Expressing, Responding, Protecting, and Inspiring through Art

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Abstract
Margy Hunter, MS, MA, LLP, OTR/L, created the cover of the Spring 2013 issue of The Open Journal of Occupational Therapy. She created this untitled work as a personal reflection on the impact of war on individuals and society, as well as on the history of the profession of occupational therapy (OT), which began in response to military service members’ needs. Also embedded in the creation of this piece are the restorative benefits of participation in creative arts for OT practitioners who deliver services to patients experiencing profound life changes. Additionally, this article explores the artists’ use of art in OT practice to create occupational environments in her community, and as a tool to support her own occupational functioning.

Keywords
Art, Occupational Therapy, Military, Rehabilitation, Environment

Credentials Display
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Margy Hunter, MS, MA, LLP, OTR/L, painted the image that serves as the cover of the Spring 2013 issue of The Open Journal of Occupational Therapy. Margy created this untitled work as a personal reflection on the impact of war on individuals and communities as well as on the history of the profession of occupational therapy (OT). Also embedded in the creation of this piece are the restorative benefits of participation in the creative arts for OT practitioners who deliver services to patients who are experiencing profound life changes and highly stressful situations. This article explores the role of OT in treating wounded service members (SMs), and the role of creative expression in both the professional and the personal pursuits of OT practitioners.

Margy created the cover art in response to learning about SMs returning from Operation Iraqi Freedom (OIF, Iraq), Operation New Dawn (OND, Iraq), and Operation Enduring Freedom (OEF, Afghanistan) who have survived a new level of injury. Many SMs returning from OIF, OND, and OEF, the three most recent U.S. military conflicts, have experienced life-threatening situations, injuries, and illnesses. Injuries from these military conflicts include polytraumas that in the past would not have been survivable experiences. Margy’s painting reminds us that historically OT practitioners have responded to military combat related injuries by activating involvement in the recovery process for wounded SMs. OT practice began with treating veterans of the First World War. During this time, from 1914 to 1918, many medications and technologies were not yet developed to treat the types of injuries and illnesses that men endured during war. Many returned with life-changing impairments and often were ushered into a new life, leaving previous careers and ambitions behind in response to their newly acquired disabilities. OT practitioners began to provide OT treatment to these SMs with a focus on restoring function, both physically and mentally, through the use of meaningful activities. It was through work with these SMs that OT practitioners began to gain recognition for the benefits of OT practice and its unique approach. Margy’s painting reminds us that the roots of OT practice are planted in serving those who serve the country, and that although the types and severity of injuries, illnesses, and experiences may differ for SMs of recent conflicts, OT practitioners have a history of meeting the challenges of responding to SMs’ needs.

The cover image also calls on the members of the OT profession to apply principles of social justice in our work with returning SMs and veterans, focusing on abilities and unique skills gained through military training and experience. Margy indicates that she hopes her painting inspires thoughts about the idea of reciprocity between society and SMs and veterans. On this subject, Margy reflects that, “War has always been in my head.” When Margy was young, she watched her father and uncles, who had returned home from World War II, struggle with issues that were not well understood or supported. There was little acknowledgement or treatment for the psychological effects of war at that time. Her older brothers served in the Vietnam War and she vividly remembers the Vietnam protests that occurred in East Lansing, MI during what she considers her
prime developmental years. Her experiences have
left her contemplating questions about why war
exists, what effects war has on individuals and
society, and how to understand SMs and veterans
on a deeper level. These reflections can be felt
through the stark commentary on the physical toll of
war on a personal level for injured SMs portrayed in
her painting. In addition to this painting, Margy has
other paintings in her collection that reflect the
contemplation that war and military conflict bring
to her.

OT practitioners are providing treatment to
SMs and veterans, people who are referred from
veteran’s administrative services, and civilian health
care facilities. Currently, many OTs are working
with SMs from the most recent conflicts: OIF,
OND, and OEF. According to the U.S. Department
of Defense, 60,450 SMs sustained some type of
injury while in action in OIF, OND, and/or OEF
between 2001 and 2012 (Fischer, 2013). Of those
injuries, 1,715 were battle injury limb amputations,
including both major (arm, leg) and minor (partial,
digit) limb amputations (Fischer, 2013).
Additionally, 103,792 deployed SMs were
diagnosed with Post Traumatic Stress Disorder
between 2001 and 2012, and 253,333 were
diagnosed with Traumatic Brain Injuries between
2000 and 2012 (Fischer, 2013). New technologies
in combat and combat medical service, along with
medical advances, have resulted in changing injury
patterns. SMs are surviving injuries that would not
have been survivable in previous conflicts. This has
provided an impetus for OT practitioners to respond
with creativity and innovation to a new level of
injury experienced by SMs, just as we have done in
the past.

A study of the impact of injuries sustained
during OIF, OND, and OEF found that the top five
most important challenges to occupational
functioning cited by combat veterans were
relationships, school, physical health, sleeping, and
driving (Plach & Sells, 2013). OT practitioners
have been involved in developing and providing
innovative treatment techniques to address these
and other occupational challenges and functional
deficits. At Walter Reed National Military Medical
Center, OT practitioners work with returning SMs
who have lost limbs. OT intervention occurs
throughout the entire recovery process, from acute
stabilization through community reintegration. OT
practitioners begin working on basic self-care skills,
activity tolerance, customized adaptive equipment
for each SM’s individualized needs, and
psychosocial needs. Treatment progresses to
include prosthetics management and functional use
in all areas of occupation. Community reintegration
activities include community mobility, participation
in Instrumental Activities of Daily Living, such as
shopping, dining out, driving, and adaptive sports,
and return to service or other work-related pursuits
(Johnson et al., 2013). At Walter Reed, OT
practitioners have been involved in developing
virtual reality based treatment to address role
participation focused on firearm management for
SMs who sustained soft tissue and orthopedic
injuries as well as UE amputations (Yancosek &
Cancio, 2008). SMs engage in simulated firearm
use in both virtual shooting ranges and virtual
combat situations. The treatment has helped SMs
regain the ability to participate in a valued occupation, either for recreational use or in return to service. Woven throughout the recovery process for injured SMs is the belief in the SM’s ability to re-engage successfully in occupational roles, their right to inclusive participation, and the value of occupational balance. In addition to responding to the increased level of disability experienced by injured SMs, OT practitioners are also uniquely prepared to integrate the psychological components of recovery into treatment, as noted above, by recognizing the importance of restoring participation in valued occupations.

Delivering OT services to injured SMs, as described above, as well as to the many other consumers of OT services with varying types of injuries, illnesses, and disabilities can result in psychological impacts on OT practitioners. OT practitioners are at risk for experiencing secondary trauma stress and disruptions in their own lives (Bride & Figley, 2009). Margy has used art as a means to manage and express her emotional responses to experiences with clients. She recognizes that just as she encourages her clients to engage in stress-reducing activities, she too needs to engage in activities that reduce her stress and provide creative outlets. Studies suggest that participation in leisure activities may be a protective measure against vicarious trauma, compassion fatigue, and burn out from working with traumatized clients (Voss Horrell, Holohan, Didion, & Vance, 2011). Margy’s series of paintings, which depict social justice issues related to war, provide her with an outlet for expressing “confusion, anger, outrage, sadness, feelings of injustice, and concerns about war as human phenomena.” She also recognizes the sensory and neurological components of participating in creative activities, adding that active participation is more restorative than passively watching TV. Additionally, for Margy, creating art provides a sense of mastery and is “more deeply satisfying.”

Margy has incorporated the use of art and creative occupations into her practice, as well. Prior to beginning OT school, Margy received a B.A. in Fine Arts from the University of Michigan. She has been able to integrate art into her practice through direct services to clients and by enhancing environments. Residents of Kalamazoo, MI are highly familiar with Margy’s work, as it is seen throughout the city in restaurants, schools, public spaces, private residences, and in health care settings. She has incorporated art into interventions with at-risk youth by painting community murals and completing the “hubcap project.” The “hubcap project” involved teenagers who painted mandalas, an activity that has been shown to decrease anxiety (Van Der Vennet & Serice, 2012), on abandoned hubcaps that were installed on a fence along a busy road in Kalamazoo. Participants express pride in their displayed work and community members admire the colorful addition and creative use of space.

In addition to projects that have included the participation of consumers of OT services, Margy has completed several independent projects in the community, as well. Currently, she is completing wall murals at the Kalamazoo Psychiatric Hospital. Margy entered a contest sponsored by the state psychiatric facility for the opportunity to enhance
the hospital environment. Margy has transformed the sterile looking entrance leading to the intake area of the facility into a more welcoming space by painting a mural that features objects found in a typical hallway entrance (side tables, vases with flowers, and an umbrella stand). Ascribing to the principles of the Model of Human Occupation, Margy believes the environment directly impacts occupational engagement. Adding familiar objects to spaces supports habits and roles (Kielhofner, 2008), and in this case promotes a welcoming and supportive environment for those entering the psychiatric hospital. Near the hospital’s gym entrance Margy focused on the therapeutic benefits of occupational engagement by painting a mural of leisure-based activities. The impact of transforming the space with bright colors and pictures of leisure-based activities promotes an active occupational setting. In addition to OT influences, Margy also studied with and is inspired by Tyree Guyton, creator of the Heidelberg Project in Detroit, MI.

Tyree, a painter and sculptor, has used art to transform an entire Detroit neighborhood by focusing on the positive impact art can have on the environment and healing.

Margy inspires us to consider the multitude of ways that OT practitioners and art can intertwine. Her featured painting recalls the historical roots of the OT profession and highlights current innovations in medicine and rehabilitation related to injured SMs. The image calls us to act upon social justice principles in our practice by promoting occupational engagement and confronting the occupational exclusion experienced by wounded SMs. Additionally, her painting encourages us to recognize the benefits of both engaging in expressive activities for our own health and preserving our therapeutic interactions with consumers of OT services. Lastly, Margy inspires us to create environments that promote healing, wellness, and creativity.

To view samples of Margy’s art work and a video, visit: http://scholarworks.wmich.edu/ojot_occupationandartist/
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