

McGILL UNIVERSITY

AN EXPLORATORY STUDY OF THE USE OF
SMALL ACTIVITY GROUPS WITH
REGRESSED SCHIZOPHRENICS

A Thesis Submitted to
The Faculty of Arts and Science
In Partial Fulfilment of the Requirements
for
The Master's Degree in Social Work

by

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Montreal, October, 1959.

It is with sincere appreciation the writer acknowledges the guidance of Dr. Verity Ross, the advisor for this study, and the co-operation of the Verdun Protestant Hospital, particularly Mr. S. S. Reider of the Psychology Department, and the staff of Northwest House. But most of all, the writer remembers with warmth the seven men of Ward K who unknowingly shared in this study.

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*Editor 4/2/74
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ABSTRACT

AN EXPLORATORY STUDY OF THE USE OF SMALL
ACTIVITY GROUPS WITH REGRESSED SCHIZOPHRENICS

by

VONDALE SWAISGOOD

This thesis is concerned with an exploratory study of the use of a small activity group with regressed mental patients at Verdun Protestant Hospital.

It is based upon the writer's services to seven regressed schizophrenic males involved in such a program daily over a four-month period. The study seeks to determine the behavioural changes that occur in the group as a result of involvement in this program. The study describes the subjects, their selection and hospital setting, and the program devised for their participation. Most important is the section evaluating indications of behavioural changes observed in members of the group. Observations from the writer's daily records of group sessions, results from psychological tests, impressions of nursing staff, and the annual psychiatric evaluation provide the data for the determination of behavioural changes in the subjects.

Changes were found to occur with respect to the subjects' appearance, social relationships, and work habits.

CHAPTER I

INTRODUCTION

Two unrelated observations stimulated the writer's interest in this study. First, it appeared to the writer that present treatment trends in mental hospitals focused attention upon the newly admitted patient while the recovery potential of victims of many years hospitalization was permitted to diminish; and secondly, the increasing interest shown by social group work in institutional settings, including the psychiatric hospitals.

Statement of the Problem

The purpose of this study is to determine the behavioral changes that occur in a selected group of psychotic¹ patients as a result of their involvement in a small activity group program, and to examine the relationship

¹Psychotic, as defined in the Psychiatric Glossary, prepared by the Committee on Public Information, American Psychiatric Association (Washington: 1957), p. 55, refers to one of two major categories of emotional illness in which there is departure from the normal patterns of thinking, feeling, and acting. "Commonly characterized by loss of contact with reality, distortion of perception, regressive behavior and attitudes, diminished control of elementary impulses and desires, abnormal mental content including delusions and hallucinations. Chronic and generalized personality deterioration may occur."

between these changes and changes in group relationships.

Previous studies of this type, several of which are described in Chapter II, have shown that improvement does result in some behavioral areas from the patients' participation in an intensive group experience.

Value of the Study

It is the opinion of the researcher that consideration of the areas in which behavioral change may occur in the patient hospitalized for many years, and the related change in group relationships, is of value in that it demonstrates the ways in which it is possible for the small group to contribute to the treatment program.

2. The newness of the social group worker to the institutional setting proffers numerous conceptions of the worker's responsibilities. This study illustrates one role of the social group worker in such settings, and describes one type of service offered by the latter to the mental patient.

Limitations of Present Study

There appear to be three primary limitations to the present study. They are:

1. Behavioral change as a result of the patients' participation in only the small activity group is evaluated, rather than change related to a treatment program of which

the activity group is only a part.

2. No control group is used.

3. Psychological assessment techniques were selected by the Psychology Department of the hospital primarily to secure data for a related project. Two of the three tests were of limited support for purposes of this study as they required verbal or written responses.

Setting of the Study

This study was undertaken at the Verdun Protestant Hospital, a private institution for the mentally ill, located at the edge of a Montreal suburb. Its massive, old buildings stand far back on tree-shaded lawns which are separated by a highway from the St. Lawrence River. Here are housed approximately 1660 of the Province's mentally ill. The Verdun Protestant Hospital has gained recognition on the continent in recent years for its successful pioneering in the use of tranquillizing drugs. Although handicapped by limited funds, antiquated buildings, and insufficient staff, this hospital reported 498 admissions and 347 patients discharged as recovered or improved for the year 1956.¹ While the number of admissions surpassed the number of discharges, 69.7 per cent of discharges on number of cases admitted left the hospital as improved or recovered.

¹Verdun Protestant Hospital. Annual Report for the Year 1956, Verdun, Montreal, Quebec (1956), p. 63.

Nevertheless, the treatment failures of the past continue to occupy an all too high percentage of available space. For those who have not responded to treatments, for the mentally deficient, the senile, the incontinent and the violent, there are sections of the hospital known as the "back wards"--the home of the forgotten men. In the fall of 1957 the grim "back wards" were still a reality in this hospital, and became the focus of the researcher's study.

CHAPTER II

THE USE OF GROUP ACTIVITIES IN THE MENTAL HOSPITAL

The Mental Hospital

A changing climate.--Treatment programs for the mentally ill have undergone radical changes within the past thirty years.¹ Along with the newer physical therapies, such as tranquillizers, and the communication techniques, called psychotherapy, is a growing concern with the impact of the hospital climate upon the mentally ill person. Dr. Maxwell Jones² conducted experiments in psychiatric wards in England during the early 1940's in which he encouraged greater patient responsibility than hitherto in the treatment program. The "therapeutic community" which he described subsequently became the forerunner of major considerations of the sociological, as well as medical, features in the structure and operation of the mental

¹Jack R. Ewalt, Edward A. Strecker, and Franklin G. Ebaugh, Practical Clinical Psychiatry (Toronto: 1957), p. 209.

²Maxwell Jones, The Therapeutic Community (New York: Basic Books, 1953).

hospital.^{1, 2, 3, 4}

Organizational and attitudinal changes have occurred as a result of this concern with the hospital environment. Typical of these changes are those reported by Cumming, Clancey, and Cumming⁵ who indicate that the impact of change is most pronounced upon the convalescent wards which house primarily newly admitted patients. It is, however, the population of the back wards which comprises most of the care and treatment problems which confront the staffs of large mental hospitals.⁶ These patients are the long-term residents of the hospital with a poor prognosis for recovery.

The schizophrenic patient.--Schizophrenia has

¹Alfred H. Stanton and Morris S. Schwartz, The Mental Hospital (New York: Basic Books, 1954).

²Milton Greenblatt, Daniel J. Levinson, and Esther L. Brown, From Custodial to Therapeutic Care in Mental Hospitals (New York: Russell Sage, 1955).

³Ivan Belknap, Human Problems of a State Mental Hospital (New York: McGraw-Hill, 1956).

⁴Milton Greenblatt, Daniel J. Levinson, and Richard H. Williams, The Patient and the Mental Hospital (Glencoe, Illinois: Free Press, 1957).

⁵Elaine Cumming, I. L. W. Clancey, and John Cumming, "Improving Patient Care through Organizational Changes in the Mental Hospital," Psychiatry, Vol. XIX, No. 3 (August, 1956), pp. 249-261.

⁶J. O. Sines, Rubel Lucero, and Gordon Kamman, "A State Hospital 'Total Push' Program for Regressed Schizophrenics," Journal of Clinical Psychology, Vol. VIII, No. 2 (April, 1952), pp. 189-193.

emerged as the most common form of mental illness in American culture.¹ A substantial proportion of persons with this disease become chronic institutional cases, and subsequently, comprise the majority of the patients who occupy the back wards. According to Bellak, approximately 47 per cent of the beds in mental hospitals are occupied by schizophrenic patients, whereas only about 25 per cent of the admissions are diagnosed schizophrenic. The average length of hospitalization for schizophrenia in the United States is 13.1 years.²

Bellak reports that the symptoms of schizophrenia show considerable individual variation, and show variability as the illness progresses. He states:

The symptoms of schizophrenia are manifested in various forms of poor ego functioning such as the emergence of the primary process of thinking; poor control of drives; a poor relation to reality, adaptively and libidinally; poor defences; impairment of some autonomous functions; and a low synthetic function of the ego.³

In Ewalt's opinion schizophrenia is characterized by "apathetic, silly, or unexpected emotional responses, by many varieties of defects in the thinking and associative processes, and by, in many cases, the presence of delusional

¹Ewalt, loc. cit.

²Leopold Bellak (ed.), Schizophrenia: A Review of the Syndrome (New York: Logos Press, 1958), p. 75.

³Bellak, op. cit., p. 5.

and hallucinatory phenomena."¹

The etiology of schizophrenia is uncertain. Theorists vary widely in their contentions, and one can only conclude from existing information that this disorder may be basically functional, organic, or a combination of both. A characteristic finding in the study of schizophrenia relates to the patient's developmental history. Socialization difficulties in childhood and limited extension of self in inter-personal contacts in later life are common. Ewalt concludes that the schizophrenic basically has ". . . difficulty in forming firm and dependable emotional ties of an appropriate nature to those around them."² This characteristic abandonment of the object world and predilection with fantasy create a barrier which intensifies the difficulty of involving the schizophrenic patient in a treatment program.

The Use of Group Activities

Related studies.--As reported in the literature, studies concerning the use of group activities in the treatment program of regressed patients seem to have developed in relation to two separate problem areas. One group of studies emerged from the concern of some hospital administrations with the day to day living conditions prevalent in

¹Ewalt, op. cit., pp. 194-210.

²Ibid., p. 112.

the back wards of large mental hospitals. It was recognized that only a small proportion of these patients received direct treatment and that much of their waking day was spent in idleness on the ward. Since the number of staff available for service on the back wards is usually limited, routines that involved a number of patients simultaneously were devised.

One of the earliest of these studies was reported by Myerson¹ and Tillotson² in 1939. These writers coined the phrase "total push" to describe a program of stimulation imposed upon the patient during his waking hours. The program consisted of four parts: (a) general medical measures, (b) exercises and games, (c) diet and vitamins, and (d) psychological push consisting of new clothing, praise, blame, reward, and punishment. Tillotson presented this study of eleven deteriorated patients hospitalized for over ten years as a "distinct method of intensive, organized individual activity" and recommended its utilization as an important adjunct to medical treatments rendered.³

¹Abraham Myerson, "Theory and Principles of the 'Total Push' Method in the Treatment of Chronic Schizophrenics," American Journal of Psychiatry, Vol. VC (March, 1939), pp. 1197-1204.

²Kenneth Tillotson, "The Practise of the Total Push Method in the Treatment of Chronic Schizophrenia," American Journal of Psychiatry, Vol. VC (March, 1939), pp. 1205-1213.

³Ibid., p. 1213.

About the same time Yoder¹ reported a socialization program carried out with twenty-four hebephrenics who had suffered with psychoses on the average for a period of three years. He noted improvement in all but four of the participants.

In the late 1940's Martin² initiated what may have been "the first, most complete experiment of its kind in Canada." Dr. Martin removed seventy-two regressed schizophrenics from a back ward to a living area supplied with radios, plants, chairs and magazines. The patients were given ordinary clothing and exposed to simple activities. After nine months, the ward staff observed improvement in approximately 60 per cent of these patients, particularly in the areas of appearance, continence, and work habits.

Lucero,³ reporting in 1952 on a "total push" program with fifty-four patients over a six month period, indicated that although improvement was observed the expense was too

¹O. R. Yoder, "A Socialization Program in the Treatment of Dementia Praecox," Occupational Therapy, Vol. XVII (1938), pp. 107-116.

²M. G. Martin, "A Practical Treatment Program for a Mental Hospital 'Back' Ward," American Journal of Psychiatry (1950), 106, 758.

³Rubel J. Lucero et al., "Critical Evaluation of a Total Push Program for Regressed Schizophrenics in a State Hospital," Psychiatric Quarterly, Vol. XXX (1954), pp. 650-667.

great for use with all regressed patients. Galioni¹ carried out a similar project and re-emphasized the need for social rehabilitation of the patient.

In the second group, studies are less numerous, but more closely related to the writer's research problem. These studies deal with the progress of small groups of regressed patients (not necessarily of the same hospital living area) during involvement in periodic activity programs led by one or two members of the professional staff.

One such study, which most closely approximates the work of the researcher, was undertaken by Mary Ellen Case in 1949.² Eight deteriorated schizophrenics with an average hospitalization period of 9.9 years met three times weekly in an activity program designed to help them develop relationships with each other through developing and strengthening their own social abilities. This latter study differed from the writer's in that the patient group included both sexes and met three times per week rather than daily.

¹E. P. Galioni et al., "Intensive Treatment of Backward Patients--a Controlled Pilot Study," American Journal of Psychiatry (1953), pp. 576-583.

²Mary Ellen Case, "The Forgotten Ones: An Exploratory Project in the Use of Group Activities for the Treatment of Deteriorated Psychotic Patients," Smith College Studies in Social Work, Vol. XXI (June, 1951), pp. 199-231.

Three separate studies are reported from the Verdun Protestant Hospital. Wittkower and LaTendresse¹ involved a small group of patients in a specifically directed occupational therapy group. They introduced a progression of materials chosen to rechannelize specific regressive behavior. For example, dirt, cocoa, finger paint and lipstick were introduced to rechannelize feces smearing. They employed as a control group patients exposed to traditional occupational therapy which encourages and develops the patients. These authors concluded that their own methods held greater therapeutic value than the latter.

Azima and Wittkower² extended this method in a study involving six female schizophrenics in a program that combined occupational activity with group therapy. Sessions took place for an hour a day, five days a week, with a psychiatrist and occupational therapist present. The activities selected were designed to help patients work through specific problems related to their regression. Rocking chairs, nursing bottles, and affection shown by the therapist were a few of the techniques used to simulate maternal care. They reported the results were considered

¹E. D. Wittkower and J. D. LaTendresse, "Rehabilitation of Chronic Schizophrenia by a New Method of Occupational Therapy," Canadian Journal of Occupational Therapy (1954), Vol. 21, p. 115.

²H. Azima and E. D. Wittkower, "Gratification of Basic Needs in Treatment of Schizophrenics," Psychiatry (1956), Vol. 19, pp. 121-129.

encouraging, but difficult to evaluate.

The most recent study initiated at the Hospital was conducted by Reider,¹ a psychologist. Fifteen regressed female patients were involved in some form of group activity with the therapist for one hour daily, five days per week. A control group of fifteen patients were exposed to the normal ward routine during that period. Group activities such as singing, rhythm band, movements to music, social games and discussion were utilized with the former. Although the results of the Reider study have not been formally presented at the time of this writing, the apparently improved socialization of patients who engaged in the experimental group supported the proposal of the Psychology Department of the Verdun Protestant Hospital to initiate the project of which the writer's study is a part.

Role of the social group worker.--Although an increasing number of social group workers express interest in practising in special settings, such as the psychiatric hospital, limited opportunities for practise in these settings are available at the present time. This is particularly true in work with groups of regressed patients. Of those studies described in the preceding section only

¹Sidney S. Reider, "A Program for the Social Integration of Chronic Schizophrenic Patients in a Mental Hospital," Paper prepared for the Psychology Department of the Verdun Protestant Hospital, Montreal, Canada, 1957.

one, the Case study,¹ was undertaken by a social group worker.

Whereas the group worker has not yet had sufficient opportunity to demonstrate how his skills could be used within the treatment programs of regressed patients, other professions have developed socialization techniques in order to work more effectively with hard-to-reach patients. Psychiatrists, psychologists, and occupational therapists have devised and participated in programs for the withdrawn, the non-verbal, and the socially unskilled patients. These programs, as well as those of the social group worker, are to be distinguished from the more numerous studies of psychotherapy groups which are problem focused and utilize discussion techniques rather than an activity program. Saul Scheidlinger² has clarified these differences by pointing out that social group work is ". . . directed at those areas of the ego which remain relatively undisturbed by the psychopathological process. Focus is placed on increasing socialization and improved reality function, ego support through satisfying interpersonal relations and group identity, and encouraging self-expression." He regards the emphasis in group psychotherapy, however, as repair of the

¹Case, op. cit.

²Saul Scheidlinger, "Social Group Work in Psychiatric Residential Settings," American Journal of Orthopsychiatry, Vol. 26 (1956), pp. 709-750.

underlying personality conflicts themselves.

The special contribution that the social group worker can make is well described by one active practitioner, Marion Sloan:¹

Mental patients have particular need to be liked, accepted, and identified with a group and to experience satisfying interpersonal relationships. . . . A specific technique used by the group worker is to provide opportunity for the patient to do things he has been known to do successfully when well. . . . The W encourages the development of a group spirit so that the members can enjoy a feeling of liking each other, of helping one another and working together with a common goal.

This writer does not imply that activity groups can supplant other therapy and service to the patient. On the contrary the writer hypothesizes that the involvement of regressed patients in small group activities is a valuable adjunctive form of therapy which may produce behavioral changes in patients and thus render other therapy more effective.

Summary

Changes in treatment programs for the mentally ill have brought about increased awareness of the impact of hospital environment upon the patient. The long-term resident of the hospital, usually the recipient of the most

¹Marion B. Sloan, "The Role of the Group Worker in the Adult Psychiatric Hospital," Group Work in the Psychiatric Setting, ed. Harleigh B. Trecker (New York: William Morrow and Co., 1955), pp. 56-57.

limited service, presents special problems in any consideration of ways to modify his hospital climate.

One form of mental illness, schizophrenia, accounts for nearly half of the occupants of mental hospitals. A majority of the long-term residents are victims of this illness. Hence, the researcher's concern with the use of small group activities in the treatment program of these particular patients.

A review of the pertinent literature shows that group activities have been used in two ways with chronic patients: some studies describe entire living units engaging in programs of socialization and stimulation throughout the patients' waking day; a lesser number of studies report experiments with small groups of selected patients who meet daily for group activities.

Professions other than social group work have initiated many socialization programs. Present interest in the field of social work may result in further demonstration of the skills the group worker can utilize to develop ways of reaching the long-term resident of the mental hospital.

CHAPTER III

METHODOLOGY

The data for this study are derived from the writer's observations and evaluation of the behavior and interaction of a group of seven psychotic male patients who were long-term residents of a mental hospital. The members of this group constitute one group in an extensive project undertaken by the Psychology Department of the Verdun Protestant Hospital. The researcher was responsible for the formulation of the criteria and procedures used to select the patients who comprise this group and who constitute the subjects of this study.

This Chapter describes the composition of the group, the criteria and procedure followed for selection of the subjects, the methods used to evaluate the behavioral change that occurred as a result of their participation in the group, the program employed, and the role of the worker with the group.

Composition of the Group

As already indicated the subjects in this study are male patients at the Verdun Protestant Hospital. In Chapter I the significance of one form of mental illness,

schizophrenia, and the interest of the Psychology Department of the hospital in focusing a part of their research on this particular illness was discussed.

Male patients were selected since the researcher's acquaintance with the male units of the hospital was such that it permitted initiation of the study without delay.

As already stated, the researcher's group was limited to seven men. This number was considered by the researcher and the Psychology Department of the hospital to be small enough to permit the worker to give individual attention to members, yet sufficiently large to provide the members with a sense of belonging to the group. Another basis for determination of the size of group was that it could be handled by one person either in the hospital or on the grounds.

At Verdun Protestant Hospital it is Northwest House which houses those male patients whose illness shows regression¹ or deterioration.² In Northwest House, Ward K does not represent the extremes³ of these back wards. This,

¹Regression is defined as "the readoption, partially or symbolically, of more infantile ways of gratification." (Psychiatric Glossary, op. cit., p. 57.)

²Deterioration is defined in the above source as "the progressive disintegration of intellectual and/or emotional functions in psychoses." (Ibid., p. 27.)

³This ward does not represent a particular deviation such as the senile, the incontinent, the mentally defective, the working or the acutely disturbed patients.

therefore, became the ward from which the seven men who would meet the criteria outlined in the following section and who would comprise the group of subjects for this study were selected.

Criteria for Selection of Subjects

In order to ensure a homogeneous group and to eliminate circumstances that would in themselves constitute a deviation, and to establish the factors that are important corollaries of change, thirteen criteria were formulated to establish group membership. They are:

1. Minimum of three years continuous hospitalization.--This is usually indicative in this hospital of a chronic psychosis which has been diagnosed and exposed to appropriate treatment with little positive effect.

2. Minimum of two years assignment to Northwest House.--This placement indicates that regression is not temporary and a failure to respond to recently developed treatment methods.

3. Maximum age of fifty years.--This age limit was established to eliminate the senile patient and the possibility of physical disability due to the aging process.

4. Normal I.Q. potentiality as determined by the case history recorded at the time of admission to the hospital.--A group which is homogeneous insofar as intelligence is concerned enables goals for the group as a unit to

be established.

5. No evidence of organic brain disease.--This precludes the possibility of progressive deterioration during the research period and limited potential capacity for change.

6. No psychosurgical impairment.--Erratic, unstable behavior resulting from such treatment could be disruptive to the group, and the likelihood of permanent change lessened.

7. Limited success following insulin or electro-shock therapy.

8. Not employed in hospital work projects.--Since work is considered a form of therapy, it is associated with the patient who is improving or one who shows sufficient awareness to function in a closed society.

9. Not in receipt of group or individual psychotherapy.--A patient receiving either of these forms of treatment is not only receiving specialized active treatment, but of a type reserved for the patient with a degree of insight.

10. Not engaged in occupational therapy projects.--This usually indicates that the patient refused to attend, grew disinterested in, or is considered unable to function in, a setting with limited controls.

11. Not a participant in experimental projects

involving relatively untested drugs.--Under the influence of drugs, violent fluctuations in behavior might occur which could invalidate the research findings.

12. Not considered an assault or escapee risk.--This precaution precludes an incident which could seriously disrupt or limit the activities of the group.

13. Prognosis by two hospital psychiatrists indicates no discharge anticipated within one year period.--This criterion emphasizes the severity of the disorder and more or less ensures the availability of the patient for the duration of the study.

Selection Procedure

Using the forementioned criteria established for the selection of the subject group, the researcher devised a six step selection procedure.

Step 1. Initial elimination from the Northwest House K population.--Three persons were involved in the initial selection of patients for the group: the researcher, who was most familiar with the purposes underlying the formation of the group and with the selection criteria; the ward supervisor of Northwest House K, who was the one trained person having the most direct contact with the patients of that ward; and the head nurse of Northwest House, who supervises all nursing services in the House and who has known these patients for several years. The ward

roster cards, which contain concise factual data about each patient, also were used to facilitate selection. Of the ninety patients in the ward, twelve apparently fulfilled the criteria.

Step 2. Consultation with the psychiatrist in charge of male services.--The researcher consulted this supervisory psychiatrist in order to preclude any interference with concurrent treatment programs, and to ascertain whether additional information concerning any of these patients might indicate a limitation upon his participation in the group. The psychiatrist recommended elimination of two patients, one as an escapee risk, and the other because he was exhibiting aggressive behavior due to changes in medication.¹

Step 3. Verification of the satisfaction of criteria by means of case records.--The researcher scanned the case records of the ten remaining potential members to verify that each patient met the established criteria. Two

¹At this point in the selection process the researcher had requested the ward supervisor, the head nurse, and the psychiatrist each to list independently those seven patients of the remaining ten that they would include in the group. The researcher as the prospective worker with the group also listed her preferences. The researcher requested the listings with the intent of including in the group those patients who received the most preferences. However, only ten names remained to be considered, and succeeding steps in the selection process further eliminated patients. Although this additional step did not influence the selection, the choices made by particular personnel may be of interest. The comparative listings with the actual group members noted are found in Appendix A.

more patients were eliminated.

Step 4. Approval by the clinical director.--The eight names that remained on the subject list were then submitted to, and approved by, the clinical director of the hospital.

Step 5. Observations from the testing situation.--Although the eight patients met the selection criteria, the maximum membership of seven had been established. The researcher and the psychologist who administered the tests agreed to postpone elimination of the eighth patient until information indicative of the patient who deviated most from the behavioral norm of the group was available. The testing situation afforded the first opportunity to obtain such observations. During the administration of the Revised Beta Test one patient proved extremely distracting and distractible. The researcher and the psychologist agreed that inclusion of this individual in the group would probably result in excessive demands upon the researcher to the detriment of her relationship with the other group members.

Step 6. Observations of group interaction during the first five sessions.--The researcher evaluated the composition of the group with respect to the apparent homogeneity of membership. Factors such as personality, interests and response to other subjects were considered. The researcher questioned whether the criteria for

selection ensured a group membership whose presence and interaction was generally congenial. The observations indicated one patient possessed superior co-ordination and awareness that enabled him to surpass the functioning level of the other members. He dominated the group, and his presence appeared to irritate and frustrate the others. He subsequently expressed his disinterest in the group, and a new member was sought. The researcher examined the ward roster cards and the patient who most closely met the criteria was selected.¹ His selection was confirmed through the six step procedure as described above.

Evidence of Behavioral Change

Six different methods were used to procure information about the subjects before, during, and after participation in the project. The researcher regarded the differences shown in comparisons of the data compiled at points throughout the study as indices of behavioral change. The methods used were:

1. Case histories.--Background data concerning the family, incipience of the illness, treatments and progress throughout hospitalization were derived from the case records.

¹The patient, Sam, was initially excluded as mentally defective. However, the medical record describes him "as giving the appearance of mental deficiency, but tests do not bear out organic impairment." (Italics mine.)

2. Psychological tests.--Tests were administered by the Psychology Department of the hospital at the beginning and the conclusion of the study. The Revised Beta intelligence test was chosen as the most appropriate for use with regressed patients. The intelligence test was selected to obtain a general picture of the subjects' functioning and work habits, and, if possible, to assess intellectual potentiality. The Verdun Association List and Speed of Finger Tapping¹ were chosen since previous studies by the Psychology Department indicate these tests may be of particular value in evaluating the general functioning of regressed patients. The Speed of Finger Tapping is a manual test and as such does not require verbal or written responses which may inhibit the long-term resident. The Verdun Association List requires single word responses verbally. The researcher regarded these tests most appropriate to demonstrate changes in test performance which might be related to increased communicativeness or physical participation observed in the group.

3. Worker's impressions.--The worker² recorded observations from all sessions she held with the group. This record followed no prescribed form, but contained those

¹A description of these tests is included in Section 2 of Chapter V.

²"Worker" will hereafter be used to indicate the researcher in her relationship with the group.

observations which the worker considered most significant from each group meeting.¹ In addition, the worker prepared initial and final descriptions of the subjects as they appeared to her at the beginning and at the end of the study.²

4. Ward supervisor's impressions.--The researcher requested the supervisor of Northwest House K to prepare a brief profile of each subject at the beginning and at the end of the study. Six areas were suggested for comment: (a) appearance and habits, (b) behavior, (c) response to other patients and staff, (d) communication, (e) ward work, and (f) frequency of visitors.

5. Baker and Thorpe Rating Scale.--This rating scale, a copy of which appears in Appendix D, was completed at the beginning and at the end of the study by the head nurse, the ward supervisor and the worker.

6. Psychiatric examination.--The yearly psychiatric evaluation in the subject's permanent file was noted for 1957 and 1958.

Program Structure

The framework.--The researcher, after conferring with the Psychology Department of the hospital, developed the framework of the proposed program. A structured program

¹Four records, each representative of one month of the study, are found in Appendix B.

²These descriptions are found in Appendix A.

was selected which would facilitate a consistent approach on the part of the worker, and offer group members more security in their identification with the group.

The frequency of group meetings was fixed at five per week in order to give continuity to the program and to create anticipation of the meetings. A fixed, repetitive pattern for meeting was arranged so that subjects could recall and anticipate sessions. Meeting times for the group were: Monday, Wednesday and Friday at 9:00 A.M.; Tuesday and Thursday at 2:30 P.M.

A minimum length of one hour for each meeting was established in order to provide adequate time for program, yet to avoid excessive demands on the attention span of the participants.

It was also important for participants to associate a particular location with the group meetings. Therefore, morning meetings were held in the ward lounge and afternoon meetings in the recreation hall which provided space for activity programs.

The subjects were approached by the worker before each meeting and encouraged to attend. If a patient did not wish to participate, this was accepted. However, the worker re-approached him before she left the ward; he was assured that he would be expected at the next meeting.

Subjects who attended a meeting were encouraged to

participate and to remain for the full period. However, they were free to determine for themselves the extent and duration of their participation.

The content.--The program content was determined by the type, level, duration and frequency of activity that the worker considered appropriate for the group. The worker was guided in her selection of program by certain of the studies described in Chapter II. The descriptions of activities introduced by Case¹ and by Reider² proved particularly helpful in suggesting appropriate types of program for regressed patients groups.

The type of program was limited in three ways:

(a) The composition of the group demanded a program aligned to the interests and abilities of men of potentially average intelligence between the ages of thirty and fifty years, whose co-ordination was reduced, mental processes decelerated and awareness limited from the effects of the disease from which they suffered; (b) The program must be workable within the physical surroundings available. On the ward, activities were held in a lounge, twelve feet by twelve feet, or occasionally in a long hallway; (c) The program media were limited to materials and equipment provided on

¹Case, loc. cit.

²Reider, loc. cit.

the ward or by the Recreation and Occupational Therapy Departments.

The program level must be appropriate to the subjects' capabilities; it must be interesting, yet immediately satisfying; challenging, but not frustrating; simple, but not childish.

The duration of any one activity was dependent upon the worker's sensitivity to signs of restlessness, inattentiveness or responsiveness within the group.

The frequency with which any one activity recurred was determined by the response of the group. Activities which seemed to arouse increased participation were repeated. Requests or preferences expressed by the group sometimes guided the worker. An activity which encouraged longer periods of concentration with each successive introduction was noted and repeated.

Six major categories of program emerged. Table I below indicates these categories and lists the specific types of program attempted. Chapter V will further elaborate and discuss these program areas.

Role of Worker

As already indicated, the researcher was also the group worker who served the patient group described in this study. Her function in relation to the group was two-fold:

1. Direct leadership of the group.--Since this

TABLE I. Major Categories of Program and Specific Types of Activity Developed for Use with a Group of Seven Regressed Schizophrenic Male Patients at the Verdun Protestant Hospital from November 1957 through February 1958.

Major Categories of Program	Specific Types of Activity	Major Categories of Program	Specific Types of Activity
Active games	bowling badminton volleyball ring toss bean bags relays circle games ball toss ping-pong	Table games	dice games marble games monopoly dominoes puzzles checkers bingo cards X and O
Arts and crafts	plasticene crayons pastels finger paint scrapbook Occupational Therapy Shop leather woodwork	Verbal activities	games I spy geography name the person reading-conversation
Ladies group	parties Valentines Day Christmas square dancing coffee-conversation active games quiet games sing-song rhythm band reading	Other	records act-a-sport wrapping Christmas gifts lacing skates decorating Christmas tree stereoscope-conversation magic and guessing games testing

group was formed within a closed society the role of the social group worker may be expected to differ from that of the worker who serves a group organized as a general community service. Wilson and Ryland described this difference in terms of the degree of activity of the worker.¹ They postulate that the degree of activity of the worker varies inversely to the social health of the group members. These writers charted a comparison of the worker's role in groups whose members were out of touch with reality, with a similar role in groups composed of eager, competent, ably functioning participants. The worker's role varied from aggressive control of the former group, to advisory capacity in the latter.² This researcher's experience bore out the results of this analysis. The patient group, composed of men who were either out of touch with reality, withdrawn or disinterested, exhibited an initial and continuing dependency upon the worker. The initial focus of the group meeting was the worker. The worker selected the program, arranged the materials, demonstrated their use, encouraged the subjects' involvement, and stimulated conversation. Thus the worker's role was initially a very active one.

The worker gradually tempered this highly directive

¹Gertrude Wilson and Gladys Ryland, Social Group Work Practise (Cambridge, Mass.: Houghton Mifflin Co., 1949), p. 67.

²Ibid., p. 68.

role by helping group members to make choices, reject materials, and grow in awareness of each other. More of the focus of the group shifted to the activity as time progressed. As in other settings of social group work, the worker's role evolves as the group members develop their capacity to assume responsibilities in their group life, but in this setting the evolutionary process is slowly paced.

In certain aspects the worker's role was structured specifically for this patient group. Although this was a medical setting the worker wore her usual attire rather than a white coat or smock. In this way she disassociated herself from the medical personnel and hoped to de-emphasize the subjects' concern about mental and physical problems while they participated in the group meetings. This permitted the subjects to focus more attention on the group and to extend their interest to the world outside.

The worker's approach to the group members was warm and reassuring. She encouraged the subjects to attend the group sessions, but avoided pressuring them to do so. She attempted to maintain informality through the use of first names. In all contacts with the subjects, she emphasized their importance within the group, and encouraged a sense of belonging to it.

2. Observation and recording.--The worker consciously attempted to sharpen her awareness of the men's

participation in each session and to record immediately after a session those observations which were most appropriately descriptive of that particular meeting. The recording followed no prescribed form or outline, so that the structure need not limit the observations which seemed most pertinent.

Summary

This Chapter has presented the methodology used in the formation of the patient group, and the development of the structure whereby the material for this study was obtained.

Subsequent chapters will introduce the subjects who were selected through these procedures, and will describe their hospital setting as well as observations of their participation in the program devised for this study.

CHAPTER IV

DESCRIPTION OF THE WARD SETTING AND GROUP AT OUTSET OF THE STUDY

The focus of the group worker is two-directional. The worker is concerned with the interaction among the members and the relationships formed within the group; he is aware of the individuals who comprise the group and is interested in factors, such as their associations outside the group and personal background, which may affect their participation in the group.

For the patients who participate in this study, the hospital is their world; the ward is their home. In order to understand more fully the limitations and realities imposed by their home this Chapter offers a description of the ward they occupy and of the men who share it. A general picture of the group membership and of their relationships with each other as observed by the worker at the outset of the study is presented. The Chapter concludes with a discussion of the focus of the worker in initiating activities with this group.

Hospital Home: Northwest House K

In Northwest House, Ward K does not represent the

extremes of the back wards,¹ but houses a cross-section of ninety men ranging in age from twenty-five to sixty-five. The majority of the men are relatively young, physically able, and prior to their illness apparently of average intelligence. About one-third of these patients spend much of the day on work assignments away from the ward. Many of these men are diagnosed as schizophrenic; a number have received psycho-surgery and shown limited improvement.

The physical environment seems scarcely conducive to the patients' recovery. The dayroom is large, but uninviting. Hard wooden benches and chairs, all usually occupied by patients, line the walls. Narrow windows, pictureless walls, and faded curtains do little to relieve the ward's drabness. The adjacent sunroom is a small replica of the dayroom, except the three glass walls permit a bright warmth. Down a hallway is the huge dormitory with white iron beds pressing closely on each other.

Two recent acquisitions brighten the daily lives of the men. They are a television set which shortens the dull evening hours and provides some daytime diversion, and a comfortable lounge. The latter, with its peach walls and floral drapery, is the most cheerful spot on the ward, and attracts the men from breakfast until bedtime. The lounge became the site of most of the activities of the group

¹Supra, p. 4.

described in this study.

A trained supervisor and three attendants share the responsibility for this large ward. In the fall of 1957 three student nurses were assigned part-time to the ward. The ward is clean and orderly, but activity among the patients is sparse. The attendants involve some of the men in ward work. Each morning an occupational therapist brings a crafts program to the ward. Usually the ping-pong table and two smaller tables are vacant. Only occasionally are solitary reading, a game of checkers or cards observed. With so little diversion or stimulation, activities such as bingo and ball toss are welcomed enthusiastically; with so few staff even these games are infrequently initiated. The writer observed that about one-half of the men of this ward showed little interest in their surroundings, and exhibited minimal response to the overtures of staff or other patients.

Members of the Group

Six of the seven men selected to comprise the group showed little interest in their ward surroundings and were among those who appeared to have withdrawn into their own world of thoughts and phantasies. The seventh subject was spontaneous, out-going, and able to approach staff and other patients. Initially this subject was the only verbal member of the group. Another subject was considered mute, and the others remained silent or spoke incoherently.

At the outset of the study the seven subjects exhibited many similarities. The men were of similar physical ability and motor co-ordination. Table II introduces the subjects and lists their ages, number of years of continuous hospitalization, and diagnosis of their illness.

TABLE II. Name,^a Age, Years of Continuous Hospitalization, and Diagnosis of Illness of Seven Regressed Schizophrenic Male Subjects.

Subject's Name	Chronological Age in Years	Years of Continuous Hospitalization	Diagnosis of Illness
Average	42.4	11.3	. . . . .
Art	40	14	schizophrenia: catatonic type
Dick	30	15	schizophrenia: simple type
Earl	49	7	schizophrenia: hebephrenic type
Joe	45	19	schizophrenia: hebephrenic type
Ralph	41	3	schizophrenia: paranoid type
Sam	45	3	schizophrenia: simple type
Vincent	47	18	schizophrenia: simple type

^aThe names listed in Table II are those given by the writer to the subjects and will be used hereafter in this study.

As indicated in Table II, the subjects range in age from thirty to forty-nine years with an average age for the

group of 42.4 years. The number of years of continuous hospitalization varies from three to nineteen with an average length of 11.3 years. The four major classifications of schizophrenia¹ are represented in the group.

The available background data and results of the intelligence test indicate no exceptional ability or deficiency if allowance is made for their state of mental health. In Table III the subjects' response to the Revised Beta Intelligence Test is recorded. Their behavior, as observed by the writer, in this test situation at the outset of the study is described.

In Appendix A descriptions of each subject involved in the study appear. The descriptions are compiled from the worker's initial observations of the subjects as she visited them on the ward, from the profile prepared by the ward supervisor, and from the background material contained in

¹The four types of schizophrenia, as defined by the Psychiatric Glossary, are:

Catatonic type, "characterized by immobility with muscular rigidity or inflexibility; alternating periods of physical hyperactivity and excitability may occur, and generally there is marked inaccessibility to ordinary methods of communication.

Simple type, characterized by withdrawal, apathy, indifference, and impoverishment of human relationships, but rarely by conspicuous delusions or hallucinations.

Hebephrenic type, characterized by shallow, inappropriate emotions and unpredictable and childish behavior and mannerisms.

Paranoid type, characterized predominately by false beliefs of persecution and/or great self-importance, wealth or power." (*Italics mine.*)

the subjects' permanent records.

TABLE III. Response of the Seven Regressed Schizophrenic Male Subjects to the Revised Beta Intelligence Test Administered November 4, 1957.

Name of Subject	Raw Score	I.Q. Rating	Behavioral Response
Total	100	. . .	. . . . .
Art	22	69	Preoccupied; attempted only one or few questions per section.
Dick	0	0	Attempted no part of the test; repeatedly rose to leave and returned pencil to worker.
Earl	14	67	Showed uncertainty; hallucinated; failed to comprehend the spatial perception, association, or recognition of similarities.
Joe	12	66	Approached each problem persistently; became confused and discouraged.
Ralph	66	91	Concentrated well; scored high in spatial perception.
Sam	54	93	Gave full attention to test.
Vincent	0	0	Did not comprehend any part of the test; signed his name in Hebraic symbols.

Relationships within the Group

Prior to their involvement in the group, the subjects had shown no particular interest in one another during their ward contacts. During their first meetings the subjects, with the exception of Sam, exhibited limited awareness of each other. Sam responded to comments of the worker and also attempted to initiate conversation with the

other subjects. Figure 1, a sociogram prepared by the worker in November, 1957, illustrates the lack of interaction among the subjects. This figure also indicates the varying social distances maintained by the subjects in their initial relationship with the worker.

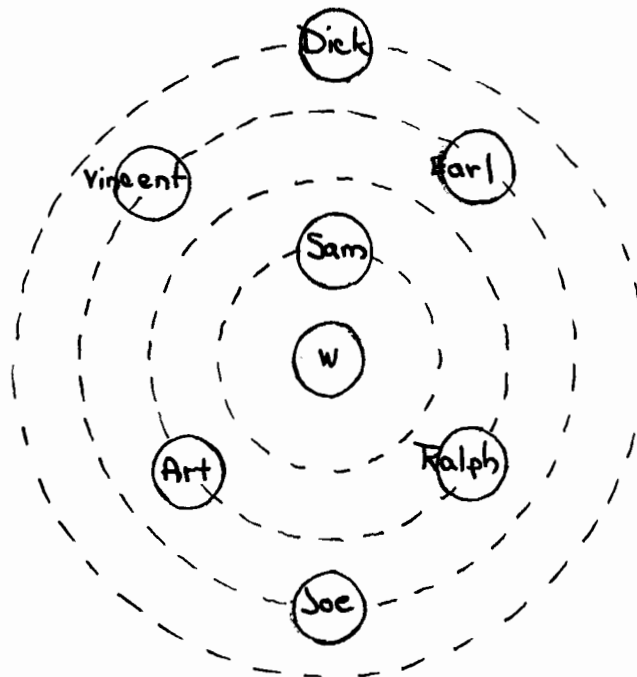


Fig. 1. Sociogram of Seven Regressed Schizophrenic Male Participants in an Activity Group at the Verdun Protestant Hospital, November, 1957.

In addition to poverty of communication, the group was initially characterized by confusion, restlessness, and anxiety. The worker was the central focus of the early group meetings.

Aim of the Worker

In order to formulate aims for this particular group, it was necessary for the worker to recognize two limitations imposed by the study. First, the daily meetings of the group would extend over a period of only four months; secondly, the patients selected for the group were severely regressed. These two factors re-emphasized that only limited change in the participants' behavior could be anticipated.

Cognizant of these limitations, the worker utilized her initial impressions of the group interaction (in this case, a lack of interaction) to facilitate planning of succeeding programs. The aims of these programs were:

1. To stimulate awareness and interest among the subjects.--The worker hoped to affect this through her own conscious use of self, and through choice of single program foci to create common, shared experiences for the group members.

2. To initiate interaction among the subjects.--The worker planned programs which demanded the subjects' giving to and receiving from one another, going places and doing things together, helping and telling one another.

Summary

This chapter has pictured the drab ward setting and

limited daily life program of the patients who participated in the study. These patients were found similar in physical ability, motor co-ordination, intelligence and illness. Initially only one subject was verbal, spontaneous, and responsive to objects and persons.

The group members ranged in age from thirty to forty-nine years with an average age of 42.4 years. The number of years of continuous hospitalization ranged from three to nineteen with an average period of 11.3 years.

The group at the outset of the study was characterized by the subjects' limited awareness of each other, poverty of communication, confusion, restlessness and anxiety.

The worker attempted to formulate aims for the group commensurate with the limitations of a short term contact with regressed subjects. The aims were: (1) To stimulate awareness and interest among the subjects, and (2) to initiate interaction among the subjects.

CHAPTER V

INDICATIONS OF BEHAVIORAL CHANGE

In Chapter III the researcher outlined the six methods used to procure information indicative of behavioral change in the group. The information thus obtained is divided for evaluation purposes into four sections: (a) observations from the worker's recordings, (b) results of the psychological tests, (c) impressions of the nursing staff, and (d) the annual psychiatric examination. In this Chapter the findings pertaining to these areas are presented.

Observations from the Worker's Recordings of Group Sessions

The researcher recorded daily a description of the group session. These records which describe the worker's contact with the group members, the type of program, the members' interaction and participation provide a sequential picture of the primary developments in the group process. The writer acknowledges the limitations imposed by her dual role as active worker with the group and sole recorder of observations of the sessions. The records, however, provide valuable data to support contentions of change, or lack of it, along a given dimension. Guided, in part, by

observations in the literature,¹ the researcher designated six areas wherein, should change in the subjects' behavior occur, it probably would be reflected in the recordings. These areas are: (a) the subjects' reaction to the group, (b) the subjects' relationship with the worker, (c) the subjects' relationship with others in the group, (d) the subjects' response to the program, (e) the subjects' interest in self, and (f) the subjects' participation in ward activity. In this section the researcher refers to observations extracted from the recordings in order to substantiate her hypotheses within the area defined. In Appendix B are four recordings, each insofar as possible representative of each of the four months of the study.

Subjects' reaction to the group.--The researcher anticipated some change in the subjects' behavior with respect to their reaction to membership in a small group. She believed that some indication of this reaction might be observed in their attitude toward coming to and going away from the group sessions. To the researcher's knowledge, there has been no similar experience of involvement in a small group which the subjects might recall and associate positively with the present group.

Initial observations suggest apparent indifference by the members toward their participation in the group

¹Supra, pp. 11-13.

sessions. The record of the second meeting is illustrative of this:

W¹ indicated that the session was over and that the group would meet again tomorrow. There was neither change of expression nor comment. All filed out.

An observation from the fourth meeting similarly records that "the men left without comment." The worker's record from the eighth session, however, contains the first indication of the subjects' reluctance to leave a session:

While W gathered the supplies the men tried to help, rather than leave the room. Only after W said she would see them tomorrow did they begin to move silently toward the door.

Following this barely perceptible change in the subjects' approach to the group there were other occasions during the first month of the study when the worker described the men "coming eagerly," "waiting impatiently," or "seeming reluctant to leave."

The individual ways in which each of the subjects² initially approached the newly-formed group proved characteristic of their response in other areas of observation, such as their response to other members and to the program. One man, Sam, aggressively asked to join the group. Ralph questioned, "What will we do?" before each session. Art grimaced as though about to refuse to attend, then shrugged,

¹Hereafter "W" will be used in excerpts from the recordings to refer to the worker.

²Infra, Appendix A.

"Oh, all right." Dick came willingly, but slipped away almost immediately. Joe muttered in confusion, "I don't know why you want me." Vincent mutely stared with questioning eyes at the worker, but followed her to the sessions. Earl hallucinated actively, and showed limited awareness of the activity around him.

The subject who initially exhibited the strongest positive response to the group was Art. The most verbal subject during the first two weeks of the study, Art attended nine of the first eleven sessions. It is to be noted that the onset of Art's series of absences coincided exactly with Sam's entry into the group. Although no outward indication of antagonism was observed, the researcher speculates that Art may have resented Sam's aggressive manner which, in contrast to Art's controlled behavior, was socially undisciplined.

Consideration of the average monthly attendance figures compiled for the group, as shown in Table IV, shows some increase in the subjects' attendance over the four months of the study. During the months of November and December the average monthly attendance for the group remained unchanged at 5.3. However, during the final two months of the study an upward trend is noted.

As indicated in Table IV, throughout the period Art's attendance fluctuated widely, while Sam maintained

TABLE IV. Average Monthly Attendance of Seven Regressed Schizophrenic Male Subjects.

Name of Subject	Subjects' Attendance During Research Period			
	November	December	January	February
Total number of meetings	18	12	15	14
Average monthly attendance	5.3	5.3	5.7	6.3
Art	9	2	13	7
Dick	16	9	12	14
Earl	15	10	10	11
Joe	10	10	11	14
Ralph	11	9	12	11
Sam	18 ^a	12	15	14
Vincent	16	12	13	14

^aSam was actually not a member of the group until the twelfth meeting. A weighted score was used, on the basis of his perfect attendance thereafter, to preserve a consistent picture through the monthly average attendance.

perfect attendance. It was not until the final month that three other patients, Dick, Joe and Vincent, also attended every session during the month. A most significant change occurred when Ralph attended the final meeting in December, the Christmas party. Prior to this he had refused to attend

any session held off the ward, nor did he leave the ward even for his meals. After attending the Christmas party he periodically joined the group for sessions off the ward.

The number and percentage of absences for each month, as tabulated in Table V, provides additional evidence of what appears to be the subjects' changing reaction toward the group. The percentage of absence was reduced from 24.6 in November to 13.3 in February, and shows a continuing downward trend over the four month period. This suggests

TABLE V. Monthly Number and Percentage of Absence^a from Group Meetings of Seven Regressed Schizophrenic Male Subjects.

Month of Study	Number of Meetings	Number of Absences	Percentage of Absence
Total	59	. . . . .	. . . . .
November	18	31	24.6
December	12	18	21.4
January	15	19	18.1
February	14	13	13.3

^aDetermined by the ratio of recorded number of absences to potential number of absences (number of meetings per month times seven).

that the subjects have formed some positive association with the group, and the degree to which the association is meaningful tends to increase as the length of contact with the group increases. The most substantial drop in absence occurred in the last month of the study, which leads to the speculation that the group may have entered a new phase in its development which cannot be fully determined due to the termination of the study.

An interesting dimension to the observations of the subjects' reaction to the group is added by Table VI. In this Table are listed the reasons, as known to the worker, for absences at the group sessions. These responses by the subject or observations by the worker are listed under the appropriate month. It is noted that nearly every response given during the month of November is related to the illness of the subject, as opposed to those responses given in February of which nearly half refer to activities in which the subject is engaged. The trend throughout the four months shows movement from the emotionally based, often imaginary, reason given by the subject, to the realistic, concrete reason for his non-participation.

Another aspect of the subjects' attendance bears attention. If the attendance chart¹ for the total four month period is considered, there appear to be four

¹Infra, Appendix C.

TABLE VI. Reasons Noted for Absences at Group Meetings of Seven Regressed Schizophrenic Male Subjects.

November	December	January	February
"uninterested in games" hallucinating actively repeatedly wandered off "I don't like those boys." "I'm going to see the doctor." "I don't feel like it." wandered away twice "Don't want to come." hallucinating "I'm a sick man, don't bother me." "I don't feel good this morning. I need a doctor." "I'm on medication. I can't walk that far." quite agitated shook head "Not interested." "I can't walk that far." insisted he did not want to go paced, shook head	sleeping "I have to sit." "I'm too tired." "Don't feel like it." "Too far." turned away from W ward bingo game ^a visitors ^a shrugged "No" ^b	"Do I have to go? I want to sleep." "No, not today." "Is there coffee?" "Not going." "I'm not speaking to you." "Too active." "I'm going to the skin specialist." ^a ward work ^a	visitors ^a "No, too active." O.T. project group ^a "Not to O.T." "Not interested." ward work ^a "No" and chuckled

^aReasons known to the worker to be based upon fact.

^bThe same subject, by similar refusals, accounted for nine additional absences in December.

occasions which stand out as turning, or stabilizing, points in the group experience. The first of these is the fifteenth meeting, which marked the end of the erratic and generally low attendance that characterized the first three weeks of group sessions. It was, however, the twenty-third meeting which established an attendance pattern of five or six members present at each meeting. The thirtieth group meeting, the Christmas party, constitutes the first occasion on which all seven of the subjects were present. Periodically thereafter an attendance of seven was recorded. The fluctuations recurred until the end of January. Then, with the forty-fifth meeting a new stabilization point was apparently reached. In all but two subsequent meetings six or seven members were in attendance.

Although the researcher is aware that the major changes in group attendance occurred at intervals of fifteen meetings, she can only speculate as to the significance. In this group, as in any other, leveling off periods in the members' interest and motivation are to be anticipated. This may represent the period of time necessary for the members of this particular group to consolidate their feelings about, hence their reactions to, this new emotional experience to which they have been introduced.

Subjects' relationship with the worker.--The development of the relationship between the subjects and the

worker can be traced through the observations along three dimensions: (a) the responsiveness of the subjects to overtures of the worker, (b) the efforts of the subjects to alter the relationship, and (c) the reaction of the subjects to worker in her role as leader of the group.

At the onset of the study the members of the group varied in their social distance from the worker, as is indicated by Figure 1,¹ a sociogram of the group early in the first month of the study. No prior relationship had existed between the subjects and the worker. Excerpts from four records reveal the individuality of the subjects and describe the gradual change that occurred in their responsiveness to the worker over the four month period.

Fifth meeting

Dick, hand extended, approached W. He smiled broadly when she commented on his fresh shave. W asked him to get some water. In a few minutes he returned, handed her the unfilled pan, and wandered away. Earl stood watching W, and at her request brought the water. Art, reading the Gazette, did not come immediately after W invited him to the group, but later slowly entered the room. Joe, seated on his usual bench, said his eyes hurt too badly to come. At W's encouragement he accompanied her to the lounge. Vincent curtly nodded to W and moved toward the lounge. Ralph chose to play bingo on the ward.

Twenty-first meeting

Sam, involved in a bingo game, called to W that he was coming. Dick, Vincent and Earl were on the sun porch and moved toward W. Art, reading, shook his head negatively. Joe, who had been sleeping, shook his head, but smiled. Ralph insisted, "I have to sit."

¹Supra, p. 40.

Thirty-first meeting

Sam, the first to see W, jumped up, and running over, greeted her with a jovial, "Well, how are you, Miss? Did you enjoy the holidays?" Art pretended to be unaware of W until she asked him if he had listened to the Bowl games. He brightened and said, "Yes, your Ohio State team won, didn't they?" Joe, seated near his favorite bench, looked up with an amazed, yet pleased, expression and asked, "Where'd you go?" . . . Dick stood in the archway watching. He smiled and extended his hand, then withdrew it. Ralph, in the sunroom, apparently heard W talking for he was standing when she entered. He shook hands and asked if she had enjoyed her vacation. Vincent, sitting on a radiator opposite Ralph, beamed and nodded to W. Earl, shaving in the bathroom, waved to W.

Fifty-sixth meeting

W had been ill and absent for five days. Dick came to W and briefly put his hand in hers, then continued on. W's question brought him back and he extended his hand again as he talked with her. Sam ran to W and threw his arms about her. W laughed, released herself, and warned Sam he would catch her cold. Sam galloped away loudly calling for Ralph. Vincent, placidly smoking in the sunroom, grinned broadly at W. Ralph met W midway across the room and asked if she were all right now. Joe came quietly into the room and stood smiling at her. W greeted him warmly. He continued to smile, but said nothing. W said she was glad to be back, adding that she had missed them. Earl repeated in a quiet question, "You missed us guys?"

Some indication of the differences in the members' responses is gained from the foregoing excerpts. The researcher observed that during the four month period Sam maintained the most similar pattern of response, while Art fluctuated widely in type of response. Dick, who initially withdrew from relationships and endured minimal physical contact, showed the most marked change as he sustained longer periods of contact with the worker.

Another aspect of the members' relationship with the

worker is seen through the efforts of some of the subjects to alter that relationship. Three of the men, Art, Sam and Ralph, attempted this by initiating conversation with the worker about herself, and particularly about her life outside the hospital. Art was the first to use this approach. During the third meeting he inferred from W's remarks, "Oh, you're an American." He did not forget this and periodically relayed ball scores or news from the mid-west to the worker.

During the seventeenth meeting the worker had used the drawings of two of the men to stimulate conversation about countries the men remembered from their youth, since four of the group were foreign born. Ralph asked the worker whether she liked Canada, and Sam inquired about her presence in Montreal. In subsequent sessions Ralph and Sam frequently used questions concerning the progress of her studies or the condition of her car to initiate conversation with the worker.

In January Ralph and Sam raised questions concerning the worker's relationship to the hospital. Later Ralph asked what the worker planned to do when she finished her studies. The reply that she hoped to work in a place similar to the hospital evoked an unexpected reaction from Sam. He appeared surprised, then roughly said, "You don't want to work here!" and stomped from the room. It seemed

to the worker that Sam was overwhelmed by the realization that someone he had grown close to should choose to work in a setting which he perceived as valueless and hopeless.

Ralph, who initially had been self-conscious about his use of English, spoke more frequently and more conversationally with the worker as the contacts continued. In February he waited until all of the members except Sam had left the room, then asked the worker to explain English constructions which he did not understand.

Throughout the study there proved to be considerably more reaction to the worker as a person than to the worker as leader of the group, as the above illustrations indicate. It is also notable that other than Art's repeated expressions of disinterest in the group sessions, and Earl's occasional delusional episodes, rejection directed toward the worker was rarely exhibited. The most markedly different rejection was recorded in early December:

Dick stood alone in the dayroom, his arms folded tightly across his chest and his expression that of a hurt child. When W approached, he turned away. . . . She returned to Dick, who continued to stare out the window.

.
After the session, W found Dick seated by the window staring at a magazine which was upside down. W asked if she might look at his magazine. He gave the magazine to W who turned to the front cover and exclaimed over it, pointing out things to Dick. He took the magazine from W, and gave her the tips of his fingers as he had done when she had first met him.

To the worker's knowledge no incident had occurred within

the group relationship which precipitated this behavior. It did indicate, however, the extent which ward happenings could be reflected in relationships within the group.

Dick also appeared in the recording as the group member whose response to the worker was most frequently in the form of physical contacts. In these overtures the worker noted that Dick appeared child-like and related as toward a mother. There are frequent references to Dick extending his hand to the worker, walking with her, or holding her hand. Periodically there are extensions of this behavior:

Thirteenth meeting

W walked through the tunnel with Vincent and Dick. The latter took her hand, squeezed it, but did not speak.

Forty-eighth meeting

Dick waved to W and approached offering some candy which she accepted. He walked with her into the day-room to gather the others.

Fiftieth meeting

On the way to the ward Dick walked with his arm around W.

Coupled with Dick's need for physical contact with the worker were other signs of his dependency upon her. These indications of dependency began early in the study and were first related to participation in the program. The following excerpts illustrate typical behavior of Dick and Vincent early in the study:

Fourth meeting

W stood near Dick who played his bingo card only when she was assisting him. Vincent, who had needed

constant help, won next. With W pointing to one numbered chip at a time and nodding to Vincent, he was able to mumble all of the numbers during his turn at calling. While W was helping Vincent, Dick stopped playing and gazed about the room. When W returned to a spot near Dick, he stirred in his chair and turned his attention to the game.

Fifth meeting

Finger painting was a new activity to the group. Vincent looked uncertainly at W, then at her nod of encouragement and demonstration, he was the first to dip into the paint.

Displays of dependency were always heightened by new experiences such as the introduction of a new activity, as above, or the entering of an unfamiliar section of the hospital. On one occasion the worker, leading the way to a record listening room, glanced back only to discover the men had halted in the hallway and were peering uncertainly into the room. On another occasion when a sing-song was planned the group proceeded cautiously to the piano, repeatedly glancing at worker for her approval. For a session in February the worker and an attendant took five of the seven men to the Occupational Therapy Department for the first time. The constant assistance of the worker, the attendant and one occupational therapist was required to sustain the attention of the men upon their projects. The record relates:

Neither Dick nor Joe worked while W was assisting the other. . . . Dick would begin to saw very lightly if W approached. If she stood by, encouraging him, he put more force into his work.

As the study progressed situations that emphasized

the dependency needs of the patients appeared less frequently, but these needs were particularly evident when the subjects were exposed to new types of activities or when in an unfamiliar environment.

Sam was the only subject who recognized the worker's role as leader of the group. He frequently assisted the worker by setting out the program materials, picking up equipment, or informing the others of her arrival. Sam's aggressiveness, although never exhibited in a negative manner, required that certain limitations be imposed by the worker in order to encourage the others to speak or to attempt an activity. Sam responded most generously whenever the worker suggested that he "Let Joe . . ." or "Give Earl . . ."

Subjects' relationship with others in the group.--

The researcher postulated that change would occur in the subjects' relationships with each other as a result of their participation in the group experience. She further speculated that observations of the change would most probably occur along one or more of the following dimensions: the subjects' recognition or use of each other's names, exchange of comments, mutual activity or assistance, sharing, conversation, inquiry about each other, observation of a member's absence.

To facilitate her analysis of behavior in this area

the researcher prepared sociograms of the group in November, December and March. The first sociogram, which was prepared during the second week of the study, illustrates the isolation of the individual participants and also their relative distance from the worker.¹ When the group was formed the men did not even know the names of each other although some of them had shared the same ward for over ten years. The worker proved to be the focal point of the group during this phase of the study.

During the third meeting the worker introduced a game which required the recognition and use of each other's names. By the end of the session Earl and Art were able to recall all of the names; Dick could recognize, but would not use, the names; and Vincent could neither recognize nor use the appropriate names. The first spontaneous use of another group member's name occurred during the second week of meetings. It is interesting to note that the comment may have been stimulated by a patient who was not a member of the group. As the record describes:

Art bowled very well and tried unsuccessfully to hide his elation. As he gained confidence Art offered comments to the other men. They did not call each other by name. Jimmy (a patient not of the group, but known to W) paused to watch and commented, "That feller's a good bowler." W said, "That's Ralph." Jimmy repeated his name. Shortly, Art wanted to call Earl's attention to a stray ball--and for the first time one subject called another by name.

¹Supra, p. 40.

This, however, did not establish a custom for on only one other occasion during November did one subject use another's name. The record relates:

Joe half arose, then muttered, too confused to decide whether to come or to remain. Sam returned to see what was delaying W, who explained, "Joe is deciding whether he would like to come with us today." Sam grasped Joe's arm, saying, "Come on, Joe, let's not keep everybody waiting." And Joe smiled and came.

Direct verbal communication between the subjects was rarely exhibited in November. During the first week, although there were verbal responses to the worker, there was only one brief exchange of comments by the subjects. This lack of conversation continued until the final meeting in November during which the worker divided the men into two groups of three each and gave to each group a simple jigsaw puzzle. Through the shared focus of the activity some mumbled comments were exchanged.

Although scattered indications of awareness occurred, no pattern emerged indicative of progress by any subject with respect to communication with other members in his group.

Late in December the researcher prepared a second sociogram of the group. Figure 2 shows the group at a time when the first relationships between any of the men are being initiated. In December Ralph and Sam had begun to exchange friendly jibes during bowling. These comments were extended to occasional conversation on the ward as Sam began

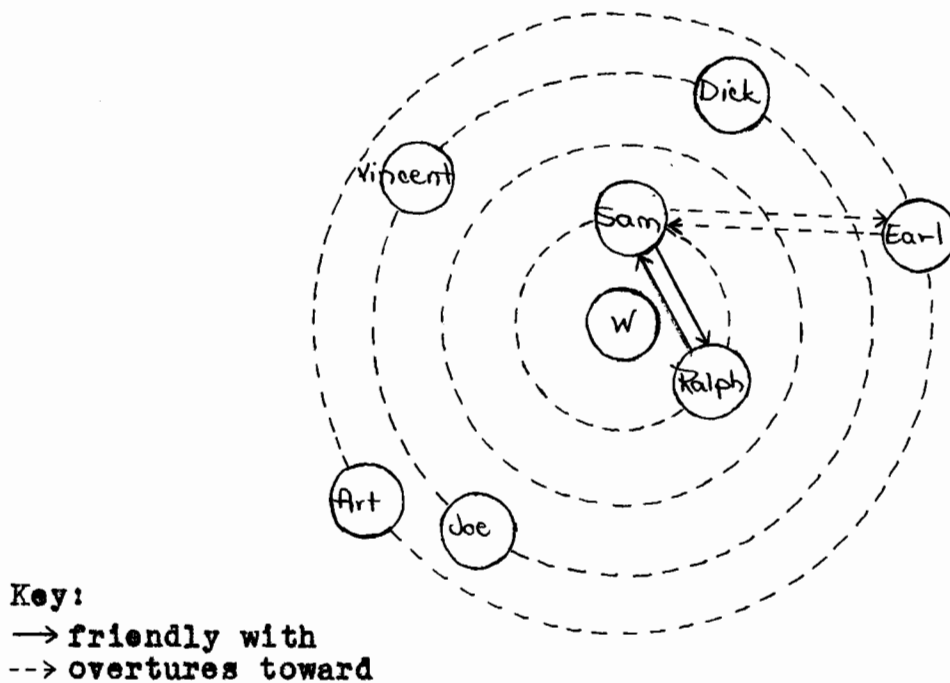


Fig. 2. Sociogram of Subjects, December, 1957.

to relate to Ralph what happened during the group's meetings off the ward. It appeared largely through Sam's stimulation that Ralph began in January to attend those meetings held off the ward. Subsequently an even closer relationship began to develop between Sam and Ralph. Observations from the first week in February describe their daily conversation, use of each other's name, attention to each other's conversation, and a continuation of this friendship by association on the ward. Together Sam and Ralph frequently assisted the worker with the activity. The record from February seventh describes their new relationship:

Sam and Ralph were seated together on Ralph's bench.

They were talking when W approached. . . . Ralph said, "Sam will keep score." Sam retorted, "Go on, Big Boy, you keep it." W observed later that they took turns scoring.

Occasionally Sam and Ralph included a third member of the group in their conversation, sharing of cigarettes, or giving mutual assistance during games. Figure 3, the final sociogram of the group, illustrated the extension of relationships which occurred during the latter phase of the study. In December it was Earl who responded to Sam's initial overtures of friendship. During January and February this relationship appeared sustained, although not as strong as the bond maintained between Ralph and Sam.

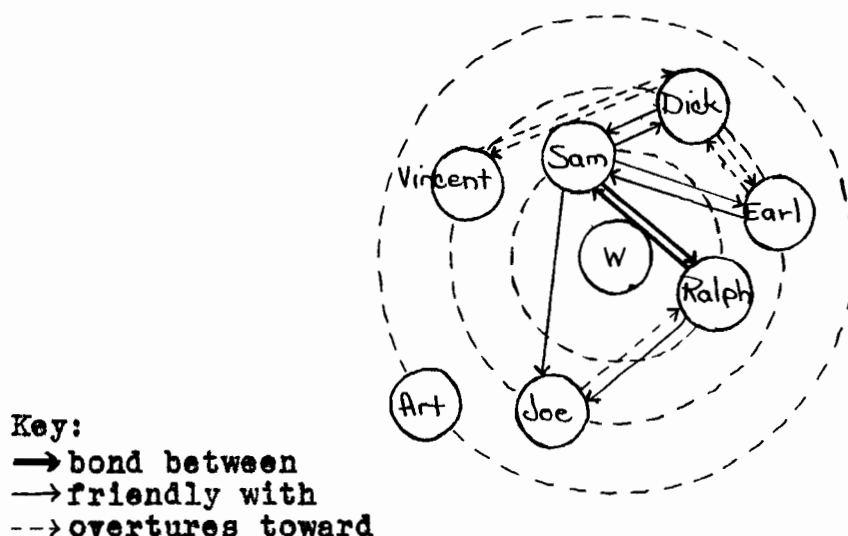


Fig. 3. Sociogram of Subjects, March, 1958.

In January Joe was associating more with Ralph and Sam, although his confusion continued throughout the study and seemed particularly to impair his ability to reciprocate the

overtures of others. In February, however, it was Dick who received attention and assistance from Sam in particular. Dick seemed pleased by this, and subsequently the fearful, cringing attitude he had exhibited earlier diminished. He soon became able to approach Vincent and Earl. Art remained on the periphery unless the worker consistently drew him into involvement with the others.

The group appeared to reach a turning point in February at the Valentines Day party. All of the men were present and showed sustained interest in each other's participation in the party games. Increased verbal communication and greater interest in each other was observed from this date.

After the meeting on February twenty-eighth the worker commented:

W could not help but feel that at last the men were accepting one and all as a natural part of a group to which they all belonged.

Subjects' response to program.--The researcher considered it probable that during the research period some behavioral change would occur in the subjects' response to certain aspects of the program devised for the group sessions. It was postulated that change would be most readily discernible through observations of the subjects' participation in the program. Their participation will be analyzed in terms of duration, level, and quality. Duration

of participation, or response, refers to the subjects' attention span for a specific activity. Response level describes the simplicity or complexity of an activity, and the concomitant requirements of the subjects. The quality of response refers to the worker's assessment of the emotional response invested in the activity by the subject.

The researcher was also prepared to consider change which might occur through, or be induced by, specific types of activity. She also anticipated that certain types of program would evoke stronger responses, either positive or negative, than others.

The researcher also questioned whether as the study progressed, the subjects would assume greater responsibility than previously for the program by suggesting or requesting future programs, and by planning or helping the worker prepare the program media.

However, before considering the subjects' response to the program, a clearer picture of the activities introduced and their purpose is indicated. In Chapter III, the specific types of activities developed for use with this group are enumerated in Table I.¹ Particularly during the first two months of the study combinations of these activities were often used since attention spans were short and restlessness common. It is to be remembered that during the

¹Supra, p. 30.

initial weeks of the study there was limited interaction between the members. The focus of the subjects was limited to themselves, the worker, and/or the program. Frequently a quiet and an active medium were used in the same session to change the tempo. Meetings with the ladies' group were purposely delayed until late in the first month to permit the subjects to become accustomed to each other prior to extending their contacts to new individuals. Similarly, the first meetings of the group were held in the ward area. Later the subjects were introduced to other areas and facilities of the hospital.

In order to examine the subjects' response to the program in terms of duration of participation, the researcher attempted to reduce the concept of duration to its simplest terms. For this purpose the researcher observed whether the subjects remained with the group for the total session, or, if not, for what part of the session. It became apparent after observation that only two of the subjects ever left a group session prior to its termination. The departures of one of these men, Dick, followed an interesting progression which is illustrated in Table VII. During the first month of the study Dick exhibited an inability to sustain himself beyond the mid-point of the session in half of the meetings which he did attend. A bowling game during the tenth session was the only activity

TABLE VII. Duration of Participation in Program Shown by Two Subjects.

Name of Subject	Number of Meetings and Duration of Participation ^a																	
	November																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Joe															/			
Dick	/			/	/	/	/			□					/	/	/	/
	December																	
	19	20	21	22	23	24	25	26	27	28	29	30						
Joe				□	X													
Dick					X		X		X									
	January																	
	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45			
Joe						X												
Dick	X														X			
	February																	
	46	47	48	49	50	51	52	53	54	55	56	57	58	59				
Joe										□								
Dick			X		□		X		X	□								

Key:

/ Repeatedly wandered away from group
/ Remained less than half session

X Remained more than half, but not all, session
□ Marked interest shown during total session

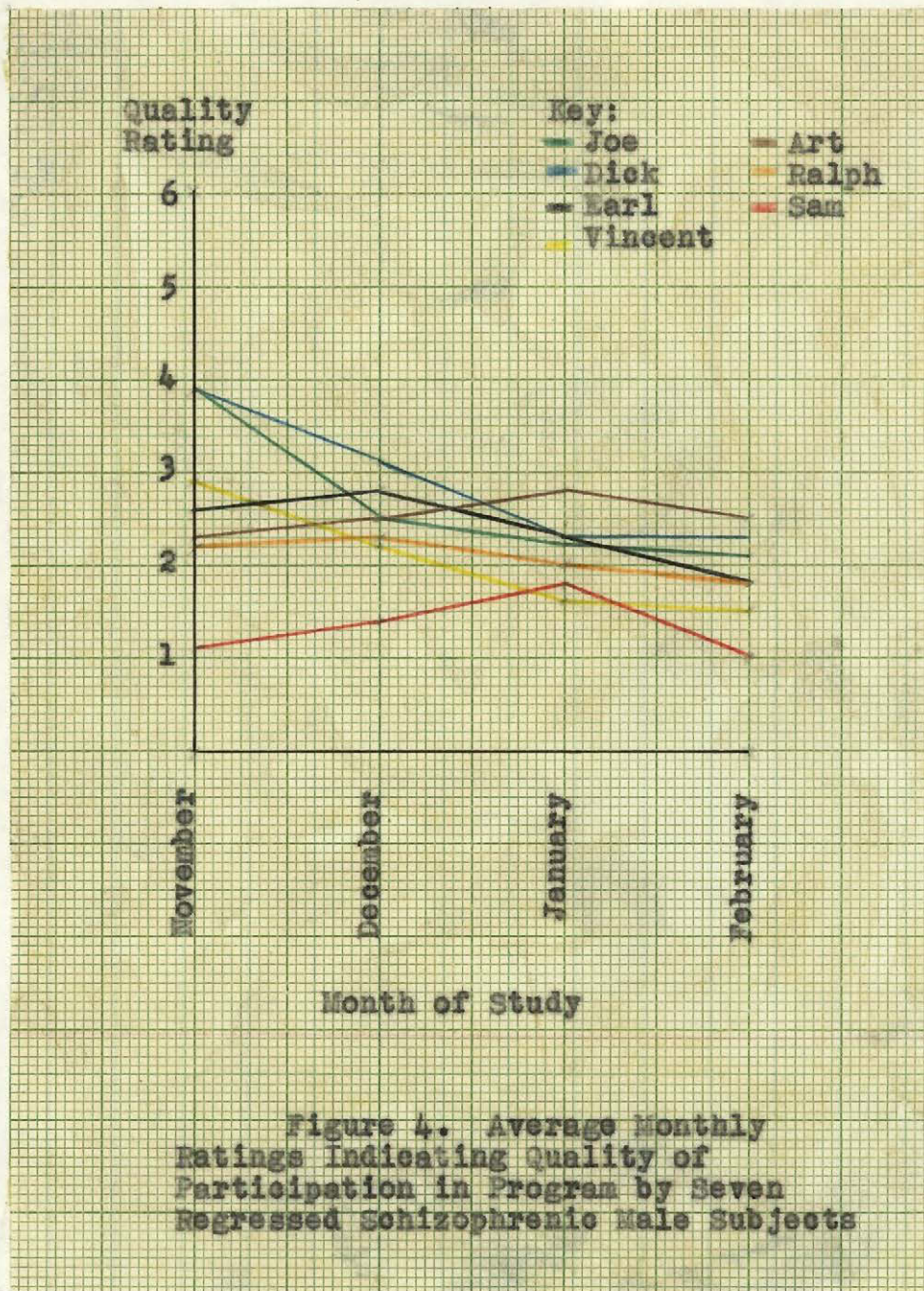
^aAbsence of a symbol under meeting numbers indicates either the subject's presence without the specific behavior described in the Table, or the subject's absence.

to hold his attention for a full session during the first three months of the study. After the first month Dick's early departures were less frequent and always occurred during the latter part of the session.

Joe was infrequently unable to sustain a full session with the group, and his departures did not follow the marked pattern of Dick's. Joe would hesitantly ask the worker, "Can I go now?" or "May I be excused?" much as a small boy approaches a schoolteacher; Dick attempted to slip away unobserved. There also appears to be a direct correlation between Dick's duration of participation and the program content, since fifteen of sixteen of Dick's early departures occurred when the program was primarily table and quiet games, or arts and crafts. As was earlier noted, this is in contrast to his early sustained interest in a bowling program. Dick showed no further sustained interest until February. The most remarkable instance of Dick's sustained participation occurred during the fifty-fifth meeting late in February. On that occasion Dick showed active interest throughout a period of verbal guessing games and the coffee-hour.

The duration of a subject's participation, however, remains only partially indicative of his attitude toward participation. This attitude, or the emotional investment, of the subject in the activity will be referred to as his

response quality. In an attempt to assess this response objectively for all subjects, the researcher devised a rating scale which assigned a numerical value to each of six responses. These responses and the rating allotted to each are as follows: (1) Enthusiasm, (2) Passive interest, (3) Apathy, (4) Restlessness, (5) Confusion, and (6) Present, non-participant. Daily ratings which indicated the general attitude he had shown during the session were recorded by the worker for each subject. If two different attitudes were expressed by a subject during one session, the average of the two values was recorded for him on that day. For example, if Earl showed passive interest in a ball game, but became confused during a quiet game later during the same session, a "2" and "5" were averaged, and the resulting "3.5" was recorded. The monthly averages obtained for each subject are shown graphically in Figure 4. If a rating in the area of enthusiasm and passive interest is considered to most closely approximate a normal response, the downward trend of the ratings indicates a positive movement of the subjects in this area of their behavioral response to the program of the group. While the spread between highest and lowest ratings in November is 2.9, in February the spread had narrowed to 1.5. The overall response indicates a more unified attitude by the group toward the program with a trend toward stabilization extending over the final three



months of the four month study. Those subjects who show the greatest change in quality of response during the total period were Dick, Joe and Vincent. This parallels the progress previously noted for these three subjects in their reaction to the group and in their relationships with other members of the group. It is noted that once again the change was most pronounced during the last month of the study. The subjects showing the least apparent change in their attitude toward the program were Ralph and Art, whose ratings fluctuated only .5 over the total period of the study.

The researcher surveyed the kinds of activity that had been introduced to the group during the research period in order to determine whether the subjects' response was affected by the program content. Table VIII records major types of activity, frequency of their use, and the average monthly attendance for each program category. With the exception of the category "other,"¹ for which the attendance did not vary, attendance increased in all categories as the study progressed. The average attendance per category for the entire period of study indicates no strong preference for a particular activity category. However, attendance increase was more marked during sessions with the ladies' group than under any other circumstances.

¹Supra, p. 30.

TABLE VIII. Type, Frequency and Average Monthly Attendance by Activity Type at Group Meetings of Seven Regressed Schizophrenic Male Subjects.

Type of Activity	Total Frequency of Activity for Research Period	November		December		January		February		Average Attendance for Research Period
		Frequency of Activity	Average Attendance	Frequency of Activity	Average Attendance	Frequency of Activity	Average Attendance	Frequency of Activity	Average Attendance	
Active games	22	9 ^a	4.5	4	5.3	4	6.5	5 ^a	6.0	5.6
Table games	14	3 ^a	5.0	3	5.5	4	4.3	4	6.3	5.3
Arts and crafts	7	4 ^a	4.7	1	4.5	1	7.0	1	5.0	5.3
Verbal activities	4	2	4.5	. . .	. . .	. . .	. . .	2	6.0	5.3
Ladies group	10	2	4.0	2	5.5	3	6.0	3	6.3	5.5
Other	6	1	6.0	2	6.0	3	6.0	. . .	. . .	6.0

^aIndicates use in combination with other type of activity.

On the basis of her observations, the researcher is of the opinion that response to program content was somewhat aligned with the subjects' level of participation. The worker found that certain activities were comprehended readily when introduced, while other activities were learned by the subjects only after considerable repetition and modification. This level of participation does not appear to be related to the subjects' acceptance or rejection of particular materials, nor to the quality of their response. Instead, response level seems to be determined by the simplicity of the activity with respect to the number of actions required, its repetitiveness, and whether an individual response, or a group response which can be imitated, is required.

Below are listed the various activities comprising the group program for the research period. The activities are classified as simple or complex according to the presence or absence of difficulty manifested by the subjects who participated in them. It is to be noted that each of the activities classified as simple has a counterpart in the complex classification.

Simple	Complex
Ball toss	Dodge ball
Answer question	Ask question
Finger painting	Drawing pictures
Relay races	Circle games
Covering bingo numbers	Calling bingo numbers
Act-a-sport	Guessing the sport
Choose between ideas	Initiate suggestions

Activities--continued

Simple	Complex
Listen to stories	Read stories
Checkers	Card scrabble
Decorating Christmas tree	Wrapping Christmas gifts
Simple dice games	Monopoly
Rhythm band	Sing-song
Lacing skates	Polishing skates
Circle dancing	Square dancing
Volleyball	Badminton
Slides and conversation	Unfocused conversation
Making a scrapbook	Individual O.T. projects

The researcher also observed that certain specific programs seemed to evoke noticeably strong feelings on the part of the subjects. There appear to be twelve media which fall within this classification. Table X enumerates these activities and materials and notes the related response, or responses, evoked. The strength of feeling appeared to encompass four areas: acceptance, rejection, requests for, or initiation of an activity. The Table also notes those subjects particularly identified with this type of response to the activity listed.

It can readily be observed in Table IX that those activities which were accepted by all of the subjects were primarily active sports and/or social periods such as the coffee-hour or with the ladies group. It is to be noted that Ralph expressed all four kinds of response to the activities and most frequently showed rejection of a medium. Sam, the most verbal and well oriented, proved the most able

TABLE IX. Specific Activities Evoking Strong Response in a Group Program for Seven Regressed Schizophrenic Male Subjects.

Specific Activity	Type of Response			
	Acceptance of Activity	Rejection of Activity	Request of Activity	Initiation of Activity
Bowling	All	. . .	Ralph Sam-Art	Sam-Ralph
Fingerpaint	. . .	Ralph-Dick	Sam	. . .
Reading	All [Feb.]	All [Nov.]	. . .	. . .
Badminton	All	. . .	Sam	Joe
Square dance	All	Ralph	Sam	. . .
Volleyball	All	. . .	. . .	Joe
Monopoly	Ralph-Sam	. . .	. . .	. . .
Plasticine	. . .	Ralph-Dick	. . .	. . .
Coffee-hour	All	. . .	Sam	Dick
O.T.	. . .	Ralph	Sam	. . .
Ladies group	All	Ralph [Nov-Dec]	Sam	. . .
Parties	All	. . .	. . .	. . .

to request specific activities. It is felt that possibly Joe's expression of initiative in engaging in volleyball and badminton is related to interest and ability which he had in athletics prior to hospitalization.

In the beginning the subjects offered no suggestions for future program. They seemed unable to recall things which they had once enjoyed. A blank look or a mumbled, "I don't know," were typical responses to the worker's attempts to elicit suggestions; a shrug or nod was usually their

response to choices in activity. Sam and Ralph proved to be the only group members who were able to give an affective response, such as enthusiasm or distaste, with any regularity.

Subjects' interest in self.--The researcher noted that in some recent studies of regressed patient groups certain changes concerning the participants' interest in themselves are reported. Martin¹ reports that when better clothing was given his subjects, personal habits improved. Among the techniques introduced by Wittkower and LaTendresse² was use of a succession of media, such as lipstick, mirrors, and brightly colored clothes, to develop and enhance the subjects' interest in self. These researchers reported that their subjects showed increased and sustained interest in their personal appearance.

Although techniques identical to those described in the foregoing studies were not utilized in this study, the researcher assumed that some change in the subjects' interest in themselves would occur. It seemed most probable that change, if it did occur, could be detected in observations of the subjects' personal appearance, their attitude toward accomplishments, their interest in the future, and their status in the hospital.

¹Martin, loc. cit., p. 758.

²Wittkower and LaTendresse, loc. cit., p. 115.

The most numerous observations suggestive of the subjects' interest in self occur with reference to their appearance. The record of the fourteenth meeting recalls:

Seeing the men apart from their ward during this meeting with the women's group impressed the W with how unkempt they were. The clothes of the four men were dirty, long-worn, and rumpled. Their hair and hands were untidy. Sam commented afterwards that he would have shaved if he had "remembered the ladies' group."

A week later Sam proudly pointed out to the worker that he had remembered to shave. Prior to this meeting Sam also attempted to help Earl adjust his clothing in order to look more presentable before meeting with the ladies' group.

During January references in the recordings to "clean-shaven men" occur more frequently. Sam drew the worker's attention to his new crew-cut. Two of the men, Ralph and Art, appeared neatly attired in suits and clean-shaven from the outset of the study. During a finger-painting session Art exhibited irritation over a spot of paint on his suit, while Vincent, Earl and Dick indifferently wiped their hands on their clothing. Initially Ralph refused to leave the ward for any group activity. The worker observed, however, that shortly after he began to attend sessions held off the ward Ralph showed even greater interest in his appearance by brushing his suit and taking out his comb as soon as he noted the worker's presence on the ward.

The subjects who represented the extremes in

appearance were Art and Dick. Art was the one member of the group to wear a white shirt and tie each day, in contrast to Dick's bizarre attire. Dick persistently wore several layers of shirts, pants and socks. This pattern changed in January when, after a period of destructiveness toward his clothing, he consented to wear less clothing. This change occurred shortly after Dick manifested ability to sustain himself for longer periods within the group.¹

Vincent's change in appearance was most gradual with little to call attention to his day to day progress. On only one occasion did the worker observe that Vincent showed any special interest in his appearance. The twenty-first record describes his reaction when, prior to Christmas, a box of neckties were donated to the ward:

The attendant tied the tie loosely about Vincent's neck. Vincent made no move until after the attendant had left the room, then he tightened the tie to a neat fit under his collar.

Recordings reveal little concerning the reactions of the subjects to their accomplishments. Although there were isolated incidents in which subjects showed pride in learning something new, such as Vincent's satisfaction when he learned to play badminton, in only one activity did all the men manifest awareness of improvement in specific abilities. For this reason bowling was frequently used to encourage interest in their own ability and to foster

¹Supra, p. 65.

awareness of each other's progress.¹ Initially there was no interest in scoring the games, but by January a scorekeeper was regularly requested. Ralph was always the first to inquire, "How did I do?" It was Joe, however, who most actively expressed his enthusiasm or discouragement in the game. From his earliest participation in this activity Joe unconsciously straightened from his customary bent position, smiled instead of grimaced, and clapped his hands eagerly for the balls.

The researcher observed that only two members of the group referred in any way to the future. Sam most frequently verbalized what he would do when he "gets out of here," but tended to speak unrealistically of the future. In fact, during the Christmas holidays he walked away from the hospital and reported later that he had attempted to find a job. It seemed to worker that Ralph harboured the most interest in a future outside the hospital. He questioned most frequently concerning life in Montreal. On one occasion when the group were viewing slides, the worker asked whether he had been to New York City. Ralph brightened and replied, "Not yet," thereby indicating some anticipation of future satisfactions for himself.

The subjects' apparent conception of their status in the hospital proved an interesting area of observation. An

¹Supra, p. 70.

unexpected reaction occurred during the thirteenth meeting when the group walked through a newer part of the hospital. All of the men stopped suddenly, and did not enter a room with a rug on the floor. When the worker indicated that they should walk on the rug, they gingerly crossed the room. As a result of their years of hospitalization on the "back wards" they apparently associated themselves with terraza floors and the generally meager surroundings which characterize their daily life. The researcher also observed status positions to exist within the back wards. This was particularly noticeable after the establishment of the small lounge on Ward K. This room seemed to be used by a particular group of patients. The working, or privileged, patient freely frequented this room, as did others who of their own volition engaged in activity. Only two of the researcher's subjects, Sam and Art, were observed to use this room. It is to be noted that both had been working patients, and both continue to engage in ward activity of their own volition.¹ Even though the other subjects appeared to enjoy meeting in the lounge, they left without exception upon conclusion of the group session.

Subjects' participation in ward activity.--It seemed probable to the researcher that some aspects of behavioral

¹Infra, p. 81.

change resulting from the stimulation of the group experience would be reflected in the subjects' participation in routines and activities on the ward. In a later section of this Chapter, a more definitive picture of the observed changes in this area is provided through use of a rating scale designed to standardize the observations of the nursing staff.

The researcher was limited in her observations of ward activity to those periods immediately before or after the group sessions. However, three categories pertaining to ward life re-appeared throughout the recording: (a) the subjects' participation in ward program, (b) the subjects' involvement in ward work, and (c) the subjects' physical location on the ward.

In considering (a), the subjects' participation in the ward program, the researcher explored the opportunities available for their participation. The potential outlets for activity on the ward were limited. Only two organized activities occurred on the ward during the day. One was a two-hour crafts program directed by an occupational therapist, and the other, more spontaneously organized activity led by student nurses. The latter usually took the form of a bingo game, ball toss, or a walk. Other than conversation with other patients or with staff, listening to the radio, and the late afternoon or evening television programs, the

ward occupants' remaining activity outlets were limited to reading, cards, checkers, or ping-pong.

The researcher reviewed her records to determine which outlets were utilized by the subjects. During the months of November and December the content referring to their participation in ward activity was sparse, and that which appeared showed little variation. During these first two months of the study only three of the seven subjects, Sam, Art and Ralph, were observed participating in any of the above activities. Sam often engaged staff in conversation, and Art, who subscribed to a daily paper, was frequently observed reading it or listening to the newscasts. These three men also joined the bingo games. The participation of the other subjects in either group or solitary activity was never observed by the researcher.

During the months of January and February, however, the amount of participation in ward activity tended to increase. Vincent, Earl and Dick became involved in the occupational therapy period. After a bookshelf was added to the lounge Sam often carried a pocketbook with him. Sam also reported regularly on his favorite television shows. Art, however, became more agitated and was observed pacing the floor more frequently, and reading his paper only occasionally. Ralph, upon the researcher's return in January, was able to express his disappointment over the lack of ward

activity during the holiday season as he reported to her, "There were no other parties--only with you."

The researcher learned through observation and inquiry of the ward supervisor that all of the ward housekeeping and cleaning duties were done by patients of the ward. Therefore, the possibilities of (b), the subjects' involvement in ward work, were several. There was daily sweeping and mopping of the living unit and the dormitory, making the beds, sorting the clothing, and cleaning the bathroom. Periodically the windows, walls, and furniture were cleaned.

During the months of November and December none of the subjects were observed in ward work. The ward supervisor reported to the writer that the seven subjects of this study repeatedly refused to do any work in the ward.

Some change was observed during January and February. Earl periodically made the beds and helped sort the clothing. Vincent, when closely supervised, swept the floors. Dick found a new way to be helpful. In January he volunteered to carry the pitcher of water for the nurse giving medications. He continued this practise throughout February and appeared of his own volition at the exact time although he pretended to the staff and the researcher that he was unable to tell the time. Ralph, Sam and Art firmly refused to do any ward work.

Although Ralph refused to do work on the ward, in

late February he consented to work part-time in the hospital's recreation department. There, without close supervision, Ralph used his artistic skill to do posters and other art work required by the department.

The worker's daily visits to the ward revealed a most interesting pattern with respect to (c), the subjects' physical location on the ward. The researcher discovered that this pattern varied so infrequently that a patient could usually be found by going to a particular area of the ward. Although all but one of the men did change their location over the four-month period, the new location became as fixed as the former one. Figure 5 shows the location of the subjects in their living unit at the onset of the study, and again at the termination of the study.

Ralph was the one subject whose location remained exactly the same throughout the study; in fact, he was found seated on the same bench every time the worker visited the ward. It was also noted that while Art and Dick changed their location relatively early in the study, the changes of the other subjects occurred late in the four-month period.

To Dick, in particular, the ward seemed to represent a familiar, protective home. Initially he left the ward with the group only after some encouragement from the worker. During a session in November Dick slipped away from the group, which was using the rhythm band instruments in

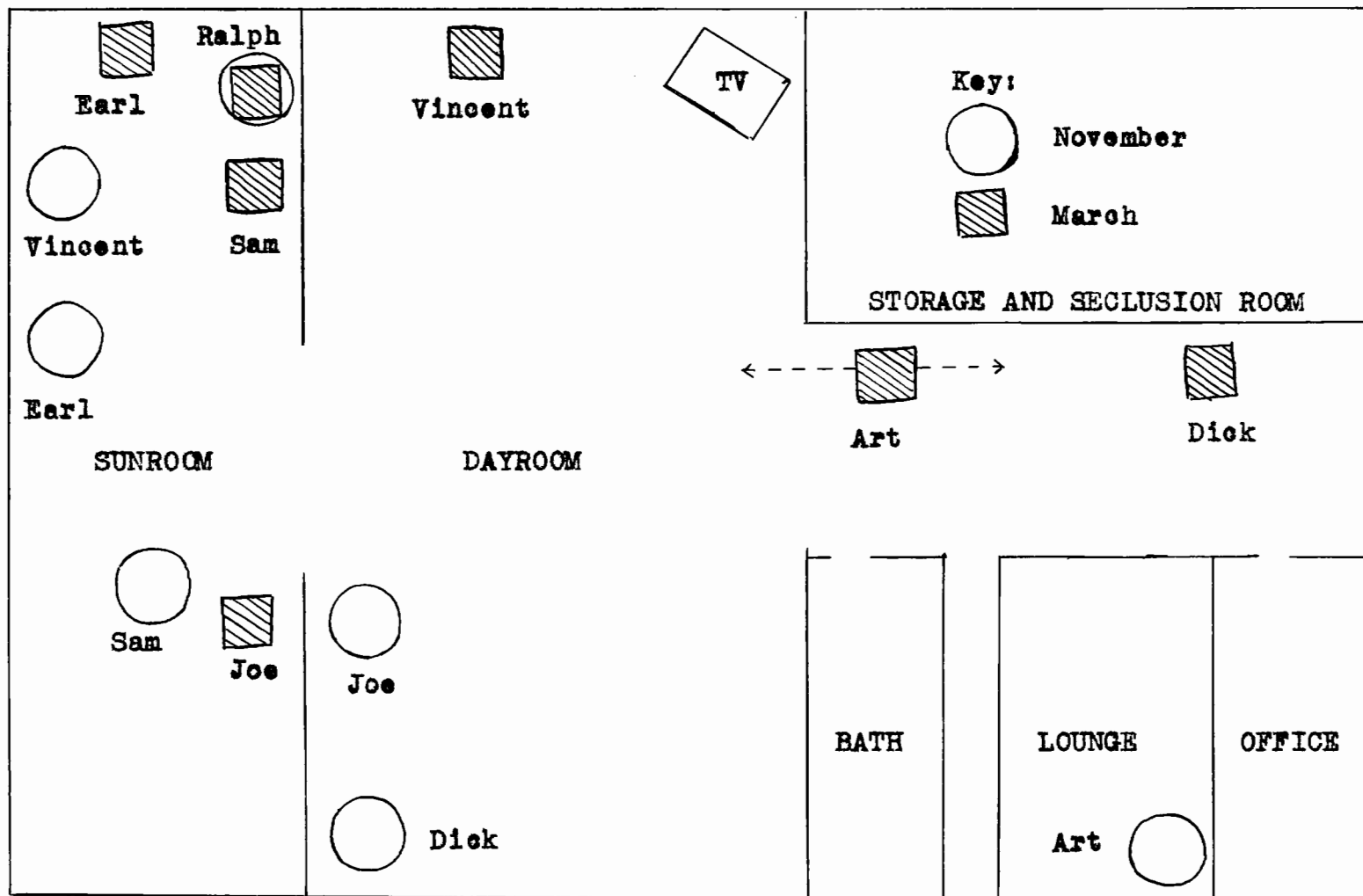


Fig. 5. Location of Subjects
 on Ward K in November 1957 and in March 1958

the recreation building, and was found waiting patiently outside the door of his ward.

Results of the Psychological Tests

Another means of obtaining data indicative of behavioral change in the subjects was through their performance on the psychological tests. Three tests were selected by the Psychology Department of the hospital for administration to the subjects at the onset and conclusion of the study. The purposes of these tests were two-fold. For purposes of this study the researcher was interested in test results which might reflect a change in functioning during the study period, and also data to provide a basis for a comparison of the subjects' performance. The Psychology Department was most interested in obtaining test results from regressed schizophrenic patients on two of their newer tests. The three tests administered were: the Revised Beta Intelligence Test, the Verdun Association List, and the Speed of Finger Tapping Test. A description of these tests, and consideration of the test results, and their value in the present study appears to be warranted.

The Revised Beta Intelligence Test.--To obtain a general picture of the subjects' functioning and work habits, and if possible to assess intellectual potentiality, an intelligence test was selected. The Revised Beta was chosen

since it was devised specifically as a general intelligence test for use with illiterate and non-English speaking persons. It was the opinion of the Psychology Department that this particular test would provide the most adequate index of the subjects' intellectual functioning in their regressed state, although only an indication of the subjects' potentiality could be thus obtained. In Chapter IV¹ the worker introduced the subjects' scores on this test in her description of the individuals who comprise the group. This test was not repeated at the conclusion of the study since the Department considered there would be little value in repetition of a test of this type when the interval between tests was of such short duration.

The Verdun Association List.--This test, developed in the hospital by Dr. H. Dorken, the former head of the Psychology Department, was used experimentally in this study to further evaluate its usefulness with regressed patients. The researcher's interest in this test was primarily as a tool for determining whether change would be indicated in the test results.

This test utilizes a series of twenty words which have been found to evoke associations with particular other words. Each time the test is administered the subject is given two trials using the same twenty words. On the first

¹Supra, p. 37.

trial the subject is rated (a) according to the speed with which he responds, and (b) according to whether the stimulus word evokes the response required by the test norms. On the second trial, the subject is rated (a) according to the speed of response, and (b) according to the consistency of his response with that of the first trial. In addition, the number of responses for each trial are recorded. In the present study, this latter factor is important since several of the subjects were severely regressed verbally. The subjects' ratings for the Verdun Association List are presented on Table X.

On the Verdun Association List, subjects who score fifteen or higher under the "norm of response" on the first trial, and seventeen or higher on the second trial, are considered within the normal range. Three of the five subjects who attempted the test obtained normal ratings. In every instance the March re-test showed improved scores. Although their ratings remained considerably below the required norm, Earl and Joe exhibited the most changed behavior in the test situation. This is best illustrated by their increased number of responses. During the November testing their incoherence and lack of concentration interfered with their response to the test. In the second testing their attention remained on the test for both trials and nearly all responses were intelligible, although not considered appropriate in terms of the test norms.

TABLE X. Ratings Recorded for Five^a Regressed Schizophrenic Male Subjects on the Verdun Association List Administered in November 1957 and in March 1958.

Name of Subject	Ratings for November 1957					
	First Trial			Second Trial		
	Number of Re- sponses	Speed of Re- sponse	Norm of Re- sponse	Number of Re- sponses	Speed of Re- sponse	Consist- ency of Response
Art	19	6	15	20	9	18
Earl	9	0	2	3	0	0
Joe	2	0	1	0	0	0
Ralph	20	14	11	20	19	19
Sam	20	16	18	20	17	19

Name of Subject	Ratings for March 1958					
	First Trial			Second Trial		
	Number of Re- sponses	Speed of Re- sponse	Norm of Re- sponse	Number of Re- sponses	Speed of Re- sponse	Consist- ency of Response
Art	20	8	17	20	10	19
Earl	18	0	3	19	0	3
Joe	17	1	4	19	1	7
Ralph	20	15	16	20	16	20
Sam	20	20	19	20	20	20

^aRatings were not obtained for Dick and Vincent. Dick, at both testings, merely repeated each word given to him. Vincent did not appear to comprehend the directions.

The Speed of Finger Tapping.--This test, adapted from the studies of King,¹ takes the form of a telegraph key attached to a horizontal plane. An attached gauge automatically registers pressure on the key. Hence the number of taps exerted by a subject in a given time period is recorded. Through the experiments conducted by the Department, the staff is of the opinion that this may be a valuable means of evaluating the general functioning of regressed patients. The researcher was primarily interested in whether a change in the subjects' performance would occur upon retesting.

Table XI indicates the performance of the seven subjects on the Speed of Finger Tapping Test. On the basis of previous tests a score of forty-five may be considered within the normal range.

Although the averages of the three trials showed an increase for all subjects except Sam in the second testing, this increase was generally slight. Earl, whose initial trial average was lowest, more than doubled his speed in the second testing. Dick and Vincent also showed considerably improved speed. Vincent recorded the most inconsistent response pattern throughout.

It is a comparison of lowest scores which proves

¹H. E. King, Psychomotor Aspects of Mental Disease, An Experimental Study (Cambridge, Mass.: Harvard University Press, 1954).

TABLE XI. Speed of Finger Tapping Recorded by Seven Regressed Schizophrenic Male Subjects in November 1957 and March 1958

Name of Subject	Speeds Recorded in November 1957			
	First Trial	Second Trial	Third Trial	Average of Trials
Art	28	33	38	33.0
Dick	32	32	28	30.7
Earl	11	10	10	10.3
Joe	6	20	19	15.0
Ralph	31	33	40	34.7
Sam	46	49	50	48.3
Vincent	14	20	28	20.7

Name of Subject	Speeds Recorded in March 1958			
	First Trial	Second Trial	Third Trial	Average of Trials
Art	38	36	36	36.7
Dick	35	35	41	37.0
Earl	20	23	23	22.0
Joe	20	17	17	18.0
Ralph	39	39	32	36.7
Sam	45	51	46	47.3
Vincent	17	39	29	28.3

especially interesting. Four subjects, Art, Earl, Joe and Dick, substantially improve their lowest first test score during the second testing. It is also noted that, with the exception of Sam's score, the first trials of the second testing exceed those of the first testing. There is an

indication, therefore, of improved concentration. This may, too, relate to an increased level of response in that the subject at the second testing possessed a greater desire to attempt that which he perceived as rather complex.

Impressions of the Nursing Staff

The third means of deriving data indicative of whether change in the behavior of the subjects occurred during the study was through the impressions of the nursing staff. Two members of the nursing staff seemed particularly well equipped by training and experience to furnish information concerning the behavior of the subjects. The head nurse of Northwest House had limited, but daily, contact with the subjects and had known some of them for several years. The supervisor of Ward K, a graduate of the hospital's one-year training program for attendants, had the most intensive daily contact with the subjects, although he had been assigned to this ward only a few months prior to the study.

In order to standardize the nursing staff's observations of the subjects a rating scale was employed. The Baker and Thorpe Rating Scale¹ which lists four levels of response for each of ten characteristics of behavior and appearance was utilized. At the onset and conclusion of the study, ratings were recorded for each of the subjects by the

¹Infra, Appendix D.

head nurse and the ward supervisor. For purposes of comparison the worker also rated the seven subjects. According to this scale, ratings for each characteristic range from zero to four. A rating of zero is considered normal. By totaling the ratings of the ten characteristics a total score for the subject is obtained. The maximum score possible is forty. Table XII shows the scores assigned by each of the staff who rated the subjects, and the subjects' averages for the first and second scorings.

TABLE XII. Baker and Thorpe Rating Scale Scores Assigned by Ward Supervisor, Head Nurse, and Worker to Seven Regressed Schizophrenic Male Subjects Before and After the Study

Name of Subject	Score Before Study			Average of First Scoring
	Supervisor	Nurse	Worker	
Art	15	6	12	11.0
Dick	15	17	20	17.3
Earl	18	13	15	15.3
Joe	15	12	14	13.6
Ralph	15	12	13	13.3
Sam	5	8	5	6.0
Vincent	20	11	17	16.0

Name of Subject	Score After Study			Average of Second Scoring
	Supervisor	Nurse	Worker	
Art	11	11	11	11.0
Dick	6	8	9	7.6
Earl	4	5	5	4.6
Joe	6	6	7	6.3
Ralph	6	2	3	3.6
Sam	4	4	5	4.3
Vincent	13	12	15	13.3

A comparison of the averages of the scores before and after the study does indicate that for some of the subjects change did occur. For Art there was no change; for Sam and Vincent there was slight positive change noted. It is interesting to note that Sam and Vincent represent the extremes of the group in that one scored closest to normal while the other deviated farthest from normal in the first ratings. There was, however, a marked change in the scores of Dick, Earl, Joe and Ralph. An analysis of the rating scales of these men showed that all four had shown major change in four areas: amount of activity, use of speech, willingness to do work, and number of friends.

In the ratings assigned before the study, one characteristic was common to all subjects but Sam. None of the other subjects appeared to have any friends. The most change in any one characteristic was recorded with respect to the number of friends possessed by the subject.

Although the supervisor, head nurse and worker each rated the subjects independently, an over-all similarity of scores is observed in Table XII. The researcher also notes that her own ratings tend to be slightly higher than those of the nurse and supervisor. She can only speculate that her reaction to assessing change in the subjects with whom she worked so closely was particularly cautious.

The impressions of the staff assisted the researcher in one additional way. Before and after the study the ward

supervisor was asked to describe each subject in a brief written report to the researcher. The report was to include observations of his behavior about the ward, response to staff and other patients, willingness to work, frequency of visitors, and general appearance. This information was incorporated into the initial and final descriptions of the subjects in Appendix A.

Results of the Annual Psychiatric
Evaluations for 1957 and 1958

The researcher assumed that a comparison of the yearly psychiatric reports in the subjects' medical record would provide indications of change as observed by the attending psychiatrist.

To the contrary, the comparison of entries in the permanent record following the psychiatric evaluations of the subjects for 1957 and 1958, as interpreted by the researcher, recorded no change for five of the seven subjects. The 1958 evaluations of the two remaining subjects were not available at the time of the collection of this data.

With due consideration given to the observations of the researcher and other staff, and the results of the psychological tests, there appear to be two possibilities. Either, in the areas of concern to the psychiatrist in this evaluation there is no change, or the rather cursory evaluatory contact is not sufficient for the doctor who may have

experienced previously limited contact with the patient to be aware of what may be very slight changes in the patient. There is the possibility, too, that the infrequent contact with the doctor may be sufficiently alarming to the patient to obscure indications of change at that time.

The researcher is aware that those changes observed to occur in the behavior of these subjects were primarily in the areas of appearance and socialization. However, it is inconceivable to the researcher that these changes are not related to, and in some degree, reflected in the emotional health of the subject.

Summary

In this Chapter the researcher presented the information procured as indicative of behavioral change in the group. The four sections of evaluative material revealed the following:

Observations from the worker's recordings.--The most extensive evidence of change was found in observations from the worker's recordings. The subjects' reaction to the group changed from apparent indifference to eager anticipation which was reflected in the increase of average monthly attendance from 5.3 to 6.3. Change in the subjects' relationship with the worker was limited primarily to increased responsiveness to her. However, the subjects' relationship with each other showed a more discernible

change. From initial isolation the subjects developed interest in each other, ability to share, and, in one instance, a close friendship.

The subjects' response to the program was most individualistic. Two subjects, who were initially unable to regularly sustain participation for a full session, progressively improved the duration of their response. A rating scale designed to indicate the emotional involvement of the subjects in the program showed a trend toward the societal norms and a more unified group response. Only two of the subjects were noticeably responsive to the type of program offered, although all the subjects tended to participate most actively in simple, rather than complex, activities.

Improved appearance, but otherwise little change, was observed in the area of the subjects' interest in self. Considerable change was noted in the subjects' participation in ward activity. Subjects who had maintained isolated non-participation joined occupational therapy and ward games. Some subjects worked with supervision on the ward, and one man worked off the ward with limited supervision. Some of the subjects changed their habitual ward seating as a result of friendships formed in the group.

Results of psychological tests.--The test situation proved more useful for obtaining observations of the

subjects' work habits and comparative levels of performance, than value as an indicator of behavioral change. Repetition of the Verdun Association List resulted in improved response in every instance, although the ratings were generally far below the norm. Scores on the Speed of Finger Tapping Test were only slightly higher on the re-test.

Impressions of the nursing staff.--The Baker and Thorpe Rating Scale was used to standardize the observations. For three of the seven subjects no significant change was reported. The staff observed appreciable change in the subjects' appearance, friendships, and work habits. A high degree of similarity is observed in the ratings of the two staff members and the worker.

Results of the annual psychiatric evaluation.--The reports showed no behavioral change in any of the seven subjects. The researcher speculates as to whether this is due to the focus of the psychiatrist, his limited familiarity with the patient, or to the patients' regression due to anxiety during the evaluation. It does not seem tenable to the researcher that illness and behavior can be dis-associated.

CHAPTER VI

CONCLUSIONS

This study commenced with an hypothesis: behavioral change will occur in a selected group of psychotic patients as a result of their involvement in a small activity group program. The preceding chapters presented the observations of the worker, impressions of the staff, psychological test results, and annual psychiatric evaluations which were accumulated during the study. On the basis of these data, indications of behavioral change were perceived in three of the four areas of observation. In this the concluding Chapter of this thesis the most notable aspects of change are discussed. The related implications for social group work practise with regressed psychotic patients are also considered.

Aspects of Behavioral Change

Primary aspects of change.--According to the observations of the worker and the impressions of the nursing staff three aspects of behavioral change in the subjects were most readily observable: appearance, socialization, and work habits. It is possible to speculate as to why change was found with respect to these three categories.

It was agreed that the general appearance of the subjects improved although during the course of the study no new clothing, other than the Christmas neckties, was introduced. Nor was there special initiative shown by the nursing staff in respect to the care of these subjects. The size of the ward alone precludes this possibility. Yet the appearance of the subjects did improve. A motivational factor had been added which provided a reason for these men to make themselves more presentable. As expressed by one subject, "I would have shaved if I had remembered the ladies group." Thus he perceived the new experiences and associations provided by the activity group as sufficiently stimulating to prepare for them through one of the few ways available to him: his appearance.

The increased socialization observed within the group, and between members of the group while on Ward K, could be directly attributable to involvement in their small activity group. Although these subjects shared the same ward for a minimum of one year, and in some instances in excess of ten years, socialization between these men had not previously been observed. They had, in fact, been described as men without friends. Their participation in the smaller activity group, however, apparently provided an emotional proximity that encouraged their mutual interest, aid, and friendship. The constant presence of the worker as a

catalytic agent to initiate conversation, participation and expression from the subjects appears to be the decisive factor. With the exception of Sam, the subjects initially all showed little or no ability to extend themselves to others of their own volition. Thus the group situation initiated the development of social overtures which some of the members were able to transfer to the ward setting.

The partial re-establishment of the subjects' work habits was also identified by all observers. In part this may be attributed to a revival of the subject's interest in his surroundings and the feeling that, with encouragement, he can still accomplish something. With the exception of Ralph, the subjects worked only on their ward where close supervision and encouragement were given. This aspect of change may also be related to the illness, or remaining elements of "wellness," in the subjects. A common characteristic of schizophrenia, as indicated earlier in the study,¹ is the tendency of the ill person to abandon the object world. The involvement of the subjects in simple tasks about the ward illustrates some reacceptance of their immediate surroundings.

Subjects exhibiting change.²--In the aspects of change occurring in this study it is important to consider

¹Supra, p. 8.

²Infra, Appendix A.

who among the subjects showed change and who did not. The subject to exhibit the most marked change during the course of the study was Ralph. His initially mask-like expression began to show affect; his isolation was replaced by close friendship with Sam; his prone position gave way to upright seating and involvement in conversation and ward activity; his immobility was replaced by work off the ward with a minimum of supervision. The question arises as to why Ralph exhibited a higher degree of change than any of the others. The researcher found that certain characteristics did distinguish Ralph. This was his first hospitalization and of all the subjects, the shortest. He possessed a skill as a commercial artist which he was able to utilize in the hospital. Ralph was the only subject with training beyond high school. He anticipated a life outside of the hospital. In general, within the group, his adaptive abilities seemed less impaired than those of the other subjects.

The regression of Dick and Earl did not appear as severe as that of Vincent, nor was the communication between the worker and Dick and Earl as limited as with Vincent. While Dick was unable to perform a test requiring verbal responses, Earl's responses to the re-test of the Verdun Association List doubled in number.¹ Earl's score on the

¹Supra, p. 88.

re-test of the Speed of Finger Tapping Test¹ also doubled. Improved contact with reality seemed to permit Earl to respond more adequately to outside stimuli such as the test situation. Dick and Earl were usually able to show comprehension and to participate for some part of the sessions. The fact that these two subjects were each able to establish relationships with two other members of the group seems significant. Although both subjects were slow to accept, and in Dick's case fearful of, other members of the group, they were able by the termination of the study to show a higher degree of response to interest and warmth shown by others.

The subjects who changed the least during the study period were Sam, Vincent, Joe, and Art. Sam and Vincent respectively represented the extremes of the subjects at the onset of the study: the subject functioning closest to societal norms, and the subject most regressed. The former, Sam, showed the most highly developed socialization skills of the subjects, yet he continued to be impulsive and unable to exercise self-control to channel his behavior in socially acceptable ways. Sam, likewise, showed little change in the second administration of psychological tests. Vincent's extreme regression exhibited as mute, non-comprehension limited his involvement in group activity and in many

¹Supra, p. 90.

instances demanded individual attention of the worker and apparent re-learning by the patient. However, the ward supervisor observed change in his appearance and participation on the ward. Joe exhibited limited behavioral change and his confusion persisted throughout the study. Art's behavior fluctuated widely, but at no time during the study did his behavior appear improved over that exhibited at the onset of the study.

Period of greatest change.--Since the study was carried out in a limited period, the researcher can only describe what happened within the limits of that contact and add observations she obtained during less frequent contacts with the subjects during the month following termination of her contacts with the group. As indicated in Chapter V¹ two factors concerning the times at which change was most noticeable seem important. The period during which the total group exhibited the most pronounced change occurred during the fourth month of the study. During this month more members participated more completely in more sessions than at any other point in the study. The subjects did not know that this was the final month of regular sessions. Apparently the subjects required a prolonged period of adjustment to this group, the researcher, and to the other subjects. Change during the fourth month of the study was

¹Supra, p. 51.

generalized, but particularly evident in increased socialization, greater participation in the program, and more assistance with work in the ward.

The researcher cannot state that the timing of this change was typical of work with psychotic patient groups, but that for this group of patients this was the observation. It is to be expected, though, that the introduction of new experiences, such as were afforded by the group, would initiate particular individual reactions. It is reasonable, too, that the regressed patient would require a period during which he emotionally adjusts to these new experiences. This period of adjustment, or consolidation, is needed before displaying his reactions to this experience and before accepting further investment of himself in a new program.

The researcher's contacts with the subjects after termination of the study showed a heightened response to the ward program and to other members of the group, although she would speculate that at this point the subjects had reached a second plateau and again for a period would show less change.

The factor of cyclical change which seemed to be present cannot be accounted for by the researcher. Possibly the subjects required approximately three weeks to build a reservoir of security, interest and encouragement that

permitted them to try that which they perceived as more difficult or uncertain. It is notable that the subjects continued to progress in their relationships with only Art displaying prolonged indications of regression.

Implications for Social Group Work Practise

At the conclusion of a study such as this the following questions should be raised. Is there value in the regressed patient's participation in a program such as that described in the present study? How can the social group worker most effectively use his time?

The researcher has no reservations in respect to her belief that there is value in encouraging the regressed patient to participate as fully as possible in an activity group program. As indicated in this study, it has also seemed important to establish small groups with a stable membership and a particular worker to provide a sense of continuity and security during a prolonged period. If the patient is unable to form relationships on large wards, it is unlikely that he will be able to form relationships as a member of constantly changing small groups. However, within these small, stable groups the patient can be exposed to stimulation, can be removed from his isolation, and can experience the warmth of a concerned, interested worker. Within the relatively short period during which this study was undertaken, behavioral change in a positive direction

was observed in a small group of regressed schizophrenics whose average hospitalization period is twelve years. The fact that change in a positive direction did occur warrants the initiation of further studies designed to determine the effects of participation in small groups upon the behavior of various types of psychotic patients. The researcher considers this only one area of the patients' treatment program. It can only be utilized to the fullest when undertaken as adjunctive to other forms of therapy such as drugs, individual and/or group psychotherapy, occupational and recreational therapy.

For the social group worker still another question is involved. How can he most effectively use his time? While the professional social group workers, limited by numbers, can only render this type of service to a selected group of patients, they can supervise the work of a number of non-professionals. On the basis of this researcher's experience it would seem most probable that the workers with small patient groups should be volunteers who are responsible to the social group worker. The qualities which seem important to the group members are warmth, interest, patience and maturity. These qualities are not found solely in professional personnel.

For the researcher this study has been invaluable as a guidepost for work with regressed psychotic patients

either in direct practise or in a supervisory capacity.

This study served to strengthen the researcher's conviction that service to the forgotten men and women of the "back wards" of our mental hospitals is fruitful, is warranted and is rewarding.

APPENDIX A

INITIAL AND FINAL DESCRIPTIONS OF THE SUBJECTS

PRE-GROUP SELECTION OF MEMBERS BY WARD
SUPERVISOR, HEAD NURSE, PSYCHIATRIST,
AND WORKER

INITIAL AND FINAL DESCRIPTIONS OF THE SUBJECTS

Art

November, 1957.--Art was first admitted to the Verdun Protestant Hospital for a period of fourteen months in 1941. He was readmitted in 1943 at the age of twenty-six. Art was born in Scotland and, with his family, immigrated to Canada when he was nine. He is single, Protestant, and was unemployed prior to admission.

Art's illness was characterized by depression, refusal to speak, and blame directed at his family because he was not a professional man. His behavior has vacillated during his seven years on Ward K. He is generally seclusive, but occasionally violent and difficult to manage. From 1943 until 1948 he worked on the hospital farm, but has since refused to do any type of work.

Much of his time on the ward is spent pacing restlessly in the hallway. During these periods he may abruptly pause and gaze at the floor or ceiling. He smokes continuously, and his face bears a dour expression. He usually answers curtly, or turns hostilely away, if approached. In a less agitated state Art sits in the lounge reading the newspaper. He subscribes to a daily paper, and is well informed about current world news. He is particularly fond of sports, both professional and collegiate. He takes pride in recalling with accuracy games from previous seasons in hockey, football and baseball.

Art always appears neatly dressed in a suit, white shirt, and tie. He sometimes shaves twice a day and keeps his hair neatly brushed.

Art seems to enjoy the regular visits by his family and the weekly car ride. On the ward he ignores other patients, and approaches staff only to inquire about an expected visitor.

His illness is diagnosed as catatonic schizophrenia.

March, 1958.--Art appeared to change the least of all the subjects. His restlessness recurred shortly after the group sessions commenced, and continued throughout the study.

His participation in the group did not show daily fluctuations, but extended periods of inattention or of interest.

Art's dress, mannerisms, and relationship with others remained much the same. Occasionally he spoke easily and enthusiastically if W devoted herself exclusively to him. His guarded expression relaxed somewhat when he joined activities with the ladies group.

Dick

November, 1958.--Dick was only fifteen years of age on admission to the hospital for reasons of anti-social behavior, inappropriate laughter, and threatening actions toward his mother. This Protestant, Canadian-born boy attended school for ten years and was considered attentive and able to follow assignments.

Dick's behavior has varied little during his fifteen years of hospitalization. He shows considerable apprehension at the approach of either staff or patients. He responds to questions with laughter or a soft "yes" or "no." On rare occasions he has approached staff and asked a series of questions in one breath. In 1942 he seemed happy to work on the farm. This was discontinued after he became extremely dirty from rolling in the mud. Soon after, he became doubly incontinent.

Dick's silly, empty grin has successfully veiled whether he is disoriented or negativistic. He has occasionally become violent and smashed windows and tore off his clothing. Simple commands are obeyed completely even when the act is destructive or painful to himself. He has violently rejected the psychiatrist in the annual examination by shrinking away and shouting. On those occasions he referred to his mother talking with him, and called the psychiatrist "Daddy."

Dick is usually stretched out on an old leather couch--sometimes alone, sometimes sharing it with another patient. When approached, he looked at W briefly and stretched out his hand vaguely in her direction. He would leave the hand extended in mid-air until W took it, or until it slowly lowered to his side. This appeared to be a remnant of waxy-flexibility shown by this patient. At the touch of W's hand Dick quickly moved his own away. When W spoke she elicited only a soft "yes" as he turned his head away.

Dick presented a peculiar appearance: dirty underwear was visible at the neck and wrists of his two or more shirts which were covered by an old brown jacket pulled tightly about him; his heavy brown pants were drawn over his jacket and tucked into heavy knee-length wool socks, which attendants reported covered several pairs of thinner socks;

on his feet were moccasins or house slippers. Dick does not shave himself, and appeared clean-shaven only on those days when ward routine permitted someone to shave him. His thin fringe of dark hair looked fairly neat, but his teeth and nails were usually dirty.

Dick has no friends and does no work. He is said to smoke, but has no tobacco and asks for none.

Dick is known as the best ping-pong player on the ward, although he usually lays down his paddle and walks away from an unfinished game.

Dick's illness is diagnosed as simple schizophrenia.

March, 1958.--This subject shows considerable change, although he continues to function on a very regressed level. It has been many weeks since Dick has greeted the worker with only his fingertips and turned away. Instead, he is able to approach female staff with ease. He appears to want to speak, but cannot form the words. When W had asked him to bring Joe to the group, Dick eagerly approached Joe, but was unable to speak.

Since his medication has been changed Dick no longer pulls his clothing tightly about him, nor wears several shirts. He appears calmer and his periods of agitated pacing are less frequent.

Dick's attitude toward the program and toward the other participants presents the most marked change. Dick frequently had shown indifference to an activity although present at the session. He had cowered at another man's sudden movement or approach. Dick began to watch activities alertly, then appeared to enjoy doing them. He accepted bowling balls from another subject readily and without showing fear. He anticipated routines, such as collecting the coffee cups and carrying them to the kitchen. He looked pleased over such contributions and responded in short, appropriate phrases to W.

Psychiatric evaluations had remained undecided whether Dick's behavior showed primarily disorientation, or negativism. It would seem, from observations within the group, that the latter is true. Dick finally wrote his own name, read a story, bowled well, and asked for a cigarette. Yet, he exercises extreme caution before revealing himself. On one occasion W caught his fleeting glance at the clock. She asked him what time it was. Dick smiled slyly as he replied, "Two-thirty." In reality it was 3:45.

Earl

November, 1957.--Prior to his admission to the hospital in 1950 Earl is reported to have had two attacks of

mental illness not requiring hospitalization. He is now forty-nine years old, single and a life-long resident of Quebec. Earl is a Protestant of English origin who spent all his working years farming. His mental disturbance was first reflected in his farm work. He became restless, careless with money and worked irregularly. He noticeably hallucinated claiming the hills were ringing. Members of the family feel jealousy provoked the attacks since they occurred shortly after relatives moved into the house to care for his father who became ill. He became enraged easily and set fire to chairs and coats. Delusional, he repeated, "give father another dose of veterinary medicine." Two sisters are in this hospital and an uncle died there.

Earl has spent seven years on Ward K. He is usually found sitting on the floor of the sunroom with his back against the radiator, knees drawn up and arms gesturing as he hallucinates. His eyes constantly move and he seems unaware of W. He rarely communicated verbally with her. Occasionally his voice and expression are surly.

Earl's angular, deeply-lined face is usually unshaven, his grizzled hair awry, and his clothes unkempt. Attired in worn grey pants with the fly generally open and a torn white dress shirt, Earl often rubbed his chest and grimaced as he talked. He has no friends, nor engages in any solitary activity. Occasionally the nurses are able to persuade him to join a ward bingo game.

Earl is on no medication; he does little ward work although he has worked well with supervision; and he receives no visitors.

Earl is diagnosed as a deteriorated hebephrenic schizophrenic.

March, 1958.--Late in the study considerable change was observed in Earl's behavior. This change appears to be related to a change in medication which allayed his restlessness and hallucinations. Earl moved from the floor to a bench where he remained seated quietly. His clothes were no longer torn, unbuttoned and dirty. He showed awareness of W's approach and appeared better oriented. He took an interest in activities on the ward. The group provided Earl with two friendships which continued on the ward. Although there was limited verbal inter-action between Earl, Sam, and Ralph, Earl moved to the bench adjacent to Ralph's. He was frequently seated there after the study terminated.

Joe

November, 1957.--Joe was twenty-seven years old in 1938 when he was admitted to the hospital as a private

patient. This single Jewish patient gave his occupation as office boy. For over two years Joe underwent the gamut of known treatments: he was seen daily by his psychiatrist, received a series of insulin treatments and various medications, participated in psychotherapy and occupational therapy groups. These treatments seemed to lessen his delusions of persecution, and his negativistic attitude, yet improvement continued to be temporary and spasmodic. A trial at home proved unsuccessful and he was readmitted to the hospital unimproved. In 1940 began a particularly violent period during which Joe suddenly flew into destructive, uncontrollable rages. His loud, uncooperative behavior continued during his first years on Ward K where he was transferred in 1952.

Prior to Joe's admission the family had attempted private psychiatric help, a small private institution, and a winter in the north near the sports which he enjoyed. He had shown no positive response. Joe had done well in school, had many friends, and participated ably in sports. He quit school suddenly but did not try to find a job. Eventually he returned to school, only to discover that his friends were no longer there. At this point his family found him increasingly negativistic and difficult to manage at home.

Joe is always dressed in a well-fitting suit, but does not care for it. He is always found on the same bench where he sits with his head down, his hands between his knees. His face is deeply lined and expressively sad. His tone and conversation indicate his confusion. He has no friends, and receives irregular visits from his family. He takes part in games only with much encouragement.

His diagnosis is hebephrenic schizophrenia.

March, 1958.--Joe began to show a limited positive change in the final month of the study. Prior to this time Joe had shown sporadic interest and general passivity. However, in February his attendance stabilized and he responded more readily to invitations to join the group. Within the group he showed some initiative in assisting the worker and occasional self-assertiveness in his participation, particularly in bowling, badminton and volleyball.

Joe's confusion did not lessen. As his relationship with W developed, he verbalized more, but in a confused, autistic manner. The limited change observed in Joe appears to be true only of his actions in relation to the group, and were not reflected in the ward observations. His appearance and relationships with staff and other patients did not alter. A tendency for Joe to leave his favorite bench and move to one in the sunroom was noted. Since Sam and Ralph

had included him in their conversation and exchange of cigarettes, Joe's move may be related to a desire to be closer to them.

Ralph

November, 1957.--For three years prior to his admission Ralph refused to work on the delusionary ground that he was going to inherit a million dollars. He had immigrated from Checkoslovakia two years earlier. His fiancée sponsored his arrival in Canada where he found employment as a commercial artist.

In Europe Ralph had completed training as a teacher, and was teaching the primary grades when the war broke out. As a Jew he was interned. He maintains that he dislikes teaching and will not return to it.

Early in his hospitalization Ralph attended occupational therapy classes. Later he became anti-social, lounged in bed all day, and showed no interest in ward activities. Early in 1957 he had regressed still more and was seated on the floor.

Ralph has been on Ward K for two years. He always sits on a bench in the far end of the sunroom. He is always alone. He stares out of the window most of the day. His face is expressionless and mask-like. Occasionally he lies carefully down on the bench, and although his eyes close, he does not appear to sleep.

Ralph wears the same brown tweed suit day after day, but keeps it in good condition. His thinning hair is always neatly brushed.

Ralph has not left the ward for many months. He refuses occupational therapy and work with the excuse "my medication" saying that it makes him dizzy. Because of a scalp condition he is given a special diet, and eats his meals on the ward.

His brothers visit him regularly. He rarely shares the cigarettes they give to him. He has no friends on the ward and makes overtures to no one. If he is approached by a staff person he responds pleasantly.

Ralph is self-conscious about his English and usually replies with a minimum of words. On the ward he will play bingo if cigarettes are given as prizes.

Ralph's illness is diagnosed as paranoid schizophrenia.

March, 1958.--Ralph showed the most positive change of any of the subjects. His attendance stabilized, and his absences were accompanied by more realistic excuses. His

resistance to leaving the ward "because of my medication" was relaxed for the Christmas party, and not stringently maintained thereafter. Ralph continued to receive his meals on the ward because of his special diet. When the worker commented about this, Ralph responded that he preferred this, confiding, "The food is better here [on the ward]."

Ralph's blank, staring expression gradually became more relaxed, and he flashed a frequent smile. His bantering with Sam increased as he showed his admiration for Sam's travels and adventures. He infrequently communicated with the others, although he did not hesitate to speak sharply to a member who was preoccupied, or about to wander away from the group.

His relationship with W developed so that he felt comfortable in approaching her with questions about his English. He had steadfastly refused all forms of work about the ward. However, he showed interest in doing art work for the Recreation Department. In February Ralph began working there each afternoon. This provided opportunity for more relaxed socialization. Although he tended to remain silent when strangers entered the Department, he seemed to enjoy the company of the staff, and was well-liked by them. About this time his medication was sharply reduced to eliminate the dizziness. His work was handled responsibly and skillfully.

Sam

November, 1957.--This short, stocky Scotsman came to Canada in 1927, but retains his thick brogue. Sam is single, Protestant, and had maintained steady employment as a chauffeur until the onset of his illness in 1940. He then found difficulty functioning at work. He enlisted in the army in 1942, but was discharged in a few months with a diagnosis of schizophrenia. After a period in a veterans' hospital he worked as a garage manager, but tended to stray away for days at a time. His personal habits became dirty and his carelessness with cigarettes created the danger of fire.

Early in 1955 at the age of forty-three Sam was admitted to the hospital and was placed on Ward K. His straying away and unpredictability have permitted him to work off the ward for only brief periods. On the ward he refuses to do any work. For awhile in 1956 he was incontinent. He also quit his occupational therapy periods that year.

Sam exhibits excess verbal and motor activity and gives the appearance of mental deficiency. Tests, however,

do not bear this out and the possibility of organic impairment is more probable. Sam is considered normal in his relationships with staff and patients.

Sam's primary diversion is reading. He enjoys television, cards, conversation and ward games.

Sam's dress usually appeared careless with ill-fitting clothing, too long hair, and unshaven face.

Sam's illness is diagnosed as simple schizophrenia.

March, 1958.--Sam's initial aggressiveness continued throughout the study, taking the form of noisier, more exuberant greetings to the worker and more conversation within the group. Sam assumed the role of spokesman and leader of the group. He occasionally ordered the others about, but never unkindly. His bantering with Ralph seemed to amuse the others.

Sam's excessive smoking and carelessness with cigarettes did not abate. He began to take noticeably better care of his person and attire. His more frequent shaves and haircuts seemed to coincide with anticipated meetings with the ladies group. Sam showed awareness of this change, too, by verbally calling it to her attention if W failed to give him recognition for it.

Sam's participation in the group program changed little, other than his assuming more responsibility for helping W. The group did, however, contribute some change in Sam's daily routine. The friendship with Ralph which he developed in the group continued on the ward. When Ralph was not working Sam was frequently found seated with him, reading or conversing.

Sam's reported pattern of straying away was never observed by the worker. However, within two weeks after the termination of the group Sam wandered away from home while on a weekend visit, and was not found for several days. W saw him later and he reported that he had decided to look for a job, but had not realized the unemployment situation was so bad.

Vincent

November, 1957.--Vincent was eighteen when, a Roumanian immigrant, he arrived alone in Canada. His occupation was a baker until 1939 when he became depressed, delusional, and violent. He is now forty-seven years of age. Vincent's religion is Hebrew. He is separated from his wife, and her whereabouts are unknown. His sister reported that he had attended school, but his English is apparently limited. He has carried on limited conversations

at the hospital in Russian and in German. He is considered mute for he now nods an emphatic "yes" to all questions.

Vincent was placed on Ward K in 1942 and was considered negativistic and difficult to handle. He is usually slouched on the radiator in the sunroom, picking his nails or staring into space. His expressionless face returns only a dull, questioning look when he is approached.

Vincent is attired in a baggy suit with shirt open at the throat. His clothing is badly soiled. His heavy work shoes are without laces. He shows no interest in his appearance. His hair is mussed; his teeth, face and hands are dirty.

Vincent works willingly, but requires close supervision. He remains by himself at all times; he joins in no ward activities, and receives no visitors. His illness is diagnosed as simple schizophrenia.

March, 1958.--In the opinion of the ward supervisor Vincent's behavior changed to a greater extent than any of the other subjects. Vincent's dull expression and vacant stare were replaced by a relaxed expectant look which indicated a greater awareness of, and interest in, his surroundings. The puzzled expression which had initially greeted W was also replaced with a confident, beaming smile when she approached. His face brightened when he was given new clothing, and he showed pride in maintaining a better appearance.

Communication continued to be limited. Vincent rarely verbalized without persuasion--and then usually in his native tongue. He began to respond to W's insistent, "Speak English, Vincent," however.

Vincent was the subject given the least status by the others until after the group's visit to occupational therapy. His ability surpassed the others and he became the center of their attention. Shortly afterwards Vincent learned to play badminton, and played so well that W's enthusiasm over his accomplishments seemed to spread to the others. Dick began to choose Vincent in ball toss, Sam shared a cigarette with him, and Ralph offered him a seat.

Vincent followed demonstrations well, but failed to comprehend verbal instructions. Nor was he able to anticipate actions. For example, W might arrive with table games, but Vincent would make no move toward setting up the card table until W began to do this herself.

PRE-GROUP SELECTION OF MEMBERS BY WARD
SUPERVISOR, HEAD NURSE, PSYCHIATRIST,
AND WORKER^a

<u>Head Nurse</u>	<u>Ward Supervisor</u>	<u>Psychiatrist</u>	<u>Worker</u>
Pete	Pete	Pete	Carl ^b
Carl ^b	SAM	Allan	JOE
ART	RALPH	RALPH	ART
Jim	Carl ^b	Carl ^b	Allan
Allan	ART	ART	Jim
VINCENT	Jim	Jim	VINCENT
JOE	Mike	JOE	DICK

^aSupra, p. 22.

^bIndicates member of original group, but withdrawn during first week of study. Supra, p. 24.

APPENDIX B

FOUR GROUP WORK RECORDINGS EACH REPRESENTATIVE OF ONE MONTH OF THE STUDY

Thursday
November 7, 1957
Fourth meeting

Present: Ralph
Vinoent
Dick
Art
Earl

Absent: Joe ("I don't feel like
it.")

W prepared an active and a quiet game. The men entered the room without comment. Bingo was selected by W as a group activity in which the men could continue to function as individuals. W asked Ralph to pass out the cards (which he did without change of expression or comment), and then explained the game. W said that she would call until there was a winner, and then that person might call the numbers.

W stood near Dick who would only play his card when W was looking at him, or indicating in some way that he had a number to cover. Dick showed that he did recognize numbers.

Ralph smiled fleetingly when he won the first game. He called rapidly and in a normal tone. Horace (attendant) won the next game and called even more rapidly. Art and Ralph were able to follow him. It was necessary for Horace to assist Earl, however. Earl repeated all the numbers called and continued talking to himself throughout the period.

Vincent won next and W was uncertain whether he recognized and could say the numbers. He had needed constant assistance thus far. W held out one numbered chip at a time to him, indicating he was to say the number. Vincent was able to mumble all of the numbers clearly enough for W to recognize them. He seemed to be calling each number in a second language also.

While W was helping Vincent, Dick had stopped playing and looked about the room. When Ralph won again, W returned to a spot near Dick who stirred in his chair as though he knew he would be expected to play again. By repeating a number which appeared on Dick's card and merely indicating it was somewhere in a particular column, Dick was able to cover his own numbers. He won this game. W, using same technique employed with Vincent, encouraged Dick to call the numbers although he did so very faintly, stopping frequently. Art's face held an amused look during this period.

When Horace won the next game, W suggested we play something a little more active--a metal ring toss game. The

men, with the exception of Vincent, helped move the table. Vincent, standing by his chair, was hemmed in by two chairs and looked confused until W helped him out.

The men, W, and attendant took turns tossing the rings. No conversation ensued. Although each man readily took his turn, no enthusiasm was shown. Dick showed most response to encouragement--throwing very lackadaisically in the beginning, but seeming pleased with later trials.

The hour ended, and the men left without comment.

Thursday
December 5, 1957
Twenty-second meeting

Present: Joe
Sam
Vincent
Earl

Absent: Dick (see below)
Art (shook head)
Ralph("too far"--W said
that if he would
attempt it, she
would come back
with him if it
proved to be too
far, still Ralph
shook his head)

W found Dick standing in the main room looking as though someone had either hurt him or frightened him. His arms were folded tightly to his sides, and his face looked like that of a hurt child. He turned away from W and went into the sunroom. After W had spoken to the others in the group she returned to Dick but he only stared out the window. After the session, W found Dick seated by the window staring at a magazine which was upside down. W asked if she could look at his magazine; he gave the magazine to W who turned it to the front cover and showed it to Dick pointing out the things on it. He took the magazine away from W, but gave her the tips of his fingers as he had when she first met him.

The four men, W and a nurse went to the recreation hall to join the ladies' group. W started some relays, putting men and women on each team. The first relay involved carrying an object to the end of the room, around a chair and back to the next person in line. This was made more difficult by going backwards the next round. Vincent found it difficult to comprehend the necessity for the latter, but participation was good, and interest in "their team winning" was shown.

Chairs were then put in a wide circle and "Spin the Plate" was introduced. A person came to the centre, spun

the plate and called the name of someone in the circle. If that person did not touch the plate before it stopped spinning, he or she was in the centre. Sam showed that he knew the names of all those present. Vincent seemed able to retain the names only briefly. Joe called the names of a couple of the women on his turn, and continued to be alert and smiling during most of the game. This was the most sustained response he has given to an activity. Earl also maintained an active interest in the game.

The ladies served tea and during this period "I spy" was played with little participation from the group other than Sam, two ladies, and Earl.

The men replaced the chairs while the ladies gathered up the cups. The men seemed generally pleased by this session. Sam and Earl engaged in considerable horse-play on the way back--racing and jumping on each other. Joe walked with W and talked with less anxiety in his voice.

Tuesday
January 28, 1958
Forty-ninth meeting

Present:	Joe	Absent:	Ralph ("Is there coffee?"
	Dick		and "My medi-
	Sam		cation.")
	Art		Earl ("Not going" rather
	Vincent		surly, although
			attendant joked
			with him.)

Dick, looking freshly clothed and in less jackets than usual and a white shirt, came to W extending his hand and smiling. W talked quietly to him and he walked along holding her hand. (The Supervisor had said that Dick had been tearing off his clothes and was in an excited state due to switch to largactil.) However, Supervisor said that if Dick wanted to go it would be all right.

Sam, reading a mystery, came exuberantly and kissed W. W and Sam went to Ralph who lay on the bench. At first it appeared that Ralph would come--he asked "Is there coffee?" Then he seemed to change his mind when he discovered that there was none today, and reverted back to his excuse about his medication.

Art came readily when W said we were going to the recreation hall to play volleyball and badminton.

Dick walked with W holding her hand. W asked Dick to help her get the rackets and birds and he carried them to the court. Vincent also came, unasked, to help W and took the volleyball for her.

Vincent unrolled the net, Sam enlisted Dick to help him while W and attendant secured the other side.

Ready to play, attendant, Art and Vincent played against W, Joe and Dick. Sam insisted on refereeing--which really meant standing on the sidelines and rolling cigarettes. Joe again showed keen interest in the game and using correct techniques. He "set-up" several balls for W. Play was hampered by so few players. Sam served well, but caught the ball on the return. Vincent only caught and chased it. Dick served well and participated better than usual. At one point Dick headed for the door. W called that he did not want to leave yet for we were planning to do something soon that we knew he would want to do. Dick came back. Sam had moved toward W's side of the court and W suggested that Sam cover the area behind her while Dick cover the area behind Joe. After about twenty minutes of volleyball W suggested we play badminton.

W, Art, Dick and Sam began playing. Joe said he was "tired," and sat down. We had only played a little while when Joe suddenly got up, went over to Sam, took his racket and began to play W. Sam relinquished the racket readily, and seemed surprised that Joe would be that aggressive. Joe played quite well with the faint smile on his face.

The attendant played ball on the side with the men not involved in badminton.

This seemed a period of activity which these men enjoyed very much. They did not verbalize comments about it, but seemed in good spirits on the way back to the ward.

Monday
February 24, 1958
Fifty-fifth meeting

Present: Dick
Joe
Art
Sam
Ralph
Earl
Vincent

W had been ill and absent for five days. Dick came to W and briefly put his hand in hers, then started to continue on. W's question brought him back and he gave her his hand again as he talked with her.

Sam saw W, ran and threw his arms about her. W laughed, releasing herself and warning Sam he would catch her cold. Sam galloped off, loudly calling for Ralph.

W went to the sunroom, and saw Vincent was placidly smoking (in the sunroom) and looked pleased to see W. Earl was sitting on a bench by the radiator. He asked W how she was feeling. W looked up and there was Joe, who had come quietly into the room, standing and smiling at her. W greeted him warmly. He continued to smile, but said nothing. W said she was sorry she had been sick, but was glad to be back, adding that she had missed them. Earl repeated quietly, "You missed us guys?"

W and the men moved toward the large room. Joe asked, "Can I be excused today?" W smiled and replied that he certainly could not be, adding that she hadn't seen him for a week. She also added that if he felt like leaving early he could. Joe came with the others.

Ralph was waiting for W in the middle of the room. He also asked if she were all right now.

In the lounge Dick bounded toward the soft chair and sat down. When Vincent approached he got up, and Vincent took the seat. Ralph and Earl took the sofa. Joe joined them. Sam got a new pack of cigarettes and gave Dick one.

W asked who was missing. No one knew. W said that Art was not here and asked Sam if he would get him. Art and Sam returned. Art was pre-occupied during much of the period.

W asked if they had ever played "Wave the Person." No one had. W explained the game and started with A--. Sam wanted to know immediately if he was in our group, and W confirmed this. W continued using names of group members-- Joe obviously pleased when we used his, and Earl amused when he failed to recognize his own name. Dick guessed the name "Dick" every time he saw a "d," but today he was an active participant. Ralph sat on the edge of the seat and guessed names. After exhausting names of group members we used names of men from the ward. The group came to in sudden surprise when JO-- was not guessed, and then from the corner of the room came, "J-O-H-N, John." It was Vincent, who has remained silently 99% of the time, speaking.

W suggested switching to a new game, and began "Geography" with cities--this caught on rapidly, too, and led into many breaks to discuss the cities that were mentioned. Again participation was good, finding everyone involved except Vincent.

W could scarcely believe that the group had gone through one hour of sustained verbal-visual activity which had never before been possible. Both Dick and Joe remained for the total period. As W prepared to depart, none of the men left the room before her.

APPENDIX C

DAILY ATTENDANCE OF GROUP MEMBERS
BY MEETING NUMBER AND DATE
FROM NOVEMBER 4, 1957 TO
FEBRUARY 28, 1958

Meeting Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		16	17	18	
Date of Meeting	4	5	6	7	8	11	12	13	14	15	18	19	20	21	22	25 ^a	26	27	28	29
Total Number Present	6	3	4	5	4	4	5	4	5	3	6	4	5	4	6		6	4	6	
Joe	x	x			x	x			x		x		x		x		x		x	
Diek	x		x	x		x	x	x	x	x	x	x	x	x	x		x	x	x	
Art	x		x	x	x	x	x	x	x		x									
Ralph	x	x		x		x	x	x			x	x			x		x		x	
Earl	x		x	x	x		x		x	x	x	x	x	x	x		x	x	x	
Vincent	x	x	x	x	x		x	x	x	x			x	x	x		x	x	x	
Sam													x	x	x	x		x	x	

November 1957

Meeting Number	19	20	21	22	23	24	25	26	27	28	29	30			
Date of Meeting	2	3	4	5	6	9	10	11	12	13	16	17	18	19	20
Total Number Present	6	4	3	4	6	5	5	6	6	6	6			7	
Joe	X	X		X	X	X	X	X	X	X		X		X	
Dick	X	X			X		X	X	X	X		X		X	
Art												X		X	
Ralph	X				X	X	X	X	X	X		X		X	
Earl	X	X	X	X	X	X		X	X	X				X	
Vincent	X	X	X	X	X	X	X	X	X	X		X		X	
Sam	X	X	X	X	X	X	X	X	X	X		X		X	

December 1957

^aFull column spaces in all four charts indicate absence of worker.

Meeting Number	31	32		33	34	35	36	37		38	39	40	41	42	43	44	45		
Date of Meeting	6	7	8	9	10	13	14	15	16	17	20	21	22	23	24	27	28	29	30
Total Number Present	7	2			7	7	6	5	6		7	4	6	7	7	5	4	6	
Joe	x				x	x	x	x			x		x	x	x	x	x		
Dick	x				x	x	x		x		x		x	x	x	x	x	x	
Art	x				x	x	x	x	x		x	x	x	x	x			x	
Ralph	x	x			x	x	x		x		x	x		x	x		x	x	
Earl	x				x	x		x	x		x		x	x				x	
Vincent	x				x	x	x	x	x		x	x	x	x	x	x		x	
Sam	x	x			x	x	x	x	x		x	x	x	x	x	x	x	x	

January 1958

Meeting Number	46	47	48	49	50	51	52	53	54	55	56	57	58	59						
Date of Meeting	3	4	5	6	7	D	11	12	13	14	17	18	19	20	21	24	25	26	27	28
Total Number Present	6	6	5	6	6		6	6	7	7						7	5	6	6	6
Joe	X	X	X	X	X		X	X	X	X						X	X	X	X	X
Dick	X	X	X	X	X		X	X	X	X						X	X	X	X	X
Art				X	X		X	X	X	X						X				
Ralph	X	X	X		X			X	X	X						X		X	X	X
Earl	X	X		X			X		X	X						X	X	X	X	X
Vincent	X	X	X	X	X		X	X	X	X						X	X	X	X	X
Sam	X	X	X	X	X		X	X	X	X						X	X	X	X	X

February 1958

APPENDIX D

BAKER AND THORPE BEHAVIOR RATING SCALE

BAKER AND THORPE BEHAVIOR RATING SCALE¹

NAME _____		DATE _____			
4.	3.	2.	1.	0.	
Awake and noisy all night.____	Noisy at intervals at night.____	Restless several times.____	Restless or awake once.____	Normal____	
Motionless____	Occasional movement.____	Very retarded.____	Slightly Retarded.____	Normal____	
Wildly excited needs isolation all day.____	Needed isolation for a short period.____	Restless all day.____	Restless for a short period.____	Normal____	
Tube fed.____	Spoon fed.____	Eats only with persuasion.____	Finicky with food.____	Normal____	
Mute.____	Occasional word with persuasion.____	Speaks only if spoken to.____	Occasional spontaneous remark.____	Normal____	
Needs dressing fully.____	Needs help in dressing.____	Dresses self but needs adjustments.____	Dresses self but untidy.____	Normal____	
Does no work.____	Works with supervision in ward.____	Works with supervision outside ward.____	Works without supervision.____	Normal____	
Doubly incontinent several times.____	Doubly incontinent once.____	Incontinent of urine several times.____	Incontinent of urine once.____	Normal____	
Aggressive several times without provocation.____	Aggressive once without provocation.____	Aggressive several times when approached.____	Aggressive once when approached.____	Normal____	
Has no friends.____	Friendly towards one of the staff.____	Friendly towards one patient.____	Friendly towards two people.____	Normal____	
TOTAL = _____					

¹ Baker and Thorpe, Journal of Mental Science (Oct., 1956).

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