OCCUPATIONAL THERAPY FOR MEN IN THE CONVALESCENT PERIOD

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This report is based upon the convalescent treatment of nearly 20,000 men and boys, in a country institution, over a term of seven years. The kind of patient grades at all times from the moderately defective up to persons of high breeding and ability. Almost every ailment and subnormal condition is represented. The majority are just able to make the journey out, and are weak and bent or on crutches, and have pains and fears and worries varying up to a pronounced neurasthenia. None pay. Average of stay is under twenty days, varied from one to ten weeks, and determined by frequent study of the individual, and to some degree by his preferences, home-calls, etc. A preliminary rest reduces the average application time of this therapy to about two weeks only.

The reason for this report lies in its broad applicability to convalescents in general, especially in their homes, where somewhat over 90 per cent will perforce pass this period; the methods have been also instructively experimental as applied to large numbers (155 men's beds here) of all classes and conditions in an institutional environment. Certain flexible standards are being approximated.

We have tried no occupation, less, more, partial volunteer methods, etc., and have for three years past found satisfaction in the following course:—Patients are admitted on Monday, Wednesday and Friday, and are entered upon occupation the Monday following. The resident physician makes brief study of each patient's card-record and condition the day after arrival,

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and marks up for the work. All regular occupation is for one
hour only—10:30 to 11:30 a.m. Cottage routine adds another
half hour. The prescription is for one of five details—"out,"
"light out," "sitting," "shops," or as "aides." Each merits
some description. "Out" means work about the gardens, grounds
or buildings—weeding, lawn-mowing, foresting, trimming, clean­
ing and sweeping, planting, grading and turfing, path and road
repair, ditch-making, raking, snow-clearing, wood-cutting, prun­
ing, etc., in season, and many like works that beautify, improve
and maintain buildings and the sixty-acre area, kept in a high
state of landscaping and largely covered with outdoor play­
grounds. Upkeep of the recreational equipment alone takes no
small portion of the men's time and leads to that good work-and­
play interaction and feeling so much desired. A salaried aide
gives detail assignments and overlooks all men's activities, with
patient-assistants in charge of sub-groups.

"Light out" is picking up of litter, vine and grass-trimming,
some gardening, weed-digging, and like. "Sitting" sends to
basketry, small cement ware, library, studio, toy-making, vege­
table preparation, etc. The "shops" are for carpentry and
general repair, toys, painting, cement goods, canvas hammocks,
tailoring, cobbling and barbering. A few rather plain models
are closely followed in the shops; a fair, usable product only is
expected. The patient-aides are carefully chosen for cottage
helping, policing, athletic and group leadership, mail-handling,
assistance in the surgery and offices, errands, etc. The aides' hours vary, and this section gives the best of therapy, especially
to the neuropsychiatric borderlines and the various long-stayers.
In half of all cases the physician designates the particular working
detail, with aim to the patient's fitness and advancement. Other­
wise the majority are precisely placed by the supervisor and her
assistants.

One hundred patients on a sample day are distributed: Out 20,
light-out 15, basketry 15, cottage work 12, library 7, cement 6,
toys 6, wood shop 5, surgical dressing room 2, mail 2, and one
each in canvas, paint, tailor and shoeshops and six on miscel­
laneous jobs—policing, etc. It is understood that all are "on
call” at any time to turn in and help according to their abilities, and frequent group-assisting is purposely called for. *The model for this is the old country “bee,” in which there is always a most inspiring and uptending physical and moral quality. Bed-making only is required in the quarters and patients do not aid in the food or other services; *this enhances the set-occupation as a definite therapy, “with a reason.”

As the guests gain strength and ambition, afternoon and double-hour tasks are added in many cases. *Pay-occupation of from three to five hours daily is given (often urged or prescribed) to a few for special curative reasons. From this they pass frequently into full-hour employment about the institution while still under surgical dressing or other terminal convalescent care. The final phase is return to old or better adapted wage work and environment. *This gives good grading from the sickbed or down-tending debility into full, or best possible handicapped, living. The full cycle is seen to imply, however, some beginning occupational stimuli in the later bed-period (occupation-therapy in wards) and skilled re-employment aid at the end of convalescence.

*Three age groupings, broadly kept in mind, have application—under 15, 15 to 50, from 50 on. Boys gain most under closer contact and direction of elders—as sub-aides, messengers, etc., also in group-work. Our leaders are urged to “get the boys” to do all feasible in-between jobs. Toy-making, library, basketry and other light shop-work fits the weaker and crippled lads. Gardening under these short-term conditions bores them to an unconvalescent discontent. Continuation schooling is of course a prime form of occupation, wherever longer residence permits. It is best to place most boys in man’s work-play and general routine at 15 instead of 16 which age has been so generally used. (This change may well apply to some other institutional, welfare and educational classifications.)

The *mid-age group adapt to leadership and construction. They tend to design and modify and improve—and find restorative opportunity in nearly all of the lines of occupation listed above. They are pressing forward, and two difficulties appear—to restrain them safely in the earlier stages, and then to hold
long enough in graduated upbuilding. Most men go back to the job and the social strains too soon; efficient convalescent management keeps them out the extra few days, which may mean extra years of good health. Just here the harder occupations come in well as tests, and convincing proof often of being not yet fit. The older group adapt to policing, gardening, forestry and grounds-care, repairing and easier routine shop work. Many exceptions obtain in this classification, for the slogan is to make adult convalescents think and do ever some degrees younger and braver. Just plain outdoors is highly convalescent. Not enough of the good out-of-door occupation-therapy is availed of in our institutions and homes. Even sitting details on porches, balconies, under trees, etc., gain in effect.

Sales of the men's occupational products amounts to not more than $1000 per year; which shows again how this work-cure is given mainly in making and keeping the plant—its tone and spirit, as well as physical condition. Our patients are measurably on the executive committee. It has proven first-class therapy for them to help make us what we are. It is agreed that the work-cure product shall take its place in the competitive market and that its saleability reacts wholesomely upon the other curative elements involved. Yet the true measure of it all is not in the dollars nor the fineness of product—but in the therapeutics. These patients take home not money nor much of new crafts or skills, but stores of health and courage rather—and better outlook and belief, based upon some definite physical, mental and moral tests of self made during this comparatively short period. The real sales product is what more the men make and do in after life because of this extra training. We cannot doubt but it has already run into great sums.

One good of telling this factful story may be its tendency to broaden the conception of occupation therapy. There is still too much thought of basketry and other table crafts, and too little medicated normalizing work that grades inspiringly into rehabilitation. We soon saw the need of remedial work in short-term group convalescence; and that there were practically no models. Now, after this large experience and trial of various
Men in Convalescent Period

Ways, we are inclining to fewer crafts and shops, more general up-keep and outdoor constructive work, with few salaried heads and more patient leadership. Some such plan admits the therapy to small and atypical places, where the greater numbers always are. A clearer medical prescription and oversight has grown alongside. Our business is to get these average men back "on the jobs" as speedily and solidly as possible, and not attempt to follow or compete with other occupation-therapy departments where conditions are very different. These men come to think, and to say often,—I can walk and sleep and eat and work and play, and I am ready to go back into the game. Our peculiar kind of work-treatment aids largely in bringing this result. There are many other occupation problems elsewhere waiting to be treated thus individually.

Comment

Patients usually hold the query at first—why work in a rest place. It is a valid question, but here is not occasion to elaborate the answer. Enough to say that generally they soon understand its justice and good. The value of work as a test in this period—of the strength, reserve force, nerve and mental poise, and of the several elements that we take together as character, has been too little appreciated. We are constantly appealed to for opinion of an ex-patient's fitness for this or that real-life situation, and their occupation record here proves of major importance to the answer. Few changes in the assignments are made; there is good mental-therapy in holding to the set task—as does the workaday life to follow. (The patient may always apply through leaders to the physician for desired readjustment.) A simple administration, and our taking only those who hope to re-enter productive living, makes occupation merge with seeming naturalness into the rest of the regime and thus more readily into normal life. The best occupation in convalescence is the one that will most aid in eliminating the fears and faulty semi-invalid habits of mind and body, and this is often precisely not the work he wishes, can do best, or that is closest allied to his home activities. Much thought is given to this phase, and frequently tailors are best
put to gardening, clerks to forestry, longshoremen in finer shop work, the too dainty and proud into the rougher dirty jobs, etc. Day in and out the prescription depends more upon temperamental than physical states and reactions.

A few sample classifications will serve to indicate the essentials of the practice: Heart disease in the various stages uses all of the occupations from one-half hour sitting to full outdoors, is closely watched and advanced gradually, often through changing activities into wage-earning. Post-operative cases may safely enter upon much livelier routines than they or their surgeons generally think—and with decided and lasting benefits, in speedier and stronger healing, improved posture, organic functioning, etc. Psychoneurotics require in general varied individual prescriptions, closer supervision and longer hours as they progress, to advance if possible into pay-occupation with a job in sight. Here out-of-doors is particularly beneficial; likewise grading them into leaderships. A degree of daily physical fatigue is also helpful and obviates many of their difficulties. Empyemas are given deep-breathing and walking light and full outdoor assignments. Orthopedics gain rapidly on details which increasingly exercise stiffened and subnormal parts.

SUMMARY

Occupation may be an important aid in convalescence. Its mental-therapy is the best part. It adds a most valuable test.

It should commence in the later stages of bed-care and carry through gradedly to fitness for life work. Placing and holding for a time in suitable employment is proper consummation of the effort—and much neglected.

There is appearing a tendency to over-laud and overdo work-cures, which are best when held to a careful balance and cooperation with medical, recreational, social and other aids to health; e.g., we think of work compared with play in convalescing as about one to four.

A real occupation-therapy for convalescents may be based upon simple and mainly out-of-door tasks, with enough shop detail to
accommodate bad weather and certain severely handicapped states.

This experience as outlined may be applied to home convalescents (who will ever form the major portion) as well as to the many different institutions which must in future be provided for the country recuperation of depleted men.
A Morning Hour in the Garden

Stone Ditch Construction
Healthy and Happy Work in the Forest

Lawn Work
Cement Ware Well Adapted to Various Convalescent Conditions

General Repair and Work Shop. A Light Grade of Occupation
MEN IN CONVALESCENT PERIOD

FORESTING THE INSTITUTION’S WOODS