From Treatment to acting: occupational therapy in the light of Theosophy

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What is occupational therapy?

Occupational Therapy (OT) is a healthcare profession. It involves the use of assessment and intervention to develop, recover, or maintain the meaningful activities, or occupations, of individuals, groups, or communities. The field of OT consists of health care practitioners trained and educated to improve mental and physical performance. Occupational therapists specialize in teaching, educating, and supporting participation in any activity that occupies an individual's time. It is an independent health profession sometimes categorized as an allied health profession and consists of occupational therapists (OTs) and occupational therapy assistants (OTAs). While OTs and OTAs have different roles, they both work with people who want to improve their mental and or physical health, disabilities, injuries, or impairments.[1]

What is Participation?

Since participation is a big word in OT there is a need to explain a little bit of the different associations of this topic. Most people think that participation is about taking part in a particular situation. I'm involved and so I participate. When it comes to people with impairments of different colours, just being involved doesn't actually mean that you are participating.

A short example should make this thought clear. I once worked in a nursing home for seniors and there I had the task to take care of people's free time activities. The group I worked with consisted of 52 people with a lot of different resources and handicaps. So it wasn't possible to fit all activities to everybody and I had to decide how to mix them properly to get satisfied the ones who were mentally fit and the ones who were not. So there were times where the activities were more challenging and times where everybody could "participate". But when the activity was based on a low level the fit clients got unsatisfied, while the disabled ones got their "Participation" and the other way around.

The second Problem here was the will to occupy everybody as much as possible due to the house's quality management. This resulted in not being able to create Groups with specific topics, because I almost got everybody every day in every activity. Due to the aspects mentioned

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above there were times, when half of the group was sleeping and the other half had fun with the activity. For the nurses it was easier to move all the people to the activity than to let them stay in their rooms, where they could probably do weird things depending on their mental status. They were somehow forced to participate and this resulted not in participation by means of the OT, because here participation means autonomy. The client decides what is being treated and how the process will be directed, the therapist just modulates the vision of the client. So a deeper understanding of the clients specialties is necessary for this modulation.

The Canadian Model of occupational Performance can help here to get a deeper understanding of the client's needs. Basically, this model divides the human experience in 4 interrelated Dimensions:

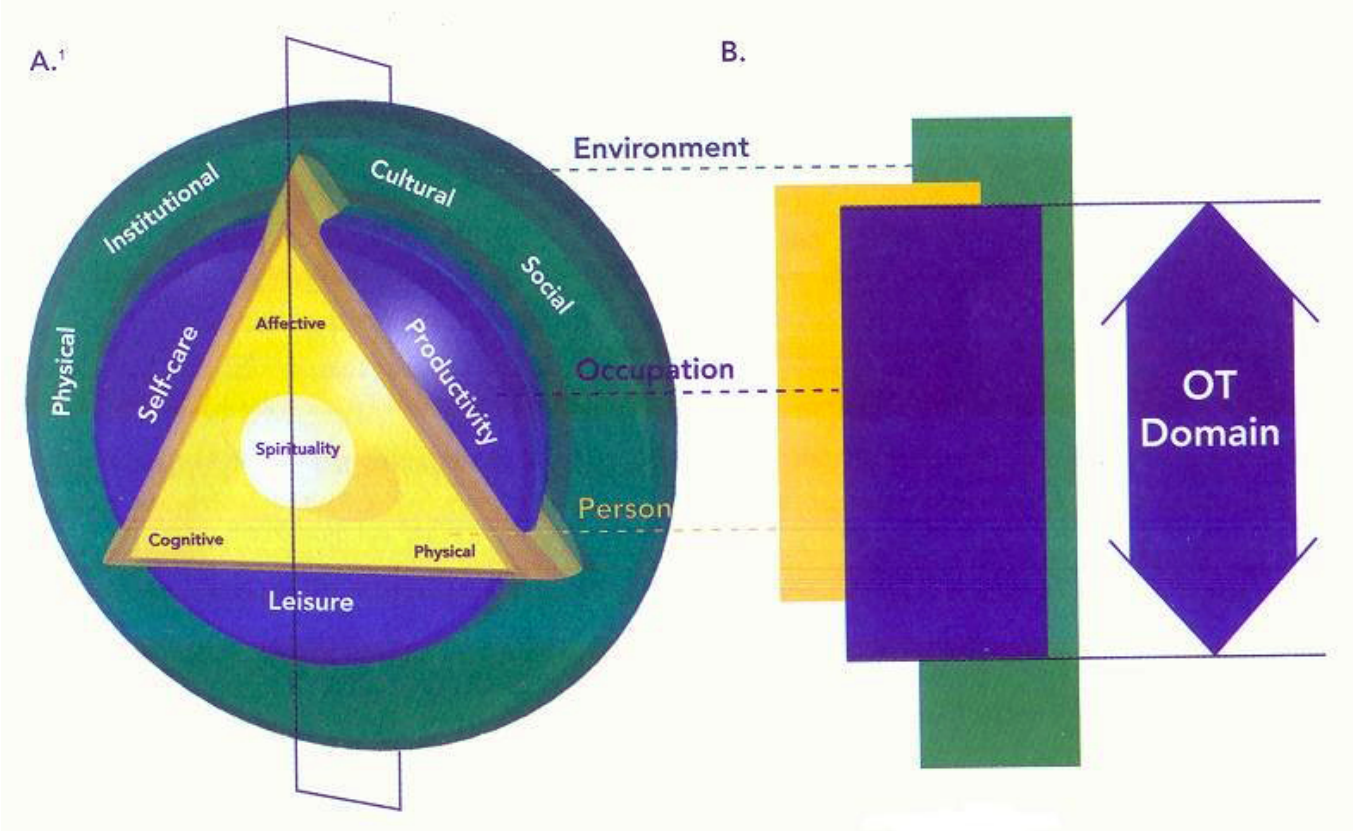
1. Spirituality

This is the core of the being, and it is really interesting how non spiritual persons have their problems in defining which attributes should be put here. Those people mostly think in religious terms and turn their view to the other instances of the model. Basically, all dispositions are situated here.

2. The Personal Dimension

It contains 3 sub-instances; the affective, the cognitive and the physical.

The affective instance: Here you can put all your observation according to emotions and reaction patterns. How does the client react upon this and that? Are his Emotions a Resource or an Impairment? Can he express his emotions? etc are valuable questions to get more in touch with this instance.



The cognitive instance: Here we can put topics like awareness, concentration, intelligence and the way of thinking. When you really want to explore someone's resources you need a level of communication that is understandable for the client. Therefore, you need information upon the above-mentioned topics.

The physical instance: All body related issues are listed here. Depending on the client, this instance can also be a Resource or an Impairment.

3. The Occupational Dimension

It contains 3 sub-instances too; productivity, selfcare and leisure.

Productivity: Here everything according to work processes is meant. Does the client feel satisfied with whatever he's doing? On the private Dimension productivity plays an important role too, so every activity the person likes or dislikes can be added.

Selfcare: Here all physical needs like personal hygiene, preparing food, buying things etc. are listed. Can the client take care of himself or not?

Leisure: All the things the client likes can be put here. Does he use his free time for recovery or is he full of activity and could probably need some rest?

4. The Environmental Dimension

This Dimension contains 4 sub-instances; the physical, the institutional, the cultural and the social.

Physical: The direct environment of the client. Where he's living and in which circumstances.

Institutional: All Institutions that play a role in the client's life. Here we can put all types of Religion, Governments, Societies, clubs etc.

Cultural: All aspects according to culture and subculture.

Social: All the people I get in contact with in daily life, like family, friends, workmates etc.

All the Data about these dimensions is gathered in a client-centered interview which is called the Canadian Occupational performance measure (COPM). Here goals are worked out together with the client. First, he needs to prioritize which Issue should be addressed. For that purpose, we write a list of all the "to solve issues". Then the client rates each of them on a scale from 1-10 according to the satisfaction he feels about them. After that, he chooses 3 major topics to work on in the future. The COPM gives the opportunity to calculate a score that is evident. The interview will be repeated after a certain amount of time and a change in the score shows if the therapy was helpful or not.

In my opinion this model is a great way to get to know a person's circumstances better. Each of these Dimensions are relative to each other. That means when you are not balanced in your personal Dimension, you can't be balanced in your occupational Dimension. Feeling satisfied with what someone is doing is the sign for a good balance between these two.

The environmental Dimension is always present and influences the other two. It can only be shaped in a margin, because those influences are deeply implemented

into the social group we live in. We can move to another house or could find new friends, but society etc. won't be changed so easily.

Since The Theosophical Society is dedicated to service, the CMOP is a great way to get to a better understanding of human acting, without the use of Sanskrit or other complex terms. It is nice to know the idea, when you get into situations which involve different people and you want to understand their acting better. Compassion is something that is not explainable over this model, but it can make it easier to be more compassionate, since the focus is now more adjusted to essential basics of human acting. When we are in trouble, we tend to narrow our minds in a tunnel, and the mentioned dimensions widen it up again. They can even be used for self-reflection.

I decided to share this with you, because service is a topic that can go wrong too easily, when you miss to recognize that someone's autonomy is essential for wellbeing. Theosophy explains the whole universe, and so the chosen symbols to do so are on a level so complex that you can get lost quickly. We all want to serve others with these teachings, but we also struggle in understanding. The CMOP can help here to get an easier understanding of other people, because it screens the basic needs of daily life. You don't need to read a book or meditate for hours to get this model working. It is just like a looking glass that you can put on, when you want to get a deeper understanding of why someone is acting in the way he's acting.

Back then when I was working in that nursing home, I had little to no support on therapeutically processes and so I had to go my own way with the knowledge I got. Using this model helped me in various ways. First of all, it gave me a way to overview Issues, that were just a chunk of this and that before. Then I saw that the spiritual core of a human being is always present and that everything else depends on it. Spirituality is the core and not something to search for in a church etc. Seeing this spiritual core in everyone helped a lot in understanding. It explained to me how the nearly same pre-sets on the personal level between two individuals can come out so differently when looking at the Occupation and the other way around. While I was organizing group activities this became handy, because now I was more effective in treating people like they wish to be treated. As an example, we were crafting new decorations for the windows and I had nearly 20 people there who waited for the things to come. The easiest way would have been to take the not handicapped people and let them do the job while the rest was sitting around doing nothing. The CMOP assisted me to prevent this, because I could see who could do this crafting with a little bit of adaptation or lowering the requests. I made then different stations were only one step of the crafting was done and then it got handed over to the next doing another step. The participants could choose if they were in the mood of acting and then introduced to the task prepared for them. During the activity, it came to talks about different

topics and people got closer to each other while they were sharing their own stories working on a project all together. This experience led to more motivation to participate because people could choose freely to take part and they got enclosed into this "we" spirit surrounding the activity. Even heavily damaged people could find a place in this, maybe they had problems in coordination so they got the task to decide where to put the decorations, and which colour fits here and there etc. While cognitive impaired people had fun in painting in a single colour, or in singing a song during the activity. Affectively disturbed people calmed down by focussing on something in the now, while the task was adapted in a way that success was nearly guaranteed.

Since the main title of this text is "From treatment to acting" I hope I could give you an insight of the therapeutically process surrounding the OT. According to Theosophy it is obvious that some occult teachings fit here very well. First of all, you can define the difference of a symbol and an Emblem. The Personal instance is the emblem for the affective, cognitive and physical instance. Since words are symbols you can see that an Emblem is a cluster of symbols. Then the concept of trinities and their connection can be experienced. The 3 gunas of the Bhagavat Gita (rajas, tamas, sattwa) can be used to analyse the status of the interconnection between the symbols in the emblem. Which dimensions is too active? Which one is too passive? Where can we find harmony (Resource)? This text is meant for inspiration and "thinking out of the box". When you want to use this knowledge, then be aware of cause and effect and ask yourself if the service you offer is helpful service. OT means "help for self-help" and not helping to feel better. The individual autonomy decides whether service is real or not.

Bibliography:

[1]https://en.wikipedia.org/wiki/Occupational_therapy#cite_note-1

[2] Image source: https://vula.uct.ac.za/access/content/group/9c29ba04-b1ee-49b9-8c85-9a468b556ce2/Framework_2/lecture8.htm