A DEBATE UPON TOY-MAKING AS A THERAPEUTIC OCCUPATION: CON

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It should be stated as a premise that my objections to toy-making, as a therapeutic occupation, are based upon observation rather than practice. That is, I have never, while convalescing, derived any benefit from making toys, and I can only base my criticisms upon my mental reactions to what I have observed in our own and other workshops.

Probably everyone will agree that the word "toy" brings up pleasant associations. Perhaps a favorite toy comes to mind, around which are grouped happy memories. I recall a small tin dump cart which gave me much joy, as it now seems to me, because I could imitate the operations of my elders, and upon which I exercised reconstructive efforts when use had made it decrepit. Another, and earlier, object of my affections was a box of oblong wooden blocks, which had been made for me and which gave great opportunities for building, laying herringbone pavements, and which even formed good missles. It is to be noted that in my own case my favorite toys were miniatures of practical objects.

I cannot recall that any of my toys were of the bizarre type which have recently been so conspicuous, and I feel that these are more suitable for ourselves as older children than for real children, for I am of the opinion, should an inquiry be made, it would be found that the favorite toys of childhood were those which imitated things in ordinary adult use and not those which were bizarre. It is frequently asserted that the best-loved doll was dilapidated and shabby, often a rag doll. But it should be remembered that the first impression made by that doll was of its beauty. Golden hair, heavenly blue eyes and an apple blossom complexion are pleasing and are the usual characteristics
of dolls. Dolls with green complexions, red eyes and purple hair would have succeeded the ordinary type was there a sufficient demand for them.

All of which is preliminary to my first criticism of the type of toys which are frequently made in curative workshops, that too often they are bizarre and attract chiefly for this reason.

The affection in which Dr. Hall and I hold each other is sufficiently strong to permit our being frank, and I am certain he will forgive the mild criticism of the Marblehead toys, when I say that they are ingenious, but not attractive.

In a class trained at the Maryland Institute, some very attractive toys were designed and made by students of occupational therapy, all of which were miniature models of such things as a four post bedstead, a rush bottomed chair, a bull terrier, etc. The bull terrier, designed by Miss Lucy C. Gilpin, had a lifelike air of alertness which was very charming. Mr. Theo. C. Pond, the instructor, has written what appeals to me as an excellent article upon toy-making. (Maryland Psychiatric Quarterly, ix, 20, July, 1919.) He says, "My own necessarily limited experience leads me to believe that most children prefer a considerable degree of realism in their toys, that is, the toy most acceptable to the child is one that symbolizes in a vivid manner the most striking aspects of life and the most important activities of living." So that at least one person agrees with me that toys should be realistic. A small number of adults whom I have questioned, relative to their favorite toy in childhood, have corroborated this view and have also emphasized the opinion which I believe is shared by the majority, that the possibility of motion makes a toy more attractive.

At the round table on wood work last year, Dr. Hall, (as reported by Miss Dean) stated that "The essentials of a toy are: character and humor. Not real but fantastic. The old jumping-jack, consisting of two sticks, with strings and the loosely jointed, grotesquely painted jack, still amuses this generation as it has several generations past." Here, I believe, the word "fantastic" is used in the same sense that I do "bizarre," though perhaps Dr. Hall means "fanciful" rather than "queer."
Also, it is to be noted that Dr. Hall disagrees with my opinion that toys should be realistic. The example given, of a jumping-jack, is not a good illustration because what attracts us is its motion, that this is grotesque does appeal to our humor, and we forgive the bizarre appearance, because of the greater pleasure derived from the odd movements. The illustration in other words is too complex. I have seen but few jumping-jacks which were not painted to represent the traditional harlequin who is unfamiliar to American children and so represents something bizarre. The only different jumping-jack I can recall is one painted as a sailor which gave me quite as much pleasure by it’s grotesque antics as the more conventional type. I have a feeling that the antics of this more realistic type appealed even more strongly to my sense of humor, than did the harlequin, and this would seem probable when we consider how frequently contrasts appeal to our sense of humor.

It is probable that the question of whether the bizarre or the realistic toy appeals most to children will only be settled by a rather prolonged research. While I believe that certain investigation on the attraction of toys for children has been done this is not, at present, accessible to me.

It should be stated, however, that toys should not be too realistic. I understand that the lifelike character dolls have not been favorites of children. Possibly they are too reminiscent of a little dead brother, or if there is no such association, there is a natural feeling of disappointment that so human an appearing object should not be able to talk, walk, and play.

It seems to me that a parallel may be drawn between toys and painting. In the last few years we have been afflicted with a number of “schools” of bizarre painting, in which, I believe, ingenuity of technique is the chief attraction and not the fact that the canvas was representative of something. Were I a purchaser of paintings I would ask myself whether I would prefer to live with one of these or with one of the older, more conventional types, and we should ask the same question when designing or purchasing a toy for a child, because it is the child who has to live with it.
This rather long preamble is introductory to the statement that in my opinion patients should not be asked to make toys which are trivial and do not conform to the standards of what we call good taste. This applies to both form and color. It is also debatable whether mental patients should be allowed to design and make toys which may perhaps be an expression of their fantasies.

As is well known, commercial toys are made to sell as cheaply as possible. To do this, where labor is high, as in the United States, various mechanical methods are used, such as sawing out wooden toys in series with a band saw and in other ways. Usually in the occupational therapy shop the sawing is done tediously with a coping saw, or perhaps a footpower jigsaw. It is questionable whether it is right to use this time and energy consuming method in making toys which must necessarily compete in the market with those made in factories. Would it not be better to use this effort, assuming that the use of the jigsaw is necessary to bring about the desired curative effect, to make other articles, such as basket bases, small parts for more complicated wooden articles, or for simpler things.

Further, these fantastic toys that are so eccentrically designed offer a great temptation for careless work. In the majority of instances a deviation from the pattern lines merely makes the toy more fantastic, so that a premium is put upon careless workmanship. I have seen this shown as frequently by those in mental health as by our own patients.

On account of the tools used it is necessary among mental and nervous patients to provide sufficient oversight to guard against impulses for self-injury, so that the instructor must constantly have a feeling of watchfulness. Also on account of the character of the work with frequent demands for the instructor’s assistance the number who may be occupied in this way is necessarily limited. This makes toy-making more expensive than other crafts which do not so greatly limit the number of pupils who may be assigned to an aide.

To sum up my objections to toy-making as a therapeutic occupation, I would say:
TOY-MAKING AS THERAPEUTIC OCCUPATION

First, that toys fantastically designed have a debasing effect upon the worker, lowering his sense of form and color.

Second, as carried on in the majority of occupational therapy shops toy-making is economically bad and teaches the patient to expend a disproportionate amount of time and energy upon a trivial object.

Third, toy-making is expensive to the hospital employing the aide, as more of her time must be given to individual patients than is necessary with other occupations.

Fourth, there is not the necessity for good workmanship which can be better cultivated by making other objects.

IN DEFENSE OF TOYS

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Some time ago, Dr. Dunton challenged me to a debate on the value of toy-making in occupational therapy. He was to take the negative and I the positive side. He very kindly sent me a copy of his paper so that I might become familiar with his position. He also suggested that we publish our arguments together. As no judges have been appointed, we shall never know who has won. Nevertheless, our discussion may be of interest and value to occupational teachers.

If Dr. Dunton were condemning toys and their manufacture unqualifiedly, I would have no difficulty in demolishing his position but, of course, he is not doing that; one might as well condemn children, for the child and the toy are one and inseparable. They do quite literally rise and fall together. Let us hope that no process of evolution will ever produce the toyless child. Dr. Dunton objects to toys in a highly restricted sense. He says in effect that the making of wooden toys is not a suitable or at least not one of the best employments for the cripples and invalids whose long days are now, thanks to our new system, made shorter and happier by prescribed and supervised occupations. He does, however, maintain that even if we use toy making in occupational therapy, we are here in Marblehead, on the wrong
scent, we are developing a type of toy that is either undesirable for the child or degrading to the taste of the invalid who makes it. He objects to wooden toy-making also because the process of sawing and shaping is time-consuming and too difficult, also, apparently and curiously enough because the painting and decorating leaves room for improvisation and inexactness.

Now I would like to say for the Medical Workshop, which has been experimenting in wooden toy-making for nearly three years, that we are merely feeling our way, that we are honestly and conscientiously trying to find out that toys are best from every point of view. It is a complex and difficult subject, we do not claim to have made more than a beginning. We started with the a priori assumption that wooden toy-making in some form is a good occupational therapy line. So far we have had no reason to change our belief. I suppose we chose this work for study because of what may be called the humanizing element in it. However subtle the connection, the fashioning of a toy does often bring back something of childhood’s delight in the world of makebelieve. Reality has dealt most of us some pretty hard knocks and it is well for us if we can forget for a time and find our way back into the old enchantment. As for the physical difficulties, they may with great facility be adjusted to the limitations of the patient. Has Dr. Dunton forgotten that the Medical Workshop has from the first realized that only here and there would a patient be able to do successful jigsawing on the heavier wooden toys? That part is hard work and so exacting that it is likely to be done badly by almost any handicapped worker. We have at Marblehead a fully equipped woodworking plant and the power machine is depended upon for all the rough work of toy-making. Moreover, doing this work in quantity, we can sell the parts cheaply. We use, as a matter of fact, almost no new lumber but only the ends of planks from a neighboring door factory. We leave for the patient only the relatively easy work of sandpapering, assembling, painting, and varnishing. But that is not all. Realizing that the average aide would be too busy to work out designs for her patients and to supervise every brush stroke, we employ the best designers we can find and supply
finished models for the guidance of the worker, models which indicate the way to attain effective results by the simplest possible means. If the Marblehead plan is followed, there need be no sharp tools in use, a decided advantage in the mental hospital.

Dr. Dunton's discussion of design brings us into a field where perhaps neither he nor I can afford to be dogmatic. Let me repeat my earlier statement. The Medical Workshop is experimenting; we are trying out new ideas wherever we can get them, while we hold to certain time-honored and time-proved traditions. It will not do, of course, to depend wholly on popular approval but I can at least say for the practical result, so far, that the Marblehead toys, finished and put on exhibition at the Medical Workshop, have sold to delighted adult purchasers so fast that we could not meet the demand, and I have yet to hear that any of these toys have been scornfully refused by the children to whom they have doubtless been presented. We are now supplying more than a hundred institutions with our "rough hewn product and repeat orders reassure us that the toys are not found altogether useless in occupational therapy. In another year we may have changed our line of toys completely. In fact, we are undertaking a constant process of elimination, settling upon a few of the most popular toys as standard and reaching out to obtain any available source of new ideas.

Now certainly we are interested in the effect of toys upon the child. That, as Dr. Dunton says, is an abstruse subject of child psychology. I have always maintained that any toy is as much for the pleasure of the person who buys it as for the child who receives. But if our toys are debauching the taste of childhood, by all means let us know it and let us forbear. I do not believe they are doing any such thing.

I will avoid the subject of the purely educative toy. That is all right in its place and for certain constructive periods of childhood. We shall make such toys if we have time and can find a market for them. I am quoted as saying that the successful toy usually embodies the element of surprise. It does. The toy that makes the purchaser or the child laugh usually accomplishes that pleasant function because of a deviation from the expected,
the commonplace, the so-called normal. There is a gross humor which is as objectionable in a toy as anywhere else in the world, but the disproportions, the surprises in color, the sudden activities of the hidden spring, these are the things that attract and charm, just because they are different. If you attempt in toy-making to copy nature exactly, you will probably not only fail but fail miserably. The greatest charm of the land of makebelieve is in its prodigal disregard of proportion and even of harmony in color. I really believe that Jack's bean-stalk would have been an utter failure if it had stopped short of the clouds, and I know that the far-famed purple cow of literature is delightful almost solely by virtue of its unusual color.

Some day the Medical Workshop, which is not just a toy factory will take up other interesting and important crafts for experimental study in the interests of occupational therapy. We shall for some time be chiefly interested in the problem of toys because we believe that we have only touched upon the possibilities in design, because we feel that wooden toy-making is not one of the least but one of the most important of occupational therapy employments. Not small in the minds of those who are doing this work is the possibility of developing a practical and remunerative industry for the permanently handicapped as well as a diversional and educational work for the convalescent.

We are not trying to foist a spurious art upon the adult population nor a harmful abnormality upon the infant. We are earnestly trying to do something for occupational therapy that occupational therapy might be too long in doing for itself. We are following as far as seems to us wise, good traditions of design and color. We welcome such criticisms as Dr. Dunton's because they make us think. We are not cocksure we are right but we believe we are on the right track and, meanwhile, we are positively renewing our youth in what is to us at least, a delightful business of research and production.

In argumentative writing, it is usually the case that the disputants are nearer together than they realize. In any event, I expect to have Dr. Dunton ordering Marblehead toys by the gross before long.
In accepting my request that we debate upon the therapeutic value of toy-making, Dr. Hall stated that he would not leave me a leg to stand on, that he would overwhelm me by his argument. I am disappointed with what Dr. Hall has sent me. In the first place, toys need no defence. Both young and old require them and it indicates a mighty unhealthy community where they are not encouraged. However, the intention was not to discuss the value of toys, but the value of their manufacture as a form of therapy. I feel that Dr. Hall has produced a charming article, that he has dodged the issue, and also has written an excellent endorsement for the Medical Workshop. It is hoped that others will contribute their opinions to this question.