A REVIEW OF OCCUPATION THERAPY AS APPLIED TO MENTAL CASES

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Two therapeutic measures which have been used for many years in the treatment of psychiatric cases are water and work, and both of these have had periods when they have been warmly advocated and again when they have been barely mentioned in medical literature.

Hippocrates wrote upon Airs, Waters and Places.

In the latter part of the eighteenth century hydrotherapy was fashionable and fifteen years ago the use of prolonged baths and other forms of hydrotherapy were warmly advocated for mental disorders.

Early therapeutic uses of occupation and diversion are said to have been exercised at both extremities of ancient Egypt. There were temples dedicated to Saturn, whither melancholiacs resorted in great numbers in quest of relief. Whatever gifts of nature or productions of art were calculated to impress the imagination, were there united to the solemnities of a splendid and imposing superstition. The most voluptuous productions of the painter and the sculptor were exposed to public view. Groves and gardens surrounded these holy retreats, and invited the distracted devotee to refreshing exercise. Gaily decorated boats sometimes transported him to breathe amidst rural concerts the purer breezes of the Nile. In short, all this time was taken up by some pleasurable occupation, or rather by a system of diversified amusements, enhanced and sanctioned by superstition.

Pinel, of the French School, was one of the earliest advocates of occupation as a means of treatment of the mentally sick.

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In 1791 under the section of his book entitled "Moral Treatment of Insanity" he referred to occupation as follows:

"A farmer in the north of Scotland, a man of Herculean stature, acquired great fame in that district of the British Empire by his success in the cure of insanity. The great secret of his practice consisted in giving full employment to the remaining faculties of the lunatic. With that view, he compelled all his patients to work on his farm. He varied their occupations, divided their labor and assigned to each the post he was best qualified to fill. Some were employed as beasts of draught or burden and others as servants of various orders and provinces. Fear was the operative principle that gave motion and harmony to this rude system. Disobedience and revolt, whenever they appeared in any of its operations were instantly and severely punished."

Again, after describing a case, Pinel says: "Close attention to his trade for some months completed the restoration of his intellect." Again "The utmost vigilance of the domestic police will be necessary to engage the exertions of every maniac, especially during his lucid intervals, in some employment, laborious or otherwise, calculated to employ his thoughts and attention."

In 1798 Dr. Benjamin Rush recommended to the Board of Managers of the Pennsylvania Hospital that facilities be given for occupation.

In 1803 Johann Frederick Reil devoted eight pages of his book to occupation.

In 1813 Sir James Connally observed that gross unkindness and severe restraint were contraindicated and substituted sympathy, occupational diversion and a wise confidence in the patients when they promised to control themselves.

In 1815 the Board of Governors of the New York Hospital recommended that such patients as selected by a physician, or the Committee, be given exercise and provided, amusement.

Esquirol, in an article written in 1836, expressed clearly his opinion and scientifically his deductions relative to occupation as a therapeutic measure, when he said: "Work is a stimulant to all and by it we distract attention from their illness; we fix their attention on reasonable things; we bring back to them some
of the practices of order; we quicken their intelligence and in this way we improve the lot of the most unfortunate."

It is noted that from 1848 to 1910 only in a few hospitals for the insane in this country, was any concerted effort directed toward developing and applying intelligently this vast field of therapy: Among them McLean, which institution in 1910 engaged a teacher of handicrafts, and basketry, leather work, lace making and weaving were begun.²

Of those directly responsible for development, application and generous distribution of the teaching of arts and crafts in institutions in this country Mrs. Eleanor Clarke Slagle stands in relief. Through her efforts, occupation departments have been established in many hospitals and public welfare organizations. For several years the writer was indirectly associated with Mrs. Slagle's department at the Illinois Mental Hygiene Society Clinic and had occasion to observe its beginning and progress along lines that were scientific and helpful.

At Kankakee State Hospital in 1913 the writer had much to do with the re-organization of the occupation department and its establishment on a basis conforming with the economic trend of the administration, and with the addition of such as was new in the field of re-education.

Each patient was card indexed as to name, registration number, date of admission, age, ward, mental and physical status, and the cards classified as to sex, previous occupation, and diagnosis.

The medical and nursing staff and heads of all departments were acquainted with the system and their cooperation was responsible for its successful administration.

Like entertainment, provided to practically exclusively the better class of patients in every institution, the heads of departments and their subordinates had been accustomed to tolerate only those who were capable and willing hands, and as such, caused the least inconvenience and irritation.

²Much of the above is taken from Reconstruction Therapy by W. R. Dunton, Jr.
It is a known truth that in nearly all institutions the policy has been, and is, in many today, to administer stereotypically entertainment and other diversion to the selected few who are least in need of it—comparatively speaking—to those whose mental status is such as requires little or no effort to stimulate interest or attention, leaving the great mass of progressively deteriorating souls, who constitute the bulk of the institutions population, to vegetate.

Getting away from this sort of thing was the purpose of our reorganization. The introduction of new blood and methods tended to facilitate assimilation of the newly adopted program.

Occupation of some sort reached practically every patient from the intellectually and emotionally deteriorated praecox to the most benign.

All new cases were provided with occupational diversion as soon as was thought advisable, with the idea that occupation when administered early would tend to abort depression, elation, apathy, and therefore tend in many cases to intercept intellectual and emotional deterioration by training, and ultimately "fixing attention through tact, persuasion and ingenuity," —and in this connection let it be said, that much thought was given to selecting those to whom the duty of instruction was assigned.

It was imperative that they be of pleasing personality, tactful and tolerant and that they have some degree of knowledge of the general types of reaction.

The so called chronics were divided into classes and assigned such primitive types of diversion as was prescribed—gradually increasing its complexity as the aptitude of the pupil warranted.

Much could be here recorded relative to the character of the work prescribed including designing and making of dresses by the patients themselves and thus creating desire for and pride of better personal appearance, and relegating to antiquity the "Calico Blues."

Occupation therapy, institutional, serves two purposes: (a) therapeutic, (b) economic.
In all state, federal and civil institutions economy is constantly in the foreground, and on it depends largely the success or failure of any new step in institutional routine.

It is difficult to convince the average member of any board of public welfare, or legislator, of any good resulting from whatever treatment may be administered to an hospitalized mental case.

He is convinced that the inmate of an asylum is parasitic; that he must be contented with and that custodial care of the ordinary sort is sufficient—that once committed to an asylum his value as an economic element in society is ended.

To him who so believes let education be provided.

The mobilization of our military forces and the care of sick and wounded precipitated an adoption and development of occupational diversion as a therapeutic measure, both in the service and in all federal, state, and civil institutions, as was never anticipated by its most ardent advocates.

Occupation as a curative agent has been much discussed. Dr. Clarence B. Farrar, in 1906, stated that occupation helps the patient by training his attention. Bertschinger remarks that "recovery in the cases of dementia praecox or Schizophrenia as some prefer to call this condition, is in three ways, one of which is by desymbolization; that is, subconscious thought brought into accord with the facts of external reality." Surely, there is no better way of accomplishing this than by manual occupation.

During the calendar year 1921 there were under observation and treatment in the neuro-psychiatric section of this hospital 840 patients. Of this number 149 were remaining in hospital on January 1, 1921, 691 were new admissions. 681 patients were disposed of during the year. Of this number 312 were discharged to their own care. 64 were returned to duty status and 252 transferred to other institutions.

It is of interest to note that 44.95 per cent were discharged on their own responsibility as social recoveries and 9.22 per cent returned to duty.

It is believed that the early administration of occupational therapeutic measures played no small part in reestablishing
metal equilibrium, by fixing their attention on reasonable things and thereby distracting attention from their illness, or as Bertschinger has said "by desymbolization—bringing subconscious thought into accord with the facts of external reality through manual occupation."

There are at present in the section 154 cases. Of this number 64.93 per cent are actually engaged in some specific occupational measure. The remaining 35.07 per cent are engaged in games and calisthenics, and receive entertainment.

For the patients in the closed wards basketry, horticulture, agriculture, calisthenics, games, sight seeing trips and moving pictures, and in some instances, academic work is provided, prescribed and administered under the guidance of a reconstruction aide and such corps men as are selected.

Weaving has not as yet been introduced into the closed wards but it is hoped that, within the next few weeks, the construction of such a department for closed ward cases will have been completed.

The open ward or parole patients engage in batik, tie dyeing, leather work, basketry, handloom and other weaving, knotting, wood carving, cabinet making, automobile repairing and painting, metal work, and the finer arts of the jeweler.

An academic department in the section teaches elementary English and arithmetic to the illiterate and carries on Americanization work for such as are benefited thereby.

Other class work is provided in the general class room of the reconstruction department proper for such open ward patients as care to avail themselves. It is planned to develop this even more during the coming year. The result of this policy has been that the patients have been happier, quieter and more amenable to discipline.

What has been here observed must of necessity be observed in all well regulated and ably administered hospitals and institutions.

Occupation therapy has come to stay. It has proven its efficacy in the treatment of mental disorders, and has supplemented the time honored "custodial care" of the asylum, after
centuries of development and many inadequate attempts at administration.

In concluding permit me to say that, although we have developed and applied intensively and effectively a type of therapy that has supplied a long felt need in protracted convalescence of medical and surgical cases as well as nervous and mental disorders, it should not be believed to be specific. It should be administered intelligently, keeping always in mind the human equation and the economic trend of the moment.

Credit for its therapeutic effect is due in large measure to the tactfulness, patience, ingenuity, resourcefulness, persuasion, tolerance, untiring effort and wholesome understanding of the reconstruction aide in its application.