PATIENT INTERACTION ON ADMISSION WARDS

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TODAY LARGE MENTAL HOSPITALS are focusing attention upon psychotherapy, ataractics, electroconvulsive therapy, insulin shock therapy and structured group activities as major tools of treatment for the newly admitted patient.

In stressing the importance of these procedures it is easy to lose sight of, and hence not fully utilize, the therapeutic potential which may accrue from day-in, day-out ward living and interaction among patients.

Routine observation by personnel is often insufficient to capture the full importance of patients' interpersonal relationships and what they mean to the individual patient in terms of hospital adjustment and improvement. Too often we miss the opportunity to learn at first-hand how the patient really feels about the new and strange environment of a mental hospital admission ward.

Former Patient Describes Reactions

The following excerpts taken from a letter of a former patient at our hospital concern her initial reactions to the admission ward. They seem to suggest that in her case considerable help came directly from fellow patients.

"Suppose I begin with my own reaction to admission, for I believe it is typical and characteristically introverted," she writes. "The depth of humiliation, guilt, and fear was beyond the telling. My only wish was to separate myself completely from the human race, and I did so emotionally for twenty-four hours. My self-devaluation was overpowering.

"My first conscious effort to relate to others took place the second day. On a torrid, humid afternoon seven patients, accompanied by a new student nurse and an attendant, journeyed through the long tunnel to the medical and surgical building." (The patients were being taken for routine X-rays.) "Two were old, frail, and senile. I recall my struggle to overcome my resistance when I became aware that one of the elderly patients required a supporting arm, and that my arm was elected. This was my initial, elementary step in freeing my mind. For what it was worth I was of value to a fellow patient and to an overburdened staff.

"That tiny incident was meaningful in helping me to relate to the group and become accepted by them. Although we were unable to continue our existence in the normal world because of our feeling of failure, conscious or otherwise, we could accept each other as a group, homogeneous in respect to being ill and facing problems of maladjustment outside.

"The next step came in individualizing patients and discovering that the patient load was a microcosm of the outside world. One of my fellow patients, alert to my cracking shell of aloofness, casually handed me a book, remarking that she had enjoyed it and thought I might share it. It was an expertly edited book of photography, and her offering of it served to introduce me to a person whose warm and intelligent personality served as a springboard to draw me out of my self-immersion further."

The patient continues with her feelings about interpatient relationships:

"These interchanges of mixed-up lives, similar feelings and common struggles afford a comfortable atmosphere where patients can relax with each other as they have been unable to do before. They enable some to obtain varying amounts of insight, unscientific though it may be, through observing others' activities, analyzing their reactions, and probing their motivations. . . .

"Patient relationships in the various groups play their part in re-creating security. . . .

"Psychiatry Mysterious and Threatening"

"I believe that an honest interest in helping the troubled is essential to becoming accepted as a helping person. Many of us, insecure and suspicious, conscious of our own inadequacies, place ourselves outside the reach of professional help because of the fear of giving ourselves away to ourselves as well as to the expert. Psychiatry is still, unfortunately, a mysterious and threatening thing. We can, however, talk to others like ourselves, and finding this not too painful, then go on from there. . . .

"Since I believe that a sense of concrete accomplishment can lead to something more abstract, I encouraged my friends to take part with the others in walks, sports, handicraft, music, bridge, or just 'rocking-chair togetherness,' according to the individual. . . .

"As I began to regain my own balance it seemed to help some patients to question my weaknesses and stresses and try to identify with me in my efforts to overcome them. . . ."

From these excerpts it would seem that this patient was greatly helped, and that she gained insight into her own illness through daily ward interaction with other patients.

Possibly the feeling of "all being in the same boat" is an essential factor in fostering a ward treatment milieu. Perhaps a better understanding of the multiple processes operating within the relatively unstructured society of admission wards, and a closer look at the part patient relationships and interactions play in recovery would provide us with other valuable clues to supplement existing treatment programs.

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