I hope in my talk on games and dramatics I have not taken too narrow a view of the subject. My work has been for the most part confined to mental and nervous cases among women and my deductions are drawn from my experiences with them.

Ever since Dr. Dunton asked me to address this meeting I have felt like a High School student who has been asked to write an essay and does not know whether his teacher wants a description, a narration, or an exposition. I have not been able to form any accurate idea of whom my audience would be composed, so I could not know whether it was a description of what we have done in these respects or the story of how we did it, or an exposition as to why we did it that was wanted in this talk on the therapeutic value of games and dramatics in mental and nervous illness. However, such being the case I have decided to mix them all three and give you a little bit of each.

I am very glad that Dr. Dunton has asked me to especially discuss games and dramatics, because I believe they possess recreative qualities to an unusually high degree.

The proper consideration of the use of games in mental illness brings us to the rather interesting question of the place of play in adult life—all adult life, perhaps, in hospital and out. The place of play in the life of a child has been variously theorized about, for instance one authority says, "it is love for being a cause;" another, "it is the working out of the imitation instinct which is a fundamental faculty of learning." Karl Groos says, "play is an impulse, the purpose of which is the education of the individual." G. Stanley Hall is the greatest exponent of the atavistic theory: "play," he says, "is the motor habit and spirit of the past of the race, persisting in the present race as rudimen-

1 Read at sixth annual meeting of the American Occupational Therapy Association held at Atlantic City, September 25-29, 1922.
tary functions. In play we release the activities of our ancestors. In play every mood and movement is instinct with heredity."

Another writer, still, declares that, "Play is surplus energy, that gives needed exercise to growing muscles." Now all this is very learned and furnishes interesting ground for speculation, but out of it all, it seems to me that there is one statement that is the most helpful to us in our quest for the place of play in the life of the adult, that is Karl Groos' idea that play is an impulse, the purpose of which is the education of the individual. It is an idea which can be applied just as consistently to adults as to children. For I am sure, we are all willing to grant that the education of the individual is a never ending process that reaches from birth to death, and that therefore those persons who neglected to learn to play in their youth must be taught in adult life and those that did learn must continue to practice play, lest the powers in the direction developed by play, become atrophied.

It is a very interesting fact gleaned from my experience at Bloomingdale Hospital that a surprising number of the women and girls, varying in age, from thirteen to seventy years do not know how to play. My experience with the abnormal individual who differs in reality so slightly from the normal in fundamental characteristics, makes me wonder how large a proportion of the world in general knows how to play; to bring it still more closely home—how many, for instance, of the persons in this room know how to play. Suppose I should, right here and now organize a game of Puss in the Corner, Cat and Mouse, or Thump on the Back. How many of you could enter into it without feeling tremendously and unpleasantly conscious of yourselves, your dignity and a whole lot of other things? All of you have, I suppose, read Main Street. Do you remember the incident of Carol Kennicott's party, when she induced her guests to play some game of hunting shoes in the dark? Do you remember what a good time they had and how ashamed they were of themselves afterwards? It is not a half bad illustration of the usual adult attitude toward play.

Now in dealing with mental and nervous cases, especially in institutions, one has an unusually good opportunity to get after the person's faults and prejudices and struggle to overcome them.
It is perhaps, unfortunate for us who manage to stay clear of institutional life as patients that no one gets a chance at our faults and prejudices. Now games and dramatics as well are weapons with which we attack these faults and prejudices. We use for this purpose, practically all the games we can find with the exception, perhaps of African golf. Tennis, golf, field hockey, basketball, baseball, croquet, volley ball, bowling, lawn-bowls, shuffle board, all sorts of gymnasium games, card games, pool, ping-pong, and all good old games like parcheesi and checkers are brought into use. In dealing with all types of mental and nervous cases in all stages of illness and convalescence we find every sort of game useful, from the simplest to the most complicated. I might include here, though they do not, strictly speaking, come under games, the use that may be made of winter sports: coasting, skiing, and skating. The first is, perhaps, the best of the three, as it, calls for no skill and yet is so stimulating and invigorating. I have seen it get a response when all other things had failed. In the same way picnics touch otherwise remote moods. They are both (picnics and coasting) so real. One gets so close to the natural, unaffected aspect of life. Your mental patient is quick to feel this and respond to it. I have known patients to eat food on picnics that no amount of coaxing and persuasion had succeeded in making them eat at any other time.

The games readily fall into two groups—team games and individual games. Hockey, basketball, baseball, volley ball and gymnasium games belong in the first group, and these to my way of thinking, have a very particular value. They demand team play and women generally suffer from the lack of training which comes from team play. As a sex we are very often accused of pettiness and unfairness in our dealings—but remember that it is only in the last few years, in this present generation, in fact, that females have had the opportunity of getting into a good fight, of feeling the necessity of doing one's share and of taking the hard knocks in the fashion demanded by a strenuous team game.

With the training in athletics, that the girl of this generation is receiving we should develop a type of woman that is a better
sport in the best meaning of that term than in past generations. In mental cases, this course in becoming a good sport, by way of team games is perhaps the greatest service a recreation department can do its women patients. Furthermore, with mental cases we find, of course, each patient with her attention turned inward, the view of the world about her is generally obscured by the projection of her own ego, so you can readily see how helpful it might be to place her in a team game like field hockey, for instance, where it is necessary to absolutely sink one’s self in the whole and work for the good of it. It is very difficult, to remember, for instance, that one has committed the unpardonable sin and that the devil is pursuing with an awful vengeance, while one is trying with all one’s might to keep the ball out of the goal so that the other team may not score. A patient in such a situation does not have to use any effort of will to put those thoughts aside. The exigencies of the game simply thrust them aside. In every game played the team element should be emphasized wherever possible. It helps to give the different teams names, humorous or otherwise, to keep the scores of the teams through a season, to boom in every way team spirit. In the games, too, that might more easily fall in the individual class the team aspect can be stressed: in bowling the group can be divided into opposing teams; in croquet and pool one can arrange a game of partners. When the game is over, it helps to rally the teams together with a spirit of “you beat us this time, but we’ll get you next.” All this puts vitality into the effort to become a good sport.

By the use of a great variety of games one obtains adaptability and flexibility in mood, a certain lending of one’s self to the spirit of the occasion, so necessary to us all if we would go through life without undue wear and tear. In our work at Bloomingdale it was such a new thought to so many people with whom we worked that we conceived play so seriously. We tried, to instill in their minds the idea that a person’s choice of recreation in her home life was an important affair. “Play, a serious matter,” sounded to them like a paradox. The love of play which comes to light in even middle aged women, who have lived absolutely
playless lives for years is an interesting bit. I remember one woman who had raised a family, a woman not very strong, and of quiet retiring nature, who confided to me that though she had played nothing since she was a girl she did not care so much for the quiet more middle aged croquet and golf, but she loved baseball and hockey, they satisfied her love of play better. So she played with us till she was disabled by a sprained finger acquired in baseball. However, in order to energize a group of women anywhere from sixteen to sixty into two baseball teams there has to be a grand discarding of conventions and prejudices.

Among the more individual games like tennis, bowling, and croquet, there is an element which is of value in treating the depressed unhappy type of patient and that is the element of achievement, i.e., “the appeal to the love of being a cause.” The depressed person feels there is nothing she can do, but when she aims a croquet ball for a wicket and it goes through, a fine glow of accomplishment rolls over her; the same way with bowling—and it, by the way, is a sport that makes an appeal to almost every patient. Golf has a characteristic which makes it especially helpful and that is—it arouses a fighting spirit. It looks such an easy thing to do to strike the ball with the club and when one does not do it, one is sure it was a mistake and she will be able to do it the next time, perhaps she does not and then her fighting spirit is up and she sets to work to find out what the matter was, or encouraged by a good shot she is sure all her failures were mistakes, which she will not perpetrate again. Well, all you golfers know the lure of the game—it works quite as faithfully with sick people as well.

The social aspect of a game of cards or pool is of value. I have known patients, who had been charging about all day with their hair awry, and clothes disheveled, who when they were invited to play a game of auction bridge would smooth their hair, straighten their clothes, and for the duration of the card game act in a normal fashion. The order and routine of even a simple parlor game to a very excited patient, whose whole life is in chaos, has a helpful effect. Often in the pleasurable relaxation after a hard go at hockey, perhaps, or tennis, I have been discouraged to hear
a patient say, "Well, it is such good exercise!" And I have
turned to her and said, "That's not the point. Did you have a
good time?" After all the vital thing about games with mental
patients is not their physical aspect, but the mental, and I feel,
too, that any exercise that is done in the dreary self-conscious
attitude of "this is doing me good" is out of all sympathy with the
spirit of play and the benefits derived therefrom.

We are all familiar with the type of child, who cannot be
whipped, who feels that if anyone dares lay hands on her a
tragedy has occurred, we find the same spirit among grown-ups.
It often seems to go with a certain mental rigidity. I have al­
ways felt that the impersonal buffeting that a person gets in a
game is an excellent method of loosening up rigid personalities.

Chronic patients who are able to take part regularly in the
different sorts of games, it has been my experience, keep at a
better level than otherwise. It tends to keep their mood more
even apparently affording an outlet for the emotional currents
that rule them. I think it would be a relaxation to some of the
lay public if they could see a group of patients and instructors
returning from a hockey game, laden with hockey sticks, flushed
with exercise and gaily discussing the points of the game. The
atmosphere of out-door games is like a clear wind blowing in the
necessarily staid atmosphere of an institution. It normalizes
life there, it makes it a place of more interest, more laughter and
more friendliness. A patient leaving the institution goes forth
with her horizons widened and with her sympathies freer, if she
has learned to play there.

Turning now to the subject of dramatics: I think the whole
subject of what dramatics can do for us all, normal and other­
wise, is a question which is as yet unanswered. The amateur
dramatic movement of little theaters is just at present, one of
great and universal interest, but what the results and benefits are
to be is as yet unknown.

The subject of the place of dramatics as an agency in the
treatment of mental and nervous difficulties, is one upon which,
I feel, no one can yet speak authoritatively. Yet I somehow
feel that it is an agency that can be used to great advantage.
To the slight extent to which I used it, I found it helpful. First, however, one must be careful in the choice of plays—when one goes looking for a suitable play for one's purposes, one is struck with how difficult it is to find something wholesome and interesting, especially, in the modern crop of soul-searching stuff—like the plays of Dunsany or Eugene O'Neill—not that these two dramatists are of the same sort, but they are representative of two types of plays, not possible for us. Dramatized folk plays and roaring farces are perhaps the two best types. One of the best things we ever did was the story of the nursery rhyme, The Queen of Hearts, somewhat elaborated. We worked it out like a valentine in red and white, silver and gold, with much martial music, pomp, humour, and paste-board weapons.

It is an excellent activity for the convalescent patient—it gives lots of outlet for his energies and makes life more interesting for him. I have had, I think, only two experiences of using people, who were still quite ill, and the response that they made to the demands made upon them was in both cases most surprising. As to the exact nature of the psychological benefit which the mentally ill person derives from pretending he is some one else, I cannot attempt to say. There, is, however, one very definite benefit in dramatics in an institution and that is the fine community spirit it develops. The patients that are not acting make costumes, others concoct properties, or help paint a scene, while still others may come to a rehearsal and out of a past experience of perhaps movies, vaudeville, opera or legitimate stage, give helpful advice and suggestion. When the night of the show comes, some depressed patient, who perhaps has refused to attend any entertainment all season feels a sense of ownership that draws her, she is anxious to see how the dress looks upon which she sewed or the scene she helped to set. To this extent, then we have discovered much that dramatics can accomplish, but I think there is much more.

In conclusion, let me say, that in all these recreational activities it is possible, to get very close in friendliness to the people one works with, but in order to do this, it is necessary to play together as equals, not as a well person and a sick one, but as
friends enjoying things together. Then this real friendliness—and it must be real friendliness—becomes a very great aid in winning the confidence of these people and clearing the way for whatever we have to offer that will serve to bring them back to health and usefulness.