THE THERAPEUTIC VALUE OF TOY-MAKING

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The two interesting articles in a recent number of Archives on toy-making given in the form of a discussion between two of our most prominent occupational therapy enthusiasts, have emboldened me to offer some of my ideas inspired by three years experience in teaching toy-making at St. Elizabeth's Hospital, Washington, D. C.

First, let us discuss toys and toy-making without application to occupational therapy.

A toy to be acceptable to maker, purchaser, and the child must be very well made. It must be strong, and smooth, without rough edges, sharp corners, or frail parts. It must be well proportioned and well poised. Also like any other work of art, it should have expression—expression of realism when it represents an inanimate object, and an expression with an appeal to the imagination when it represents a living object. The droll and grotesque toy, which is favored at present, is often too extreme and so fails of its object to please. This extreme toy or "bizarre" toy rarely pleases children for they do not understand it. Children do not naturally like a mystery, the love of it has to be cultivated in them by their elders and when that is done the toy age is passed. The bizarre toy has to be explained to the wondering and often fearful child before it is accepted. The delighted elder who selected it says: "This is a funny little dog." The active and acquisitive mind of the child leads him to accept these toys, but often they are finally discarded. Therefore, the best toy is an imitation of some object with which the child is already acquainted. A toy to be understood and enjoyed by a child should be made so it could be easily handled by the child. The popularity of the rag doll is largely due to the fact that it is easily handled and not easily broken. Its enduring qualities establish
an enduring friendship. If it is a mechanical toy it should be of simple mechanism, such that he could operate. He cannot possess it without playing with it. If some one has to manipulate it for him, it is not his toy. Therefore, toys should be made and chosen by the donor with reference to the age or development of the child. So often a toy fails of its mission because it is too old or too young for the child to whom it is given.

If the study of the psychology of toys is ever worked out into a theory then toys will be graded according to age and sex of children, just as children's clothing is in the sales shops. The beginning of this classification is seen already in the stores where special and harmless toys for infants are shown in separate cases.

The toy maker has heavy responsibilities for he is producing an object which wields a great influence, for all toys are educative—for better or for worse. Sometimes when a child wilfully breaks a toy, it is the first expression of the murderous instinct. He hated that toy for some reason and finally puts it out of his way. If the toy-maker is a shirker and thinks he can compromise and excuse bad work with saying "It is only a toy" he is an ignorant blunderer and degrades his profession. He should realize he is catering to the trusting, the impressionable, the sensitive and to meet their ardent desires.

Having settled the importance of toys I now take issue with Dr. Dunton when he says he objects to toy-making in occupational therapy shops because "it teaches the patient to expend a disproportionate amount of time and energy on a trivial object." I would answer that a toy should never be regarded as a "trivial object." Its objective is too great, i.e., to make a child happy, to console its griefs, to cheer and comfort in illness, and to develop its mind. A toy is as old as humanity itself and will last as long as there are children. If you do not give children toys, they will make them for themselves.

Toy-making is a great and profitable industry today and there is and will always be, a demand for its products. There can and should be as much art put into the construction of a toy as in any other object of art or commodity. The patient can learn as much of proper construction in making a toy as he would in making a
useful piece of furniture and without the possible over-strain of too much physical effort.

The occupational shop-made toy should be made as well and salable as the factory-made toy, and since the occupation is pursued for therapeutic results the time consumed should not be accounted.

The therapeutic effect starts with the first step, in "making a toy" and with the inspiration to please a child, the patient can build up his art towards the ideal of perfection. In fashioning the toy accuracy is necessary for the close relation of the toy and the child will not allow the oversight of an error. The imagination is constantly engaged and there recurs pleasurable thoughts of childhood or of children, which diverts the mind from personal ills. When the patient has had a season of this work he is easily transferred to other employment.

The mentally and physically ill do not respond to the plan of working at a serious job. They are not ready for the effort to make "useful things." It does not appeal to them. The suggestion of making a toy rarely fails to interest. It appears easy and has a lure of joy. Therefore, the craft is invaluable as a self-starter. The aide has a good beginning in having a willing and interested worker. Then she can inspire the patient with the thoughts of the pleasure it will give the child. Also she can make the toy serve two purposes by amusing the maker with it.

The endless variety in design of toys serves as an important factor in choosing toy-making as an occupational therapy craft. It can be carried on indefinitely because of this variety for a new toy means a renewed interest. The variety in coloring which is not only allowable but preferable also increases the possibility of a continuous interest. Also if carefully planned by the instructor the work can be graded in a fashion and mental development will result. Toy-making like all other occupational therapy crafts cannot be handled lightly, ignorantly or carelessly by the instructor. Just as the donor of a toy should study the child's relation to the toy, so the therapy aide should consider its relation to the patient-maker. If he shows signs of not being pleased with his toy another should be immediately substituted.
Mental patients often revert to childhood and literally play with the toys they have made, with evident gratification and pleasure.

Occupational therapy in the first stages of its application should always be a pleasurable diversion and not carried on as serious work. In trying to make it practical as opposed to toy-making there is danger of getting beyond its scope and entering industrial work. Occupational therapy should lead to industrial work just as the kindergarten prepares for the school, but it should not be superseded by industrial work, for the handicapped, the physically and mentally ill are not able to begin with real work.

A prominent physician in a public speech condemned some of the crafts employed in occupational therapy and said he “disliked exceedingly to see a big husky man stringing beads who ought to be given a man’s work.” A doctor should know that an ill person, although big and a man, can be as weak as a child. This is especially true of mental patients, those who have lost their nerve control and will power, whose mental functioning and consequently physical reactions are all out of gear, like a machine that has slipped out of its gear and is still running. They require delicate and gentle handling to readjust them, and this is the office of occupational therapy. This readjustment can be accomplished by the making of a bead chain, weaving of a basket, building a toy, or the making of a useful article which may require physical strength in some cases which will allow it, but by whichever means employed all results must be accomplished by occupational therapy processes. The aide must first interest the patient and induce him to concentrate his thoughts on the project used and to exert his will power in accomplishing the work. The daily repetition of this enforced mental exercise may have only an automatic response for awhile, but it becomes more normal in time and more independent as the interest grows in accomplishing the end.

The practice of engaging patients in part work in toy-making savors too much of the factory, for it becomes mechanical and so loses much of inspiration. The remote finished product in which the worker has so small a share, fails to gratify as the individually
made product. Therefore, and since it is therapy results we are after rather than the product, the greatest benefit to the patient is in the making of the entire toy. This gratifies the creative desire, restores self-confidence and incites greater effort. If an original toy proves to be good there is greater satisfaction derived. The same model should not be used by more than one patient at the same time as the distinction of their work is lost and comparison is sometimes discouraging.

In a mental hospital it is very difficult for the occupational therapy aide to promote group action or interest, as each patient is disoriented from the others as well as from normal persons. They live together in the wards, walk together and sit on the ward benches for hours, day after day, without exchanging a look or a word. They do not know each other’s names, each is living in a world of his own. The best means of restoring social relations between them is in the recreation hours, when games are employed in which one’s relation to the other must be recognized.

In the effort to break up this aloofness and indifference we of the toy-making shop have tried to associate the work of the shop with their recreation. When giving a Christmas party we had the men make the games for that occasion and the toys they had made were used very freely in the decorations, which proved very appropriate for Christmas. Another time some winter sports were attempted by having them make sleds, and when the snow came we went out coasting.

At the end of each month when gathering the toys together to send to the sales room, each man is told to group his toys, and all are placed on a big table. This comprehensive view of the month’s work is gratifying to the good workers, and those who have not made as many, or made them so well are frequently inspired to do better work.

To prove the therapeutic value of toy-making an account of the cases which give evidence of the successful application of the craft must be given. Therefore, I sketch a few which came under my own experience.

A pale, sour-faced young man was brought into the toy shop under the doctor’s orders to work. All efforts made to induce
him to take part in the work he persistently refused, and finally said: "I am a man thirty years old. I was a mechanical engineer. I have done construction work. I don't want to make toys." The aide replied, "Of course you have done better work, but this will only occupy you while you are waiting to go back to your profession, and the very reason you give not to make toys will help you to make them all the better. But you don't have to do it if you don't want to—we only thought it might amuse you and help pass the time." He went away. The next day he maintained the same antagonistic attitude and still wore a sour and miserable expression. By a sympathetic manner and gently persistent urging he was persuaded to begin work. It was nearing Christmas time and that being the ruling season for toys the interest in making them increased. One day an aide came into the shop leading by a string one of those wooden dachshunds that wags in a wonderfully natural manner. This entree created a sensation. The whole class got up from their seats and surrounded it. (I had never before seen any voluntary concerted action of a group of psychiatric patients.) The engineer smiled and even laughed as the merriment grew. The result was his interest was fired. He began to turn out dogs by the dozen. He never needed any urging to work afterwards. He went on and made improvements on the mechanical models we had and talked about "balance and leverage." He was on hand every morning before the shop was opened and was among the last to put up his work. He was cheerful and talkative and in a few months was in the carpentry class, making furniture. When his discharge came a few months later, in taking leave of the aide he said, with tears in his eyes, "I will never forget you."

They say "every dog has his day." The day of that dog was a great one!

Another man whose attitude was even worse was violently resistive to all advances of kindness. He worked, but as if under compulsion and he breathed out threatenings and murder every time the aide approached. He was large and strong and terrible to her, so she kept on the opposite side of the table when instructing him. The attendant suggested leaving him on
the ward and not bringing him with the class. The aide said “No, he needs it more than any of them, this work is for his kind, I will try him longer.” Every day she greeted him but received no response but the deepening of his frown. One day she gave him a table to himself, and told the attendant to sit by him and help him, giving him the materials to build a doll house. Then with a few directions she left him alone. In a few days the attendant called her to “Come and see.” She came and saw the work and also that the lion was tamed. The man was interested. He then let her help him paint a vine of pink roses over the front door, and to make the windows large enough for a child to peek in at the dolls. From that time he was quiet, gentle, and respectful, the lines smoothed out of his face, and one day in response to her greeting, as he came in, she was surprised at his “Good morning.” All for the building of a doll house!

Another patient began his work in the toy shop by making dolls’ furniture out of tobacco boxes, very frail and rickety pieces they were. However, he soon selected better wood and made more substantial sets. Later his work was so good he was promoted to the carpentry class to make real furniture. In a few months he made several looms for the occupational therapy department. He is now a valuable and steady worker, happy and useful in his relations to the work and the institution.