OCCUPATIONAL THERAPY FOR PSYCHONEUROTICS IN HOSPITAL.

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In the early days of this War there were few special hospitals set apart for the treatment of War Neuroses. Such cases as arose were for the most part dealt with as out-patients in General Hospitals. As the Army grew in numbers and neuroses from Norway and France arrived in this country the need for special hospital facilities became greater.

REASONS FOR ADMISSION TO HOSPITAL.

Psychiatrists in the Army are of necessity limited in number. They are posted to certain military centres and each deals with all the military psychological casualties that arise in the surrounding area, often covering many square miles. It is frequently necessary to recommend repeated psychiatric interviews for cases of severe neurosis. If these cases are widely dispersed in the area it is impossible to have them attending as out-patients for several reasons; so much time is wasted on journeys, the soldier has to be excused all sorts of duties and discipline becomes slack and he may be a source of psychological infection in the unit. Thus it comes about that neurotics requiring more than a few psychiatric interviews are admitted into special hospitals for observation, investigation and treatment. It is on observations made in one such hospital that the following notes are based.

PROBLEMS OF HOSPITAL MANAGEMENT.

As most psychoneurotics have no physical illness these hospitals are faced with the novel situation of having their beds filled with patients who do not need to be in bed at all by day. These men are inspected each morning by the Medical Officer on his daily ward round but treatment is carried on for the most part in personal interviews. About thirty cases are allotted to each Psychotherapist and if he can interview each case on alternate days for half an hour in addition to his other hospital routine duties he is not letting the grass grow under his feet. It follows that the patients have a good deal of spare time on their hands and it has been found that if the daily routine is not properly organized such military morale as these patients have possessed is rapidly lost.
The patients dealt with include hysterics, anxiety neurotics, obsessionals, borderline oligophrenics, psychopathic personalities and psychotics. 50 per cent of our hospital beds are allotted to neurotics, 25 per cent to psychotics and 25 per cent to the borderline cases, psychopaths, delinquents, etc.

The neurotic cases may be divided into two rough groups: (a) Acute war neuroses in which the condition has been precipitated by war trauma; (b) subacute and chronic cases not precipitated by war trauma but brought about in predisposed persons by lack of adaptation to the community life of the Services.

With us the second group predominates and a great part of our work consists in dealing with this maladaptation.

Most of these neurotic cases are self-centred, individualistic and poor mixers. Left to themselves they become very readily "browned off." They bore each other with the recital of their complaints. They become discontented, depressed and often truculent and very quickly an atmosphere can spread through the hospital which is anything but conducive to cure. As a great number of our neurotics are extremely suggestible one disadvantage of having numbers segregated in a special hospital is that cases of cross-infection may occur. In civil nursing homes for neuroses the patients, in their own interests, are strenuously exhorted to refrain from mentioning to their fellow sufferers anything about their symptoms or treatment. Obviously such exhortation cannot be so effective in the Services.

Occupational Therapy.

The importance of Occupational Therapy for Psychotic and Orthopaedic cases has long been recognized and therapists to-day are specially trained—and well organized. The need for this therapy for neurotics is, however, not sufficiently appreciated. Of course, during the Great War, "shell shock" hospitals had their handicraft centres but, to-day, it is necessary to get beyond the "arty crafty" stage of occupational therapy, merely as a pastime for bored individuals, to the conception of the use of specially selected graduated occupations as a positive help in the cure of the neuroses. Perhaps this neglect of occupational therapy and its use in the treatment of the neurotic is due to the fact that in civil life neurotics are for the most part treated as out-patients who carry on with their normal work and live in their usual environment in the intervals between psychotherapeutic interviews.

Thus it happened that no provision was made in Military Hospitals for the employment of specially trained occupation therapists nor were there any funds available for the purchase of raw materials or tools for handicrafts. The organization of an adequate occupational therapy department was accordingly left to the importunity of the medical officers and the
Occupational Therapy for Psychoneurotics in Hospital

generosity of such local inhabitants as could be sufficiently interested in the project.

Supply of Raw Materials and Tools.

An account of the measure of our success in establishing a satisfactory occupational therapy department may be helpful to medical officers elsewhere. When we first started this department here we were fortunate in obtaining the voluntary services of a trained Occupational Therapist, the wife of an officer in the Garrison, who gave a series of lectures and demonstrations to the nursing and medical staffs and set us off on the right lines.

We have also been fortunate in being well-served by generous local inhabitants. We happen to be within five miles of a city with a first-class Technical School. The authorities there allow us to send, gratis, a party of thirty men for a two-hour session on two afternoons a week. There our patients receive instruction in woodwork, weaving, clay modelling, metal work, drawing, lino-cutting and sign writing. More important than this, certain of the Technical Staff, notably the Woodwork and Drawing Instructors, visit the hospital regularly and conduct classes in the day rooms. The practical work thus begun is continued in sessions supervised by our N.C.O.s in the intervals between visits from the Instructors.

The problem of funds for raw materials and for Technical Instructors has been overcome by various methods. A special Occupation Therapy Account was formed into which patients paid cost price for any material used in constructing articles for their own use. Any orders executed for benevolent patrons outside the hospital were sold to them at market price. The sale of our Christmas Cards made on the premises to the hospital staff and patients brought in a substantial profit.

We have been enabled to carry on woodwork classes in the hospital daily by a loan of carpenters’ benches and tools from the local civil Education Authorities whose Training School premises for primary teachers was commandeered for other purposes. Carpenters’ tools can now be obtained for this purpose from Ordnance and taken on hospital charge.

- Basketwork, rug making, needlework (sock darning) and weaving on small handlooms made in our own woodwork classes have been conducted in the hospital by ladies from the local Blind Welfare Association who have given their services voluntarily.

A large amount of furniture damaged in air raids was obtained through the good offices of a local officer patient. This was invaluable material for our woodwork class.

Much has been begged, borrowed or acquired. In fact there is no wile or nuance of mendacity or mendicancy to which we have not descended to secure the materials essential for the maintenance of this department.

Army Educational Corps.

The A.E.C. is responsible for arranging activities which may be classed as diversional occupation and the local Area Army Education Officer has
been one of our most invaluable collaborators. Certain materials such as drawing paper, pencils and paints and a limited amount of timber were indented for through his department. The Army Education Officer has been able to secure for our visiting Technical Instructors some financial return for the time spent in this hospital. In addition he has arranged during the Winter Sessions for two evening lectures per week, often illustrated by lantern slides, on a variety of subjects. This is just part of the general Army Education Scheme and for this purpose our patients are looked upon as forming a self-contained unit. He has also been most helpful in the matter of transport for these varied activities.

A Serjeant of the A.E.C. has been allotted to us temporarily and in his hands is now the charge of all tools and materials and the supervision of all classes. He also controls the hospital library and debates and discussions on current affairs and teaches map reading and other military subjects. Under him we have two R.A.M.C. Lance-Corporals. One with special experience of handicraft in civil life is in charge of indoor occupation, the other, who is a professional gardener, is in charge of all outdoor occupation.

As for the various occupations some are certainly more popular than others. Woodwork and metal work take first place. The number of small articles such as cigarette boxes or regimental badges soldered into ash trays that can be sent home to wife or sweetheart is very great. Wooden toys for the children at Christmas were much appreciated.

Drawing on the whole is unpopular. In restoring confidence to patients it is essential that they should be able to produce quickly something which can stand comparison with the finished product of an expert. It is much easier for the novice to achieve this end in woodwork or metal work than in drawing. Even sign-writing is more popular than drawing and as a result of this work all our hospital rooms are properly labelled. The letters are made to exact measurement with set square and ruler in an elementary class and the results appear to be anything but the work of novices. The Technical Instructors speak highly of the intelligence of our neurotic patients and find them on the whole more interesting and progressive pupils than their civilian adolescents. They all agree that whatever their artistic sense they learn the technique of a craft at an astonishing rate.

The discovery of unsuspected ability in metal work and woodwork classes has been of great service in subsequent disposal of cases, e.g. an aircraftsman, a milkman in civil life, suffering from an hysterical aphonia, expressed great unhappiness at being in a Balloon Barrage unit. He showed extraordinary ability, which he had not suspected he had, with his hands at metal work and on the strength of this he was recommended for training in a skilled trade and made a successful readjustment.

Physical training, gardening, ground maintenance and the heavy work involved in digging and draining slit trenches is not generally popular but
each man has to take his part and sinks his personality in the common wel­
fare of the hospital as a whole.

Football and baseball and cricket have their skilled exponents and sup­
porters and, for those who cannot get interested in team games, there are
para-military exercises such as cordon breaking and the rounding up of
paratroops, etc., in which Officer and N.C.O. patients can play their proper
role, teaching the men field craft and giving opportunity for display
of initiative and ingenuity. These exercises are very popular and inculcate
military morale without the tedium of barrack square drill.

**DAILY ROUTINE.**

Our aim is to have each patient as fully occupied from the time he gets
up until after tea as he would be if on full duty with his unit.

Our time table is roughly as follows:—

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>6.30 a.m.</td>
<td>Reveille; wash and shave and clean wards.</td>
</tr>
<tr>
<td>7.30</td>
<td>Breakfast.</td>
</tr>
<tr>
<td>8.30</td>
<td>M.O.’s round.</td>
</tr>
<tr>
<td>9.00</td>
<td>P.T. class.</td>
</tr>
<tr>
<td>9.30</td>
<td>Break for light refreshments.</td>
</tr>
<tr>
<td>10.00—12.00</td>
<td>Occupation in day rooms, woodwork, rug making, etc., or,</td>
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</tbody>
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<pre><code>           | alternatively, out of doors, gardening, ground                |
           | maintenance, trenching, etc.                                  |
</code></pre>
<p>| 12.00—12.30 | Dinner.                                                       |
| 2.00—4.0 p.m. | On Mondays and Wednesdays: technical school.                |
|            | On Tuesdays and Thursdays: organized games or para-military  |
|            | exercises.                                                   |
|            | On Fridays: pay parade.                                       |
|            | On Saturdays: Army Kinema Service presents a film.            |
| 4.00      | Tea.                                                          |
| 5.30—7.00 | Monday: Visit by ladies of Blind Welfare Association to      |
|           | instruct in basket making, rug making and needlework, etc.   |
|           | Tuesday and Thursday: Army lecture.                          |</p>

So that all patients can be occupied at the same time between 10.00—12.00
and 2.00—4.00 daily, wards alternate between outdoor and indoor
occupations.

After tea those who have done their full-day’s work are free for recrea­
tion and can enjoy such privileges as they have earned.

We have been also very much indebted to the ladies of the local Over­
seas League who have organized innumerable parties, whist drives, dances
and theatrical performances in which the patients have displayed histrionic
skill. Our patients are excellent actors. Although this does not exactly
come under the heading of Occupation Therapy yet it has assisted materially in keeping up the "morale" of our patients.

It will be seen that there is now a great variety in choice of occupation. The choice, however, is not left to the patient but prescribed by the doctors and this very often results in a patient being given a task at which he has no skill in preference to one in which he is good with the express purpose of bringing out in him some new quality and fresh interest.

**AN ILLUSTRATIVE CASE.**

A fairly typical case in point is that of a W.O.II, aged 44, with twenty years’ regular service to his credit who held a responsible clerical post and had been court-martialed and severely reprimanded for "sitting" on official correspondence. On returning to work it was not long before he repeated the same offence. His Commanding Officer sent him to see the area psychiatrist and he was admitted to hospital in a state of agitated depression. He could not concentrate on anything and had severe insomnia. He was not very easy to help with psychotherapy. He had read a good deal about psychoanalysis and did not hold with it.

He was introduced to woodwork, a handicraft at which he was extraordinarily bad because all his life had been devoted to intellectual and devotional pursuits. However this occupation which was so strange to him absorbed his whole interest. He found himself in healthy competition with young soldiers and gradually a whole new field of activity was opened up to him.

He became much more friendly and co-operative. A claustrophobic symptom was revealed and this had first come on when he was listening to a sermon in church and was associated with a moral lapse about which there was exaggerated guilt feeling. He had over-compensated for this by setting himself impossible standards of efficiency. He was now able to accept a good deal of psychotherapeutic help and his treatment was completed by a short course in modern office methods in the local technical school.

Follow-up of his case six months after return to duty says: "He has done excellent work, has not ailed a single day and describes himself as completely cured." He has been promoted to W.O.I.

It is sometimes thought by the lay mind that medical psychologists exist for the sole purpose of making excuses for the delinquencies of neurotic patients and that they insist on them being given a free hand in the expression of their perverse personalities.

That is not our conception of the role of the psychotherapist. In civil practice the oddity, as a result of psychotherapy, becomes less odd and conforms more to his surroundings. In the Army, if our neurotic patients are to be returned to their units for further useful service, we must evoke, preserve and enhance their military morale.

We found that in the early phases of this scheme when we allowed our patients more or less to please themselves as to which classes they would attend the scheme was not a success. They encouraged each other in lack of co-operation and developed a community atmosphere of Negativism.
We appreciated that the germ of community life had been sown and developed it in a favourable direction by the compulsory system whereby occupations were prescribed just like medicines and had to be taken at precise times.

While every effort is made to induce patients to display their idiosyncrasies, to abreact or air all their personal grievances about the Services in the seclusion of the M.O.'s Office during psychological interviews, any public exhibition of unrestrained emotion, discontent or insubordination in the wards is immediately checked. For example one afternoon at tea time the names of those detailed to attend an Army lecture in the evening were announced. One patient, instead of merely replying to his name when called said, "I blank, blank, am not going to attend any blank, blank lecture." He was immediately placed on a charge and brought before the Commanding Officer next day. His excuse was that he was suffering from "nerves" and could not help himself. This was not accepted as adequate and he was awarded fourteen days C.B.

Another patient suffering from hysterical contracture of the left hand had been granted compassionate leave. He had wired asking for an extension but this could not be granted. However he took the law into his own hands and returned in his own time. He was dealt with summarily and awarded seven days' detention which he served in spite of his disability. Both these were regular soldiers who had been wounded in France. Both were exhibiting hysterically exaggerated symptoms. Apart from temporary resentment these punishments had a salutary effect not only on them but on all the patients in their wards. They both recovered and returned to duty.

Of course, any patient who cannot really be held responsible for undisciplined behaviour we transfer to the delinquent or psychotic sections.

Neurotics are not pampered in hospital. On the contrary, by a blending of therapy and discipline we endeavour to transform their self-pity into self-respect.

We make it clear to our psychoneurotics that they are in much the same position as they would be if undergoing psychotherapy in civil life. The civilian attending a psychotherapist is induced to abreact during each interview with the physician but in the intervals he has to conform to social conventions.

We like to avoid punishments in dealing with neurotics in hospital but do not hesitate to award them when faced with gross breaches of military discipline even if it means that an individual has to suffer for the sake of the hospital atmosphere as a whole.

Our main aim; however, is by judicious use of a graduated scale of privileges, by group occupational therapy and individual psychotherapy, to encourage patients through the various phases of readjustment until they have reached the stage where they are fit for duty again both mentally and physically.
SUMMARY.

(1) It is pointed out that there was no special provision made for the supply of Occupational Therapy materials or for the employment of a trained Occupational Therapist in Military Hospitals.

(2) The various expedients adopted in establishing an Occupational Therapy department are described.

(3) The importance of compulsion is stressed.

(4) Hospitalization must not be an escape from military routine. Military discipline and morale can be maintained best in a hospital of this type by a system of rewards and privileges for good behaviour and freedom from neurotic symptoms.

(5) In special hospitals where neurotics are segregated it is essential to have properly organized Occupational Therapy in addition to individual psychotherapy if rehabilitation to the community life of the Services is to be achieved quickly.