OCCUPATIONAL ACTIVITIES AT ST. ELIZABETH'S HOSPITAL

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The use of occupational therapy in hospitals devoted to the treatment of persons suffering from the various psychoses, has become a recognized and essential feature in the care of these patients. As Dr. White has remarked "It is one of the avenues of approach in our attempts to solve the problems of psychotic behavior, and to accelerate, if possible, the process of social and economic readjustment." Certainly occupational assignment has shown that it helps to reestablish habits of industry and that it aids in deferring, at least, any tendency toward emotional or ideational deterioration. It is accepted that it lessens introspection and self-centeredness; and, as a natural corollary, that it weakens the tenacity of delusional trends and minimizes the danger of dissociated states.

Unfortunately a certain proportion of the patients admitted to the hospital are destined to require institutional care for years to come, if not for their life-time. For this number a comfortable hospital adaptation is the hoped for desideratum; and to make this adjustment as pleasant as possible, some appropriate and agreeable form of occupational placement is devoutly to be wished for.

The value of occupation in hospitals for the insane has been recognized for a long time. It appears that in the latter part of the eighteenth century basketry was done by patients in the York Retreat. Bell in 1838 wrote that he attributed much of

1 Read before the Occupational Therapy Association of the District of Columbia, April 29, 1924.
his success in the treatment of insanity to "useful bodily labor;" and Earle, in 1845, dilated upon the benefits to be gained from manual work. These historical references are made to remind us that the subject of which we are speaking is not altogether a modern conception. What we can emphasize is that in the present day development of this form of therapy, recent occupational activities are less aimless and desultory in their character and more systematic in their application.

Shortly after the cessation of the Great War, a Vocational Training Center was established in this hospital under the auspices of the Federal Board for Vocational Training prior to the inception of the Veterans Bureau. This unit was detailed to the jurisdiction of the superintendent and its object was to coordinate with the meritorious attempts of the government to effect rehabilitation among the mentally disabled veterans of the world war. It was hoped that pre-vocational training might be of value while the patients were recovering from their psychoses and that whatever of vocational guidance they might receive while in the hospital would be of assistance to them in the event of their taking vocational training for which they were eligible, after their discharge from the hospital. Much enthusiasm and effort were exhibited in this endeavor and cooperation was evidenced in every way; but, after a sufficient trial, the plan, by consensus of opinion, was thought to be too ambitious and utopian and was gradually abandoned. That, in many cases, this program was beneficial as a therapeutic measure is undoubted; but it is now agreed that more satisfactory results therapeutically, can be obtained for the veterans by assigning them to occupations of a less pretentious nature. The ideals of the training center rather shot above the mark; so that modification followed, and special instruction is now limited mainly to weaving, toys, wood-working, farm and poultry projects and to other crafts. There seemed to be need for the continuance of an Americanization class, as there is always a special group of patients whose exigencies are adapted to instruction given under this heading. What might be termed the "white collar" types fit in here admirably—for example, those who have reached a
condition where they would chafe under craft instruction and would be unhappy if placed in shop-work, or in the somewhat more laborious farm occupation.

Patients are assigned to work under medical supervision and the type and hours of employment are carefully and advisedly determined upon from a therapeutic standpoint. Every week a preliminary conference is held upon the patients of both sexes who have been recently admitted, when provisional diagnoses and outlines of treatment are suggested. At these conferences the advisability of occupational therapy for the patients in kind and degree is considered and opinions are expressed by those present as to its feasibility.

It has been determined that an average of about five hours a day makes a happy medium for employment, although in many cases the daily working period is limited to two or three hours. In selecting the type of occupation the patient himself is, of course, always the primary consideration. That is to say, the question as to whether a particular line of work is for the best interest of the patient is kept in the fore-ground. Due attention must be given to his physical make-up as well as to his mental state; and endeavors are made to ascertain as definitely as possible where his interests lie, and in what direction his attention may best be gained.

The crafts classes are particularly beneficial to certain types of patients, that is, to those who because of their mental condition must be kept, for the most part, on the wards and who otherwise would have little means of employment. For instance, in P Building there is a group of between thirty and forty patients who attend a crafts class on one of the wards of that unit. These patients are semi-disturbed and sometimes assaultive; and many of them are constantly on the alert to elope from the institution. Their condition is patently such that it would be unwise to allow them to engage in any kind of work outside of the wards until a change in their mental state should occur. However, enrolment in the crafts class furnishes them with a very desirable occupational outlet. They are all quite willing and anxious to keep occupied for a portion of the day and uniformly appear to
welcome their daily attendance in this group. Without this opportunity their activities for the present would necessarily be limited, at best, to light ward work such as blocking the floors and so forth.

Still another class of patients emphasizes the beneficial aspects of craft work. These are the apathetic, disinterested, non-initiative patients who are sluggish both mentally and physically and who are disinclined to take part in any kind of occupational activity. A start with such patients is often made by encouraging them to perform such simple acts as sand-papering or winding. Here it is, that the personality of the aide comes into the picture and much depends upon that aide's patience, enthusiasm, and sagacity as to whether interest can be aroused and progress made by instilling habits of industry in their assigned charges.

In addition to the classes where aides are specifically detailed, namely, basketry, weaving, wood-working, gardening, etc., there are, roughly speaking, about thirty-five avenues for occupational affiliation. It would be monotonous to mention these seriatim but briefly they include such working units as the laundry, shoe-shop, dining-rooms, for example, together with the other various and necessary industries which appertain to the proper functioning of a hospital. The selection of patients for assignment to these units is also made under medical supervision and the number of working hours each individual is employed is carefully scrutinized and suitable precaution is taken against the possibility of fatigue. Every effort is made to avoid any exploitation of the patients and sufficient safeguards are placed about them to prevent this.

Several months ago, at the suggestion of Dr. Woolley in charge of veteran activities an interesting experiment in the occupational line was carried out on a group of about forty male patients. Those selected for this trial were of the indifferent, indolent and untidy type, many of whom were stubborn and resistive. All efforts (and many had been made) to place them in any type of occupation had been fruitless and unavailing, even the simplest kinds of ward work having been apparently unappealing. They were divided into squads of ten, each section being placed under
the care of one attendant who was instructed to take his patients out on the grounds and to begin with the simplest form of work, such as cleaning up odds and ends of debris, here and there. It was explained that no especial constructive results were expected; that it was merely desired to encourage the patients to occupy themselves in some way; and it was suggested to the attendant that he actively participate as an example to the others. This was to be simply an occupational gesture as it were. At first the results were painfully barren, but soon interest began; improvement occurred; a contagion of emulation followed; until now, when these squads have become a fixture, are working daily in a most satisfactory manner and are performing useful tasks about the grounds. These patients all appear happier and more contented than they were formerly and are more comfortable than they were under their previous régime of idleness.

Attempts are being made to grade somewhat the members of the crafts classes, so that change or promotion from one section to another may be made, from time to time, as the patients show improvement either in their mental condition or in their occupational technic. In this way avoidance of monotony is aspired to and suitable variety is afforded. In passing, it may be remarked that working on articles of craft which are quickly finished, and on those the use of which is obvious, seems to make the strongest appeal to the average psychotic patient. And it has been observed that after interest has been fully aroused, the competitive instinct is stimulated and discrimination in the choice of materials is evidenced, efforts being made by the patients to obtain the best grades with which to work.

Absenteeism from the various occupational units is a feature which has to be checked up frequently. So far as the Veterans' Bureau beneficiaries are concerned (with whom the writer has officially to do) the most satisfactory and practical way of accomplishing this check is that of having the supervisors of the various services report daily to the physician in charge the names of any patients who, having been assigned to a definite occupational post fail to attend and remain for one reason or
another on the ward. In this way, the cause of their non-appearance can be investigated and a resumption of activity may shortly follow. After a patient has been continuously absent for two weeks from an occupation to which he has been assigned, he is rated as being at least temporarily inactive; and is automatically dropped, as a rule, from enrolment in that particular unit.

Paroles for patients are an essential part of the treatment in the hospital. They are granted for therapeutic purposes, but experience has shown that the very granting of a parole oftentimes produces a peculiar psychological reaction in the patient as regards his occupational view point. It is somewhat despairing to find so often that when a parole is granted, the recipient immediately shows a disinclination to employ himself and searches mainly for amusement and entertainment. His attitude, as a result of this peculiar reaction, seems not unlike that of the college senior who, having been awarded his diploma, metaphorically washes his hands and looks around upon the world with idle hauteur—until he wakes up. So often does this discontinuance of occupational application occur among parole patients that at times drastic action has to be taken, resulting in the temporary withdrawal of parole privileges.

Monthly reports are kept by the aides, an individual sheet being devoted to each patient. On this are noted the daily hours of attendance, the nature of the work performed and the quality rating as judged by the aides. In addition the latter are asked to make comments upon the individual patient's behavior; the interest he displays; his habits as to dress and person; and, in a word, any observations as to the manner in which he reacts to his occupational environment. These notes are of substantial value to the physician, since the aide has close contact with the patients during the working hours and is in a position to observe intimately their various reactions, day by day.

Recently, the superintendent, through the offices of Miss Chapman, has instituted the plan of giving the senior nurses of the hospital training school a total of fifty hours instruction in occupational therapy as a part of their regular course of training.
Familiarity with occupational therapy is now considered as most desirable in the training course of nurses; and it is thought that much more occupational interest will be aroused among the patients from the fact that the nurses are grounded in the essentials of this form of therapy.

Although the patient’s welfare is the primary factor in all kinds of occupational assignment, still at the same time there is a practical and economic side to be borne in mind. Production may not only be made desirable in a therapeutic way, but it may be made utilitarian as well. The crafts may be utilized to produce useful articles of economic value; and it would seem to be only common sense to give preference to such projects rather than to fritter away both time and materials on things of a bizarre and worthless nature. The effect upon a patient who is able to produce something which can be put to practical use, must certainly be more favorable than if his handiwork had no tangible worth. And it may be said in this connection that while quantity of production is quite naturally not to be neglected as a measure of economic necessity, yet this feature is never evaluated at the expense of the primary object of occupational therapy which is the care of the patient and due attention to his welfare.

Closely allied to occupational therapy is physio-therapy. Suitable patients are taken out daily for setting-up exercises. There are two physical instructors in the hospital who guide the patients in these calisthenics and the average daily attendance in these classes is about five hundred.

It seems natural and agreeable as well as necessary to the normal human being to engage in some sort of daily pursuit. So the underlying principle of applying occupational therapy to those suffering from mental alienation is to assist them in again reaching a condition of normalcy; to make them more tranquil and contented as a result of their manual activities; to aid them as well as possible in a return to a successful social and economic adjustment; and finally, if it be their fate to remain hospital citizens, to make their institutional life a productive, pleasant, and comfortable one.