

1957 Eleanor Clarke Slagle Lecture

Powerful Levers In Little Common Things

Ruth W. Brunyate, OTR

Preface

Madam president, occupational therapists and guests. It is with great pride, an overwhelming sense of inadequacy and profound humility that I accept the award you have conferred upon me. It is strange how small one feels in perhaps his biggest hour.

Worthiness for such an honor is never singly earned. An occupational therapist is, after all, merely a tool through which the doctor treats his patient. The value of the therapist can be judged only on the soundness of his contribution to treatment—for this is the culmination of his professional training. The therapist who participates in the administrative phases of a treatment program is again a tool through which the patient receives his treatment. The value of an administrative therapist can be judged only by the extent to which he is able to mold professional knowledge with sound business practice in such a way as to hold the patient in true perspective—for this is the culmination of his nonprofessional training.

These values are learned through formal education and experience but above all through the inspiration of others. I would, therefore, acknowledge the three people beyond my own family who have most affected the development of my abilities: Miss Helen S. Willard, Doctor Winthrop M. Phelps and Mr. Christopher H. Wiemer. Under Miss Willard's guidance I developed my philosophy of occupational therapy and my faith in my profession. Under Dr. Phelps' leadership I have developed my philosophy and techniques of treatment of the cerebral palsied and a concept of education as a continuing process based on simplicity, honesty, patience and diligence in the approach to complex problems. Under Mr. Wiemer's counsel I am beginning to learn the value of the individual in the ordered structure of the treatment unit, and a faith in oneself to see that value, to nurture it and direct it.

You have given me a very beautiful gift which I shall always treasure. I thank you each individually and pray that the hours of deliberation and the final thoughts presented here may be worthy of your trust.

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Foreword

Forty years ago, on September 3, 1917, the first annual meeting of the National Society for the Promotion of Occupational Therapy was held in New York City. The meeting was called to order by the vice-president, Mrs. Eleanor Clarke Slagle. Who was this woman leading a pioneer group dedicated to a new profession? Occupational therapists who were active prior to 1942 had the privilege of knowing her. Some had met her, others knew her intimately. But for those who knew her not at all we would like to review her life, that each may understand why an award has been established to perpetuate her memory and why we value our Slagle heritage.

Eleanor Clarke Slagle was born just eighty-one years ago this October 13th in Hobart, New York.¹ Her brother was one day to become a prominent United States Senator from their native state. Mrs. Slagle was educated by tutors, then attended Claverack College, summer school of Columbia University and graduated from the Chicago School of Civics and Philanthropy. Here, as early as 1908, and largely through the inspiration of Julia Lathrop and Rabbi Harris, a course in invalid occupation was offered to attendants and nurses from hospitals for the insane. Dr. Adolf Meyer, professor of psychiatry at Johns Hopkins Hospital, gave continued advice and encouragement to the course.

In 1913, when the Henry Phipps Psychiatric Clinic of the Johns Hopkins Hospital was opened, Mrs. Slagle became the director of occupational therapy. This position she continued to hold until 1917 when she became director of the Henry B. Favill Memorial School in Chicago. She returned to New York in 1922 to become director of occupational therapy of the New York State Hospital Service to which she devoted her energies until her death.

In March of 1917 at Consolation House, Clifton Springs, New York, the National Society for the Promotion of Occupational Therapy, forerunner of the American Occupational Therapy Association, was founded. Incorporation papers were drawn and later signed by five people, two of whom, Dr. Dunton and Mrs. Slagle, are familiar to even the youngest of our present members. Mrs. Slagle became vice-president in 1919, president in 1920 and was secretary-treasurer from 1922 to 1937.

When she resigned in 1937 she retired to Tarrytown, New York, but continued her work in the state program where she established the practice of holding annual institutes for chief therapists to discuss problems and review new methods. She, in a sense, pioneered the very type of conference that we have only this year perfected. The last ten years of her life were complicated by a heart problem which was greatly taxed by a fall and back injury in 1940. Her insistence on continuing to practice her profession undoubtedly contributed to her death on September 18, 1942.

Reports of the early meetings of our Association tell us much of Mrs. Slagle and of the spirit which fostered our early development.² Forty years ago at our first annual conference the treasurer noted receipts of \$109, expenses of \$72.36 and an indebtedness of \$150 to the lawyer for the cost of incorporation. The Society numbered 39 members of whom 26 attended this first meeting to enjoy a program including papers entitled, "Comparative Methods of Hospital Teaching," "Arts and Crafts in Medicine," and "The Teacher in

Occupational Therapy." A review of patients followed and is notable, for it presented a depressed patient and an apparent case of paralysis, thus contradicting the now popular belief that early interests were devoted only to psychiatry. Finally a banquet was announced with great enthusiasm and later reported with equal interest, though Dr. Dunton tells us that it was a very sad occasion, for only three people appeared at Keen's Chop House to bolster their spirits and show their faith in a future profession. One of the three, of course, was Mrs. Slagle.

At the second annual meeting of the National Society for the Promotion of Occupational Therapy, September 2–4, 1918, in New York, Mrs. Slagle again played a prominent role and, again as vice-president, she presided. The treasurer reported a balance of \$38.73 and noted that with the aid of a loan of \$30 the costs of incorporation had been paid, for the lawyer was growing impatient. He also noted there was owing this Society \$64 in unpaid dues.³ (Perhaps we have inherited some early weaknesses?) Twenty-five members attended this meeting and heard papers on "The Problems of the Invalid Occupations in War Hospitals," "The Principles of Occupational Therapy," and "The Remuneration of the Teacher." The word "teacher" in the early literature refers to the one who teaches the patient, thus the therapist. The speaker here suggested that his topic was untimely "since more than half the world is giving its all in sacrifice,"⁴ but continues that we are assured a "laborer is worthy of his hire." The topic initiated much discussion and the consensus was that the average salary for the occupation teacher seemed to be from forty to fifty dollars a month with maintenance. The salaries offered for re-construction aides averaged \$1350 for home service, \$1500 for head aide with ten assistants, and \$1800 for supervisors. Post-Depression graduates will note how this compared with their initial salaries of \$1300 with maintenance.

Another note of interest is Mrs. Slagle's comment on training for occupational therapy. She stated that after considerable experience the speaker felt that two months of crafts training and three months of practice teaching in hospitals made an ideal arrangement for a short course. The candidate should have college education or its equivalent in other experience.⁵

The third annual meeting was held September 8–11, 1919, in Chicago at the Favill School, probably the first of all occupational therapy schools. The Favill School had for three years been housed by Hull House and the renowned Jane Addams greeted the convention and congratulated the Society "because you are really the vanguard on the line of philanthropic effort and you are beginning at the bottom as all great social experiments have always done."⁶

At this meeting Mrs. Slagle was elected president and so formally began her many years of leadership in our profession. As time goes by fewer therapists will be able to recall her personality, for fewer will have known her. Future therapists will instead have to do as we have done, turn to her letters, the minutes of meetings in which she participated and the memories of her friends to learn of the heritage she left to them. They must read of her dominant personality, her sense of humor, her abiding interest in children, her ability to be outstanding in any situation, her dignity and handsome manner of dress and carriage, her astute mind, and her ability to rise above adversity. These traits of character were forceful factors in her influence on the growth of our profession as she moved from office to office and helped determine the framework of our present American Occupational Therapy Association.

But Mrs. Slagle's greatest contribution was to the practice of occupational therapy, not to its organization. This phase of her work is less known perhaps because it is a more personal thing or because it is less tangible and more difficult to study. She was tremendously interested in students, in their education and growth and in the direction of their work that they might share her enthusiasm in patient treatment. To perpetuate her memory we will now turn to this her greatest heritage and, using her own writings as a point of departure, will incorporate some of our own thoughts on student training and its meaning to the individual student, to the director of his course and to the members of this Association.

As we begin this third Slagle lecture we would use her own words from the presidential address of 1920, "this happens to be my turn and, like the measles and mumps or various and numerous other labelled states of mind or body, you wish me well, and hope it will be over soon."⁷

"Powerful Levers—In Little Common Things"

Clinical training is an outmoded phrase. We now speak of student affiliation and indeed date ourselves when we fail to do so, yet the original phrase has meaning for us as a review of definitions will show. The dictionary defines "clinic" as "medical instruction at the bedside of the patient," and defines the word "train" as "to bring to a required standard of knowledge or skill to give education by instruction and discipline." Since education is "the systematic development or cultivation of natural powers by inculcation or example," the concept of clinical training immediately implies apprenticeship. In clinical training one is assigned to a clinic to apprentice or "serve in order to learn." Initially then our choice of the phrase "clinical training" was to describe that period of the professional education devoted to serving another that through instruction and discipline one would cultivate his own natural abilities.

More recently we have adopted the phrase student affiliation. A student is "a person engaged in a course of study especially an advanced scholar—one who closely examines or investigates." To affiliate is "to receive on friendly terms, associate with—to adopt as a child." And here we would better cease to quote for the dictionary goes on to say "to associate with, usually reflexively or passively,"⁸ and we know of few training experiences which could be called passive. Our new phrase "affiliate" has, we believe, a meaning too often overlooked, namely, to receive on friendly terms—to adopt. Our traditional concept of clinical practice is usually in terms of an assigned period spent in each of four or five clinics in which the student bridges the gap from the classroom to the job, a period of trial under supervision, a period in which to practice all that has previously been theory, thus the climax of academic experience.

We would think of student affiliation in a far broader sense for we believe that it is a period of transition to a whole new way of life. In an early paper Mrs. Slagle said, "A study of the greatest teaching personalities is a revelation of the powerful levers they found in little common things to lift their pupils up and out into a fuller life, and it is to the study of such methods that the most successful teacher will look for help."⁹ Mrs. Slagle was using this

thought to describe a therapist's work with a patient for she again used the word "teacher" as we now use the word "therapist." We feel, however, that this same key to success in treatment is the real key to success in teaching and indeed even the key to success in the performance of all of our daily tasks.

The nine month period of clinical affiliation must be a period of time in which the student gains far more than the opportunity to put his new knowledge into practice. It must be above all else a period of time in which those who teach "lift the student up and out and into a fuller life." Those who direct the student do not perform their roles successfully until they place the development of the individual in true perspective—above the importance of interpreting the theory and practice of occupational therapy in a particular disability area. The student who enters the affiliation period just to become proficient in applying his professional skills fails miserably if he does not first develop the personality and character through which the professional skills receive their most potent meaning.

Too often we forget that the majority of occupational therapy students are gaining their college education and professional training at one and the same time. We try to graduate a professional tool for the doctor and lose sight of the basic need of all college students to find time to grow as they learn.

The period of affiliation is, we feel, the most important of all educational experiences for it is true education lifted beyond the framework of what is purely academic. It is a practical experience and a period of transition in which the student must gain the ability to live as an independent person—which is to say he must begin to jell his own philosophy of life, of work and of his profession.

Sometimes those who teach are so preoccupied in following the essentials set down by the American Medical Association that they fail to see that a student is also trying to live with himself and others. Each affiliation must have a "well-defined program to interpret the function of occupational therapy in its own area or type of service,"¹⁰ but of more permanent value is the atmosphere and personalities through which this program is introduced. People are more important than things. Personalities are remembered long after course content is forgotten. In the clinical field even more than in the formal setting of the professional school, the character of the teacher makes a lasting impression, for here there is daily contact under all sorts of conditions, here there is a sharing of responsibilities, here there is an apprenticeship. The importance of the individual therapist in training a student in any one affiliation will be notable to you if you will but for a moment recall your own affiliations. Is it not true that even those of you who have been out of school for "generations" can recall to this day the individual personalities of those who counselled you in each affiliation while you may have forgotten some once favored classroom professor. We remember the things we do rather than the things we hear about. We remember the things we see rather than the things about which we are told. We remember the things we feel rather than those we experience only through others.

For these reasons therapists involved in student affiliation programs must evaluate themselves as well as their staffs and programs with utmost care. We should have a very sound philosophy of student training if we are to accept the challenge and privilege of student

education. This philosophy must enable us to give to the student through our own example an opportunity to develop a wisdom, an acceptable law by which he will live his adult life. It must give him, too, an appreciation for and thus the desire to share our own way of living, of working, of practicing our profession. If we teach these things we are successful in student training. As a guide to teaching them we would now suggest some factors so common and so little that they have a tremendous effect upon us all. Let us enumerate a few as an index for individual thinking.

The ability to make one's way alone. College is the time when a young person makes the transition to independence—independence of action and of thought. It is the time when personality is developed and character molded, the time when he must realize that he becomes an adult and must make his way alone. This transition is a difficult one and yet must occur while the student is under the stress of study. All such experiences are learned under stress, for this is when one uses the ultimate of his own discipline, and discipline is innate to the process of education. If a student learns to habituate himself to his environment he will have matured tremendously, for his environment is only temporary and will always change as long as he shall live. If he learns to adjust himself to living with his own kind and with those who differ in every way he will achieve some measure of both success and happiness.

The acceptance of things you do not condone or choose. Along with growth in independence must come the realization that things cannot always go according to one's own choosing. This is perhaps the most difficult of all experiences which occur when youth accepts adulthood, and many individuals of senior years bring unhappiness to themselves or others through never having understood the lesson. Students have so recently acquired freedom from the dictums of others that they have a false security in the justifiability of their own ideas and wishes, and so resent having to accept again a control even in this new form—self discipline and tolerance. Sir William Osler, the famous physician, once said, "Things cannot always go your own way. Learn to accept in silence the minor aggravations, cultivate the gift of taciturnity and consume your own smoke with an extra draught of hard work, so that those about you may not be annoyed with the dust and soot of your complaints."¹¹ This attitude once acquired becomes ingrained and is the fountain from which we gain our ability to understand others and so to be comfortable in our work with them. It must become part of an individual before he is able to follow direction and share departmental responsibility and it must be so inherent in his personality that it is no longer a conscious thing if he is to be successful in the direction of others.

A willingness to listen. This is another trait which must develop in college years and crystallize at the time of student affiliation. Too often freedom from the classroom, assigned reading and prearranged group participation gives an exaggerated feeling of importance and fosters an eagerness to express oneself and a restlessness which leaves no time for reflection. New found information is assumed to be seasoned knowledge which the owner is impatient to share—or at least reiterate. Quietness or meditation and attentiveness are scorned as the shy attributes of the inexperienced and are accepted only with embarrassment unless the student is given the opportunity to practice them and encouraged to realize their value. Today's students are being groomed for a world geared to the pace of group dynamics and the

workshop exchange of ideas. They will lose half the value of participating if they have not first learned to listen. Sometimes it would appear we are all afraid of a moment of silence.

A willingness to seek advice. Perhaps this is felt to be a feminine trait yet some of the biggest men in history personify it. It begins again in little things, the recognition that we cannot know everything, that we are human and therefore even forget part of what knowledge we have acquired. One must learn to turn to others when the need arises but to turn cautiously and select our source wisely, then meld the counsel with our own experience and thus accept it as advice, not as a directive or decision. Mrs. Slagle once wrote to a friend, "I seek advice—I also seek to please."¹² Some would say this is a contradiction and that she was in a sense just trying to see-saw by herself and was thus running from the seat at one end to that at the other. Others would feel she was straddling an issue, thus standing over the fulcrum and so successful in see-sawing alone. We feel that the two thoughts frequently go hand in hand, for seeking the thoughts of others often results in giving pleasure to both of the individuals involved. At any rate there seldom, if ever, comes the time when we arrive at the point of never needing the help of others.

An ability to appreciate the commonplace. An occupational therapist will always work with people from all walks of life. Frequently he is pulled far from his own native environment and thrown into the problems of varied standards of living. Sometimes the sordid, the filthy, the crude come hand-in-hand with illness and disability and overwhelm the inexperienced. The ability to appreciate the commonplace, to note a touch of beauty in the midst of squalor or be aware of tenderness even in frugal living, this is the trait that refreshes and strengthens the individual as he is introduced to the ways of others. Osler once said, "Nothing will sustain you more potently than the power to recognize in your own humdrum routine as perhaps it may be thought, the true poetry of life—the poetry of the commonplace, of the ordinary man, of the plain, toilworn woman, with their loves and their joys, their sorrows and their griefs."¹³

The ability to retain the buoyance of youth. The young have a wonderful zest for living which carries them through many a difficult hour. Unfortunately, as we take our place in the working world we gradually lose that enthusiasm, that eagerness and spontaneity. The student who learns to modify it yet retain it will be well repaid. True, the exuberance and clumsiness of the puppy, particularly the big puppy, is humorous but not continuously desirable nor is it compatible with the dignity of maturity. However, who will deny the strength derived from the ability to rebound after rebuff, or the desire to adventure after mishap—and are these qualities not rooted in buoyance and vivacity?

An understanding of the value of time. Our modern world is time conscious and we are keyed to schedules and to a rapid pace, that we may accomplish the utmost immediately. We know a doctor who mourns that people no longer have time to be sick, nor to get well. He says that we used to crawl into bed and suffer our colds for four or five days but now must have a shot of this or a dose of that to stay on our feet. This trend is infectious and our students soon catch the disease. We must, through our own example, give them a truer concept of the value of time. Each day is a very real and integral part of one's life, for each individual is but the sum total of each day's experience. The student, busy with each affiliation, is keenly

aware of blocks of time—four weeks here, eight weeks there—and prone to work through those blocks. If he will pause to realize that that which he adds to each day becomes the sum total of all his days, he will build a far better life. This is particularly true if he thinks he does not like the area to which he is currently assigned and is anxious to get on to another disability area. Someone has said, “Time is not always something to beat, it is also something to linger through and enjoy.”¹⁴ If we check off the days, we lose time, if instead we take each in turn and add to the day, we profit.

A realization that privilege is bound in duty. Traditionally as one moves up in status to more responsible positions he is granted more privileges. Those who are just learning the structure of an institution and the relative rank of services and positions frequently see the privileges that go with increased rank and perhaps even envy those who have found them. It is again at the student level that we must begin to realize that privilege and duty are closely inter-related. The apparent freedom of hours, of expression, of entrance and exit, carry a duty which should outweigh the privilege. One of the early members of the Dupont dynasty taught his sons that “no privilege exists that is not inseparably bound to a duty.”¹⁵ Privilege must be recognized by the one who receives it, must be guarded, never flaunted, must be doubly repaid through the sense of obligation that others in turn may respect it.

An equanimity of mental and moral outlook. Each student has lived through years of counsel from his elders, his family, his minister, his professors, but there comes a time when he must realize that the problems of the great moral issues of his time are now his own to solve. Many of our occupational therapy students attended college in areas close to their own homes, even perhaps commuting from their family residences. For them the affiliation period is the first real break, particularly if they are not receiving maintenance, for now they find themselves in a strange city completely independent. Those of us who are busy with such a student in duty hours frequently forget that he may be experiencing for the first time the pressure of living the moral code that he has inherited. We must somehow help him to see that while mores change, fundamentals do not. This is the time in which an innate sense of the fitness of things becomes his own possession rather than a hand-me-down. If he gains an appreciation of the good which is inherent in every fellow being whatever his station in life, and a commiseration for the evil again in every human being whatever his claim to godliness,¹⁶ then he will be able to secure his own personal code of behavior upon which he will operate for the rest of his days. This phase of a student’s adjustment to life is a very personal one and does not routinely come under the scrutiny of his director, for a student lives this in his own privacy as he justly should. Let us then just be aware that it is going on and that the atmosphere which we create in our own living can aid and abet it.

A desire to represent the best in manhood and womanhood. This is perhaps the summation of all the factors we have named. In this period of transition a student may easily struggle against that which his seniors expect of him. Now he is preoccupied with trying to become a good therapist, he is bombarded with tangible things, patients, techniques of treatment, records, supplies, and we must not so emphasize them that he fails to realize that becoming a good therapist is dependent upon first becoming a good person.

These are but a few of the common little things which the director of student affiliation and his junior staff members must hold in their consciousness if they are to give the student the best of any training experience. These are the little things which should be part of our own lives given through example that a student may develop his own philosophy of living—an acceptable law by which he will live each day of his life.

The student affiliation must also create an atmosphere in which the student may evolve his own philosophy of work and of his profession. This again is not a tangible thing taught in lecture or through supervised patient treatment but it is a very real factor in graduating successful therapists. There are many elements in our working lives which go to make up our philosophy of work and of our profession. Most of these are common to all paramedical or ancillary services. Some are peculiar to occupational therapy alone and are so taught in our theory classes on ethics and etiquette. We feel, however, that there are certain basic concepts which the affiliation centers exemplify and would again enumerate a few in random order, for they too are the common little things which collectively make the big person if he will encompass them in his philosophy of work.

A dedication to the patient. The patient is the reason we exist. This maxim is so true and common that frequently it is forgotten. In our big clinics, particularly in our teaching clinics, the patient is frequently outnumbered twenty to one. He is surrounded by doctors, nurses, technicians, social workers and therapists and though he is always the focus of the group, he is not always given his rightful place. In our eagerness to teach we frequently categorize patients, lump them into groups and label with symptoms to tag for specific modalities. Here the student comes to prominence and the patient recedes. In our anxiety to give full treatment we surround the patient with a mass of records, tests, reports and schedules even to the point of eclipsing the human element. We tell ourselves too frequently that patient welfare has priority over all else and then we busy ourselves with the myriad of mechanical details related to his care. Mrs. Slagle was acutely aware of this and always directed her attention to the patient first. Even as she became more and more involved with the administrative phases of her department she kept her patient in proper perspective. This is a trait seen in all great physicians even as their work calls them into teaching and research fields. The ability to understand the patient and his human problems as well as his physical or mental handicap is always the clue to successful treatment.

An appreciation of where the textbook ends. In many fields we have accumulated a vast amount of knowledge and so have devised given treatment routines. In arts and crafts we have inherited through the ages acceptable techniques and methods. These have been formalized and expounded in textbooks. Usually it is true that a subject is not taught until texts are available and we are accustomed to this type of learning; it is comfortable and gives us security as we practice the knowledge so gained. Yet there comes the time when textbooks do not validate what is practiced, where techniques cannot be defined in print, and it is here that experience has the advantage over mere education. It has been said that the successful person is not always the one who envisions an idea, but rather the one who is able to sell that idea to others. Freedom from established fact or directive is gained through the years but respect for it should start in college. In helping her students understand the approach to

patients Mrs. Slagle said, "There can be no set of rules or theories applied; simple tact, patience and common sense assist more than anything else."¹⁷

Here again is one of the reasons we support the apprentice type of learning experience. Let us encourage students to examine and observe the staff in its performance of duty, and foster a respect for things that are successful through experience, not alone through the textbook. A staff member should not be embarrassed if he cannot always produce a fact to support his premise or his act, if execution of that idea is successful in its end effect on the patient.

An avoidance of overconfidence in our methods. In her report as president in 1920, Mrs. Slagle said, "Much valuable time, no doubt, was lost in the beginning by an over-agitation of standards—nothing is more stultifying to progress than standardization in a comparatively new field of service—keep your program flexible—let us have ideals always, fine, strong and true to the proper development of the individual patient but let us not be overconfident of our methods yet. A great many of us have opinions concerning the proper way of administering occupational therapy, all, no doubt, perfectly good opinions, but the chief point for us to remember is that we are still representing only a small part of the treatment given . . ."¹⁸ Continuous re-evaluation is a must.

A willingness to get in step with each institution. Preconceived ideas seldom helped anyone or any situation. Each clinic has its own problems, its own idiosyncrasies, its own weakness and strength. As we move from one to another we must be slow to criticize and quick to analyze. We must be willing to learn and to understand before we venture to change. Again Mrs. Slagle said that "we must carefully get in step and in line with the individual problems presented by each situation in which we serve, that the emotion toward our particular branch of work does not determine its force."¹⁹

A knowledge of how to support as well as to lead. Some say that leaders are born, others that they are developed, yet whatever you hold to be true you must grant that leaders follow before they lead. A supporting role is inglorious yet can be the most satisfying of experiences. We cannot graduate a profession of leaders for immediately we have nothing to lead. We must instead give proper respect and recognition to those who follow. In a treatment situation the individual who contributes the most is the one who quietly goes his way treating his patients with sincerity and compassion without an overlay of wishing to do otherwise. The being of the clinic lies with the patient, the greatest contribution to its functioning lies immediately with those who work closest to the patient, for as they are successful the clinic justifies its very reason for existence. The routine treating therapist is the backbone of the whole program as is the duty nurse. Such a therapist contributes in other ways too—through his enthusiasm for his job, his optimism in difficult times, his flexibility in accepting assignments, his willingness to do the menial if needed, his "acknowledgment of the dignity of the cure of disease,"²⁰ his assumption that he must give beyond what he receives.

A recognition of the average, not just the superior. We cannot create a profession peopled only with the outstanding, the superior, the talented, but instead must remember that the majority of us will have average ability. We must respect this average and recognize it as our balance wheel for frequently it will prevent us from wandering at a tangent. We must develop a

respect for the average and not give it a stigma by apparent oversight in our eagerness to acknowledge those who have unusual capabilities. We must appreciate it and encourage those who have this status, that they too may have the security of knowing that they contribute to our profession.

An acceptance of learning on the job. We cannot graduate experienced therapists. A new staff member cannot be proficient in all disability areas nor is he qualified to meet every situation presented in daily treatment. We are vocative in complaining that our young therapists do not know this or that fact or technique so vital to our own job or disability area. We fret because schools and training centers do not supply this needed skill. We should instead expect a new graduate to continue to learn—always, if he is wise. We must provide that opportunity and consider his first few years of employment as a continuation of professional training. We are each morally obligated to give this training whether or not our department has an active teaching program.

An awareness that facts need no embellishing. Again we quote Mrs. Slagle whose comments on record writing are pertinent. "From the beginning of hospital practice students are taught the value of accurate notes, that a fact needs no embellishing in the way of narrative."²¹ This art is almost impossible to teach without benefit of practical experience and is one that we continue to learn for many years. We would interpret Mrs. Slagle's words another way, too, and apply them to the problem of argument versus the expression of opinion. A student must learn that a staff member must always supply facts to support his position or ideas but must never embellish them by narration which then turns the situation into an argument. This is true when any staff member is asked to inform his seniors of a given problem. If that staff member does not like the situation he is justified in reporting the fact of his dislike and may support that fact with comments to prove its logic. He may, however, never go beyond that point to argue or harangue for in so doing he only weakens his own position. Facts accurately presented stand alone and are well interpreted whether they apply to treatment progress or to a working situation.

An enthusiasm for small job benefits. As jobs become more plentiful in our profession and therapists continue to be short in supply, we frequently find ourselves trying to sell our vacancies. This is done through formal job analysis, or an advertisement or a letter. Let us never forget the value of the unsolicited selling which is done in the daily performance of the job. Our own enthusiasm for fringe benefits, our loyalty to the institution, or interest in our chosen field, these frequently form a more impressive bit of information than does the listing of hours, pay scale, increments and the like.

A recognition of the value of extra-professional interests. Not every therapist is a so-called career therapist. Some practice their profession with less enthusiasm than others. Those who devote added hours to their profession and exhibit an extensive interest in its organization become mechanical participants unless they have learned to add other outside interests. There are only so many hours per day and the therapist who works and then participates in extra-curricular professional activities must be particularly alert to other interests. Again we turn to Osler who said, "No man is really happy or safe without a hobby, and it makes precious little difference what the outside interest may be—botany, beetles or butterflies, roses,

tulips or irises, mountaineering or antiquities—anything will do so long as he straddles a hobby and rides it hard."²²

These are but a few of the common little things that we must cherish in our philosophy of our profession. There are many more but these will serve to indicate why we feel that the concept of student affiliation must be in the broadest sense an apprenticeship. These things are learned by example, by experience, they become part of an individual as he sees what they have meant to others and so accepts them himself. This then is why we must today adopt a student for we must inculcate by example that through us a student will increase his own self-discipline and thus multiply his chances of enjoying his profession.

Many occupational therapists are concerned directly with the problems of student training and develop an amazing enthusiasm for this phase of our work which tends to overwhelm those therapists not so involved. This is understandable for it is a dynamic problem and a tremendous responsibility. Most of us are so absorbed with the vastness of it all that we tend to get it out of all proportion to the total practice of our profession. We would do well to think on the implications of this for a moment. There has developed, we fear, an aura which surrounds that occupational therapy department which trains students as compared to one enjoying a similar program but without students. As we educate more and more students and particularly as we see them go through the same clinical centers, we build up a whole wedge of our profession intimately familiar with a limited number of departments and their staffs. If a student has enjoyed his affiliation he carries with him a deep and genuine respect for those who taught him. As he attends his initial conferences he feels strange and young and unrecognized. It is natural then for him to welcome the familiarity of those with whom he trained.

We feel that the total membership of the American Occupational Therapy Association should carefully evaluate several current trends which we believe are directly related to this perhaps inordinate attention on the training departments. We have the greatest respect for our schools and their personnel and for the student affiliation directors and their staffs. We would, however, sound a word of caution that we of AOTA must not put undue emphasis on them in conducting our national affairs. The 1957 Yearbook lists 1,257 agencies which have occupational therapy departments. Of these, 250 are recognized student affiliation centers used by the accredited schools. These departments employ 973 OTR's and the school staffs number approximately 86 OTR's, hence a total of 1,059 OTR's associated with students. The Yearbook lists 4,762 registered therapists of whom 3,138 are known to be working. Only one fifth of our departments and one third of the OTR's are participating in student education. A review of our Association shows that twelve out of thirteen standing committee chairmen, twenty-three of thirty-seven members of the House of Delegates, fourteen of the seventeen Board members and all of the officers are now, or were at the time of election or rise to national prominence, involved in student training.

We apparently choose our leaders from the schools and student affiliation groups and probably do so because they are familiar as well as capable people. Whether or not this is healthy is not for discussion here, but we would suggest that it should prompt those who are

in training units to direct the attention of our students to the non-training departments. You of these departments can help. You can do so by your very active participation in local associations so that your names and abilities may become familiar to the students we bring to these meetings. Your expression of opinion on local and national matters is a vital factor in maintaining the proper balance. It is your key to gearing the policies of the Association to the particular needs of your departments. Your willingness to express yourselves clearly at local meetings will enable the student to understand the problems of the non-training departments in which they will more than likely find their initial employment.

A quick review of a recent issue of AJOT shows that seven out of ten of the papers written by OTR's were written by training personnel. So, too, were seven out of ten of the letters to the editor. Does this reflect the day-to-day practice of our profession? Where is the lone therapist who works without other registered occupational therapy staff members and without students? The common thought is that student affiliation staff members have more time, more freedom to write, more secretaries at their disposal. We suggest that they are simply prompted by their habit of teaching and by the very students who take up their time. A well-directed affiliation is never a labor-saving device for it takes hours of staff time and energy if it is properly guided. The non-training therapist has just as much time if he will but seek it. We urge that every practicing therapist consider it his duty to evaluate his work and to contribute some portion of it to professional literature. The expression of an idea or an opinion will do if there is neither time nor material for a full paper.

The non-training therapist can help offset the prominence of the affiliation center in many ways just as can the center itself. The combined efforts of both, and of the schools, must arouse a greater respect for the lone therapist and a greater opportunity for him to participate, perhaps through attendance at student affiliation council meetings or at institutes. Whatever the method may be it must develop in an atmosphere which encourages the value of non-academic learning and this atmosphere can be created by all training and school personnel. Let us not formalize everything to the point of overlooking the value of the individual. What we need most of all is a contributing membership to the American Occupational Therapy Association, not in the financial sense of a paid membership, but rather as an inherent part of each registered therapist's practice of his profession.

We have endeavored to present here our thoughts on student affiliation and its meaning to the individual student, to his director and to the members of this Association. In summary we would say that education belongs to the individual who receives it and, as we were once told, it is not to bank, to hoard, nor to squander, but is to ease the rigors of one's existence. If we would share our education we would do well to look to the little common things to lift one up and out and into a fuller life. As we earn our own education or guide others as they attain it, let us, however, always hold it secondary to a far greater thing—service—for service is the real meaning of our lives and of our careers. To it we must be dedicated or we do not live our profession. And with this thought we would give you one closing quotation from Mrs. Slagle, for we feel it is the true theme of all our lives, both personal and professional. "If we look to service, not to reward, we shall see in our own day, OUR work ministering to the highest needs of man."²³

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