The Use of Crafts in Occupational Therapy for the Physically Disabled

(crafts, history, physical disabilities)

Julie Crites Bissell

In this article, the historical use of crafts in occupational therapy for the physically disabled patient is reviewed and the results of a survey aimed at describing current craft use is presented. A questionnaire was sent to a random sample of 250 occupational therapists throughout the United States who chose physical disabilities as their specialty section. Results demonstrated that, while most therapists use crafts to some degree in their therapy programs, other treatment modalities such as therapeutic exercise and activities of daily living were used a greater percentage of the time. Reasons for using crafts, problems with justification of craft use, and participation of certified occupational therapy assistants in craft programs are discussed. Questions are raised concerning the role of therapeutic crafts in the past and present practice of occupational therapy for the physically disabled. Recommendations are made for future research.

Zoe Mailloux

The use of crafts has been a central concept in occupational therapy since the founding of the profession. In the first professional journal of occupational therapy, Adolf Meyer stated, "Groups with raffia and basketwork or with various kinds of handwork and weaving and bookbinding and metal and leatherwork took the place of wall flowers and mischief makers. A pleasure in achievement, a real pleasure in the use of 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..." (1) The purpose of this article is to explore the roles crafts have played both in the history of the profession and in practice today.

Review of the Literature

1900-1920. Occupational therapy during the early 20th century grew from a philosophy known as moral treatment. The basis of moral treatment was "respect for human individuality and a fundamental perception of the individual's need to engage in creative activity in relation of his fellow man." (2, p 223) Occupational therapy services first began in hospitals for the mentally ill. It was not until World War I that its philosophy was extended to the physically disabled. A group of women known as Reconstruction Aides developed successful craft programs for war veterans and sub-

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sequently were involved in post-war rehabilitation programs. According to Woodside, “the concept of occupational therapy’s role in rehabilitation was one of using crafts to reactivate the minds and motivations of the mentally ill and the limbs of the veterans starting them on their way to vocational training.” (3, p 227)

1920-1930. During the 1920s occupational therapists actively sought to establish their field as a profession that provided a unique service. They organized occupational therapy educational programs with a major emphasis on the therapeutic use of crafts (4). The articles in The Archives of Occupational Therapy and Rehabilitation continued to stress craft activities as a fundamental treatment modality. The use of crafts was discussed in terms of physical factors such as strength, coordination, and endurance, as well as psychological and social aspects such as problem solving, decision making, self-esteem development, and group socialization. Journal articles about occupational therapy for the physically disabled included in-depth analyses of craft activities that reviewed the physical and cognitive processes involved in completing the craft, the equipment required, the patient population for whom the craft might be suitable, and the cost and usefulness of the craft (5-11). In discussing the use of crafts in occupational therapy, Thomas Kidner wrote, “... the patient finds a real interest in productive work that was entirely lacking in mechanical exercises ... the patient feels a psychic urge to exercise when he is producing some useful object.” (12, p 8)

1930-1940. The economic depression in the United States (1929-1941) had a substantial impact on the occupational therapy profession. During this period of budget cuts and limited staff, occupational therapists looked to the American Medical Association for assistance and became a medical ancillary (13). Although journal articles in this period continued to stress the use of crafts in treatment, the focus was on improving strength, coordination, range of motion and other physical factors, with little emphasis on psychological and social aspects of treatment. For example, a series of articles provided an extensive review of the use of various activities for orthopedic disabilities (14-17). While providing a thorough analysis of the physical processes involved in the activities, the introduction to these articles included apologies for the fact that “limited time prevents our discussing the psychological aspect of orthopedic treatment.” (14, p 34)

1940-1960. The advent of World War II brought an end to the depression and a new demand for occupational therapy services. With more people surviving disabling conditions, largely because of new drugs and surgical techniques, the rehabilitation movement grew and occupational therapy became aligned with it. According to Mosey, however, “Occupational therapists were uncomfortable with their operating principle that it was good for disabled people to keep active and busy doing the things they enjoyed. Rather, the occupational therapists borrowed techniques from other disciplines.” (18, p 235)

This trend is supported, in part, by the publication of articles concerning the treatment of physical disabilities that focused on exercise techniques more traditionally associated with physical therapy (19-25). In addition, “educational standards were revised with a shift away from arts and crafts to basic sciences.” (18, p 235) In this process, occupational therapy became more narrowly defined and specialized. According to Diasio, “therapists often dealt with only part of a patient’s needs, part of his body, but not all of his needs as human being.” (26, p 238)

1960-Present. The 1960s was a decade of change in which therapists questioned their role and the need for reorganization within the profession (26). Within the area of physical disabilities, therapists became more proficient in the use of various treatment techniques. However, they also seemed to show more concern for the psychological and social aspects of treatment, and many articles stressed the need for quality health care services. This trend continued into the 1970s (27, 28). It is difficult to ascertain the role crafts played in occupational therapy during this period because their use was not often discussed in the literature. However, a recent survey of physical disability settings found that crafts were used 10 percent of the time or less by therapists in those clinics questioned, while modalities such as exercise, hot packs and paraffin were more commonly used in treatment (29). This review of the historical literature suggests that crafts have played varying roles in the growth of the occupational therapy profession. In order to obtain a better understanding of the current role crafts play in occupational therapy for the physically disabled, the following study was conducted.

Method

Procedures. To obtain an objective survey pertaining to the use of crafts, ten occupational therapists working in a physical disability setting were asked open-ended questions about their use of crafts in treat-
Crafts were defined as tangible objects produced from resource materials such as clay, yarn, leather, or wood. A pilot survey was constructed from the responses to these initial questions and sent to all occupational therapy departments in California that treated physically disabled individuals. Based on the responses and comments, another survey was devised and sent to a computerized random sample of 250 occupational therapists who were members of the American Occupational Therapy Association and who chose physical disabilities as their specialty section. Of the 250 surveys sent, 173 (69%) were returned, but only 141 surveys (56% of the original 250) were returned by occupational therapists currently working in a physical disability setting. Therefore, only these 141 surveys were used in the final data analysis.

Subjects. The map in Figure 1 is a geographic representation of the random sample of therapists who received surveys. The geographic distribution of the therapists who responded appears similar to that of the therapists who did not respond, thus making the sample geographically representative of occupational therapists working in physical disability settings in the United States.

Of the 141 therapists participating in this study, 52 (37%) worked in an acute setting where the average patient stay was from 1 day to 1

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**Figure 1**

Geographic Representation of Occupational Therapists Responding to the Survey

- **Response** $n = 173$
- **No Response** $n = 77$
Table 1
Percentage of Treatment Time Devoted to Various Modalities by Therapists Who Used Crafts and Those Who Did Not

<table>
<thead>
<tr>
<th>Crafts Used</th>
<th>Crafts Not Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic</td>
<td></td>
</tr>
<tr>
<td>Exercise</td>
<td>26</td>
</tr>
<tr>
<td>Self-Care</td>
<td>22</td>
</tr>
<tr>
<td>Neurodevelopmental Techniques</td>
<td>14</td>
</tr>
<tr>
<td>Home Skills</td>
<td>9</td>
</tr>
<tr>
<td>Role Performance Skills</td>
<td>5</td>
</tr>
<tr>
<td>Prevocational Training</td>
<td>4</td>
</tr>
<tr>
<td>Crafts</td>
<td>20</td>
</tr>
</tbody>
</table>

Table 2
Reasons for Incorporating Crafts into Occupational Therapy Treatment Programs (In Ranked Order)

1. Improve Fine-Motor Control
2. Improve Strength
3. Enhance Cognitive Development
4. Promote Interests
5. Improve Self-Esteem
6. Improve Decision-Making Capabilities
7. Promote Group Socialization
8. Facilitate Prevocational Training

Table 3
People with Whom Therapists Had the Most Difficulty Justifying the Use of Crafts (In Ranked Order)

1. Patient
2. Self (therapist)
3. Insurance Company
4. Doctors
5. Other Treatment Team Members
6. Patient's Family

Table 4
Reasons for Not Using Crafts in Occupational Therapy Programs (In Ranked Order)

1. Prefer treatment techniques that can be more precisely documented
2. The use of crafts is difficult to justify
3. It is difficult to document the use of crafts
4. Lack of sufficient space for craft use
5. Crafts give occupational therapists a poor image
6. Use of crafts is insulting to the patient
7. Lack of sufficient budget for craft use
8. Lack of sufficient staff for craft use

Discussion
Several rather surprising findings of this survey provided for interest-
The purpose of this article is not to advocate the use of crafts but, rather, to explore their role in both the past and the present practice of occupational therapy for the physically disabled and to raise questions about therapeutic craft use. According to the historical literature of the profession, the therapeutic use of crafts once allowed a means of addressing the multidimensional needs of the patient in accordance with the philosophy of moral treatment. It appears that the role crafts played in occupational therapy in the area of physical disabilities shifted as the underlying adherence to the original philosophy of the profession also changed. As scientific advancements and overall medical progress brought changes that emphasized technique rather than theory, treatment modalities that appeared more precise were substituted for craft activities in therapy.

Finally, since crafts were used more often by therapists who worked in settings that employed COTAs, it seems likely that COTAs may be able to play an important role in the therapeutic use of crafts. However, in the majority of cases in this study, OTRs were responsible for not only prescribing the craft activity, but also for carrying out the treatment when using crafts and for documenting the patient's performance in craft activities. Would the employment of COTAs make the use of crafts more feasible in various treatment settings? In addition, could COTAs possibly take on more responsibility in their participation in craft programs?

Conclusions and Recommendations

The following table illustrates insights into the current treatment milieu of occupational therapy in physical disability settings. The most notable areas of concern pertained to the priorities of treatment goals, the problems with justification of craft use, and the role of the COTA in the use of craft activities.

Priorities of treatment goals were noted in the finding that whether or not crafts were used, the greatest percentage of treatment time was devoted to therapeutic exercise and self-care activities. In addition, when crafts were used, the most important reasons for incorporating them into the treatment program were to increase fine motor coordination and to increase strength and endurance. However, a minor percentage of treatment time reported was devoted to home skills, role performance skills, and pre-vocational training. Furthermore, using crafts for decision making, problem solving, group socialization, and self-esteem development received low priority. These results raise several questions. For example, other members of the treatment team such as physical therapists and nurses also address problems of strengthening and self-care, but are there professionals other than occupational therapists available to address home skills, role performance skills, and pre-vocational training? And, since craft activities often involve motor functions and cognitive processes similar to those needed to perform functional activities involved in home, role performance, and pre-vocational skills (30), could increased use of crafts in occupational therapy help balance the overall treatment program and reduce duplication of services? In addition, because many craft activities are easily adapted for group situations (30) would the increased use of crafts help promote socialization skills?

Also of interest were the problems with justification of craft use and the reasons given for not using crafts. The majority of therapists had difficulty in justifying the use of crafts to the patient and to themselves. The highest ranked reasons for not using crafts were, "I prefer treatment techniques which lend themselves to more precise documentation" and "It is difficult to justify the therapeutic use of crafts.

Do these findings suggest that there is a basic lack of confidence in the use of crafts as a therapeutic modality from within the profession? Does this lack of confidence stem from an insufficient theory base concerning the use of crafts in occupational therapy?

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Concerning the current role of craft use in occupational therapy for the physically disabled, the results of this survey suggest that therapists are using techniques not particularly unique to occupational therapy. Overall, the occupational therapists surveyed seemed to stress the physical aspects of therapy with less emphasis on the psychological and social domains of treatment. In times of high medical costs and increased concern for efficiency, occupational therapists must strive to provide an effective means of addressing the original values and goals of the profession. Whatever modalities are used, occupational therapists must consider how those modalities correspond to a unified body of knowledge. Could the therapeutic use of crafts assist once again in meeting those values and goals unique to occupational therapy within a unified framework?

The apparent lack of confidence in the use of crafts as a therapeutic modality from within the profession indicates several areas of need. Further research is necessary in the area of documentation and justification of the effectiveness of craft use. Such research would be most beneficial if it addressed not only the types of treatment most effective in facilitating muscle strength and coordination, but also those modalities most useful in enhancing patient adjustment to disability and adaptation to life role. In addition, more research is needed concerning craft use in different areas of occupational therapy practice to determine the role of craft use in the treatment of other disability groups.

Another area of need is an overall re-evaluation of therapeutic craft activities in the occupational therapy educational process. If therapists are having difficulty justifying craft use, perhaps more theory should be included in the crafts skills classes in order to provide the therapist with a clearer understanding of the purposes and dimensions of craft activity. On the other hand, if therapeutic crafts are no longer considered a central concept of occupational therapy practice, there may be a need to revise the curricula pertaining to craft use.

Finally, perhaps all therapists would benefit from reviewing the early historical literature of the profession where the use of crafts provided a foundation for occupational therapy’s contribution as a professional service. A better understanding of these foundations may prove an effective means for understanding our purpose and for promoting unified growth of the profession.

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REFERENCES