their handicap made bearable through the occupations they can carry on there. Many have had interests brought into their lives which will make them fuller and richer in the midst of their resumed duties. Many have been enabled through it to take up new duties, more congenial and more remunerative.

Citizens have been awakened to the fact that there is much human waste that might be made an asset instead of a drain on public sympathy, and are demanding for civilians the same privileges that have been accorded invalid soldiers.

Our provincial government has already introduced occupational therapy into all its mental hospitals.

That it has been of economic value was shown in recent unemployment difficulties, when it was found that the men who had had the benefits of occupational therapy formed a small proportion of the unemployed, if they had average physical condition.

We would be blind, however, if we did not see where we have failed; we would be untrue to our work if we did not seek a remedy for the failures.

There are still some in our hospitals who seem to have lost the power to respond to the stimulus of a new interest. Being well presents drawbacks to some. Being busy looks too well. We still have a few whose mercenary instinct has become more than a mere wholesome desire to be occupied with something that has a real commercial value and to be rewarded according to the merits of the product.

Doctors in our neurological clinic tell us that some of the men who are working in the hospital shops are too happy and contented. They enjoy their work and, in many cases, turn out
such good product there is no trouble in disposing of it. Why should they be anxious to get well and face a world where they may fail? Contentment with hospital life is not altogether desirable, these men must be encouraged to assume responsibilities.

They have in their mind experiences of companions who have left the hospitals. Some of their friends have taken vocational training, done well in it and secured positions, but gradually their health has given way under the strain and they are either back in a hospital or looking for lighter employment.

Some who have been discharged from the hospitals as physically fit to compete with normal people have been disappointed in their hope of doing so.

No wonder that many, who are earnestly trying to break away from hospital protection, have difficulty overcoming fear, the source of most trouble.

What then, can we do to make desirable results from occupational therapy more sure?

How can we help prevent hospitalization?

How can we be more certain of results after the patients have gone from the care of the hospital?

As the fact has been established that many are detained in hospitals from fear of being unable to assume the responsibilities that will fall on them afterwards, and many who have made the attempt find themselves unable to make good from lack of strength, the logical solution seems to be to remove the disturbing cause; to make work possible under conditions that will assure some measure of success.

With the provision of a place where the disabled person can work, with remuneration, under conditions which will conserve his strength and eliminate the sense of competition with normal people until he is fit for it, a long step will be taken toward his recovery.

Some years ago a few people, with keen insight, realized that it would be difficult for the head of a family to regain his health, in spite of careful nursing, if he were troubled in mind about food and clothing for his family. As a result of that thought many hospitals now have a social service department, whose mission it is to relieve a patient of outside care as far as possible.
When the problem of providing means whereby men in our hospitals may be assured, on their discharge of some form of remunerative occupation suited to their strength, is solved; when doctors and others interested in hospital management will help co-relate the hospital work with what follows later, we believe our failures will be few.

For years it has been realized that there are many people so seriously handicapped physically or mentally that they can only work in a protected industry, and much has been done to provide occupation under desirable conditions.

Recent experience with long standing cases in our hospitals, especially those of neurasthenic tendencies, forces the conclusion that the establishment of what might be called community work shops for sub-normal people is indispensable to fully successful work in the hospitals. Not only will the fearful patient have lost his dread, but the doctor can know that, in discharging a patient, he need not be sending him to a life of unemployment and discouragement.

The larger, standardized and more serious work of these institutions should reflect beneficially on the character of the work done in the hospitals if there be proper co-operation. If these shops are all they should be, with no idea of charity attached, providing cheer along with a variety of interests and influenced by the best talents possible to lift them from the commonplace, it does seem as if many of the hospital problems will be solved.

It is encouraging that a large organization such as the Red Cross has been lead to see the importance of these shops and to consider their establishment throughout Canada. They have already organized two.

With probable government assistance in view some successful solution of this matter should be reached before long, as far as the disabled soldier is concerned. As the military work in occupational therapy was the forerunner here of civilian, so, we are confident, will the large problem of the civilian disabled be solved more easily when the pressing need of the ex-service men is met.
Looking backward, we cannot help seeing the tremendous value occupational therapy has been to our country through our invalid soldiers.

Looking forward we vision a helpfulness from it, that cannot now be estimated, when all our civilian citizens also have its benefits.

In making these dreams come true occupational therapy societies must play an important part. Our Manitoba Society has found a necessary part of its work fell upon the publicity committee. People only needed 'to know' to be interested. By calling a public meeting in our Parliament Buildings last June, enthusiasm was created and a committee of representative citizens appointed to 'advance the cause.'

By extending our associate membership we have enlisted the sympathy and financial help of our Teachers’ Association and other organizations. So many people looking forward to the establishment of our Community Work Shop and allied branches of work spells success.

The call of the handicapped in their homes is very urgent, but we have only replied to them enough to know how much joy can be brought to many now joyless.

Our thoughts have been directed towards another path, as yet almost untrod, we believe, by occupational therapists. We have done much for the physically and mentally sick. Can we do nothing for the morally sick? Experiments with juvenile delinquents here show that we can.

With our hands outstretched toward those who need us and a splendid army of interested citizens back of us, there is no limit to what we may accomplish.
REPORT OF THE ROUND TABLE ON BASKETRY

HELEN T. SMITH

The conference opened with a discussion upon whether it is better to start mental cases upon reed baskets with wooden bases or raffia with a colored pattern. The group was much divided in opinion, but the fact was brought out that when one aide was handling twenty or more patients she could not have many of them making reed baskets, as the process was too quickly done. The patients finished what was planned before the aide could make her rounds. The material being quite expensive there was much waste. All agreed that basketry holds the attention well, that the patient has some result very soon, is eager to hold out to the end of one basket, and never objected to starting another. Some objected to raffia work on the ground that it is apt to make a man effeminate if he used a needle, and some said they would not allow male patients to make raffia baskets, but it was very good for female patients.

With a large number of patients scattered over a wide area all agreed one would need a few raffia baskets in process of manufacture, so that the aide might have a chance to keep a closer watch over other work, which needed more careful supervision.

Good basketry is best done in a space set aside for that purpose with necessary equipment. With not more than ten or twelve patients to one aide, creditable work can be accomplished. The simplest baskets should be first made with wooden bases preferably and gradually work up to the woven bases and more difficult shapes.

Careful attention should be given borders—do not use one that is easily made and more easily pulled out, but use one that fits the basket and will be of use when completed.