THE PHILOSOPHY OF OCCUPATION THERAPY

ADOLF MEYER

Professor of Psychiatry, Johns Hopkins University, Baltimore, Maryland

There was a time when physicians and the public thought the art of medicine consisted mainly in diagnosing more or less mysterious diseases and "prescribing" for them. Each disease was supposed to have its program of treatment, and to this day the patient and the family expect a set of medicines and a diet, and a change of climate if necessary, or at least a rest-cure so as to fight and conquer "the disease." No branch of medicine has learned as clearly as psychiatry that after all many of these formidable diseases are largely problems of adaptation and not some mysterious devil in disguise to be exorcised by asafetida and other usually bitter and, if possible, alcoholic stuffs; and psychiatry has been among the first to recognize the need of adaptation and the value of work as a sovereign help in the problems of adaptation.

It so happened that in the first medical paper I ever presented, about December, 1892, or January, 1893—curiously enough before the Chicago Pathological Society, where one would least expect discussions of occupation—I asked my new neighbors and colleagues for suggestions as to the tastes and best lines of occupation of American patients. The proper use of time in some helpful and gratifying activity appeared to me a fundamental issue in the treatment of any neuro-psychiatric patient. Soon after that, May 1, 1893, I went to Kankakee and found in that institution some ward work and shop work, and later, under the inspiration of Isabel Davenport, some gardening for the women in her convalescent cottages. But I also found there a

---

1 Read at Fifth Annual Meeting of the National Society for the Promotion of Occupational Therapy (now the American Occupational Therapy Association), held in Baltimore, Md., October 20-22, 1921.
little of a feeling which pervaded quite conspicuously much of the contemporary attitude toward this question.

Among a most interesting collection of abstracts from the history of American institutions put at my disposal by Dr. Wm. R. Dunton, I find a report on the employment of the insane by a committee from the Michigan institutions, dated 1882 and signed by Dr. Henry M. Hurd. The committee had visited European institutions and had been especially impressed by the use of occupation as a substitute for restraint. But they have a fear that the presence of private patients would interfere with the introduction of occupation. The conclusions contain the following statements:

Employment of some sort should be made obligatory for all able-bodied patients. . . . (But) it would be feared that such measures would meet with much opposition from all quarters. . . . It might, consequently, be best to arrange at first for the employment of state patients and to procure legislative sanction of the step. If this works advantageously it will be comparatively easy to extend the system to other patients.

This represents the attitude of many hospital men of the time. Industrial shops and work in laundry and kitchen and on the wards were the achievements of that program—very largely planned to relieve the employees.

A new step was to arise from a freer conception of work, from a concept of free and pleasant and profitable occupation—including recreation and any form of helpful enjoyment as the leading principle.

When in 1895 I was transplanted to Worcester, Mass., there was little in the atmosphere to foster interest in occupation: ward-work and a few shops managed merely from the point of view of utility. Only the McLean Hospital had the beginnings of some organized recreative occupations. From 1902 it was my good fortune to have to work on Ward's Island in a division which then was under the immediate direction of an unusually active and enterprising man, Dr. Emmett C. Dent, always eager for therapeutic results and untiring in his development of hospital
ABSTRACTS OF OCCUPATIONAL THERAPY

principles in the face of very cramped opportunities. In this new atmosphere I was greatly assisted by the wholesome human understanding of my helpmate, Mrs. Meyer, who under these conditions may have been one of the first, if not the first, to introduce a new systematized type of activity into the wards of a state institution.

She had become a great help to my patients in visiting them in my ward and had started the visiting of the homes, as probably the first social worker with a systematic program of help to patient, family and physician, just before Miss Louise Schuyler urged the introduction of a very eleemosynary type of aftercare in November, 1906. When in 1907 a real social worker, Miss Horton, was appointed, Mrs. Meyer turned her attention to the occupation and organized recreations of the patients on the ward, not only in the shops and amusement hall, but in the employment of the available time on the ward.

Shortly after that, in 1909, Miss Lathrop and the Chicago School of Civics and Philanthropy undertook a course of training in play and occupation for nurses, and Miss Wright was chosen to attend it and she returned to organize the work throughout the institution—with a wise balance between organized work and more individual work on the wards.

It had long been interesting to see how groups of a few excited patients can be seated in a corner in a small circle of two or three settees and kept wonderfully contented picking the hair of mattresses, or doing simple tasks not too readily arousing the desire for big movements and uncontrollable excitement and yet not too taxing to their patience. Groups of patients with raffia and basket work, or with various kinds of handwork and weaving and bookbinding and metal and leather work, took the place of the bored wall flowers and of mischief-makers. A pleasure in achievement, a real pleasure in the use and activity of one's hands and muscles and a happy appreciation of time began to be used as incentives in the management of our patients, instead of abstract exhortations to cheer up and to behave according to abstract or repressive rules. The main advance of the new scheme was the blending of work and pleasure—all
made possible by a wise supplementing of centralization by individualization and a kind of re-decentralization.

When the Phipps Clinic was opened, we were able to secure the services of Mrs. Slagle, who, with her successors—Mrs. Price and Miss DeHoff, and Mr. Marion, Mr. Russell, and Mr. Cass—brought us to the level you find now represented at the Phipps Clinic.

This contact with the evolution of occupation therapy gave a good opportunity to see this movement grow to a position which we now want to consider more closely.

Somehow it represents to me a very important manifestation of a very general gain in human philosophy. There is in all this a development of the valuation of time and work which is not accidental. It is part of the great espousal of the values of reality and actuality rather than of mere thinking and reasoning and fancy as characteristic of the nineteenth century and the present day.

As I said in my brief abstract, we feel today that the culminating feature of evolution is man's capacity of imagination and the use of time with foresight based on a corresponding appreciation of the past and of the present. We know more definitely than ever that the twenty-four hours of the day are the problem of nursing and immediate therapy, and not the medicines taken t. i. d. Somehow something apparently self-evident has taken its proper position in our attention. Just as in the medical aspects we have come to value an appreciation of the exceedingly simple facts of basal metabolism (that is, the simple measure of the amount of CO₂ we produce), so the simple fact of employment of time has become an important measure and problem for physician and nurse. The most important factor in the progress lay undoubtedly in the newer conceptions of mental problems as problems of living, and not merely diseases of a structural and toxic nature on the one hand or of a final lasting constitutional disorder on the other. The formulation in terms of habit-deterioration of even those grave mental disorders presenting the serious problem of terminal dementia made systematic engagement of interest, and concern about the actual use of time and work an obligation and necessity.

It is very true that the countries of the sciences has invaded this century. The nineteenth century was the home to all the interest in the country, but the interest in the sciences and the study of the body and the mind invaded this century. Direct experience was invaded as the sciences invaded. It was more than the sciences invaded the mental life. It invaded life in the fullest sense of the word. It invaded people and the words of life. It invaded people and the words of life. The sciences invaded the body and the mind or the words of life. It invaded the body and the mind or the words of life. The sciences invaded the body and the mind or the words of life. It invaded the body and the mind or the words of life.
It is very interesting that the progress of all the fundamental sciences has shown the same trend during the last thirty years. The nineties of the nineteenth and the first decade of the twentieth century marked the rise of energetics (so effectively brought home to all scientists by Professor Ostwald in his lectures in this country some fifteen years ago)—a determination to replace the interest in inert matter by a broad conception of the world of physics and chemistry in terms of energies, which means literally “applications of work.” Similarly, during this same period the study of human and of animal life gave birth to the concept of behaviorism with its emphasis on performance as the fundamental formulation of what had figured up to that time on the throne of an abstract timeless psychology, curiously enough, first invaded by science in the form of studies in reaction-time. Direct experience and performance were everywhere acknowledged as the fullest type of life. Thought, reason and fancy were more and more recognized as merely a step to action, and mental life in general as the integrator of time, giving us the fullest sense of past, present and future, but after all the best type of reality and actuality only in real performance. We all know how fancy and abstract thought can go far afield—undisciplined and uncensored and uncorrected; while performance is its own judge and regulator and therefore the most dependable and influential part of life. Our body is not merely so many pounds of flesh and bone figuring as a machine, with an abstract mind or soul added to it. It is throughout a live organism pulsating with its rhythm of rest and activity, beating time (as we might say) in ever so many ways, most readily intelligible and in the full bloom of its nature when it feels itself as one of those great self-guiding energy-transformers which constitute the real world of living beings. Our conception of man is that of an organism that maintains and balances itself in the world of reality and actuality by being in active life and active use, i.e., using and living and acting its time in harmony with its own nature and the nature about it. It is the use that we make of ourselves that gives the ultimate stamp to our every organ.
This growing conviction that personality is fundamentally determined by performance rather than by mere good-will and good intention rapidly became the backbone of our psychology and psychopathology. It became a fair task for our ingenuity to obtain performance wherever it had failed to come spontaneously and thereby to serve the organism in the task of keeping itself in good form.

This philosophy of reality, of work and time, seen in all the sciences appeals to me because it expresses, with respect for fact, the simple and yet most valuable experiences of real life.

The whole of human organization has its shape in a kind of rhythm. It is not enough that our hearts should beat in a useful rhythm, always kept up to a standard at which it can meet rest as well as wholesome strain without upset. There are many other rhythms which we must be attuned to: the larger rhythms of night and day, of sleep and waking hours, of hunger and its gratification, and finally the big four—work and play and rest and sleep, which our organism must be able to balance even under difficulty. The only way to attain balance in all this is actual doing, actual practice, a program of wholesome living as the basis of wholesome feeling and thinking and fancy and interests.

Thus, with our patients, we naturally begin with a natural simple regime of pleasurable ease, the creation of an orderly rhythm in the atmosphere (a wise rule of using all our natural rhythms), the sense of a day simply and naturally spent, perhaps with some music and restful dance and play, and with some glimpses of activities which any one can hope to achieve and derive satisfaction from.

In this frame of rhythm and order of time, we naturally heed also the other factors—the personal interests and personal fitness. A large proportion of our patients present inferiority feelings, often over a sense of awkwardness and inability to use the hands to produce things worth while, i.e., respected by themselves or others. To get the pleasure and pride of achievement and use of one's hands and muscles, the feeling of worth-while-ness of a little effort and of a well fitted use of time, is the basic remedy for the thwarted or the hopeless.
remedy for the blase tedium that characterizes the indifference or the hopeless depression (that stands in the way of rallying thwarted personalities). I am convinced that a premium should be put on the production of things that are finished in one or a few sittings and yet have an independent emotional value. They must give the satisfaction of completion and achievement, and that in the eye of the maker and of those for whom he has tried to work. Performance and completion form also the backbone and essence of what Pierre Janet has so well described as the "fonction du real"—the realization of reality, bringing the very soul of man out of dreams of eternity to the full sense and appreciation of actuality.

Our role consists in giving opportunities rather than prescriptions. There must be opportunities to work, opportunities to do and to plan and create, and to learn to use material. There are bound to be valuable opportunities for timely and actually deserved approval and encouragement. It is not a question of specific prescriptions, but of opportunities, except perhaps where suggestions can be derived from the history of the patient and a minute study of the trends of fancy and even delusions reveals the lines of predilections and native longings—yet even here the physician would only exert his ingenuity to adapt opportunities.

In a meeting like this, the personal contact of many practical inspirers brings out an interchange of experiences and resources from the side of the instructors and helpers.

It takes rare gifts and talents and rare personalities to be real pathfinders in this work. There are no royal roads; it is all a problem of being true to one's nature and opportunities and of teaching others to do the same with themselves. I went through the occupation departments of a large institution the other day and was profoundly impressed by the wide differences of the personnel and the manifold ways of approach leading to success with the work. It takes, above all, resourcefulness and an ability to respect at the same time the native capacities and interests of the patient. Freedom from premature meddling, and tact in avoiding false comparisons or undue expectations fostering disappointment, orderliness without pedantry, cheer
and praise without sloppiness and without surrender of standard—
these may be the rewards of a good use of personal gifts and of
good training.

Somehow I see in all this a profound importance extending
far beyond our special field. Our efforts seem to me destined
to be the soil for helps of much wider applicability. Present day
humanity seems to suffer from a deluded craze for finding sub-
stitutes for actual work. It seems more difficult than ever to
guide with the traditional precepts.

Our industrialism has created the false, because onesided,
idea of success in production to the point of overproduction,
bringing with it a kind of nausea to the worker and a delirium of
the trader living on advertisement and salesmanship, instead
of sound economics of a fair and sane distribution of the goods
of this world according to need, and an education of the public
as to where and how to find the best and worthiest.

The man of today has lost the capacity and pride of work-
manship and has substituted for it a measure in terms of money;
and now his money proves to be of uncertain value. A great
deal of activity, to be individually and socially acceptable and
exciting enough and mentionable for social exhibition of one’s
worth, has to be of the nature of conspicuous waste, a class
performance like athletics and golf and racing about the country,
and a display of rapidly changing fashions. Work and play,
ambition and satisfaction, are apt to lose their natural contact
with the natural rhythms of appetite and gratification, vision
and performance, and finishable cycles of completion—of work
and play and rest and sleep.

Our special work, which tries to do justice to special human
needs, I feel is destined to serve again as the center of a great
gain for the normal as well. It will work like the Montessori
system of education. Grown out of the needs of defective
children, it has become the source of inspiration and methods
for a freer education of all children.

What satisfactions you may develop in the guidance in diffi-
cult conditions may bring out the best principles and philoso-
phy for the ordinary walks of life.
PHILOSOPHY OF OCCUPATIONAL THERAPY

We are often told, and I suppose it is largely true, that the world cannot and will not move back. A new sense of uses of time, new satisfactions from that inexhaustible fountain, that one thing, time, that will come and come, and only waits to become an opportunity used—that seems to me the gospel and salvation of the day. Human ideals have unfortunately and usually been steeped in dreams of timeless eternity, and they have never included an equally religious valuation of actual time and its meaning in wholesome rhythms. The awakening to a full meaning of time as the biggest wonder and asset of our lives and the valuation of opportunity and performance as the greatest measure of time; those are the beacon-lights of the philosophy of the occupation worker. I have often felt that Dr. Herbert James Hall represents the true religion of work, leading us to a new sense of the sacredness of the moment—when fitted rightly into the rhythms of individual and social and cosmic nature. Another apostle of the Gospel is announced by Prof. Cassimir J. Keyser in his Phi Beta Kappa address in Science (September 9, 1921)—Count Alfred Korzybski’s “Manhood of Humanity,”—the science and art of human engineering.

We might well sum up our philosophy in this way:

In the great process of evolution there is a great law of unfolding which shows in every new and higher step what we call the integration of the simpler phases into new entities. Thus the inorganic world continues itself into the plant and animal world. The laws of physics and chemistry expand into laws of growth and laws of function, still physical and chemical, but physical and chemical in terms of plants and in terms of the active animal, and finally in terms of more or less highly gifted man, with all that capacity to enjoy and to suffer, to succeed and to fail, to fulfill the life-cycle of the human individual happily and effectively or more or less falteringly. The great feature of man is his new sense of time, with foresight built on a sound view of the past and present. Man learns to organize time and he does it in terms of doing things, and one of the many good things he does between eating, drinking and wholesome nutrition generally and the flights of fancy and aspiration, we call work and occupation.
—we might call it the ingestion and digestion and proper use, and we may say a religious conscience, of time with its successions of opportunities.

With this type of background, we may well be able to shape for ourselves and our patients an outlook of sound idealism, furnishing a setting in which many otherwise apparently insurmountable difficulties will be conquered—and in which our new generations will find a world full of ever new opportunity and achievement in healthy harmony with human nature.

**TRIAL**: Among other things, an autograph presentation was given at the Pathology Society of Bonn.

The first answer follows: the patients have influence on the influence on the fact that the working atmosphere was ever. If the restlessness themselves were in order to the time and desire for understood a way to the in work and take up the which means.

Thirty patients length as a vegetarian for 1

*Read: Occupational held in Bonn.*