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GROUP THERAPY
IN
MENTAL HOSPITAL PRACTICE

by

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A mental hospital is an institution for the care and treatment of the mentally ill, and the character of the institution appears to depend largely on whether the emphasis is laid on the care or on the treatment of the patient. In the first half of the last century, "care" meant the welfare of the patient, but towards the end of the century care came to have a different meaning, viz, the care of the patient in such a way that he did no harm to himself or to the public. One has only to read the standard works on the organization and management of lunatic asylums written by Connolly in 1847 and Mercier in 1894, to realise the change that had taken place. Connolly lays emphasis on freedom, no restraint, occupation, recreation and mixed entertainments. Mercier, fifty years later, lays emphasis on suicide, on violence, the dangers arising from razors, knives and scissors, points and means of suspension; the dangers arising from issuing patients with braces, handkerchiefs, garters, boot-laces and ties; and which may arise from the intermingling of the sexes. The influence still survives, and it was in this atmosphere that the locksmiths flourished and devised those elaborate keys, capable of giving one, two or three turns, according to the rank of the possessor. The one-time asylums for the protection of the mentally afflicted became prisons for the protection of the public from the lunatic who, only too often, had been made dangerous by the methods used to care for him. Such methods die hard.

It is not unnatural that many doctors rebelled against this state of affairs and endeavoured to model our mental hospitals on the general hospitals in which they had their medical training. They brought in nurses who had been trained in general nursing. They argued that mental illness was an illness like any other and should be treated on similar lines. The standard of bed-side nursing was improved, operating theatres were built, X-ray departments and pathological laboratories were established, visiting surgeons and other specialists were appointed. All this was to the good, but unfortunately some of the more active doctors and new matrons, full of enthusiasm for general hospital methods, failed to preserve many of the good features of the older asylums, and occupational therapy, which had been flourishing during the first half of the nineteenth century, sank to an all-time low level in the 1920's, and it became necessary for our psychiatrists to travel to Holland and Germany to learn again the advantages of occupational therapy and to introduce a new type of worker, the occupational therapist, to restore the position.

Mental illness is not just like any other form of illness; it is completely different, if only for the fact that the overwhelming number of patients are physically healthy, there being fewer than 10% of the average mental hospital population in bed, and of these the majority are merely suffering from old age.

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x Lecture given at a plenary session of the Seminar

To many, the mental hospital appears to be a kind of halfway house, between a prison and a general hospital, with some of the worst features of both and the best features of neither. Great progress has been made in clinical psychiatry in recent years, but no comparable advances can be made in administrative psychiatry in improving the background of treatment or the atmosphere in which treatment takes place until we break out on new lines and cease aping the general hospital. Neither must the hospital be organized for the benefit of the very small number of potentially dangerous patients (fewer than 1%) to the detriment of the overwhelming majority.

The mentally ill are extremely sensitive, and great pains should be taken not to do anything that widens the gap between them and their fellow creatures. The aetiology of mental illness in a certain individual is usually of a complex nature, depending on the interaction of intrinsic and extrinsic factors. Physical, psychological and constitutional factors may predispose the individual to develop the illness, economic and social factors may precipitate it. But whatever the ultimate cause, mental illness in its turn always leads to a disturbance in social relationships, and as there is always present an interaction between processes affecting an individual's social relationships and his intrapsychic processes, his happiness must ultimately depend to a large degree on his ability to relate himself to his social environment. If he is unable to establish satisfactory relationships, he will gradually lose self-confidence, he will become dispirited, will feel himself misunderstood and gradually withdraw more and more from the herd into his own shell, and he may gradually turn his back completely on the world of reality which he feels is either indifferent to him or even hostile, and derive more satisfaction from regressing into his own world of phantasy. A neurotic will still fight to retain some contact with his social environment and with reality, but will feel unhappy and unable to do so satisfactorily, and will not participate in the life of his community to the limit of his abilities. Whilst the neurotic may thus show undersocialisation and underparticipation, the psychotic may completely renounce any participation whatsoever.

Thus, mental illness always leads to loneliness, subjectively as well as objectively. The sufferer's family and friends will first look upon him as an odd person; gradually they may become alarmed, and they cannot "manage" him any longer, or feel that he is becoming "dangerous" and they may suggest hospitalization. Even now there exists in the minds of many people the idea that once a patient enters a mental hospital he has lost his freedom for good, and as they think of the asylum as a place of permanent sequestration, sufferers from mental illness may not come to seek help at a stage early enough for recovery and effective resocialization. On the other hand, with the development and recognition of the function of the mental hospital as a place of treatment or of reconstruction of personality and of resocialization, and with the spread of out-patient services, more and more patients will enter the mental hospital at relatively early phases of their illness, and as voluntary patients. At Warlingham Park Hospital up to 90% of recent admissions are "voluntary", and a large percentage of these leave hospital again after a stay of only a few weeks or months. At the same time there will always be a certain percentage of patients who will have to spend the rest of their lives in the hospital, and it is the duty of the mental hospital to do its best for them. In the same way as the standard of a country's civilization may be assessed by its treatment of its relatively helpless minorities, so a mental hospital may be judged by the way it treats its chronic patients. There will naturally have to be different aims of treatment for these two large groups of patients in a mental hospital : treatment and re-education in the one group aiming at full resocialization of the individual, at enabling him to take his place outside the hospital again among society, whilst in the less fortunate second group the goal will

have to be a much more limited one: to enable the patient to make for himself as happy and contented a life as possible within the hospital community. In both these types of patients, however, resocialization will be an essential aim, and group therapy in the widest sense of the word, including psychotherapy and occupational and recreational therapy, is the most practicable and satisfactory way of dealing with this problem. Apart from overcoming the difficulty of catering for a disproportionately large number of patients, with a limited team of doctors, there are many advantages of group therapy over individual therapy, the setting of group therapy being a much less artificial one, and less remote from life-like conditions. Furthermore, individual therapy as well as the specific therapies can only occupy a relatively short proportion of the patient's time in hospital, and it is of the utmost importance that his whole day should be well planned and occupied usefully. In these groups the patient has the opportunity, perhaps for the first time in his life, of gaining a feeling of belonging, of security, of confidence and an increase in self-esteem and happiness. Living, working, enjoying life, discussing his problems side by side with others who have more or less similar difficulties to his own, will gradually lead to a lessening of his feeling of isolation and loneliness, will increase his interest and participation, and will alter his attitude from one of egocentricity to one more altruistic and more community-minded. Stimulation by interaction of thoughts and feelings with others will more and more improve his social ego, and as all these activities take place in a completely free atmosphere, his sense of freedom will lead to an increased feeling of responsibility. The intermingling of the sexes in occupational, recreational and discussion groups, too, will make hospital experience more like real life and will help to remove the feeling of leading a cloistered life "apart" from the rest of the world.

II

Warlingham Park Hospital is fifty years old. There are 1,050 beds, with a full-time medical staff of 13. We have a high admission rate - the total number of admissions during the first nine months of this year amounted to 658.- and we do practically the whole of the psychiatry, including child guidance, for a town with a population of 250,000, having about 50 out-patient sessions a week amongst us. The size of the catchment area and the amount of out-patient work done results in practically all admissions having been seen personally by a member of the staff. Some of the patients have been attending the out-patient social clubs, or have been having individual or group psychotherapy as out-patients before admission, others after discharge. In view of this it is not surprising that for over 16 years the voluntary admission rate has been over 90%. At present there is also a small experimental unit for neurotics outside the Lunacy and Mental Treatment Acts.

A patient entering a mental hospital for the first time is beset by many fears and misapprehensions, and it is important from the start to allay these and to help him to orientate himself in his new surroundings. As a first step towards gaining the patient's confidence, he receives, within twenty-four hours of entering the hospital, a personal letter signed by the Medical Superintendent, as well as a booklet which serves as a guide to the hospital. It is the task of the chaplain, or of another patient, to take the new patient for a tour of the hospital as soon as he is out of bed.

Every Wednesday morning all new patients are seen as a group by the senior officers of the hospital, including the Medical Superintendent, Matron, Chief Male Nurse and Secretary. A film dealing with mental health, such as one of the Canadian Film Board's films on Mental Mechanisms, is shown, after which coffee and biscuits are served. This is followed by a short discussion on the film, then each patient is asked to give his reactions to the hospital, and to state what things he would do better if he had the job of the Medical

Superintendent, the Secretary, the Chief Male Nurse or the Matron, for a week. It is seldom that a week passes without at least one suggestion from a patient that can be put into effect. These group discussions have proved invaluable to the patients by helping to give them a feeling of acceptance and of participation, but have been of even greater value to the senior staff present, who have been amazed to find how much they can learn from the patients. The meetings end with a brief talk by the Medical Superintendent on the aims and purposes of the hospital, its organisation, grouping of patients, and on the standard of behaviour expected of them. These first group meetings go a long way towards dispelling the new patient's vague fears and suspicions and preparing him for contributing his own vital share in his recovery.

It is our practice to ensure that every patient is a member of at least one group. These groups may be based on common cultural interests, such as the art or music group, on treatment, such as the insulin group, or on the nature of the mental disability, such as the alcoholic or psychopathic group.

Even the most deteriorated patients derive much benefit from group therapy. The completely self-absorbed, lonely, pitiful figures who used to be seen huddled in a corner of a ward might not only have been in the final stages of their illness, but might partly be the products of the hospital atmosphere itself. Being left to their own devices with a complete absence of stimulation by social contact, may finally lead to a complete intellectual and emotional impoverishment and to the disappearance of every residuum of personal pride and of any innate or acquired gregarious tendencies and attitudes.

At Warlingham Park Hospital the completely deteriorated patients are put into habit-training groups (see Tables 1 and 2), small groups each under the supervision of a nurse who supervises its activities all day long. Constant repetition of the patient's activities aims at making these a habit, so that in time he may be promoted to a less deteriorated group, and may eventually, in the case of a wet and dirty patient, be able to look after his personal hygiene himself without any supervision. In a similar way, patients who, if left to themselves, may become completely passive and immobile figures, may benefit considerably by being put into occupational groups carrying out simple tasks, such as barrow parties and other open-air working groups. Work in occupational groups also serves effectively to dissipate energy in actively disturbed patients, and replaces in a more constructive way the need for locked wards. At Warlingham Park Hospital only two of the wards are locked, and the number of violent patients can be counted on the fingers of one hand. Constant distrust of the patient, and the deprivation of all his liberty and personal belongings, will make him rebellious against authority. A trusting, friendly attitude in an atmosphere of freedom will remove his need to rebel.

Obviously, occupational therapists can cater only for a relatively small proportion of the hospital population, and it is important that all nurses should be interested in occupational therapy, which is carried on not only in the special occupational departments but also in all wards. The more intelligent and less affected patients can be very helpful (helping themselves in the process) by acting as group-leaders to chronic patients, such as knitting parties of elderly female patients. It has also been found that the mixing of the sexes, for example in the occupational therapy department, may lead to marked improvement of behaviour in some acutely disturbed patients. In this connection it must not be forgotten that naturally the patient's attitude depends to a large degree on the attitude of other patients as well as the nursing staff, and on the non-nursing and non-medical staff. For the patient, the ward nurses, his fellow patients in the ward and the cook may be much more important figures than the doctor. It is therefore important that the non-professional staff of the hospital should also be

considered as part of the therapeutic team and help in the creation of a wholesome hospital "climate" and "culture".

At Warlingham Park Hospital it was found that many of the complaints and suggestions at the Wednesday morning conferences dealt with the problem of food, so it was decided to have a special discussion group every Tuesday afternoon, consisting of one patient to represent each ward, the Chief and the Deputy Supplies Officer who acts as our Catering Officer, to discuss freely any non-medical problems concerning the arrangement, quality, etc., of meals, and to offer criticisms and suggestions for improvement.

The food conference is one example of a group in which members of different wards participate in a project affecting the whole community. Whilst naturally the feeling of belonging and the spirit of loyalty will be most marked among members of a more or less closely knit group, they are also encouraged to appreciate the fact that beyond their own particular group they are also members of larger groups, e.g. of the ward they live in and of the whole hospital community, and to take pride in contributing towards the welfare of these larger groups.

What is of the greatest importance to him during his stay in hospital is the standard of management of his ward and his relationships with the staff and his fellow patients in that ward. He may belong to a group not centred in the ward, such as an art group or a music group, but the members of such a group can never mean as much to him or influence him to the same extent, for better or worse, as those amongst whom he eats and sleeps and leads his daily life. Many patients, when they leave the hospital, are unable to give the name of the doctor of their ward, but we have yet to see the recovered patient who is unable to give the name of his ward sister or charge nurse. This is only natural when one considers that even the patient who is undergoing intensive individual psychotherapy (and there are not many of them) seldom sees the doctor for more than four or five hours a week, whereas the long-stay patient may have to be satisfied with 10 minutes twice a year. This is in marked contrast with the nursing staff, who are in the ward all day. If these facts were more generally realized, more attention would be paid to the problems of nurse-patient relationship and ward management, and good ward management is a, if not the, most important single factor in sound mental hospital administration. We have tried to solve the problem by means of (1) the division of the patients in each ward into groups (Table 2): it is found that one nurse can deal much more effectively with 12 patients, than four can with 48 patients; (2) the planning of the lives of the patients in each group for each day of the week and every hour of the day; and (3) a weekly ward discussion meeting attended by doctors, nurses and patients, aiming at breaking down the barriers between doctors and nurses and patients, the releasing of tensions, and the engendering of a feeling of participation and responsibility.

Most wards have a heterogeneous population, e.g. one of the villa wards comprises neurotics, schizophrenics under insulin treatment, and psychopaths. All these different groups have their own special working and discussion groups, but their inter-mixture in the ward may create special problems and tensions, and these are freely discussed during the ward conference. The attitude of the nursing staff in charge is obviously of the greatest importance in this connection; tension among them will communicate itself very quickly to the patients, and it is important to make the nurse feel that he is one of the most important members of the therapeutic team. Nurses will often feel suspicious that their security is being threatened by these methods of direct communication and exchange of ideas between doctor and patients, and the best way to allay these fears and suspicions is by making them active participants of ward groups and as far as possible also of other group meetings. Apart from this there are special groups held weekly where smaller

groups of the nursing staff discuss psychological problems with a doctor, and where the idea of a modern mental hospital constituting a therapeutic community is [illegible] debated. The insecurity feeling of the nursing staff, who often feel much safer in the old hierarchy system with the doctor safely isolated from direct contact with patients by the presence of the intermediary nurse, is a very real factor that has to be taken into account in any progressive change in the modern mental hospital. Nurses' discussion groups help to dissipate tensions of this kind and encourage pride in the nursing staff in being members of the therapeutic team.

Recreational groups and social clubs are other organizations which cut across the narrow boundaries of other groups and of ward communities. A "Good Companions" Club exists in the hospital, run by a patients' committee under the supervision of a doctor, which is responsible for the arrangement of entertainments. Cultural groups, such as music and art groups, are comprised of patients from different wards, neurotics and psychotics harmoniously participating in these activities side by side. The hospital's weekly magazine, the "Warlingham Parker", is a communal enterprise, as is the patients' weekly variety performance, the patients' orchestra, football and cricket teams, etc. All of these activities help to evoke in the patient the feeling of belonging and of being an accepted member of the hospital family as a whole, beyond the narrow limits of his own specific group.

Among the latter a few deserve, perhaps, special mention. Warlingham Park Hospital and indeed any mental hospital, is not a suitable place for the care and treatment of psychopaths, and according to Slavson (Practice of Group Therapy, 1947) they do not form suitable material for group therapy. But as they have to be admitted to mental hospitals owing to lack of more suitable institutions, an attempt is made to treat them together in a group by a programme based on occupational therapy, physical exercise and group discussions (Table 3). One would not expect psychopaths to develop loyalty feelings but they seem to take to one another, perhaps because of a common grudge against authority.

Intensive group psychotherapy is carried out in two other groups: the Alcoholic Group and the Neurotic Unit. The treatment of alcoholic patients is based on a combination of hospital group therapy and the A.A. programme, supplemented, in individual cases, by physical methods of therapy. The alcoholics live in the same ward, form their own working party, have daily discussions with the doctor, social and ward charge nurse, attend Alcoholics Anonymous meetings outside the hospital and have formed their own A.A. group inside the hospital (Table 4). The group discussions deal with alcoholism from both its main aspects, viewing it as a manifestation of an underlying maladjustment of the whole personality, and as an illness _per se_ at the same time. Thus, personality problems, discussions and psychodramatic presentations of life histories take place alongside with debates centred around the patients' drinking histories.

The Neurotic Unit (Pinel House) to which, under an experimental scheme, up to 20 patients of both sexes are admitted for a stay of up to two months, forms the most closely knit example of community life within the hospital (Table 5). They live together in a small building, are responsible for the organization of their own occupation and recreation, and have daily group discussions, usually with a doctor present, but occasionally without a doctor. Every patient is expected to write his life history and to read it out in front of the whole group; sometimes it is acted out in the form of a psychodrama. The members of this unit develop a very high _esprit de corps_ and considerable empathy is shown during the reading of a group member's history. It is remarkable that the whole unit is run with the help of only two nurses; these, however, form a very important role in the unit by establishing close relationship with patients, observing them all day long at close range and

thus being of great help in supplementing the doctor's impressions gained during the group psychotherapy sessions.

Group discussions as carried out at Warlingham Park Hospital are of a very varied nature, depending on the type of patients as well as on the inclinations of the therapist, and ranging from didactic lecture methods to repressional-inspirational and analytically orientated groups. In the main however, the approach is a dynamically orientated eclectic. As the same patient is often treated by various doctors at the same time, it is important that these doctors often meet to discuss their mutual findings and impressions. Staff conferences are therefore held frequently to coordinate their efforts. All doctors meet the Medical Superintendent each morning, the Matron and the Chief Male Nurse also being present, in order to discuss current problems. The doctors in addition meet twice weekly to see all new admissions and to discuss their treatment. In this way no patient gets "lost". At another weekly conference the whole medical staff meets to discuss the case of one individual patient; once a month the cases of all patients admitted in the same month in previous years, and who are still inmates, are reviewed.

At all times it is pointed out to the patients that hospital care is often merely the first step in the whole programme of their reintegration into society, and that they will have to continue their rehabilitation efforts after discharge. The alcoholics, for example, are strongly encouraged to attend A.A. meetings regularly as well as hospital group psychotherapy meetings after they have left hospital. Several out-patient groups are run especially for ex-patients of the Neurotic Unit.

Whilst still in hospital patients are encouraged to attend from time to time the out-patients' clubs held in Croydon, so that they may more easily make a habit of attending it regularly after their discharge until such time as they feel sufficiently confident to carry on without further support. There exist different clubs of this kind, run by out-patients under the background supervision of a doctor or social worker. One of these clubs is run exclusively for the benefit of elderly people of over 65, who often have no other social contacts. Some of the older patients who have no relatives with whom they could live, but who are quite capable of looking after themselves with a minimum of supervision, are housed in a very comfortable country house some distance away from the hospital; all the activities there are carried out by these patients, (some 55 in number) largely on their own responsibility, under the supervision of one nurse.

Apart from out-patients' clubs there are a considerable number of out-patient group activities going on. Out-patient group sessions are held both in the child guidance clinic and in the hospital's out-patient clinics held in the general hospitals of the town, and patients are encouraged to attend these sessions for a while after their discharge from hospital, along with other out-patients who have never been admitted to the hospital itself. The groups held in the child guidance clinic are run by doctors in collaboration with the social workers. They comprise groups for children of all ages (including activity groups, groups centred around phantasy games, painting groups) as well as discussion groups for mothers.

CONCLUSION

The purpose of modern treatment is to keep the patients in a social pattern, at the same time preserving their identity, and, where they have failed to conform to that pattern in ordinary life, to teach them the art of living with themselves and with others, to give and to take, to understand other people's troubles as well as their own, and thus restore them to normal mental and social contacts with their fellow men. Membership of a group enjoying the

organized freedom of a mental hospital, acceptance by the group and full participation in the daily life of the hospital, have much to contribute towards the resocialization of those whose loneliness has been such as to make them need hospital care.

In laying stress on group therapy both within the hospital itself as well as in an out-patient setting, it is hoped that by contributing to the resocialization and reintegration of the mentally ill into the community, and by improving their ability to form interpersonal relationships, their interpersonal harmony and happiness will be materially increased.