Diversional Occupational Therapy in World War I: A Need for Purpose in Occupations

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The use of occupational therapy flourished during World War I (WWI). The country was faced with the “reconstruction” of hundreds of thousands of wounded soldiers. The need to get these men out of the hospital wards and back into society as soon as possible opened the door for the use of occupations in the treatment of wounded soldiers (Smith, 1918).

WWI fostered the growth of diversional occupational therapy and created a shift in the types of diversional occupations being used. By the end of the war, instead of relying solely on arts-and-crafts occupations as diversions, an effort was being made to include vocationally oriented activities. Causes of this shift from diversional occupations to vocationally oriented occupations were related to governmental and economic concerns for the future of both the nation and the WWI soldiers. The use of purposeful occupations is still evident in the modern day clinic during early stages of rehabilitation. This article explores the use of diversional occupational therapy in treatment of WWI wounded soldiers.

Despair Alleviated Through Diversional Occupations

The wounded from the battle-plain;
In dreary hospitals of pain,
The cheerless corridors,
The cold and stony floors. (author unknown; as cited in Coplin, 1923, p. 88)

WWI produced thousands of soldiers with disabilities and an atmosphere of gloom and despair in army hospitals in the United States, Canada, and Europe, which provided the injured soldiers with little motivation for recovery. Early in the war, the hospital experience gave wounded soldiers “plenty of time for introspection and consequent depression—they became discouraged, and worst of all, became content to sit with folded hands, bereft of ambition and purpose in life” (McKenzie, 1918, p. 106). This experience of idleness allowed the soldiers to slip into habits of laziness, with little hope for the future (Upham, 1919). The use of diversional occupations on army hospital wards originated from a concern that idleness had negative effects on the soldiers’ recovery.

Literally, diversional occupational therapy is the use of occupations to divert attention from pain, disability, and depressive thoughts (Friedland, 1988). During WWI, diversional occupations were used at bedside as a first effort to encourage the soldier to use his hands and mind while still recovering from injuries that kept him in bed (Upham, 1919). It was considered unwise to allow
the men to fall into habits of laziness and intemperance caused by idleness during hospital convalescence because it was idleness that served to decrease motivation for recovery and allowed the men to grow dependent on others (Broca & Duroquet, 1918). To avoid the deadening effects of idleness, wounded soldiers were given activities to divert their attention from their pain and suffering.

Because many professionals of the time viewed convalescence as both a mental and physical process, the use of diversional occupations was a logical step toward recovery. Diversional occupations fostered an improved mental attitude through engagement in physical tasks. Bird T. Baldwin (1919), director of occupational therapy at Walter Reed Hospital during the WWI, wrote that “there is no factor that exerts more influence on a soldier in convalescence than his mental attitude” (p. 374). Similarly, William Rush Dunton (1915) believed that “only one idea can occupy the focus of attention at a given time” (p. 27). If a soldier focused attention on an occupation, he could not possibly focus on his pain as well. Therefore, diversional occupations were used to produce a change in mental state from that of self-pity to usefulness (Upham, 1919).

The goal of diversional occupations was to lift spirits, prevent dwelling on disability, and keep the soldiers’ thoughts on a healthy track (Baldwin, 1919). They were used to rouse interest during despondency and to help soldiers realize that they may once again be productive and useful (Mock, 1919). The letters of a WWI nurse to her family described the astonishing changes seen in men who were given occupations to divert their attention. She wrote that the ward suddenly turned into a place where the wounded men were “whistling and singing while going about their business” (Stimson, 1918, p. 22) instead of being idle and slipping into total darkness. Myers, a pioneer reconstruction aide in WWI, described the effect of diversional occupations when she wrote, “To me it was like pouring a steady stream of clear water into muddy, eventually the clear water pushed out the muddy” (Myers, 1948, p. 212).

Arts and Crafts as Diversion in Early WWI

Shortly before U.S. involvement in WWI (1914–1915), prominent leaders in occupational therapy were formulating their ideas about the use of occupation as diversion. Pioneers such as Dunton, Tracy, Meyer, Hall, and Burton were using their social connections and their prominence in the field as means to compile information supporting the effectiveness of diversional occupations (Dunton, 1915; Litterst, 1992; Reed & Sanderson, 1985).

These leaders were influenced in one way or another by the larger American society of the early 1900s, which tended to value the use of arts and crafts as a therapeutic and tension-relieving medium (Levine, 1987). When the United States entered WWI in April of 1917, the arts-and-crafts movement was a major influence in occupational therapy in the United States.

Because prominent occupational therapy founders had already been using arts and crafts as diversional occupations in civilian hospitals (Levine, 1987), it is understandable that their personal efforts and values about the use of arts and crafts would influence the practice of occupational therapy during WWI. Litterst (1992) argued that “shared values and similar economic class membership among the influential founding members of the profession contributed to the primarily homogenous approach to development of the modalities of the field” (p. 22). Therefore, many soldiers, especially those originating from rural industrial areas, engaged in diversional occupations that they were unacquainted with and that had little to do with their interests, vocational or otherwise (Litterst, 1992).

Examples of popular diversional occupations used at the beginning of the reconstruction effort (1917–early 1918) included knitting, basket weaving, raffia work, bead work, rug making, toy and ornament making from scraps of tin and wood, and crocheting (Hanson & Walker, 1992; “The Occupational Cure,” 1919). A WWI reconstruction magazine, Carry On, frequently described the use of arts and crafts as diversions. One article read, “In one bed sits Joe busily making a basket and trying to forget the pain and disappointment of his freshly amputated foot. On the adjoining cot lies Pat too weak to sit up but knitting away his troubles” (Vaughn, 1919, p. 14). Another article spoke of a man named Davis, who sustained gunshot wounds to the face, lying in bed painting red roses on a black enamel stool (Slack, 1919).

Many reconstruction aides used arts and crafts as “happy” diversions to lift soldiers’ sunken spirits—the specific occupation chosen, whether weaving, knitting, and so forth, was of little importance (McKenzie, 1918, p. 106). They believed that any diversional activity would be suitable to start wounded soldiers on the road to recovery. However, this approach of using any occupation as a diversion would not dominate the “reconstruction” of wounded soldiers for long. Concerns about economics and the vocational futures of these soldiers would cause a shift in the choice of diversional occupations to include not only arts and crafts, but also more vocation-
ally oriented diversions, such as woodworking or stenography.

**Diversional Occupations and a Concern for the Future**

As estimates of the number of soldiers wounded in the war began to surface, so did a concern for the U.S. industrial and economic future. Some 100,000 wounded men were estimated to return from duty during the first year of battle; this number was expected to grow by 40,000 during the second year of war involvement (Smith, 1918). What was to become of these wounded soldiers? How would they support themselves upon discharge from military hospitals? Would the United States have to undertake the economic responsibility of providing for these men?

The answer to these questions evolved with the passage of the Vocational Education Act of 1917 (Jacobs, 1993). This act established the Federal Board for Vocational Education (FBVE), which became responsible for soldiers with disabilities and their vocational rehabilitation (Billings, 1918). This event became a large force in the reconstruction process, resulting in changes being made to rehabilitation goals. At this point, economic realities became the driving force behind reconstruction of WWI soldiers (Smith, 1918). Questions were raised about whether the current reconstruction process (in the form of diversional occupations) adequately prepared soldiers for a vocation in civilian life and whether their lack of productivity would cause financial hardship for the country. These questions stimulated numerous congressional and professional association meetings in search of answers.

On January 28, 1918, a session of the 65th U.S. Congress was convened to discuss FBVE findings from a 1917 reconstruction research project (Smith, 1918). The discussion focused on the success of Canada's reconstruction program, which was fueled by a desire to salvage every possible industrial worker from the war effort in order to stabilize the postwar economy (Burnette, 1918). Canada's goals and values resonated through the U.S. congressional sessions. For example, the January session stated that the goal of all rehabilitation was to ensure future economic independence for the soldiers and to avoid vocational degeneration during convalescence (Smith, 1918). Congressional members were not only aware of the benefits of occupations during convalescence to prevent soldiers from becoming "unemployables" (Smith, 1918, p. 13), but also believed that it was time for the U.S. Army to use occupations early in recovery that address vocational interests, not just arts and crafts (Henderson, 1920). Occupations that could simultaneously divert attention and relate to future vocation would allow the soldier to consider his vocational future from day 1 of convalescence.

Wilson Henderson, a former Major in the U.S. Army Sanitary Corps, wrote that as early as possible after injury the soldier should undertake "some occupational work which will excite his interest and... if possible," be the "eventual step of re-education" (Henderson, 1920, p. 325). This recommendation to shift choice of occupations, including diversional occupations, was soon resonating throughout military medical manuals in statements such as "soldiers will not be able to gain a living by making tri-colored decanter mats of string or raffia or artificial flowers" (Broca & Duroquet, 1918, p. 146).

Five months after the U.S. Congress pushed for vocational orientation in reconstruction, American physicians also were advocating for more purposeful, vocationally oriented occupations. On June 13, 1918, the 69th Annual Session of the American Medical Association (AMA) was convened to discuss reconstruction and rehabilitation of soldiers with disabilities. AMA members concurred that work-related occupations were better suited for an overall vocational goal than "knitting, basket weaving, and the like" (Billings, 1918, p. 401). Thus, those responsible for directing soldier reconstruction were calling for change—no longer were soldiers to waste time on frivolous arts and crafts (Broca & Duroquet, 1918).

A. J. Crane (1921), head of physical reconstruction for the U.S. Army, stated that although arts and crafts were useful in some cases of diversion, these occupations often were given as mere play and did not coincide with the soldier's interests or help with his plans for life after discharge. Louis Haas (1922b), a prominent occupational therapist of the time, wrote that the war had called occupational therapy to enter new fields and broaden its horizons. In another article, he described the change in convalescent occupations chosen for treatment over a 20-year period from arts and crafts as diversional occupations early in the century to more vocational occupations by the end of the war in 1922 (Haas, 1922a). Diversional occupations expanded beyond basket weaving to include stenography, light woodworking at the bedside, bookbinding, mechanical drawing, bedside cartooning, typewriting, telegraph use, and clerical work—all of which could be used as diversion yet still had potential for future vocation (Burnette, 1918; Myers, 1948; Vaughn, 1919).

It is important to note that the use of arts and crafts in diversional occupational therapy did not cease after the enactment of the Vocational Education Act. The arts-and-crafts movement ran deep in occupational therapy...
belief. Nonetheless, skepticism was raised in some occupational therapy practitioners. They began to question the use of craft work or trivial occupations during convalescence and to realize that vocational occupations could divert attention as effectively as arts-and-crafts occupations (Atwater, 1922). The Vocational Education Act, along with congressional sessions and AMA meetings, appeared to initiate a closer look among occupational therapy practitioners at the occupations chosen for early diversional and convalescent treatments during WWI and in the reconstruction years immediately after.

**Bridging the Past and Present Through Purposeful Occupations**

In summary, WWI was an era of great turbulence and change for the United States. The need to rehabilitate wounded soldiers initiated much growth in occupational therapy. Diversional occupational therapy was only a small portion of the reconstruction process but became a target of concern to U.S. government officials. These officials believed that more than arts-and-crafts occupations were needed at bedside to prepare injured soldiers to return to a life of productivity and vocation upon discharge. They believed that the soldiers' vocational future should be addressed as soon after injury as possible. Time spent on knitting and the like could be used more effectively on occupations with vocational possibilities. These beliefs and concerns caused a shift in the types of occupations used in diversional therapy from primarily arts and crafts at the start of the war to vocationally oriented occupations by the end of the war. Furthermore, vocational occupations were used early in treatment to set soldiers back on the road to vocational independence.

The lesson of this period of history—namely the importance of purposeful occupations in early convalescence established during the turbulent WWI era—is easily carried over to present-day occupational therapy practice because this too is a time of extreme turbulence. For example, just as the government helped to shape the use of purposeful occupations in occupational therapy decades ago, so too does it shape the use of occupations today in the form of budget cuts and decreased inpatient stays. During the WWI era, the Vocational Education Act influenced the use of purposeful occupation in early convalescence to return the soldier to a life of vocational independence as soon as possible. Similarly, present-day occupational therapy practitioners must begin planning for patient discharge earlier and earlier in the rehabilitation process to ensure that maximized independence is achieved within a shorter length of stay. The rehabilitation goals of past and present may vary, but the need for purposeful occupations in early stages of rehabilitation remains a constant throughout the decades. ▲

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