HOW NEEDS HAVE CONTROLLED THE SELECTION OF CRAFTS

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Every occupational department that has been organized to meet the needs of mental or nervous cases, has built its sequence of crafts about that oldest, perhaps, of all crafts, basketry. This has seemed a logical starting point and has perhaps as often as not been used because of the ease with which the small equipment needed can be collected. At the time the earliest occupational efforts were started, doubtless basketry was the only suitable craft with which those interested in using occupation for its therapeutic effects, were familiar. Naturally basketry grew apace with the steady growth and development of this therapeutic work, continuing to be of primary importance as a therapeutic activity. So while in every occupational unit, basketry holds an important place, few workers have stopped to analyze the real reasons why this is true. In fact, there are many who will question the statement that basketry is the most important and flexible of all crafts usable as a therapeutic occupation for men, and is only rivaled by weaving as a craft to use in treating women, mental and nervous cases.

The writer has repeatedly made the statement, that if an occupational effort must be made with limited funds, space and facilities, basketry can be used to meet all needs in a way no other craft can. This statement has been questioned by so many who are at the present using basketry in just the way above suggested that the writer feels it worth while outlining a kind of credo, setting forth in detail the reasons for this faith. Not that we feel that those who have used basketry, as the nucleus for occupational efforts, need to have their faith better grounded but that those who follow may, with their eyes open, select wisely
instead of blindly making grave mistakes. So it is not for those who have blindly selected basketry to fill many needs, or those who after experimenting with many other small crafts have come to see that basketry has this most useful place to fill, but it is for those who may follow after these pioneers that this credo is written. As every faith is confirmed by works, so this credo will be backed by concrete examples to show the vital way in which basketry, in the hands of an experienced believer in its therapeutic value, can be used to meet the needs of all types of mental and nervous cases.

First let it be clearly understood that where funds, floor space, and facilities are unlimited, and all types of cases are to be treated, basketry becomes just one of a number of crafts, and plays thus an important part. Wherever funds, floorspace and facilities are so limited that only one craft may be presented and all types of cases are to be treated, no other craft will be so useful as basketry.

The needs to be met by the occupational worker are many and varied and can be most clearly presented by briefly portraying the different types of cases. The cases will be portrayed from the viewpoint of the occupational worker; a careful study of them will show the needs to be met and clearly defined and how basketry is easily and peculiarly adapted to them. To facilitate this study the cases will be grouped under certain types, and then an effort will be made to set forth the varying degrees of each type that may be met in the same hospital. As this classification is made but to show the needs and conditions which the occupational worker must meet, it will be expressed in very simple terms. For our purpose therefore, cases may be classified as depressed, elated and confused, those with many fears and those who are quite hypochondriacal. These terms are used broadly and include much that must be more clearly defined. In defining these terms every effort will be made to show at what level occupation may meet them, rather than to simply describe minutely, abnormal characteristics. Thus, in the same hospital may be met those so depressed that they will not talk, seem not to hear or observe the things about them,
refuse often to walk and even must be fed. From this extreme type upward are met many degrees of depression, some feel everything is wrong, they cannot do this or that, and do not think they can live, much less eat or do the things they are asked. At the top of the scale will be met those so slightly depressed that one has to be very observant to note it at all. Now having portrayed simply the range of depressed cases, let us see what the needs are, what limitations they impose and how these are met.

The need of all degrees of depression, is employment which will divert the thoughts from, or at least retard the self depreciation. In some cases only the very simplest operations can be employed, because there is present a marked degree of under-activity and confusion. For the slightly depressed cases it is clearly seen the work may not only be exacting, but also must be technically important enough to give them rather complete satisfaction, because it is upon the degree of healthy satisfaction derived from the work, that the therapeutic value depends.

The limitations are principally those of a precautionary nature, although the character of the work is often limited much by underactivity, confusion and oftentimes lack of coördination. So then first of all the limitations must be clearly appreciated. It is very important to know if, and in what degree, the tendency to self destruction is present, because the degree and amount of precaution which must be observed, controls the nature of the work that may be presented; while the presence of varying degrees of under activity, confusion or lack of coördination controls only the quality of work that may be accomplished. In the light of the above, it will be clearly seen that to some cases may be presented only an occupation which requires for its accomplishment, no tools at all, and even thus employed, they must be under careful and constant supervision. Those slightly depressed, may with supervision be well employed at crafts where tools are constantly in use, while the work and precautions will vary to meet the needs of the degrees of depression found between these two extremes. It is because basketry in its simplest form requires absolutely no tools and in its more
advanced process, requires but a few simple tools of rather harmless character, that it can meet the precautionary needs in a way that no other craft can. While its technic is so flexible that it can be modified to meet the needs of the much confused or made to satisfy those whose minds are quite clear, whose coördination is good and who are but slightly depressed. Other crafts meet the above outlined requirements but not in as full a manner as basketry. Weaving may be mentioned as one, but it is not a craft that can be presented to all men because they consider it effeminate. Where this reaction exists, it is untherapeutic to use the craft. Net work serves well with confused and depressed cases. It is considered masculine but it is limited in its usefulness by the fact that only so many types of objects are made thus. Chair caning also meets the needs of this class of patients and has a broader interest for them than netting. Brushmaking can also be considered to come within the precautionary limitations, even though in its complete practice it does involve the use of a few tools. It is a craft, which when completely developed, is second only to basketry in its power to sustain interest without involving the use of tools that may easily be misused. Book-binding of a modified type also serves this class of needs for all but the most confused and deeply depressed.

The elated case is quite a different problem. Everything is seen through rosy glasses, making it appear perfectly wonderful; there is no difficulty connected with anything or the performance of any task, at least in the man's mind, if not in reality. He usually feels he is equal to tackling the biggest job first without any time being wasted on mastering the technic, through the performance of simple tasks. Nothing will take long to accomplish, and usually the man will rush through the task in an inconceivably short time. For instance, such a man may make a complete basket in two or three hours, which should employ in the usual case eight, ten or even fifteen hours. Usually the basket is very poorly made as the outcome of this, but in some instances very good work is the surprising result. It is always evident though, that such a course, pursued unchecked,
has no therapeutic value to the man and often has a decidedly harmful result. What this type needs is occupation which will act as a brake, slowly but steadily retarding this unhealthy overactivity. This represents a real task indeed. Tedium work can be planned, but then even it is a difficult problem to make the man feel that he must give more and more time and precision to the performance of the tasks. It is even more difficult in some cases to retard unhealthy overactivity, due to elation, than it is to stimulate activity in most depressed and confused cases. The persuasion of an ever vigilant stronger will coupled with tasks given, whose processes require repeated repetition and do not allow excessive speed, will eventually accomplish this. The careless indifference and speed with which tools would be manipulated to achieve quick performance, which these patients desire, precludes largely the use of tools. There is always the possibility of the man harming himself or others. The writer feels this element of danger is usually present and such precautions as it demands should be taken even where no tendency to harm others is believed to exist. For the above reasons it will be seen that the oftentimes tedious repetition of motions required to produce the weaves used in making baskets that are really interesting, coupled with the fact that few if any tools are needed makes this a craft well adapted to this need. One must observe how well it holds the interest while thus retarding the unhealthy over activity, to appreciate how perfectly it can be adapted to this type of individual's needs. Net work on the two styles of looms which were described in the Industrial Arts Magazine for August, October and November of 1918 has proven very successful as an occupation for very active cases of elation. Where the need of precaution is not the maximum amount book-binding is a good occupation. Its use though, requires that the patient be not so overactive as to be possibly destructive in his handling of materials. With this type of case, chair caning, brushmaking and even cement work may be used. The milder cases of elation where little or no possibility of self injury or harm to others must be considered, may well be treated with such activities as printing, metal work, jewelry, carpentry, wood
turning, blacksmithing, or even gardening. Of course in selecting occupational treatment for even these more mild types of elation, the degree of confusion present and the amount of coordination available must be considered, while even the slightest need for precaution must be carefully weighed and taken care of.

Just as has been shown in the depressed cases there are many degrees of confusion and these are often coupled with a blind-like fear of a more or less vague nature. Here the real need that occupation may meet is that of helping to allay these fears and through contact with light agreeable work, of a nature simple enough to be within the grasp of the confused mind, hold it to something tangible. Having centered the interest upon some simple process which culminates in something made, be it ever so simple, then the retraining process can be commenced, building upon the foundation thus already laid. As the other agencies which have been set to work begin to function and the confusion begins to clarify, the occupational work presented is raised in standard so that the increased ability may be exercised, thus amplifying it. As the confusion slowly falls away the occupational effort is enriched by more exacting processes which give more interesting results in the form of finished work. Meanwhile the centering of the confused man’s thoughts upon these simple tasks has given him a hold upon something real and tangible, pushing his fears ever so slightly into the background. This gives him some perspective of these fears which helps the other efforts being made to dispel them. Some confused cases seem not to understand anything that is said to them; cannot dress themselves and misunderstand much that is going on about them. The very simplest type of basket weaving represents a problem often much too difficult for them to grasp. In fact, some confused cases can only be successfully employed, at first, by some process as simple as winding the reed into rolls so that it may be conveniently soaked for use. Often this simple process represents such an effort to the confused mind, that it must be repeatedly demonstrated and the confused efforts corrected before the man can perform it. Others often are employed winding warp into balls, not because the warp is always wanted in this form, but
because this is the only comparatively constructive work simple enough for the mind to grasp. In every case, the patient must be employed by presenting occupation so simple that the mind can partially grasp the processes employed. The man's level must be recognized because it is only at this point of tangency that he can be reached, if at all at this time. Having created a point of contact by even the use of the simplest kind of work, through clear insight and endless patience, it is then the aim to improve and amplify this contact, by gradually raising the level of the work just as rapidly as the clearing of the confused mind permits it to grasp and accomplish more.

A brief outline of the occupational history of a marked case of very deep confusion will clearly illustrate the effort that must be made to help the patient. The patient, a young man, came into the hospital in a confused condition. He understood little that was said to him, talked very little and at the occupation department would roam about chewing the reed, instead of working in a constructive way. It was difficult to get him to sit down and work, not because he was actively resistant, but because in his confused state he could not understand what was being said to him. Even at this level he had not reached the depth of his confusion. In but a short time he could not be induced to come to the occupational building, he ceased to speak at all, seemed to see nothing that went on about him, could not dress himself and would not eat, so he had to be fed; would sit for hours in a certain position, and at other times, stand. For quite a while he could not be brought over to the occupational department. When he would again permit himself to be led to the building and seated at a work table, the simplest type of basketry and brushmaking was demonstrated to him, but nothing seemed within his grasp. He would watch this with eyes that saw not; his ears heard not. His hands were carefully guided many times through the motions of the few movements needed to perform the simplest task, but left to himself he only sat and chewed a bristle, or twisted the end of his nose, which was always irritated from this habit. For nearly six months, twice every day, he was taken to the occupation building, and
the work as patiently and as carefully demonstrated, as if he had never seen it before and his hands regularly guided through the operations with but the above described results. It was considered an accomplishment to be able to get him over to the department thus regularly, and then suddenly his confusion started to clear. With many the confusion clears away very slowly but in this case there was at first a sudden lifting of this veil. One afternoon he received an ordinary and usual letter, read it, asked the nurse for paper, pen and ink, and wrote some sort of a reply, a surprising thing to do. Next morning when he came to occupation, he said, "Good morning." He seemed to know what was wanted of him but asked many questions, such as how long had he been coming to occupation, when did he come to the hospital, where from, and similar like questions about himself and his work with us. The work was explained to him again and he began for the first time to make constructive efforts. He worked steadily and asked questions when he did not know how to proceed. From the high level which he had so suddenly attained he moved slowly, but steadily upward. In ten days after his sudden improvement he was equal to work of a higher grade and was placed in the print shop where he learned to set type. His progress was so rapid, that in about three months he was discharged. He went back to his work as a civil engineer and has been employed thus for about four years. Now, in the case just above described, it is impossible to state just what part, if any, occupation played during the period of extreme confusion that may have been partially responsible for the change noted. The contact was so slight as to be almost negligible, but it is evident that even in this deep confused state the patient had been aware of the effort made in his behalf, so the blind unconstructive efforts he made, were perhaps helpful. It is evident that he recognized the work which had been presented him throughout these months, and no time was lost by him when the confusion started to clear. He went right to work, thus completing a strong contact through which a steady upward progress was built. It is felt that this in his case was very important, because
often when the confusion seems to lift there is a possibility of the patient swinging to the other extreme, the pent up energy venting itself in the form of destructive overactivity. The quick contact made was largely due to the efforts which had seemingly been unsuccessfully made during the months preceding the change. Perhaps it was due to the fact that immediately much of this stored up energy was dispersed and utilized in constructive occupation, that the patient did not swing over into a state of destructive overactivity which for him might have been rather harmful.

Just as in the extreme confused state there is a definite advantage in concentrating the mind upon some simple process, which produces something tangible, because this acts as a brake to retard the progress of the confusion, so in the higher levels these same principles hold true. The problems planned for those only slightly confused must exercise fully the ability to grasp and do, and the results, the product, must be worthy of these efforts. It is very important that the products be for each level of confusion as interesting, artistic and vital as they are able to grasp. Only this type of work will hold attention to the exclusion of unhealthy tendencies allowing the retraining to proceed. Some of those who are very slightly confused are equal to producing very difficult and worth while tasks, yet these same individuals, for precautionary reasons, might not, in some cases, work with tools as freely as certain crafts would require. Of course, where the occupational department is completely organized, there will be found crafts which will meet certain needs, and places will exist for the different types of cases.

There is also a group of patients who are particularly worried with very definite fears. These fears may be coupled with marked degrees of confusion or the lack of it may be clearly defined. These cases present a wide variety of needs. The confused group may not only need the simple work which they cannot connect up with their fears, but may also need the maximum of precaution. Those not confused may need work whose technic is very exacting, but while there is no need for precau-
tions, the anguish suffered by the patient, if work is presented which augments his fears, makes the selection of suitable occupation often very difficult. Brief illustrations of the two extremes found within this class of cases, may serve to show the problems they present.

A type often met with is the confused man who misinterprets much that he sees about him and suffers keenly from his conclusions. One such case was brought to the occupation department soon after his arrival in the hospital. He would only talk in a whisper, feared to come with us, wondered where he was being taken and would just allow himself to be led along by the arm. On the way to the occupational building he looked continually about him in an apprehensive manner, as if he expected to see some one lurking behind every tree. He was taken into the print shop and given some task simple enough to be within his grasp, but the distress due to his fears seemed to increase. Careful efforts were made to find out what was augmenting his fears, that these might be somewhat eliminated. Finally, as his distress increased, he begged not to be taken over to the building, and at last thus disclosed the nature of these fears. He thought he was being followed by persons he could not see, who were intent upon doing him bodily harm. In the print shop were two large cupboards in which the paper supplies were kept. These had doors which slid up and down like windows, and he thought these were openings into chutes into which his unseen enemies would throw him. He thought that at the bottom of the chute was apparatus for mangling his body which would then never again be seen. When he disclosed these fears, the cupboards were carefully explained to him, much as one would to a child, and he was shown what they contained; this did not allay these fears and he continued to misinterpret. He was then moved to another room and other work given him.

Another man was brought to the occupation department and an effort made to employ him at brushmaking. He was quite confused and distressed by his fears. Just what these were we did not know. He was not equal to the task of brushmaking, and simple basketry was tried and at last, so simple a task as
winding reed into rings and carpet rags into balls was used to
employ that small part of his attention which could be snatched
from the fearful contemplation of objects and persons about him.
He was a little old man and presented a most pathetic spectacle.
He would beg every one he saw to take him home or not to let
them kill him and hide his body away. He was markedly dis­tressed whenever he could get a glimpse into the adjoining work­shop, one particular patient who worked there, and sometimes
came into his room distressed him. We finally got a clue to the
nature of his fears when one day suddenly confronted by this
patient he exclaimed, "O! The devil!" We found that he
believed this patient was Satan himself who had come to get him.
In the next room was being constructed a long box which was to
contain the sand needed to furnish the weight which supplied
the tension for the warp on a large loom. He had seen this box
and thought it was a coffin which was being especially con­structed for him, and once nailed up in it his family would never
see him again. His distress diminished considerably after we
explained who the patient was, what he was doing, and removed
the box to another part of the building.

Another type of fears are those of being unable to avoid things
which would hurt one. Hours often are consumed in attempt­ing to cross the street for fear of the traffic. Some might say,
a real enough reason for caution, but when it is seen that the
same man spends as much as half an hour trying to get up
courage to pass through an open doorway, because he fears he
may come to grief by hitting both door jambs at once, it will be
understood how abnormal his fears are. When one sees the
man make repeated efforts to pass through the doorway, only
to back away in fear and finally mustering all his courage and
strength actually rush through, one realizes how real these fears
are to him. Here, as in other cases, confusion is present but it
is not so marked as in those previously described.

Then there are some who show no evidence of confusion, but
whose fears are very real to them and must be dealt with if they
are to be saved the acute distress these fears may cause. Much
may be accomplished by giving these fears no needless ex­ercis­e. Thus a man who seems perfectly clear has an over-
powering fear that every keen edged tool will automatically cut him if he handles it. This fear is real, and must be reckoned with when selecting occupation for him. He may be equal to the most difficult work, whose technic requires the precise use of tools, but his fear of them precludes the presentation of such work. He may have to be employed at some craft which requires no tools.

Lastly, there are patients whose minds at most times seem very clear. They can grasp easily the processes employed in different crafts, and could easily execute the more difficult tasks, but the nature of their illness demands that the maximum of precaution be at all times exercised. This limits the freedom of their activities to certain crafts which, like basketry, require the use of no tools that could be easily used for self injury. This type of case, while clear minded, is also given to impulsive moods which usually accompany a hypochondriacal condition. Feeling that their suffering is unbearable, and relief hopeless, inspires the impulsive tendency toward self destruction while the clearness and cunning with which they are capable of planning to accomplish this, makes it imperative that every precaution be taken, to present no opportunity through the craft used for their treatment.

It will be seen that the proper treatment of this type of case presents grave difficulties, yet these are most profitable to work with, as so much can be done for them. The problem might be easily solved by giving them any one of a number of simple tasks to perform were it not for the fact that the ability to grasp and perform more requires that more difficult tasks be employed. It is essential for the patient to feel the complete satisfaction of doing a man's sized job, a satisfaction which expresses the degree of therapeutic value the work holds for him. Here again it will be seen that in basketry, work can be planned so difficult to execute, the results being of such esthetic and economic value, that it cannot fail to give the worker the complete satisfaction he craves. This can be accomplished without it being necessary for him to use such tools as would make it impossible to observe the precautions.