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Work Treatment : Meaning and Rationale

By R. Mahfouz, E. Hamdi, Y. Amin and R. G. Hatem

ABSTRACT

The concept of using work as a treatment technique has led either to expansion of the concept to include many activity therapies or its reduction to the idea of occupying the patient's time with certain stereotyped activities. This paper presents a new definition of the concept which stresses certain common principles between work treatment and psychotherapy. The general plan of this type of therapy, as practiced in a private mental hospital for 7 years, is outlined. Examples of patients' comments are cited.

INTRODUCTION

The idea of using 'work' as a therapeutic measure in psychiatric practice is an old one. Recently, the importance of such a measure has been greatly emphasized in the face of the reductionistic attitudes that view Man only as a series of biochemical reactions, conditioned reflexes, or symbolic achievement.

Occupational therapy, ergo therapy, invalid occupation, manual treatment and moral treatment are various names used to point to this type of therapy. However, the concept of using work as a treatment technique has led either to expansion of the concept to include many activity therapies such as work, play and skills training or reduction of the concept to the idea of occupying the patient's time with certain stereotyped activities.

THE PRESENTED CONCEPT

The salient features of the type of treatment we are going to present, may be emphasized in the following points :

1) The term 'work treatment' is preferred to avoid the generalization or restriction of the concept.

2) The central goal of this treatment is not to regain self-confidence, or occupy the patient's time, or make use of his inhibited abilities, despite the fact that they may be achieved as by-products. Instead, the central goal is re-organization, both psychic and physical, through work, which is emphasized for itself.

3) Despite the fact that this treatment uses the principles of behavior therapy, it differs from it in emphasizing both insight and the therapist's role who participates fully with the patients.

4) It is not rehabilitation through work in the sense of improving skills, but it seeks reactivation of the potentialities and putting them into action.

5) It focusses on the whole body, in order to correct the patient's disturbed relation with it.

Work may also be a form of alienation from the 'intellectual'. This is so when the patient uses work as an escape from logical and abstract thinking. Therefore, what is important in work treatment is to overcome the type of alienation present, whether it is an alienation from the body, or from systematized intellectual activity.

After emphasizing the above-mentioned points, the definition of work treatment can be formulated as follows; : **"It is a practical trial to overcome alienation through direct therapeutic sharing using the whole person in work, not his body alone or his mind alone, as a means for deepening insight and breaking through the barriers of resistance and dissociation."**

As we can see, the definition stresses certain common principles between work treatment and psychotherapy, i.e. practical trial, therapeutic sharing, deepening insight, overcoming resistance and breaking through. This becomes evident if we bear in mind that the process of working through takes place in a series of real life situations, which ought to be more fruitful in the final outcome than talk by itself.

THE GENERAL PLAN OF WORK TREATMENT

The general plan of work treatment as practiced in Dar El-Mokattam for Mental Health will be briefly outlined in the following points :

1) The Setting and Pre-requisites :

a – It has to be done in the context of 'milieu therapy' as the overall background against which all the hospital activities are undertaken.

b – A therapist-patient relation should be established before exposure of the patient to this type of therapy.

c – Adequate prepartion is a necessary pre-requisite. This entails control of gross psychotic alienation by drug therapy or ECT as necessary, or the shaking of defences through individual or group psychotherapy.

d – A process of contracting takes place. It usually takes an explicit form, but it may be implicit.

2) Selection of the Patients :

Selection of patients was the rule at the beginning of our seven-year experience with work treatment. However, this relatively long period has taught us that nearly every patient can benefit from this therapy if we exclude the group of excited patients, acutely manics, and severely catatonics.

What counts here is the stage of therapy, type of work, its duration and frequency. Usually we begin with the type of work which the patient does not like, or not used to, or that he declares he is unable to do. Individual differences are always taken into consideration and assessment of the patient's choice is made through facial expression, enthusiasm during work, relationships with other patients working with him and the change which may occur concerning his symptoms.

5) Duration :

The duration of work treatment cannot usually be assessed in advance for the individual patient. This is because the therapeutic message which should be conveyed through work may take one hour or six months. The parameter here is the initiation of the patient's autonomy and not the acquisition of a new habit or a piece of behaviour.

4) Inpatients and Outpatients :

For 2 years, work treatment was mostly restricted to inpatients. Afterwards we have discovered that the patient need not stay in hospital during the whole period of work treatment. Thus we started to include patients who have been discharged from the hospital recently, as well as patients who attend the outpatient clinic for psychotherapy. In all cases, the patients are related to the milieu in one way or another. However, sometimes this relation begins in the field of work treatment.

5) Work Treatment as a Part of an Integrated Plan :

Like any therapeutic measure, work treatment alone cannot achieve the final goal of treatment. As mentioned above, it should be preceded by other therapeutic measures, and according to its outcome the decision for the following steps is taken.

On the day of work treatment the program of therapy proceeds as follows :

a – Play therapy for about an hour : This concentrates on sports carried out by teams of players (football and volley ball). The emphasis is on interpersonal interaction and group enthusiasm short of simple competitive activity.

b – Group psychotherapy for another one hour : This is carried out in the open field of play and work therapy. Active participants form an inner circle, while all other attending members form an outer observing circle.

c – Work treatment follows for a period ranging between 1/2 hour and 1 1/2 hours. It consists of relatively hard work in the field carried out in a group fashion.

d – Lastly another hour of play therapy follows.

It can be noticed that this program emphasizes the integrated approach to psychiatric treatment. Such an approach facilitates the inherent psychic organizing factors to operate in a more appropriate and healthy manner. It must be added that the other activity therapies which are practiced regularly in the hospital milieu like dance therapy and intellectual tasks broaden the spectrum of the integrated approach. We plan to include such activities in the work day program.

6) The Role of the Therapists :

a – First of all, the role of the therapists in work treatment is full, active participation. They must share the patients the same work all the time. This facilitates identification of the patient with the therapist, and nullifies any feelings of being victimized or used.

b – The therapist should be aware of his own resistance and tries to overcome it. The discovery of points of similarity between the therapist and patient increases the therapist's ability for empathy and makes him more tolerant.

c – The role of the therapist becomes important when the patient shows resistance which may appear from the start or after few minutes. A patient persistent attitude on the part of the therapist usually solves this problem. This finally leads to what we call a 'shift' which means a qualitative change as manifested in the quantity and quality of the effort, the facial expression, and the degree of interaction with peers. After this shift, work may be stopped, hoping that the patient may assimilate the experience of resistance and breakthrough.

7) The Value of Work Treatment in Diagnosis :

Sharing and observing the patient during the period of work treatment gives the therapist the chance for a better diagnosis of the patient : descriptively, structurally and dynamically. It also allows for a better understanding of the patient's weaknesses and strengths. This is finally reflected in improving the plans for treatment.

COMMENTS RELEVANT TO THE RESULTS

It has to be mentioned that systematic evaluation of the effects of work treatment, and the other activity therapies, has not been carried out yet. We expect to make such an evaluation in the near future. For the time being we are going to present some examples of the patients' comments related to work treatment, as well as some observations of our own :

a) It has been to our surprise to notice remarkable effects in some patients who are allowed not to participate in work despite their presence with the working group.

b) It has been observed that if work is mainly directed towards the accomplishment of a certain task, it will lose a good deal of its effectiveness. This observation emphasizes the idea of "work for work".

c – It has been noticed that even in the case of those patients whose jobs are mainly manual, work treatment becomes a new discovery for them. This possibly occurs through the absence of the elements of compulsion and monotony present in their original work.

b – Some reactions on the part of the patients as well as the therapists denote surprise or fear from the discovery of the new experience inherent in work treatment. Specifically this may be the discovery of the alienation from the body, or the alienation into a subjective experience of continuous unrealistic thinking.

e) Self-therapy of the group which might occur spontaneously or after implicit directions from the therapist has proved to be very useful.

f) Examples of the patients' comments on work treatment :

— " I feel that all of us work for the same common goal".

— "I have felt a change which helps me to make use of my energy".

— "This is a kind of work that helps one to know how to be patient".

— "It has given me the same feeling which I had felt after an effective ECT. Here it happened consciously and while working. That's the best thing".

— "I feel that I am doing something and something is done for me".

— "My fears decrease".

CONCLUSIONS

1) Work treatment, as described here, probably adds a new dimension in psychiatric practice. Its starting point is the disturbed relation of the patient to his body which is but a form of alienation in general.

2) Work treatment depends upon milieu therapy, a sound therapist-patient relation, and it shares important component elements with psychotherapy. It seeks a re-discovery and increased awareness of the body along with the liberation of unacknowledged potentialities.

3) It implies a re-orientation of the role of the therapist, who ought to be aptly prepared in a way that facilitates his own development. The latter is reflected upon his goals and treatment plans designed for his patients.

4) Work treatment is not a substitute for any other type of therapy, but it fills a certain vacuum in psychiatric practice. It is but one step in a whole therapeutic plan. Like any other form of treatment, its results depend upon the therapist's belief in the underlying theory, his capacity to make an appropriate liaison between theory and practice, and lastly his degree of awareness of the intermediate and ultimate goals for both himself and the patient.

AUTHORS

R. Mahfouz, M.D. (Psychiat.), M.Sc. (P.M. & N.), D.M., Director, Dar El-Mokattam for Mental Health, Mokattam City, cairo.

E. Hamdi, M.D. (Psychiat.), M.Sc. (P.M. & N.), Lecturer in Psychiatry, Psychiatric Department, Cairo University.

Y. Amin, M.Sc. (P.M. & N.), Dar El-Mokattam for Mental Health.

R. G. Hatem, M.B., Resident, Dar El-Mokattam for Mental Health.

الموجـــــــز

العمـــــل العـــــلاجي

ان مفهوم العمل اذ يستعمل كوسيلة للعلاج قد انتهى الى احـــــد امرين : اما توسيع دائرته حتى يشمل اى علاج يستعمل الجسد والمهارات ، واما يضيق حتى يصبح شكلا لقتل الوقت وتاكيد النمطية والرتابة . وتقدم هذه الدراسة مفهوما جديدا للعمل العلاجي يركز على المبادىء الأساســـية التي يشترك فيها هذا النوع من العلاج مع العلاج النفسي ، كما توضـــح الخطة العامة لهذا العلاج كما يمارس بمستشفى دار المقطم للصحة النفسية، ولقد أعطيت أمثلة لتعليقات بعض المرضى على هذا العلاج .

ABSTRAIT

Traitement au Travail : Sens et Raison.

L'idée d'utiliser le travail comme technique de traitement a mené soit jusqu' à accroître cette ideé pour comprendre plusieurs therapeutiques d'activité, soit jusqu' à la reduire à l'idée d'occuper le temps des patients avec quelques activités monotones et repétées. Cette étude présente une definition originale de cette idée, qui souligne quelques principes communs entre le traitement au travail et la psychotherapy. Le dessin général de ce type de traitement, comme pratiqué dans un hopital mental privé, pour 7 ans, est esquissé. Des exemples des commentaires des patients sont cités.

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Personal View
Why? The Angry Adolescent..

By Afaf H. Khalil

ABSTRACT

This paper is based primarily on the theoretical analysis of the possible causes that may underlie the youth rebellion in Egypt, with special emphasis on the interaction between youth and their families, the effect of the peer groups, the role of the university and the influence of the society in general.

The interplay of these complex factors leads to identity diffusion, ideological confusion, alienation and unbelongingness.

The possible recommendations to minimize the youth agitation are explored. An invitation is offered to deliberate and to work on youth psychological problems.

INTRODUCTION :

An outpouring of newspaper and magazine articles seeking to explain the recent agitation of the youth population have crowded in upon us. With many of the arguments presented we are in substantial agreement. However, the psychological perspective has been sufficiently utilized for the explanation of the event and the search for the roots of the problems, as it was usual to concentrate on the individual and to neglect the social forces which have contributed to the generation with this phenomenon.

This paper is based primarily on the analysis of the possible causes that may underlie the youth rebellion, and these considerations must, of course, remain speculative until a methodology for validation