

# Communicating Through the Arts



*In this edition ADVANCE introduces a new, regularly-running column on therapeutic use of self by longtime OT practitioner Jacqueline Thrash.*

When I was working in San Francisco providing home health OT, I worked with an African American client in her late 70s who had recently had a mild CVA. She had residual weakness of her right hand, as well as the usual left-CVA visual perceptual difficulties.

When I went to her house to do the home evaluation, I noticed that she had cat knickknacks everywhere, as well as a quilt on each of the beds, and one the back of the couch. "Miss Murphy" told me she raised her niece and nephew because her sister died young. She made them clothes, and made quilts with the scraps over the years. She told me the stories associated with the quilts on the beds and showed me her supply of calico fabrics from the 1970s.

I had seen a documentary and quilt exhibit at a local museum about the history of African American quilting in America, where Dr. Gladys-Marie Fry discussed the weaving, quilting and crocheting skills of slave women in an exhibit and book, *Stitched from the Soul: Slave Quilts from the Ante-Bellum South*. The exhibit traveled all over the United States after its conception in 1989.

Roland Freeman's *A Communion of the Spirits: African-American Quilters, Preservers, and Their Stories* visually documents the importance of quilting as an African American art form, as well as its functional use. Another book that documents quilting by and for African Americans is *Hidden in Plain View*, about the quilts of the Underground Railroad.

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So when Miss Murphy told me her stories, I knew how culturally significant it could be. She also told me that she had several unfinished bed quilts in the basement. She missed this activity, and didn't think she could ever "quilt" again. She had always quilted by hand, sewing the squares together and hand-stitching the quilt tops.

It just so happens that I love cats and quilting also. My mother made my clothes in the late '60s and '70s; and upon her death, I inherited her fabric stash. After becoming an OT, I learned to quilt, and even joined a professional women's quilting group (we had one OT, two SLPs, and a chemist).

On the next home visit to Miss Murphy, I brought a cat quilt that I had made (baby quilt size) and recommended that we make one out of her calico fabrics, together. I suggested we put one cat in from my fabric, and eight cats from her fabric. That way she could remember our time together, and it would be documented in her

quilt (documenting history is one use for African American quilting). She was worried that she wouldn't be able to do it; but with encouragement and reassurance, she agreed.

I cut all the cats out of our fabrics, and brought them the next time. Because she had visual perceptual deficits, as well as difficulty following direction, I pinned the pieces together and broke the steps down. She did the first one during treatment, and I left the other eight for her "homework." All she had to do was sew one straight line on each cat set. She was successful.

On my next visit, I added the next piece to the cat section, and she finished each set for homework. Each time, I came and checked her work, and set it up for the next step. Little by little, she finished the project. Then, one weekend before our next home visit, she told me she had sent her nephew to the basement to get one of her big quilts (double bed size), and she started working on it again. She was very pleased, and so was I.

This was very meaningful to the client, and gave her hope that she could do the things she liked, even after a stroke. When I documented the activity in my notes, I didn't say "we made a quilt;" I wrote that we worked on prehension, fine-motor skills, eye-hand coordination, and direction following.

Of course, not every OT knows how to quilt and not every client is interested in quilting. However, with a little investigation, we can find out what is meaningful to our clients, and help them obtain their functional goals using arts and crafts as a treatment method. It might be sewing, crocheting, knitting, copper tooling, leather lacing, macramé, making a collage, writing music or even playing the guitar. These activities can be very meaningful and they incorporate fine-motor skills, eye-hand coordination, visual perceptual skills, and practice in following directions.

Arts and crafts appeal to the heart and the creative artist inside each one of us. They also can be culturally significant. They can remind our clients of earlier times, and give them something to show for their effort.

We, as OTs, know how to modify activities to include the art or craft appropriate to clients while incorporating their culture and gender roles, and their skill levels. We can even break things down to their smallest steps, so that clients can be successful. If you are limited in your repertoire of ideas (or aren't a "handy" OT), ask the client to "teach" you how to do her art or craft; then you will know another one for later. We know if someone can teach another something, then he really knows the subject. This gives clients the chance to be the knowledgeable and wise ones, instead of being reduced to the insecurity and inability inherent in their disability experiences.

So don't be afraid to use arts and crafts in OT treatment. ■

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