SUGGESTION FOR A CLASSIFICATION OF OCCUPATIONS IN OCCUPATIONAL THERAPY

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Effectual work in any field depends very greatly on clear-cut definitions and consistent classifications. Without these the worker travels in a fog—getting nowhere except accidentally.

"Occupational therapy," by definition of the words, means the employment of occupation as a curative method. The curative aim must be kept constantly and clearly in view. It is curious to find how many workers in the field fail to make the distinction between curative occupation and occupation as a diversion or as a vocation. Sentimentality is responsible for a good deal of the fogginess on the subject. Now, no one sentimentalizes over giving a patient a pill for headache, or a specially constructed shoe for flat-foot—why sentimentalize over giving him a job of work for the purpose of stimulating him out of a depression, or of giving exercise to a weakened arm? No one says about massage,—as an occupational "aide" of many months experience once said to me about her work—"All I aim to do is to make the patients a little happier." This sort of thing, though well-intentioned, is too vague to yield any very brilliant curative results. Diversion has its proper place in any plan for the care of the disabled, and occupation is often the best sort of diversion, but to the occupational therapist the happiness of the patient,—except in so far as his happiness contributes to his recovery—is a matter of no great moment. In the same way the product of the patient's industry is of little importance except in so far as success—accomplishment—contributes to cure. The point is not to produce a good basket, rag rug or whatnot, but a cured patient, capable of taking up a vocation or at any rate vocational training.
The insistence on strict definition limits the field of occupational therapy. Where no cure is possible, occupational therapy is wasted. Occupation should be provided for incurables for humanitarian reasons if for no other, but such occupation should be vocational as far as possible, and quite frankly a diversion the rest of the way. To call such efforts occupational therapy is a misnomer.

It seems almost to go without saying that therapy of any kind to be successful must be based on diagnosis. How is it possible to work intelligently for a cure unless the condition to be cured is recognized and understood? It is surprising to find many therapists who take the position that the study of case histories is no part of their work. Some actually assert that they prefer not to know anything concerning the maladies from which their patients are suffering—like a doctor claiming to be able to prescribe more successfully if he pays no attention to his patient's symptoms!

It is necessary to insist on these points—the curative aim, and the necessity of diagnosis, as the value of the proposed classification depends on acceptance of these ideas.

Occupational therapy is primarily a psychological cure, directed toward the correction of pathological mental conditions. These wrong mental attitudes fall into two main groups—(1) the apathetic or depressed states, and (2) the excited states, either euphoric or ill-tempered and irritable. It follows that occupation to have a curative effect on the first group must be stimulating, and for the second group, sedative. It is therefore logical to classify occupations as stimulating or sedative, according to their observed effect,—a classification which would have a much greater practical value than the usual classification as "intellectual," "mechanical" and "monotonous."

Now many occupations are either stimulating or sedative in effect according to their difficulty for the patient and the degree of concentration required. It is evident that a very nice adjustment of task to capacity of patient is required, or the attempted therapy may have the opposite and destructive effect. To accomplish such an adjustment some sort of intelligence rating
is necessary. Many occupational therapists in actual practise use some particular bit of craftwork as a yard-stick, and arrive by these means at a rating of a sort. Such a guess, however,—even when based on quite careful observation,—is hardly close enough. Ratings to be of real value should be based on standardized tests, made by a trained worker in this special field.

Given a diagnosis and an intelligence rating, it should be possible to select from a chart of classified occupations, graded to correspond to the intelligence scale, a group of occupations suitable for the treatment of a given case. The practical value of such a method of selecting occupations is self-evident. A great deal of costly experiment would be eliminated, for the “trial and error” method, though often successful, is never efficient. Also the patient could be allowed to select for himself from such a group the occupation that pleased him most, without danger of an unsuitable choice.

Such a chart should be worked out in detail, to the greatest nicety, through a long series of laboratory experiments with carefully observed and tabulated results. No such body of information is at hand. The appended chart is based solely on the observations and experience of one person, in actual practice. No scientific accuracy is claimed for it. It is intended to serve simply as a suggestion.

A companion chart of occupations classified according to their curative value in physical reconstruction might well be prepared. As: “Occupations to develop the upper arm,” “Occupations to develop the right thumb; the left thumb, the fingers, etc.” Such a chart would no doubt be of value, but not of as wide application as one based on psychological reactions.

The study of academic subjects—writing, mathematics, etc.—are distinctly stimulating owing to the close application required. They have a place in occupational therapy; but here it is particularly important to avoid the pedagogic attitude. The rules of teaching were devised for the orderly instruction of normal minds—not for the cure of sick ones. It is often very difficult for a therapist with previous teaching experience to remember this. The same may be said for art instruction when used for a curative purpose.
The danger of losing the point of view in craft work, though less obvious, is just as great. Craft-work carried too far fails of its purpose. It is almost safe to say dogmatically that if a patient is able to produce craftwork of saleable grade he should have been set at something much more difficult, or he is sufficiently recovered for vocational work. To allow him to use occupations of a trivial sort to kill time when he should be doing constructive work simply contributes to the undesirable condition known as "hospitalization,"—the condition occupational therapy aims to prevent.

Something should, perhaps, be said in explanation of the use of texture as a sedative. A great deal of the soothing effect of rake knitting depends on the handling of the soft, thick woolen yarns usually employed in this work. But for ill-tempered, restless patients there is medicine in the harsh texture of macramé done in hard-twisted seine twine. Soft cords give much less result. In a general way, soft silky, agreeable textures are advisable for excited states of the euphoric variety, and disagreeable textures—harsh cords, the wet reed of basketry, rough burlap, etc.—are best for the irritable.

The intelligence grading is of less importance in the treatment of excited states than in the treatment of depressed and apathetic states. An (A) grade patient may without harm be given a (B) grade occupation, provided he is sufficiently interested in it to do the work. A (B) grade patient, however, should rarely be allowed to attempt an (A) grade occupation, as the attempt to do something too difficult frets and irritates him, and aggravates his trouble.

On the other hand, a (B) grade patient of the depressed or apathetic group may sometimes be encouraged to undertake an (A) grade occupation, provided the greatest care is exercised not to allow him to fail. Success is the medicine he needs, but it must not be a cheap success, it must be a real achievement. For this reason it is very unwise to allow a (B) grade patient a (C) grade occupation, unless this can in some way be made sufficiently difficult. Toy making, for instance, may be made as difficult as one chooses. The toy-making suggested as a (C)
grade occupation is the sawing out of animals and birds from thin bits of wood or card-board, and the painting in gaudy colors. Depressed patients, being often greatly retarded, should never be given a task that requires a long time to complete. They become discouraged. Also, being very critical as a rule—particularly of their own efforts—it is not a good idea to try and persuade them that their work is better than it actually is. A much higher standard of workmanship should be maintained for them than for the excited cases. They must feel that a great deal is expected of them.

It is, of course, to be understood that the depressed and excited mental states considered are not solely the conditions of neuro-psychiatric patients, but also the mental states accompanying physical disabilities,—medical or surgical.

Stimulating Occupations

In a general way:
- Bright colors
- Complicated patterns
- Occupations requiring close application, all are stimulating

(A) Grade Intelligence:
- Academic studies
- Art study—drawing, painting, modeling, design
- Metal work—jewelry, etc.
- Card weaving
- Dyeing—batik
- Gesso
- Carved or tooled leather
- Knitting on knitting-machine
- Cabinet work

(B) Grade Intelligence:
- Cast cement work
- Fancy basketry
- Bead work
- Chip carving
- Whittling
- Weaving on “garter loom”
- Simple card weaving
- Block printing

Sedative Occupations

In general:
- Subdued color harmonies
- Textures
- Long jobs made up of many repetitions, all are sedative

(A) Grade Intelligence:
- Weaving on a large loom, pattern work in good threads or yarns
- Rake knitting
- Macramé belts or bags
- Rugs in Persian knot
- Pottery
- Spinning
- Stamped leather
- Chair caning

(B) Grade Intelligence:
- Plain rug weaving on loom
- Braided and hooked rugs
- Colonial mats
- Large, simple baskets
- Tying knots for tied dyeing
- Knotting fringes
- Tamped cement work
- Hammock-making
(C) Grade Intelligence:
- Toy making
- Cutting and pasting colored paper designs
- Braiding in bright colors
- Painting furniture
- Sorting yarns

(C) Grade Intelligence:
- Spool knitting
- Winding bobbins
- Cutting carpet rags

(D) Grade Intelligence:
- Spool knitting
- Paper folding
- Cutting carpet rags
- Stringing beads
- Kindergarten occupations

(D) Grade Intelligence:
- Raveling burlap
- Sandpapering and planing
- Winding balls

(A) grade is intended to include, approximately, A and B Alpha grades.
(B) grade is intended to approximate C Alpha grade
(C) grade is intended to approximate D Alpha grade.
(D) grade includes the lowest levels at which any occupation is practicable.