The Use of Crafts in Occupational Therapy for the Physically Disabled

(crafts, history, physical disabilities)

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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.

The purpose of this article is to explore the roles crafts have played 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-
sequenty 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

Figure 1
Geographic Representation of Occupational Therapists Responding to the Survey

![Map of the United States indicating geographic representation of therapists responding to the survey.](image)
month; 42 (30%) worked in rehabilitation centers where the average patient stay was from 1 month to 1 year or longer. The remaining 47 (31%) worked in less traditional settings such as private practice, home health agencies, hand clinics, and public schools. Many of the therapists (58%) treated mostly inpatients, whereas other therapists (25%) treated mostly outpatients, and the remaining therapists (17%) treated an equal number of inpatients and outpatients. The majority of therapists (80%) most frequently treated patients more than 35 years of age. The disability groups seen in order of frequency were victims of cerebral vascular accidents, and patients with neurological conditions, orthopedic conditions, arthritis, spinal cord injuries, head trauma, and burns.

Results
Of the 141 therapists included in the study, 102 (72%) stated that they used crafts as part of their treatment plan to achieve therapeutic goals, whereas 39 (28%) did not. Of those who stated that they used crafts, most (51%) reported that craft use accounted for 20 percent or less of the total occupational therapy time. Table 1 presents a comparison of occupational therapy time devoted to various treatment modalities for therapists who used crafts and those who did not.

Table 1

| Percentage of Treatment Time Devoted to Various Modalities by Therapists Who Used Crafts and Those Who Did Not |
|--------------------------------------------------|--------------------------------------------------|-----------------|-----------------|
| Therapeutic Exercise                             | Therapeutic Exercise                             | Crafts Used     | Crafts Not       |
| Exercise                                         | Exercise                                         | n = 102         | n = 39           |
| Self-Care                                        | Self-Care                                        | 26              | 35              |
| Neurodevelopmental Techniques                    | Neurodevelopmental Techniques                    | 14              | 14              |
| Home Skills                                      | Home Skills                                      | 9               | 13              |
| Role Performance Skills                          | Role Performance Skills                          | 5               | 4               |
| Prevocational Training                           | Prevocational Training                           | 4               | 3               |
| Crafts                                           | Crafts                                           | 20              | 0               |

The most important reasons for incorporating crafts into treatment programs were to increase fine motor coordination, strength and endurance, and cognitive and perceptual ability (see Table 2). More than half of the therapists (63%) stated that they did not encounter problems justifying the use of crafts. However, of those who reported encountering problems (37%), the difficulty was mostly in justifying craft use to their patients and to themselves (see Table 3).

The predominant reasons therapists reported for not using crafts as part of their treatment program included a preference for treatment techniques that lent themselves to more precise documentation, difficulty in justifying the therapeutic use of crafts, and difficulty in documenting the therapeutic use of crafts (see Table 4).

Another finding concerned therapists who worked in settings where Certified Occupational Therapy Assistants (COTAs) were also employed. Of these therapists, 81 percent used crafts in their therapy programs, and, for the majority, crafts accounted for more than 20 percent of the occupational therapy time. However, when COTAs were not employed, the percentage of therapists who used crafts dropped and most of these therapists used crafts for less than 20 percent of their occupational therapy time (see Table 5).

Discussion
Several rather surprising findings of this survey provided for interest-
insufficient theory base concerning
the use of crafts in occupational
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 activ­
ity, but also for carrying out the
treatment when using crafts and for
documenting the patient's perfor­
mance 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 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 occupa­
tional therapy for the physically
disabled and to raise questions
about therapeutic craft use. Ac­
cording 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 ther­
apy in the area of physical disabili­
ties shifted as the underlying adher­
ence to the original philosophy of
the profession also changed. As sci­
entific advancements and overall
medical progress brought changes
that emphasized technique rather
than theory, treatment modalities
substituted for craft activities in
therapy.

| Table 5 |
| Use of Crafts When COTAs Were Employed and When They Were Not |

<table>
<thead>
<tr>
<th>Percentage of Time Crafts Used</th>
<th>Therapists Working with COTAs</th>
<th>Therapists Working without COTAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>n = 72</td>
<td>n = 30</td>
<td></td>
</tr>
<tr>
<td>0-10</td>
<td>18</td>
<td>60</td>
</tr>
<tr>
<td>11-20</td>
<td>19</td>
<td>63% used crafts</td>
</tr>
<tr>
<td>19-30</td>
<td>22</td>
<td>greater than 20%</td>
</tr>
<tr>
<td>29-40</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>39-50</td>
<td>10</td>
<td>77% used crafts</td>
</tr>
<tr>
<td>49-60</td>
<td>5</td>
<td>crafts less than 20% of</td>
</tr>
<tr>
<td>59-70</td>
<td>4</td>
<td>time</td>
</tr>
<tr>
<td>69-80</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>79-90</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>91-100</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

ing insights into the current treat­
ment milieu of occupational ther­
apy in physical disability settings.
The most notable areas of concern
pertained to the priorities of treat­
ment goals, the problems with jus­
tification 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 impor­
tant reasons for incorporating them
into the treatment program were to
increase fine motor coordination
and to increase strength and endur­
ance. However, a minor percent­
age of treatment time reported was
devoted to home skills, role perfor­
mance skills, and pre-vocational
training. Furthermore, using crafts
for decision making, problem solv­
ing, group socialization, and self­
estem 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 strengthen­
ing and self-care, but are there pro­
fessionals 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 in­
creased 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 them­
selves. The highest ranked reasons
for not using crafts were, "I prefer
treatment techniques which lend
themselves to more precise docu­
mentation" 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 modal­
ity from within the profession? Does
this lack of confidence stem from an
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