THE EDUCATIONAL POSSIBILITIES OF OCCUPATIONAL THERAPY IN STATE HOSPITALS

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In a paper which appeared in The Modern Hospital for October, 1920, reference was made to some of the opportunities afforded for educational and cultural improvement by occupational therapy in state hospitals. In my opinion this is an extremely important matter which should be made use of to the fullest extent. Nor should such efforts be limited to state hospitals. Our larger incorporated and private hospitals for mental diseases have the same chance to give the patients under care a broader vision of life.

Mr. Frank B. Gilbreth, the efficiency engineer, has aptly defined a hospital as a "happiness factory." While to many this association may seem strange, it requires but little thought to prove that it is correct. Probably the majority of individuals conceive a hospital as a place where are gathered a varying number of persons who are suffering in one way or another. In a general hospital this suffering is physical; in a mental hospital it is chiefly, if not entirely, mental. These conceptions may usually be traced to a casual visit to a hospital where a surprisingly large number of people are found to be under care for physical or mental diseases. Unless there has been personal experience in a hospital, or close association with a friend or relative who has been a patient, this impression is not apt to be dispelled.

A larger experience will bring the knowledge that suffering is relieved more quickly and better in a hospital than can be done in the patient's home; that by the correction of physical abnormalities the patient is able to live a more healthy and happier life; relatives and friends are spared worry and anxiety when the patient is treated in a hospital. The patient, upon recovery,
resumes his place in the community, supports himself and those who have been dependent upon him, becoming an economic asset rather than a liability. It may therefore require little reasoning to reach the conclusion that in the case of the discharged, recovered patient, the work of the hospital has made happiness.

But even with those who are not discharged recovered, whose disability may be beyond cure, the hospital can alleviate the trouble and make the patients more comfortable. So that here, too, we have the product of the work done in the hospital in terms of happiness.

In order to promote the efficiency of our factory we may take stock of our methods and the possibility of doing more intensive work in order to increase production. It has always seemed to me that a hospital should serve as an example of hygienic living. That is to say, it should be so planned that space allotment, arrangement of rooms, heating, ventilation, plumbing, etc., should be all of the best character—not necessarily the most expensive and luxurious, but should typify the fundamental principles which are known to be the best in these different subjects. Arrangement of the furniture and fixtures in the rooms should be such that those working in them need expend little or no unnecessary effort in adjusting them—thereby reducing fatigue. We should also go a step farther: the furniture and fittings should serve as examples not only of hygiene, but of good taste. There is probably not a hospital in the country that did not serve in pre-war days as an example to its patients of the care which should be given our dwellings in order to have them properly cleaned. Probably every housewife who has been in a hospital has taken home with her all of this information which she has acquired and applied it to the care of her home. Probably numbers of housewives never learned to make a bed properly until they saw a nurse doing it. During the last few years, with the difficulties in the labor situation, there are no doubt few hospitals which have been able to keep up the standard which they had previously set for themselves. The question of esthetic gratification is, perhaps, not given the attention that it really deserves. Much of the furniture in our hospitals is displeasing.
This is especially the case with upholstered furniture, covered as it often is with fabrics of poor design which are impossible to clean.

The reader may question what on earth this has to do with occupational therapy. For a number of years, at the hospital with which I am connected, it has been our practice as a part of the work for both men and women in the woodshops to have the patients make minor repairs to furniture and even do simple upholstery in special cases. This has been with the object of teaching the patients that it is sometimes very easy to repair broken furniture and give it a longer period of usefulness. It is possible, by the use of some of the wood stains and finishes and ready-mixed paints which are on the market, to keep this furniture in a neat condition. We have been able to demonstrate that a plain imitation leather covering will often enhance the beauty of a chair and afford a sharp contrast to the figured tapestry which had previously covered it. This has the advantage of being more cleanly, as a leather or imitation leather covering can be more easily kept clean. The simple cushions which are used on couches are covered with washable material made in bag form, buttoning on one side so that this can be frequently renewed. They also give opportunity for the stenciling class to ornament them in a pleasing manner. In these material things there are many ways in which occupational therapy can be utilized to illustrate better ways of furnishing homes and also to teach conservation.

In the stenciling class patients are taught something of color harmony. For this color cards and the various publications explaining the Munsell color theory are used. We have found that the latter make a greater impression. It is unfortunate that there is a tendency on the part of the majority of persons to select articles of clothing which are of bright shades of color, and therefore striking. I remember that some years ago women wore plain felt hats of bright colors, such as purple, blue, crimson, yellow, green, etc., which by themselves were not unpleasing. They usually, however, produced a discordant note in the costume as a whole, and when a group of women wearing these
hats were seen together the effect upon one's sense of beauty was most unpleasant. It may be quite impossible for the occupational teacher to instruct her pupils in costume design, but she may serve as an example and undoubtedly her instructions in color harmony will be applied.

Very often we see walls of wards painted in shades of color that are offensive. I have in mind a cold blue-green. Gray and white frequently make a pleasant atmosphere, but are more pleasing if a small amount of blue and orange are used as a border between them, as the effect is less cold. It can not be too much emphasized that the furnishings and decorations of wards and rooms will serve as a means of educating esthetic appreciation of patients. They may also have sedative effects which are valuable in treatment.

Probably when it is necessary to renovate a ward the superintendent of the hospital calls the painter into his office and tells him that he wants him to paint ward L as soon as he can arrange to do it, and when the painter asks in what color it shall be done, the superintendent replies: "Oh, I don't care. Green or buff or pale blue. Whichever is the cheapest." Thus authorizing the painter to do his worst. A much better plan would be to call in the occupational director or teacher, who has presumably had some artistic training, and with her determine exactly what shades of color are to be used. It is quite possible that a few convalescent patients might be able to make practical suggestions and the viewpoint of those who of necessity live in the ward may be well worth consideration. Details should then be worked out as to draperies and furniture coverings, pictures and other ornaments, in order that a harmonious whole may result. It is obvious that the superintendent has not the time to consider these details, nor, perhaps, the training. It would also seem probable that considerable benefit might result to the patients who share in this scheme of renovation. Those who later return to their homes will carry the knowledge with them and will probably correct past errors in home furnishing.

Naturally a part of the decorative scheme will include the use of plants. I have seen the whole atmosphere of a room
changed by merely placing a potted plant and a few old magazines on a table in the center of the room. Usually it is not difficult to find patients who will enjoy caring for the plants and raising others from seeds or slips. These should be encouraged in such work, and some method of giving opportunity to work in green-houses and gardens should be devised. At several hospitals, a special teacher or aide has charge of the patients gardening work. This form of occupation has been usually provided for women. There is no reason why it could not also be given to men who in this way might cultivate a hobby which would act as a safety valve against future mental breakdowns.

There has been a tendency in certain hospitals in recent years to raise the standard of the farm by careful stock breeding and by using the best scientific methods of raising crops. This has usually been considered an economic measure rather than educational, but undoubtedly farmer patients have profited by what they have observed. Probably with but little more effort and trouble the educational effect of this farm work might be greatly increased. Brief talks as to the reasons for planting certain fields with particular crops, rather than others, and for the rotation of crops; on the special values of soils and manures; on the advantages of different breeds of cattle; on the advantages of cleanliness in the dairy and the farm stables—in fact, on a host of things which might be taken up in a casual way as they are met with in the day's work, may be imparted to the farmer patients with the result of disseminating knowledge which will improve the farming industry of that community. Besides this, farming books should be provided in the library so that those who thirst for more knowledge may be satisfied.

Those who served on selective service boards during the recent war were doubtless astonished at the amount of illiteracy in this country. There has also been considerable newspaper comment on this same subject. It would seem a duty of the hospital community, as in all other communities, to provide the means of acquiring an education in the fundamentals, reading, writing and arithmetic. Schools have been established at various times in many hospitals both in this country and abroad.
Apparently they have always proved of value. In certain cases of dementia praecox, they have been found to be especially useful in bringing about a mental improvement. It is not so easy to measure the benefit which elementary training may bring to an illiterate man who recovers and returns to his home. He has been given the means of more easily acquiring knowledge and so bringing himself and his labor into higher planes of usefulness and profit. In some instances these schools have been conducted by patients without intelligence defect who have given satisfactory service. Naturally, in such instance there should be some supervision by a hospital official who should act as a school committee.

It is obvious that in hospitals we have a splendid opportunity to instil those principles of good citizenship which seem somewhat lacking in these days. A man who knew the Golden Rule well enough to practice it, and who had been taught that he owed much to the country in which he lives, and that he owed some things to his neighbors, would not take part in the strikes which have caused this country such tremendous inconvenience and financial loss. Good citizenship means much more than waving the flag and singing the Star Spangled Banner. The average man must learn what the flag represents, what lies behind it. We in hospitals have the opportunity to aid in this campaign, so let’s do it. Lectures and the circulation of literature appear to be the simplest methods, but there are associations who are glad to aid in this work, such as the National Security League, 17 East Forty-ninth street, New York City.

Joseph Lee, in “Play in Education,” says that play is a part of nature’s law of growth. With this dictum there will be few dissenters, and yet how many of us cultivate the play function as we should, either in ourselves or others. So many have been borne down by the necessity of work that they have overlooked and forgotten the value of play. Yet we know how valuable it is, and our state hospitals make great efforts to provide amusements for their patients. It is undoubtedly easier to provide them en masse than individually, but a greater good will result if, after the physician has made his study of the patient, an
effort is made to individualize his play activities. Frequently these may take the form of hobbies, and are excellent, as they permit the individual to play alone. There is, however, a tremendous advantage in group play of almost any sort. Frequently group play is disguised as community work, but when analyzed it is found to be play, just as much as a child's play is serious. Many individuals, both in and out of hospitals, lack this community spirit, with consequent danger of developing or increasing a shut-in personality. The formation of clubs has been found to aid much in overcoming such tendencies.

The gymnastic or calisthenic class quite obviously may be utilized to teach patients the value of systematic, well-directed physical exercises. The library may also be used as a means of intellectual stimulation. Much will depend upon the librarian, upon her interest in the patients and desire to extend the work of her department. When a patient is selecting a book she can frequently aid by suggesting something pleasant which will leave a greater impression on the mind of the patient and possibly impart information or develop an intellectual curiosity for further information. Some years ago, at the McLean Hospital, Miss Brown, the librarian, gave a course of lectures upon literature and art to the nurses with the idea of increasing their cultural equipment. It has seemed to me that this sort of course should be given to the patients in our mental hospitals. I know of a series of lectures upon art given by one of the assistant physicians and of a course of lectures upon English literature given by a patient, a convalescent teacher, both of which gave much pleasure and were profitable to the hearers, both patients and nurses. In the latter course an effort was made to correlate famous pictures, music, history, costumes, etc., with the time of the authors and their works so that a richer mental picture might be derived. The course on art was unfortunately somewhat above the understanding of the majority of the audience, but a simpler course, I am sure, would give much pleasure and would also bring about considerable intellectual improvement.