OCCUPATIONAL THERAPY FOR DETERIORATED MALE PATIENTS

A WARNING AND A SUGGESTION

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The writer is moved by the repeated observation of deteriorated male patients in the various occupational therapy classes of our state hospitals working over the monotonous sandpapering of small pieces of wood, to voice a protest against this interpretation of occupational therapy.

It would seem that in this type of work there is little if any virtue, and practically no therapy. To be sure it is occupation of a kind, but sandpapering leads nowhere unless connected in some rational manner with a definite problem which serves to bring the patient into contact with reality. Of itself sandpapering of little pieces of board too readily becomes a procedure which the patient carries out quite automatically, while at the same time indulging in the fantasies, abstraction, indifference, etc., for which he is supposedly being treated.

The other day in one of our state hospitals a competent and quite experienced attendant helper remarked to the writer, that if she had her way, she would never give another sandpapering task to a patient; and when she said this she had in mind the ordinary procedure as described above.

In the case of women patients the same applies to such work as tatting, spool knitting, etc., when these procedures have passed the point where they require attention upon the patient’s part. If the patient cannot be brought beyond this, the work becomes merely occupational and ceases to have any particular importance from a therapeutic point of view.

The sandpapering of wood is a necessary thing and a good thing when associated with a problem that will interest the
patient, and for this reason the work for beginners along this line should be associated as much as possible with the actual making of toys. If the patient himself cannot cut out the toy, then at least the pieces given him should be sawed out in the shape of figures and later let him color them (with chalk if he cannot be trusted with paint). Let this work be varied with that upon self-hardening clay which can be moulded into balls, fruit forms, etc.

What occupational therapy must be most careful to avoid is an inherent tendency to become stereotyped or ritualistic as it were. It is so very easy to go through motions and to feel that something has been accomplished whereas in fact we are getting nowhere and very possibly are defeating the very ends we seek to accomplish.

The occupational aid must be constantly upon her guard against the possibility of an unconscious use of what might be termed "squirrel-cage" therapy.

Along this line something might be said concerning the so-called kindergarten work with these same types of patients. Kindergarten work is such in reality only when the teacher is in close contact with the members of the class and constantly seeking to arouse and maintain a definite interest in their childish tasks. No good whatever is done by placing a few colored blocks or pieces of paper upon the table in front of a group of apathetic praecox patients and then leaving them to their own meager resources. This again is occupational therapy that is a mere form and quite void of results.

A SUGGESTION IN THE CASE OF DETERIORATED MEN

We should remember that they have for the most part been accustomed to working with their hands, and working to a purpose. They require large things with which to work and should have the stimulus of accomplishment. Why not then for example, let such groups build frame structures with pieces of board anywhere from 2 feet to 4 feet in length which can be pinned with wooden pegs to a frame work of two by twos. This lumber can be readily sawed out and fitted by a carpenter or
any handy-man so that several types of structure can be built, i.e., a house with a lean-to, a school house, or church, a barn, etc. The completed building might very well be 4 feet wide by 8 feet long and high enough for a small man to crawl into. The various problems involved can very well be adapted to individual patients, while the entire class works upon the whole as a group.

If the appropriate pieces must even be placed in the patient’s hands at first, he can still be required to make an effort by way of pinning them together in their proper places. Other problems suggest themselves in the selection of proper length of board for special places, in pinning frames for the windows and doors; and even the taking apart of the structure after it is completed becomes a series of interesting problems graduated from the simplest to the more intricate.

Possibly this problem may already be in use; the writer has never seen it and offers it for what it is worth, but mainly as a protest against aimless, monotonous occupation that must be practically without therapeutic value.