

# Hospital Capsules

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We have asked the chairmen of the sessions on recreation for the ill and handicapped at the 40th National Recreation Congress, in Atlantic City, September 22-26, to give us a "capsule" report of each; some of these follow.

**Recreation—A Positive Force in Preventive Medicine.** *Chairman:* Carol Lucas, Ed.D., *Recreation Consultant, Federation of Protestant Welfare Agencies, Inc., New York City.*

Alexander Reid Martin, M.D., speaker at this session, declared that modern technocratic man cannot avail himself of the blessings of leisure. With more leisure time available, there is a growing incapacity to enjoy it and use it creatively. Dr. Martin took the word "riper" and dissected it as follows: R stands for religion, I for industry, P for psychiatry, E for education, and R for recreation. Each word was discussed in detail, thus making his presentation novel and refreshing.

**Report on the NRA Study of Recreation in Hospitals.** *Chairman:* Elliott Cohen, *Research Specialist, National Recreation Association.*

Dr. John E. Silson, director of the study of recreation in hospitals, Pleasantville, New York, and biostatistical consultant to the NRA, discussed the statistical findings; and Dr. Warren Johnson of the American Psychiatric Association suggested that the study laid the long-needed foundation for further development of suggested standards for hospital recreation personnel. Martin Meyer, coordinator of activities therapy of the division of mental health in Indianapolis, stated that the study is a mirror into which each of us can look, to see ourselves as part of a new and exciting profession. We now have the basis for developing our profession in relation to others working with the ill and handicapped. In making the study, the National Recreation Association has performed a great service not only to hospital recreation, but to the entire recreation field.

**Techniques of Observation and Reporting on Patients' Behavior.** *Chairman,* Louis Linn, M.D., *Mt. Sinai Hospital, New York City.*

Following formal presentations by the panelists, there was a stimulating discussion based on questions from the floor. Problems of communication between different members of the modern

hospital treatment team were discussed and the importance of frequent staff meetings for the exchange of information was emphasized. Using the recreation worker to handle group and individual emotional emergencies on psychiatric, medical, and surgical wards was illustrated with case histories. The importance of the recreation worker's observations in the psychiatric evaluation and treatment of each case was also brought out.

**New Concepts in Recruitment and Education of Personnel Working with the Ill and Handicapped.** *Chairman:* C. C. Bream, Jr., *Chief, Recreation Division, Special Service, Veterans Administration, Washington, D. C.*

This was a very stimulating meeting. Following brief presentations by panel members, each was challenged from the floor on some point. These "challenges" were in themselves thought provoking and brought forth additional facets of the total problem. Of particular interest was whether there should be a generic core curriculum for all ancillary therapists in the hospital or a specific graduate sequence for each specialty.

**Demonstration of Recreation Techniques for the Mentally Retarded.** *Chairman:* Mrs. Henry W. Gould, *Chairman, Recreation Committee, National Association for Retarded Children.*

These workshops were divided into two parts: a swimming and a music demonstration. Demonstrations were put on by four retarded children from the swimming program conducted at the YWCA, Ridgewood, New Jersey. Richard Brown, director of water safety of the American Red Cross, said, "These children are human beings and can be taught to do things, if they are given a chance." In the second, David Ginglend, teacher and camp director, showed how seriously retarded children of all ages can learn to enjoy music. By acting out the actions suggested—use of rhythm, folk dances—these children demonstrated genuine appreciation and enjoyment, and results were most evident and amazing.

**Community Resources Available Nationally and Locally for Recreation in Hospitals and Related Institutions.** *Chairman,* Alice Burkhardt, *Recreation Leader, Bellevue Schools of Nursing, New York City.*

This was an exhibit consisting of twenty-five booths, all chosen because

they offered new, creative, unusual, and imaginative resources in programs for the ill and handicapped. Representatives of each display were on hand to exhibit, explain, and describe their material, which included gem polishing, jewelry making, unusual games and program ideas, music, photography, puppetry, home-to-school radio, stamp collecting, talking hooks, plus gadget-free films, and lists of available materials.

**How to Use Recreation Activities as a Therapeutic Tool.** *Chairman,* Thomas H. Rickman, Jr., *Chief, Special Services, U. S. Public Health Hospital, Carville, Louisiana.*

In this enthusiastic meeting a new and definite trend in both thought and action was in evidence—the use of recreation activities as a therapeutic tool in patient treatment. It was evident that a closer alliance between the recreation worker and the medical and psychiatric profession is occurring throughout the country. The use of specific program activities was discussed.

**Ethnic Factors in Planning Recreation Programs for Patients in Nursing Homes and Homes for the Aged.** *Chairman,* Elias S. Cohen, *Commissioner, Department of Welfare, Harrisburg, Pennsylvania.*

While ethnic factors are often one of the determinants in planning recreation programs for patients in nursing homes and homes for the aged, it was agreed that emotional response, psychological make-up, and the interrelationships of staff and patients were underlying factors in program development. It was pointed out that we frequently fail to take the anthropologist's approach to learn as much as possible about the life patterns of the patient with whom we deal. An interesting formulation classified patients in nursing homes in four groups: watchers, participators, thinkers, and creators.

**Cooperative Planning for the Handicapped—Joint Responsibility of the Community and the Institution.** *Chairman,* Lucy F. Fairbank, *Assistant Institutional Therapy Consultant, Illinois Department of Public Welfare.*

It was agreed that the handicapped as citizens have a right to the service of community recreation programs and, if at all possible, the handicapped should be absorbed into regular leisure-time programs. An important aspect of the job of those in recreation at hospitals and clinics is to educate communities to see their responsibilities. Often reluctance stems from feelings of inadequacy or fear on the part of the community recreation leaders. #