

# *Research for Mental Health*



*By David White*

Series of Articles on Research Projects  
at  
Camarillo State Hospital, California

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## Foreword

It is my pleasure to commend The Press-Courier, Oxnard, for its interest in the research projects of the Camarillo Hospital.

The series of articles written by staff reporter David White, in cooperation with members of the research team at the hospital will, I feel sure, bring to the lay public, and to all persons interested in working in the field of mental health, a better understanding of the work being done to achieve more and more effective results in the treatment of psychiatric patients.

This booklet, also, will serve to show how research can be done only by careful team work and the whole-hearted support of all hospital personnel.

March, 1960.

Dr. Philip R. A. May,  
Director of Research,  
Camarillo Hospital, Calif.



# Goals of Mental Research Projects

Little is known about the causes and epidemiology of mental illnesses, or of the pathological, physiological, biochemical, and sociological factors which may be causative, contributory, or both.

Research into areas such as these can be described as basic research. Research must be carried out in these areas if mental illnesses are to be understood, more effectively treated, and ultimately prevented.

Consistent with any research program in any area of medicine, the immediate goal tends to be effective treatment of those suffering from the illness under study. The ultimate goal is prevention.

Starting February 8, 1960, The Press-Courier, Oxnard, Calif. carried a series of nine articles about the research program at Camarillo State Hospital. The program has the active support of the State Department of Mental Hygiene, and Dr. Daniel Blain, department director.

Dr. Franklin H. Garrett, superintendent and medical director of the Camarillo hospital, says that the research treatment and training are vitally important parts of the hospital program.

Broadly speaking, the Camarillo projects are in the general areas of program evaluation studies, the evaluation of treatment techniques, neuropathology studies, sociological research, and research directed to the improvement of diagnostic and prognostic techniques.

## Wide Financial Support

Financial support for the projects comes from the National Institute of Mental Health, the California State Department of Mental Hygiene, pharmaceutical houses, and voluntary organizations.

The largest project at the Camarillo hospital is a three-year study of the treatment by psychotherapy and other methods, of patients suffering from schizophrenia. It is the first project of its kind in a mental hospital in the United States. It is expected to produce far-reaching results.

Dr. Philip R. A. May, director of research, works with a research team in the fields of schizophrenia, neuropathology, electronics, psychotherapy, and rehabilitation.

The results of the projects now satisfactorily initiated may have real import, states Dr. Leon Epstein, chief of research for the State Department of Mental Hygiene.

Dr. Epstein states that an interim committee of the California Legislature in 1955 reported that, although the state was spending approximately \$100 million a year to provide for the mentally ill and mentally retarded, it was providing practically nothing for research.

It was also noted that California was spending a very small proportion of its mental hygiene budget for research compared with a number of other states.

## Recommended Program

The committee recommended that the Department of Mental Hygiene have a long-range program of research, to be started

with an appropriation in the 1956-57 budget. The Legislature approved a departmental chief of research in that budget. The sum of \$200,000 was appropriated to initiate planning.

The project support program of the department, under Dr. Epstein, has been under way for over two years. At present about \$3 million is committed to 80 separately funded projects. About 75 percent of these funds have been obtained by the state from outside sources, primarily the federal government's National Institute of Mental Health.

There are also about as many projects for which funds have not been requested. Their nature and extent does not necessitate financial support.

## Seek Career Personnel

Dr. Epstein states that the other arm of the program involves long-term continuing research, not tied to projects of limited terms but rather to obtaining career research personnel. They will be members of hospital research teams under medical direction. Their function will be both to carry out longer range projects and to assist other staff members with their investigations.

Dr. May said of the Camarillo program:

"Both Dr. Garrett, our superintendent, and Dr. Louis R. Nash, our associate superintendent, are keenly interested in our research program, as are the heads of all the different departments. Mrs. Mary Wilkinson, nursing; Howard Oliver, rehabilitation; Donald Lee, social services; and Dr. Hershel Fogelson, psychology, have a part in the different research projects. It is the active support and encouragement of all these people that has made our program possible."

# Patients Get Help, Not Guinea Pigs

Camarillo State Hospital is the largest mental hospital in California. Patient population is always around 7,000. The staff approaches 2,000 in number.

The hospital was opened in 1936, with 200 patients. The property consists of approximately 1,640 acres of the former Lewis Ranch, 4½ miles south-east of Camarillo.

Research is a recognized part of the hospital program. It is organized as a separate department under Dr. Louis R. Nash, associate superintendent.

The research team at Camarillo, split into different groups for specialized work, is directed by Dr. Philip R. A. May. Working with him are men and women hospital employees, psychiatrists, psychologists, physicians, nurses, technicians, rehabilitation therapists, social workers, secretaries, tradesmen, and telephonists.

## No Guinea Pigs

People sometimes get the impression that in research projects patients are used as "guinea pigs." Nothing is further removed from the facts.

"We don't go in for that kind of thing here," Dr. May said. "We don't operate on people or give them anesthetics or subject them to painful procedures or dangerous treatments, and we don't do animal experiments.

"The kind of research we do is concerned with developing better diagnosis or treatment of psychiatric disorders. We try to find out what the causes of these disorders might be, so

that we might be able to do something for better diagnosis and treatment. Our research studies are quite different from animal experimentation."

## Started Informally

The State Department of Mental Hygiene has always done research work, but only recently has it made official provision for it. For a long time doctors, nurses, and psychologists of the department have engaged in "patient research," but it has been done as part of their everyday job or in their off-duty hours.

Some of the first work in this country on insulin treatment was carried out at the Camarillo hospital.

About three years ago, the Department of Mental Hygiene appointed a chief of research in Sacramento. This action gave official recognition to a highly specialized and necessary branch of mental health work.

The task of Dr. Leon Epstein, the first chief of research, is to develop research in state hospitals with the aid of funds allocated by the department.

Dr. Epstein started the program by dividing it into two parts. Some of the money was earmarked to set up research staffs at mental hospitals. The rest of it was set aside for special projects state hospitals had in mind.

## Camarillo Chosen Early

Camarillo was one of the first hospitals to be selected for as-

sistance in setting up a research staff, as it was already engaged in some research projects of its own through interested employees.

Dr. May was formerly clinical director. As such he was in charge of the beginning of the enlarged research program. His staff at the moment comprises a small secretarial "pool." A research psychologist position has been established and will be filled soon, "when we find the right person," Dr. May said.

Dr. May's new function, besides doing original research work himself, is to help other staff members develop their own particular projects. He gives advice and helps them get financial support.

## Every Branch Interested

"Every single professional branch of the hospital is interested in research," Dr. May said. "The salaries of the initial small research staff are paid for out of monies specially appropriated by the Legislature for research. In addition, we get money to pay for equipment, materials, and supplies we need for each project.

"Every project we have, and we have nine of them, has a budget of its own. We don't subtract from the general hospital program to do research."

The money for the research projects comes from three sources, the state, for definite projects; the federal government and charities; pharmaceutical houses, and interested individuals. Most of the funds come from state and federal grants.





**KEEPING THE RECORDS**—The secretarial staff of the research program at Camarillo State Hospital handles masses of valuable data. Dr. Philip R. A. May, director of research, praises highly the work of these women. Left to right, they are

Mrs. Carlos Kirksey, 335 Bard street, Fillmore; Mrs. Frank Crothers, 931 Ventura road, Oxnard; Beth Dale, 101 North Loop drive, Camarillo Heights; and Mrs. C. N. Lawrence, 1154 West Iris street, Oxnard.

The separate research department, headed by Dr. May, is temporarily located in a hut on the hospital grounds.

### **Like It That Way**

"We are quite happy with this arrangement, as we would rather spend the money we get on people than on buildings, and we are getting results," Dr. May said.

Research, to be effective, must be a continuing process. It is not just a matter of sitting down, tinkering with something, and, in a few months, getting results. It takes a lot of hard, careful, and patient work. The more work that goes into it, the more time spent in planning it, the better are the research answers.

"Ford or General Motors spends two years designing a car, and we have spent two or three years planning some of the projects we are now engaged in," Dr. May said. "It takes time to carry out the first stages, to try out certain tests, abandoning some that are not right, changing others, and working out finally how a project is to be carried out."

### **Computers Used**

Electronic computers are playing an important part in speedily providing the mass of statistics vital to a good research project. Data prepared from the Camarillo projects is fed into a computer at the University of California at Los Angeles. In 10 seconds the computer does the calculating it would take a man many months to do.

The electronic machine is not replacing the human brain. What it does do is tell the researchers a lot more about their figures and calculations than is otherwise possible.

Research is an expensive business, and is necessarily so. Most of the money goes in salaries. A lot of work is put into the study of each and every patient.

Dr. May said the amount of money the state of California is spending on research is very small in comparison with some commercial firms. Petroleum and engineering companies budget 25 percent of income for research.

### **Plenty For Now**

"However, we get as much for research at the moment as we can reasonably handle," Dr. May said. "We hope as we develop we will get more money, because there can be no progress without research. I don't think the people of California want mental patients always treated the same way as they have been for the last 100 years."

Dr. May stressed the favored position of any patient selected for special study.

"Every patient we put into one of our study projects gets far more attention, far more diagnostic tests and treatment than the ordinary patient can get."

"In one project we spend \$2,000 in making a special study of each patient. That is \$2,000 worth of medical attention he would not get if we were not carrying out this research project."

### **Extra Tests Given**

Each patient selected gets psychological tests to determine as far as possible what sort of disorder he suffers from. Instead of the normal interview by a doctor, the patient gets a prolonged interview to bring out details of all aspects of the illness, and also more intensive laboratory and psychological tests.

How are the patients chosen? Not by outside influence. Each patient is selected because his condition fits into the particular project being pursued.

Invited to comment on the work at Camarillo, Dr. Epstein, the state chief of research, wrote:

"The superior hospital today, in order to keep abreast of current developments, must maintain both research and training programs in addition to therapeutic programs. Only in this way can the status of the field be advanced and staff abilities and aptitudes be furthered."

### **Work Unusual**

He described the work at Camarillo State Hospital as being unquestionably unusual in terms of importance, depth, complexity and subtlety. Such programs also inevitably result within a given hospital in improved treatment programs.

"The Camarillo hospital is, without doubt, one of the most active facilities within the California Department of Mental Hygiene in terms of the development of an active research program. The projects include exceedingly well-planned operational research which aims to evaluate current treatment programs and approaches, and also so-called basic research where it is proposed to investigate certain of the fundamental neurological as well as organic aspects."

Dr. Epstein stated that Dr. May at Camarillo has evidenced exemplary leadership in the development of the hospital's research program.

"He is exceedingly well equipped for this position, both in terms of his training and experience, as well as his originality and professional qualifications," Dr. Epstein wrote.

### **Director Aids Program**

Referring to Dr. Franklin H. Garrett, in his capacity as superintendent and medical director of the Camarillo hospital, Dr. Epstein wrote: "Dr. Garrett has made every effort to further the development of a sound research program, and the fruition of these efforts may be seen in the excellent research program which has been initiated there."



Dr. Franklin H. Garrett, superintendent and medical director of Camarillo State Hospital, was born at Prescott, Nevada County, Arkansas.

He was graduated from the medical department of the University of Arkansas in 1926. The following year he joined the staff of Patton State Hospital, in San Bernardino County, as physician and surgeon.

Dr. Garrett came to Camarillo State Hospital in 1937 as physician and surgeon. In the spring of 1938 he was appointed assist-



Dr. Garrett

ant superintendent and assistant medical director.

From 1942 to 1945, Dr. Garrett was a U. S. Army medical officer assigned to the psychiatric service. He served in North Africa and Italy.

After the war, Dr. Garrett returned to Camarillo. In 1948, he was appointed superintendent and medical director of Norwalk State Hospital now known as the Metropolitan State Hospital.

Dr. Garrett succeeded Dr. Thomas W. Hagerty as superintendent and medical director of Camarillo State Hospital Dec. 1, 1949.

## *Chemical Factors in Schizophrenia*

Tests at Camarillo State Hospital may throw new light on whether emotional or chemical causes, or both, are factors in different types of mental breakdown.

Practically every employee at the hospital is involved in some way or another in a study of treatment of patients suffering from schizophrenia. Results of treatments with tranquilizers, electrotherapy, nursing care, psychotherapy, and psychotherapy plus tranquilizers are being compared.

"We are trying to show which type of patient responds best to a particular type of treatment," said Dr. Philip R. A. May, chief of research at Camarillo. "It is a very long and very expensive study. It will last about three years, and we will follow up the patients for possibly five years after they leave the hospital in order to observe not only the immediate results of treatment

but whether they will hold up over a long period of time."

### **Which Treatment Is Best?**

Dr. May said it may come as a surprise that, despite all that has been written about different kinds of treatment of schizophrenia, nobody yet knows which of the treatments is best. Nobody knows whether any one is better than any or all of the others. Nobody knows which particular type of patient benefits most from a particular type of treatment.

"You will find people who will offer an opinion that one treatment is better than another, but you will also find someone else saying that some other treatment has the edge," Dr. May said.

Hence the need for the study. It is aided by a federal grant of \$187,468 for a three-year research program.

This project is the first of its kind in a mental hospital in the United States. It is expected to

have far-reaching effects in the treatment of schizophrenic patients.

### **Started with State Grant**

The ground was laid in 1957 and 1958 by Dr. May, when he was director of clinical services, with a grant of \$19,000 from the State Department of Mental Hygiene. The present \$187,468 is from the National Institute of Mental Health.

Working closely with Dr. May are fellow doctors, psychiatrists, psychologists, psychiatric technicians, nurses, social workers, and secretarial, accounting, and personnel staffs.

An interesting feature of this project is the close collaboration of the Los Angeles Psychoanalytic Society. The hospital has the advice of a world-famous leader in the treatment of schizophrenia, Dr. Milton Wexler, who is head of the society's research committee.



Other researchers for the society taking an active part in the project at Camarillo are Drs. Jim Mott, Gerald Aronson, Bernard Brandchaft, and Sidney Fine. Also co-operating are Dr. Eleanor Sheldon, sociologist at the University of California at Los Angeles, and Dr. Wilfred Dixon, professor of bio-statistics at UCLA. Dr. Dixon keeps track of masses of statistics.

Dr. Samuel Milton Ramer is project coordinator at the hospital, Dr. David A. Thiele is psychiatrist, Luther S. Distler, research assistant psychologist, and Dr. Abdul H. Tuma, psychologist. Miss Betty Woodbury and Mrs. Diamond Maurer are psychiatric technicians assigned to the project.

Two hundred patients have been selected for observation and treatment over a three-year period. They are getting a most thorough and detailed psychiatric and psychological study.

The evaluations and tests are of a special nature not now possible for every psychiatric patient.

First of all, the help of the family and friends of a patient is enlisted by the research staff in finding out the nature of his disorder. All the different factors that might have gone into it are painstakingly probed. The results of what is considered the appropriate treatment are carefully analyzed. It is hoped that conclusions will herald a distinct advance in procedures for the return of schizophrenic victims to normalcy.

This is probably a unique project in that it involves closely-knit cooperation among the hospital, the patient's family and society.

After almost three years of pilot study at Camarillo, with limited resources, study of psychotherapy in schizophrenia began to expand in July, 1959.

When a patient is selected for study, this, in the words of Dr. May, is what generally follows:

A long and detailed history of the patient's life is compiled by the psychiatrists. They are assisted by a social worker, who talks with the patient's family and friends and gleans as much information as possible to establish a behavior pattern. Special attention is paid to earlier illnesses.

The patient is then asked to perform psychological tests. These add greatly to knowledge about how he feels, how he sees himself, how he thinks.

The patient undergoes a veritable battery of psychological tests and clinical evaluations. One is the Minnesota multiphasic personality inventory, a widely-used test of general personality structure.

Another is a test newly developed by the National Institute of Mental Health. This test attempts to assess emotional characteristics. Other tests are also carried out.

Dr. James Sharp, hospital director of the autonomic tests pro-

ject, then interviews the patient to make certain readings and evaluations. The patient's present psychiatric status, the duration of the illnesses, and a number of ratings of his emotional responses are recorded.

#### **Procedure Repeated**

The entire procedure is repeated when the patient leaves the hospital, or in six months if he is still a patient. At this time, all information about his treatment and information about any improvement, supplied by the ward physician, is gathered together.

It doesn't take long to write this, but the evaluation and treatment process is long and laborious. The reason is obvious. The ultimate goal is to come up with the particular type of treatment that is best for each individual patient and the most efficient way to administer it. In terms of psychotherapy, the patient cannot get any better attention.

If tranquilizing drugs are indicated, the next step is to determine which drug should be used. The effects are carefully observed.

#### **Families Help**

Dr. May said one of the encouraging signs of the project is the understanding of, and ready cooperation of patients and their families in, the efforts of researchers to achieve results that will benefit not only the patient concerned but others.

"I cannot speak too highly, too, of the fine cooperation of doctors, nurses, technicians and many others, including people you usually wouldn't think of as helping in a research project but without whom we would never get anything done, our telephone operators, business and accounting staffs," Dr. May said.

"We need them all in carrying out a project of such magnitude and such promise."



**Dr. May**

It is generally recognized that the treatment of schizophrenic cases is often prolonged and that results are not so readily achieved as in the treatment of minor psychiatric disorders.

#### **Not Trial and Error**

Current studies are in no way a "trial and error" experiment with the patient. The treatment begins only after the combined studies of different researchers show with reasonable certainty that the method chosen is likely

to be successful and without harmful result.

"We figure most patients will be under treatment for about six months, although some may require shorter terms and some longer," Dr. May explained.

To make the schizophrenia research project effective, Dr. May hopes to carry it on for at least five years and to do sustained community follow-up work long after patients are discharged.

"In this way, we will be able to check the long-term results of our work," Dr. May said.

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Dr. Philip R. A. May, director of the research program at Camarillo State Hospital, was born at Weymouth, England.

He holds medical degrees from Cambridge University, England, and Stanford University, California.

Dr. May has a diploma in psychological medicine from London, and is certified in psychiatry by the American Board of Psychiatry and Neurology. He is a member of the Royal College of Physicians of Great Britain.

In London, Dr. May worked in Guy's Hospital and Bexley Hospital. In World War II, he was a major in the British Army and served as assistant to the director of army psychiatry.

Dr. May spent the years from 1941 to 1944 as junior, senior, and interne at Stanford University, then went back to England until 1949. He returned to work at the Colorado Psychopathic Hospital and the University of Colorado. He became assistant director and assistant professor of psychiatry, and was consultant to the Army and the Veterans Administration.

From 1953 to 1955, he was in charge of the intensive treatment service at the U. S. Public Health Service hospital in Fort Worth, Texas, and held a rank equivalent to lieutenant colonel.

Dr. May joined the staff of Camarillo State Hospital as clinical director in 1955. He is now chief of research.

He is assistant clinical professor of psychiatry at University College of Los Angeles.

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**FILING ROOM**—Records of tests are catalogued and filed at Camarillo State Hospital as part of research into emotional and physical factors in mental illness. Two members of the secretarial staff are Mrs. Ray Davis, 1323 West Guava street, Oxnard, at typewriter, and Mrs. Sheila Farley, who lives in the hospital village.

# Study of Autonomic Nervous System

A major project at Camarillo State Hospital is the study of the autonomic nervous system as it is affected by emotional pressures. Director of this study is Dr. James Sharp, a staff psychologist.

Dr. Sharp said all patients in the psychotherapy and schizophrenia project will also be included in the autonomic tests and psychological tests.

This approach carries two-way benefits. It gives the autonomic test team the results of a careful study of schizophrenic patients. It makes possible further evaluation of patients by the psychotherapists in terms of the autonomic tests.

Dr. Sharp said it has long been known that the emotions are closely related to autonomic functions. Research designed to investigate these relationships has been attracting the attention of more and more workers in recent times.

## Gap Partly Bridged

"We have been able to some degree to bridge the gap between what is mental and what is physical. One of the most encouraging things about modern research in the area of mental health is that the problem is being directly attacked," Dr. Sharp said.

"We do know that just as we possess certain personal or mental characteristics, we also possess physiological characteristics. We want to try to show the relationship between physiological functions and the emotional life of the individual."

The autonomic nervous system helps control certain functions of the body. Normally, a person doesn't have much direct voluntary control over things like blood

pressure, heart rate, breathing, skin temperature, and the stomach, although there are some indirect controls.

## Connection Shown

Work on the autonomic nervous system has clearly shown that there is a definite connection between psychiatric disorders and disturbances in the system. Emotional upset affects a person's blood pressure, heart, and stomach.

The study of the autonomic nervous system is being conducted along two lines. One is called the Mecholyl test and the other the Nor-Adrenalin test.

Two halves of the autonomic nervous system generally oppose each other. They represent opposing control mechanisms. In all functions in the healthy individual a balance is maintained between them.

If something is done to disturb one part of the system, the other part will try to oppose it and restore the balance.

"We use Nor-Adrenalin to stimulate the sympathetic division and Mecholyl to stimulate the para-sympathetic division," Dr. Sharp explained. "We want to show in each case, how the opposing division responds. These drugs, broadly speaking simulate stress conditions such as occur throughout one's ordinary life activities. Therefore, it is easy to see why we would be interested in noting how the body responds to these artificial kinds of stress."

Nor-Adrenalin stimulates the sympathetic division and, among other things, raises the blood pressure. The para-sympathetic system then cuts in and attempts to offset this rise in blood pressure. The effectiveness of the para-sympathetic in opposing this reaction is what Dr. Sharp and his re-

search team are interested in determining.

The Mecholyl drug stimulates the para-sympathetic division and, among other things, tends to lower blood pressure. The sympathetic division attempts to oppose this lowering of blood pressure through an increase in the heart beat rate.

## Check Heart, Blood

"You can see that in each of these tests we are trying to determine what happens in the other system," Dr. Sharp said. "In both tests, patients are given a small amount of the drugs by intra-muscular injection. A continuous minute-by-minute record of the blood pressure and heart rate is obtained."

Certain other superficial reactions of the patient to the drugs are observed. A subjective report on his reactions is also obtained.

The normal person should tolerate both these drugs with very little discomfort. If the patient complains of discomfort and perspires a lot more than the normal person, he is encouraged to record his own responses. He actually rates himself as to his own subjective reactions to the test.

The scale used consists of two parts. In one part, the patient attempts to quantify the degree of depression or elation he felt during the test. The other part is a tension-relaxation scale. The patient rates himself on these two variables.

"Here, again, we are directly attempting to relate emotional feelings with physiological responses," Dr. Sharp said.

"What we hope to discover is whether the responses to these particular tests, or to other tests we may develop later, have any connection with the type of psychiatric illness the person has.



We hope also to show degrees of recovery pertinent to various treatment modalities."

In general terms, the staff is trying to find out whether the tests will help in determining whether a person is going to respond to treatment or to a particular kind of treatment, such as tranquilizers, or electro-convulsive therapy.

The autonomic tests last 15 minutes. There is a resting period during which the research nurse attempts to get a basal reading. The patient takes whatever number of minutes of rest is required until she obtains a

series of blood pressure readings, which vary only slightly from one another in a 10-minute period.

After the injection is given, the blood pressure and heart rate are determined each minute for 15 minutes. The patient's responses physiologically as well as emotionally to the two drugs vary widely. It is these variations, and their approximate correlation with psychiatric studies, that the research team is primarily interested in.

#### **Investigate Tranquilizers**

The value of tranquilizers in studies of mentally-ill persons is being investigated on a large scale under the general direction

of Dr. David Talbot, a psychologist.

Dr. Talbot has done considerable research work on the tranquilizing effects of thorazine. In order to get a good electroencephalogram (EEG), or brain waves, the patient has to be relaxed and, if possible, asleep.

This is not a difficult thing to achieve in a normal person, but in the case of an emotionally disturbed or psychotic patient it is well-nigh impossible.

Sleeping drugs such as amytal and barbiturates interfere with the electroencephalogram, making it difficult to interpret results.



**EVALUATING THE PATIENT** — Dr. James H. Sharp assesses the patient's psychiatric status, history of illness, and emotional responses before determining the type of treatment to be undertaken.

Dr. James H. Sharp, director of the autonomic tests project at Camarillo State Hospital, is a native of western Pennsylvania.

He was graduated from Bethany College and Duke University and took his graduate training

for the Ph.D. degree in clinical psychology at the University of Southern California.

Dr. Sharp had his residency training under a three-year program at Veterans Administration Hospital installations at Brent-

wood, Long Beach, the outpatients clinic in Los Angeles, and the domiciliary unit at Sawtelle.

For the next three years he was on the staff of Pacific State Hospital. He joined the Camarillo State Hospital staff three years ago.

### **Thorazine Successful**

The effects of intra-muscular thorazine as an agent in keeping the patient rested during testing are proving successful at Camarillo. Dr. Talbot has written a paper on his work in this field. The value of other drugs in the treatment of psychiatric patients is also under study.

New, and what is hoped are better, drugs are always coming on the market. There comes a point in the development of each new drug where it is accepted by the federal Foods and Drugs Administration. It then becomes available on general prescription.

Supplies of the new drugs are usually made available to mental hospitals. At Camarillo, the results of some of the new drugs are measured against the known results of other drugs already tried out.

Drugs are only selected for study after careful investigation of work done by others and when the researchers are satisfied that

others have not found them to be dangerous.

Dr. Anthony F. Lapolla, staff psychiatrist, is carrying out studies of various medicines, particularly recently-developed tranquilizing and energizing drugs. Their values as compared to other drugs already in use are also constantly studied by other doctors in the hospital. Several of these doctors are Dr. Jack Kohn, Dr. L. J. Lilly, Dr. Herman M. Beerman, and Dr. Hugh Adams, chief of professional education.

If a new drug is found to do what is claimed, it is used in appropriate cases. If a drug is found to be inferior, it is discarded.

### **Other Research**

The research also involves drugs other than tranquilizers and energizers.

Dr. Stephen E. Stevens, staff psychiatrist, is engaged in a study of a new drug given a patient so emotionally disturbed that personal hygiene is practically nonexistent. The medication assists

in reducing odors such lack of control can produce.

Dr. Anthony Toto, assistant superintendent for general medical and surgical service, and Dr. Jack C. Borel are trying out a medicine which gives promise of advances in the treatment of epilepsy.

Two years ago the hospital sponsored a project under which psychologists and psychiatrists studied the effects of the drug Miltown in the treatment of the most severely sick patients in the hospital.

Dr. Martin E. Mendel, of the psychology department, played a leading role in this project, which was considered highly successful.

Included in research projects for the future at Camarillo State Hospital is one that will attempt a thorough study of new energizing drugs to develop two new psychological tests.

A complete study of the new energizing drugs is also in the making as part of further exploration into the field of electrical treatment.

## **Reaction to Opposing Drugs Analyzed**

Tests of the autonomic nervous system, at Camarillo State Hospital, are showing the relation between psychological and organic causes of mental illness.

Patients are given injections of two drugs, Mecholyl and Nor-Adrenalin, which stimulate opposing nerve control mechanisms. Research workers record the differences caused in blood pressures and rates of heart beat. The patient helps to rate himself by describing his subjective responses.

All the data gathered is carefully analyzed for clues to varied types of psychiatric illness.

For the past three years a frequent visitor to the hospital, as

senior consultant on autonomic tests, has been Dr. Ernst Gellhorn of Santa Barbara. Dr. Gellhorn was formerly professor of neurophysiology in the University of Minnesota. He has an international reputation in this field.

### **300 Publications**

When he came to live in Santa Barbara, Dr. Gellhorn got in touch with the Camarillo State Hospital authorities and suggested he assist in carrying out some research projects. His offer was readily accepted.

Dr. Gellhorn has to his credit over 300 publications, including several text books, on the subject of the relations of emotions to psychiatric disorders.

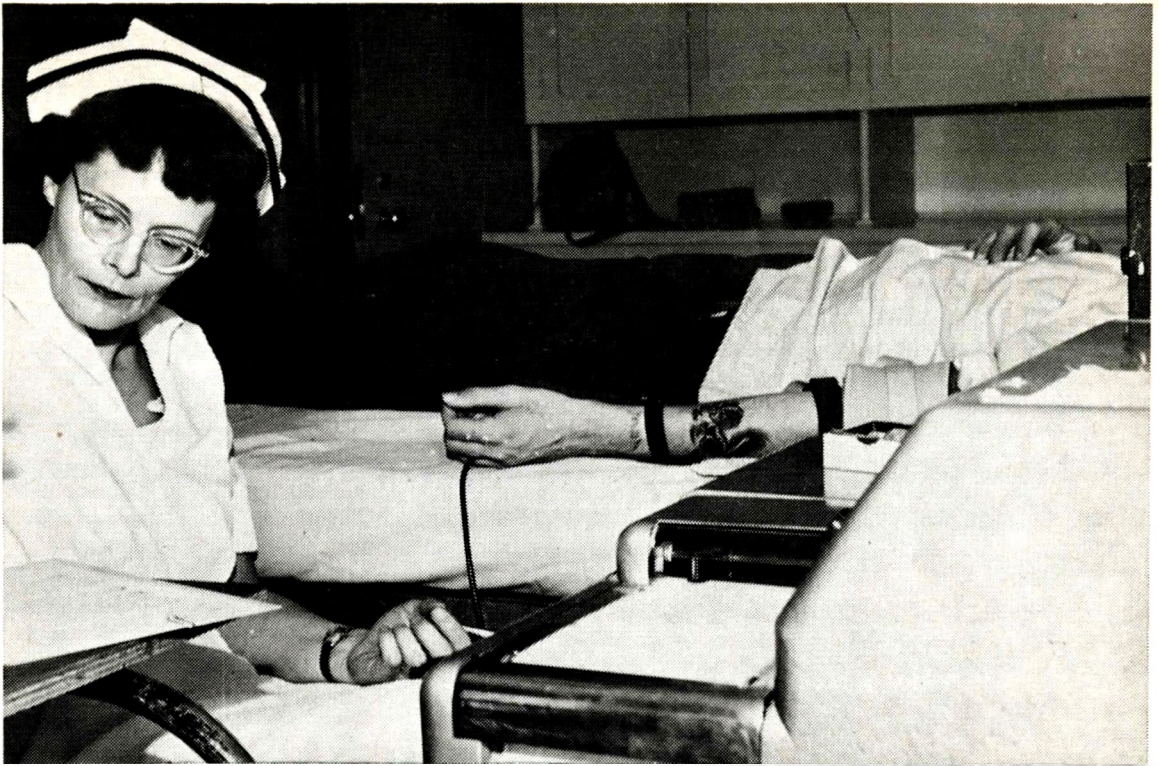
Dr. James Sharp, director of autonomic test projects, and Dr. Gellhorn have developed a new scale method of assessing responses in blood pressure. They found that older methods were not sufficiently reliable or repeatable. A great deal of work has gone into establishing the reliability of the autonomic tests.

### **Found Better Method**

"This method of evaluation of these blood pressure and heart rate curves is a project of the staff, and we think we have found a method which will be substantially better than any previously used," Dr. Sharp said.

The final word on reliability of the method will be written in another two months, he said.





**RECORDING BLOOD PRESSURE**—Miss Elizabeth Gibson of 301 Ocean drive, Oxnard, notes the readings on a continuous blood pressure recorder as part of the treatment of a patient in the autonomic

tests project at Camarillo State Hospital. This project is under the direction of Dr. James H. Sharp.

Equipment bought to record test reactions automatically and accurately did not give the sensitive readings desired by the researchers.

So Dr. Jack Borel, hospital consultant on electronic matters, set to work to modify the conventional continuous blood pressure recorder.

"We found that the conventional apparatus was unable to follow the rapid changes in blood pressure and pulse rate accurately enough, so we had to develop something in the nature of a special instrument for making these recordings," Dr. Sharp said.

After two years of hard work, and with Dr. Borel's advice, pro-

cedures for accurate minute-by-minute recordings were worked out at the Camarillo hospital.

It is extremely difficult to take blood pressure and pulse rate with the accuracy needed for the study, apart from the actual working of the recorder. Anyone making a noise, or walking down steps, can make blood pressure or pulse rate of the patient being tested "go all over the place," and the test has to be started all over again.

To solve this problem, the tests at Camarillo are carried on in a basement where quiet reigns and a fairly even, cool temperature is maintained.

"We will have more than 1,500 patients in our autonomic test study before we finish," Dr. Sharp said. "Specifically, we will have patients with virtually every major class of illness, schizophrenic, neurotic, psychotic depressive, psychoneurotic, drug addiction, alcoholism, character disorders, geriatric, and certain other groups."

#### **May Be Follow-Up**

Dr. Sharp said it is possible there will be some follow-up work. It is likely as time goes by, that some of the patients will return for further treatment. A strong effort will be made to find out what has happened to those patients "in the outside world."



Dr. Sharp added:

"Prevention is far in the future, but it may well be that some day the individual who has been subjected to a great deal of psychological stress can be assessed by means of a relatively simple physiological test that may give early warning of approaching breakdown.

"More directly, we hope the physiological tests can be shown

to serve as an accurate index of the individual's emotional status and degree of illness. We hope the findings from this study will help guide treatment in a more discriminating way than is now possible.

#### **To Help Decide Treatment**

"It is to be hoped that unnecessary treatments can be avoided, and a better selection made from

among the many treatment modalities we now possess."

Financial support for this project amounts to two sums of \$8,959 and \$7,240. The National Institute of Mental Health has given \$2,260, and the Mill Family Foundations, in Minnesota, \$2,550. The rest has come from the State Department of Mental Hygiene.

## *What Occurs in a Patient's Brain?*

What goes on in the brain of a mentally ill person?

Research projects at Camarillo State Hospital seek to answer this question. One project is the study of the brain itself. For this purpose a neuropathology laboratory has been set up.

Dr. John Woodard is chief investigator. There are two technologists and a secretary on his staff.

#### **Quiet Necessary**

Dr. Woodard works in a basement with a concrete floor for one reason — quiet. Vibrations caused by people walking along a wood floor could affect the minute detail of high-power photomicrographs, pictures he takes through a microscope.

When a patient dies in the hospital, the family is often asked for permission to carry out a special study of the brain.

"We feel if we can make a microscopic study of the brain of a mental patient, it may enable us to find out something of the

causes of mental illness for the benefit of other patients," Dr. Woodard said.

Particular areas of the brain are closely studied by Dr. Woodard and his staff.

"It has only recently been recognized that certain areas of the brain have to do with such things as how conscious you are," Dr. Woodard explained. "Six or seven years ago it was thought the cerebrum controlled consciousness. Nowadays we know that what determines consciousness is a group of cells in the brain stem called the reticular activating system."

This system constitutes a very small part of the total bulk of the brain. If you have something wrong in that small area, you are unconscious. Nobody has ever made extensive microscopic studies of this area in human brains because it was not known it was important.

From Dr. Woodard's photographs and slides, a record is be-

ing compiled of all areas of the brain for a large-scale study of the subject.

#### **Unique Opportunity**

The dedicated interest of the staff in research work of this nature is what has made the unique Camarillo project possible.

No other hospital in the country can afford, or has been willing to afford, the facilities for the project. Dr. Woodard came to Camarillo from Indiana because it offered him the opportunity to do the research he most wanted to do.

The reputation of Camarillo as a serious research center has brought the money necessary to make it function. The state first gave \$9,278 for the brain study project. Grants of \$14,628 and \$2,082 followed.

Dr. Woodard has also carried out a study of how the cerebellum is formed. He is preparing a paper that will show that it is formed in a way quite different from present conjecture.

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Dr. John Sutcliff Woodard, director of the neuropathology research laboratory at Camarillo State Hospital, was born in Iowa City, Iowa.

He received his B.A. from Drake University, Des Moines, in 1945, and his M.D. from Iowa State University Medical School in 1949.

Dr. Woodard was assistant in neurology at Indiana University Medical School, Indianapolis, and worked also as psychiatrist and pathologist at hospitals in Indiana, from 1953 to 1958.

He joined the staff of Camarillo State Hospital in July, 1958.

Dr. Woodard has collaborated with other research workers in writing papers for medical journals. His original work on "Origin of the external granule layer of the cerebellar cortex" will be published soon.

Dr. Woodard is an associate member of the American Academy of Neurology, and an affiliate of the American Psychiatric Association.

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**WHAT CAUSES MENTAL ILLNESS?**—Dr. John S. Woodard, director of the neuropathology research laboratory at Camarillo State Hospital, assists technologist Mrs. Stanley Herman, 2451 Pierpont boulevard, Ventura, with preparation of brain tissue for microscopic study.

# Magnetic Field of the Human Brain

Electronics has a leading role in the research program of Camarillo State Hospital.

Its application to new techniques directed toward alleviation of many different types of mental illness is in the early stages. Through ever-improving instruments, it is performing wonders in analyzing masses of data collected in several research projects.

Dr. Jack C. Borel, active in electronics research at the hospital for two years, divides his time between his work as a psychiatrist and electronics projects in a laboratory. A co-worker is Dr. Theodore Case, a recent addition to the staff.

## To Measure Magnetism

The electro-magnetic detection of brain waves is the fascinating purpose of one project.

The human brain produces voltage changes as it works. In addition, the brain produces a minute magnetic field.

Many researchers have tried many times to pick up this magnetic field, without much success. Dr. Borel believes he can do it. He is devising a headpiece for use in the project. It will incorporate the induction method rather than direct electrical contact, making tests for the patient more comfortable.

Frequency analyses of brain waves are another phase of the electronics laboratory work.

## Frequencies Vary

Ordinary voltage changes produced by activities of the brain are normally picked up by electrodes and magnified sufficiently to trace on paper. These brain waves are of different frequencies, varying from about one per second to 30 or 40 per second.

There have been many attempts to devise machines that can automatically analyze the proportions of the different waves. For in-

stance, 10 percent of the waves can be at the rate of 20 per second, 20 percent at only 6 per second, and so on.

Machines used hitherto have been bulky and cumbersome, as well as expensive. And the results have not been entirely satisfactory.

Now Dr. Neil R. Burch, associate professor at Baylor University, working with a team of research engineers and physicians, has invented a new type of analyzer on the order of an electronic computer.

## Analysis Automatic

This machine makes possible automatic analysis of the electroencephalogram (EEG), or brain waves, in an entirely new way.

Camarillo State Hospital is to get the first machine in California. It will be the first in the United States, apart from the prototype in the Air Force Aero Medical Laboratories at Wright-Patterson Air Force Base.

"It may well be that the different way in which this new machine analyzes brain waves will teach us more about diagnosis of the functioning of the brain than has been possible with other machines used so far," Dr. Borel said.

Dr. Burch describes his frequency analyzer, which gives automatic period analysis of EEG wave shape, as the most recent development in time domain analysis.

"Automatic analysis of the EEG carries a certain magic," he writes in a recent article. "The complex patterns (of brain waves) generated from moment to moment have always given promise of understanding just beyond measure. This shadow of magic has inspired the construction of machines to answer questions about brain waves which

may be meaningful in terms of brain function."

Dr. Borel said a frequency analyzer was originally used by the U.S. Air Force in trying to determine states of fatigue and lack of oxygen in fliers. Preliminary results showed that more information was obtained using a brain wave analyzer than by visual interpretation of the EEG tracing.

"It was decided to extend this discovery to the field of mental health," Dr. Borel said. "A number of electronics experts in the Los Angeles area, interested in this analysis technique, give us free consultation."

Dr. Borel is himself building a new type of analyzer that is much smaller and more easily handled than the existing analyzers. It will also enable him to compare the results of different types of analyzers and determine which type is most helpful in producing the desired results.

"We are trying to use transistors instead of standard vacuum tubes to reduce the size of analyzers," Dr. Borel said. "We hope to use it as an auxiliary instrument to the large analyzers, which not all hospitals can afford."

Dr. Borel was called in to help with Dr. James Sharp's tests of the effects of drugs on the autonomic nervous system.

The standard automatic blood pressure recorder being used in that project did not give the accurate readings required by the research staff. Dr. Borel modified the apparatus to give the sensitive recordings necessary for success of the tests.

## Use Magnetic Tape

There is still another fascinating project under way in the electronics division at the hospital.



It is the recording of brain waves on magnetic tape instead of on paper, which is the present method used. The trouble with using paper is that only frequencies from about one per second to 40 per second can be recorded. Above that rate the pens cannot travel fast enough.

Actually, it is estimated that brain waves have a frequency of as high as 20,000 per second. Nobody, as yet, has been able to pick up brain waves of anything like such high frequency.

It may be done soon at Camarillo by the use of magnetic tape rather than paper.

#### **Complicated Device**

This is no ordinary tape recorder. It is a vastly complicated instrument, such as is in use at Navy establishments at Port Huemene and Point Mugu. The cost is about \$20,000.

"This will enable us, not only to analyze much of the electroencephalogram (brain waves), but all kinds of things that can never be recorded on paper," Dr. Borel said. "The instrument can record up to 40,000 cycles a second."

This is like comparing a radio set of the early 1920's with a modern high-fidelity instrument.

Another advantage of the tape recorder is that the brain wave tapes can be stored for future analysis and comparisons with other tests made years from now.

#### **Can Be Fed to Analyzer**

Still another advantage is that a tape can be fed into the new analyzer the hospital is to get from Houston, Texas, and results obtained that could not be gotten by hand measurements of a paper graph in a year.

The magnetic tapes are also of the type used in standard large computers, such as the one at the Western Data Processing Institute in Los Angeles.

There is the possibility, too, of feeding a section of tape into a standard computer for direct analysis.



**ELECTRONICS AIDS RESEARCH**—Dr. Jack C. Borel, psychiatrist and electronics specialist, works at his bench in a basement of Camarillo State Hospital. At top left is a hair dryer from a beauty parlor he is using in an experiment for measurement of brain waves by induction.

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Dr. Jack C. Borel, director of the electronics research laboratory at Camarillo State Hospital, is a native of Minnesota.

He received his early education in the Midwest, and his pre-medical and medical training at the University of Southern California. He graduated an M.D. in 1943.

Dr. Borel served in the medical branch of the U.S. Army for two years. He took his post-graduate work in obstetrics and gynecology in Chicago, and returned to California in 1948.

He was in private practice for eight years. During that time he became interested in endocrinology. His work in isotope testing for glandular disorders led to authorization from the Atomic Energy Commission for research into the medical use of radioisotopes.

Dr. Borel's growing interest in electronics, which started as a hobby, resulted in his joining Camarillo State Hospital in 1957 as a member of the research team and head of the new electronics research laboratory.

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# New Patient-Staff Relationships

The concept of a mental hospital as a therapeutic community is not entirely new, but Camarillo State Hospital is one of the first to investigate its immense possibilities through a research program.

It is generally accepted now that everything possible should be done to make every minute of the patient's day therapeutic. Emphasis is placed upon making the hospital a place where the patient can have as much liberty as he can reasonably handle without getting into trouble.

The less like a prison, and the greater the relaxation of rigid discipline, the better a hospital is as a rehabilitation center.

Liberty without license is perhaps a good motto for the therapeutic community concept.

Saul Toobert, clinical psychologist, is particularly concerned with the therapeutic community program. Working with him are a psychiatrist, sociologist, and a research psychologist.

The various routes that patients take in their recovery and what might be the best ways to help them recover are being studied at Camarillo by the research team, Mr. Toobert said.

"There are various approaches in the rehabilitation of the patient to the community and these approaches have differed in the historical development of treatment methods," Mr. Toobert said.

The older way was to do things to the patient. Doctors would give him medicine, give him shock treatment, and prescribe his living in the hospital. Newer ideas recognize that patients can get well faster if they can be allowed to share responsibility for their recovery.

The patient was sometimes not thought of as a person at all. He was "that gall bladder over there" or "the appendectomy in this bed."

Traditionally, too, the patient was a passive recipient of treatment. The doctor and the nurse and the psychologist and the social worker did things to and for him. The patient had little to say about it. Often there was little discussion about the treatment program among doctor, patient, and other staff members.

## Staff Depersonalized

Often, too, the staff, in white uniforms, were thought of not as persons but as "the nurse," "the doctor," "the psychologist," "the technician."

The traditional roles carried into the mental hospital, where patients were often thought of by the public as dangerous, incompetent, having to be herded around, looked after, and locked up. Patients were put into hospital uniforms and things were done to and for them without much discussion with them. Ward staffs were not asked for suggestions, as modern concepts say they should be.

This old form of treatment was basically pessimistic. It implicitly harbored the notion that once ill, always ill, and that the patient forever after would require custodial care.

Mr. Toobert said the new concept, called therapeutic community, is more optimistic. It requires a different attitude from the hospital staff and from the neighboring community, and, most of all, from the patient.

"The thought is that the patient is not just a patient but is also a person. It is recognized that when a patient is mentally ill, he is usually not mentally ill all over or all of the time. In-

stead, he is regarded as a person who can manage responsibility and actively participate in his treatment, and make sensible suggestions as to how the hospital should be run."

In other words, Mr. Toobert said, the patient now helps the staff. The emphasis is on teamwork in the treatment program.

For example, the psychiatric nurse, the psychiatric worker, the clinical psychologist, the recreational therapist, the industrial therapist, the occupational therapist, the chaplain, and others, are also regarded as persons who, in their daily work with the patient, have much to offer to treatment planning, as does the patient himself.

Even the gardener, the cook, and the housekeeper who work with a patient can offer material pertinent to rehabilitation. Most of all, the psychiatric technician, who was formerly concerned only with the physical well being of the patient, now takes on an important function in helping patients in their recovery.

Mr. Toobert said the goal in therapeutic community is broadly three-fold. First, there is an attempt to create an atmosphere in which communication is at a maximum. The patient can speak up and can assist the staff.

"Their needs become better understood by the staff, and the people working on the wards with them are now known to have important contributions to make in the rehabilitation program," Mr. Toobert said.

## Join in Decisions

Second, there is an attempt to create an atmosphere in which staff members and patients collaborate in arriving at decisions. Things are done with the patient rather than to and for him.



Third, an atmosphere is sought in which individual initiative is at a maximum. This involves both patients and employees. The staff must be willing to take responsibility and to try out new ideas.

and patients must take responsibility to help themselves and other patients.

"This gets away from old notions of locking people up. It also involves the outside community

taking responsibility to allow the hospital to try out new ideas and taking responsibility for employment of ex-patients, and, also, for allowing patients to use community facilities and for accepting them as people."



**STAFF SEMINAR** — Saul Toobert, director of the therapeutic community program at Camarillo State Hospital, left, is recorder of proceedings at staff seminars. Consultants, ward phy-

sicians, psychologists, psychiatrists, nurses, psychiatric technicians, and social workers take part.

Saul Toobert, clinical psychologist in the day-care clinic at Camarillo State Hospital, was born in Newport News, Va.

He was raised in New York City and went to Queen's College there for 2 years before going into the Army. He served with a tank battalion in Gen. Patton's Third Army in Europe, in World War II.

Mr. Toobert moved to California, and after the war entered the University of California at Berkeley. He did graduate work in psychology at Berkeley, at Claremont College and at UCLA.

His first job was at San Quentin prison. He was chief psychologist for the last three of the five years he remained there.

Mr. Toobert is in his sixth year at Camarillo State Hospital. Until recently, he worked in an acute treatment ward for women. Working with Dr. Vernon Bugh and Dr. Hugh Adams, he played a large part in organizing the patient central committee in the hospital, which is proving a valuable aid in the therapeutic community project.



# Patients Like Staff Out-of-Uniform

A historic event took place recently in one of the wards at Camarillo State Hospital.

The nursing staff replaced their uniforms with civilian clothing. In so doing they became real people with real identity in their relationships with patients.

The response was immediate. One woman patient said, "My, that's a pretty skirt."

Another patient took a look at the nurses, said, "I'm a mess today," and went off in her nightgown and robe to return a few minutes later fully dressed.

One patient said, "I like it. Now you look human. Before, you only looked that way from the neck up!"

Another woman, who lost her mother through death when she was a child, said, "I don't know if I like it or not, but you look like a mother, and I'm going to call you mother now."

## Easier for Nurses

Mrs. Hugh Sanford, senior psychiatric nurse in charge of the acute treatment ward, said the fact that the day nurses work in civilian clothes makes it easier for the patients to talk to them.

"We learn more about their problems. They seem to regard us as real people and not just someone wearing a uniform as a mark of authority," she said.

The change was part of the therapeutic community program. Closer personal relationships among patients, nursing staff, and doctors are sought. Saul Toobert directs the program.

## In Pilot Phase

"Our research project in its pilot phase is experimenting with these and other ideas, and is learning how these general notions are applicable to our particular hospital, which is one

of the largest in the country," Mr. Toobert said.

"In this research we are studying ward atmospheres on several wards, learning about their differences and similarities, and are exploring methods by which they can be set up with the present staff, giving patients responsibility to assist in their own recovery."

The pilot study is being carried on with a grant of \$4,192 from the state. It is likely to qualify for financial support as a full-scale project.

Over half of the 30 wards at Camarillo have patient organizations. Patients elect their own officers and send delegates to patient unit committees. The hospital is divided into four units, and the unit committees have representatives on a central committee that meets regularly with staff members.

Problems of ward management, grievances, food services, canteen, and the like are discussed. Patients produce the hospital paper, "El Cameo."

Present staff sponsor of the central committee is Dr. Hugh Adams, chief of professional education.

It has been found that patients who suffer from mental illness of varying degrees are capable of taking more responsibility and exercising better judgment in pursuing a project than previously had been thought possible.

At Camarillo, ward staffs have also been organized into teams that work with patient committees. These meetings are proving beneficial in patient recovery.

Weekly staff research seminars just now are concerned with relatively younger patients and more acute patients who are expected to recover in a relatively short time. The other ward con-

tains some of the sickest patients in the hospital.

## Problems Pooled

Problems of these two wards are pooled at the staff seminars. Consultants alternate each week in leading discussions of problems encountered by the staff in their relationships with each other and with the patients.

Mr. Toobert feels that the communities of Oxnard, Ventura, and Camarillo can assist the therapeutic concept by volunteering to furnish transportation for patients to go on shopping trips and do other things in town.

"I wish they would be invited out to dinner by families occasionally," he said.

Service organizations have a part to play, Mr. Toobert believes, in inviting patients to participate in cultural activities, such as the theater, music, and concerts. Patients lose contact with public affairs, and good therapy dictates their being shown something of political and other local affairs, according to Mr. Toobert.

An invitation now and then to patients to observe meetings in the community, he feels, would help stimulate interest in patients "on the road back."

## Has Outside Help

As director of the therapeutic community project, Mr. Toobert has the assistance of three outside consultants. They are Dr. James Wells, a psychiatrist in practice at Santa Barbara; Dr. F. Harold Giedt, chief of the psychology research service at the Veterans Administration Hospital in Sepulveda; and Egon Bittner, sociologist at the University of California medical center in Los Angeles.

Dr. Hershel Fogelson, chief of the psychology department at Camarillo, is a consultant. Mrs. Marian Sisson, assistant superintendent of nursing services for Unit 4, in which the two research

project wards are located, coordinates the research seminars.

Secretarial staff includes Mrs. Carlos Kirksey, Fillmore; Mrs. C. N. Lawrence, Oxnard; Beth Dale, and Jeanne Preston.

The project has the wholehearted support of Mrs. Mary Wilkinson, hospital superintendent of nurses.

"It is the best project in the hospital from my point of view," she said.



**NURSES OUT OF UNIFORM** — Mrs. William Friar, 1005 Ontario street, Oxnard, left, and Miss Betty Woodbury, 280 Rossmore drive, Oxnard, wear civilian clothes instead of uniforms at Camarillo State Hospital, as they prepare medi-

cation for patients in the receiving and treatment ward. Patients now discuss their problems more frankly with the nurses. The change in costume is considered good therapy.





**PATIENTS' CENTRAL COMMITTEE** — An important phase of the therapeutic community concept now under study at Camarillo State Hospital is encouragement of patients to take an active interest in matters pertaining to their welfare. Ward patients

elect their own officers and send delegates to unit committees, and from there to a patient central committee. Problems of ward management are being discussed here by members of the central committee.



# Community Could Be 'Half-Way' House

Occupational and recreational therapy has long been a part of the treatment of mental illness at Camarillo State Hospital.

Patients who are able to do so are encouraged to make the best use of their hands in workshops, the hospital laundry, the food kitchens, dining rooms, and so on.

On the recreational side, a new auditorium is used for team games, as well as for the staging of concerts and plays, and the screening of motion pictures. Music therapy is included in the rehabilitation program.

The usefulness of treatment based on dancing as therapy for psychiatric patients is being studied in a research project.

## Conducted by Volunteers

The dance program has been initiated by Mrs. Trudi Schoop of Van Nuys and Mrs. Jeri Salkin of Hollywood, both volunteer workers for several years.

Mrs. Schoop, now retired, was a world-famous comic dancer, in fact, the only woman pantomime dancer to achieve international acclaim.

She and Mrs. Salkin believe that mental patients who are in extreme states of withdrawal and rigidity can be reached, and perhaps gradually brought back to a sense of reality, through dance movements and encouragement of emotional expression in mine.

Mrs. Schoop and Mrs. Salkin are qualified by distinguished stage careers to apply their artistry to encouraging patients to relax their muscles, and to experience the normal range of body movements and emotional expression.

## Work with Children, Too

They visit the hospital one day a week and work with children as well as adult women patients.

There are about 160 patients in the children's unit. Work being carried on in this unit has captured the attention of mental health workers in many parts of the United States and abroad.

Through the enthusiasm of workers in the rehabilitation department, a group of adult patients is currently enjoying a recreational and educational program of folk dancing. The dance music of Germany, Russia, Norway, Italy, Britain, and America is brought to the auditorium building by way of phonograph records from the music therapy library.

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Mrs. Trudi Schoop was born in Zurich, Switzerland.

She started to dance at an early age and was trained in ballet in Germany and Austria. She became her own choreographer and began to arrange comic dances, which she performed in her native Switzerland.

Mrs. Schoop formed a company and toured Europe with dance comedies she wrote herself. She made her debut at the Majestic Theatre in New York in 1935, and soon became known in this country as the "Charlie Chaplin of the Dance."

Mrs. Schoop and her former pupil, Mrs. Jeri Salkin, now help patients, young and old, at Camarillo State Hospital to overcome the rigidity caused by mental "blocks" and regain natural body coordination by rhythmic movement.

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## Day-Care Clinic

Six months ago, Camarillo State Hospital began operating a day-care clinic, the first in any state hospital in California.

Here patients, after discharge from the hospital, return during the day for continued treatment. They go home to their families at night. Between 15 and 20 patients are handled each day, and the number would be greater if better facilities and money for a larger staff were available.

Dr. Daniel Blain, director of the State Department of Mental Hygiene, sees in day clinics an opportunity for early treatment in the community without losing contact between the patient and his family. This would release bed space for more seriously ill patients and provide a more economical treatment program.

## Could Have Night Unit

An expansion of the "day" hospital treatment could be a "night" unit, to which patients could go after working on a job during the day.

Workers in mental health would welcome an extension of the post-hospital program in the community. Too often patients leave the hospital only to find they are unable to cope immediately with the trials and vexations of a competitive society.

Many of them are reluctant to ask their former jobs back and may suffer another mental breakdown which takes them back to the hospital.

Close liaison between employers in Ventura County and other counties and the hospital staff is needed if many men and women are to derive lasting benefit from the care, treatment, and therapy given them at Camarillo hospital.

## Part-Time Work Helps

Even opportunities for part-time work would go a long way to helping discharged patients rehabilitate themselves and resume their places in their own families and communities.

Members of the hospital staff at Camarillo will tell you there are men and women in the hospital who would not be there if there was a half-way house where they could live for a time and if they had some kind of occupation.

It is not easy for a human being to leave a mental hospital and take up life at the point he first began to break down.

There is a gap to be bridged before the person who has recovered from mental illness can settle down once more to a normal life. He needs to readjust

himself through the understanding and help of others.

How far a community is prepared to go in helping to restore the discharged mental patient's belief in himself and his ability to perform useful work is the question that still remains unanswered.



**EMOTIONAL EXPRESSION** — Mrs. Trudi Schoop, kneeling, and Mrs. Jeri Salkin, two volunteer workers at Camarillo State Hospital,

demonstrate two of the gestures they use in mime and movement classes for children and adult patients.



