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Karaoke Is The Best Medicine: The Immeasurable Value of Hospital Recreation Workers Through The Early Twentieth Century

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Karaoke Is The Best Medicine:
The Immeasurable Value of Hospital Recreation Workers Through The Early Twentieth Century

Senior Project Submitted to
The Division of Social Studies
of Bard College

by
Fiona Rose Lacedonia

Annandale-on-Hudson, New York
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For Clair, Danielle, Kristal, Anna, Mary, Edie, Lillian, Margie, Michael, Katie, Clayton

and every nurse who took the extra time to play with us.

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Thanks to Bard, the Bacc program, and Kwame for taking a chance on me. I still don't know what kind of social experiment I just participated in, but I'm so glad I did. For the first time in my adult life, there is a path that leads beyond a lifetime of working in retail.

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Introduction

I don't know when the first time I encountered "nosocomephobia" was and I'm still unsure as to whether it is real or some Gary Larson-esque relative of "anatidaephobia." I do know however, that the second season of American Horror Story on FX was set entirely in a hospital and that a coworker once mentioned that there wasn't anything she was afraid of except hospitals. To some ghosts, witches, aliens, the babadook, demons, Norman Bates, are all fine, but it is the thought of a hospital ward that induces the spooks. This always struck me as odd- aren't hospitals designed for safety? Is that not the place one visits to get better? My own fear of chickens was deemed "irrational" by child psychologists, but a fear of the very spaces designed for recovery is commonplace.

Despite never identifying with nosocomephobia, I was exposed pretty early on. My grandma's apartment was on East 20th street, just a half block from FDR drive. Sometimes if we were feeling rushed, we would take the Lincoln tunnel to Riverside Drive and then head east at 23rd street, but always on our way back home in the evening we'd take the scenic route up FDR drive along the East River, connecting to Harlem River drive, and then up to eventually cross at the Tappan Zee. In the 90s bliss that knew nothing of smartphones or tablets, I was enamored by the nighttime scenery as we zoomed past Long Island City, Randall's Island, countless bridges, Yankee Stadium. But before we drove past any of those spots, we'd have to pass Roosevelt Island. I would try to avert my eyes as we drove past it, but often would take a chill-inducing peep, regretfully. As a beyond-fearful child who held her breath every time she passed a graveyard, the island was purely nightmarish. The visuals alone were frightening- dark hollowed

out ruins of a looming centuries-old building on the southern tip of the island that were seemingly massive by the way its east and west entrances hugged the river close. My dad compulsively added the same commentary each time we would pass. “You know that was an old hospital. Some really disturbing things happened there.” And then he’d repeat those exact words when we’d walk past the former Bellevue Hospital a few blocks up from my grandma’s, or drive past the abandoned hospital on route 9 in Poughkeepsie, or just about any abandoned building that might have been a hospital at one point. I never knew to what extent his claims were substantiated. He could never give us any specifics. Later, when he would eventually be making weekly visits to the west side of Manhattan to visit me during a four month stay in unit 4C, he would refrain from mentioning anything about any horrible history that haunted the hospital ward, although it was clearly on his mind.

“You have to get out of here.” “You don’t want to stay here.” “I hate seeing you here” he would tell me, as if I had much say in how long my stay would last, knowing very well that it was solely determined by my physical progress and AETNA. And of course I didn’t want to be there- I was sick, after all. Being sick is miserable itself, and having to recover away from home in an unfamiliar place with people you don’t know doesn’t make it easier. And that’s where I learned that the *scariest* part of being hospitalized isn’t the daily blood tests, or MRIs, or doctors waking you up at 4 am to weigh you- that stuff all becomes routine in a matter of days. The worst part is the constant boredom. Being sick is *boring*.

As a rather ambulatory unit, we were lucky to have a bit more than many other units might have- a pingpong table, a shelf of puzzles, a karaoke machine, a computer we could use on weekends, and a TV we could watch after dinner. And so, after having our morning labs drawn and between any meetings with doctors if we had any that day, we took turns playing ping pong,

sang the same songs over and over on the karaoke machine, and made a dent in the 2000 piece puzzle. After dinner we watched Jeopardy. We became attached to the jeopardy contestants, became a little sad when we finally put in the last piece of the puzzle, and perfected our performances of our favorite songs. To this day I still remember all of the words to Dire Strait's 1985 classic "Walk of Life." After a while the repetition was no longer boring but simply routine, just as cooking dinner, washing the dishes, and putting them away has become routine now- serenading each other was routine then. And when the day came for my mom to come pick me up and bring me back home, I cried in the car weeping "this is a mistake, I shouldn't be leaving" in defiance to my dad's insistence that I didn't want to be in a place like that.

In the seven years since, I've struggled to make sense of that experience and the person who became so comfortable in the hospital that she was afraid to leave. Rationalizing that attachment had become somewhat of a compulsion as I constantly wondered was I the only one? I started out on this project hoping to find any evidence that suggested that hospital patients before me had found joy in their respective institutions. I also wanted to answer the question I've been wondering ever since my own experience: what did patients do before karaoke machines? How did someone wait out their convalescence before Jeopardy and Scattogories and Taboo? During my time as a long term resident the karaoke machine became so intrinsic to my experience that I could not fathom a recovery without it. Karaoke machines didn't come around until the 1970s, and as far as I can tell there is no information about when the first karaoke machine debuted in a hospital, so somehow patients survived centuries of long term stays without them. And I was determined to understand how.

I was disappointed by how difficult it was to encounter diaries and first person accounts of hospital recreation. Through newspaper articles and magazine journals I eventually became

interested, and jealous, to discover that bowling alleys were a popular hospital feature from the 1940s through the 1960s, especially in VA and mental hospitals. As I read, it became more evident that there has been a natural intersection between recreation and healthcare. Before bowling alleys and ping-pong tables, managing leisure for convalescents was an important aspect of a patient's care. This wasn't managed by nurses, occupational therapists, physical therapists or doctors. Rather this work was done by recreation workers, or recreation therapists, often with their own department within a hospital. Before modern technology, leisure was practiced face to face. A recreation worker's mission was to engage the patient and take their mind off of whatever pain they were feeling, physically or mentally, by playing games with them or conversing with them or reading to them. I was surprised to learn how this role, almost exclusively ascribed to women, was effectively ubiquitous in hospitals beginning in WWI and through the early years of the 1950s. What happened to them? Where did they go? How could it be that in five inpatient stays in four different hospitals where I engaged with medical staff all day, I never met a single recreation worker?

Although my project was conceived through karaoke machines and bowling alleys, I ended up with a group of people who devoted their careers to taking care of unwell people, often in their lowest state, with fun. Within the hierarchy of the hospital, these women were both admired and antagonized for the work that they performed and within a quick span of time found the intangible nature of their jobs undermined by the reverence of data. Books that gave detailed advice for hospital recreation programs and their administrators were published by the National Recreation Association, one of the earliest founded organizations that emphasized the multifold benefits for recreation in American society. Published between 1944 and 1959, these works illustrate how the field had to adapt in the years of rapid global change. Throughout the same

years, the National Recreation Association published monthly issues of their *Recreation* magazine, intended for a more widespread audience, that gave insight into the public understanding of hospital recreation through those years.

The National Recreation Association's collected works made it clear that women were the key players in medicine through both world wars and especially in the new field of hospital recreation. In those years, the field became increasingly elaborate, expensive, and science-based as women, initially the champions for the cause, found their authority being undermined. The administrative manuals showed that the field grew far more administrative in the postwar 1950s where women struggled to balance the new administrative requirements of the job with the social and immeasurable nature of the job. With a *mostly* chronological structure, the project traces the foundations of the recreation movement in the late 19th and early 20th centuries through the rapid and sweeping bureaucratic changes that had become cemented by the end of the 1950s. The first chapter covers the impact of immigration, industrialization, and WWI on the principles of recreation and how women found their place within the movement. In chapter two, I focus on the unique setting that was the WWII military hospital, where thousands of women found employment as recreation workers and aides, and were openly commended for their contributions to the war effort. The final chapter will look at the impact of postwar bureaucratization on the field of recreation, and specifically how the transitions to a more data-based approach reduced the value of women's work in the field.

Through the course of the project, I was reminded that it wasn't the karaoke machines necessarily that helped us through our time in unit 4C. It was the nurses, aides, and even phlebotomists, who made the extra effort to engage with us, make us laugh, and take our mind off of the repetition of daily life in a hospital. It was Nurse Clayton who would take us to the

patient park for “fresh air”, the occupational therapist who occasionally surprised us with some new karaoke CDs, a nurse who took us for a walk around the block, even though it was against protocol, after the doctors had left for the weekend, and the weekend nurse who would play board games with us and make us laugh until we’d cry.

Hospitals are black boxes. Maybe that is what people like my dad find so terrifying about them. We watch people enter in one state and leave in another. We can visit them for an hour or two, but otherwise we don’t always know what is going on inside there. It seems that many people’s imaginations might lead them to believe the worst and I am not trying to say that the worst doesn’t happen- it actually does happen. I am hoping to show that maybe it is more complicated than that, that there can be very many shades of gray in a hospital stay, and that seemingly it was, and maybe it still is, possible to have moments of pure happiness and genuine laughter through all of the pain.

Chapter 1

Origins of The Recreation Movement, Women's Role in The Military Hospital, and their Convergence

Recreational Therapy, later referred to as “therapeutic recreation”, embodies a credence that experiencing delight, peacefulness, and focus, have positive impacts on physical, as well as mental, health of all people. As a therapy it was employed in the early-mid twentieth century to aid convalescence in military, psychiatric, and general hospitals.¹ While sharing a common philosophy, the goal of recreational therapy had nuanced differences between programs, organizations, and practitioners. The 1959 book *Recreation in Total Rehabilitation*, an extensive 400 page overview of the field, emphasizes the distinction between general leisure and “wholesome” leisure, the latter which improves personality, the former which does not necessarily.² Recreation then is outcome driven. It is not as much for relief of the present moment as it is for future development. One should not play because it is fun but rather because “no play makes Jack a dull boy” and dullness damages the potential for upward mobility. Recreation is further an “added *constructive* force in the recovery of the patient.” A 1944 publication from the National Recreation Association, *Recreation While on the Mend In Hospitals and at Home*, has quite a different take on it- that recreation is used in hospitals to “stimulate in patients the flow of

¹ James, Ann. “The Conceptual Development of Recreational Therapy.” Essay. In *Perspectives in Recreational Therapy: Issues of a Dynamic Profession*. Ravensdale, WA: Idyll Arbor, 1998.

² Rathbone, Josephine Langworthy, and Carol Lucas. “Philosophy of Recreation in Rehabilitation.” In *Recreation in Total Rehabilitation*. Charles C. Thomas: Springfield, Ill., 1959.

interest in things about them.”³ And a 1951 VA Pamphlet that detailed their own recreation program stated that their Recreation Program was planned to “make life as satisfying and meaningful for those patients who must remain in the hospital for long periods of time.”⁴ In many cases, therapeutic recreation programs offered similar opportunities to convalescents, despite the varied takes on what the programs aimed to accomplish. While one publication might claim that recreational activities “provide doctors with opportunities to observe patient behavior”⁵ another would say that they serve “to arouse creative skill.”⁶ When actually put into practice, it might look like a nurse playing cards with bed bound tuberculosis patients. Or like wounded soldiers singing along to their favorite songs for an hour.

Fundamentalists might trace the conception of therapeutic recreation back about 2000 years to God himself as quoted in Proverbs 17.22, “A cheerful heart is good medicine, but a crushed spirit dries up the bones.”⁷ *Recreation While on the Mend In Hospitals and at Home*, dates recreational therapy in hospitals back to 1844- placing its own publication date exactly 100 years after its topic's inception. There is no suggestion of what exactly happened in 1844, other than that “group activity” was encouraged as a cure for depression along with “other forms of insanity.” In 1851, the first billiard table was installed in a hospital, which some might indicate as the first recreational program.⁸ In an undated interview, presumably from the early to mid-1980s, Dr. Bernath Eugene Philips a recreation specialist and the first Hospital Recreation Director registered by the Council for the Advancement of Hospital Recreation, dated the birth of

³ Introduction. In *Recreation While on the Mend in Hospitals and at Home*, New York, N.Y.: National recreation Association, 1944.

⁴ *Special Service: Recreation Service*. Washington, D.C.: Veterans Administration, 1951.

⁵ Ibid.

⁶ Introduction. In *Recreation While on the Mend in Hospitals and at Home*, New York, N.Y.: National recreation Association, 1944.

⁷ Proverbs 17:22, *The Bible-New International Version*

⁸ Dixon, Charles C MS. “Therapeutic Recreation Timeline from beginning to 1939.” Recreation Therapy.. <https://www.recreationtherapy.com/history/rthistory2.htm>.

therapeutic recreation to 1948 when his buddy Dr. Clifford Bream, backed the formation of the American Recreation Society.⁹ Recreationaltherapy.com has the audacity to trace it back 2.6 million years ago, when “flaked stones found among the fossils of australopithecines indicate they were already exploring the possibilities of handicrafts, and fashioning simple tools from pebbles.”¹⁰ But nowadays, the birth of the movement is most often traced to the work of Florence Nightingale, the English military nurse who went on to reform the structure of the medical profession. As a field nurse during the Crimean War, she observed the neglect of patients by physicians who had no insights about pre-op or post-op procedures and considered the performance of surgery to be the only step of the treatment process.¹¹ When a wounded soldier required a leg amputation, a surgeon would perform the operation, deposit the patient to a cot in a (probably windowless) ward, and leave him there to either recover or die. It was Nightingale who insisted that the macabre ambiance and mundanity of the wards hindered recovery. Her assertion, that simply interacting with the convalescing patients and brightening their spaces would improve their chances, was rather bold. “Little as we know about the way in which we are affected by form, by color and light, we do know this, that they have an actual physical effect.”¹² A patient’s benefit from access to sunlight and fresh air was multifold, she rationalized. Circulating air and direct light reduced the risks of infection and helped control bacteria while also contributing heartily to morale. As an advocate for exactly that- improved morale for convalescents, she urged administrators to consider the ties between mental wellbeing and successful recovery. She wrote about the benefits of music, doing needle-work, and being with animals. As a nurse she arranged singing and theater groups, provided her patients with access to concerts and lectures, reading

⁹ Dixon, Charles C MS. My dinner with Bernie - an interview with dr. Bernath Eugene Phillips..

¹⁰ Dixon, “Therapeutic Recreation Timeline from beginning to 1939.” Recreation Therapy.

¹¹ James

¹² Ibid.

rooms, and a soldiers club- the Inkerman Cafe where patients played dominoes, chess, and other games.¹³

Beyond the military setting, hospitals and sanitariums of the 19th century were largely populated by “charity cases”- unwell and financially compromised individuals, usually from the working or lower class, who could not afford to call a doctor or whose family was unable to care for them at home.¹⁴ A patient might have a stay as short as a day or as long as many months in a ward that could house up to 30 or so patients.¹⁵ Similar to what Nightingale observed in the military hospitals, nurses in civilian hospitals would check on the linens, bandages, and water of the patients and offer them some food, but otherwise made little contact with them. Doctors might have made a daily appearance at most. It seems appalling now that these institutions provided essentially the bare minimum, neglecting the mental and psychological needs of those admitted, but even the bare minimum was more than many of them could expect beyond the hospital’s walls. “The hospital’s scrupulously clean, bright, airy rooms were an environmental antidote to the tenement surroundings from which impoverished patients came.”¹⁶

Urban growth, medical advancements, and reform groups altered the function of hospitals by the turn of the century. Whereas the hospital had become associated with safety and cleanliness for the poor in earlier decades, new equipment and treatments like anesthesia, cardiographs, and x-rays, transformed it into a setting that housed the latest treatments to prolong, or enhance the quality of, the lives of people from all walks of life. The role of the hospital had completely altered from its previous role and new hospitals were popping up throughout the country equipped with the latest technology and bigger than ever before. A large 1913 NYT feature about Montefiore

¹³ Ibid.

¹⁴ Kisacky, Jeanne. “When Fresh Air Went Out of Fashion At Hospitals”, *Smithsonian Magazine*, June 14, 2017

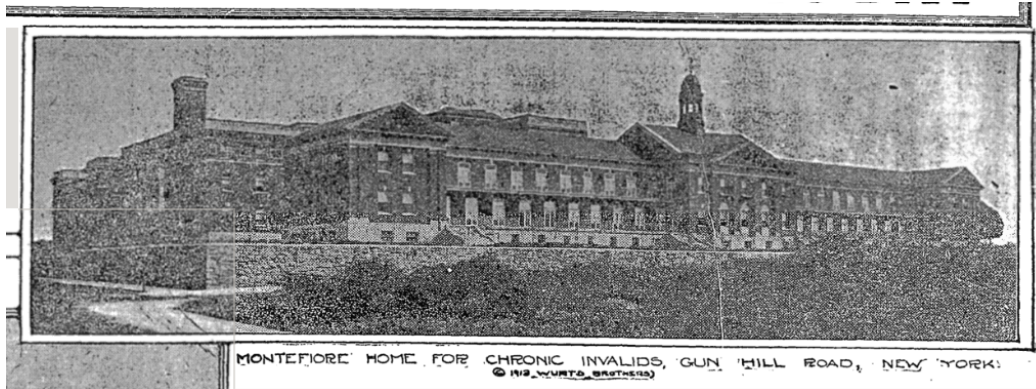
¹⁵ Ibid.

¹⁶ Ibid.

Hospital in the Bronx is an early example of public acknowledgement to necessarily treat chronic illness, as well as acute illness and traumatic injury.¹⁷ Montefiore Hospital was designed to do just that. The profile was published upon the opening of the new location after having operated in a “modest A-frame building” on the east side of Manhattan for 29 years. The hospital outgrew its former thirty bed location on the first day, as there was a long wait list for admittance as soon as it opened its doors, proving the societal need to create space for the chronically ill. To be sure, establishing a care facility with a capacity of thirty, in Manhattan of all places, might seem silly now, as does the thought of an A-frame in Manhattan. Between opening its doors in 1884 and moving to the new site way uptown more people began to seek help for chronic cases and New York reached the highest population density in its history. Of particular interest to the public were the amount of money that went into the hospital’s new campus and facilities, which alone made Montefiore newsworthy. The article draws attention to the synagogue on the new hospital’s campus which had a 300 person occupancy- 10 times that of its previous location’s patient occupancy. It also notes the day rooms, playroom, and the pavilion where patients could “engage in basket-weaving, caning, needlework, and a little light metal work and the weaving of small rugs.” Occupations such as these, the article notes, “help the invalid’s heavy day to pass more cheerfully.”¹⁸

¹⁷ “New \$2,000,000 Montefiore Home Dedicated To-Day”, *New York Times*, November 30, 1913

¹⁸ *Ibid.*



Talk about an upgrade! Image insert from NYT 11/30/1913



My imagining of nurse attending to convalescing patient engaged in basket weaving

In those same years, advancements and shifts were taking place across all sectors of society. Advancements in technology and medicine came with developments in social sciences and

social welfare and reform. At the turn of the century, women- still unable to vote, found other outlets for impacting their community and fabricating a political voice. Their activism was manifested through social movements like settlement houses, which aimed to help the poor, disabled, “invalid”, and “immoral” populations, and the playground movement which advocated for safe play areas in the booming urban sections.¹⁹ Nursing and recreation developed contiguous to the suffrage movement. The new role of the hospital in society relied upon the aid of specially trained nurses to carry out its goal of providing the most advanced healthcare.²⁰

The “play and recreation movement” emerged as a philanthropic cause in response to the degenerative youths who were brought up by working parents during the Industrial Revolution and sought to increase morality and improve their values. The perceived overpopulation in urban environments, and the conditions resulting from it, was extremely concerning to many reformers who worried about the threat of a young directionless generation and their damaging impact upon society.²¹ One of the major founders of the movement, Joseph Lee, a lawyer and “philanthropist” from a wealthy Boston family, saw overpopulation and limited resources as a major cause of depression and irresponsibility among citizens. His outspokenness about the importance of playgrounds then overlapped with an unfortunate advocacy for sterilization and immigration restrictions.²²

Up until the twentieth century, play had always been thought of as a both frivolous pastime and a luxury only afforded to the rich. Games like croquet, badminton, chess, and polo had, and still maintain, cosmopolitan impressions. A working class family that was responsible for cooking, cleaning, and maintaining their household would never have an opportunity to

¹⁹ Anderson, Linnea M., “The Playground of Today is The Republic of Tomorrow: Social Reform and Organized Recreation in the USA, 1890-1930s”, infed.org

²⁰ “Suffrage and Nursing– Creating and Asserting Agency”, University of Pennsylvania School of Nursing

²¹ Anderson

²² James.

participate in leisure activities. And if they did, they would risk facing judgment from those who would see them as being lazy or wayward for doing such a thing.²³ Social workers and educators from the reform movement were the first of those to reframe play and leisure as beneficial in the lives of all and as something that everyone should have access to. In 1906, the Playground Association of America, made up of educators, settlement workers and social workers were received by one of the most famous supporters of outdoor recreation in history- President Theodore Roosevelt, in Washington D.C for their inaugural meeting.²⁴ Of the eighteen members present, eight were women- one of which, the very Jane Addams, was elected as Vice President. At the second annual meeting the following year, 200 delegates were in attendance.²⁵

Neva Boyd was one of many women who dedicated their careers to the playground and recreation movement. A notable social worker and sociologist, she earned a favorable reputation as a face of the movement throughout Chicago at the turn of the century. Her work is most closely associated with the Hull House, where she worked with Jane Addams and was responsible for running play and movement groups for children.²⁶ Recreation to her was no laughing matter! As an educated, driven, and progressive woman she felt that it was critical work and treated it as such. Her work as a social worker actualized the convergence of two seemingly separate spheres- playgrounds and medicine. While her oeuvre includes manuals like *Folk Games and Gymnastic Play for Kindergarten, Primary, and Playground* and *Old Square Dances of America*,²⁷ one of her earliest dated books stands out as exhibiting the multifold ways that her collected knowledge of games could benefit society. *Hospital and Bedside Games* from 1919 marked her as one of the

²³Anderson.

²⁴ James

²⁵ Ibid.

²⁶ Simon, W Paul. "Neva Leona Boyd: A Biographical Sketch." Social Welfare History Project, February 26, 2018. <https://socialwelfare.library.vcu.edu/people/boyd-neva-leona/>.

²⁷ Ibid.

first to write about and show interest in what she called “the curative value” of games.²⁸ The book is designed to help patients with limited to no mobility and includes various solitaire games along with several multiplayer games. Chapters like “Simple Intellectual Games” include four variations on anagram games (including one game that sounds eerily like the very popular contemporary game Bananagrams), a game called “What is My Thought Like”, and Tit-Tat-To, which is in fact Tic-Tac-To.²⁹ The work, a collection of instructions to about eighty games in total, might not seem “important” given its contents. It does, after all, read like an extensive anthology of road trip games. 1919 America, the world in which Boyd pursued her play-centered work as anthropologist and philanthropist, had yet to witness route 66 and the monotony of driving through Kansas, but was becoming familiar with the monotony of sitting in a hospital bed for weeks at a time. Rules to games that remain culturally relevant today but were, according to historical accounts, new at the time are detailed in a way that reminds us, from our 2022 lens, of their novelty.

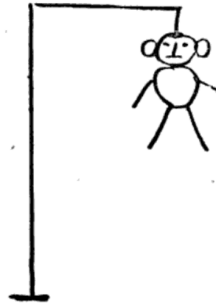
²⁸ Boyd, Neva Leona. *Hospital and Bedside Games*. Chicago: Chicago School of Civics and Philanthropy, 1919.

²⁹ *Ibid.*

Hangman

(For two players)

One player chooses a word and draws on paper as many dashes as there are letters in the word. The other player guesses a letter, and the first must place each where it belongs. If he guesses a letter that is not in the word, his opponent makes one stroke toward making a man. If the word is completed before the man is completed, the guesser wins; but if the man is completed, the other player wins—in fact, the guesser is hanged. If the word is Monday, there will be six dashes. If the guesser says “d,” the other must write it in the space where “d” would fall (— — — d — —). If he then says “b,” the other makes the man’s head, and so on. The strokes are as follows: head 1, arms 2, legs 2, ears 2, eyes 2, mouth 1, nose 1.



Neva Boyd's instructions and illustration for Hangman from *Hospital and Bedside Games*

She went on to develop her own training program- Chicago Training School for Playground Workers, located at the Hull House, that provided students with technical instruction for running group games and taught courses on psychology, social behavior, and “preventative social effort” (?) to prepare them to begin their own careers as recreational leaders or aides as the demand for such workers was rapidly growing into the WWI era.³⁰

The onset of American involvement in the war in 1917 saw the sudden development of military hospitals all over the nation. Once they were well enough, the servicemen who were wounded while stationed abroad would return home to wait out the rest of their convalescence. By 1918, the American Red Cross's project to construct 52 recreation centers at those military hospitals was completed.³¹ The “convalescent house” at the Quantico, Virginia military hospital

³⁰ Simon

³¹ James

was described as having “well-stocked bookshelves”, “a piano and phonograph to supply music”, “a stage”, and “a gallery housing a moving-picture machine.”³² The Red Cross employed a “corps of recreation consultants to visit and advise the hospital staff.”³³ The activities provided by the trained “recreation and entertainment personnel”, of which there were hundreds, mirrored the group activities put forth by social workers of the time, like Neva Boyd. In planning their programs, the Red Cross expressly cited *Hospital and Bedside Games* as a most valuable resource.

The same year, the Surgeon General's Office formed the “Division of Special Hospitals and Physical Reconstruction” which employed 2,000 "reconstruction aides" to meet the sudden demand for healthcare workers to help the wounded. They helped to restore the wounded in army and VA hospitals with indoor and outdoor games, and various other physical therapies.³⁴ Their titles were not explicitly recreation “workers” or “aides”, but the association was undoubtable.

³² Ibid.

³³ Ibid.

³⁴ Dixon



From a 1915 article titled "The Hospital Life of the Wounded: Comradeship, Cheerfulness, and Cigarette-Smoking"



Injured Soldiers, Walter Reed General Hospital, Washington DC, USA, Harris & Ewing, 1918

The association between women, recreation, and play long predates any therapeutic recreation program and can still be observed today as women make up the majority of childcare providers, early education teachers, and occupational therapists.³⁵³⁶ The link is so implicit that the conception can't really be pinpointed to any particular moment in time, but it seems reasonable to assume that the feminine association with play is at least as old as the world's oldest profession. This association did become ever more explicit as women found steady employment in the field of therapeutic recreation during WWII and in the immediate postwar years.

Hospitals were implementing organized recreational programs in the years before WWI, but recruitment for the jobs accelerated during the war years.³⁷ Descriptions of the positions and their requirements reflected the association of women as “play ladies” as the services of recreation aides were assumed to be conducted entirely by women.³⁸ During the first world war, there was not yet much distinction between a nursing aide and a recreational aide. We can think of it as though “all nurses were recreation leaders, but not all recreation leaders were nurses.” Military nurses were tasked dually with medical responsibilities and with providing entertainment and fun. A job description from 1918 suggested that applicants for the role of military nurse should be “women of cheerful disposition to staff recreation huts at each hospital”

³⁵USAFacts. “Who Are the Nation's 4 Million Teachers?” USAFacts. USAFacts, December 15, 2020. <https://usafacts.org/articles/who-are-the-nations-4m-teachers/>.

³⁶ “Occupational Therapists.” Data USA. <https://datausa.io/profile/soc/occupational-therapists#demographics>.

³⁷ Ann James. “The Conceptual Development of Recreational Therapy.” Essay. In *Perspectives in Recreational Therapy: Issues of a Dynamic Profession*. Ravensdale, WA: Idyll Arbor, 1998.

³⁸ Bedini, Leandra. “The 'Play Ladies'-- The First Therapeutic Recreation Specialists.” *Journal of Physical Education, Recreation & Dance* 66, no. 8, October 1995.

and that they “should be those keen on entertainment, lots of music, reading aloud, and all that sort of thing to help make the recovery of wounded and sick soldier boys much quicker than otherwise would be the case.”³⁹

A New York Times posting from the same year documents the opening of a new building for a Recreation Training School at YWCA located at E 15th St in Manhattan and remarks that women were expected to be traveling from across the country to attend.⁴⁰ Women were desired to fill the roles and clearly women desired to fill the roles. Oftentimes the trainings and courses would come with additional benefits, like room and board, and immediate employment was practically guaranteed⁴¹. They would likely be trained in games like the ones that Neva Boyd detailed. I too would jump at the chance to receive professional training in Tiddle-dy-Winks, bedside manner, and cribbage.

A woman could have sought out the roles for a variety of reasons- maybe she came from a poor family that needed her financial contribution, maybe she was a ~new woman~ aspiring for independence, maybe she was deeply nostalgic and hoping to make a meaningful contribution to the war cause. It might be fathomable to consider that many of those women also had an interest in recreation itself. What did a woman’s interest and involvement in recreation reveal about her values? Recreation’s status as a relatively new, progressive movement meant that she was likely similarly progressive, interested in independence, both financially and via wearing pants and riding bicycles.⁴² Did women want to participate in the roles because they were well suited for it? Or were they well suited for it because they wanted to participate in it?

³⁹ Ibid.

⁴⁰ “YWCA ANNEX OPENED. Building for Recreation Training School Dedicated.” *New York Times*, December 2, 1918.

⁴¹ Ibid.

⁴² Bedini

It should also be noted that, while there are not many statistics on the demographics of these women workers- it can be assumed that they were mostly white women. “Recreation” though initially a philanthropic cause to alleviate the harsh conditions for lower class citizens, continued to maintain white associations. Segregation prevented black citizens from participating in many forms of recreation by barring their entrance to facilities like public swimming areas, playgrounds, and athletic courts.⁴³ At the same time, the wartime nurses were almost exclusively white. Qualified black nurses were shut out from joining both the US Army Nurse Corps and the Red Cross despite the critical need for nurses. In 1918 as the demand for nurses escalated, the War Department relented, allowing 18 black nurses to serve at Camp Sherman in Ohio and Camp Grant in Illinois.⁴⁴ As military nurses often worked alongside and shared duties with recreational aides, it can be supposed that the two groups reflected each other demographically. Photos depicting hospital recreational workers throughout the decades seem to corroborate the notion that they were in fact a very white group of women.

In 1918 the first reconstruction aides, trained women who didn’t have a formal degree or coursework in the field, went to La Fauche, France to serve at Base Hospital 117 near the front lines.⁴⁵ Their gray suit uniforms were issued by the Red Cross. To supplement the supplies given them by the Red Cross, the aides raided trash heaps for metal and wood that were used in the workshop crafts. They were known within the military as the “gray ladies.”⁴⁶

After the war’s end in 1918, patient counts dropped sharply and hospital workers were quickly withdrawn. The number of operating military hospitals in the US was cut in half, from 52

⁴³ “Racial Justice in Recreation: Lessons from Three Black Leaders in the Early Struggle for Playspace Equity”, *kaboom.org*, February 7, 2022

⁴⁴ “African American Nurses”, *National Park Service: Fort McHenry*, NPS.gov

⁴⁵ Dixon

⁴⁶ James

to 26.⁴⁷ While it would seem intuitive that the cut in funding would hinder or reverse progress made in the field of recreational therapy, those who worked in the field used the interwar years to explore the application of their work in various other settings. Within a few years, experiments were being conducted to explore the value of such programs in mental health facilities, correctional settings, and schools for children with developmental disabilities. Another feature about Montefiore Hospital published in the *New York Times* in 1922 emphasizes the expansion of the hospital's recreational facilities since the earlier 1913 feature. As one of only a small handful of “modern, completely equipped” hospitals for the “exclusive treatment of chronic cases” like tuberculosis, the article describes the “big hospital family” made up of patients and staff.⁴⁸ The type of nursing required to attend to chronic cases, as opposed to acute ones, required different training. During the war years, nurses had been accustomed to attending wounds, fractures, and other injuries needing urgent attention.⁴⁹ Dr. Ernst P. Boas, the then medical director of Montefiore stated that “nurses who are eminently skillful in the handling of acute cases have no talent for the chronic.” In order to keep the hospital adequately staffed, new nursing courses were offered to include the “usual” medical, children’s, and obstetrical services along with “unprecedented courses” in occupational therapy, tuberculosis nursing, and “mechano-therapy.”⁵⁰

By the 1920s, the benefits of recreation for general health were catching on with physicians. In 1924, the former “physician in chief” at Johns Hopkins noted play as an “antidote” for “slipping” in middle-aged men.⁵¹ A 1935 report by Neva Boyd on the employment of recreational therapy in the mental health system of Illinois stated that the positive findings of the

⁴⁷ Ibid.

⁴⁸ “In A Model Hospital: Ministrations to Those Beyond Cure Require Special Talent.”, *New York Times*, August 27, 1922

⁴⁹ James

⁵⁰ Ibid.

⁵¹ “Play, Sleep and A Hobby Antidotes For ‘Slipping’”, *New York Times*, July 6, 1924

experiment “were so obvious that many of the medical doctors who had offered opposition in the beginning became ardent supporters of the work.”⁵²

It was also in these years that the enduring image and persona of “the nurse” became idealized.⁵³ The morals and priorities in post WWI years were a stark contrast to those of the prewar years. The “new woman” was supposed to be sexually liberated, condemning the repression felt in the Victorian era. She was famously inserting herself into a more public role and brazenly embracing her “yang” and more traditionally masculine traits, hobbies, and haircuts. At odds with this, was the emerging vision of the modest nurse and her restrained sexuality as exemplified by her uniform, wherein upon graduation she would receive a white cap, shoes, stockings, and dress.⁵⁴ While white never stood much of a chance against blood or any other fluid a nurse would confront, it did make for a comforting, virginal, presence in a hospital. It became a requirement for nurses to keep their hair long, resisting the current fashion trend of bobbed hair, but to keep it pulled back in a bun for sanitary reasons. Despite the inconvenience of having long hair in the job, the femininity it conjured was deemed more valuable. It was widely believed that nursing drew strictly on feminine attributes, as remembered in a Florence Nightingale quote that “every woman is a nurse.”⁵⁵ As hospitals shifted towards treating chronic and long term cases, the role of the nurse also shifted to more closely resemble that of a recreational aide. Both were expected to belie their knowledge in subservience to both doctors and the patients they were dotting upon.

⁵² Simon

⁵³ McPherson, Katherine, ‘The Case of the Kissing Nurse’, *Beside Matters: The Transformation of Canadian Nursing 1900-1990*, University of Toronto Press, 2003

⁵⁴ Ibid.

⁵⁵ Ibid.

“That is the value of having nurses specially trained for this work. They study the patients and do not mind spending infinite time and patience in finding out what will interest them, or will in any way alleviate their suffering, physical or mental”⁵⁶

A dramatic push to recruit hospital recreation workers came immediately after the US entered WWI in 1941. The headline “Women Rush to Aid in Crisis: Focal Points for Civilian Registration are Swamped” appeared in the *New York Times* just two days after the attacks on Pearl Harbor.⁵⁷ The article describes the “great congestion” that occurred at the Red Cross headquarters on Lexington Avenue as a “mad house.” By phone and in person women applied for volunteer positions as nurses and in the “hospital and recreation corps, canteen service, and the Braille and production service.”⁵⁸ The qualifications were lowered in hopes to attract more women into the field. A college educated woman would only need to complete a four week training program before moving onto orientation at an assigned military hospital. Just a few years prior, an aspiring aide would spend two to three years taking courses and acquiring training before becoming certified. A 1943 advertisement for two courses at NYU- “industrial recreation” and “wartime recreational therapy”, reveals the sustained demand for such workers through the early years of the war as the courses “were planned after repeated requests” from personnel managers and recreation directors.⁵⁹ In 1944 the advertisements for similar classes continued⁶⁰ and by 1945, there were 1808 hospital recreation workers employed in the United States.⁶¹

⁵⁶ *Recreation While On The Mend...*

⁵⁷ “Women in Rush To Aid in Crisis: Focal Points for Civilian Registration Are Swamped with Volunteers.” *New York Times*. December 9, 1941.

⁵⁸ *Ibid.*

⁵⁹ “New Courses at NYU” *New York Times*, December 12, 1943

⁶⁰ “Recreation Class Is Set: Six-Week Course to Be Started at Teachers College Monday”, *New York Times*, July 1, 1944

⁶¹ James

Chapter 2

Recreation Workers Within the Military Hospital: Their Work and Their Agency

During the war years, ever more recreational aides found themselves employed in military or VA hospitals attending to the needs of wounded and convalescing servicemen. Women were prepared for the large push for recruitment of recreational workers in these settings, as the profession had been established for thirty or so years by that point. Women were in many ways at the forefront in that world as both those who did the work and those who wrote and lectured on it. The combination of the new medical possibilities, immense resources of the US war effort and the new place of women in the labor force created a new possibility for reimagining the wartime hospital while revealing both the potential and limits of the woman's place in these institutions.

Recreation magazine, a publication of the National Recreation Association that circulated from 1907-1965, shows no insecurity about identifying women as leaders in the profession, and deserving of respect. Rather than focusing solely on the work done in hospitals, the magazine covers varied topics within the larger recreation umbrella such as swimming pools, plaster modeling, and the Appalachian Trail. The magazine reflected the more general values of the recreation movement and its able bodied followers by promoting outdoor recreation, park building, and the advancement of jungle gyms.

The manuals published by the National Recreation Association that pertain specifically to work done in hospitals portrayed the same workers in a different light- more akin to her hospital

counterpart the nurse, who doted lovingly upon her patient. While their impact upon patient recovery was widely acknowledged, in the immediate postwar years the field of therapeutic recreation increasingly illustrated their work as a science-based therapy suitable for men in order to be taken seriously by hospital directors and to continue to receive adequate funding. In the hopes of gaining approval from higher authorities, these manuals published by the National Recreation Association emphasized the role of the doctor while downplaying the roles of the largely female aides on paper. Off paper, women still found autonomy through their work but within the restraints of the institutional and administrative settings.

During the war years, the National Recreation Association, found an ever wider audience for their many publications, such as manuals on starting recreational programs in hospitals and a magazine, appropriately called *Recreation*. This NRA, not to be confused with its more famous acronym twin, had evolved quite significantly since its beginnings as the Playground Association of America (PAA) in 1906.⁶² In the 1920s, the PAA had narrowed their definition of “play” to pertain only to children while maintaining that “recreation” was appropriate for both children and adults. The PAA then changed their name to the Play and Recreation Association of America (PRAA) and with that switched the name of their magazine *The Playground* to the simple but direct *Recreation*. By the 1930s the National Recreation Association dropped playgrounds from their mission to focus fully on recreation thus completing their evolution from playground enthusiasts into a fully established organization.⁶³

At exactly 100 pages, *Recreation While on the Mend in Hospitals and at Home*, published in 1944, is considerably larger than its predecessor- Neva Boyd’s *Hospital and*

⁶² “National Recreation Association.” Play and Playground Encyclopedia.
<https://www.pgpedia.com/n/national-recreation-association>.

⁶³ “National Recreation Association.” Social Welfare History Project, October 2, 2017.
<https://socialwelfare.library.vcu.edu/organizations/national-recreation-association/>.

Bedside Games from 1919, which concludes at 57 pages. The expansion of material on the subject reflects the interwar period developments that took place within the field of hospital recreation. It was one of the first extensive manuals published by the NRA that focused entirely on hospitals and shows the expansion that occurred within recreation since WWI. *Hospital and Bedside Games*, written in response to the needs of hospitals in the aftermath of WWI, is incredibly simple and cites no other work aside from Neva Boyd's own firsthand experience.⁶⁴ While she doesn't particularly highlight the contribution of women in the field, she doesn't need to. It is implicit alone in her authorship. Written independent of any large national organization and in layman's terms with very little commentary, her book is no more than what it states be- just a bunch of games that sick, bedbound, and bored convalescents would have the ability to perform given the limitations of their surroundings. *Recreation While on the Mend* is a comparatively detailed manual that covers topics from "recreation for the blind" to "the art of small talk", and includes a chapter devoted to "suggestions for musicians who provide music for patients in mental wards"⁶⁵, the book only credits seven sources, the first of which is Boyd⁶⁶.

Recreation While on the Mend, published 25 years after *Hospital and Bedside Games* takes a very different approach in sharing much of the same information. Like its predecessor, "*Recreation While on the Mend*" was a direct response to wartime casualties and the "morale" crisis. Despite having technically entered WWII in late 1941, it was not until 1942-1943 that the US military began to accumulate casualties, and it wouldn't have been until 1943-1944 that those wounded abroad were transferred back to the states to wait out the rest of their recovery and

⁶⁴ Boyd, Neva Leona. *Hospital and Bedside Games*. Chicago: Chicago School of Civics and Philanthropy, 1919.

⁶⁵ Contents, *Recreation While on the Mend in Hospitals and at Home*, 2. New York, N.Y.: National recreation Association, 1944.

⁶⁶ Bibliography, *Recreation While on the Mend in Hospitals and at Home* ..., 96. New York, N.Y.: National recreation Association, 1944.

rehabilitation. The first real push to address any issues in treating those wounded servicemen, who might be permanently disabled or have a very long road to recovery ahead of them, became observable by 1944. Unlike *Hospital and Bedside Games*, *Recreation While on the Mend* is supplemented with justifications for the selections, advice for approaching patients with the games, psychoanalysis of the patients, and suggestions for adapting technologies like radio and “moving pictures” into the recreational program. Rather than plainly direct the reader in step-by-step instructions in games like hangman or checkers,⁶⁷ this book tells the reader the benefits for the patient in playing the games. The chapter for “Recreation in Military and Naval Hospitals” explains that “In the wards, Chinese Rummy is the most popular by far. It uses only five deals, and therefore is not tiring. Each deal has a different problem, so that chances to win even up.”⁶⁸ Under the “Good Books” section it states that “Books that deal with insanity, suicide, poisonings, degenerates, epileptics or deformities are out. Also stories dealing with mistakes by hospitals, nurses, and doctors are eliminated.”⁶⁹ There is notable distinction between Neva Boyd’s simple instructions to games and the way that *Recreation While on the Mend* approaches the games with a scientific eye, as if each game and activity had been subject to the scientific method and approved by an overseeing body, and then further warns the recreational worker of any possible side effects. These differences emphasize the advances made in technology and social science during the interwar period and their direct impact in the broad field of medicine. Do not be mistaken though, at its heart it is a collection of activities that are now largely forgotten, with instructions for “Music Memory Contests”, “whistling contests” and “peanut dropping contests”, and even peanut *dressing* contests, where the creator of the best

⁶⁷ Ibid

⁶⁸ Recreation in Military and Naval Hospitals, *Recreation While on the Mend in Hospitals and at Home*, 75 New York, N.Y.: National recreation Association, 1944.

⁶⁹ Ibid, 76

anthropomorphic peanut sculpture won a prize.⁷⁰ The surge in games involving peanuts from the time of Hospitals and Bedside Games and Recreation While on the Mend illustrates another major change in American society that took place between the world wars. Peanut butter sandwiches became a staple for the Armed Forces in WWII. Peanuts were outstanding in their ability to nourish servicemen and civilians, as a refined oil that supplied glycerine for explosives, and apparently as a source of great entertainment.⁷¹ Published just months later, the 1945 issue of *Recreation* magazine includes a three page feature on the employment of peanuts in leisure. “A Nutty Party” highlights fifteen affordable games that make creative use of war rations. “In every bagful of peanuts you'll find a bagful of tricks that offers excitement, fun and laughter.”⁷² The use of peanuts in recreational activities makes us consider the value of recreation and play in a time when resources were limited and rations had to be considered. PB&Js prosper in the present day, suggesting that innovations of the wartime economy had a lasting impact upon American society. The peanut dressing contests however, only live on in the pages of documents like *Recreation While on the Mend*.

While a transition toward science based therapies is evident from the language, the emphasis remains playful, as it should be, which can be sensed by the fun font on the title page. A lot can be interpreted by font choice, and this one reflects the way the NRA viewed itself back in 1944- simultaneously serious, focused, and lighthearted.

⁷⁰Recreation for Social Hours, *Recreation While on the Mend in Hospitals and at Home*, 5. New York, N.Y.: National recreation Association, 1944.

⁷¹ “History of Peanuts & Peanut Butter.” History of Peanuts & Peanut Butter | National Peanut Board. Accessed November 26, 2022.

<https://www.nationalpeanutboard.org/peanut-info/history-peanuts-peanut-butter.htm>.

⁷² Kates, Lea. “A Nutty Party.” *Recreation*, February 1945.

Recreation

B23

WHILE ON THE MEND

IN HOSPITALS
AND AT HOME

The title page makes no mention of any authors or contributors, making the impression that the omniscient National Recreation Association at large is the sole creator of the work. There is no acknowledgement of any directors, specialists, or doctors impressing their knowledge upon the topic, as though the most trustworthy contributor was the absent or anonymous one.⁷³ With a little further reading, by the last line of the third page we come to discover that Ruth Garber Ehlers had compiled the material and she remains the only person specifically credited throughout the work.⁷⁴

Ruth Garber Ehlers was a graduate of Des Moines University, Northwestern University and the National Recreation School. The National Recreation School was established by the NRA, then the PRAA, shortly after WWI and operated until 1935 specifically to train recreation leaders, promote physical fitness in schools, and to fund research regarding those matters.⁷⁵ She used her education through work with the Reformatory for Women at Bedford Hills NY, was the Chairman of Recreation for the National Congress of Parents and Teachers from 1945 to 1951, and conducted her own trainings in recreation for professionals and volunteers.⁷⁶ As the only person credited in the comprehensive work, and as one who seemingly made notable contributions in her field, I was surprised to find that the only source of information on her was

⁷³ *Recreation While on the Mend...*

⁷⁴ *Ibid.*

⁷⁵ "National Recreation Association." Social Welfare History Project, October 2, 2017. <https://socialwelfare.library.vcu.edu/organizations/national-recreation-association/>.

⁷⁶ "The Garber Family History", Garberfamily.com

through an outdated personal genealogy website- someone's passion project of documenting Garber family history.⁷⁷ One would think that to be the only one credited in a rather significant document would be quite an accomplishment and imply some sort of importance in the field, especially considering the likeness of her manual to the 1913 one by Neva Boyd, who has received a thorough wikipedia page for her contributions to the field of recreation. Perhaps though, in 1944 credits were not as sought after and compiling material for a hospital recreation manual felt like more of a task than an achievement. Or maybe, since she isn't officially credited, the NRA felt that omitting contributors would be viewed as more trustworthy than revealing their identities.

The introduction counts five different populations for whom the subject matter was selected for, first and foremost "victims of war", amongst "victims" of "malformation", "environmental stress", "insecurity", and "common illnesses".⁷⁸ It notes eight objectives of recreation workers, the first of which is vaguely "to recreate body, mind, and spirit" but includes varied objectives like "arousing creative skill", and releasing tensions.⁷⁹ The introduction ends on a cautionary note though. Literally- there is a boxed section with a bold "CAUTION" warning the reader to "STIMULATE leadership on the part of the patients" and to GET the approval of the medical department."⁸⁰ The emphasis drawn here indicates a necessary compromise between medical staff working with hospital patients, who might be oblivious to their mental needs, and the recreational staff, who might be unaware of their patients' physical needs. While there is no indication that this book had any contributions by doctors, the two entities did not work separately from each other. The medical profession had been established for much longer and the

⁷⁷ Ibid.

⁷⁸ "Introduction", *Recreation While on the Mend...*

⁷⁹ Ibid.

⁸⁰ Ibid.

hospitals being operated in were built for them. In that sense, doctors essentially had “house rules.” Recreational workers were guests in their house, and admission of subservience was perhaps necessary for coexistence. Why stimulating leadership is worth any cautionary warning shall remain a mystery.

The chapter on “Leadership” illustrates the necessary qualities of a recreational worker and her place in a therapeutic or hospital setting and primes the aspiring worker for an environment where whatever they offer is often looked upon by the patients as foolish and childish and they refuse to engage.⁸¹ It becomes more evident that a major obstacle of the NRA in this era was shedding their former identity as the Playground Association of America. How could the same organization that erected swing sets for city children possibly aid in the recovery of a wounded middle aged man? Many men in the hospitals- military or civilian, would have witnessed the quick transformation of playgrounds, as a movement directly intended for urban youth, into recreation, supposedly for all, in the quick timespan of about thirty years. The chapter warns the recreation worker about how a patient’s “hands have been accustomed to doing heavy work– he has thought of recreation as something to amuse children– and so the long hours of the day drag by and he becomes more restless, more discouraged, bitter, and worries because he can’t go back to work.”⁸²

Recreation While on the Mend claims that “a man’s morale is at his lowest ebb when he is sick”, and so “the positive method of approach is so important that it would be difficult to overestimate its value.”⁸³ The publication date leads us to assume that the “man” whose morale is in critical condition is the unwell serviceman. It comes as no shock then that in the same year,

⁸¹ “Leadership”, *Recreation While on the Mend...*

⁸² Ibid.

⁸³ Ibid.

1944, the US Armed Service Forces published the manual *M207: Building Morale in the ASF*⁸⁴, where the US Army Chief of Staff, General George C. Marshall, defined morale as “engendered by thoughtful consideration of officers and enlisted men by their commanders, will produce a cheerful and understanding subordination of the individual to the good of the team. This is the essence of the American Standard of discipline, and it is a primary responsibility of leaders to develop and maintain such a standard.”⁸⁵ Good morale has always been considered essential for success in military operations and during WWII it was especially marketed as such. It was the difference between victory and catastrophe both on the front lines and on the homefront. How does a worker then maintain her own morale when her patient’s is so low?

Before a patient might be willing to engage with her, “she must- become acquainted with him”, “engage him in conversation”, and “see that he gets a copy of his favorite newspaper.”⁸⁶

The book describes the successful recreational worker as someone who possesses:

“A well-rounded personality

technical abilities and recreation skills —

proper attitudes, interests, native talent and moral integrity.

A few special essentials—

patience, tact, kindness, poise

graciousness, sympathetic understanding,

sense of humor and a quiet, smooth manner.

A good measure of

devotion for the cause—

⁸⁴ Kane, Kevin “Morale maintenance in World War II US Army ground combat units : European theater of operations, 1944-45”, University of Richmond Scholarship Repository, April 1, 2013

⁸⁵ Ibid.

⁸⁶ “Leadership” *Recreation While on the Mend*

emotional stability—
 love for people—
 spirit of serving.”⁸⁷

Such requirements minimize the agency the worker might have felt she had in her occupation and portray her to the medical community in a passive role akin to a fembot.

Under the editorship of Howard Braucher, the issues of the NRA’s *Recreation* magazine from 1944 maintain, for good and obvious reason, the similar focus on using recreational services to benefit servicemen and women. They still managed to stay true to the original mission “to promote normal, wholesome playground” from their days as the PAA.⁸⁸ An April article details how children from the playgrounds of Reading, PA organized to make toys and collect donations of jigsaw puzzles, joke booklets, and sewing kits to turn over to servicemen in hospitals.⁸⁹ In this instance the concern for convalescents was taking place in recreational spaces, not the other way around, showing that the intersection between hospitals and play was multifold- existing beyond the recreation programs initiated in hospitals. While the fear of juvenile associations was palpable in *Recreation While Mend*, articles within the NRA’s magazine showed no bashfulness about the connection.

“The children of the public playgrounds of Reading, Pennsylvania, felt last summer that they were playing a very different part in the war effort. They made and turned over to the red cross for distribution over 2,000 handicraft articles

Howard Braucher worked with the NRA from 1909, when it *was* still the Playground Association of America, until 1949 and was just about as famous as they came in the world of

⁸⁷ Ibid.

⁸⁸ “National Recreation Association.” Social Welfare History Project, October 2, 2017. <https://socialwelfare.library.vcu.edu/organizations/national-recreation-association/>.

⁸⁹ “They Also Serve”, *Recreation*, April 1944

recreation professionals.⁹⁰ He accepted his role within the organization only under the condition that the PAA's mission would become more inclusive, aiming "to bring broad recreation opportunities to all the people, regardless of age, sex, race, or religious faith."⁹¹ Braucher's values are both explicit and implicit in the pages of the magazine. As the editor in chief he wrote the introductory features to each issue, which range in length from a few paragraphs to many pages and are essentially sermons and usually cover a general observed trend in recreation at the time. His introduction to a 1931 issue of *Recreation* magazine answers the question "What Matters?" in just a few sentences. What matters, according to Braucher, was *war* – "one or two more world wars and man is done for", *unemployment* – "a civilization that cannot provide work for all cannot command respect", *religion* and "faith in a world in which the best can be made victorious", and *recreation* – "The work of the world is better done by those who have learned to play."⁹² Emboldened by the unfoldings of WWII, his opening remarks extended to two or three pages by the May 1944 issue, where he validated the role of recreation during a time of destruction and again answered the question of "what mattered."

"Leadership had to be given to destruction. Now are we not equally willing to give a little leadership to rebuilding the souls of men, to deepening and trying to make glorious the daily lives of people.

We all are still like children. We want to be happy and strong. It does not take too much to make us happy.

What matters is for us to care really care about making a world that is fairly warm and comfortable to be lived in, a world of beauty and music and joy."⁹³

⁹⁰ "Howard S. Braucher." *Play and Playground Encyclopedia*, n.d. <https://www.pgpedia.com/b/howard-s-braucher>.

⁹¹ *Ibid.*

⁹² Braucher, Howard. "What Matters?" *Recreation*, April 1931

⁹³ Braucher, Howard. "600 Billion!" *Recreation*, May 1944

Whereas *Recreation While on the Mend* was cautious to credit any contributors, Braucher showed no shyness in acknowledging authorship in *Recreation* magazine and was fully transparent about who was running the show. It had a very different audience from the manual, whose intended audience was recreational workers employed explicitly in hospitals. The magazine still appealed to the hospital recreation worker, but also to the home reader, the average recreational worker employed in nonmedical settings, and those who were just curious about advancements and news within the recreation community. It was certainly not geared towards doctors or hospital management weighing a cost/benefit analysis of hospital recreation programs. With articles covering plenty of nonmedical topics, women were frequently featured as contributors and had their qualifications and titles posted alongside their names, reminding us that the reach of these programs spanned the entire country. The May 1944 issue alone includes an article by Virginia Fox, then director of the Lincoln Park Community Center in Denver,⁹⁴ a piece called “Pantomime is Fun” written by Grace Marie Stanistreet, director of a children’s recreation program at Adelphi College,⁹⁵ and one called “What’s Happening on the West Coast” by Florence Williams, a “USO Consultant on Health and Recreation for the National Board, YWCA.”⁹⁶

⁹⁴ Fox, Virginia “Good Neighbors All”, *Recreation*, May 1944

⁹⁵ Stanistreet, Grace Marie, “Pantomime Is Easy”, *Recreation*, May 1944

⁹⁶ Williams, Florence, “What’s Happening on the West Coast”, *Recreation*, May 1944

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RECREATION

Each issue of *Recreation* Magazine listed the NRA's officers and directors at the time of publication. The April 1944 Issue shows three women in officer roles and make up about half of the director positions.⁹⁷ Comparatively, a 1931 issue shows that there women were not represented amongst the officers and only made up a small percentage of the director roles.⁹⁸

A large feature from November 1944 plainly titled "Army Hospital Recreation" describes the surge in entertainment and recreation programs as "the first *large-scale* attempt" to put those programs into effect for soldier rehabilitation, who were welcoming it happily. The author of the

⁹⁷ *Recreation*, April 1944

⁹⁸ *Recreation*, April 1931

article, A.D.Faber, seems particularly enchanted with the puppet shows being staged by the convalescing servicemen.

“Up to the present time puppetry programs in hospitals have relied on the expert guidance of an experienced puppeteer. This is no longer true, for the entertainment and recreation section of Special Services Division of the Army has worked out a simple, successful hospital puppet program.”⁹⁹

It leaves quite a different impression from the one left by *Recreation While on the Mend* earlier that year that warned new recreational workers of men’s resistance to participate in frivolity. It is striking to envision military men not just playing card games with a recreational aide, but staging entire puppet shows, which maintain such childlike associations with such enthusiasm that there was constant demand for more. Live performances by entertainers in institutional settings were not at all uncommon. It was only with the ubiquity (and convenience) of recorded television and music that frequent live performances became rare in hospitals. At Mason General hospital in Brentwood, NY, able bodied patients staged a two hour long musical, amongst other short skits and puppet shows, and performed them in wards that housed upwards of fifty bedridden patients¹⁰⁰. Articles like “Finger Painting Serves the Servicemen—And Others” from 1945 add further depth to the image of the convalescing military men and their relationship to the recreational aides.

“Many a soldier or sailor trying finger painting for the first time is completely carried away from all thoughts of war, loneliness, illness, and other troubles what may oppress him. For that reason it is the number one favorite among hobbies now offered to servicemen in many hospitals.”¹⁰¹

⁹⁹ Faber, A.D “Army Hospital Recreation.” *Recreation*, November 1944

¹⁰⁰ Ibid.

¹⁰¹ Bollman, Henry. “Finger Painting Service the Serviceman – and Others” *Recreation*, October 1945

The author describes a moment of difficulty with a serviceman who thought the activity seemed “kinda sissy”¹⁰², aka feminine, but eventually gave in to the “chief hostess” who had “done some rapid undercover work among the men” for suddenly the patient “went to work with zeal”, painting a picture “of his beloved boat” in the Pacific.¹⁰³ Another soldier who had lost his right hand in action and was learning to use his left struggled with the direct application of color with his fingers. The patient was overcome with frustration when the author remembered a slogan. “Never underestimate the power of a woman.” The author then called for help from a female employee “and from there [his] problem was solved.” With her help, “he experience[d] a real release of power.”¹⁰⁴ Now that is the power of yin.

The anecdotes make explicit the ways in which gender and recreation were intertwined. On the one hand, the activities themselves were, like *Recreation While on the Mend* warned, sometimes dismissed for their feminine associations. Of course it seems odd now that something as neutral as finger painting should have any sort of gender associations- how can fingers be gendered? Nevertheless, the associations were an obstacle for the servicemen whose recovery and rehabilitation were being impacted by their inability to let go of them. The antidote to his resistance to participate in the feminine activities was then to have a woman walk him through it. Without first hand accounts, we can't really know exactly what those intimate exchanges entailed or why exactly the servicemen relinquished control to the female workers. We must default to the unscholarly sources of our own imagination and experience to further shape our understanding of the unique relationship.

An Article, *Convalescing Can Be Fun*, from the same year illustrates the extent to which servicemen benefitted from recreational programs in the military and VA hospitals. It profiles

¹⁰² Ibid.

¹⁰³ Ibid.

¹⁰⁴ Ibid.

Madigan Hospital Center in Fort Lewis, Washington where the campus boasted two football fields, six softball and baseball diamonds, eight tennis courts, volleyball courts, six handball courts, a 112 acre farm, and archery, shuffleboard, and horseshoes facilities.¹⁰⁵ Recreation was proving to be a resource-heavy field, with resources that would be quite expensive to maintain. It was a far cry from the days of *Hospital and Bedside Games* when playing a memory game with a wounded patient was a generous gesture. With the war's end on September 2, 1945 there came a sense of national relief, but hospital recreation workers were left in a somewhat precarious situation. They had gained visibility through their work with injured servicemen. What would happen to them if those patients had finished their rehabilitation and returned home? The war, while devastating in nearly every sense imaginable, provided women with a newfound sense of influence and independence. Even as they were still held under scrutiny, female recreation workers found steady employment in hospitals where, in their roles, they maintained a unique sense of power in their ability to create intimacy with their patients. In contrast to the wartime culture of rations and resourcefulness, the postwar culture affluence and consumerism would heavily shape the newly established world of recreation and its place in medical settings.

¹⁰⁵ "Convalescing Can Be Fun." *Recreation*, December 1945

Chapter 3

Finding a Place In the World of Abundance: How Hospital Recreation Adapted to Post-War Institutionalization And Women's Limitations Within It.

With the war's end there were still plenty of injured servicemen in military hospitals to attend to. The fighting had stopped, and the men and women were returning home in droves, but the wounded were still recovering, the blinded were still blind, and the traumatized were still suffering. What looked like an end in employment opportunities for recreational workers in hospitals turned out to be a time for careful consideration for a new era. In 1946 the Hospital Survey and Construction Act was passed, which aimed to address the shortage of hospital beds in the United States and to designate money to equip hospitals with newest technologies. This allowed even small or poor municipalities to have their own regional hospitals and expanded the services available at most institutions. The act further established standards that hospitals would be required to meet in order to acquire any funding, threatening their operations if they did not meet such strict standards.¹⁰⁶

The Twenty-Eighth National Recreation Congress held their annual meeting in early 1946 for the first time since 1942 and brought together about 1,1000 people from across the US and Canada to discuss the future of recreation “in a world of abundance” and the new ideals resulting from the war. “With the discovery of the atomic bomb, it seems even more important

¹⁰⁶ Kruse Thomas, Karen, “The Hill-Burton Act and Civil Rights: Expanding Hospital Care for Black Southerners, 1939-1960”, *The Journal of Southern History*, November 4, 2006

than before that we should face what we can do to contribute to making the world a more satisfactory place.”¹⁰⁷ The value of life seemingly had new meaning after the complicated emotions that resulted from the dropping of the atomic bomb. Similar to the “post-Covid” consumerism that retail and service workers witnessed in 2021, the post-WWII society craved meaningful experiences that could be brought about through recreation and its related consumer products.

In 1946, the work of hospital recreation aides was still in demand but by 1948, four fifths of hospital recreation positions had been cut by the Red Cross in response to the sharp decline in donations.¹⁰⁸ As physicians and nurses returned to their civilian practices, the field of recreation sought to expand their own work beyond military hospitals. The field of recreation, which had flourished in terms of productivity and creativity, as well as financially during the war, had suddenly lost much of its identity. Those active and employed in the field of recreation viewed the end of the war as a new exciting chapter, despite the loss of their wartime clientele.

In the postwar years the field made efforts to “democratize leisure” and erase any stubbornly held beliefs that recreation was only appropriate for certain populations and was something that had to be earned or deserved. Democracy served to “help man live– and live fully.”¹⁰⁹ The cold war and campaign against totalitarianism was influencing the active leaders within the recreation movement. The triumphant victory of the Allies influenced the ways that they considered the new role of recreation in everyday life. G Ott Romney, one of the leaders at that time, moralized on the link between recreation and free will. However, the free will is one

¹⁰⁷ Braucher, Howard. “The Challenge to Leisure in a World of Abundance: Opening Remarks at the Twenty-Eight National Recreation Congress.” *Recreation*, March 1946.

¹⁰⁸ Brasile, Frank, Thomas K. Skalko, Joan Burlingame, and Ann James. “The Conceptual Development of Recreational Therapy.” Essay. In *Perspectives in Recreational Therapy: Issues of a Dynamic Profession*. Ravensdale, WA: Idyll Arbor, 1998.

¹⁰⁹ *Ibid.*

sided, as it is specifically to the male patient. The free will of the women overseeing their patient's free will would be regulated by bureaucracy.

“If the patient is required for curative purposes to weave a basket at a scheduled hour, whether he likes it or not, he is receiving occupational therapy. If he may exercise freedom of choice,... he is indulging in recreation.”¹¹⁰

In searching for its new identity, along with new sources of income, recreation leaders also actively attempted to secure their relationships with medical directors and physicians. The gendered attitudes of the American fifties were not absent in the civilian hospitals. In 1948, neither the Obstetrical Society in New York nor in Boston admitted female physicians and by 1950, women only accounted for 6% of all doctors in the United States.¹¹¹ While the role of the doctor became increasingly important in the work of recreational workers, the workers themselves were still receiving training from groups like the American Theater Wing¹¹². *Starting A Recreation Program in a Civilian Hospital* from 1952 was the National Recreation Association's postwar follow up to *Recreation While on the Mend in Hospitals and at Home*. By 1952 the language being employed by the NRA, both in their new hospital manual and in *Recreation* magazine, reflected the increasing reliance upon the doctors' approval for funding recreational programs and the inherently gendered relationship between medical and nonmedical staff.

In character with the ubiquitous post-WWII bureaucratization, *Starting A Recreation Program in a Civilian Hospital* is much more formal of a publication than *Recreation While on*

¹¹⁰ Ibid.

¹¹¹ Jeff Nilsson and Maude Radford Warren, and Jeff Nilsson. “The Fight for Women Doctors.” *The Saturday Evening Post*, September 21, 2018. <https://www.saturdayeveningpost.com/2016/01/fight-women-doctors/>.

¹¹² “HOSPITAL ENTERTAINMENT; Theatre Wing Offers Course to Train Recreation Aides.” *New York Times*. September 3, 1951.

the Mend was. Even its first edition printed on glossy paper with a proper title page in a boring font. While her name is absent from the cover, the author, Beatrice H. Hill's title- "Consultant for Recreation Rehabilitation Services Institute of Physical Medicine and Rehabilitation, Goldwater Memorial and Bellevue Hospitals, New York City"¹¹³ is printed below her name on the title page, just in case anyone were to question her involvement in the matter. Giving due credit to Beatrice Hill for the manual feels like it would have been a big step forward for women in recreation- especially in contrast to how Ruth Ehlers' credit for *Recreation While on the Mend* seemed more of an afterthought than an acknowledgement. However, it might be worth asking if the transparency of Beatrice Hill's authorship was more indicative of the trend towards formality and valorization of titles than of a staunch act of support for female voices in the hospital recreation sphere. In her acknowledgements, she thanks three doctors- Dr, Chrisman B. Scherf, Dr. Howard A Rusk, Dr. J.B. Nash, one man- Mr. Martin M. Meyer, Supervisor of Recreation at FDR Hospital in Peekskill, and one woman- Edith Ball, an instructor in the NYU Recreation department. According to Hill, the primary objective of the recreational program in the civilian hospital is "to facilitate a more rapid recovery by making the patient psychologically more receptive to medical treatment"¹¹⁴ and so despite being a distinctly nonmedical field, it was most valuable for its medical benefits. Such a contradictory and strategic sentiment braces the recreation worker for a work environment wherein she will default, always, to physicians and administrators. While there were suggestions that the workers' influence in the hospital setting was becoming difficult to maintain in 1944, the assumed authority in *Recreation While On the*

¹¹³ Hill, Beatrice H. *Starting a Recreation-Program in a Civilian Hospital*. New York, NY: National Recreation Association, 1952.

¹¹⁴ Hill, Beatrice H., "Section I: Objectives of a Recreation Program in a Civilian Hospital", *Starting a Recreation-Program in a Civilian Hospital*. New York, NY: National Recreation Association, 1952.

Mend is leaps and bounds more than the assumed authority in the 1952 manual- which portrays the worker as effectively powerless.

The forward for the manual is written by Howard A. Rusk, M.D., “Professor and Chairman Dept, of Physical Medicine and Rehabilitation, New York University College of Medicine; Associate Editor of The New York Times”, who has since been deemed a physician important enough to earn a complete wikipedia. The Rusk Institute of Rehabilitation Medicine is still part of the NYU Langone Medical Center more than fifty years after its founding, and is still ranked among the top ten rehabilitation hospitals in the country.¹¹⁵ Rusk’s opening statements in the forward mirror the sentiments of people like G Ott Romney.

“More and more, we, in this nation, are beginning to adopt a progressive philosophy on the relationship of society and the individual. We, individually, are becoming more conscious of the fact that in a democracy, society and government exist to benefit the individual, and it is society’s responsibility to see that every member of our social group should have the opportunity, regardless of his circumstances, to become an effective, contributing member of this group.

For the physically handicapped and chronically ill, this is a responsibility which the hospital recreation director shares with the other members of the rehabilitation team... This book should be a valuable contribution in this heretofore neglected field.”¹¹⁶

For Rusk, a progressive doctor who valued a multidisciplinary approach, to refer to recreational therapy as a “heretofore neglected field” shows how consequential it was considered by the medical community. After having been employed in two world wars, the results of its efficacy were still in doubt and clearly had no place in any physician’s training.

¹¹⁵ “Rusk Rehabilitation.” Patient Care at NYU Langone Health. Accessed November 30, 2022. <https://nyulangone.org/locations/rusk-rehabilitation>.

¹¹⁶ Hill, Beatrice H., and Howard A Rusk. “Forward.” In *Starting a Recreation-Program in a Civilian Hospital*. New York: National Recreation Ass, 1952.

Unlike both *Recreation While on the Mend* and *Hospital and Bedside Games, Starting A Recreation Program in a Civilian Hospital* gives no instruction to the reader on any games to play with convalescing patients. Instead, it is an administrative manual that fills its pages with chapters like “Preliminary Steps to be Taken in the Organization of a Recreation Program” and “The Procurement, Training, and Use of Volunteers and the Development of Community Resources.” The first of which coerces the recreational workers to familiarize themselves with all hospital personnel and departments.

“Find out who your direct superior is, and meet him. Find out who your medical or administrative director is, and meet him... Your direct superior, your medical or administrative director, and other department heads will probably have very definite ideas as to the procedure to be followed in organizing your program. Familiarize yourself with these ideas, even if they seem contrary to your own.”¹¹⁷

Recreation While on the Mend and the war era issues of *Recreation* prepared the worker for some potential resistance from patients towards their work but didn't depict such a conflict between the worker and other hospital staff. The benefit of their work was acknowledged during the war and the years immediately after, especially in the military hospitals. By 1952, as the focus shifted away from military and towards civilian hospitals, the National Recreation Association suggested that conflicts had derived from the recreation worker/ medical director relationship. Although it didn't require as much schooling as medicine, recreation workers were relatively well educated in the 1950s. After the wartime demand had dropped, requirements for employment were no longer lowered or expedited. The minimum requirement was a certificate,

¹¹⁷ Hill, Beatrice H., “Section III: Preliminary Steps To Be Taken in the Organization of a Recreation Program.” In *Starting a Recreation-Program in a Civilian Hospital*. New York: National Recreation Ass, 1952.

usually obtained through a year long training program, and oftentimes they had masters degrees. Still, education level and assumed general knowledge were evidently no indicators of authority. Medical staff said how the recreational operated within the hospital- even if their ideas seemed “contrary” to their own experience. The fact that the field of recreation was decidedly feminine by association, regardless of the worker’s gender, and that the medical field was almost exclusively made up of men, created an atmosphere where the balance of power put the woman in a more desperate position than before, as funding for their programs became harder to source than during the war .

“One of the most effective ways, and in a large hospital practically the only way, in which a recreation program can obtain some recognition from the various departments and from the executive staff, and in which its actual accomplishments can be set forth for all to see, is by means of periodic reports. The recommended practice is to compile brief and concise reports for monthly submission; at the end of the year, or of your fiscal year, these monthly reports can then be totalized and digested into an Annual Report.”¹¹⁸

A related notable trend was the new focus on paperwork, forms, and reports, that recreational workers were expected and often required to fill out. Any mention of reporting was entirely absent from the pages of the previous manuals. The need for statistics and quantification of the work suggests another method that the workers, encouraged by the National Recreation Association, carried favor with the medical directors in order to secure funding. Recreation for rehabilitation relies on intuition and intangible qualities whereas physicians use data and statistics for success. Adopting similar clinical standards of data collection and mundanities made recreation more substantial to the medical directors who held authority over the

¹¹⁸ Hill, Beatrice H., “Section VI: Hospital Publicity and Public Relations.” In *Starting a Recreation-Program in a Civilian Hospital*. New York: National Recreation Ass, 1952.

recreational workers. However, the success of a physician's work was quantifiable- a patient's lab reports and physicals will state whether or not they are responding to treatment, a recreational workers' success was immeasurable.

In an interview Dr. BE Phillips, PH.D. (American Association of Health, Physical Education, and Recreation's Recreational Therapy Section Editor from 1952 to 1958; Recreation Specialist, Special Service, Department of Medicine and Surgery, Veterans Administration; Chairman of the Conference Steering Committee and Conference Report Editor, 1957 Conference on Recreation for the Mentally Ill; and the first Hospital Recreation Director registered by the Council for the Advancement of Hospital Recreation), described the decision to rename the field of "recreation therapy" in the postwar years to "therapeutic recreation" "to be seen as more clinically oriented, for respect." The slight change in wording permitted the recreation workers still employed in VA hospitals to receive a higher payscale.¹¹⁹ In the larger movement of "recreation" at this time that included physicians, educators, philosophers, and psychologists amongst the workers, tensions grew between schools of thought and bureaucracy. The 1953 formation of the National Association of Recreational Therapists (NART) and Council for the Advancement of Hospital Recreation had recreation workers picking sides on controversies like the adoption of clinical approaches and the term "therapeutic recreation."¹²⁰

The contrasting positions in many ways impacted the direction that the field would go in. In opposition to the trends he was noticing, psychiatrist Paul Haun romantically recalled the simply intention of the job. "The very fact that [the hospital recreator's] work is not narrowly

¹¹⁹ Charles C. Dixon, MS. My dinner with Bernie - an interview with dr. Bernath Eugene Phillips.. <https://www.recreationtherapy.com/history/phillips.htm>.

¹²⁰ James, Ann. "The Conceptual Development of Recreational Therapy." Essay. In *Perspectives in Recreational Therapy: Issues of a Dynamic Profession*. Ravensdale, WA: Idyll Arbor, 1998.

clinical, that it is fun, that it is spontaneous, is the quality that makes it important... [they] ask nothing of the patient but that he enjoy himself... Here is relief for the patient from the stare of clinical appraisal, from lips pursed over thermometer reading, from laden glances and pregnant silences.”¹²¹

Starting A Recreation Program in a Civilian Hospital reads as a clinical text from cover to cover but still remains true to the fun nature of its field by eventually covering activity and themed party suggestions, the latter of which had also seemingly gained popularity since 1944. The simplicity of peanut games had been traded out for elaborately themed parties in the 1950s age of abundance. A table organizes various themed party ideas into their appropriate time of year for the hospital recreation worker and lays out suggestions for decoration, entertainment, games and contests, etc. In September, a “Harvest Time” party is proposed, where “patients guided by professionals dance square dances in their wheelchairs.”¹²²

¹²¹ Ibid.

¹²² Hill, Beatrice H., “Section IV: The Well-Rounded Recreation Program.” In *Starting a Recreation-Program in a Civilian Hospital*. New York: National Recreation Association, 1952.

Holiday Activities and Special Events

MONTH	THEME	DECORATIONS	ENTERTAINMENT	EXHIBITIONS, GAMES & CONTESTS*	SUGGESTIONS
January	New Year's Variety Show	Gay streamers, balloons, etc.	Variety acts	Community sing	Start planning early. Use hospital radio for community sing. If no radio, small groups of entertainers for wards.
February	St. Valentine's Day Party	Anything pertaining to the spirit of St. Valentine's Day	Popular or semi-popular music	Famous Pairs of Lovers' Contest*	Have audience guess whom pairs represent before they are judged. For refreshments, have heart-shaped cookies and punch.
March	St. Patrick's Day Party	Follow green motif	Irish music and jigs	Quizzes on Ireland and Irish history	Appeal must be made to Irish newspapers for entertainment; letters written to Irish bands advertising in these newspapers.
April	Easter	Real or crepe paper flowers; imitation rabbits, chickens and eggs	Religious music, choral groups	Easter Bonnet contest for adults.* Egg hunt for children	For your refreshments, try to use Easter cookies and candies, chocolate bunnies, etc.
May	Fashion Show	Spring flowers, pastel color crepe streamers	Popular or semi-popular music	Live models wearing spring outfits from local shops, with models parading through auditorium and wards	If permitted, May Wine could be served. If not, pastel colored punch and pastel colored sugar cookies.
June	Outdoor Carnival	Midway with booths, exhibits, etc.	Circus-type specialty acts	Wheelchairs made into float entries in keeping with theme	To raise money, have organizations, pay for booths and use organizations' banners to show that they were donated. Every year, if possible, have a different carnival theme, such as Barnyard, Fairyland or Mardi Gras.
July	4th of July	Red, white and blue patriotic motif	Brass band, patriotic songs	Contests, etc.* historical quizzes, skits depicting American history; scenes done by patients' Drama Club	Typical American refreshments should be served. Coca cola, hot dogs, hamburgers, etc.
August	Barbecue Party	Anything out-of-doorish	Community singing with guitar accompaniment	All kinds of charades and quizzes	Portable barbecue machine on wheels—must have charcoal and not be used on wards where ceilings are low.
September	Harvest Time	Rustic and farm motif, leaves, corn, straw, etc.	Square dancers, hill-billy orchestra	Musical quizzes with prizes	Have volunteers wear dungarees, straw hats. If space sufficient, have patients guided by professionals dance square dances in their wheelchairs.
October	Halloween	Orange and black paper—anything in keeping with Halloween	Variety show	"Decorate a Pumpkin" contest* and/or creepy games and bobbing for apples	Serve cider, apples and doughnuts. Arts and Crafts patients might make masks.
November	Thanksgiving	Pictures of turkeys, Pilgrims, Indians, corn, etc. on walls	Relaxing music	Any kind of games	Patients always have special meal on Thanksgiving, thus are lethargic and no active entertainment is suggested.
December	See the second following sub-section for the planning and giving of a Christmas Party				

The formulaic nature of the table, even for party themes, subtly indicates the shift towards a clinical approach in hospital recreation.¹²³

Periodic reports were not the only forms of paperwork that recreational workers had to compile and organize in the 1950s hospital setting- data collection started even before their hands-on work had started. A section on making up and distributing "interest sheets to develop an index of potential interests and abilities"¹²⁴ informs the workers on how to best plan for

¹²³ Ibid.

¹²⁴ Hill, Beatrice H., "Section III: Preliminary Steps To Be Taken in the Organization of a Recreation Program." In *Starting a Recreation-Program in a Civilian Hospital*. New York: National Recreation Association, 1952

success through patient interviews and metrics. After transferring the “pertinent information obtained through the interest sheets” into a card-index system, the necessary information could be referenced efficiently at any time¹²⁵. Such indexes and information collection detracted from the inherent nature of the recreation worker's job, which again often relied upon intuition and

LAST NAME—FIRST NAME—MIDDLE NAME OF VETERAN				HOME ADDRESS				WARD NO.	
INSTRUCTIONS.—Please note the two columns at the right of each activity listed below. If you wish to participate (or receive instruction), check the left column. If you can instruct others (or officiate), check the right column. Use blank lines to specify interests not listed. Please return this form to: CHIEF, RECREATION SECTION.				DATE					
ENTERTAINMENT AND RADIO			GROUP RECREATION						
ACTIVITY	PARTICI- PATE	INSTRUCT OTHERS	ACTIVITY	PARTICI- PATE	INSTRUCT OTHERS	ACTIVITY	PARTICI- PATE	INSTRUCT OTHERS	
PATIENT SHOWS			DANCING				HOBBIES AND CLUBS		
ACTING			BALLROOM			AQUARIA			
DIRECTING			SQUARE			COIN COLLECTING			
STAGE CRAFTS			TAP			CREATIVE ART			
PLAY READING						CREATIVE WRITING			
PLAY WRITING			GAMES			MAGIC			
			BRIDGE			MODEL RAILROAD			
			CANASTA			PHOTOGRAPHY			
			CHECKERS			PUBLIC SPEAKING			
			CHESS			STAMP COLLECTING			
			PINOCHLE						
			RUMMY						
RADIO			HOSPITAL NEWSPAPERS						
ACTING			REPORTING						
ANNOUNCING			EDITING						
DIRECTING			ART AND/OR LAYOUT						
DISC JOCKEYING			ASSEMBLING						
SCRIPT WRITING			DISTRIBUTING						

VA FORM 6-7043 JUN 1951 RECREATION ACTIVITIES QUESTIONNAIRE 16-6489-1

spontaneity. By enforcing administrative responsibilities of documentation and reporting upon the worker, it invalidated her expertise as a hands-on caregiver.

ADAPTED SPORTS			MUSIC					
ACTIVITY	PARTICI- PATE	INSTRUCT OTHERS	VOCAL	PARTICI- PATE	INSTRUCT OTHERS	INSTRUMENTAL	PARTICI- PATE	INSTRUCT OTHERS
BASEBALL			Check If You:			Check And Specify Instrument If You:		
BASKETBALL			<input type="checkbox"/> HAVE HAD AND/OR	<input type="checkbox"/> DESIRE LESSONS		<input type="checkbox"/> CAN PLAY		
BILLIARDS—POOL			CHORUS			<input type="checkbox"/> DESIRE LESSONS		
BOWLING			CHOIR					
FISHING—CASTING			QUARTET					
GOLF			COMMUNITY SINGS			BAND		
HORSESHOES						ORCHESTRA		
SHUFFLEBOARD						RHYTHM COMBO		
SOFTBALL			OTHER					
SWIMMING			CREATIVE MUSIC					
TABLE TENNIS			MUSIC APPRECIATION					
TOUCH FOOTBALL								
VOLLEYBALL								
			ARTS AND CRAFTS	PART.	INSTRUCT	OTHER ACTIVITIES	PART.	INSTRUCT
MOTION PICTURES								
Check If You Are Interested As:								
<input type="checkbox"/> SPECTATOR								
<input type="checkbox"/> PROJECTIONIST (16 mm. only)								
NOTE.—This is an interest questionnaire. The Recreation Section will endeavor to meet indicated interests as far as possible, subject to Medical approval.								
REMARKS								

¹²⁵ Ibid.

The regimented approach to activity planning is at odds with its playful contents. The notice at the bottom indicates that the Recreation Section is subject to Medical Approval.¹²⁶

Naturally, *Starting A Recreation Program in a Civilian Hospital*, ends with a series of case studies to prove the efficacy of hospital recreation programs¹²⁷. By sharing “success stories” of ill patients recovering with the aid of those programs, Beatrice Hill makes the intangibility of her field more concrete. About fifty years after the first programs were actively put in place, their worth seemed to be more in doubt than it had been as a young movement. Asking the question “is recreation really a bona fide, useful adjunct to medicine, or just an elaborate and expensive way of killing time?”¹²⁸ Hill emphasizes the power struggle that had been implied throughout her book. Case 1 gives details about a 17 year old patient with cerebral palsy who was often regarded as “practically an idiot due to his many handicaps, but actually his I.Q was 140.” As a long term care patient he focused his mental energies by forming a patient Drama Club through the help of the recreation director. After five years as the president of the club, “his speech ha[d] improved so much that he [could] talk clearly to an audience of 200 in the auditorium; and he has learned to control his muscular movements so well that he now sits up straight tied in his wheel-chair instead of lying prone on a stretcher.”¹²⁹ The six other case studies share similar anecdotes of tragic patients whose physical health was improved through recreation programs, serving the first objective of facilitating “a more rapid recovery” as noted earlier.

By 1952, changes had made their way into the National Recreation Association’s more accessible offering- *Recreation* magazine. Howard Braucher had retired as the editor, the

¹²⁶ Ibid.

¹²⁷ Hill, Beatrice H., “Section VII: The Proof of the Pudding.” In *Starting a Recreation-Program in a Civilian Hospital*. New York: National Recreation Association, 1952

¹²⁸ Ibid.

¹²⁹ Ibid.

wartime and postwar romantic ideals of democracy had diminished, and the focus of the publication had seemingly shifted to advertising athletic equipment, leathercraft supplies, and jungle gyms amongst dozens of other products.¹³⁰ In the span of a few years, *Recreation* magazine had evolved into something of a shopping catalog. The age of abundance that Braucher had warned about was apparently in full force.

With less recreation workers employed in hospitals, those who were still employed in the setting received less publicity. The postwar focus of the magazine had shifted away from the happenings within institutions and towards things like state parks, organized sports, and tape recorders.¹³¹ With military hospitals at the focus, 1944-1946 magazines included several articles in each issue about recreation in the hospitals. The April 1945 issue includes two articles that highlight recreational opportunities for convalescents¹³²¹³³ as did the May issue.¹³⁴¹³⁵ The 1952 issues do not feature any articles specifically regarding hospital recreation, rather it is only in passing that it is mentioned. The only article that provides any insight into developments in hospitals is a short article titled “Data on Swimming Pools” which boldly asserts that “the eleven thousand or more modern pools in operation in America meet only a fraction of the *aquatic needs* in this country” and discusses the “demand for swimming pools” in facilities like “tourist camps”, hotels, dude ranches, airports, and of course hospitals.¹³⁶ Unfortunately, the only insight this provides of the state of recreation in hospitals is that their “aquatic needs” were feeling neglected. A few pages later, an advertisement for a course in hospital recreation at NYU

¹³⁰ *Recreation*, February 1952.

¹³¹ *Ibid.*

¹³² Edgren, Harry D. “What About Our Returning Servicemen?” *Recreation*, April 1945.

¹³³ Rochford, Lloyd A. “The Khaki and Blue Caravan.” *Recreation*, April 1945.

¹³⁴ Marshall, Lorraine. “Good Home, Back Home.” *Recreation*, May 1945.

¹³⁵ Bartell, Charlotte. “From Each According To His Ability.” *Recreation*, May 1945.

¹³⁶ “Data on Swimming Pools.” *Recreation*, March 1952

indicates that it was still a field with employment opportunities and interest.¹³⁷ It seems though that as their clientele shifted away from servicemen, the profession faded away from visibility. To have aided in the rehabilitation of wounded servicemen was clearly a major source of pride for all recreation workers, not just those employed in hospital settings. There were many charming stories to be found in grown military men who engaged in activities like arts and crafts or music groups or peanut games. With the majority of that demographic recovered enough to return home, perhaps the stories from hospital recreation programs read as less attractive and patriotic to the average home reader. By the end of the decade the story continued- the only article in *Recreation* magazine's January 1959 issue that made any mention of hospital recreation was one titled "Help Wanted: Female" which again indicates the sustained "great demand" for women in the field of hospital recreation, explicitly stating that the "female temperament [was] ideally suited" for the job.¹³⁸

In 1959, The National Recreation Association closed out the decade with the publication of *Recreation in Hospitals: Report of a Study on Organized Recreation Programs in Hospitals and of the Personnel Conducting Them*- a 100 page tome of infographics, tables, charts, and data related to hospital recreation by John B. Silson, M.D., M.P.H., Elliot Cohen, M.A., and once again, Beatrice Hill, who had worked her way up to "Director of Consulting Service on Recreation" for the NRA.¹³⁹ The collected information covers varied topics such as regional locations of hospitals with recreation programs, length of service of personnel, and average salaries. There are 41 tables, each with detailed information, that stress the valorization of facts that became omnipresent through the 1950s. The ways in which these statistics undermine and

¹³⁷ "Items of Note: Hospital Recreation." *Recreation*, March 1952

¹³⁸ Miller, Marjorie B., "Help Wanted: Female." *Recreation*, January 1959

¹³⁹ Silson, John Edward, Elliott M Cohen, and Beatrice H Hill. *Recreation in Hospitals: Report of a Study on Organized Recreation Programs in Hospitals and of the Personnel Conducting Them*. New York, NY: National Recreation Association, 1959.

contradict the incalculable nature of the job is obvious. And yet, there is an undeniable allure to them. Even in our current world where statistics are entirely ubiquitous, it is interesting to see it all laid out in one table. One can only imagine how exciting it must have been when it felt new and advanced to have accomplished the compilation and processing of so much information.

FULL-TIME PERSONNEL CONDUCTING RECREATION PROGRAMS IN HOSPITALS

Full-Time Personnel (Reported Number)	Hospitals		Estimated Total Number Of Full-Time Personnel
	Number	Per cent	
Total	1486	100	5236
None	457	30.8	--
1	306	20.6	306
2	161	10.8	322
3	123	8.4	369
4-5	139	9.4	629
6-7	68	4.6	442
8-10	93	6.3	837
11-15	68	4.6	884
16-20	27	1.8	486
21-30	19	1.3	485
31-50	7	.5	249
51-100	3	.2	227
No answer	15	1.0	--

TITLES OF HOSPITAL RECREATION PERSONNEL

TITLE	Hospitals Using Title	
	Number	Per cent
Total	1486*	100*
Recreation personnel or activity leaders	751	50.6
Projectionist	330	22.2
Occupational therapists	275	18.4
Non-medical librarians	261	17.5
Music therapists	221	14.8
Social group workers	190	12.7
Physical therapists	189	12.6
Vocational rehabilitation workers	124	8.3
Physical educators	115	7.7
Corrective therapists	36	2.4
Other hospital personnel	438	29.4
No answer	140	9.4

Table 9

BED CAPACITY OF HOSPITALS WITH ORGANIZED RECREATION PROGRAMS

BED CAPACITY	Hospitals			
	Number	Per cent	% P/R (a)	Grouped % P/R (a)
Total	1486	100	42.4	
Group I:				<u>24.3</u>
Under 50	193	13.0	19.5	
50 - 99	234	15.7	30.4	
Group II:				<u>48.7</u>
100 - 199	264	17.8	40.1	
200 - 299	165	11.1	49.5	
300 - 499	195	13.1	67.2	
Group III:				<u>88.4</u>
500 - 699	84	5.7	84.8	
700 - 999	76	5.1	92.7	
Group IV:				<u>96.8</u>
1000 - 2999	198	13.3	95.7	
3000 - 4999	56	3.8	100.0	
5000 - 9999	16	1.1	100.0	
10,000 and over	5	.3	100.0	

(a) Percentage of hospitals with program out of a total of 3507 hospitals.

Although they can be a little hard to mentally process, many of the tables help to clarify the broader picture of hospital recreation programs.¹⁴⁰

Unlike the previous books, *Recreation in Hospitals* in no way serves the actual worker, but rather hospital administrators and the overall medical profession by illustrating the extensive national picture of recreation in the terms that *they* could interpret and digest- numbers and facts. For those who best understood things in those terms, it provided a detailed image of a field they might have had difficulty conceptualizing. Those terms fail to reveal anything close to a full picture though, even though it uses nationwide data. Statistics can not measure the amount of laughs a recreational worker brings to a patient, or the quantity of relief the patients feel after she watches a film with them.

¹⁴⁰ Silson, Tables 1, 9, 23

Volumes like this one recall EH Carr's 1961 essay "The Historian and His Facts" in which he breaks down the limitations of "facts" and questions the assumed belief in the Empirical Theory of Knowledge- that knowledge is based on reason and that mathematics is the paradigm of knowledge. That his essay is a contemporary of *Recreation in Hospitals* underlines the notion that bureaucratization and reliance upon data reached beyond nursing and recreation and into many fields. While he considered the valorization of facts in history, the theory can be looked at in multiple contexts. Limitations of the data are evident in *Recreation in Hospitals*. The statistics are only based on information provided by hospitals who responded to the National Recreation Associations surveys. And the National Recreation Association likely had an agenda with the publication of their collected information. Carr stated that "The facts speak only when the historian calls on them: it is he who decides to which facts to give the floor, and in what order or context."¹⁴¹ In this case, the National Recreation Association decided which facts to give the floor just as I, the "historian" in this context, have cherry-picked my three favorite tables to highlight for this paper.

As was the case across fields, postwar bureaucratic shifts went hand in hand with the reverence of "facts." As validity became increasingly derived upon metrics and tangible cost/benefit analyses, women's roles in fields like that of hospital recreation were minimized and the immeasurable value of their work had been left unnoted.

¹⁴¹ Carr, Edward Hallett "The Historian And His Facts", *What is History*, 1961

Conclusion

“Thanks” to pharmaceuticals, hospital stays in our contemporary society are incredibly short. The average hospital stay costs about \$10,000 a day, and many people with limited healthcare options can’t even afford a few hours in a hospital.¹⁴² It is rare for a patient, even after a major surgery, to stay more than a day or two. There might still be some recreation workers floating around some hospitals somewhere but they have largely been replaced by the extra labor hoisted upon nurses or occupational therapists, and smartphones. It seems that SUNY Cortland still offers a graduate certificate in “recreation therapy” but otherwise all contemporary recreation degrees prepare the student for a career in outdoor recreation or parks administration. It might be reasonable to believe that our phones, which provide hours of entertainment by bringing access to games, movies, the news, and communication with our friends and family, have fully made redundant the work of a hospital recreation worker.

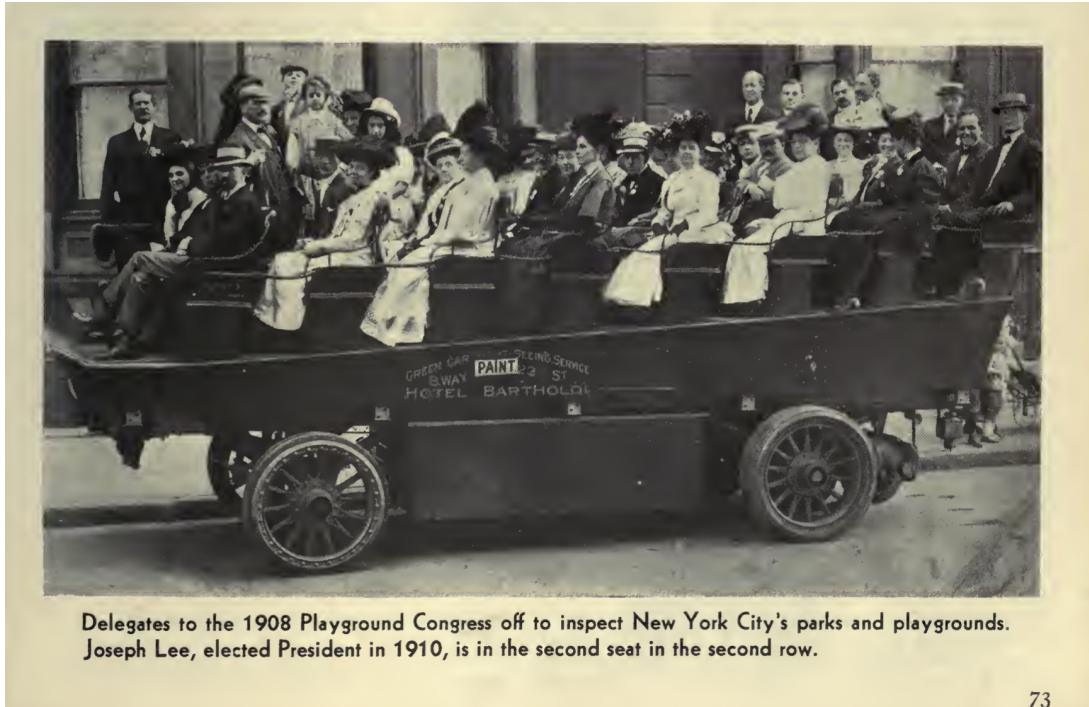
Even as recreation is condensed into a single technology, I think it remains important to consider its origins as something that was at one point revelatory, even if its presence in hospitals was somewhat short lived, and to question the established standard that light-hearted fun is always in opposition to professionalism.

Thank you, reader, for your attention.

Now it’s time to destress the best way I was ever taught- youtube karaoke, singing Walk of Life by Dire Straits with a hairbrush in hand.

¹⁴² “The Average Length Of A Hospital Stay In The United States”, Excel Medical, Excel-medical.com

Bonus Pictures



The image of delegates for the 1908 Playground Congress, as captured in Recreation Magazine, shows the gender diversity within the movement.



This 1937 style feature from the New York Times titled gives us an idea of the public perception of women who participated in recreation.



There is a lot going on in this illustration from A Nutty Party (Recreation, 19__) that adds curiosity to the notion of peanut games.



Live music was a popular form of entertainment in the hospital recreation departments



Outdoor parties were popular events in the 1950s hospital recreation departments



The 1944 VA Pamphlet includes great examples of technology being modified to address the recreational needs of patients



Another image from the VA pamphlet shows a production staged by convalescents