OCCUPATION THERAPY AND "ACTIVE" THERAPY.

DURING the past year interest in occupation therapy has been greatly stimulated by the visits, organized by the Study-Tours Sub-Committee, to Gütersloh, where the system associated with the name of Dr. Simon and often spoken of as "active therapy" originated, and to Santpoort, where this system has been most thoroughly applied outside Germany. Following these comes the Board of Control's Memorandum,* reviewing the present position, and making definite recommendations for the initiation and development of occupation therapy on similar lines.

Until recently the work done in this direction in Germany and Holland had received very little attention in this country, and even now it cannot be said that its immense significance has universally been realized. Organized therapeutic occupation, as distinct from the time-honoured employment of patients, derived mainly from the experience of the war hospitals, and from the conspicuous example of American mental hospitals. In the Board of Control's Annual Report for 1931, for instance, the standard to be aimed at is given as that of "the best American hospitals", and the question is raised whether this can be attained without the lavish staffing in vogue there. American methods are also the only ones described in the most recent edition of Henderson and Gillespie's text-book, while other current works make only cursory reference to the subject. In the Board's report for 1932, on the other hand, emphasis is laid on the "lessons of Gütersloh and Santpoort", and the Board heartily endorse the principles that guide the work at these centres.

What, then, is the Simon system, and wherein does it differ from the methods elaborated in America, and practised, though often in embryonic form, in this country? The Chairman of the Board of Control, speaking at the discussion on the subject at the Public Health Congress last year, stated that in the American method the part played by the occupation therapist was elaborated and emphasized, while in the Dutch and German practice, putting it quite generally, the work of the occupation therapist was done by the medical staff themselves. But the difference is more far-reaching and fundamental.

Occupation therapy, as we have known it, is a therapeutic measure applied to a certain number of individual patients, though these may be combined in groups for training purposes. Its value is not to be denied, but it leaves untouched the general character of the hospital. The fully-developed Simon

* Board of Control: *Memorandum on Occupational Therapy for Mental Patients*, 1933. Price 6d.

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system, on the other hand, involves a transformation of the hospital régime which can only be compared with that brought about by the great reforms of the early nineteenth century. Here the entire institution becomes one vast occupational centre ; and the therapeutic application of work, rest and recreation becomes the foremost concern of the entire staff working in co-operation. This is made possible because the system involves much more than occupation alone. The educational approach to the patient, shown in the simple measures of conditioning described below, is an integral part of it. The most remarkable result has been the complete elimination of the refractory or turbulent ward, and the virtual elimination of the refractory or turbulent patient.

That the change is truly revolutionary is emphasized by the experience of Dr. Van der Scheer (now Professor of Psychiatry at Groningen University), who introduced the system at Santpoort in 1926. At that time the hospital already had about 70% of its patients occupied, and it might be thought that subsequent extension to over 90% might have made comparatively little difference. The contrary was the case, the change being felt by all as a new departure, and marking a turning-point in the history of the hospital.

A description of Gütersloh was included in Dr. A. E. Evans's account of the Tour of Mental Hospitals of Western Germany in the Journal for January, 1933 ; and a description of Santpoort, together with notes on the Simon system, will be found in the account, also by Dr. Evans, of the tour of Dutch Mental Hospitals in the January, 1929, number ; the latter, though nearly five years old, can still be taken as accurate in the main, though some further progress has been made since its publication. No first-hand account, however, of the principles underlying the system has yet appeared in this country. We reproduce here, therefore, a short paper on the subject, which was originally prepared by Dr. Van der Scheer for the Congress of French-speaking Alienists at Antwerp in 1928* :

" A few years ago, in a paper read at a previous congress, I stated that of the 1,460 patients in my institution, about 70% were able to carry out more or less productive work. At that time the remaining 30% were idle, and of these about one-third, *i.e.*, 10% of the total number, were incapable of work for physical reasons, such as serious illness or old age.

" The remaining 20% belonged to the so-called ' restless ' group, which includes the violent and destructive patients ; those, for instance, who tear their clothes or soil their room, in fact the usual population of the so-called ' restless ' or ' turbulent ' wards.

" The purpose of the present paper is to show that by taking these patients in hand systematically, while at the same time providing them with pleasant and quiet surroundings, it is possible, in the great majority of cases, to cause them to become relatively quiet and sociable. From my experience I can say that a treatment on new lines of this class of patient is gradually taking shape,

* *Congrès des Médicins Aliénistes et Neurologistes ; XXXII Sedition. Comptes Rendus.* Paris : 1928.

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which will bring about, in a comparatively short time, the complete disappearance of the turbulent habits of a large section of mental hospital patients.

"To give you an idea of the results that can be obtained, I have taken a census of my patients on July 1, 1928, the date being chosen at random. On that date, out of 1,420 patients, 1,273 were at work; of the 147 unemployed, 112 were incapacitated through serious illness or old age, so that only 35, or 2½%, were unemployed for mental reasons. Of these only 8 were still continuously isolated in single rooms, and hardly any sedative medicines were in use.

"Treatment by the wet pack has been completely given up, and the continuous bathing equipment, comprising 51 baths, is almost never used.

"The fundamental principle of the treatment advocated here consists in a methodical application of the data obtained from pedagogic experience and from a study of normal development in man.

"Applying these educational principles to mental patients one finds:

"1. That most of the symptoms of turbulence, such as noise, abusiveness, destructiveness, and uncleanliness, are not part of the true symptomatology of the psychosis. They are nothing but bad habits, due to loss of the acquirements of education and experience.

"2. That the influence on the patients of their environment is of the greatest importance, and that in our treatment we must consider the reciprocal influences that obtain between the individual and the environment as a factor of paramount importance.

"Even if the illness has caused irreparable organic damage, the patient nearly always retains sufficient mental potentialities to enable him to be re-educated in a particular direction. In biological terms, the problem is to initiate in the patient a number of new conditioned reflexes.

"In no case should a patient who appears incapable of spontaneous occupation be left to himself. With systematic perseverance one finds that nearly all are able to carry out some form of activity.

"Work or occupation (including recreations such as reading, games, dancing, etc.) is our most powerful means of re-education.

"We begin from the results obtained from experience in the education of the normal child. A mental patient is able to learn from experience in the same way as a child learns. Hence, as in the case of the child, every action should have its consequences, pleasant or unpleasant.

"Hence, again, it is necessary to provide for the patients' surroundings which shall be as pleasant as possible, and, in every instance of misbehaviour, to remove the culprit temporarily from these surroundings.

"This has two advantages. Firstly we prevent the turbulence of a single patient from causing annoyance or excitement among the others. Secondly, the patient is made to feel, temporarily, the unpleasant consequences of his behaviour.

"Isolation must, however, be for a very short space of time. As soon as possible the patient should be brought back to his normal surroundings, and given an opportunity to make a fresh attempt at orderly behaviour. Isolation may be carried out by putting the patient to bed, or by placing him in a single room or in a continuous bath, but I repeat again that it must be of very short duration—an hour at the outside, and shorter if possible.

"At the same time it must be borne in mind that action must be taken the moment the patient shows the first signs of agitation or turbulence. It is of the greatest importance that excitement should be prevented from spreading

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to the other patients. A single patient cannot be allowed to upset a group. The quiet and orderly character of the environment must be firmly maintained.

"Experience has taught us that in the majority of cases excitement is not a result of the morbid process, but is really a reaction to external stimuli. In many cases it is caused through our own fault; sometimes the treatment is defective, sometimes the approach to the patient has been unskilful or tactless; sometimes excited patients are left alone too long or are allowed to upset other patients. There is plenty of explosive material about, but it is our duty to see that the spark does not reach the powder.

"Therefore the greatest quietness should prevail, and, in particular, unnecessary talking should be avoided.

"The work should be as educative as possible, and a great variety of occupations should be available. A system of rewards helps to instil into patients the notion that work is of benefit to themselves, as well as to enhance their feeling of personal value.

"To sum up: The fundamental principle of the system is the application of pedagogical methods to all cases of psychosis.

"It is obvious that to carry out these methods with success suitable material conditions must be provided; and probably the most difficult to obtain is a staff sufficient in numbers and quality who, in addition to special training, are of sufficiently high cultural standard to enable them to apply intelligently these elementary pedagogical methods."

It will be seen, then, that the Simon "active" therapy re-introduced the notions of discipline and social responsibility; that it involves substantial improvement in the material comforts provided for the patients; that an absolutely essential element is the training of the staff in the attainment of the same degree of self-restraint that is expected of the patients, and a meticulous adjustment of the personality of the nurses to that of the patients under their care. It involves, in fact, a reaching-out beyond the "general hospital" standard—still often held up as the ideal to be attained by mental hospitals—and a new appreciation of *mental* nursing as a vocation.

A few outstanding impressions may be added of conditions at Santpoort. The increased responsibility and status of the medical officers, each of whom (assisted by a house physician) has complete control over the patients' activities in his own section. The extreme patience with which the painfully slow re-education of catatonics is pursued. The doctor refraining, temporarily, from entering a class-room where his presence was known to irritate a particular patient. The group of paranoid women, previously querulous and unemployable, working under a male instructor, a man whose somewhat eccentric personality had made him a difficult colleague on the male side, but who proved an outstanding success here; this latter not, of course, an essential feature of the system, but an example of how convention is not allowed to stand in the way of the patients' welfare. The ease with which the products of the patients' work are disposed of, in the institution itself, to other institutions and in sales to the public. The brightness of the wards, with their well-designed furniture and colour schemes, providing the "pleasant environment" essential to the

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system, while at the same time affording excellent scope for the employment of patients at decorative work of all kinds.

It is obvious that, compared with the magnitude of the reform envisaged, the question of the employment or not of an occupations officer is not a matter of major importance, and must depend on local needs. The Board of Control's memorandum makes out a strong case for an occupations officer outside the ranks of nursing staffs. On the other hand, many would prefer such a post to be filled by a " doubly trained " nurse, *i.e.*, one who has had a full training in both nursing and occupation therapy. In any case the functions of the occupations officer must be clearly defined. While it will be agreed that he or she should not exercise the controlling authority that should belong to the medical officer, the post should not be degraded to the mere running of an " arts and crafts " or " fancy-work " department. It seems hardly necessary to add that to expect the occupations officer to carry out unaided the treatment of patients who are turned over to her for a limited period, possibly of two or three days a week, is a practice that bears no relation to any therapeutic method, and can only serve to bring the name of occupation therapy into disrepute. It is agreed by all that to ensure continuity of treatment, the nursing staff must co-operate, and that every nurse should be given some form of training.

Another fallacy that should be mentioned here concerns the relation of occupation therapy to the utility departments of the hospital. The sharp distinction which the Board of Control's memorandum emphasizes between therapy and mere occupation, is often wrongly taken as synonymous with a distinction between the " occupations department " and the utility departments. This distinction is especially liable to be made on the female side. It is still believed by some that the " occupations department " should serve mainly as a recruiting ground, preparing patients for promotion to the workroom, laundry and kitchen, while patients who can be fitted into one of these latter departments without such preparation need no further attention from the occupational point of view. This view overlooks the therapeutic use that can be made of the ordinary hospital activities, as well as ignoring the very varied standards of skill required for different kinds of work both in the utility departments and in the " non-utility " occupations. A patient, for instance, who has been successfully re-educated through an awakening interest in gardening will not be benefited by removal to the needle-room; and the fact that a schizophrenic is able to do simple folding in the laundry in a mechanical fashion does not mean that she is not urgently in need of re-educative activities if deterioration is to be prevented. In some hospitals the same gang of men is employed for years in pulling a cart in the grounds; at Santpoort this work is reserved for turbulent and deteriorated patients who are to be re-educated, and no patient is kept at it for more than a few weeks.

It may be that British mental hospitals may be able to evolve an occupational system in which the best features of American methods may

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supplement the more fundamental reforms of "active" therapy. The emphasis that has been laid in these notes on the latter system is not meant to detract from the value of the former, and especially of the amount of research into the application of the methods to particular types of patients which has been carried out largely by occupation therapists themselves. In our Epitome section there will regularly be found abstracts from the American journal, *Occupation Therapy and Rehabilitation*, and we are glad to welcome a similar publication recently started in Canada. Miss West's article, which will be found elsewhere in this issue, puts the therapist's standpoint very clearly. Since the Board's memorandum was issued more than one hospital in this country has copied the Simon system so far as to make it possible for them to act as centres of instruction for others. We shall endeavour to give their efforts full publicity, so that members of the Association may have the benefit of their growing experience in this new and hopeful venture.

A. W.

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