

THE THEORY OF OCCUPATIONAL THERAPY

HAWORTH AND MACDONALD

THIRD EDITION

THEORY OF OCCUPATIONAL THERAPY

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THEORY
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OCCUPATIONAL THERAPY

PLATE I

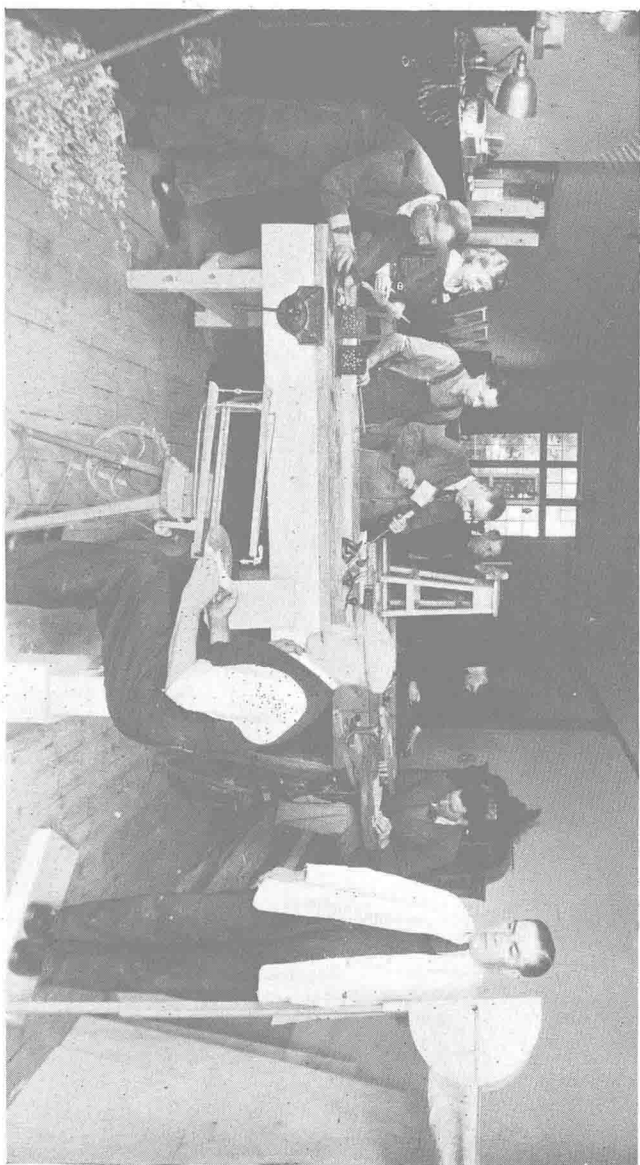


FIG. 1.—ALLENDALE CURATIVE WORKSHOP.

FOREWORD TO THE THIRD EDITION

THE enlistment of physical means in maintaining the health of body, mind and spirit, and in its re-establishment when impaired, involves a consideration of three, mutually complementary, groups of physical "agents." These are such passive agents as massage, electricity, thermo-therapy, etc., educational and remedial exercise, and activity at some productive occupation. Occupation is essential to the maintenance of health, but it is with the use of occupation in rehabilitation that this book is concerned.

Each of the three groups of agents has its place, especially in physical recuperation, and although in many instances, and at certain stages, passive therapy is the only kind which can be employed, the aim in treatment ought to be to introduce the more active forms as early as conditions will allow. Experience of industrial injuries, indeed, leads to the conclusion that passive therapy; remedial exercise and scientifically selected occupation are complementary and are seen at greatest advantage when they are employed concurrently; and further, that recovery of an injured limb, as well as recovery from the distorted outlook engendered by the injury, receive a considerable impetus from active use of the limb, a greater impetus still from employment which is productive, but proceed most rapidly of all after the individual has been able to resume his original occupation *and is earning wages at this.*

Occupation is one of the oldest agents employed in mental therapy but it is only within comparatively recent years that its use in this capacity has become widespread. Somewhat paradoxically, perhaps, it has gained ground much more rapidly in mental than in physical restoration, and in the volume here presented that part which discusses the treatment of mental illness is especially valuable.

Perhaps the most attractive feature is an analysis of the different mental abnormalities and the simple, common-sense reasons which are advanced for the choice of occupations for each of these. To note the fact that a mentally unsound mother was making baby-clothes out of one of her own petticoats may be easy ; to make use of this observation in the mental rehabilitation of the mother suggests the simplicity of genius.

The neglect in the past of productive work as a part of the treatment of physical abnormalities is a grave reflection not only upon the medical profession but also upon the lack of vision displayed by industrial employers and insurance companies. Passive treatment, which has an undoubted part to play in physical rehabilitation, has too long enjoyed a monopoly in this respect, and in the organisation for the treatment of war injuries the Ministry of Health displayed sound vision, not only in placing all three forms of rehabilitation upon equal footing, but also in the employment of all three, in as far as is possible, concurrently.

The pages devoted to purely practical considerations will be consulted with great advantage by those who are responsible in hospital organisation for this most valuable therapeutic agent.

ROBERT STANTON WOODS.

May, 1946

PREFACE TO THE THIRD EDITION

THE field for occupational therapy continues to expand and the occupational therapist of the future may find her services required not only in hospitals but also in industry, in the supervision of "home workers" and in "special centres" for chronic invalids, for each of which special knowledge will be necessary.

In this edition matter relevant only to wartime conditions has been omitted. There has been some rearrangement of the sections, the text has been brought up to date and a considerable amount of new matter has been added, including a short chapter on rehabilitation in industry. Details regarding training, etc., have been incorporated in an appendix.

We would like to thank Messrs. Stedall & Company for the illustrations of machines shown in the chapter dealing with industry, and would again thank our publishers for their help in the preparation of this edition.

N. A. H.
E. M. M.

May, 1946.

PREFACE TO THE FIRST EDITION

THIS book is intended for students and nurses studying the uses and methods of application of Occupational Therapy. It is in answer to many questions which have been asked by those training for the profession. A bibliography is appended in which references are given, not only to books dealing with occupational therapy, but also to others on allied subjects in which students may find information of value to them in their work. We have tried to cover briefly the most important sections of occupational therapy and wish to thank all those who have helped us in our work. We should especially like to mention Dr. Elizabeth Casson for the use of records of patients treated at the Allendale Curative Workshop, Bristol, where she has given generous facilities for experiment and research in occupational therapy; Dr. E. Weissenberg, Miss G. MacCaul, and Miss M. Crousaz, for their valuable help in preparing the section concerned with the surgical and orthopaedic cases, and Mr. H. A. T. Fairbank for criticism and valuable suggestions; Miss I. Richardson, for her help and suggestions regarding the treatment of tubercular patients, and Miss G. Jones and Miss M. A. Heele, for the preparation of diagrams. We also have to thank the Editor of *The Lancet* for his kind permission to reproduce material used in an article on occupational therapy published in that journal, and Dryad Handicrafts, Messrs. Kirklands and Messrs. G. W. Russell and Son for many of the illustrations of apparatus, tools, etc. We would also like to acknowledge the interest in our work shown by our many American friends during our visits to that country in 1930 and 1938, and the help received from them.

N. A. H.

E. M. M.

September, 1940.

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INTRODUCTORY

OCCUPATIONAL therapy has been defined as "any work or recreational activity, mental or physical, definitely prescribed and guided, for the distinct purpose of contributing to and hastening recovery from disease and injury," and it consists of occupations selected and prescribed for each individual patient with his or her particular needs in view. It is a special form of treatment, and just as any other special treatment, for example massage, hydrotherapy, etc., it plays its part in hastening recovery in patients suffering from physical, surgical and mental disorders. It must be clearly understood that occupational therapy is only a part of general therapy. Its aim is to help in the re-establishment of the patient :

- (a) *Psychologically*—in that occupation has a normalising effect. It rouses interests, and helps to develop attention ; it gives emotional outlet ; it can contribute towards satisfying the need for creation and experiment ; it can help to build self-esteem by substituting encouragement for discouragement, thereby contributing to the prevention of invalidism.
- (b) *Physically*—in helping to restore the function of disabled joints, building up resistance to fatigue, preventing general physical deterioration and re-developing psychological and physical co-ordination.
- (c) *Socially*—in that it encourages group activity, responsibility and co-operation—in the interchange of experience in work contacts, which has an undoubted effect on the "atmosphere" of the working group, be it in ward or workshop.
- (d) *Economically*. Though occupational therapy is "treatment by occupation" and should not be confused with vocational training, it may offer the first step towards returning or new work ability, and

offers a ground for trial and experiment. It can help towards discovery of new interests or the acquirement of increased dexterity prior to returning to work or going on to re-training.

Occupational therapy alone does not cure, nor does it claim to do so, but it does, and has proved that it can, claim to assist and hasten cure.

The amount of help that a patient may obtain from occupational therapy depends to a very great extent upon the occupational therapist ; upon her power of understanding the patient's mental state and individual needs ; upon a thorough knowledge of the crafts and occupations she employs and their therapeutic application, and finally upon her common sense. She should have tact and sympathy, initiative and enterprise, organising and executive ability, a capacity to adapt herself to her surroundings and to work amicably with others ; these will be demanded in varying degrees according to the type of work she undertakes, but, unless she has tact and a sympathetic understanding of her patients and a serious interest in medical treatment she is unlikely ever to become a successful occupational therapist.

As a rule an occupational therapist specialises in one branch of occupational therapy, i.e. the treatment of patients suffering from mental disorders or the treatment of surgical, orthopaedic and general medical cases. Special knowledge is necessary in each group.

Further openings are likely to develop in specialised branches of these two main divisions, in children's work, and in industry.

It may be found that in some cases entertainments or discussion groups, gardening or community singing are of therapeutic value equal to craftwork. Such activities may be beyond the capabilities of the occupational therapist, but if they are not otherwise catered for she should try to obtain adequate help or enlist the talent from other departments.

In some sections of this book the masculine, in others the feminine pronoun has been used. The whole, however, applies equally to men or women patients and therapists.

History.

The idea that occupation or diversion of some kind is beneficial to the sick is one which appears from time to time throughout the history of medicine. About 2000 B.C. the Egyptians dedicated temples where "melancholias resorted in great numbers in quest of relief." Games and recreations were instituted in the temples and all the patient's time "was taken up by some pleasurable occupation."¹ About 30 B.C. we find Seneca recommending employment for any kind of mental agitation. In A.D. 172 Galen, the Greek physician, wrote "employment is nature's best physician and is essential to human happiness." During the latter half of the eighteenth and beginning of the nineteenth centuries we have records of occupation being used as a form of treatment in Italy, France, Spain, America and England; in Italy at Aversa it was found that "moderate work combined with amusement" provided the best means of cure and patients were employed in printing, translating, music, husbandry and in manufacturing woollen cloth;² in France at the Asile de Bicêtre where, according to Pinel, 1791, an atmosphere of silence and tranquillity prevailed as a consequence of the patients being supplied with employment by the tradesmen of Paris.³

In 1798 Dr. Rush in a mental hospital in Philadelphia prescribed "spinning, sewing and churning" for his women patients, "grinding corn, gardening and cutting corn" for the men. From the correspondence of Samuel Tuke, a physician at the York Retreat, with the founders of a hospital for the insane in New York in 1815, we learn that one of the leading features of the new hospital is to be the introduction of employment for the patients, and reference is made to a hospital in Spain (also men-

tioned by Pinel ⁴⁾ receiving patients of all ranks, where the recovery rate was much higher among the lower classes who were employed in the work of the hospital, than among the idle grandees.

In May 1843 *The Illustrated London News* published an article on Hanwell Asylum where Dr. Conolly had introduced more humane methods of treatment for the insane than had previously been used. The new system included the occupation of the patients. This article mentions "a bazaar, or sale of fancy work manufactured by the patients of Hanwell Asylum," and after a short description of the hospital continues :

Meanwhile the system of employment is not forgotten ; in the kitchen and sculleries, all at work were patients except the cook, two kitchen-maids and a dairy-maid ; . . . some patients were here making bread. In the courtyard patients were employed in the coir and upholstery room, the steward's store-room, the brewhouse and bakehouse ; in two large rooms several tailors and shoemakers were busily at work and their methodical industry was surprising, the only deviation being in one of the schneiders explaining with archness and wrath the origin of the saying " nine tailors make a man " . . . We likewise saw patients employed in the garden, the farmyard, carpenters' and smiths' shops.

Nor were recreation, exercise and amusement, all of which occupy an important place in the time-table of a modern occupational therapy department, omitted. We read of airing courts with summer houses and bowling greens, where patients sit, read newspapers, smoke and converse ; where.

the inducement offered by them to the listless and melancholic, to walk out of doors, is found to be in itself a valuable effect of these changes. To some of them, the large rocking-horses, so constructed that five persons can ride safely on each at one time, and one or two of which are supplied to each airing court, offer the means of amusement, exercise, and, it may almost be said, of an alleviation of their malady ; some of the patients evidently forgetting their trouble and irritation when taking this kind of exercise, and some being rocked thus to sleep.

At the beginning of the present century Dr. Simon at Warstein and later at Gütersloh attempted to give some

form of occupation to every patient in the hospital who was capable of it, the occupational treatment of the patients being carried out by the nursing staff.⁵

Up to the time of the Great War, however, little was found in the way of occupation except in the hospital industries. Successful work was being done by individuals who attempted not simply to amuse and occupy the patients but to treat them through occupation, and it was the successes attained in these isolated cases that led authorities in various hospitals in America to consider the training of workers definitely for this purpose, for it was seen that if the full possibilities of the work were to be realised the workers must have a definite training. First, they must have, in the case of workers with orthopaedic and surgical cases, a knowledge of anatomy and the functions of muscles and joints, and in the case of workers with mental patients a knowledge of psychology and mental diseases; secondly, they must have a practical knowledge of suitable occupations; and thirdly, they must understand how to apply these crafts therapeutically and to meet the needs of each individual patient. During the Great War itself the Canadians rallied to meet the need, closely followed by their American friends, and so the first School of Occupational Therapy was opened in Chicago in 1915. After the war the American Association of Occupational Therapists fixed a standard of training and stated the minimum requirements in line with those drawn up by the American Medical Association. In 1936 the Association of Occupational Therapists was founded in this country. This year, 1945, has seen its incorporation under the Board of Trade licence, giving it a recognised official and professional standing.

The Association of Occupational Therapists issues a Diploma for those who have qualified for registration through its examinations, and students from all schools in England enter for this examination; membership and

registration are granted to candidates who have obtained the diploma after one year's occupational therapy work under medical prescription.

An occupational therapist is employed by a hospital to take charge of or to assist in the Occupational Therapy department. She is responsible for the working of her department to the Medical Authorities, but works in co-operation with the staff in all the other departments of the hospital.

The occupational therapist carries out her treatment on prescription from the Medical Officer only. No case should be dealt with without this prescription. The Occupational Therapy department is a treatment unit in the Rehabilitation scheme of any hospital, and the occupational therapist should prevent its being regarded as a factory or shop for the production of goods or the supply of materials. The treatment given can cover any work or recreational activity for the benefit of the patient, but a single-handed occupational therapist should keep her work within the confines of what can be achieved satisfactorily.

Scope of Occupational Therapy.

Occupational Therapists are now employed—

- (1) In the treatment of *mental illness*: in County Mental Hospitals; in private mental hospitals; in nursing homes; with patients in their own homes and in psychiatric out-patient clinics.
- (2) In the treatment of *mental deficiency*: in colonies for mental defectives with workshops and schools; in Special schools under County and Borough Councils; in Centres for the care and employment of out-patient cases who cannot attain to the standards of special schools and who need not necessarily be placed in Colonies.
- (3) In the treatment of *general physical illness and disability*: in the medical and surgical and orthopaedic

wards of general hospitals for adults and children ; in convalescent homes ; in Curative Workshops and in Rehabilitation Centres.

- (4) In the treatment of *tuberculosis* : in sanatoriums.

Rehabilitation.

It must be clearly understood that occupational therapy is only one section of Rehabilitation. Rehabilitation in its widest sense, as is made clear in the Tomlinson Report, should cover the whole period of treatment from the time of injury or onset of illness to the time when the man is returned to industry ; it includes treatment in the Hospital Rehabilitation Department and/or Special Rehabilitation Centre, reconditioning through graduated employment and vocational training where necessary, the provision when required of artificial limbs, and finally placing in suitable employment. Cases fall into two main groups :

A. Those who become capable of full-time employment in the ordinary field of industry—

- (a) Those capable of complete recovery for whom the Hospital Rehabilitation Department and/or Special Rehabilitation Centre provide treatment until their recovery, discharge and return to normal employment—the majority come into this class.
- (b) Those left with a residual disability which does not preclude them from earning their living in the ordinary field of industry in *selected* occupations. Training is necessary for most people in this group.

The Disabled Persons (Employment) Act 1944 ⁶ makes provision “ for enabling persons handicapped by disablement to secure employment, or work on their own account, and for purposes connected therewith ” and incorporates the following recommendations of the Report of the Interdepartmental Committee on the Rehabilitation Resettlement of Disabled Persons :

- (i) a percentage of the total number of employees in