



Part I: Expanded Psychosocial Interventions in Cancer Care: An Introduction to Diversional Therapy

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Psychosocial interventions help patients cope with the effects of illness and are particularly useful in the oncology population. Diversional therapy (DT) is a group of interventions that support not only the psychosocial but also the spiritual and physical well-being of individuals (Friedland, 1988). These interventions include exercise, music therapy, art therapy, guided imagery, and relaxation, as well as animal-assisted therapy, spiritual support, therapeutic touch, visitation facilitation, and meditation. Group activities include lifestyle management, stress management, topical discussion groups, and games. This article, the first of a two-part series, defines DT and reviews its role in clinical care, certification of practitioners, and related research. Part II, which begins on page 685, describes the development of a unit-based DT program with participation from varied disciplines, discussion of challenges, and positive outcomes.

The Origin of Diversional Therapy

The Egyptian (2000 B.C.), Hebrew (1000 B.C.), and Roman (500 A.D.) cultures gave a prominent place to diversion (Friedland, 1988). Throughout history, the concept of diversion has been a strong theme in the treatment of physical and mental illness. In a historical review of the origins of psychiatry, Stone (1997) reported that Friedrich Scheide-mantal, the founder of psychosomatic medicine in 1787, believed that the cure for many physical ailments was patients' experience of joy. In the early 1800s, German-born Johann Reil, founder of the term psychiatry, was among the first to employ occupational therapy (OT), as well as music and drama therapy, to develop more adaptive ways of coping for patients. By World War I, therapists began to treat sick and injured patients with a wide range of activities and thus her-

alded the field of OT in the United States (Friedland). The development of play therapy with children is attributed to Western European Melanie Klein in the early 1920s.

Adolf Meyer, a prominent psychiatrist in the early 1900s, proposed a psychobiologic therapy approach to illness, believing that both psychological and biologic factors can be taken into account to understand patients (Stone, 1997). He was the first to use diversional activity in the treatment of mental illness. He saw psychosocial therapy as a helpful activity in achieving balance among work, play, rest, and sleep. According to Meyer, individuals need physical and mental protection from stressors. Supportive family members and healthcare providers can provide physical protection, and activity can provide protection from mental stress.

By the early 1970s, researchers believed that activity could preclude stressful thoughts and become habitual. Instillation of enthusiasm, hope, and confidence became important. Expanded psychosocial programs allow patients to express themselves emotionally, decrease isolation, reduce anxiety, and promote nonthreatening forms of communication while complementing medical treatments and enhancing overall quality of life and patient satisfaction (Hiltebrand & Annala, 1998).

Diversional Therapy Programs in General Medicine and Oncology Clinical Practice

Inpatient hospital units, rehabilitation centers, mental health facilities, camps for patients and survivors, correctional centers, aged-care facilities, palliative care units, community centers, and respite centers for adult, adolescent, and pediatric patients all offer DT. Occupational therapists, diversional therapists, nurses, counselors, social workers,

teachers, and volunteers can develop and deliver interventions. Program development may stem from requests from patients, needs identified by staff, or OT department initiatives. The full use of such programs by patients across the country is unknown. Cwikel and Behar (1999) estimated that only 15%–25% of patients with cancer use psychosocial oncology services.

One stress management and relaxation program combines three well-known tools for reducing stress in patients with cancer: life planning and education about positive coping skills, relaxation instruction, and guided imagery (Hiltebrand & Annala, 1998). Through life planning, education about coping mechanisms, counseling, and goal-oriented interventions, therapists assist patients in reducing stress levels and minimizing common, unproductive physiologic and psychological responses. Patients learn breathing exercises and practice relaxation techniques with progressive muscle relaxation. Patients decide when and where to use the techniques they have learned to promote rest and improved quality of life.

Collaborative Diagnoses

Several collaborative diagnoses with outcome criteria exist to recognize and counteract deficits in hospitalized and otherwise restricted patients. The National Comprehensive Cancer Network (NCCN) designated distress

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