

Dramatic Club, Conducted By  
Volunteers, 'Draws Out' Patients  
At Minnesota State Hospital

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A volunteer activity which is conducted solely "for fun" is reaping therapeutic benefits at the State School and Hospital (for epileptics) at Cambridge, Minnesota.

The activity—a good example of what organized volunteer services can accomplish in an institutional program—consists of leisure-time dramatic club, in which patients are encouraged to write, direct, and produce their own plays.

The project is not psychodrama nor any other such type of professionally-directed therapy. It is conducted solely on the basis of "fun for all," and there is no organized therapeutic goal in sight.

The volunteer leaders, recognizing that therapists are trained people, have avoided the use of the word, "therapy." Nevertheless, therapeutic results are being obtained, as professional staff have observed that withdrawn patients are transformed and others definitely improved.

The activity was started in 1950 by four University of Minnesota students who felt that a dramatic club might add to the recreational enjoyment of the epileptic patients at Cambridge. The volunteers invited 35 to 40 selected patients to the club's first meeting, at which a series of brief scripts were written by the leaders themselves as a beginning.

At this first meeting, however, the patients were told that the volunteers preferred to have them write and act in their own skits. They asked that any patient who wished to do so submit a script by the next meeting.

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Patients responded enthusiastically, and scripts started coming in. The volunteers stressed that it would not be necessary for each patient in the group to submit a script in order to remain in the club. But after a few months of activity, it was found that most patients were eager to try their hand at writing.

The volunteers collect the scripts as they are written, type them, and make minor changes in consultation with the writers. In most cases, the scripts are used in almost the exact form in which they have been submitted.

If the patient wishes help, the volunteer is happy to make suggestions as to content and writing style; but help is given only if requested.

In reading over and typing the scripts, the volunteers usually select the casts in advance of the next meeting and can thus determine how many plays can be presented. In many cases, the writer of the script requests certain follow-patients for parts in his play, and such requests are always honored. Each writer directs his own play.

Since the group has grown to 50 to 55 members, 6 to 8 skits are worked on simultaneously. The number of skits used, however, varies with the cast needed for each play. Interest in the group has become so widespread through the hospital that there is now a waiting list of patients who wish to join the club or who have been recommended by staff members as in need of such activity.

The planning and production of each group of skits, from the initial selection of casts to the final presentation, takes a period of about a month. During this time, the group comes out once a week for rehearsals, and, in the course of the month, from 10 to 15 scripts are handed in for use as the following month's productions.

The following is the schedule of a typical month's project by this drama club:

The first meeting is used to acquaint the group with the submitted scripts and their authors, and parts are assigned. Each writer-director then takes the people who will be in his cast into one section of the auditorium, and each of

the groups spends the first meeting reading over the play and discussing the parts.

At the second meeting a week later, each group is brought individually on stage to enact its skit (reading the parts) and to prepare the stage setting in terms of space and props needed. Patients spend time between rehearsals studying their parts and securing props and costumes. The average length of a skit is 10 minutes, and the volunteers rotate among the groups working on their individual plays to offer encouragement, occasionally make suggestions, and give advice when requested.

The third meeting is the dress rehearsal, and any props which the patients have been unable to secure are obtained by the volunteers.

At the fourth meeting, the plays are enacted on stage before the entire hospital population. This program usually lasts about 2 hours, and a member of the volunteer group acts as master of ceremonies while the others help backstage.

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The patients who wrote and produced the skits are brought out in front of the curtain and introduced, and they, in turn, announce their own play and members of the cast.

Prompting is done from offstage by the patients themselves, and a theme song which was written by one of the patients is sung by the combined casts in front of the curtain before and after the entire evening's program. At the end of the final production, as well as after each rehearsal, a social hour is held, with mixed dancing encouraged.

The meeting following the final production is spent discussing the program, and suggestions and criticisms are made by the patients themselves. A member of the hospital staff is present at all meetings and rehearsals, and when questions arise that need professional interpretation such matters are immediately brought to the attention of qualified staff.

At the next meeting, the newest group of skits is considered, and a new production is started.

Patients participating in this activity include men and women from late teens through middle age. Since the major portion of this hospital's population have IQs below 50, a number of the drama group members have very low IQs. Consequently, some members of the group are unable to read and therefore learn their parts only by having them read to them. Nevertheless, the remarkable thing about the activity is that such patients are so stimulated that they will spend hours "cramming" with help of another patient in order to learn their parts.

Because of this variance in IQ range, the plays differ widely both as to content and finished product. However, every skit is produced, regardless of style or content, thus providing each club member with satisfying experience.

Interest of the patients in the activity is equalled only by that of the volunteers. Since the volunteers live in the Twin City area, they must make a round-trip of almost 100 miles every week to keep their engagement. Despite Minnesota winters, however, they have missed only one meeting of the drama group in the 3 years it has been active.

This fall the group hopes to charter a bus to take one of their full 2-hour shows on tour of the other institutions in the state. The show would be staged for the benefit of other patients and perhaps help stimulate similar activity in the other mental hospitals.

The volunteers in charge of the Cambridge Dramatic Club, George Davis (chairman), Bud Goldstien, Virginia Riggs, and Mrs. George Davis, say they had only one purpose in mind--to provide recreation and leisure-time activities for the patients. This purpose, they insist, has never changed. They emphasize to patients the pleasure of the activity rather than stressing any set requirements or the perfection of the final production.

As a result, they go out to the institution as friends and do not represent authority. The relationship they have built up with the patients is not that of teacher to pupil but rather of interested friends who can be asked for guidance or advice if the patient seeks it. Therefore, excellent rapport has been established

between these volunteers and the patients.

Because of this relationship, these volunteers are cautious about using the word, "therapy", and have carefully avoided it in their program and in their interpretation of the program. They feel that, if their activity does have therapeutic value, the professional people may interpret it as they wish. The volunteers, however, continue to emphasize the pleasure of the activity and at no time consider themselves therapists.

Nevertheless, It's Good  
Therapy, Psychologist Says

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Despite emphatic statements by leaders of the Cambridge Dramatic Club that they have no defined therapeutic goals, it is apparent to me that good results are being obtained.

Patients who initially were painfully shy and withdrawn have been gradually but very markedly transformed as a result of their participation in dramatic club activities. They now hold themselves erect, speak freely, and participate spontaneously in group activities.

For these withdrawn, apparently schizoid persons, then, the experience has been clearly therapeutic.

It is interesting to speculate as to whether these rather dramatic personality changes were in part the result of the professed indifference of the group leaders as regards therapeutic outcome. It seems highly probable that their emphasis on purely recreational goals, and with it their carefully-enforced policy of non-interference, made it possible for emotionally-withdrawn individuals to make the difficult preliminary overtures toward group participation at their own pace.

During the rehearsal I attended, for example, one girl spent most of her time standing off from the group with her head bowed. However, there were no frenetic efforts to force her into group participation, as would have been the tendency had the objectives been avowedly therapeutic. Undue pressure at this stage would likely have driven her away.

I saw this same girl a month later during the actual presentation of a skit written by herself. She was still painfully shy, her eyes were down-cast, and she spoke almost inaudibly. However, she managed to take the stage and announce to the audience the title, cast of characters, scenes, etc. She bolted behind the curtain once but returned to complete her announcement.

What brings such a person to subject himself to this anguish? We can speculate upon the underlying narcissism of the schizoid individual as a possible motivating force. More confidently, we can point to the high prestige values attaching to dramatics group participation within the institutional setting. But perhaps an even more positive force is the genuinely non-authoritarian "this is for you, and this is for fun" attitude of the volunteer group leaders.

In the opinion of this writer, an important corollary of this leader attitude is the fact that it deliberately de-emphasizes avowed therapeutic goals. Furthermore, probably at least in part as a function of this de-emphasis, it creates a relaxed, unhurried, truly permissive atmosphere in which the emotionally-withdrawn individual can feel safe in taking his first cautious steps toward group participation. Institution staff as well as volunteers have noted with pleasure the very real and sometimes dramatic personality changes which apparently result primarily from this participation.

It is also significant that, during the entire 3 years of this activity, not one patient experienced a seizure during the performance of the final production. Occasionally, a patient has had a seizure during a rehearsal; but, strikingly, few seizures have been recorded, despite the fact that most members of this group have numerous seizures during the course of a week.