

***foundations* from the Foundation, Spring 2012: R.G. Barker**

foundations from the Foundation for Rehabilitation Psychology...*building an endowment that supports student research, professional education and the advancement of Rehabilitation Psychology.*

Roger G. Barker, PhD (1903-1990)

["Psychological Aspects of Rehabilitation"](#)

Barker, R. G.

Psychological Bulletin, Vol 40(6), June 1943, 451-453

The first selection for “*foundations* from the Foundation” comes from Roger G. Barker, PhD (1903-1990) who earned his doctorate from Stanford University and later studied with Kurt Lewin. In the 1940s, while at the University of Kansas, Barker and his colleague Herbert F. Wright established the Midwest Psychological Field Station in the small town of Oskaloosa, Kansas. From 1947 to 1972 the research team published empirical studies based on their observations in Oskaloosa, disguising the town as 'Midwest, Kansas'.

Barker and colleagues were the first to conceptualize the “behavior setting” to help explain the interplay between the individual and the immediate environment. Barker was the first to observe that the number of behavior settings in an organization was relatively constant regardless the number of its members, a finding with application to the integration of individuals with disabilities. Barker died of a stroke at the age of 87—he was living in Oskaloosa at the time of his death. Division 22’s Distinguished Research Contribution Award is named in Dr. Barker’s honor.

Barker is credited with founding Ecological Psychology ["Ecological Psychology: Concepts and methods for studying the environment of human behavior," Barker, R.

G. (1968), Stanford University Press, Palo Alto, CA]; however his interests were broad. In 1943 while still at Stanford, Barker became involved with the rehabilitation of members of the armed services injured in the early days of America’s involvement in World War II. He authored a short article in "Psychological Bulletin" [Volume 40, No. 6, pages 451-453] titled ["Psychological Aspects of Rehabilitation"](#) (PDF, 121KB) in which he shared his thoughts about the training various kinds of professionals should have to adequately engage in rehabilitation with returning service members. He provided an outline of a course curriculum developed at Stanford for that purpose. With just a little updating of language, the course could be offered today. We thought you might enjoy this glimpse “back to the future.”

PSYCHOLOGICAL ASPECTS OF REHABILITATION

BY ROGER G. BARKER

Stanford University

The task of rehabilitating physically disabled persons has been greatly increased in its scope and its urgency by the war. The extent to which psychological problems are met in this work is indicated by the following listing of activities in which various classifications of rehabilitation workers engage:

- Restoring motor functioning after neural lesion, muscular atrophy, and joint ankylosis.
- Measuring progress of motor restoration.
- Re-educating motor abilities after amputation and paralysis.
- Motivating patients to accept treatment and training, and to cooperate in making it most effective.
- Preventing patients from becoming emotionally dependent upon treatment, therapist, or institution.
- Detecting and coping with malingering.
- Administering painful treatment.
- Overcoming fear of diagnostic and treatment procedures.
- Administering bedside mental hygiene; individual morale.
- Planning and administering occupational therapy programs.
- Organizing and administering wards and institutions for optimal social adjustment of patients; group morale.
- Aiding personal adjustment to permanent disabilities and to changed roles in military or civilian life.
- Vocational and educational counselling.
- Working with persons having special types of disabilities, e.g., the blind, the deaf, cardiac cases.
- Providing vocational and academic education.
- Selecting rehabilitation personnel.

From this it would appear that any expansion of the rehabilitation services of private and government agencies to the point where additional personnel are needed will require courses of instruction in the psychological aspects of rehabilitation for several classes of workers. There are likewise technical psychologists required in any expanded rehabilitation program who would benefit by special training in the particular psychological problems of the invalided and disabled.

A considerable amount of material from physiological and experimental psychology, abnormal and clinical psychology, child and educational psychology, and industrial psychology is relevant to problems of rehabilitation. However, much of it requires interpretation and application to specific rehabilitation problems before it is of much value to rehabilitation workers. At Stanford Univer-

sity a course in psychology for rehabilitation workers has recently been offered, a topical outline of which is herewith presented. Inasmuch as this particular course was arranged especially for physical therapists, occupational therapists, and nurses, the sections on motor learning, motivation and adjustment, and mental hygiene were emphasized. Psychiatric problems have been avoided.

TOPICAL OUTLINE OF COURSE IN PSYCHOLOGY FOR
REHABILITATION WORKERS

- I. *Physiological psychology of motor functions*
 - A. Techniques and limits of restoring function in cases of peripheral and central neural lesions, and muscular lesions
- II. *Psychology of motor learning*
 - A. Optimal procedures for making and breaking motor habits
 - B. Measurement of motor learning
- III. *Motivation and adjustment in the therapeutic situation*
 - A. Psychological factors in the treatment situation which aid and which impede medical therapy
 1. Effect of emotionality upon autonomic and voluntary systems
 2. Sources of emotionality in treatment situations
 3. Retraining and readjustment procedures; desirable and undesirable adjustments to treatment
 - B. Motivating procedures in the treatment situation
 1. Importance of the larger personal meaning of treatment to the patients
 - C. Psychological factors increasing and decreasing sensitivity to pain and discomfort
- IV. *Mental hygiene of the hospitalized person*
 - A. Unique aspects of the hospital situation
 1. Isolation
 2. Prepotency of internal stimuli
 3. Dependence upon decisions and motor functions of others
 - B. Behavioral resultants of unique psychological situation
 1. Regressive behavior: egocentricity, dependence, limited interests
 - C. Mental hygiene procedures
 1. Desirable and undesirable occupational and recreational procedures
 2. Desirable and undesirable institutional routines and organization
 3. Group activities in wards
 4. Extramural contacts
 5. Roles of staff members
 - a. Problem of emotional dependence
 - b. Function of the interview
 - c. Techniques of interviewing
 - D. Social psychology of institutional morale

- V. Problems of adjustment to permanent disability and to changed role in military and civilian life*
 - A. Psychological situation of the disabled in our culture
 - B. Advantageous and disadvantageous adjustments to disability
 - C. Attitudes and behavior of family and acquaintances
 - D. Psychotherapeutic indications and techniques
- VI. Special problems met in the vocational and educational guidance and psychometry of disabled persons*
- VII. Psychology of special disabilities*

Our experience with this course has pointed to the need for a bibliography of the pertinent psychological literature ; and, if the demand warrants, for a manual of psychology for rehabilitation workers; for demonstration and training centers for the application of psychology to rehabilitation problems; and for fundamental research upon the adjustment problems of the physically disabled.