**Initiative in Occupational Therapy**

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The questions which demand consideration are as follows:

1. What is the Occupational Therapy situation if one considers it phenomenologically according to Husserl's interpretation of phenomena?
2. In its full embodiment?
3. In its content of relatedness in ever widening circles of decreasing impact on the world?
4. What is Initiative?
5. Is it solely an inherent factor or can it be acquired?
6. If it is present and latent can it be developed?
7. If it is not present can it be inculcated, matured and developed?
8. Why does the successful practice of Occupational Therapy make such heavy demands on the degree and quality of initiative in the Occupational Therapist?

The answering of these questions will naturally lead to two more which I hope later to have the time to investigate in the practical sphere:

1. If hypothesis No.3 is true, can Initiative be recognised in progressive Occupational Therapy candidate and thus become incorporated into the selection procedure?
2. If Initiative is a human attribute (either genetically endowed and/or environmentally stimulated), which can be developed, and if its presence and its quality correlate positively with the success of Occupational Therapists, then by what means can it be brought to its fullest potential during the three years of professional tuition?

In answering the first two questions much of the last one will be answered, and so it will be more or less extracted as a conclusion from the first two answers.

What is Occupational Therapy in its full embodiment, its basic principles, definition, aim, role and philosophy, in the context of its relatedness to the world?

Man, if one accepts the concept "Man" as presented by Buber, Frankl and Langeveld, is composed of Spirit, Psyche and Soma, which co-exist in a qualitative dimension as well as the unconscious - subconscious, and conscious dimension.

This "Man" automatically then becomes the starting point of any definition or description, because in Man's world, it is only our human relatedness, whether this be to abstract, or material realities - which is possible. For the same reason interpretations can only be human, i.e. they emanate from and relate to Man. These three component parts of man, i.e. Spirit, Psyche and Soma, are obviously interacting elements and I personally cannot accept even their diagrammatic division into three separate compartments. I feel that it is only through their complete diffusion in a qualitative and quantitative totality, that Spirit/Psyche/Soma become THAT particular man, and it is indeed only at that moment when Psyche/Soma is vitalised by Spirit, that Spirit/Psyche/Soma become indefinably one, that there is life and living. It is in this living that there is any meaning to the concept MAN IS, and that man can say I AM.

This then is the Man in my concept of Occupational Therapy, which I define very simply as the Treatment of MAN the totality through his active participation in purposeful living. This definition is substantiated by two Basic Principles which are essential to its interpretation, and which are valid for Occupational Therapy for the physically and/or mentally sick.

1. That Man through the use of his body (which is himself) in purposeful activity can, and indeed must influence the state of his own Physical and Mental Health, and Spiritual Wellbeing.

Phenomenologically each Living Man prereflectively in his body, although reflectively he also has a body. Each body (organic structure) is alive only by virtue of the fact that it is energised, vitalised and given qualitative dimension and direction by this inner Spiritual Living Force.

It is the unitary I am which allows me to reflect and dissect ''I'' into Spirit, Psyche and Soma. This force in turn must find human expression and realisation in the physical dimension, or locomotor system, which is The Body, thus in the world as we know it, and as we express ourselves in it, man's spirit and body are identified, i.e. man is his body, and man changes in every moment of living. Man is in communication with his world, i.e. ''encountering'' his own reality, in Life situations, he is answering life's demands, and in this very process of living communication, he is determining the quality of his ''Being'' - becoming himself.

2. The second basic principle emphasises the patient's personal decision to participate. This alone permits the interaction between Spirit/Psyche/Soma, i.e. ''HIS OWN use of HIMSELF'', must influence HIS OWN PHYSICAL, MENTAL AND SPIRITUAL HEALTH.

 The Activity and purpose in Occupational Therapy must arise out of the patient himself, and through HIS participation in that activity, it must in turn contribute specifically to his spiritual and physical recovery, complete or incomplete.

Occupational Therapy thus in accepting these two basic principles accepts simultaneously its tremendous responsibility to fulfil its aim, its philosophy and its potential unique contribution.

The Philosophy of Occupational Therapy is therefore basically humanitarian, and stresses the following facts:

1. that man, (in this case physically and psychically sick man) is a unique totality which is indivisible;
2. that man in need is entitled not only to assistance, but to the best qualified assistance available to help him towards total self fulfilment. Fulfilment in this sense may be defined as the ability to strive realistically towards the attainment of an ever increasing, maximum total ability to participate in life.

This obviously cannot be a static state of ''Being''. Self fulfilment is a mercurial concept so fraught with individual quality, that its definition cannot be limited only to the attainment of physical, emotional or economic independence, or to the achievement of satisfying interpersonal relations. Self fulfilment begins where humanity begins - at birth, and is inherent in living as death is inherent in Life. It is the sum total of all the answers given to, and the decisions made in the dialogue of Life. It is in essence a process of self-evaluation and self acceptance by a Being which is never the same for two consecutive moments of living. Thus self fulfilment is at any moment but a direction of living, to be interpreted only in relation to the maximum physical, mental and spiritual possibility or promise in a particular man. This latter ''maximum'' is the changeable composite factor. For the child the direction of living is towards responsible mature adulthood, for the adult, integrated mature Life citizenship. The actual destination of each man is determined by all the factors inherent in, and in contact with him ''for it is in him, and not between him and the world that the experience arises'' (Buber). If we accept then that in our world, where man is the starting point of living philosophy, each man is a unique composite of the inseparable facets of Spirit, Psyche and Soma - then, not only is man his body, but man is also his world. All factors seemingly, inner and outer, open or secret, in contact with each man, are in fact, the same - they are that Man.

If these factors determine the destination of man, our philosophy in Occupational Therapy must apply:

1. to those factors inherent in, and in contact with, man which lead to his growth, his creative ability and his Being;
2. to those factors which have the power to modify these factors and thus affect the destination of each man.

If man is our main concern all things are significant only in their ''relatedness'' to Man; similarly in the light of existentialism and Husserl's Intentionality, the Occupational Therapy treatment is significant only in its relatedness to increasingly demanding aspects of Life. Firstly, and depending on the extent of the trauma, treatment is related to bodily function, e.g. muscles are improved in order to enable a patient to participate physically in his world, i.e. to roll over in bed, to sit, to stand, to walk. These are physical achievements in Man and cannot be ends in themselves. Such achievements are only significant in their relatedness to Man's vital needs, which by Fromm's definition are ''An indispensable part of human nature, and imperatively demand attention''. Vital needs are rooted in the physiological organisation of man, and result in eating, drinking and sleeping. The satisfaction of vital needs serve to expose man to the extending needs of his widening environment.

Sociologically these basic activities are only primitive ends in themselves, which ideally should be integrated and disciplined in a work situation, i.e. Creative Work or Mans work. In the concept ''creative work'' creative is used in its broadest sense, i.e. the conversion of man's decisions into action.

This conversion presupposes man's spiritual preparedness to be occupied, in fact his inner acknowledgement of his spiritual need to be occupied. For man is only truly Man, if he fulfils this need to contribute to his world. Such a contribution on analysis is what is meant by Purposeful Activity.

Ultimately each man's contribution is judged on the basis of his actions - his work - and work in this sense is not necessarily only material construction. This establishes without question the integrity of the role of Occupational Therapy as a treatment modality in the restoration of Patient to ''MAN'' in participation, in ''creative work'', in Man's world.

It is good to read the massive evidence of Fromm, Solomon, and Philip, on the behavioural aberrations which relate directly to sensory deprivation, especially in ''unemployed'' people, i.e. those not involved in a work situation. But an exciting dimension is added to this evidence when one brings to it the concepts of Man and Man's relatedness to his fellowman as propounded by Buber and van den Berg. Conclusions such as the following drawn by Fromm: ''The mind cannot continue to function efficiently without constant stimuli from the external world'' are inestimably enriched.

Similarly statements such as the following made by Wood, Jones and Porteus in the ''Matric of the Mind'': ''Fundamentally states of attention do not differ from states of consciousness, both depend on active contribution by the senses'', may present only a very superficial concept of ''aliveness'' in the application of self, unless we bring to it, an understanding of the dynamics of self application through awareness, responsibility and attentiveness into each moment, and the acceptance of the living concepts of ''dialogue'' and personal decision''.

This brings us directly to those factors that have the power to influence the destination of Man. These are the abstract and qualitative and as such determine attitudes and relatedness.

1. **Relatedness to Man**

Nel says: ''Man is only then a human being in his directedness towards other human beings''. Buber says: ''We are created with one another and directed to a life with one another'', and van den Berg: ''The deepest sense of our experience is lodged with our fellowman''. Each one of these philosophers finds human purpose in our communication with our fellowman. So it is our relatedness to our fellowman that has the power either to make the ''world'' - i.e. everything inherent or in contact with man, such as his body, time and things, either accessible, and so ''near'', as to be within him, or, on the other hand unacceptable, in all its negative degrees, and so remote, as to be entirely ''without'' or ''outside'' him. The manner of man's relatedness to his fellowman causes all the individual gradients of World/Man Contact, or Man isolation in his world, - a world common to all men.

1. **The Relationship of Man to World**

This influence is so profound and powerful as to make man and world inseparable, for without world, man ceases to be man, or in its Occupational Therapy significance a sick man has a new sick physiognomy of the world. This therefore, in turn determines:

1. **Man's relatedness to things in his World**

''What a man sees, hears, tastes and smells in the very first place concerns himself'' (van den Berg) so prereflectively he experiences only the SIGNIFICANCE which these things assume for him.

1. **Man and his Body**

Man lives within the reality that prereflectively he is his body. When man becomes ill, he knows that this illness does not concern his ''insignificant'' physical shell, but that it is indeed his whole existence, his physical self, which is involved, changed and ill.

1. **Man and Himself**

No relationship is possible without the starting point which is man's primary qualitative relatedness to his God, the transcendental. This determines Man's discovery and use of Himself. It is the starting point, that which permits the new - each moment quality of living, and which allows each Man to discover ''meaning'' for his own life. The quality of man's relationship with his God, and that with his fellowman, are interdependent. The one cannot exist without the other, and each is extended or limited by the other.

Reflection or thought creates distance between Man and Man, and between Man and his world, i.e. to think about a man, or a thing, is to isolate, and objectify. Similarly for man to reflect on his body, is for him to have a body rather than to be a body. Thus it is only in prereflective communication that ''Man is''.

At this stage we can therefore reiterate with a new understanding the statement - ''All factors seemingly, inner or outer, open or secret, in contact with each man, are in fact the same - they are that man''.

The philosophy of Occupational Therapy thus covers the situation:

1. ''Between Man and Man'';
2. ''Man and his World'' - and its relatedness to the following situations:
3. ''Man and his body'' and
4. ''Man's world in time''

All these factors are part of the concept Man and Himself.

The aim of Occupational Therapy is to restore by means of specific procedures and constructive activities the mental and physical ability of the patient, and to direct these residual abilities towards the fulfilment of a maximum participating and contributing role in life.

The responsibilities of the Occupational Therapist thus become clearly defined but not so simple to execute:

1. Intellectually she must gain and renew as much knowledge as possible in respect of:
2. Physical diseases and disorders and the relevant treatment procedures;
3. Mental diseases and disorders and the relevant treatment procedures;
4. The nature of relaxation and ''creative work'' and the demands of man in task fulfilment, creative performance and work participation.
5. The practical responsibility lies in the application of this knowledge. The quality of this application is determined by the following variable factors:
6. The dynamism of the Therapist's participation in the Occupational Therapy situation, i.e. the quality of her vitality and the force and direction of her energy in the Occupational Therapy situation;
7. Her sensitivity to the needs of her fellowman and an interpersonal skill which enables her to respond to these needs;
8. The possession by her, of an initiative based on knowledge and implemented by sound judgement.

It is only by cultivating and implementing these qualities that the Therapist will gain confidence in herself and a pride in her profession, and that the contribution of Occupational Therapy as a paramedical service will be assured.

**The Occupational Therapy Situation in a Physical Hospital**

The following is a global sketch of a treatment situation:

1. The patient chooses the activity, or approves of the activity (this activity can be in any sphere of human relatedness) i.e. it is motivated and has the quality of the patient's own decision.
2. The Occupational Therapist adapts and modifies the activity according to her therapeutic purpose, to function effectively:
3. at the level of the patient's postural position;
4. to provide the particular pattern of movement required;
5. the specific degree of movement in a particular range;
6. the required amount of resistance or assistance or other remedial adjustments.
7. The culminating point of such a treatment, graduated throughout recovery, should be: The restoration of maximum total function to the whole person (physical competence, functional independence, emotional and mental stability, and a spiritual vitality, expressed by means of ''creative work'').

**The Role of Occupational Therapy in a Mental Hospital**

The treatment scheme for the patient with primary mental disorder is equally carefully graded, and meticulously planned. It is aimed at restoring to the patient an ability to participate in Life, and enabling him to assume that degree of personal responsibility which his residual mental capacity permits.

Occupational Therapy for the adult patient continues until his condition is sufficiently stable to permit of a realistic channelization of his residual abilities into a life role; this role should absorb as much as possible of his capacity to participate, or to work either in or out of the institution. Spiritually the final aim for the patient is that he should find and accept the new "meaning" in his reality, i.e. his existence. In order to maintain his direction in the face of the challenges set in the fluid flow of life's moments, he should in fact have a firmly established WILL TO MEANING. Thus the role of Occupational Therapy is played out in the situation - patient related to Therapist and to purposeful activity, during the assessment-restoration-rehabilitation stages of treatment, and it concerns as our philosophy does, Man and Man, Man and his Body, Man and his World, and Man's World in Time, or more simply MAN and HIMSELF.

**What is Initiative?**

As I see it, Initiative is a quality of self application, and self direction in a new situation. Initiative presupposesadequate intelligence, and knowledge, and a high level of self expectation which through successful self-fulfilment, in graded creative pursuits will result in an ever increasing self Confidence, and Intentionality.

If this self confidence and intentionality are directed and channelized into finding new, and if necessary, original successful solutions to problems, or new applications of known solutions, - then this is initiative. The quality of Initiative in a particular person will vary in accordance with the quality and vitality of his permeating Life Force, and the measure of his "turning towards" his Fellowman.

The first emphasis is thus again on Man himself, and indeed, according to Buber: "Certainly in order to be able to go out to the other, you must have the starting place, you must have been, you must be with yourself". This immediately not only relates man to his Fellowman, but also to his past world, to his present, and to his future world in Time. According to van den Berg, "The past is that which was, as it appears to me today, the future is that, which comes as it comes to meet me now". So initiative emerges in the present out of the self confidence and intentionality inspired by the past, and its growth will be stimulated by the self expectation which extends into the future. So we trace Initiative as it emerges in the sphere of our philosophy and our role, Man and Himself, Man and his Fellowman, Man and his World, Man's world in Time. What of Initiative in the first and composite sphere, Man and Himself? It is only when we know that Life demands an answer, a decision, at every new moment of living, even if this answer is Silence, and even if this Decision should be Indecision, it is in fact only when we accept the responsibility of decisions made, with each breath of life, that we can understand the other important factors in the background which permits the emergence of Initiative.

These background factors are:

1. our awareness of life's demands;
2. our responsibility towards them; and
3. our attentiveness to the solution of these demands.

Through our insight into, and acceptance of the responsibility of our choice in life, we enrich the substance of the moments in our life, we truly respond to the moment, and "at the same time we respond on its behalf, and we answer for it". In this way the moment becomes itself plus an element of original responsibility or Initiative, because

1. there has been an awareness of a responsibility
2. a response to this awareness through
3. an attentiveness, in the form of a new answer.

Only in this way can man experience a life that is something more than the sum total of moments in time, and make of them truly lived moments. The factors which we must analyse then as forming the matrix which permits the emergence of Initiative are:

1) Awareness 2) Responsibility and 3) Attentiveness.

1. Awareness: is very simply our receptiveness, in order to participate in the dialogue of life, it is the listening component of Life's communion. In fact Buber says: "The limits of the possibilities of dialogue are the limits of awareness".

2. Responsibility: We are not concerned with the ethical responsibility which is implied in the concept of "I thought", but with a quality of response in living. As Buber says: "Genuine responsibility only exists where there is true responding" or again "For the attentive man faces creation as it happens". This responsibility is thus original responsibility. Man is addressed by all the events of everyday life, and in all the spheres of his relatedness, man is called upon to assign new meanings, and to assume new responsibility, for what then becomes his own reality. This reality is "The creation which is entrusted to me and everyman". It is thus the understanding and the acceptance of this original responsibility towards both the world's content and toward the content of his own destiny, which is involved in true INITIATIVE.

3. We may understand and respond with the substance of our Being into the situation, i.e. infuse ourselves into the lived life. This is creativity, and in the Occupational Therapy situation our answer to "What is Creativity?" in essence answers the question "What is Initiative?"

Quantities of human knowledge may be poured into human receptacles, but it is only when the human being in his absorption of this knowledge endows it with creativity, - when he becomes that knowledge, plus himself, that we get creativity or Initiative. This then establishes the fact that knowledge is necessary for Initiative and determines the role of Intelligence and Knowledge in Initiative.

Now what is creativity? Buber says: "Man, the child of Man, wants to make things" - he does not merely find pleasure in seeing a form arise from material that presents itself as formless, what the child desires is his own share in this becoming of things, he wants to be the "Subject of the event of creation".

The important factor in creativity is that by Man's own intensely experienced reaction, something arises that was not there before. Buber gives the example of an intelligent child who creates entirely new Speech idioms. Speech is common to all, but the child, in exercising his creativity, makes it his own. This then is Selfhood, this is new creation, this is the beginning of Initiative or creativity.

Initiative in the Occupational Therapy situation is a composite of three processes, the first of which is origination, the second is the process of "sharing", which ideally may culminate in the third, the experience of mutuality.

Origination is demonstrated in a multitude of ways, one of which is the destruction of that which is known, and which is genuinely rejected. The form which origination takes is unpredictable, but its character of "doing" remains unchanged. Buber says: "the instinct of origination is autonomous and not derivatory" it is thus primary. Moreover, according to Buber no matter to what power "origination" is raised, it never becomes greedy because it is not directed towards having, but only to doing. Here then is pure "gesture which does not snatch the world to itself, but expresses itself to the world".

This "instinct" of origination if it is as Buber claims an "instinct" would appear to be in the hereditary endowment, the factor in Initiative which responds to environment, but which, if left unchallenged i.e. not implemented, cannot be called "Initiative". Origination has to be enriched by the two other factors, it has in fact to be directed towards one's Fellowman, in order to introduce into its structure the quality of Sharing in a life situation. The desire "to share" endows the instinct of origination, with the potential of "experiencing together" of Communion or Mutuality, - which is the ultimate fulfilment of a reciprocal responsibility involving man and his fellowman - a co-responsibility in man's world.

Let us now trace Initiative in the Man and Fellowman, Man/World, World/Time relatedness, in the Occupational Therapy situation. The Therapist should realise that people in need move about her, and her essential attitude, her essential action should cultivate in a "turning towards" them, an absolute acceptance or Inclusion of them. In summary, it would seem that Initiative will thrive in the Occupational Therapist who strives towards a philosophy based on the following realisations. The realisation that unbound by a particular moment or particular problem, the Therapist is bound rather to human experience. The realisation that only when there is an "awareness" of life's demands can there be a response on behalf of the moment, which has the power to absorb her entire Being. The realisation that one's attentiveness to the demands made by human experience will absorb all one has to give in spiritual, physical and psychical vitality, in alertness of one's physical senses, intelligence, and enthusiasm, directed via the instinct of origination, to "the other". The realisation that one has to "turn towards" one's fellowman and desire to share oneself in order to experience the ultimate "being responsible together" of Mutuality.

This is very clearly the course of the Occupational Therapy situation which is essentially a Patient/Therapist relatedness, in a therapeutic world, for both patient and Therapist at a very specific moment in Time.

The patient and Therapist very intimately share the problem of the patient's recovery. This problem demands from the Therapist an intelligence which does more than store knowledge, it must in addition allow her to extract basic principles in order to create new answers for the ever-new therapeutic problems. As we have seen, Occupational Therapy demands more even than applying correct knowledge with a good brain, (however superior that knowledge and brilliant that brain), it demands that the Occupational Therapist apply herself.

Occupational Therapy demands a quality of Self, and Self application, and not a sum total of quantities. The solution to the problem of the patient's recovery concerns the life of both the patient and that of the Therapist very poignantly, the one in BEING THAT LIFE, the other in TURNING TOWARDS OR TRAVELLING WITH that life. The intensity of an emotionally charged therapeutic situation, where the recognised purpose of the Therapist is to contribute positively towards the patient/ and his Body relatedness, predisposes towards a solution which reflects the same intensity and urgency. The patient is his body, and has a body, and the restoration of a whole or part of that body is the restoration of HIMSELF. Van den Berg says: "One's fellowman plays a part in the relationship of Man and his body". The influence of one's fellowman either makes the relationship of man and his body closer or more remote. Thus this influence may "render the body" (or the patient's world) "less or more habitable". The crux of the responsibility of the Therapist is to use the Therapist/patient relationship to influence positively the patient/body relationship. Van den Berg says: "The relation of Man with Man becomes real in the physiognomy, the vicinity or the distance of world and body". The patient's "inclusion" of his body, his vision of himself in his new totality can be, if there is "Mutuality or Co-Inclusion of Therapist and patient, a vision of the positive totality of this Therapist/patient contact.

In our very humanness, this is often only a direction of living and ends only in an approximation of "Inclusion", but every new experience of this depth of intensity does bring to the Therapist a communion also with Life - her life, and the spiritual growth which comes "When the world is confirmed in us, as we in it". Buber.

Is this Initiative which I have tried to define and apply to the Occupational Therapy situation inherent or acquired, and in what measure is it amenable to environmental influence?

This answer relates to

1. Intelligence
2. Self application
3. Creativity

1. Intelligence: Primarily the quantitative factor in the basic Intelligence is a hereditary endowment. But intelligence only becomes viable when the quantity is used and directed by the qualitative forces in a unique human being.

2. The quality and vitality of one's self application depend on the presence of the personal attributes of awareness, responsibility and attentiveness. The direction of self application depends on the implementation of the living concepts of turning towards one's fellowman, of sharing and Mutuality. The validity of Initiative is determined by both the quality and the direction of self application, for to be truly valid, Initiative should relate to new answers sought and found in answer to the needs of others.

 Self application seems to be determined largely by environmental factors. Susan Isaacs enumerates the essential needs of children under two headings:

1. Human relationships and
2. Activities

 Under human relationships she enumerates

1. Affection
2. Security
3. Mild control
4. Companionship

 The absence or presence of these elements subscribe negatively or positively, and in all the intermediate degrees to the Life of the child.

 Activities. Here she groups:

1. Natural activities of a Family and Home
2. Stimulating activities

 Susan Isaacs shows very clearly the effects which deprivation of these environmental factors bring both in nature and in their extent.

 These conclusions have been substantiated by the devastating evidence of environmental influences in respect of self application by Dr Harry Bakwin, Mary Cover Jones and Barbara Stoddard.

 I quote out of "Children in Institutions" by Susan Isaacs which seems to me, in its statement, to cover all the elements which have been elaborated on more fully in recent investigations. Among the adverse results which tend to occur where the child's environment does not satisfy the abovementioned needs are:

 "Retardation of physical growth and greater proneness to ill-health; retardation of mental growth (in language and manipulative skills); lack of adaptability, of reflectiveness, of self control; impoverishment of personality; apathy; aloofness; rigidity of social feeling". Allied to these, one finds an attachment to the concrete.

 On examination of these factors we find that their presence in a personality would smother the emergence of Initiative (as we have now defined it) in the individual concerned. It would seem permissible to deduce that if environmental deprivation has the power to modify the personality and the self application of that personality negatively, that the same elasticity would apply positively. It is conceivable then that those elements in the environment which stimulate the emergence of recognisable qualities of self application, and which we find predispose towards the growth of Initiative, could not only be analysed retrospectively, but where possible introduced into the home or educational or professional training environment of the maturing child. To what extent a professional training period planned specifically for the nurturing of Initiative could achieve its aim or (a) counteract a negative home and educational environment or (b) modify its influence, would have to be extremely thoroughly tested, taking into account individual differences in the response to an environment.

 Thus then one can say only that Environment plays a role in the element "self application" which forms part of the concept Initiative.

3. Creativity. Buber, when speaking of the "originative instinct" says:

 "The decisive influence is to be ascribed not to the release of an instinct but to the forces which meet the released instinct, namely, the Educative forces". It depends on them, on their "purity and fervour, their power of love and their discretion, into what connections the freed element enters and what becomes of it". I think it also depends on the level of the challenges to, and stimulation of, the growing child in his world, perhaps especially in the Educational situation. This includes positive experiences in Human relatedness as a child, starting from the experience of "travelling together" with another to "Encounter" with another in his own reality. It also includes the experiencing of Love, Security, Discipline and Companionship in his environment. Together with these experiences, the child should be stimulated to participate in the activities which form a natural part of a family and a home. Success on this level would inspire the child to move easily and eagerly into grated and more structured imaginative play and manipulative play situations. His enjoyment of success (play gratification) allows the child to gather the personal momentum required to attempt, with confidence, the more demanding creative activities suited to his developing interests and abilities.

 The most important factor in the release of creativity in the child would seem to be the presence of a secure relationship with an adult capable of guiding the child towards "task fulfilment" via the "right" activities. The process leading to task fulfilment consists of three stages, repeated on levels of increasing complexity.

1. The presentation of an activity which will captivate the child's interest and which will provide him with an opportunity to display original responsibility;
2. Encouragement and approval from the adult when he attempts to implement "his own" ideas and decisions;
3. Praise when warranted by the quality of the child's effort and when he attains his goal (the child's goal often differs radically from that envisaged by the adult).

 If life's challenges, which include the educational challenges, should be greater than the child's potential, or far below it, the result could be either frustration or withdrawal, and not creativity. Thus the originative instinct is but a starting point from which the quality of Initiative is unfolded, worked out and spread through the being of the child in and through his world. Challenges to the child's emerging originative ability and initiative may evoke either of the following two main responses:

1. Initiative may turn inwards to become reflection and a part only of the child himself and his contact with the transcendental. When this is the case, there is no dialogue between the child and his world and, as Buber says, when there is no dialogue with the world, the Essence of Reality begins to disintegrate and there is a withdrawal from THE OTHERS, "you look in yourself and are no longer". This observation stimulates interesting speculation in respect of a possible source and sequence of the destructive progression of negative symptomotology which results in the "Inadequate personality".
2. If, on the other hand, the originative Instinct turns outwards, it turns to acceptance of responsibility to sharing and to mutuality. "Real man in relation to his Being is comprehensible only in connection with the nature of the Being to which he stands in relation".

Very tentatively and humbly I would submit that Initiative is an attribute, the embryo or potential of which is present in every man. Initiative can only emerge when:

1. There is a sound intelligence,
2. An acceptance of the responsibility of this intelligence

It can only grow in a certain spiritual milieu. This is signified in Man by an attitude of inner acceptance of one's fellowman and is recognisable in the following way of life:

1. a turning towards one's fellowman;
2. an awareness of Life's demands;
3. a responsibility towards them;
4. an attentiveness to their solution in life.

The demands of life, and thus their solution, will necessarily vary from individual to individual but the character of these demands will tend to be similar in any one Profession. In Occupational Therapy where the demands are so individual and where there is no universal solution or treatment, the concept of "Initiative" seems to be synonymous with the concept of "creativity".

The germ of Creativity is basically endowed as the Instinct of Origination but this germ only grows in the presence of the attitude of acceptance of one's fellowman, as analysed above, because only then can it unfold itself through "Sharing" of itself and fulfil itself in Maturity.

The hereditary factors in Initiative thus seem to be the quantitative element in Intelligence and the instinct of origination. Qualitatively this potential is either stimulated and formed, modified or destroyed in man by his environment which does or does not, in all the shaded of positivity and negativity, predispose towards the emergence of these factors in Self Involvement and Self Evolvement.

3. Why does Occupational Therapy make such heavy demands for its success on Initiative?

The reason has, I think, emerged through:

1. The analyses of the Occupational Therapy situation and
2. Through the definition of Initiative.

All that remains is to analyse the overlap between these two and in doing so, to clarify the demand that the practice of Occupational Therapy makes on the Initiative of the Therapist. This will determine the magnitude of the role that Initiative plays in the successful practice of Occupational Therapy.

The practical therapeutic situation is composed of three composite elements:

1. Assessment of the patient
2. Treatment of the patient
3. Rehabilitation of the Therapist (Rehabilitation is used in the sense of maximum use of residual abilities, and not to denote the total process of recovery)

Sociologically, the patient's life is composed of three phases:

1. Life before the traumatic incident
2. Phase of illness
3. Rehabilitation phase

Between these three aspects of the therapeutic situation and the three phases in the patient's life, there are complex interrelating and associative connections. Obviously the better the orientation of the patient to his life in phase 1, the more positive, and probably shorter, the treatment period or second stage in the therapeutic scheme would be and the more closely the final or Rehabilitation phase would approximate the first phase of the patient's life.

Although a detailed correlation of these factors would make a fascinating study, I must limit myself to the discussion of the three phases in the Occupational Therapy treatment scheme:

1. Assessment of the patient

In order to be of any value, assessment must be:

1. Accurate
2. Based on scientific norms, values and measurements recognised by and of value to all members of the medical and paramedical team.

Further qualitative assessment is always unique because both the patient being assessed and the Therapist are unique. Assessment thus is a practical ability based on Theoretical knowledge which has been assimilated by the Therapist and converted by her into useable general principles. Thus knowledge and Intelligence are essential qualities required of the Therapist both in this first stage of the therapeutic scheme, and for the implementation of Initiative by the Therapist.

1. Treatment of the patient

We start from our first definition: "Occupational Therapy is the treatment of man the totality through his participation in purposeful activity." In order to commence treatment, the Occupational Therapist must give a very personal answer to her assessment of the patient for there is no one specific Occupational Therapy treatment for any one specific traumatic condition. This answer, therefore, has to be one in which original thinking plays a major role. According to our definition of Occupational Therapy, this answer takes the form of:

1. A treatment
2. The inspiration of the patient to participate in purposeful activity.

In order to merit classification as a treatment, which is sufficiently scientific to be accepted by the medical profession, the activity related to the patient must meet unique physical and psychical demands. Physically, the activity must be adapted to use the degree of residual strength and it must satisfy specific physical proportions. The standards involved here are very exact and material such as length of arm, range of movement, muscular and skeletal proportions and scientific assessment of disability. In a psychiatric hospital, the factors involved are far more qualitative. Even in a general hospital, the psychosomatic elements of disease and disability are now generally accepted.

Among the elements which do not lend themselves to exact measurement but which must be provided for in the treatment are: motivation, fatigue, endurance, work tolerance and individual interests, aptitudes and abilities. Added to this is the complication that the patient's condition is never static and hence demands frequent review, thus leading to constant modification of the Therapeutic Media. Even though it would seem that treatment makes more demand on precision, practical ability, intelligence and knowledge, these aspects represent only a fragment of the whole treatment picture. In order to be Occupational Therapy, treatment takes the form not only of an activity but of a purposeful activity, and this significant change of emphases from any activity to purposeful activity demands initiative from the Therapist. The purpose in "purposeful activity" refers to:

1. The human purpose, inextricably part of the patient and his Life role, which seeks expression through his own creativity.
2. The purpose in the therapeutic plan evolved through the professional training and creativity of the Therapist.
3. The purpose inherent in the activity itself. "Purposeful activity" therefore brings with it the concept of MAN, firstly in his I/THOU relatedness, and secondly, this man in all the phases of his life's role, and all the stages of the therapeutic scheme. For the Therapist, this is the "man and man" situation of treatment.

Thus successful treatment depends entirely on the presence of two attributes in the Therapist:

1. The attitude of acceptance and its essential components of:
2. Turning towards one's fellowman;
3. An awareness of life's demands;
4. A responsibility towards them ; and
5. An attentiveness to their solution
6. Initiative; composed of the instinct of origination which has been directed towards sharing and mutuality. Occupational Therapy is fortunate in that it is perhaps the only rehabilitation service which cannot atomise the patient; it cannot:
7. separate the physical, the mental, or the sociological aspects of the "case" from the totality of man;
8. separate a physical part from the physical whole. Occupational Therapy has no machines which provide mechanical treatment unattached to the patient's personal participation (such as radiation or supersonic sound;
9. apply a treatment of procedure to a patient from the outside. The Therapist cannot do anything to the patient, but is compelled to wait for the patient in his totality, to do with her. We have seen that the treatment only then becomes Occupational Therapy when there is a decision on the part of, and direction from, the patient
10. treat an attitude towards an illness. Buber says: "Man begins to die when he begins to live", and in the same way, physical and mental disease is evidence of the frailty of human finiteness, and inherent in man's destiny. The patient cannot be separated from his attitude or relatedness towards his trauma or disease because the patient, in fact, becomes a new traumatised totality, totally absorbed in groping with a new self concept. Occupational Therapy thus demands an absolutely practical acceptance of the concept "man the totality" and the Occupational Therapist, in responding to the new needs of a specific "totality", has to find new solutions, born out of an integrity, out of an "outward" directed initiative and creative ability.

Our final analysis in the treatment stage of the therapeutic scheme thus concerns the Therapist herself, firstly in her own I/THOU relatedness and secondly, in her I/IT relatedness. The "I" can never be without a relationship to either IT or THOU. As a form of experience, the world belongs to the I/IT sphere, for the world is only important in that it permits itself to be experienced. The experience itself is in the Therapist who gives her answer in the dialogue of life through her transcendental relatedness to her God, through thinking and through creative expression; and in doing so, she becomes Herself.

The Therapist and her self realisation, in any given reality, forms a unique totality, compounded of environmental influences and inner circumstances. The sum of these personal and environmental factors all form part of the structure of the Occupational Therapy situation in relation to the Therapist; for there is inevitably a continuous interaction between self realisation and realisation within the Occupational Therapy situation:

1. Between herself and her inner evaluation;
2. Between herself and the environmental demands; and
3. Between herself and the human beings who turn towards her.

The important question is whether this Occupational Therapy situation itself tends to stimulate or to destroy the growth of Initiative in the Therapist. Patients in the therapeutic situation are groping with the finiteness of their existence, they are facing illness, deformity and death, and, according to BF Nel, such a patient causes "the forces of life to be concentrated in affectively charged conflicts".

So this situation, in its intensity, requires responsible, adult self evaluation and direction from the Therapist.

In addition to the treatment of a specific disorder, the patient must be helped to discover his new reality, and to assume the responsibility of the new significances in his new existence, in fact, of realising his new potential in a new world. Buber expresses this beautifully as: "What do we expect when we are in despair and yet go to a man? Surely a presence by means of which we are told that, nevertheless, there is meaning?" These challenges cover a wide area of intellect and spiritual and emotional maturity and they are on a high level, so it is understandable that they can cause the immature Therapist, who has not yet found her self-direction, to become frustrated and to withdraw. However, of inestimably more significance is the fact that the Occupational Therapy situation offers to the Therapist, who is orientated towards a life with her fellowman, the privilege and the unique opportunity to achieve her own maximum "total" potential, in fact, to find and realise "meaning" in her own life.

1. Rehabilitation Phase

The road to recovery must have a recognisable route, with a very realistic destination, for each patient, i.e. that of finding the ultimate meaning in his new reality and fulfilling his singular task. This destination in the sick is reached via the attainment of maximum physical, psychical and spiritual health, and prevocational assessment. The proof of such rehabilitation is, to my mind, the presence, in a patient, of a dynamic self acceptance as opposed to a passive acceptance of disability.

Inherent in the concept "dynamic self acceptance" is a quality of reasonably vitality, a drive and determination to exploit residual ability. This inevitably promotes further growth and development, which endows that life with an enthusiasm, a joy in living, and a purpose.

Passive acceptance of disability, on the other hand, presents a rather "crushed" picture, one in which the patient "bows down to fate", "bears his cross", and one which invites stagnation. The Therapist must be responsive, mature and skilled enough to travel with the patient in Mutuality along his road to recovery and rehabilitation, and this task requires a large measure of "Initiative" as I have attempted to define it.

In conclusion, it seems that because each patient is a unique composite of physical, psychical and spiritual needs, resulting from a unique traumatic incident in a unique life, each treatment must essentially be unique, and in this sense untaught. Further, Occupational Therapy makes greater demands on the Initiative of the Therapist than most other paramedical services because, unlike them, it cannot possibly be defined as:

"the application of a prescribed treatment to physical and mental conditions".

On analysis:

1. Occupational Therapy is not applied to a patient from the outside;
2. The treatment prescribed cannot be specified in detail because Occupational Therapy involves, in addition to the attention to specific organic elements, the all important and all pervasive therapeutic patient/Therapist relatedness;
3. It cannot treat a condition because it cannot separate a condition, an aspect of life, a physical part, or an attitude, from the totality of man.

The Occupational Therapist, in order to achieve success, must be capable of meeting each patient with original responsibility, with reality, with Initiative, in fact with HERSELF.

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