

RECREATION FOR MENTAL CASES *

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The original idea in the preparation of this paper was to arouse more general interest in the recreation provided for patients in hospitals for mental cases, but so close is the relation between recreation and occupation and so important is the latter, that it was found impossible to refrain from devoting considerable space to it.

No one who has had much experience in the treatment of mental cases will deny the beneficial effect of diversion of any sort. There may be some difference of opinion as to the most useful forms for different conditions, and also as to how extensively we shall put our beliefs into practice, but we all recognize the value.

It has been appreciated by some for many years. Dr. Mary Lawson Neff,¹ who long directed the occupations and amusements in the institutions in Massachusetts, is authority for the statement that, in describing a visit to York Retreat in 1798, Dr. Delarive, of Geneva, said: "As soon as the patients are well enough to be employed, they endeavor to make them work." He made special mention of basketry as among the occupations engaged in. Dr. Wyman² was the first superintendent of McLean Hospital (1818-50). He paid great attention to recreation. The following is a quotation from him: "In mental diseases, where there are no symptoms of organic disease, a judicious moral management is most successful. It should engage the mind and exercise the body, as in riding, walking, sewing, embroidery, bowling, gardening and the mechanical arts, to which may be added reading, writing, conversation, etc." Dr. Amariah Brigham, while at Hartford Retreat, and later as superintendent of the State Hospital at Utica, N. Y., went much further and recommended many

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¹ Medical Record, Dec. 3, 1910.

² Institutional Care of the Insane in the United States and Canada.

industries, as well as museums and schools, where, in addition to simpler branches, history, philosophy and the natural sciences could be studied.

These views were in advance of the times, and we have not yet caught up to some of them. Schools seem to have been quite common at one time, but the writer has been unable to learn of any in existence at the present time, except in hospitals for feeble-minded. A few years ago one was started at Massillon, Ohio, but it was later discontinued.

I think that we may say, with truth, that almost any form of occupation may rightly be considered recreation for men and women who would otherwise have nothing to do, or who would have no inclination to do what lies at their hand; but this paper will consider mainly those occupations which are undertaken for the express purpose of furnishing diversion or recreation for minds that need it.

It is, I think, the consensus of opinion that the object of all forms of recreation should not be, primarily, to enable the patient to pass the time more pleasantly, though that is very desirable, for the play instinct has been neglected in so many lives, with more or less injurious effect. But the main object of recreation is to divert the mind of the patient from any morbid thoughts or feelings into more healthful channels, so that his life, as a whole, may be influenced beneficially; and he may be rendered a better patient in every way, to the end that he may be restored to his former place in life, a self-respecting, self-supporting citizen.

I have mentioned thoughts and feelings. It might be well, at this point, to include habits and ideals; habits of thought and feeling, and not only habits but ideals of cleanliness, industry and efficiency. It has been stated that the degeneration of patients into the filthy, destructive stage is due entirely to habit deterioration, and Dr. W. A. Bryan,⁹ of Danvers, states that, if this be true, the correct principles of treatment are obvious: first, by means of training, to prevent the formation of vicious habits before they become fixed, and secondly, to form new and better habits in those who have already sunk to this low mental level. I think that most of us will agree that habits have a strong influence upon mental

⁹ American Journal of Insanity, July, 1920. p. 999.

health, and that our main aim in treatment is to influence the habits of the individual.

As Dr. Bryan has so well brought out, there are in each individual, more or less developed, certain instincts, which act as motives and forces impelling to thought and action. If we are able to discover in a patient the instincts which are most active, and are able to encourage the good ones and to discourage the undesirable ones, we shall get good results. Dr. Bryan mentions the instincts of play, imitation, acquisitiveness and constructiveness, affection, sympathy, self-assertion, curiosity, rivalry, pugnacity in certain cases, and occasionally the sex instincts as expressed in modesty and vanity. Pride may also be useful in connection with competition and rivalry, and fear—the fear of social disapproval. These instincts exist, as we all know, and we can depend upon them, as we endeavor to influence the habits and ideals of our patients, whether in actual practice we think much about them or not.

The forms of recreation may be said to fall roughly into two classes, those in which there is a necessity for some effort on the part of the patient, some degree of initiative, some attempt to control and to fix the attention, and to persevere in the thing undertaken, whether it be in playing a simple game or in making a broom; and those in which none of these efforts are required, such as in watching a base-ball game or a minstrel show or in listening to a victrola.

The first of these classes, those requiring effort, are undoubtedly of much greater value than the latter, because they do require effort and so have a greater influence in arousing and stimulating the mental faculties of the patient. They may be again divided into those activities in which there is no end-product from a utilitarian standpoint, except physical health, such as in all games and exercises, and those in which something definite has been accomplished, something of value, which tends to increase the patient's self-respect, by making him feel that he is of some use in the world.

All forms of entertainment, though requiring no effort, have their place and are also of value. For one reason, because they may be made to reach, in one form or another, practically all the patients in the hospital, and with the least expenditure of effort on our part. They brighten the outlook of all patients. But the

faithful workers, who do so much of the necessary work about a hospital, call for all the brightness that we can bring to them. Some of them will remain in hospitals all their lives, many performing more or less monotonous work, and they all deserve that much thought shall be given to relieving the monotony of their work and to making their lives as enjoyable as possible.

Practically all hospitals show moving pictures regularly, and they are generally helpful, provided the right sort of pictures are exhibited, and not those showing murders, marital infidelity and other objectionable features. Probably the comic pictures are most generally helpful, for they certainly tend to dispel gloomy thoughts, and to replace them with others of a character tending to arouse interest and to provoke mirth. The artistic and educational pictures are also helpful.

The next most generally adopted forms of recreation are the baseball game in summer and the dance in winter, and they are both helpful; the baseball game, because so many can be led to take an interest in it, even many who know little about the game, and the dance, because it tends to overcome the lack of initiative and the anti-social tendency.

Many who cannot or will not attend a dance, movie or other entertainment, may be reached on the wards by victrolas or music in other forms.

The usual games are helpful, such as cards, checkers, pool, billiards and croquet, but they so often reach only a comparative few.

Reading is also helpful, but it needs to be under some supervision, for some patients are disturbed by certain classes of books, and much encouragement is necessary to induce many patients to read books at all. An intelligent librarian may do much to develop a taste for a better class of literature than would be selected if the unguided choice of the patient was alone consulted. Dr. Dunton, of The Sheppard and Enoch Pratt Hospital, places the establishment of a library under a competent librarian as the first step in arranging for any system of occupational therapy.

I have spoken, so far, only of the things which are more or less usual in hospitals for mental cases, things which call for little effort on our part and entail only moderate expense, but on the other hand they fail to effect, to any great extent, a large part of our population. We have not yet provided for the idle class, the

unsociable, the dirty and destructive, the demented and those who are becoming so. If the theory of habit deterioration is correct, and experience seems to support that view, we will do well to work along that line, and this is being done in many places.

Two distinct lines are being followed, that of physical exercises and games under a physical director or physical therapist, and of occupation under an occupational or vocational teacher. Each line of endeavor has its advantage.

In hospitals which have physical directors, patients are given calisthenic drills or simple exercises, are taught folk dances and play games. In this way patients may be reached in large numbers, and not only their health be improved, but their mental faculties may be aroused and many may be induced to engage in some occupation, who might not otherwise have done so.

As Dr. Russell⁴ of Bloomingdale has put it: "Calisthenics and games furnish exercises in attention and in precise, purposeful action. They divert the mind from unwholesome, solitary pre-occupation, break-down inhibitory influences and aid in establishing capacity for social adjustments. Frequently in the treatment of a patient, they serve as an approach and a preliminary training to more productive occupation."

It is considered that the instinct of play is the most useful of all instincts in reaching patients, because of the sensation of pleasure which accompanies all games, and because of the stimulating effect and the instinct of rivalry which is called upon. Outdoor games are especially helpful, because of the benefit and enjoyment to be derived from the fresh air and sunshine.

At the Chicago State Hospital, two years ago, an average of four hundred and fifty patients attended calisthenic classes daily and Dr. Read reported that 54 male patients from a ward of idlers were so improved, after a month of this work, as to warrant their being placed upon detail work about the grounds.

In some hospitals games and music are used to break the monotony of occupation and to avoid tiring the patients.

As far as the writer has been able to learn, calisthenics and games have not yet been much developed as therapeutic agents in Pennsylvania, but some hospitals are taking them up. Judging

⁴ Society of the New York Hospital, General Bulletin, Dec. 24, 1915.

from the testimony of many who have employed them, they are worthy of careful thought.

What is probably the most useful therapeutic measure, that we have, has purposely been left until last—that of the industries and the arts and crafts. Patients of all classes may be cheered and benefited by entertainments of all sorts and by games. Many may be helped by calisthenics and directed games, but we have not yet accomplished the greatest good, until we have our patients at some occupation more or less useful. It is generally conceded that much benefit is derived, much comfort of mind secured from the knowledge that one has performed a useful piece of work or has made something useful or beautiful. Workrooms are therefore most necessary in which as great a variety of occupations as possible may be engaged in; not only to suit the different capacities of the patients, but to insure that something may be found to interest each patient, and that no one may be compelled to work too long on one thing and so lose interest in it. Occupation rooms such as these can only be managed efficiently by trained teachers and only by those trained teachers who have an aptitude for the work. A few years ago, a six weeks course was considered a fairly good preparation for such work. Now some of the courses have been lengthened to a year, and in one hospital the teacher is paid more than the physician. That shows the growing appreciation for this work.

Some patients do not need this sort of employment at all, but might be decidedly injured by being asked to take up many of the arts and crafts, being depressed by the thought that they were considered only fit for such simple work. They are much more benefited by being placed at once at fairly strenuous work.

Others require much individual attention and often much experimentation to discover the occupation which will interest them. Much habit training is also often necessary before they are fitted to do the regular work of the hospital.

Almost all classes of patients can be helped. Some will do nothing at all at first, but are allowed to sit and watch the others work, when after a time, due to the instinct of imitation, they gradually get into the work. Some may be induced to do only the simplest things, such as sorting colors, working with burlap, preparing carpet rags, winding reed in preparation for making

baskets or sand-papering the parts for wooden toys. Bright pieces of silks and wools, the brighter the better, may be obtained from mills at little expense, and one can easily see that some patients, who might not be induced to do other things, would be interested in sorting the bright colors. One patient at Chicago was quite unresponsive, and sat for days before the goods to be sorted but would do nothing, though urged to do so each day. Finally it was noticed that, when the instructor was not around, she began to work with the colors, and she developed into an expert and willing sorter. These goods, when sorted, are used by other patients in weaving and for other work. Burlap may be obtained from the store-room of any hospital, coming as it does about many of the stores. It is sent to the laundry and washed and is then given to the patients to unravel. The destructive tendencies of some patients may thus be diverted into useful channels. Many of them are constantly unraveling socks and towels and anything that they can get hold of, and may be put to unraveling burlap. Other patients may be induced to tie the pieces together and to wind them into skeins, which are then dyed and then wound into balls for weaving. Miss Emily Haines, Supervisor of Industries of the State Board of Insanity of Massachusetts, cites the case of a woman who had sat for 20 years with her hands to her head and who would do nothing. She was induced to unravel burlap and to knot and wind it. Now she is not satisfied until each morning the nurse has given her her work and she sits, a picture of contentment, with a chair in front of her, upon which she winds her skein.

One of the simplest occupations is the tearing of rags for carpets, sewing them and rolling them into balls. This, too, is useful for the destructive patient. The sorting and stringing of colored beads appeals to some, and to others the outlining in colors of simple patterns on muslin or linen blocks for quilts. As the patient becomes more proficient, more complicated designs are given.

More advanced cases, those sometimes spoken of as Class B, may be interested in raffia and reed baskets, in the simple forms of weaving, in wood-work and in crocheting and knitting. Men are taught to do what is called "rake knitting," which, though a mechanical process, enables them to make beautiful scarfs.

For the wood-work, the store-room is again called on for all the cast-off boxes, and it is surprising what can be made from such

material. Much ingenuity is called for on the part of the teacher to keep designing new novelties and toys and so keep up the interest. In this work some can saw and some can paint, but even the most demented can sand-paper and so feel that they are having a part in the work, and quite attractive toys are produced even by this class of patients.

By the more advanced patients, those sometimes called Class A, beautiful work is done. Weaving of the finer and more complicated type produces curtains, toweling, scarfs and hand-bags. Rag rugs are made with patterns and color schemes. The blocks, previously mentioned, are made into quilts. More complicated knitting is done, such as sweaters. At Allentown beautiful lampshades are designed out of wood. In many hospitals furniture is repaired, and in some places furniture is made.

At the Sheppard and Enoch Pratt Hospital the women are taught to do simple repairing to furniture, with the idea of inculcating in them the desire to keep the furniture in their homes in good condition.

There are many other occupations which may be added, as the work advances, such as work in cement, leather and metal, and in printing, book-binding, decorative painting, etc. It is quite doubtful, however, whether much will be gained in most state hospitals by starting some of these occupations, because of the very few who would be interested in them, and because of the manifest uselessness, in a very great majority of cases, of the knowledge and skill gained, to the individual in his or her after life, provided, as we hope, they are returned home. Undoubtedly our first aim is to restore our patient to mental health, so that we are in search, at first, of any occupation which will be taken up with interest, but we are certainly interested in preparing our patient, as much as possible, for life at home. Will we not do well, then, in outlining our courses in occupation, and in advancing each individual patient, to give much thought to securing for each one, sooner or later, knowledge and skill in some occupation which will render the individual's life more efficient at home or, as is often just as important, will furnish a much needed diversion through life.

While the object of occupation, as has been said, is not primarily the production of objects of value, but to discover something which will interest and occupy the mind of the patient, with a view

to helping him mentally and physically; and while great care should be exercised not to discourage anyone from working because the object made is crude and of no value, yet it is interesting to see how their ideals of efficiency and perfection develop under careful training, and the excellent work many of them do. It is also interesting to know that it is the experience of those who have occupation rooms well developed that practically all the products of such rooms, some of them quite crude, may be sold, and that the income provides for all materials used.

I have endeavored throughout this paper to emphasize the benefit to the patient, but I am afraid that it has been done very imperfectly. It is difficult in such matters to speak at all definitely as to results. All appreciate the beneficial effects, but few venture to give any statistics. It is generally conceded, however, that patients are more contented when occupied. They are less destructive. They deteriorate less rapidly, and, in the so-called "curable" cases convalescence is hastened.

The general effect of any study of this subject is to impress upon the mind more clearly than ever the fact that if we wish to do our duty by our patients, it is just as necessary that we shall provide recreation for them, as that we shall provide food and clothing; and the time is coming, if it is not already here, when any hospital that does not provide for games, and for a fairly systematic, progressive, course of instruction in occupation, under trained teachers, will be considered derelict in its duty.