



## **Cintras' Experience with Occupational Health Therapy, Mental Health and Human Rights**

by

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### **Introduction**

Mental health is not the absence of symptoms, or even the absence of human conflicts, but rather can be defined mainly in terms of the healthy development of a well-integrated person, a development that we conceive of as the progressive growth of personal capabilities: the ability to learn and reflect on what one is learning; the ability to feel and to love; the ability to act, in the sense of possessing skills, capabilities. These potentialities must occur in harmony with the body, with nature, and with others.

An individual who is distanced from her or his immediate reality, who does not experience a fundamental link with the processes of social transformation in a society at a given moment in its history, does not enjoy good mental health. An integrated vision of mental health is to be found in the dialectic relationship with what we could call "a healthy human environment" (a socially-constructed environment), that involves other elements like freedom, mutual assistance and support, justice and participation, all elements central to a society based on respect for human rights.

In a society where violence has become part of state policy, spilling over into all social relations, it is impossible to think of a healthy environment for the development of mental health. Such is the case of Chile where, starting with the processes of historic change that began at the end of 1973, a dynamic of enormous economic, social and political transformations begins, all of which occur within a context of political violence and grave violations of human rights, without which these changes would not have been possible.

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## **Occupational therapy and victims of human rights violations**

It has been said that the damage from political repression is to be found on different levels and that therefore therapeutic processes must be equally multiple: from the treatment of intrapsychic and somatic processes, to the rebuilding of a vital life project. From this perspective, the recovery of important aspects of skills and social and work abilities, an improvement in self-image and personal knowledge as well as integration into social support networks each constitute a specific dimension that takes in the totality.

Leaving aside more serious pathologies, the damage experienced by those who consult us is expressed in uncertainty, marginalization, fearfulness, frustration, mistrust, loss of roles in the family sphere, little social involvement, no work involvement, the lack of a clearly defined life project. That is, the conflict occurs not only at the private level or in terms of the internal psychological structure, but also in the subject's daily practice and relationships with others.

The occupational therapist tries to carry out a therapy that transforms daily practice, making it rewarding, an aid to recovery, orientating and facilitating personal development, reestablishing a healthy balance in the process of mental health that coherently connects internal processes to the set of personal skills that allow individuals to experience daily life as satisfying.

To achieve this goal, occupational therapy uses human activity as a basic therapeutic instrument, understanding this in a broad and global sense. Thus, people's style of living on a daily basis, as expressed through work, the family, the community, friends, etc., becomes our sphere of action. We are concerned with the daily structure of activities like personal hygiene, taking the bus or train, integration into social networks, the search for work, etc., and, on a more internal level, the improvement of self-esteem, of the personal image, a reduction in feelings of anguish.

The practical activities carried out by people during occupational therapy reflect the objective reality of their way of living and impressions. It allows them to recognize that they are capable of absorbing objective experiences in order to transform their personality and, through those changes, influence also the activities they will carry out in the future. This is a long and ongoing process. There is nothing automatic about it and it is fraught with difficulties, but when planned and structured by an occupational therapist to move from the simple to the complex, taking into consideration the patient's needs and motives, as Leontiev says, it can lead to a situation where the permanent transformation of the subject through praxis leads to a broadening of conscience and a greater differentiation of personality.

That is, a growth in activity determines the growth in consciousness. Thus, the subject will be able to review personal history and, eventually, transform the diverse factors that have been determining it.

On this basis, therapeutic activity is oriented to more specific levels and stimulates the consultant through the following aspects: skills for planning and carrying out a task; ability to interact well within a group; ability to identify and satisfy needs; ability to satisfactorily express emotions; ability to carry out the activities required for daily life; ability to develop a job-related activity; ability to enjoy recreational activities; ability to face crises and difficulties; ability to interact comfortably in family, couple and friendly relationships.

On consciously reflecting upon these results, internalizing the objective and subjective elements in them, the patient achieves a more integrated relationship with the world, not as a spectator but rather as an active subject, capable of transforming reality.

### **Therapeutic approach**

The work of occupational therapy is individual by nature, since each patient has specific objective therapeutic goals, although the type of work may be individual, in groups or with families.

The first step is the initial interview, which has several goals: to define the reasons for the consultation, to take up the consultant's needs, to define strategies and work together, to establish the beginning of a therapeutic link, to trace an initial diagnostic of the occupational therapy, to agree upon working techniques to be used, to personalize the treatment.

Individual attention is the backbone of treatment in occupational therapy. This is why, throughout treatment, periodic individual sessions take place during which the patient's needs, goals and tasks are evaluated and defined; progress or lack of it is remarked, strategies and goals are reworked. Also, during these personal sessions, it is possibly to deal on a private level with anything that cannot be dealt with collectively.

Within this therapeutic framework, different working techniques are structured, that we can summarize as follows:

- a. Individual attention
- b. Therapeutic workshops, ergotherapy, work
- c. Group work: dynamics, recreation, body work, social skills workshop
- d. Family intervention: psycho-education, manoeuvres for basic re-framing

e. Socio-therapy: collective breakfasts, assemblies, outings, visits to movies and museums, camp-outs, celebrations, etc.

The treatment occurs in an atmosphere of therapeutic community, of daily functioning, where all members of the group participate in their own and others' recovery, committed to the roles that have been taken on, in an atmosphere of democratic relationships that stimulate individual and collective responsibility for planned activities.

As we have said, the therapeutic techniques are related to the patient's needs. We often face the following situations:

- a. patients in crisis
- b. problems with entering the work world
- c. problems with relating socially
- d. deficiencies in social skills and support networks
- e. inadequate family management.

Consultants may be referred for one or several reasons. We must always consider the process of rehabilitation as ongoing, where each work area is interconnected with the rest, with the flexibility and agility necessary to modify therapeutic situations at opportune moments.

For reasons of space, we will enlarge upon only three of the aspects mentioned above.

### **a. Patients in crisis**

A significant number of our consultants show an emotional response when faced with painful experiences or conflicts that they cannot overcome. The description of symptoms is very varied; usually, we find depression, anguish, phobias, psychosis, etc.

In these cases, the function of occupational therapy is basically to:

- contain the patient, in the sense of receiving
- act as a model for resolution of conflicts
- reinforce and develop personal capabilities to improve self-esteem and confidence
- channel the symptoms
- inform about the objective world.

In these kinds of situations, because the patient feels totally involved, we must use a broad range of therapeutic techniques centered fundamentally on: individual attention, therapeutic workshops

(ergotherapy), socio-therapy and basic group dynamics as well as family intervention.

Through individual work we structure the day-to-day functioning on an intra and extra-institutional basis and in family sessions we carry out basic, necessary instruction, for example on how to confront psychotic episodes.

Group integration, basically through the workshop, acts as a cushion for containing relational emotions. The goal is to receive and accompany, as well as experience alternative ways of solving problems, using the experiences with other members of the group as a starting point.

The central aspect of treatment is the ergotherapy workshop, a creative-expressive space that promotes basically psycho-therapeutic aspects. By transforming a basic material into an object, we try to make this a mediating agent between the internal and external worlds, triggering a reduction in anguish and anxiety, but also recreating skills that strengthen the person's psychic structure. Developing creativity is an essential element of this, since through it we can achieve resolution of conflicts, realization of desires, etc. in a symbolic fashion. By applying skills we also reinforce the "I" and relieve anxiety through the representation of a conflictive object. The materials used in the ergotherapy workshop are various: drawing, painting, leather, copper, wool, clay, wood, music, etc.

## **b. Integration into the workforce**

This goal can become the second step, once the initial crisis has been overcome, or it can be an independent element.

The problems of integration into the workforce are of genuine importance, since the fundamental human activity is work. The social being finds him or herself in this practical activity, which forms the basis for any personal, historic project. Thus, the loss or absence of work provokes severe psychological damage, since it involves the rupture of a vital project.

Through occupational therapy we try to put social practice and the individual's work experience back together, by developing skills and knowledge that will make it easier to return to a life project that is both more dynamic and more hopeful.

The goals of the different work-oriented, therapeutic workshops (carpentry, book-making, printing, sewing, photography, multiple handicrafts) are fundamentally: to permit the development of healthy capabilities, to contribute to integration into both society and the workforce and to provide the patient with resources. To do this we use a multiple approach: vocational and occupational analysis; analysis of the

workplace; evaluation of vocation and the workforce; occupational profile; training; preparation for the workforce; location; followup.

The workshop's labour is complemented by group techniques (role playing, group modelling, dramatization) and a diagnosis of the existing job market.

### **c. Social integration**

This aspect may also be an individual goal or the continuation of others. To achieve it, we direct therapeutic activity on two levels: one is the development of social skills and the other is through work with social networks.

The methods that we use are specific group work, socio-therapeutic activities and therapeutic workshops. Through these we create a group space where people can generate a feeling of belonging, they accompany each other through painful experiences, express their conflicts, exchange messages and rebuild their damaged network of emotional connections, overcoming isolation and self-absorption.

The techniques we use vary, as we mentioned above, but nevertheless, we focus on three:

- Social skills workshop: group dynamics (communication, forms of relationship, etc.);
- Creative techniques: work with expressive techniques, using the body, paper, drawing, photography, collage, theatre, puppets, etc.;
- Socio-therapy, with integration into the community.

Through these techniques we try to open communication channels, release inhibitions on contact with others, improve self-image, manage affectivity, promote empathy, etc.

We know well that one of the most traumatizing effects of repression is the abrupt shattering of social ties due to torture and imprisonment or to situations of vital risk that lead the person affected to leave the country, live underground or break every link with his or her past life. The destruction of the social fabric (network) is one factor that leads to self-absorption and the resulting lack of an emotional support system.

Through our work with social networks we try to reestablish, rebuild or re-order those significant relationships that a person creates on a day-to-day basis throughout life and that contribute to maintaining psychological integrity and social identity.