

Introduction to the Department of Occupational Therapy at Niigata University of Health and Welfare

Reiko Yatani,M.A.

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Occupational Therapy

1. Origin of Occupational Therapy

The beginnings of professional education for occupational therapist may be traced back as early as the nineteenth century, however, the origin of occupational therapy dates back to ancient Egyptian culture (2000 B.C.). It had been recorded that Asklepios (B.C. 600) and Hippocrates (B.C.460-377) had noted the importance of the mutual relationship between the body and mind. Therefore, they recommended a physical yet enjoyable working progress and environment for the mentally ill. In A.D. 172, Galen (AD 130-201) prescribed physical duties such as, digging, farming, fishing, construction work etc. for treatment of this mentally ill patients thus claiming that work is the best medical treatment and indispensable for human happiness. In essence of this concept became the philosophical basis of occupational therapy practice and was therefore maintained for a long period of time.

Later in the 5th century, A.D., an active but self controlled treatment; Italian doctor, Caelius Aurelianus, developed speech treatment and stress resistance therapy. He pointed out the importance of his patient's own effort towards his extraordinary recovery. This may have related to the origins of the idea to promote the therapy of self-motivation. The record shows that J.Tissot has classified occupational exercise for self driven, self motivated

individuals stimulated in conjunction with others. Furthermore, he has recommended other manual works, such as playing violin, cleaning, sawing, bell-ringing, work, carpentry, wood cutting, horse back ride, swimming and others for therapy.

As it stems closer to the 18th century, these early explorers of Occupational Therapy treatment began to call such methods as work therapy. Furthermore similar trials by Philippe Pinel (1755-1826), begins to release psychiatric patients from their chain. Thus producing good results. Since then, this work therapy as a psychiatric treatment spread all over Europe and became accepted among British doctors. From the end of 18th century to the beginning of 19th century, the use of Occupational Therapy has been extended from psychiatric to tuberculosis treatment as one sees in the following examples; incorporation of occupational therapy into the treatment by Samuel Tuke of United Kingdom. Johann C. Reil, Harman Simon, and C. Schneider of Germany and use of occupational therapy for tuberculosis patients by T. Wolff (1892), followed by success of treatment of tuberculosis patient using occupational therapy by A. Rolleir (1874-1954, Swiss) leading to standard practice in Luasanne colony. Thomas Eddy, M.D.who was in training in United Kingdom, brought back such work therapy to United States in 1815, but one century passed

away until world war I without much progress. In 1917 the American Occupational Therapy Organization was started. The movement of the organization and the hard work by the members gave the basis for further development of occupational therapy. George Barton, one of the founders, insisted that occupational therapy should be applicable for the treatment not only for the mentally ill but also the physically disabled patients. He also insisted that occupational therapy be available to the wounded patients by accidents in sivilian hospital. Occupational therapy in Europe and United States has 80 years of history.

In Japan, Shuzo Kure (Sugamo Hospital), Fusajiro Kato (Matsuzawa Hospital) and others in Kyoto Prefectural Psychiatric Hospital (1875-), Iwakura Psychiatric Hospital (1884-), Tokyo Metropolitan Hospital (1901-) and Matsuzawa Hospital (1919-), practiced occupational therapy for the mentally ill patients eagerly. The occupational therapy for tuberculosis patients was adapted in succession, at Tokyo metropolitan Nakano Sanatorium by several doctors in 1833, at Nomura Hospital by Dr. Minoru Nomura in 1934, at Muramatsu Seiran-so by Dr. Chinpei Kita, and at Seiwa-en by Dr. Hideo Arai in 1939. Occupational therapy for children and the developmentally disturbed were carried out, for professional training and for physically disabled persons in Rehabilitation Center for Limbs by Dr. Kenjiro Takagi (1916), Osaka Prefectural Training Center for treatment of Physically Disabled Persons by Dr. Haruo Tamura (1951), and Kyushu Workman's Accident Treatment Hospital by Drs. Ichiro Hattori, Saburo Naito and Takeshi Hara, by adapting the methods of Canadian Workman's Hospital in 1949. Although the incorporation of Occupational Therapy, before the start of therapist education was depended upon medical doctors, the contributions from many preceded therapists who worked in clinical areas should

not be forgotten before the doctors. History indicates the germination stage of Japanese rehabilitation (especially in medical treatments) extends from 1949 to 1955, and the developmentally epoch-making event is the foundation of National Sanatorium Tokyo Hospital Rehabilitation Gakuin in 1963 as the first school to raise Occupational Therapists and physical therapists.

2. Principle and feature of Occupational Therapy

The idea of occupational therapy is based on the principle that gives a serious consideration on interaction between the physical and the mental ones as use of physical work for the mental condition while at the same time paying mental attention to the physical condition. One can recognize the idea that human existence as a united organization (as a whole: without defect) having a mutual spirit and some interaction. The words by Galen saying, "To work means..." are considered for the principle of occupational therapy and have been understood as "employment", however, it should be translated as "working". Since the word "working" can be extended to work and/or to do, we take it as "to do something. The words, to do work and to do something, by Galen can be understood as carrying out an excellent medical treatment, namely by bring cure. A man can gain mental power of mind and body. But living and expressing ones own meaning of life and joy to further one toward human happiness. Thus, to do something is indispensable for man's happiness, he says. This idea makes it possible to understand the formula as below:¹⁾

Doing leads to cure thus becomes the living power which is indispensable Something rehabilitates a man for happiness

Occupational therapy is responsible of transferring a personal ability for basic function to applied function and to establish the personal

living activity. Occupational therapy is an active behavior and aims toward the establishing self-esteem with totally united mind and body which can be achieved by individual effort and learning.

Occupational therapy plays a role to establish an individual living activity by connecting the basic function to capability of applying through a treatment using various works and actions and doing something.

In other words, the inherent spirit of man is to create, to move and to do something, thus leading the body to action without the creature force of spirit that is moving within the container of the body. Therefore the spirit creatively moving the body to move, which is its destiny towards life, ignites the motivation towards cure, thus creating the beauty of the benefit living of life, that human existence craves towards wholeness and happiness.

What can be thought about [work] in general? What kind of products and harvest can be expected from the extension of this into view of occupational therapy? It is important for occupational therapists to brush up such view to understand the feature of work professionally.

The first feature is:

Induction of the effects using [work] to meet the client's needs.

The theme reduced from this is the following:

1. Sufficient information and knowledge for the client's needs.
2. Selection and use of the methods after well understanding of techniques (choice of approach, treatment, training method and techniques for selection).
3. Analysis and choice of adaptation on [work].

What adaptation of [work] makes capable is making it to fit for individual client and selecting the proper work and use it well. One must know the constitution of a selected work and be capable to analyze each component.

It is wise to note the followings before starting analysis to understand the feature of [work]. To carry out the better analysis:

1. Classification and organization of each component in the [work], and understanding of constituents and nature of them.
2. Examination of proper adaptation based on the fact that the function of such components may change depending on condition. Example: Objective, Situation, Environment, Nature and Sensitivity etc.
3. Examination the relationship with the information outside of analysis and concerning items.

The second feature is the fact that occupational therapy put the weight on both mind and body equally and simultaneously. Always pay attention to the fact that readiness and closeness in the interaction between mind and body cannot be ignored, and only on unification man can be perfect as a whole. The concept that man has an equal right no matter what condition he is in is a background philosophy. Thus, the therapy with only one of those does not belong to occupational therapy.

The third feature is [self application] of which the word came from [The therapeutic use of the self] by Frank Jerome, MD. 1957. His claim is that the client gradually improve his human relationship using his healthier side, but most contribution to therapy comes from therapist¹⁰⁾. Although this induced the therapist's motivation but also promoted the client's usage of his better side. Occupational therapist must participate to work actively and aggressively as well as induce autonomy for the client's active involvement. The autonomy induced by work is recommended also in [The therapeutic use of the self]. Basis is freedom and own choice and it connects to self-responsibility. Autonomous development and joy of an individual can be a target of occupational therapy.

The fourth feature is an extension of second

feature. Although this has not been considered a feature but this should be discussed as a feature in present high technology society considering its utilization value. Let's consider the relationship between man's talent and an independency of an individual. If we consider the talent as capability, even someone is in sick and disabled, the following capability is still exist:

1. Remaining capability
2. Capability can be brought out.
3. Capability compensated by device.

1. is, of course, the capability to use, to maintain and to develop. 2. is the recovering capacity buried before but dug out by the careful evaluation and usage by occupational therapist. 3 relates with the capacity that claimed medically impossible to recover for semi permanent. Namely, such hopeless for functional recovery can be:

1. Replaced by the capacity of the other function of the client?
2. Replaced by other than client himself?

Either one of these is the choice for the replacement. Occupational therapist functions on solving such problems. Taking an example of 1, disability of fingers and other body parts by paralysis can be replaced by vision. The assistance from outside can be obtained from other person, artificial limb, brace, outfit, other self-help goods and equipments that are commercially available. Selection, preparation and proposal of these materials and methods depend on the individual's psychiatric condition and neediness on top of the medical and physical condition. The basic freedom of human beings to build own life using own capability aims for maintenance of individual ability. Thus, it is important to learn the various capability individually by the methods mentioned above.

The three features mentioned above are considered as indispensable and professional ones to use for evaluation and treatment. If any

one of them is missing in those processes, it will be a default in occupational therapy. These are the differences from other professions.

3. Current status of education in Occupational Therapy

History of education for occupational therapy in Europe and United States, which are leaders in this area, shows a start of development around 1930 in both countries. It moved from a training course, to school education to university education. The list of countries, year of joining and the number of therapists participating in the international organization of occupational therapists is shown in table 1. In Japan, the first school was opened in 1963 and at present there are 122 schools after 38 years (as of June 2001). (Among those, 19 are 4-year university, 9 are 2 years college, and the others are 3 or 4 years professional school) Approximately 4000 students graduate every year from these schools. The number of registered therapists in Japan is 17,227 as of August 1, 2001.

The international organization of occupational therapists was founded in the UK in 1951 at the meeting with the representatives from 10 countries, simultaneous with the beginnings of the establishments of training schools and registration of therapists. The established rule in this meeting includes a minimum of educational level for international- occupational therapist. It requires minimum of 3 years schooling with 1,000 hours each of basics, professional and clinical training totaling 3000 hours²⁾. The first international meeting of occupational therapists was held in Edinburgh. Thereafter every 4 years and representative meetings were held every other year. Japan became an official member of this organization in 1973. Education for occupational therapist in Japan follows the recognition rules for physical- and occupational-therapist training institution 4th revision and it is shown in table 2 for the contents of education³⁾

Table 1

Nation	yr. joined	number of member	Nation	yr. joined	number of member	Nation	yr. joined	number of member
1 Canada	1952	8280	21 Ireland	1970	320	41 Singapore	1992	160
2 Denmark	1952	5000	22 Zimbabwe	1970	*2	42 Sri Lanka	1992	42
3 India	1952	*2	23 Finland	1972	1100	43 Brazil	1994	4000
4 Israel	1952	2000	24 Japan	1972	12000	44 Malta	1994	74
5 New Zealand	1952	2000	25 Spain	1972	2500	45 Cyprus	1996	*2
6 South Africa	1952	2221	26 Colombia	1976	*2	46 Uganda	1996	*2
7 Australia	1954	7500	27 Iceland	1976	99	47 Bangladesh	*1	*2
8 Sweden	1954	7200	28 Kenya	1976	800	48 Czech Republic	*1	*2
9 U.K.	1954	20832	29 Austria	1978	*2	49 Indonesia	*1	*2
10 U.S.A.	1954	100000	30 Italy	1978	100	50 Korea	*1	*2
11 Germany	1958	30000	31 Chile	1980	700	51 Latvia	*1	*2
12 Norway	1958	3000	32 Hong Kong	1984	800	52 Mauritius	*1	*2
13 Netherlands	1960	1950	33 Taiwan	1986	820	53 Mexico	*1	*2
14 Switzerland	1962	1317	34 Luxembourg	1990	100	54 Namibia	*1	*2
15 France	1964	3782	35 Malaysia	1990	210	55 Slovenia	*1	*2
16 Portugal	1964	550	36 Bermuda	1992	20			
17 Belgium	1968	5150	37 Greece	1992	700			
18 Philippines	1968	941	38 Jordan	1992	*2			
19 Venezuela	1968	600	39 Nigeria	1992	*2			
20 Argentina	1970	2000	40 Pakistan	1992	107			

*1 : in progress *2 : not reported

under the current advising regulation by National Departments for Science/Education (Mombu Kagaku Sho) and National Department for Health and Welfare (Kosei Roudo Sho). Further, several related regulations are written by the government for the establishment of training schools setting the number of teachers and for their qualification and institutional set-ups.

4. Education of occupational therapists in Niigata University of Health and Welfare

The educational principle in occupational therapy, of course, comes from the idea and philosophy that gave the birth of occupational therapy. The activities and behavior to work, to do something and to make something are a universal human instinct. Moreover, these share the universality in which are indispensable in

Table 2 Recognition rules of physical and occupational therapist training institution (sec.5)

	Content of Education	Units
Basic Area	Basis for Scientific thinking	14
	Human and life	
Basic for profession	Body structure and function and development of mind and body	12
	Causes of diseases and disability and stimulation of recovery pro	12
	Idea of Health-welfare and rehavilitation	2
	Basic occupational therapy	6
Professional area	Evaluation for occupational therapy	5
	Work-treatment	20
	Regional occupation therapy	4
	Clinical practice	18
	Total	93

man's daily life and for the meaning of life through such as personal expression, expression of creativity, productivity and spiritual rewards. Occupational therapy uses these for methods to respond the physical and mental needs of the clients. In courses of occupational therapy, the following basic principles will be taught: 1. Helping the man to recover and return to living life (Fig. 1)⁴⁾ through work and activity. 2. Recovery methods from the loss of mental and physical function and choosing the compensatory methods for treatment, training and assistance. 3. Assist the physically disabled persons by training and adaptation towards the rehabilitation aiming for social and professional living. 4. Helping to experience the willingness, meaning and the values to live through work. These basic principle will be transferred from medical institutions to local organizations and to home visit service. I have classified the uniqueness of occupational therapy into four points mentioned above but I also would like to point out the followings.

- * Work closely relates to human life by itself.
- * To work/move is an instinct behavior and

action of human beings.

- * Work is one of the best methods to express own creativity, presentation and assertion.
- * Work is the methods to bring self-esteem, self-satisfaction and an accomplishment.
- * Work relates to productivity, economy and living power.
- * Work is a method to stimulate human intelligence, morality and healthiness.
- * Work is a natural performance of man
- * Occupational therapy puts the stress on mutual relationship between mental and physical parts.
- * Occupational therapy produces a self-realization for individuals.
- * Occupational therapy induces positive-ness, active-ness and self-control.
- * Occupational therapy creates concentration, being absorbed, chasing dream and making chance.
- * Occupational therapy makes a period towards a lively living.
- * Occupational therapy builds a chance to make easy interaction with the others.
- * Occupational therapy gives the experience of invention, failure, challenge and accomplishment.

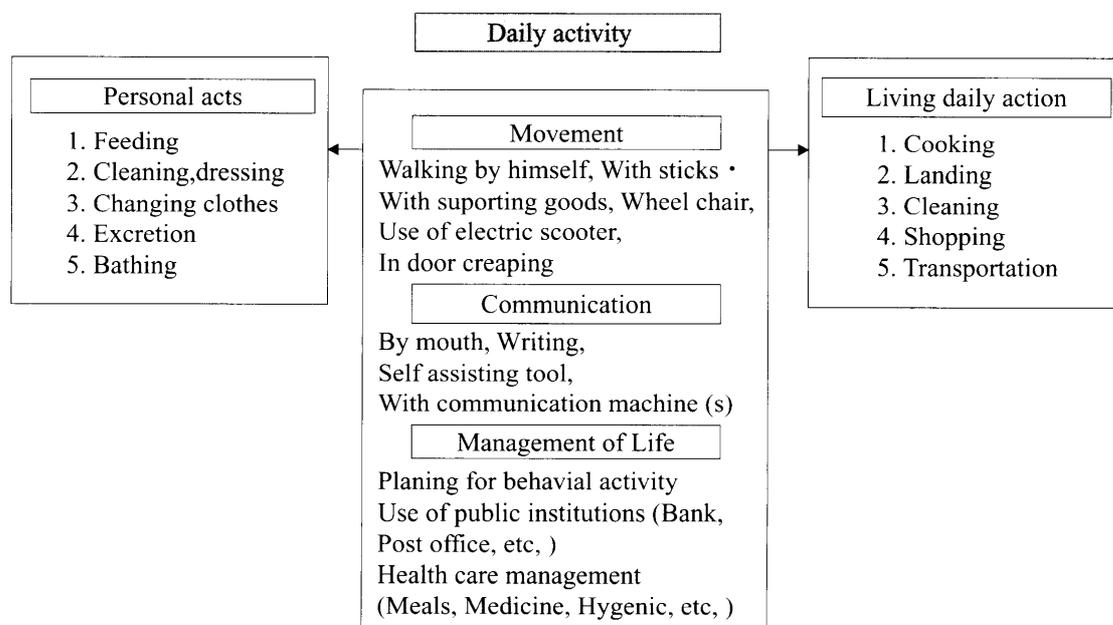


Fig. 1 Classification of ADL

* Occupational therapy designs a suitable compensation for the lost function by making the material and proposing the proper advice.

* Occupational therapy is not only making personalized daily life and activities (eating, changing clothes, cleaning and dressing, excretion, bathing and moving) possible but also make to learn the meaning and value of living.

They suggest that work becomes autonomy to call out human instinct. Occupational therapy adapts such autonomy to a patient and makes working into therapy⁵⁾.

Education system adapted for occupational therapy in Niigata University of Health and Welfare is shown in Fig.2. The principle of occupational therapy will be taught in introduction courses to occupational therapy, and the understanding of practice will be learned in a series of basic therapy classes. Student is expected to learn the meaning, value and use of what makes work for the method of therapy. By the end of the sophomore year, students must complete the general education, basic medicine and basic clinical medicine. They study for occupational therapy in the specialized courses with knowledge, technique, approach, application and practical use, on the basis of everything learned earlier, during sometime in the second year or the end of third year. In clinical practice in the senior year, each student works with to the patient to carry out an evaluation, by making time tables for treatments,

choosing the methods based on the basic level theories and expected to plan the treatment as well as function with his or her technical and practical ability. All the courses offered for occupational therapy education will be available on home page.

The number of students admitted every year is forty, and the teaching staffs will be eleven to twelve. For the clinical practice, 72 institutions with more than 150 qualified occupational therapists and many doctors and staffs are participating for training. With the cooperation and guidance from the endless number of patients and the subjected persons, a student will complete all of the needed courses to graduation. After graduation, life long education program sponsored by Japanese Association of Occupational Therapists organization and master's and doctorate course in several graduate schools are available. There are many meetings and study group in various areas in occupational therapy by specialists. Top of these, the opportunities of education for occupational therapists are available in the meetings and symposium for health, medicine, social welfare and the related fields.

Finally, the jobs for occupational therapists are available in medical, welfare, health, education and research oriented organization and institutions. The new list of organizations where occupational therapists are working is shown in table 3.

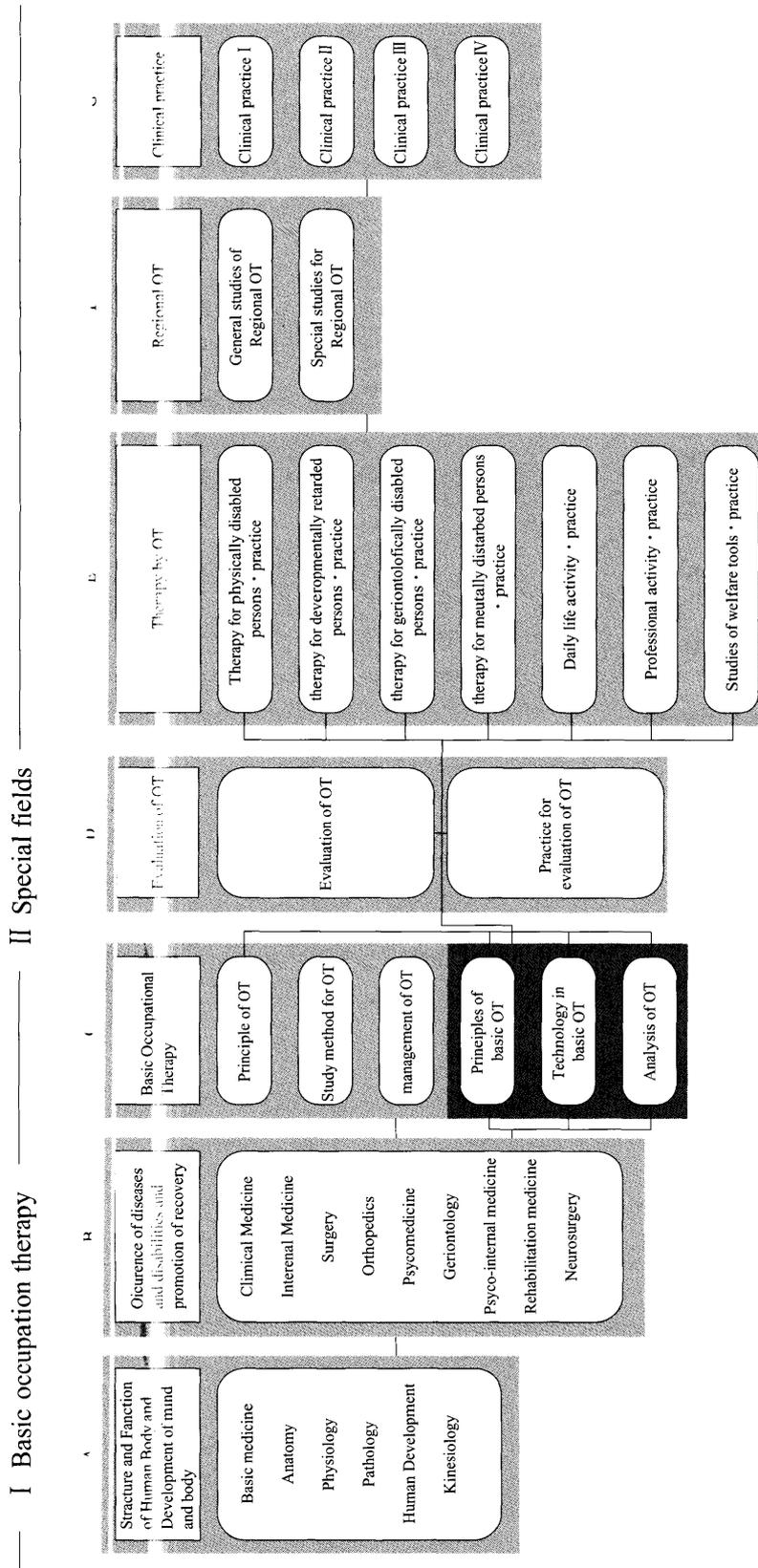
Table 3

	1996		1997		1998		1999		2000	
	number	%								
OT specialist	6477	(86.5)	7440	(87.2)	8345	(87.2)	9574	(86.9)	11283	(86.4)
full time	6300		7330		8202		9412		11103	
full time + part time	686		735		858		918		995	
full time only	5614		6595		7344		8494		10108	
part time	177		110		143		162		180	
OT of duty	746	(10.0)	945	(11.2)	1119	(11.7)	1323	(12.0)	1658	(12.7)
Data not counted	265	(3.5)	84	(1.0)	106	(1.1)	119	(1.1)	120	(0.9)
Total	7488		8469		9570		11016		13061	

The above explains the contents of education in this department and presents some of the related information.

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(1) Courses in dark shaded area will be emphasized together with.

Fig.2 Interaction between teaching courses, based on fundamental occupation therapy