

Magic And Mental Illness

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Use of Magic: Creative Means for Psychosocial Rehabilitation

Introduction

The therapeutic use of magic has been applied in rehabilitation settings since 1982. With its influence and the recognition gained for its “powerful” use of magic therapy, the contemporary well-known magician and his partner, Mr. Kevin Spencer and Mrs. Cindy Spencer dedicated themselves to develop a program called “Healing of Magic”. A manual and DVD were created to educate. The concepts and rationales of magic therapy were then widely practiced in different rehabilitation settings. Numerous people with physical or psychological disabilities have experienced the benefits of performing magic tricks over the past 20 years.

Occupational therapy emphasizes on integrating purposeful activities into treatments and therapeutic training for people with disabilities, which minimize their dysfunction and improve independence afterwards. Magic fits in perfectly with the principles of OT treatments which motivate patients to actively involve in magic trainings. American Occupational Therapy Association (AOTA) recognizes “the unique use of magic as a therapeutic method of occupational therapy treatment. . . a therapeutic method which aids the patients by enhancing their cognitive functions, perception, neuro-muscular and motivational skills. Because of these concepts, we support the use of magic as an authentic method of achieving therapeutic goals.”

Abstract

A two-year project called “Magic 4 Us” – Magic Therapy for people with Disabilities was launched in 2005 in BOKSS subsidized by the SK Yee Fund for the Disabled. By incorporating magic into therapy sessions, the project aims to study the changes among psychosocial and motor aspects of people with mental illness after receiving magic therapy. It was assumed to improve individuals’ motor and cognitive functioning, psychosocial and motivation to engage in rehabilitation processes. As to be more evidence based practice, “Magic 4 Us” is being integrated into different rehabilitation units within BOKSS while it also undergoes the research process in investigating the therapeutic use of magic for people with mental illness.

Methodology

Professional Training

Prior to implementing magic therapy as one of the treatment modality, 30 staffs including occupational therapists, social workers and training staff were trained by Mr. Kevin Spencer regarding the rationales and the applications of using magic in rehabilitation services in December 2004.

Magic Therapy Training

Staffs who were interested in carry out magic therapy trainings in their service units were trained by a local magician and occupational therapists. Training sessions included

introduction to different magic tricks, the skills required in playing those tricks and the therapeutic elements underneath. All trained staffs were responsible to carry magic therapy trainings in their service units and the group members were recruited to participate in the research study.

Inclusion Criteria

Participants were all diagnosed with mental illness majoring in schizophrenia and depression. They were mentally stable and were currently receiving our rehabilitation services within organization.

Assessment Tool

1. Purdue Pegboard was used to assess eye-hand coordination, bilateral hand function and fine motor dexterity.
2. Chinese General Self-Efficacy Scale was used to assess their perceived self-confidence.
3. Personal Well-being Index was used to assess their perceived happiness and satisfaction in general.

Data Collection

Interviews, focus group discussion and staff observation were utilized.

Results

Qualitative Outcomes

6 groups of participants with mental illness in varies service settings (n = 40) were invited to participate in the magic therapy research project. Data were then collected through 2 questionnaires, focus group interviews, oral or observational responses during or after group sessions by researchers, trainers or magicians. Results indicated highly positive impacts on both physical and psychosocial aspects which demonstrate the significance of the therapeutic use of magic as one of the new treatment alternatives for people with mental illness.

Responses from the participants include: fun to play with; easy to learn; it's creative and innovative; feel satisfy, competent and more confidence; can be concentrated; helping to improve memory and general cognitive functioning; able to create more conversation and be brave to talk aloud and better motor functioning.

Observational or informal conversation feedbacks gathered from researchers, trainers or magicians include: improve fine motor dexterity; more motivated, active and participate constantly in group sessions; more presentable either in performance or communication ability; increase self-confidence and self-esteem; express happiness most of the time during group session.

Quantitative Outcomes

1. Personal Wellbeing Index

Data were analyzed by one-tailed paired-samples t-test using SPSS (Table 1) for the general personal wellbeing with $t(27)=-1.873$, $p<0.05$; the value obtained for the question regarding interpersonal relationship was $t(27)=-2.527$, $p<0.05$; and the value obtained for the question

regarding integration into the society was $t(27)=-2.217$, $p<0.05$. All results were significant indicating a significant increase in the above items after training.

Table 1: Comparison on scores of the Personal Well-being Index before and after training

Results in the General Self-efficacy Scale, significance was found in Question 8 (about the capability in identifying multiple solutions to a problem) only with $t(28)=1.864$, $p<0.05$, analyzed by one-tail paired-samples t-test, indicating an increase after training.

Items	Before		After		t	p-value
	M	S.D	M	S.D		
Overall Scores	34.36	12.254	38.86	12.039	-1.873	<0.05
(Q 5)Interpersonal Relationship	4.71	2.209	5.75	2.102	-2.527	<0.05
(Q 7)Integration into the Society	4.54	2.333	5.75	2.026	-2.217	<0.05

2. Purdue Pegboard

Data were analyzed by one-tailed paired-samples t-test (Table 2) for the Purdue Pegboard. Among 4 items, 3 of them were significant post assessments. In left hand, $t(23)=-2.541$, $p<0.05$. In right hand, $t(23)=-2.598$, $p<0.05$. The results for both hands assemble was $t(23)=-4.454$, $p<0.01$. All results were significant indicating a significant increase after training.

Table 2: Comparison on scores of the Purdue Pegboard before and after training

Items	Before		After		t	p-value
	M	S.D	M	S.D		
Left hand	19.38	7.008	20.75	6.848	-2.541	<0.05
Right hand	18.54	6.079	19.42	6.351	-2.598	<0.05
Assemble	5.50	2.341	6.92	2.358	-4.454	<0.05

Discussion

Watching magic shows is always an enjoyable and pleasurable amusement while performing magic tricks; on the other hand, it can also establish and receive enormous internal rewards.

The responses given by the participants and staff highlighted the significant improvements on several aspects on psychosocial, cognitive and motor functioning.

Regarding the psychosocial aspects, they were favorably motivated to commit in group sessions with good attendance compared with other psychosocial groups. Also, they experienced great fun and happiness during the group sessions due to easy learning, creativeness and innovation brought by playing magic tricks. Their self-esteem / confidence or contents / topics of conversations were therefore being enhanced.

Regarding the cognitive aspects, although they were unable to indicate the areas of improvement precisely, the majorities illustrated that their memory or concentration /

attention were greatly improved and were able to think “faster” and more logical e.g. cause and effect.

Regarding the motor aspects, their motor functioning, especially the fine motor dexterity, and eye-hand co-ordination were improved remarkably as constant practice were required.

On account of the above advantages, the majority of the participants showed great interest in taking advanced training group as moving towards the performance level, becoming a trainer or performer in the Magic Therapy Committee organized by our organization.

Implication

Ongoing research should be carried out in investigating and proving the long-term effects of using magic as therapy for people with mental illness. Aiming to look forward to the evidence-based practice in using magic as one of the treatment modalities in enhancing one's intrinsic motivation to participate in treatment sessions, increase self-esteem or confidence, improve social or communication skills, as well as to promote psychosocial wellbeing. Moreover, further research on using magic as therapy for different diversity of populations e.g. elderly is encouraged.