EDUCATIONAL PRINCIPLES IN OCCUPATIONAL THERAPY.*

By W. M. VAN DER SCHEER, M.D.,

Professor in Psychiatry and Neurology in the University of Groningen, Holland.

IN the care and treatment of mental patients there has been great progress. In our fight against the *disease*, the psychosis, which disorganizes the higher mental functions, we have achieved numerous therapeutic successes. I need only mention malarial therapy in dementia paralytica, salvarsan and tryparsamide for cerebral syphilis, the treatment of the digestive organs in cases of toxæmic psychoses, the removal of focal infections in numerous cases of schizophrenic derangement, the somnifaine prolonged narcosis treatment in manic-depressive psychosis, non-specific stimulation in various other psychotic conditions. The great importance of underlying somatic causes and of a rational somatic therapy are fully recognized, and it remains the principal task of the psychiatrist to search for the causes of the psychoses and for the means of combating and preventing them.

No one, however, will be entirely satisfied with the results obtained up to now, and no one will deny that in the great majority of psychoses we are still more or less powerless as regards the direct treatment of the disease as such, and that a great many mental patients must remain in hospital for long periods as chronic mental invalids.

Further, apart from our obligation to search diligently for methods of curing the mental *disease*, it is also our duty as psychiatrists to treat the *patient*, to look after him, to make the conditions of his life as favourable as possible, and to reduce the injury to his mental faculties brought about by the psychosis to the smallest possible proportions. In this field a good deal remains to be done. For the life of a large number of our fellow men is still in many hospitals very miserable. Even in establishments where the highest requirements as regards the conditions of bodily hygiene are fulfilled, many patients pass their lives in a state of sadly resigned or restless hebetude. To my regret the conditions in your country are only known to me from literature and from the reports of colleagues who have visited your institutions, so that I do not know in how far these are to be compared with those of the Continent. But I can state here that in many mental hospitals in Europe, Holland not excepted, there are numerous wards where order and cleanliness are absent,

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where patients walk about aimlessly or pass their lives in idleness and in an advanced state of mental dullness, where some are noisy and disturbing to others, incontinent or destructive, and where the atmosphere has certainly nothing of the spirit of pleasant activity—places not very inviting for a normal man to stay in, and where it is not always easy to keep under control patients who show disorderly behaviour. Perhaps I am not mistaken in supposing that similar wards are also to be found in some of your hospitals.

The thesis I wish to maintain in this paper is that such conditions need not exist. As a result of my experience—shared by many others—of the methods to be described later, we have found :

1. That prolonged restlessness in the wards need not occur.
2. That continuous baths are scarcely ever necessary as means of restraint.
3. That isolation rooms need not be used except on rare occasions.
4. That the use of narcotics can be reduced to a minimum.
5. That very little bed treatment for mental reasons is required.
6. That sleep can be ensured and complete quietude at night can be established.
7. That the advanced stages of mental dullness met with up to now in many chronic patients need not occur ; that, for instance, patients who have degenerated into unsightly mental wrecks, who show stereotypies, talk to themselves in monotonous voices or walk aimlessly to and fro, completely introverted and insusceptible to any stimulus from the outside world, prove to be the artificial products of faulty treatment.
8. That in the daytime 90 per cent. of the patients can be regularly at work.
9. In short, that it is possible for every mental hospital to become a small independent community, in which the patients, both the more and the less seriously deranged, lead a common life of orderly behaviour, where they can live contentedly, without coming into conflict with a harsh and uncomprehending world ; a community, moreover, the members of which contribute by their labour to the cost connected with their segregation from the larger social community.

This result may be obtained by waging war against the consequences of erroneous ideas, which have hitherto determined our course of action.

For a long time it was thought that the behaviour of mental patients was a direct result of the cerebral disease underlying the psychosis. The experience of recent years has made it clear that, in by far the greater number of cases, unsocial and disorderly behaviour has little to do with the specific psychosis as such. Aggressiveness, love of destruction, abuse, recalcitrance, are rather the result of a nervous system disorganized by the disease in its higher and more subtle power of accommodation, and therefore reacting wrongly to the stimuli of the external world. Not only disorderly behaviour but even the so-called dementia is often deceptive, the truth being that the

patient, the rest of his energy not being sufficiently stimulated, has sunk into a state of introversion. The engine, as it were, has been allowed to rust by being deprived of the vital stimuli from without. From this erroneous idea, that the behaviour of mental patients was a direct result of the cerebral disease underlying the psychosis, sprang an attitude of psycho-therapeutic nihilism, and mental dullness and hebetude were looked upon as a necessary result of the disease.

From this mistake arose another—that of allowing idleness. The energy still present was not sufficiently made use of; the experience gained in daily life, that unused abilities are irrevocably doomed to perish, was too often forgotten. The fact was far too much disregarded, that for every living being inoccupation means both physical and psychical deterioration, and that in a mental hospital, as elsewhere, idleness proves to be the parent of vice. Those who recognized this error—and they were many, even as early as the middle of the previous century—did what they could to combat it by means of an intensive occupational therapy.

In Holland, for instance, occupational therapy reached a high level in the years between 1918 and 1927, so that, to take an example, at Santpoort the number of patients doing regular work amounted to 75% of the inmates of the establishment. But it was not so much the percentage of working patients as the result obtained in this way that was of importance—a result that set its mark on the whole life of the hospital.

Along with the increased work therapy, the restlessness and disorderly behaviour of most of the patients disappeared. We succeeded in getting patients to work who in some cases had been unoccupied for almost twenty years, and a great deal of unrest, aggressiveness and dangerous behaviour disappeared. In many patients interest in their surroundings and families returned. It became evident that the abnormal behaviour of mental patients was, for the greater part, a secondary symptom, and that the degree of order, quiet and contentedness in a mental hospital runs for more than 75% parallel with the degree of employment. Nevertheless, in spite of the above-mentioned mistakes being recognized, and their harmful influence combated by extending occupational therapy, we had not, in 1926, succeeded in getting beyond a certain percentage of working patients behaving themselves in an orderly and quiet manner. In about 25% of the cases the patients persistently remained refractory towards all our endeavours to procure them a reasonably quiet manner of living. There still remained a number of restless, aggressive, inaccessible patients; there were mentally dull patients, with stereotyped gestures, who easily became impulsive; there were wards where a long-suffering staff looked after human wrecks, some quiet, some excitable; and so the hospital retained an unpleasant *cachet*, a relic of the old-fashioned treatment of the insane. And all this *in spite of* an intensive and consistently carried-out occupational therapy.

It was especially Simon, the Medical Superintendent of the Gütersloh Hospital in Westphalia, who showed us the way to change into orderly, quiet people this group of unmanageable, excitable, difficult and unsocial patients. In particular, he pointed out that one of the greatest impediments to the creation of an orderly community in the hospital was the universal and firmly-rooted idea that a mental patient, because of his illness, was not responsible for his actions. Another of his merits was to bring to the front the great importance of the surroundings, and especially of the *human* environment, on the behaviour of individuals. What, for instance, is the use of a beautiful room, if the people living in it are constantly disagreeing or disturbing each other with their clamour ?

Simon managed to create conditions in his own hospital whereby it became evident that the elimination of the above-named faults was only possible by basing the psycho-therapeutic treatment on biological rules, such as have always been used in the education of the young. It is of these biological-educational rules that I especially wish to speak to you, and you will see that much of what we desire to attain can be limited to the formation of conditional reflexes.

Man has a tendency to imitate. Imitation is one of the primitive instincts. It occurs readily in those psychoses where the higher controls have been lost. It chooses thereby the line of least resistance. It is easier to imitate than to accomplish a purpose by one's own exertions.

The environment in which we live exercises a great influence on our behaviour. It is evident, then, how great must be the significance of bad, disorderly and unquiet surroundings on individuals who are deranged in their highest function, especially if they are left to themselves without guidance. The still existing turbulent wards in numbers of establishments are a witness to this. The quiet patients retire completely within themselves, whilst the aggressive ones quarrel. Our efforts, therefore, must be directed towards creating an environment in which the unfavourable and irritating factors are no longer present.

This can be brought about by making the day-wards as comfortable as possible—

(1) By simple but pleasant furnishing of the rooms, and by making the workrooms and workshops attractive and comfortable.

(2) By promoting a congenial atmosphere amongst patients living in the same surroundings, and by insisting on good order and the elimination of disturbance. The latter is of far more importance than well-furnished day-wards or beautiful gardens.

In taking measures against disorder and for promoting comfort we must base ourselves on the following biological laws :

(1) That every act produces a reaction from without, which is either of a pleasant or an unpleasant nature for the individual.

(2) That every living being, in accordance with the principle of pleasure and pain, tends, because of his instinct for self-preservation, to adapt itself to the demands of his environment.

Every living being learns in what manner conflict with the external world can be avoided. The logical reaction of the external world to the deeds of the individual causes in its turn a further reaction in the individual by means of which an attempt is made to live together in harmony. There is a constant interchange, the result of which is a biological responsibility feeling. Our treatment attempts to develop once more the sense of biological responsibility in the patient. Because of the former general adherence to the principle that a deranged person, on account of his illness, was completely irresponsible, the *logical* reaction of the external world to his conduct vanished, and the patient was thus deprived of one of the most important foundations of socially ordered conduct (Simon). We now attempt to quicken this logical reaction of the external world on the conduct of the patient by coupling feelings of unpleasure with wrong actions, and feelings of pleasure with good ones.

We therefore set about re-educating, developing new controls, in the same manner as an untrained child is taught, by experience and education.

All newly-admitted patients are submitted to this treatment and it is also applied to those patients already in our charge who are not open to persuasion and reasoning.

For this purpose they are taken either to wards especially designed for this educational therapy, or to certain groups working in the gardens or on the land. The educational wards should be fitted up as comfortably as possible. They should be divided by means of suitable furniture into small cosy nooks and corners, " subdivisions ", so that the patients, who would easily disturb each other if brought together in too large numbers, can be placed in groups apart, without separate rooms being necessary, which would require too numerous a staff. It is desirable that there should be a sound-proof floor-covering. In an adjoining ward a few beds should be provided. The w.c. should be accessible from the ward and yet sufficiently divided from it. One or two isolation-rooms are indispensable, preferably sound-proof, and they must be close by.

In these wards, which can be arranged according to requirements, the unsociable patients are brought together with a sufficiently numerous staff. An attempt is made to teach them very simple work, to keep them occupied. In these educational wards the difficult patients also take their meals ; time is allowed for amusement, and we try to encourage sociability by simple children's games or reading, and sometimes by simple community games. Silence when working must be maintained as much as possible. These wards should be considered as the lowest class of the educational school. They are living-rooms, and must not be confused with work-rooms ; they belong, in reality, to the infirmary department, in which the patients are trained for a

society where a higher social order rules. Since each patient's surroundings are formed by all the patients collectively; it is the duty of each individual in those surroundings to behave in accordance with a standard of decent orderliness. We cannot tolerate that a single individual should disturb all the others. The communal interest comes before the interest of the individual if the latter causes a disturbance to the community. This must continue to be the leading principle in these wards.

If a quiet reprimand has no effect, then the patient must be removed at the commencement of the disturbance. The withdrawal must, however, be of short duration, and the disturber of the peace should be brought back to the others as quickly as possible. Our aim is to teach the patients how to behave in the company of others, to tolerate company, and to be tolerable themselves.

Some of the practical measures which have proved useful are the following :

(1) To take action at the very beginning of the disturbance. Sometimes it is quite sufficient to remove whatever it may be that is evidently troubling the patient, or to give him another place in the same room. A pleasant word, or some attention paid to his work, can sometimes quell approaching uneasiness.

(2) If this is of no avail, then the removal in a calm manner to another room is often sufficient. This is the reason why it is very desirable to have adjacent to the day-wards a ward with beds, where an excited patient can be taken for a short time.

(3) If this also proves inefficacious, then a rest in bed for an hour or two may bring a solution.

(4) When all these measures have no result one should resort to the isolation of the patient, but only for a *very short time*—five minutes as a beginning, and in case of failure somewhat longer, at most half an hour. The patient must be brought back, again and again, to the ward. The absence must be short, since otherwise we fall back into the old error of leaving the patient too long to his own devices, whereby he once more gives way to bad habits—out of boredom. If the excitability continues, a new method must be looked for.

(5) Either the patient is sent with the nurse into the garden for a short time, or—

(6) He is given a warm bath, which, in such a case, may last for an hour or two, or—

(7) He is given a chemical narcotic, which, of course, must be administered exclusively by the doctor's orders.

But very often these fits of excitement can be prevented altogether. For this it is essential to know their cause. Here a general rule, gained by experience, is valid : we ourselves, and the nursing staff, should first examine our own actions ; it then often proves that it is *we* who, by acting inconsistently or inappropriately—for instance, by allowing one patient to disturb another for too long, or by brusqueness of manner or irritability—are the cause of the excitement.

We should try, then, to prevent excitement, but once it is present, we should act immediately, with gentle firmness, with consistent justice, and along logical lines. In the application of these educational rules certain further principles have been proved to be of great value :

1. The various rules must be applied *consistently*.

2. A measure which has to serve as an unpleasant stimulus in breaking a troublesome habit must be employed *immediately*.

3. The calm example of the person in charge is indispensable for good training.

In my opinion there is no objection to calling the measures we use against disturbing actions—just as we do in educational training—" punishments ".

In this way bad habits can be broken, and even wrong stereotyped movements be transformed into useful ones. One patient who constantly rubbed his trouser legs is now an excellent painter's primer ; another, who made aimless rubbing movements, at present scours concrete plates perfectly. One must take measures for diluting the difficult elements and not put too many restless patients together.

The same principles should be carried out with those groups of patients who are not taken to the educational wards, but are allowed to go outside in small groups. Those particularly who show strong impulses to violence, and who cause too much disturbance inside through their noisiness, are best set to work in the open air under competent guidance. Wheelbarrows and hand-carts are, in this connection, splendid appliances.

In the case of these " outside parties ", too, one must take special care not to give them work which is at all difficult ; one must be satisfied with the very simplest labour. We have to take into account that with these groups, also, measures must be available for checking a disturbance of order, and therefore their work must be in the immediate neighbourhood of the wards, so that disturbing elements can be removed at once, for a short time, without much trouble.

I have dwelt somewhat at length on some essential details of educational measures, which can be used for the most difficult patients. It is evident, however, that even with all this everything has not been achieved. After certain results have been obtained, those who have made progress should be advanced to a higher class. It follows that arrangements should be made in the establishment, so as to have the use of day-wards and workplaces, differing in grade from one another, creating a class-system, as it were, in which patients are placed according to their behaviour and capacities. To give an example : Central workshops where patients do productive work, like normal workmen, belong to the highest class ; and so do the wards for the quiet and orderly patients, where scarcely any staff is required to supervise them.

Thus you see that psycho-therapeutic education, involving constant, active attention to each individual, is the leading principle. We aim at making the

patient responsible for a great many of his actions, at cultivating his feeling of independence and communal sense, and encouraging him in orderly behaviour, rules of training and education such as have been applied with success for years in the best institutions for the mentally defective. That we should make use of work as the most effective means in the training is a matter of course. But the work should remain only a means in order to bring improvement, and must never become an end in itself.

I will therefore very briefly mention other educational measures, which have also proved to be of importance. Encourage neatness in clothing and at meals. Do not do all the difficult work yourselves, but make an attempt to strengthen the feeling of self-respect by giving patients tasks with some responsibility attached to them.

Show confidence and encourage unattended walks. Have as few locked doors as possible. Demand order, attention to rules, and discipline. Give the patients a small reward in the form of pocket-money if they work well, and see to it that they are free to do as they like with it. A shop in the grounds of the establishment encourages this independence. Do not forget that every worker needs periods of rest, with suitable recreation, as well as regular hours of labour. In this country, where physical training by means of sport is on such a high level, I need not point out its usefulness in the education of mental patients. Games, music and dancing also form part of it. But recreation can only be allowed if it has been earned by work.

In everything concerned the attempt should be made to remodel the hospital into a small community for the mentally diseased. In this community we must strive for order and self-reliance. New self-reliance and new self-respect must be cultivated—the main pillars of our feelings of happiness and individuality.

It is evident that for this purpose a staff with special training and personality is necessary. They must possess educational talents. No results can be obtained without an energetic staff and energetic medical officers. And, finally, the staff must be sufficiently numerous. An inadequate staff must inevitably mean that patients are left largely to themselves, and are allowed to deteriorate. But our mentally diseased patients have a right to therapeutic measures which have been proved by experience to have the most salutary effects.