At the fifth annual meeting of the National Society for the Promotion of Occupational Therapy (now the American Occupational Therapy Association) held at Baltimore, Md., in October, 1921, Miss Ethel Bowman of Goucher College read an interesting paper on the Psychology of Occupational Therapy.\footnote{Archives of Occupational Therapy, vol. i, no. 3, p. 171.} In it she called attention to the fact that we cannot speak of an organized, systematized psychology of occupational therapy as we speak of a "psychology of advertising," of a "psychology of salesmanship," or an "educational psychology," but that the fundamental principle of occupational therapy is a psychological principle; the substitution of a coördinated, purposeful activity, mental or physical, for scattered activities or the idleness which comes with weakened body or mind.

Occupational therapy is fast becoming part of the treatment in general hospitals and in sanatoria for tuberculosis, but this paper will be confined to its application in hospitals for the mentally sick where it has long been an integral part of the "cure," and is written from the viewpoint of an aide.

The mere fact that there has been a renewal of interest in occupational therapy as a result of its being used in all military hospitals has had a definite psychological reaction which is not entirely favorable. Many persons, even a few from the medical profession, think of it as a fad that has not earned recognition and consequently question or deny its efficacy. As a matter of fact, the value of work and pleasurable activity as remedial factors in the treatment of the insane has long been recognized.

Although the cures of melancholias in the temples of Saturn in Ancient Egypt were enveloped in superstition, their real basis
was pleasurable occupation. The first record of definitely prescribed occupational therapy is to be found in the writings of Ph. Pinel, professor of the School of Medicine at Paris, in 1791. As early as 1798 it was recommended by Dr. Benj. Rush to the Board of Managers of the Pennsylvania Hospital. In 1803 Dr. Johann Frederich Reil wrote an account of this treatment. In 1813 Sir James Connolly told of its use in the York Retreat in England and from that time it is frequently mentioned in the writings of medical men. It is interesting to note that work originally was given only to state patients, planned to relieve employees rather than to effect cures, and managed from the viewpoint of utility. It was found that other patients wished to share in these employments and since the relatives who were paying for their care sanctioned the arrangement, they too, were permitted to putter around so that now the proper use of time in some helpful and gratifying activity has become a fundamental issue in the treatment of all neuropsychiatric patients.  

There are three very definite ways in which we may apply psychology to occupational therapy: We may bring to it a psychological attitude, an analytical standard. A psychologist analyzes action into steps, emotions into simpler component feelings, a thought process into its various aspects. Occupational therapy may be considered merely as a unit of treatment but to avoid inefficient application and superfluous endeavor the work should be clearly defined and analyzed into its various phases. I have really heard persons speak of occupational therapy as "teaching the poor shell-shocked soldiers basketry to help them forget their troubles." In pre-Volstead days we could have given a prescription that would have been quite as effective for this purpose and hardly less harmful to the patient. Every project in occupational therapy must have a definite plan and a constructive purpose and must fit into a routine schedule of twenty-four hours.

2 Data for history taken from "Reconstruction Therapy" by Dr. Wm. Rush Dunton, pp. 19-21.

3 Applied Psychology, Hollingsworth and Poffenberger, Chap. X.
Again we may apply psychological knowledge (knowledge of human nature) by taking the established laws concerning mental processes and carrying them over into our practical work, applying them directly to occupational therapy. The laws governing attention, interest, habit, learning processes, suggestion, fatigue, etc., have a direct bearing on occupational therapy. Motives and impulses influence the work and the laws of individual and group behavior must be considered. The psychology of "getting along with people" is of incalculable importance.

The third method is that of adapting to the solution of this special practical problem some method of procedure, some standardized technique, or some apparatus originally developed in the psychological laboratory. This seems to me to be exclusively the field of the psychiatrist and nowhere can it be said more truly that "a little knowledge is a dangerous thing." The one who furnishes the prescriptions should bring to occupational therapy the equipment of psychological technique, those who apply the treatment should approach their problem with an attitude of analysis and with a rather comprehensive knowledge of human behavior.

Occupational therapy may be defined as an activity, physical or mental, definitely prescribed and guided for the distinct purpose of contributing to and hastening recovery from disease or injury. The dominant idea in the definition is the curative idea. It is the purpose thought and without it the definition fails. Let us see what this really means in a hospital vocabulary. Therapeutic, curative treatments are administered to those who are expected by means of them to recover their health, and to incurables to prolong life and prevent suffering. With mental cases this means that treatment is given to effect cures in those who will eventually be able to adjust themselves socially, to stave off deterioration, and make existence tolerable for those who can never care for themselves outside a hospital environment.

The other essential is activity, positive, purposeful, controlled activity. In a mental hospital as in life the law holds that it is not enough merely to do something; the something must be
worth while. No one unfamiliar with mental cases can con-
ceive how fine "worth while" may become. It is really quite
a victory when a catatonic patient emerges from a depressed
state and finally reaches the stage where he performs the smallest
task voluntarily and of his own initiative. It seems to me, too,
that the task should be selected with a definite reference to the
cause of the illness. Every person in a mental hospital has
been placed there because he could not adjust himself socially.
He has failed and either consciously or unconsciously is aware
of his failure. I truly believe that in the assignment of work
this point should have prime consideration. If the patient is
to remain in the hospital the rest of his life let him be a success
in that environment. He should have "something (I quote a
patient who is quite troublesome when not so employed) that
he can work away at and not be puzzled up."

These activities often can be directed along lines of hospital
service or in the production of articles which have a commercial
value, making the patient partially self-supporting. The patient
who will be a social recovery should be given tasks that will
strengthen his weakness and fortify him for a new struggle for
he will eventually go back to the same or a similar environment
and must cope with the same adversities. If possible while
in the hospital a new asset which will have weight on the side
of permanent adjustment should be acquired and in some meas­
ure his handicaps should be removed. This is the field of
occupational therapy which has some of the elements of voca­
tional training. The same activities may be used in both but
in one the purpose is to make the cure permanent and in the
other to enable the man to earn a living.

The selection of an activity which will strengthen is a very
difficult, very serious matter. Experience shows that the pur­
pose is easily defeated by stimulating ambition that is not based
on a rational estimate of the patient's capacities and abilities.
Sometimes the patient suggests the activity; but too often the
unrestrained ambition would drive him on the rocks of another
failure. The responsibility rests with the psychiatrist who has
the means for determining vocational aptitudes and measuring
ability. It requires a thorough knowledge of the case, a diagnosis and a prognosis which a trained psychiatrist alone can make. It requires a knowledge of the case not only as it appears in the hospital records but as an individual living in the hospital community. It requires an earnest study not only of the means of curing the patient but also of the means of making the cure permanent. The prescription should be definite as to the kind and amount, or time, of work and should be followed as closely as a prescription for drugs should be followed. If it doesn’t work, if it cannot be followed, either the prescription is not well thought out, is unreasonable, or the one who applies it is inefficient. Even though there were no other bad effects the psychological effect of disobedience of a command would be injurious to a patient. It may be well, however, to note that a good prescription usually demands that the project be in line with the interest of the patient. It often happens, however, that the patient appears to have no conscious interest in anything which it is convenient to offer and if left to himself would do nothing. The prescription then in reality is an order and should be carried out to the letter. It is presumed that the prescription is given to bring to the surface an interest which at the time is undeveloped or suppressed.

At present there are many forms of occupation being tried out in various hospitals. All that have been successful have been helpful and gratifying to the patient. They have filled the patient’s time with normal activities to the exclusion of abnormal ones. Some are of value in stimulating apathetic patients and some have been of incalculable value as a substitute for restraint in controlling disturbed patients.

A conscious handicap which is fairly common is difficulty in using the English language. In coming to a new country an adjustment is difficult even when the language is familiar. When the person is unable to speak the language of his new neighbors he is quite liable to rationalize his failures by attributing them entirely to this difficulty. There are patients in mental hospitals who need to be taught English. Our government thinks it worth while to have aides in the quarantine
hospitals at Ellis Island to teach English to the immigrants who are detained there. If a foreigner is admitted to our country and later suffers a mental breakdown and comes to a hospital for the insane should we not use the period of his convalescence to teach him the use of our language and may we not look upon this as a form of occupational therapy which will strengthen him to meet the social conditions of his environment after his discharge and so prevent a subsequent return? The fact that the patient has not been able to master the language, however, may be in itself a symptom of mental defect. The psychiatrist will know how to determine this and if he finds this to be the case he will not prescribe the study of English.

It may be interesting to take a number of the other occupations that are being put on trial and analyze the patient’s reaction to them. Gardening is one which has long since been proved worth while. It takes the patient out of doors to a new interest center, away from the confinement which he finds so irksome. It gives him vigorous exercise. The tasks have few elements that are new and perplexing and the results are tangible and most gratifying. When the crops are harvested his table is supplied with vegetables produced by his own efforts.

Poultry raising is another activity which has long since been recognized as particularly helpful in the process of substituting healthful thoughts for morbid ones. It has all the salutary elements of gardening and in addition supplies a rather fundamental need in human nature. One has only to watch a patient cuddle one of the tiny yellow chicks to know what I mean. They love to care for living creatures. The patients become so interested that they know the history of every hen and chicken and take great pride in the production of the poultry plant. Patients who, if left on the ward, would spend their time cursing the world in general and the doctors in particular, assume entire responsibility for some portion of the poultry project and do it so well that in contests they have scored above normal men.

Typewriting is a project which has been granted recognition rather grudgingly. It is only a short time that the average person has been familiar with the typewriting machine, and
most of us have been accustomed to think of it as part of the furniture of a business office. It belonged to a business life and somehow seemed out of place in a hospital. Although typewriting machines have become so common some of us are still surprised when we hear of small children being taught to write on a typewriter before they learn to write with a pen. When after all it is quite as easy to learn and is a more direct concomitant with learning to read. As a matter of fact type­writing is an excellent project for occupational therapy. It combines hand work with mental work and seldom fails to engage the interest of the patient. It is of value alike to the illiterate and to the educated patient. The clear and well defined results give an excellent measure of progress and the patient can see for himself that he is gaining in concentration and coördination. In connection with this it may be stated as a principle that in this and in all other work a convalescent who has the mental ability to make good should be given approved methods of procedure and be held to a standard which will be a vocational asset to him after his discharge.

In the above paragraph I have mentioned writing. I have often been appalled at the waste of human energy in learning to write. All children struggle along from the time they are five or six years old until they leave school and never become able to write legibly. A few go to a business school and in six weeks time are able to duplicate the copy. The fact is that the fine movements required for writing with a pen are too difficult for the untrained muscles of a small child. There is always a number of patients who like to write and directed penmanship is a good substitute for writing on the walls. There is a rhythm and swing to it that has a soothing effect and the counting requires the banishment of all distractions and close attention to the task. The results are measurable and gratifying and it can be used to supplement the English of which I spoke earlier. It may be well to note that by English I mean spoken language, interpretation of advertisements, signs, time-tables, newspapers, etc., and the writing of simple letters and post card messages.
Basket weaving and weaving of fabrics has proved itself so helpful that I believe it has been carried too far. The simplest forms of it are quite easily mastered and the expenditure of a small amount of time and material produces a finished article which is often both pleasing and useful. A patient takes great pleasure in making a basket or a rug to send to his home or to one of his friends.

Rake knitting is especially valuable because the operation is so simple that it can be done by very low grade patients and it requires no tools which would prevent its being taken to suicidal, or destructive patients. The bright wools make an attractive product which the patient knows has real value.

Clay modeling and painting have not been successful projects for the work because the patients put into them their own morbid ideas and there is no reconstruction of mental content. Drafting and art, applied to decoration, sign painting and advertising, is exceptionally good because it is of practical use in connection with other projects in occupational therapy and with the general work of the hospital.

Wood work, especially in the form of toymaking is one of the very best forms of employment for mental patients. It requires rather large muscle movements which benefit the patients physically. It produces immediate and gratifying results. It develops physical and mental coordination which is the essential element in adjustment to environment.

To illustrate how many routine activities can be made to serve as occupational therapy I will describe a roll call. Recently I was given a rather large group of new patients so I planned to have a daily roll call until I knew each of them by name. When I called the first name the attendant said, “He’s here,” and pointed to a man; then I called the next, “He’s coming in the door.” In answer to the third, “He’s disturbed.” No one answered for himself. I was astonished at the realization that these men did not even have a sense of possession of their own individuality. I cannot imagine myself being absolutely passive and letting some one else answer for me at a roll call. The next morning I announced that I would stand in the middle
of the room and shout their names after the manner of a hard-boiled army sergeant and that I expected a snappy response. Our little game is good occupational therapy because it not only stimulates the patients for the moment, but the spirit is carried over into the other activities and I find that fewer patients are late and have to be called by the attendant; and if one is absent another patient is interested enough to offer to give his excuse or to go to find him. And so through the daily program, the distribution and collection of materials as well as the work itself can be used to restore "self-possession" in the fullest sense of the word.

Since the direct application of occupational therapy devolves upon the aides it is quite important that great care and good judgment be used in selecting a corps of these workers; and when employed, proper provision for incentive, reward, improvement in service, etc., should be made to increase their efficiency. In general the work requires that the aide be a combination of teacher and nurse. If her foundation training and experience has been as teacher she must be of the type whose success is achieved because of deep interest in the individual rather than in the subject she teaches. In a public school she is found in the group of teachers who prefer individual instruction to class instruction, who prefer coaching special groups (physically defective, subnormal, truant, vocational, etc.) rather than regular grades. If she is a nurse she must be the type who is able to put into a hospital environment a great deal of home atmosphere. Her ward will be one that is not only clean and polished but it will have plants, scarfs on the tables, rug on the floor, cushions on some of the chairs, etc. She will be the kind of person who needs the little touches which would make even the most barren place a bit homelike, and a certain amount of buzzing activity which is part of every normal environment. She will be the type which provides proper custodial care for the patients, but also appreciates the value of making the environment as nearly normal as possible. In addition she must bring to the work the ability to teach certain projects now accepted as valuable occupations. She should know a little about all the
forms of occupational therapy and a great deal about some one form.

The work is quite arduous and requires superabundant vitality and an inexhaustible supply of cheerfulness. It requires integrity of purpose, unselfishness, confidence and faith. An aide must be hard, in the better way of hardness, which makes it possible for her to carry out the regulations which are required for the safeguarding of certain patients, which at times become rather irksome and cause unlimited complaints from other patients. She must realize that these regulations, however harsh they may seem to be, were called forth by some definite situation which showed them to be necessary for the protection of the patients, and that it is her duty to coöperate with other members of the staff in obeying them.

The psychology of hospital contact is a study in itself. The present status of the aide in occupational therapy is that of a foreigner. In explaining this situation several factors should be considered. One is the fact that in every human situation one person is a host and another is the guest. One person speaks, another listens, the first gives of himself, the other receives. A person enters a room as a visitor. The one already present greets him. This principle underlies all rules of courtesy and fine adjustment of human relations and a regard for its observance helps an aide to make a permanent place for herself in the hearts of the patients and in the esteem of her co-workers in the hospital environment. After all they were first and she comes as an addition to an organization already functioning quite efficiently. If she is able to accept it in its entirety and withhold all adverse criticism she will find that shortly she will be accepted on a basis of mutual esteem.

Another principle, or perhaps one based on the one just given, is the fact that everyone has a sense of proprietorship in his own work and in the tools and equipment which are essential for his work. In times past a trade was learned by the apprentice system. The master craftsman owned his own shop, his own tools, he practically owned his apprentice. After a period of rather severe training the apprentice was given recognition as a
master craftsman, he bought his own tools and his own shop and worked for himself. It appears to be rather fundamental in human nature to feel that when we are accepted as being able to do a certain bit of work and are required to do it, the task and the tools become personal possessions. A man speaks not only of his work but his office, his room, his desk, etc. And so a time comes when the aide feels that her work is an integral part of the hospital activities, that the patients are hers and that the room in which they are assembled is her shop. This places her in turn in the position of host and when other members of the hospital organization come to her for any purpose whatever cooperation is assured if the principle is regarded.

In occupational therapy, as in every phase of human endeavor where the work must be coordinated with the work of others, it is essential that each individual have a profound respect for every other individual's part in the whole plan. "He profits most who serves best." The aide who consistently follows the Golden Rule in relating her work to that of the other members of the staff will not need to complain of lack of cooperation.

After all the psychology of occupational therapy is the psychology of mental adjustment. Whatever activity contributes to the social adjustment is good occupational therapy and its successful administration is based on the psychology of "getting along with folks."

REFERENCES

The following list of books and magazine references is suggested as a minimum course of reading for an aide in occupational therapy in hospitals for the mentally sick.

Reconstruction Therapy—Dunton.
Psychology of the Normal and Subnormal—Goddard.
Psychology of Insanity—Hart.
Manual of Psychiatry—Rosanoff, or Outlines of Psychiatry—White.
Archives of Occupational Therapy, vols. i and ii.
Maryland Psychiatric Quarterly, 1919 and 1920.
Studies in Invalid Occupation—Susan Tracy.
State Hospital Quarterly 1920 to 1923.
Dear Robinson—E. R. Johnson.

4 Articles on Occupational Therapy are listed in the medical index.