THE STATUS OF OCCUPATIONAL THERAPY IN CANADA

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The story of occupational therapy in Canada prior to the war does not differ very greatly from American experiences. The historically minded will find much of interest in the records of our oldest institutions for the care of the insane. I am of the opinion that activities, which might fairly be classed as occupational therapy as we now use the term, have been a part of the regime of the hospitals of the Catholic religious orders ever since their inception in Lower Canada.

A number of local factors have made possible the continuity of the work in what is now Quebec province, chief of these being the innate artistry of the French-Canadian and the culture and temperament of the Religieuse who constitute the fine nursing staff.

In the more turbulent atmosphere of English speaking Canada it is not so easy to piece together a consecutive history.

Occupational therapy has been of sporadic growth, it has flourished at times in isolated spots under energetic superintendents; has suffered serious setbacks; has been at all times incessantly harried and sniped at by indignant taxpayers and indigent politicians, and was transformed overnight by the exigencies of the war into an honored if somewhat bewildered guest at the doctors’ table.

If at the present time we are still a little flushed and talkative we hope our critics will be charitable and remember that there is no war disability which takes quite so long in healing as a Sam Brown belt.

1 Read in absentia, Atlantic City, September, 1922.
2 At Beauport I saw a room full of spinning wheels which had grown black with age.
3 See Dr. Workman’s remarks, American Journal of Insanity, June, 1862.
Of occupational therapy in the military hospital it is not necessary to speak. The post-war expansion has been far reaching and varied in character. Work is now being done in general hospitals, sanatoria, homes for incurables, among the home bound, in workshops for epileptics and with private patients. If I am not mistaken there has been a parallel growth in the United States.

Two other activities not included in the above are worthy of separate notice because I believe they have reached a higher stage of development in Canada than elsewhere.

First, the workshops established by the government for disabled soldiers and, second, the number of independent businesses which have been launched by men who either learned a craft while under government care or who conceived a commercial idea because they were doing some sort of handiwork.

The famous "Uncle Wiggly Toys" are a good example of this. They started as a one man idea and now represent I do not know what awe inspiring sums in capitalization and output.

The government workshops were first suggested in 1918 when it became evident to the writer that neither hospitalization nor industrial training would solve all our rehabilitation problems.

The first shops were opened in Toronto early in 1920 and others followed rapidly. The industries were furniture, toys, reedwork, art metal work and art leather work. Six months observation and experimentation defined the problem. It was then seen that the shops had to be organized to provide work for four distinct groups: (a) old age cases, (b) mental defectives of the non-institutional type. It was evident that attempts to retrain either of these classes would be a waste of money as they could not meet competition in the open labor market. (c) Medical cases needing varying degrees of out-patient treatment but capable of a short days work under hygienic conditions (heart cases, bronchitis, nephritics, arrested T. B. cases) (d) Men recovering from long periods of sickness and needing a sort of

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4 Invalid Occupation in War Hospitals, Burnette, 1918.
5 The last named was eventually dropped as not profitable.
mental and moral setting up exercise before taking the plunge into the open labor market. A large number of these cases were frankly cases of neuroses.

To an American visitor the most astonishing thing would be the old age cases. Those blessed old idiots who forgot their birthdays and lied like gentlemen to get into the front line—and got there!6

This class now constitutes over one-half of the men employed in the government shops and being permanent has become a skilled working force. The Toronto shops today practically monopolize the market for hand wrought brass and copper work in Canada and do as well, most beautiful silverwork, tea, coffee, and cocoa sets, communion vessels, etc. The combined output of toys from the various shops must represent a very respectable part of all the toys produced in the Dominion.

All of the foregoing may rightly be claimed for the credit side of occupational therapy in Canada since the war. Is there another side to the picture? I think there is. In the institutional care of the insane the progress of occupational therapy is disappointing. There have, of course, been additions to the list of hospitals engaging one or two occupational workers (one or two workers among 700 or 1000 patients!). But there have also been losses. In fact the condition is in no way different to what it was 10 years ago. Progress at one point, retrogression at another, no great movement which might be dignified by the appellation of a scientific advance in the use of occupation in the treatment of mental diseases.

We are still in the post-war period of adjustment. Demands for increased government expenditure on behalf of the asylums will be met with the justifiable plea for economy. We who believe in the value of occupational therapy claim that the exclusion of occupational therapy is not an economy. Are we fully equipped in knowledge when we make claims for the therapeutic results of our practice?

6 I remember at one time over 20 men in one group of shops whose ages ran from over fifty to over sixty. One man of fifty-seven went over with his two sons and was in France for twenty-two months. Another man of sixty did two years in France and lived to see both his sons earn their commissions and later die the death of heroes. The average age of this group must have been fifty-seven.
I am not particularly enthusiastic over the "Expansion." I have an uncomfortable feeling that we have run away from the hardwork in the field of mental diseases to holiday in the by-paths of orthopedics and social service. These things are undoubtedly laudable but I have a suspicion that they are also easy.

I would seriously suggest that we return again to our old love and that for a while we concentrate our efforts on some quiet, earnest, research work.

I think that occupational therapy would stand a very much better chance of attaining recognition as a scientific factor in mental hygiene if we would spend time checking our data and arriving at clear cut decisions as to what were actual facts indicated by inductive methods of search, and what were merely working hypotheses.

We make specious claims for the therapy of occupation when advocating work among the insane. There remains the task of proving this by quantitative or even qualitative measurement. The difficulties of this field of research should not deter us from entering it. Until we do so we will never be sure of holding ground over which we have advanced because we are armed with nothing more than speculative theories.

An improved condition is surely brought about by a combination of influences, what then is the proportionate value of occupational therapy as one of the factors in the equation? This question could only be answered by using the empirical method common to the physical science.