The Literature of Rehabilitation
Of Mental Hospital Patients

Within the past few decades personnel working with hospitalized mentally ill patients have increasingly shifted the conception of their purpose from custodial care to reeducation and reintegration of the patient into his community. They have become more aware of the necessity for treating the patient as more than a carrier of a disease entity. The new concept of rehabilitation of the mentally ill is the rubric under which a wide variety of activities is carried on. However, despite the growing body of published reports regarding rehabilitation practices, there has been no general survey of the literature in this field. Public Health Monograph No. 17 reports an analysis of 189 selected articles in this field published in the United States between 1944 and 1952.

Writers have defined "rehabilitation" in various ways, depending upon their purposes and viewpoints. Rehabilitation has been conceived of as the activities which bring about patients' recovery, the process by which patients recover, the goal of the services provided, or a phase of the treatment given. In this report an operational definition was used. Rehabilitation is defined by indicating what is being done to aid patients to function outside a hospital setting. The report does not cover specific medical therapies or psychotherapy.

Five questions are considered:

1. What is the unit of rehabilitation? In other words, what aspects of the patient or patients must be considered in a rehabilitation program and what are the number, kinds, and organization of personnel necessary to carry on rehabilitation services? Five currently used approaches are described: the individual approach, the team-individual approach, the patient group-individual staff member approach, the patient group-staff team approach, and the interpersonal relationship approach.

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2. What is the process of rehabilitation? The differences in the conceptions of how rehabilitation occurs are pointed up by classifying activities in terms of the major focus of the writers. It is shown that relationship therapy, patient-patient relationships, group psychotherapy, psychodrama, group discussions, therapeutic social clubs, group work, and patient government are mainly conceived in terms of the interpersonal relationships involved. On the other hand, occupational therapy, music therapy, art therapy, recreational therapy, and corrective therapy are conceptualized primarily in terms of the activities involved. Attempts to combine both approaches in total push programs are examined.

3. Which staff attitudes toward patients are thought to be therapeutic and which are considered nontherapeutic? The ways in which patients are affected by these staff attitudes are delineated.

4. Which aspects of the hospital social structure are thought to be related to patient improvement? The following areas of hospital structure are examined: the degree of democratization of the structure, the channels of communication, the definition of the functions of hospital personnel, and the atmosphere of the ward. In addition, the effect of the hospital physical plant on patients is indicated.

5. What ways are used to bridge the gap between the protected environment of the hospital and the more unprotected existence of community living? The approaches which can be instituted while the patient is in the hospital and those which might be instituted after the patient returns to the community are suggested.

Throughout the monograph, attention is focused on core problems faced by rehabilitation workers and, on the basis of activities thus far conducted, suggestions for further research are advanced.

From THE CHILD . . . .

Of Public Health Interest

In the November 1953 issue, Margery D. McMullin, executive director of the Handicapped Children's Home Service in New York City describes how "To Keep Up Home-Bound Children's Morale" by recreational activities which are stimulated by "volunteer" visitors to the homes. And John G. Hill, research director of the Health and Welfare Council, Philadelphia, considers the question, "Can Cost Accounting Help Social Agencies?" He describes the experience of the Family Service of Philadelphia in analyzing its unit costs of service and mentions that the family agency, one of the 10 largest in the United States, is publishing a cost study manual. (Copies may be purchased upon publication by addressing the agency at 311 South Juniper Street, Philadelphia 7.)

Also in the same issue, the efforts of a local committee in bringing community health and education services to the families of migratory agricultural laborers in Fresno County, Calif., are described by the committee's vice chairman, Mrs. I. H. Teilman.

In the October 1953 issue, Dr. Anna L. Philbrook, director of the New Hampshire State Child Guidance Clinics for the past 10 years, discusses emotional problems of the crippled child, in an article based on her report at the 18th New England Health Institute. She writes, "We should not let the crippled child depend on us too much, but rather we should show him that we are aware of the force of health that is in him. Let us give that force a chance to strengthen itself . . . ."

The Child will be changed in name to Children and issued bimonthly beginning with the January-February 1954 issue. The subscription rate is $1.25 a year ($1.75 for foreign mailing). Single copies are 25 cents each. The publication is issued by the Children's Bureau, U. S. Department of Health, Education, and Welfare.