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report no. **39**

THE PSYCHIATRIST'S INTEREST IN LEISURE-TIME ACTIVITIES

formulated by
the committee on public education

Group for the Advancement of Psychiatry

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I. INTRODUCTION

Economic and sociological changes have resulted in an increase in the scope and importance of leisure in America. These changes are occurring with almost revolutionary speed. This report, in contrast, moves cautiously and is decidedly limited in its purpose. Since leisure has not been subjected to systematic psychiatric investigation, the information in this report is of a preliminary and incomplete nature. It is written primarily for the education of the psychiatrist and as a supplement to G. A. P. Report No. 29.[1] The committee recognizes how much pertinent information is lacking that would be helpful to the reader, but hopes that its presentation of some first impressions will be of value to the psychiatrist. It is meant to stimulate or further extend his already existing interest in the subject. Secondarily, it may encourage the psychiatrist to examine his own use of leisure time.

If sociologists and economists are correct in predicting that barring war, revolution or economic collapse, the age of leisure is at our doorstep, then psychiatrists might consider a greater

1. GAP Report No. 29, THE PSYCHIATRIST IN MENTAL HEALTH EDUCATION, October, 1954, brought out these facts: An increasing number of persons are interested in learning more about mental health and mental illness. Inasmuch as psychiatry has acquired a body of knowledge and of theory about these subjects, people frequently turn to psychiatrists in their own communities to obtain pertinent information about their own special field of interest. This constitutes an opportunity for the psychiatrist to impart facts and ideas that will enhance human understanding, and, it is hoped, will enable society to view itself more rationally. As a citizen, as a physician, and as a specialist, the psychiatrist has an obligation to participate in public education to the limit of his opportunities and abilities.

investment of interest in this aspect of normal healthy living. People may expect psychiatrists to contribute to this opportunity for a more pleasurable and productive life as well as to any mental health problems related to leisure-time activities that might develop.

Leisure is usually thought of with a pleasant connotation and as offering desirable opportunities. It is possible that psychiatrists will be asked, at first, to participate in planning positive uses of leisure time. More likely, as is traditional, it will be the negative aspects of leisure that bring psychiatrists into the picture. The clinical experience of psychiatrists makes them aware of these aspects. Their experience shows that for many Americans leisure is dangerous. It is the time when they fall victims to accidents of all sorts, and when hostilities between married couples are seen to break out into the open. "Sunday neurosis" is a common clinical entity. For many children summer vacation can be a time of great boredom, unhappiness or excessive day dreaming. Leisure does not always bring that peaceful, passive state that one might naturally expect it to bring. On the contrary, it may at all times call for much psychic as well as physical activity.

II. INCREASE OF LEISURE TIME IN AMERICA

During the last fifty years, workers have acquired unprecedented amounts of leisure time. This change has been especially striking in industrial America, where in 1909 the average work week in manufacturing industries was 52 hours; by 1952 it was reduced to 42 hours. The average weekly earnings during this same period rose from $15.00 to $70.00. Paid vacations meanwhile became common. The working man of a century ago spent 70 hours a week on the job and lived about 40 years.

Today, a man works 40 hours a week and lives 70 years, enjoying 22 more years of leisure than did his great-grandfather. We have gained some 1,500 free hours each year. These 1,500 hours multiplied by the 30-year increase in our span amounts to 45,000 hours—22 years of leisure added to our lives.

The present average life expectancy of 70 years is more than one-third greater than that of 1900. Working life begins later, at 18 or 19 years of age, compared with 10 to 15 years in 1900. Retirement begins earlier, the total retirement period having increased from less than three years in 1900 to six years currently. These extraordinary changes have brought leisure to the masses in America.

Leisure time is available for millions of young and middle-aged adults in America. Leisure-time activities in this age group are largely unorganized. In comparison, many agencies which are called *leisure-time agencies* provide highly organized activities for the school-age groups. A third group, relatively new as clients of leisure-time agencies, includes the increasing numbers of retired and elderly people. This paper will not deal with the retired and elderly as their problems come from enforced leisure which differs from the non-enforced leisure of the other groups.

III. IS LEISURE DEFINABLE?

It may be desirable to attempt to define leisure. The dictionary defines it as freedom from necessary occupation. However, leisure is a much bigger concept than this definition connotes and than is commonly thought. Fadiman in writing on leisure states: "Some of the vastest changes in man's wayward career have swiveled on a shift in the meaning of a word. When we decided that God meant not many but One, we grew into different human beings . . . Upon an acute understanding of the meaning of the word *leisure* our lives during the next hundred years may well in part depend. For words are not only words. They are motors, often prime motors."[1]

From the psychiatrist's viewpoint attempts to understand leisure traditionally follow the path of trying to understand the differences and similarities between work and play. Lack of psychiatric contributions to the understanding of leisure is not solely due to lack of interest. A more important factor is the resistance to understanding which stems from the complexity of the nature of the human organism. The Second Conference on Group Processes, attended by authorities from several disciplines, tried in vain to attain a satisfactory definition of play.[2] An additional obstacle to understanding is an emotional connotation of leisure which frequently tends to elicit a derisive response. Mention of the title, "Committee for Cooperation with Leisure-Time Agencies," almost invariably brings a smile from the listener which implies, "Don't you have anything more important to do?" One psychiatrist in commenting on the work done by *leisure-time agencies* said: "Do they really use such a hideous expression to define their function?"

Not only is it difficult to define the word leisure, but it is also difficult to discuss the nature of leisure-time activities. They vary tremendously according to the cultural characteristics of particular class, ethnic and regional groups. There is considerable soiological and social psychological literature on the subject, much of which is contradictory.[3] This is so varied and includes such differences

1. Fadiman, Clifton. "Boredom, Brainstorms and Bombs." *The Saturday Review.* p. 7. August 31, 1957.
2. Schaffner, Bertram, Editor. *Group Processes.* Vol. II, The Josiah Macy, Jr. Foundation. 1955. pp. 145-241. New York.
3. Denny, Reuel and Meyersohn, Mary Lea. "A Preliminary Bibliography on Leisure." *The American Journal of Sociology.* Vol. LXII, No. 6, May 1957.

in quality of opinion that it cannot be reviewed here. The dictionary definition of leisure as freedom from necessary occupation is not sufficiently explanatory. Leisure means different things in different cultures.

An early concept of leisure comes from the Greeks.[1] They believed that we work in order to have leisure and that without leisure, there is no culture. Leisure in Greek is *skole* and in Latin *scola.* These words are related to our word *school.* From this it may be reasoned that the use of knowledge and intelligence becomes an act of leisure. Liberal education in the broadest use of the term then can be thought of as a leisure activity. This concept of leisure is not necessarily identical with recreation and involves the opposite of rest.

A marked contrast to the Greek concept is that found in Max Weber's study of capitalism wherein he quotes "One does not work to live, one lives to work." Because of the remarkable changes which have taken place in America, however, this quotation no longer represents current opinion. Mortimer J. Adler[2] states: "The ultimate aim of pure capitalism beyond the establishment of economic justice, is the enjoyment of leisure for all men in the major portion of their life's time." These two extreme attitudes towards work and leisure indicate a derogatory attitude towards play as if it were without value, was child-like, or merely killed time.

There are important aspects of play which can be differentiated from both the work and leisure activities of a "cultural" nature. Huizinga[3] stresses the importance of play and its competitive aspects. Like Plato he believes that play arises from an instinctual need and is a vital function. Play contains a serious element. It is more than a pleasant pastime and can lead to vital changes in the human being. Huizinga defines play as a voluntary activity or occupation executed within certain fixed limits of time and place according to rules absolutely binding but freely accepted, having its aim in itself and being accompanied by a feeling of tension and joy, and by the consciousness that it is "different" from the activities of "ordinary life."

1. Pieper, Josef. LEISURE—THE BASIS OF CULTURE. p. 26. Pantheon. New York 1952.
2. Adler, Mortimer J. "Labor, Leisure and Liberal Education." *The Journal of General Education,* October 1951, pp. 35-45.
3. Huizinga, Johan. HOMO LUDENS. pp. 195-213. Beacon Press, Boston. 1955.

IV. USE OF LEISURE TIME

There is a lack of basic information concerning the "normal" or average use of leisure time by "healthy" individuals. This probably differs greatly according to class, age, sex, marital status and number of children. Normal values for such groups would be of great use to psychiatrists but are not available. The Yorkville Urban Mental Health Study has furnished the American Psychiatric Association Committee on Cooperation with Leisure-Time Agencies with the following provocative material obtained from 1660 individuals who answered more than ten questions directly pertaining to their use of leisure time.

Statistics Pertaining to Leisure Time Furnished by the Yorkville Urban Mental Health Study

This is a random sample made from 1,660 individuals, age 20 through 59. The sample represented a cross section of the community—all population elements or groups are drawn into sample in the same proportion as they exist in the community (That is, men or women).

The following are the questions and answers:

Do you attend meetings or affairs of social organizations? 46% *Yes*

Outside of spending time with your family, friends and work, what are the main things you do in your spare time?

(Check list)

1. Nothing	3%
2. Radio, TV, Movies (interviewer specified)	62%
3. Reading (answer to specify)	48%
4. Music (instrument, records, concerts, opera, etc.)	24%
5. Arts or handicrafts	25%
6. Outdoor activities—walks, participant sports, etc.	35%
7. Spectator sports	13%
8. Volunteer work (specify)	9%
9. Other hobbies (specify)	15%
10. Self-improvement, e.g.: school, job, homework	9%
x Other	42%

The last notation is for responses to interview question: "Are there any other things that hold special interest for you?"

Sindlinger & Company in the March 4, 1957 issue of *Broadcasting Magazine* (page 32) have published the following pertinent material:

ACTIVITY — HOW PEOPLE SPEND THEIR TIME

There were 122,230,000 people in the U.S. over 12 years of age during the week Feb. 17-23. This is how they spent their time.*

72.4%	(88,495,000) spent	1,899.7 million hours... watching television
59.8%	(73,094,000) spent	1,066.0 million hours... listening to radio
82.7%	(101,084,000) spent	412.8 million hours... reading newspapers
30.3%	(37,036,000) spent	181.5 million hours... reading magazines
26.6%	(32,513,000) spent	311.0 million hours... watching movies on TV
28.6%	(34,909,000) spent	145.4 million hours... attending movies

These totals, compiled by Sindlinger & Co., analysts, Ridley Park, Pa., and published exclusively by B-T each week, are based on a 48-state, random sample of 7,000 interviews (1,000 each day). Sindlinger's monthly "Activity" report, from which these weekly figures are drawn, furnishes comprehensive breakdowns of these and numerous other categories and shows the duplicated and unduplicated audience between each specific medium. (Copyright, 1957, Sindlinger & Co.)

It is difficult to know the validity of conclusions which one can draw from this type of statistical study. One can see the wide range of activities involved, but one remains at a loss to classify such activities. Certainly some are predominantly active while others are passive or receptive in nature. Some tend to remove the individual from groups to solitary occupation, while others are grouping activities.

Since the psychiatrist's orientation centers around the family, it might be best to consider leisure-time activities from this angle. The home is the first leisure-time center. Parents can give children opportunities for wholesome play in and around the house. Parents by example determine the attitudes toward and the utilization of leisure time. Studies have indicated that most families experiment

*All figures are average daily tabulations for the week with exception of the "attending movies" category, which is a cumulative total for the week. Sindlinger tabulations are available within 2-7 days of the interviewing week.

with some kind of leisure-time family activity which proves so satisfying to the family that it becomes ritualized. The by-products of these rites are of interest in respect to child development.[1]

Prior to the introduction of television into the American home, and in those areas where it is not yet available, family leisure time is frequently utilized for reading. The American newspaper is the most popular form of such family entertainment and enlightenment. Many families have not only a stated time and place to gather for reading the paper but an inviolable pattern of doing so. The Bible and other literature also play a role in family leisure-time activities in stable organized families. Family leisure activity may also center around TV., radio, or record player. Going to the movies as a family unit has often been replaced by family television viewing. In previously disrupted families television has recently been effective in bringing the family together in one room for the communal use of leisure.

Summer vacations, with packing up, closing of the house and starting off in a car, are familiar and exciting cooperative events. In contrast, some vacations involve sending the children off to camp so that mother and father can have a vacation together, or even separation of the parents each year.

In some families which are strongly organized as a functioning institution, tasks of a menial nature belong to the group as well as to each member and involve cooperative responsibility. Often activities concerned with the evening meal illustrate this type of cooperative family effort: mother cooks, father carves, daughter helps mother, sons help with dishwashing. In contrast there are homes where family cooperative activities occur chiefly in moments of leisure, for recreation or holiday observances.

Work rituals in lower and middle class families allow time and opportunity for regular family recreation. Housecleaning, marketing, dishwashing, preserving, even automobile and dog washing and gardening are finished by cooperative efforts to allow for Sunday afternoon rides, visits to relatives or friends or an evening for TV, games, music or entertainment. Saturday, for some, becomes the family day for recreation.

1. Bossard and Ball. RITUAL IN FAMILY LIVING. pp. 186-204. University of Pennsylvania Press. Philadelphia, 1950.

Cooperative rites of a menial nature are practically non-existent in upper-class homes. The upper-class does not have rigidly set times for family recreation of a specified kind, and more often finds its recreation outside the home. Usual areas for regular family participation in the upper-classes are: the orchestra in season, golf or tennis on Sunday, theatre, opera, horse shows.

The material above indicates that the greatest part of leisure time is spent in numerous unorganized activities. A small portion of available leisure is used for hobbies. No doubt a disproportionate emphasis is placed on hobbies as leisure activities because they are relatively concrete and easy to classify and to write about. They are defined in many ways. THE DICTIONARY OF WORD ORIGINS states that: "A hobby horse . . . is a toy horse on which one rides and rides without getting anywhere; hence the use of hobby for an occupation engaged in just because one is having a good time."

One hobby expert estimates that there are approximately 200 recognizable varieties of this type of creative activity in the United States, if one defines a hobby as "any spare-time activity you enjoy enough to put a little effort into". The following is a list of American hobbies in order of popularity:

1. Collecting
2. Touring
3. Card Playing
4. Gardening
5. Fishing
6. Bowling
7. Sewing
8. Hunting
9. Swimming
10. Photography
11. Boating
12. Handicrafts
13. Outdoor Cooking
14. Golf
15. Tennis
16. Painting

Travel has shown the most spectacular increase. Today, five per cent of the national income is spent in travelling from home. Fishing is the favorite outdoor sport. Collecting—stamps, coins, first editions, *objets d'art*, guns, clocks, and many other objects—is the most popular indoor hobby.

The remarks of hobbyists leave one with the impression that every hobbyist exalts his own above all other hobbies. Gardening, for example, seems to be a particularly satisfying way of finding self-expression and release. One devoted hobbyist expressed his

feelings as follows: "Peonies . . . just grow and bloom. That is why I fell more and more in love with them. They have helped me to keep my emotional and intellectual equilibrium. Growing peonies has also helped me to satisfy an inborn curiosity to watch things grow, become differentiated, multiply. There is a gratification of the sense of sight and color combinations, of the sense of smell in perfumes and odors, and of that inner aesthetic sense of beauty and charm, that has, I believe, made a better physician of me. My whole nature was improved, my horizons widened, and my appreciation increased in a way that aided me in my vocation."[1]

1. "Recreation and Morale, A Subjective Symposium." *Bulletin of The Menninger Clinic,* Vol. 6, No. 3, May 1942.

V. LEISURE-TIME AGENCIES

The field of organized leisure-time activities is dominated by trained experienced professionals who are employed by what are known as leisure-time agencies. The agencies are organized service groups such as settlements, neighborhood houses, boy's clubs, recreation centers and play grounds, all of which aim to promote the healthy growth of the whole being.

Great numbers of leisure-time agencies which serve youth are well organized and utilize a large personnel trained for recreation. The recreation workers represent the largest professional group in the leisure-time field. They render excellent service as group leaders. The following facts draw attention to a few of the activities typically carried on by the Boy Scouts of America and the Boys' Clubs of America, Inc. Similar agencies are too numerous to list here; their activities are extensive.

Boy Scouts of America—Membership: Men 1,091,070. Boys 3,047,563. There are 104,585 units including Troops, Senior Groups, and Cub Packs. The professional workers numbered 3,001. These figures are valid as of January 31, 1956.

Purpose: To promote, through organizations and through cooperation with other agencies, the ability of boys to do things for themselves and others; to train them in scoutcraft; and to teach them patriotism, courage, self-reliance, and kindred virtues, by placing emphasis upon character development, citizenship training and physical fitness.

Activities: Include feats of skill, achievements and hobby interests, camping, hiking, woodcraft, nature study and other related skills.

The Boys' Clubs of America, Inc.—Membership: 400,000 boys between the ages of 8 to 20. Four hundred and thirty-one Boys' Clubs use 1593 full-time professional workers and 2201 part-time workers. The purpose of this organization is to promote the health, social, educational, vocational and character development of boys throughout the United States of America.

Activities: A staff of experienced and trained men visit Boys' Clubs and regional councils on request to assist in problems concerned with organization, building construction and maintenance, programs, personnel, financing and community relationships. The services of this staff are also available to local groups who are interested in establishing Boys' Clubs. A training course is conducted in cooperation with New York University; in-service training courses are prepared and distributed for Boys' Club workers.

Local Boys' Clubs are open every weekday afternoon and evening, to every member. They provide programs of recreation, social activities, physical training, athletics, swimming and life saving, libraries and reading rooms, vocational classes, group clubs, medical examinations and correction, vocational, behavior and attitude guidance.

A basic attitude which guides the large group of recreation workers in this field has been expressed by one of its leaders as follows: Recreation is purposeful in that it is an outlet for voluntary self-expression. It is based on the interests, needs and capabilities of the individual. Recreation reconciles actual life with dreams when it simultaneously releases and disciplines the imagination. Recreation animates and generates an appreciation of the individual's ability to accomplish. "Recreation is a way of living, and in this sense, is always an end in its own right. The only threshold upon which the need for recreation has ever soundly stood, is the chance for everyone to live a decent wholesome, satisfying, and if possible creative kind of existence."[1]

1. Brightbill, Charles K. "Public Recreation—Its Great Omissions and Misconceptions." An unpublished lecture.

VI. PSYCHIATRISTS AND LEISURE-TIME ACTIVITIES

Knowledge of the principles of promoting mental health through leisure-time activities is something new and challenging to psychiatry. Advance into this area is a natural outgrowth of what is by now an established part of psychiatry; i.e., recreational therapy in a mental hospital setting. Most psychiatrists believe in the therapeutic value of a well-planned recreation program which involves professionally organized and professionally prescribed activities selected for the particular needs of particular patients. The *aim* of the psychiatrist's prescription is to direct troublesome feelings into a socially approved outlet and, through the successful re-direction and mastery of these feelings, to develop conflict-free areas of the ego that contribute to feelings of well-being and self-confidence. In the light of both theory and practice, however, some clinicians have grave doubts about the value of such prescriptions. To prescribe occupational therapy, recreational therapy, manual arts, etc., may be deceptively simple for psychotics in the closed ward but to prescribe such activities for the usual open ward patient is not simple.

Any form of recreation which provides opportunity for creative experience may be helpful, not only for the mentally sick, but also for well people, for children, for everyone. The socialization provided by group recreational activities, however, has a particular therapeutic value for psychiatric patients. It gratifies their need to belong to some social unit, ameliorates their feelings of lonesomeness and promotes their pleasurable participation in activities involving other people.

Experience with recreation in the hospital has given psychiatrists an inkling of the complexities and confusions which exist in the field of recreation in the general community. In spite of the fact that recreation for mental patients in a hospital setting is subject to special alterations which shape and limit its character, this is a logical evolution. Recreation in all areas is cut from the same kind of cloth. The important difference between recreation inside

and outside the hospital results from the fact that for hospital patients leisure is enforced, while for healthy individuals it is elective.

Either to interest an emotionally ill patient in a hobby, or to teach recreation personnel to do this, is a difficult task for the psychiatrist. The difficulty lies in the fact that ideally a hobby is the *free* choice of the hobbyist. In his apparently free choice of a specific activity, there is reason to believe that he is motivated by unconscious internal forces to gratify his personal needs. What, therefore, is the use of encouraging people to develop or indulge in hobbies? Won't the healthy person automatically balance his own life and won't others remain uninfluenced by the psychiatrist's advice? Not completely. Hobbies frequently result from imitation of and identification with similar early parental activities. Parents set up types of patterns that permit or prevent hobby formation. The hobby is a function of a positive interpersonal relationship between teacher and pupil, plus certain personal physiological capacities. The lack of hobbies may also be a reaction formation against being like the person who indulged in them. Comprehension of this makes it possible for the psychiatrist to facilitate identifications which favor the development of hobby patterns. There may be a point midway between complete passivity on the psychiatrist's part and recommendation of a specific hobby for a patient, from which the therapist can best work.

Another leverage for the psychiatrist in helping a patient would be to resolve overly strict early attitudes of disapproval of leisure by means of hobbies. There may be a certain guilty feeling about recreation. To the overly disciplined and rigid personality, play is too tempting, too unrealistic. The guilt in large part comes from the conscience—an aggregate of parental prohibitions. If the psychiatrist, who represents the parental figure, sanctions and even encourages indulgence in hobbies, the guilt is likely to diminish. The psychiatrist who is simultaneously aware of a patient's predominating drives and ego structures, and of the specific psychological value of the various hobbies is in a position to increase his therapeutic effectiveness by prescribing occupations suited to the patient's needs.

Psychiatrists are already aware of the general value of hobbies as a leisure-time activity, but they lack detailed knowledge of the

ways in which hobbies exert their therapeutic effect. Psychiatrists also need to know more about effective methods of helping individuals to make use of these health-contributing sublimations. The definition of a hobby as a favorite pursuit, activity or subject which one carries on with enjoyment in leisure time implies that pleasure and absorption of interest carry their own reward. A hobby permits the re-establishment of poise and the reintegration of the personality after the day's work. The width of the range of activities which are regarded as hobbies shows that a hobby is an occupation which can give primary satisfaction connected with all types of major or minor influences associated with any stage of the individual's psychological development.

Hobbies provide socially approved outlets for unconscious erotic and aggressive drives. The motivation for hobbies, no doubt, is overdetermined. The initiating influence in many hobbies may be the unconscious process of individual and group identification. Hobbies may be an unconscious outlet for compulsive activity. They are a reliable source of satisfaction and because of their freedom from compulsory responsibility, they permit relaxation and release of tension. They may serve as compensation for feelings of inadequacy and as an aid to adjustment between personality and environment. Interest in hobbies is usually an indication of health, but it may also be an indication of neurosis if the hobbies are used as an escape from the realities of life. This escape may be the defense which prevents a further break with reality. The individual who frequently changes his hobbies may be indulging in sporadic whims each of which proves to be an unsuccessful solution for his neurotic problems. On the whole, however, normal individuals seem better able to seek out and select hobbies than do maladjusted individuals. One psychiatrist stated: "Recreation is like the play of the child, which is the child's work, and I think of hobbies as forms of playing. I do believe that hobbies serve useful psychological needs in themselves. I heard just the other day of a woman who has never been able to have children and of whom it is said that her house looks like a greenhouse, it is so full of plants. Hobbies provide opportunities for doing something pleasant by oneself away from other people, and in this sense, I believe represent opportunities for the re-establishment of interpersonal relations (as in sleep). The man engaged in a dull job looks forward to enjoying his hobby

during the evening and on holidays. During periods of forced idleness hobbies prevent boredom and are pursuits people look forward to engaging in."

Psychologists have made studies which attempt to relate choice of hobby to social adjustment, emotional stability and intelligence. This is a dangerous business when applied to any one individual. Such studies create unnecessary anxiety for many readers. The findings are often inconclusive. For example, such studies suggest that people who have hobbies which are mechanical or scientific tend to have the best adjusted personalities, while those who pursue avocations in the musical, literary or artistic areas are apt to be emotionally unstable; that stamp collectors were happiest and best adjusted, amateur musicians were the most poorly adjusted; that those who had chosen photography as a hobby ranked second and that miniature engineering hobbyists were thought to be third as far as well-balanced personalities were concerned.

Psychiatrists recognize how difficult it is, in any one individual, to evaluate the meaning of a hobby in its early stages. For example, a child who develops an avid interest in bees and their stinging or in snakes and their biting may be in process of growing into an outstanding authority in the field of natural history, or may be defending himself against an overwhelming castration anxiety. One cannot be sure of knowing when some development is not beneficial. One cannot easily judge the state of sublimation during childhood and adolescence. Neither can one be sure when interest in a hobby is an indication of a normal process or of pathology.

This consideration of recreational therapy and hobbies has so far dealt with only a small segment of the problem of leisure. Other tremendous areas are even more remote to psychiatrists. One psychiatrist's reaction to an earlier edition of this pamphlet clearly illustrates this. He wrote: "So what is leisure-time activity, and by whose authority or definition?" "The list [of hobbies] doesn't include such obvious activities as reading, listening to music, records, radio, watching TV, movies, theater or sports, engaging in conversation (probably the most popular of all as witness my phone bills), parties, ceremonies (our lower class Italian and Irish families spend all their spare time at weddings, wakes, family visiting and religious fiestas), and finally, those, God help us, adolescent activities such as *rock 'n' roll*, hacking, and hanging! I won't mention drinking, though to look at the liquor advertisements in the national magazines, you'd think our leisure time was devoted principally to sitting on white horses drinking vodka!"

"Does it describe what the exurbanites do in the bushes and bullrushes? Does it refer to lotto-playing church ladies, or to panty-raiding college students? Does it refer only to the middle-class norms of your agencies or would you include upper-class globe-trotting and table-hopping as well as lower-class gang warfare with switch-blades? How would you classify the jazz musician's jam session, with or without marijuana, but only for his own spontaneous pleasure, not for the squares?"

In these salty terms, he makes the point that "the subject can't even be discussed—except at a meaningless, abstract level—except in terms of the values, norms, cultural orientations, etc. of particular class, ethnic, and regional groups. There is considerable sociological and social psychological literature on the subject."

Unfortunately the sociological and social psychological literature on the subject is like the psychological studies on hobbies. It must be viewed with caution as it is contradictory and inconclusive. David Riesman's work is an example of this type of study.[1]

Though obviously psychiatry has, as yet, little to offer in this area, an attempt will be made here to summarize its tentative findings.

These varied leisure-time activities may be understood from the psychiatric viewpoint to express or ward off the forces of work and play within each individual. Current understanding of the significance of non-utilitarian activities is extremely limited. The factual evidence consists mainly of descriptions of a wide variety of responses. The explanations and interpretations are speculative and controversial. The material which follows must be evaluated with this in mind.

Studies on animals have established the following generalizations about the characteristics of their purely playful activity. (1). In animals, as in men, playful responses carry an emotional element of pleasure. (2). Play is characteristic of the immature animal rather than of the adult. Mature animals sometimes play, but it is generally believed that they do so less frequently than juvenile

1. Riesman, David. INDIVIDUALISM RECONSIDERED. pp. 202-218. The Free Press. 1954

members of their species. (3). Play activities differ from non-play activities in having no immediate utilitarian result which affects the immediate continued existence of the individual. (4). The type of play is characteristic of the species. Also, the nature and amount of play exhibited by members of a species vary according to evolutionary position. Play is more frequent, occurs during a greater portion of the life span, and appears in more diversified form in the higher than in the lower animals.[1]

Play in humans is even more complex than that in animals and even defies description, let alone explanation. As has been indicated, there is no completely satisfactory explanation or definition of play because of the interchange and inter-relations of the variable factors involved. According to one of the better definitions play represents a joyful encounter with reality which establishes a relation to reality.

Leisure can be both variously and individually defined. It involves an attitude that not only can be diametrically opposite in two people but that also varies greatly in the same individual from one time to another. One man's leisure is another man's work. Some individuals find relaxation or pleasure in their work while others work at their play. Individual attitudes seem to be the distinguishing force and not the type of activity involved. Play may include purposeful utilitarian activities if the unconscious attitudes of mastery, superiority and pleasure in skills are present. To complicate this picture, attitudes toward work and play vary greatly in different cultures.

Throughout the centuries various theories have evolved concerning play. A few of these are presented here:

(A) *The instinctive theory* stresses that play is an instinct. This theory was beautifully, although unscientifically, expressed by Plato as follows: "But the Gods, taking pity on mankind, born to work, laid down the succession of recurring Feasts to restore them from their fatigue, and gave them the Muses, and Apollo their leader, and Dionysus, as companions in their Feasts, so that nourishing themselves in festive companionship with the Gods, they should

1. "Play in Animals." ENCYCLOPAEDIA BRITANNICA. Vol. 18, pp. 70-72. 1952 Edition.

again stand upright and erect." Aristotle believed that in play emotions "become purified of a great deal of the distasteful and dangerous properties which adhere to them".

The instinctive theory of play in animals was championed by Karl Groos,[1] who interpreted all play as responses based upon inherited tendencies or predispositions. However, this does not fully explain it.

Karl Menninger, following the approach of Freud's dual instinctual theory of Eros and Thanatos developed a psychoanalytic theory.[2] He links work and play together as different manifestations of one instinct—aggression. He feels that work is the most universal method of safely disposing of aggression and that play is second only to work for this purpose. He defines play as pleasurable activity in which the means is more important than the ostensible end. Thus play, like work, is an end in itself, an opportunity for the discharge of aggressive energy in not only painless, but actually pleasurable forms—energy which would otherwise be repressed at definite psychological expense or else released in harmful ways.

Menninger differentiates play from work as follows: (1) the means rather than the end is the important thing so far as the player's avowed and conscious purposes are concerned; (2) pleasure in the activity is more regularly conscious; (3) the activity is consciously dissociated from the restrictions of reality; (4) the aggressive motives are more obvious.

(B) *The surplus energy theory* holds that play is a safety valve providing an outlet for unused vigor.

Schiller considered play an "aimless expenditure of exuberant energy" and William James thought of it in terms of expenditure of energy. This is a theory of play as a manifestation of surface excitation which is not needed for survival but which urges to some action. Recently Franz Alexander has incorporated this viewpoint

1. Alexander, Franz. "A Contribution to the Theory of Play." *The Psychoanalytic Quarterly*. Vol. XXVII, No. 2., pp. 175-195. 1958.

in a controversial psychoanalytic theory which considers life as dominated by three principles.[1]

1. *The Stability Principle* which pertains to the homeostatic viewpoint that leisure relieves stress in providing the periodic rest needed to rejuvenate the human physical and mental apparatus.[2]

2. *The Economy Principle* which involves the advantage to the organism of a procedure arrived at by trial and error. Leisure allows for trial and error efforts that develop procedures which are available for periods of non-leisure. This is advantageous.

3. *The Surplus Energy Principle* which involves a theory of sexuality as a manifestation of surplus energy not needed for adaptive utilitarian (self-preservative) behavior. Erotic activity exceeds self-preservative activity in the child. Early erotic play for pleasure may later become connected with utilitarian functions. For example, curiosity can be an aim in itself and later become involved with sexuality. Also, sense perception and muscular control, though developed to perfection by simple play activity, can later become involved with sexual activity. In play, the solution of the problem is not imperative. In serious activity a solution is necessary. In this context play is a manifestation of surplus energy which is discharged outside the framework of a goal structure. The child practices physiological activities at first as a playful non-utilitarian function. Later such play becomes integrated to semi-survival functions.

Whichever theory of play is correct, the problem is further complicated by the long period of dependency upon the mother

1. Alexander, Franz. "A Contribution to the Theory of Play." *The Psychoanalytic Quarterly*. Vol. XXVII, No. 2., pp. 175-195. 1958.

2. *Editor's note*: Theoretically during intense work, the brain must rapidly store newly acquired ideas to make room as others crowd in upon them. In leisure, the brain is employed but not driven. Appraisal, sorting, arranging—that is, creative activity—must wait for leisure to introduce order and rehabilitate the overstressed mechanism of the mind.

and the interaction which takes place between mother and child.[1] In the infant there is at first a body of language for communication between mother and child. Early movements of the child thus becomes a means of communication, with emotional meaning and social value.

Movement acquires a more direct communicative value for mother and child in the second half of the first year when imitative behavior and playful mimicry become prominent. This is illustrated by such mother-child games as peekaboo, patty-cake, and bye-bye. At first there is imitation of simple movements and sounds, later of more complex behavior. Identification with the model also takes place. In the child, much so-called play is hard work carried out with grim determination in what seems to be anticipation of the development of some capacity by persistent practice. The child, finally mastering these problems, makes his accomplishment a part of his repertoire.

As the child grows, the initial sensorimotor, self-centered individual play gives way to group motor play. This, in turn, is replaced by social play with much emphasis on rules and rituals and a greater participation of language. In these various stages, regardless of how engrossed the child may be in fantasy, he is always aware that the fantasy is just "make believe".

With adolescence comes increased self-awareness, preoccupation with the sexual role, with status in the family and in society, and with choice of a vocation. As the drive for independence brings problems of responsibility, the "make believe" world becomes more and more invaded by reality. During adolescence there is also greater use of language to explore and test the world. To the extent that this is successful, reality acquires a more solid structure, and action becomes more mature.

1. The section which follows borrows heavily from Carroll, Edward J. "Acting Out and Ego Development." *The Psychoanalytic Quarterly*. Vol. XXIII, No. 4, 1954. pp. 521-527.

VII. SOME OF THE DIMENSIONS OF LEISURE-TIME ACTIVITIES

The complexities of the problem and our present lack of understanding are illustrated by the following questions which were circulated at the Mental Hospital Institute in Minneapolis, 1956.

Some Questions on Recreational Therapy That We Can Be Asking Ourselves and Each Other

What relationship does recreation have to pleasure? To play? To the pleasure principle? To the relief of painful tension? To religion? To relaxation? Is recreation in adults an expression of the pleasure principle as opposed to the reality principle?

How can recreation further a patient's ability to meet reality? Does recreation encourage fantasy?

Can the patient use recreation as a method to avoid meeting his problems?

If recreation is voluntary, will it only be chosen by the patients who are using it to escape realistic engagement with their problems?

If recreation is compulsory, is it recreation?

The patients who would benefit most by recreation are sometimes those with the greatest guilt about participating in it.

Will these patients participate voluntarily?

If pleasurable work is recreation, is there a distinction between occupational and recreational therapy?

Is it necessary to achieve a balance between work and play (occupation and recreation)?

If so, how can this be done in separate hospital departments? How do patients' recreational needs compare with those of the average person outside the hospital?

Do psychotic patients in mental hospitals tend to have had impoverished recreational lives before their illness?

Is it dangerous for the schizophrenic patient in turmoil to engage in recreation? Can it loosen his remaining ego control and symbolize to him your desire for his unleashed destructive urges?

Is the manic patient over-stimulated by most recreation?

Does recreation increase the guilt and self-destructive urges of the depressed patient?

What scientific evidence has been presented that recreation is therapeutic in mental illness?

Is there a series of case studies anywhere available which demonstrated the therapeutic efficacy of recreation?

Is the parasympathetic system particularly mobilized by recreation?

How does one present to the patient the advantage of his engaging in a recreational pursuit?

In hospitals with an organized patient-government should recreational choice and management be placed in their hands, with personnel assistance where they request it?

What responsibility should the ward attendant (aide) have for carrying on recreational therapy with patients?

Can recreation serve as a dynamic leverage toward recovery in all patients who have had conflict between pleasure strivings and their control?

What "follow through" is indicated when a patient shows a decided improvement during a social event?

Is the basic dualism that divides human activities that between work and play?

Should recreation be organized on a ward basis in order to further the socialization on the ward?

Can recreation which fails to take into account the natural grouping of patients be disruptive in its influence?

What is the relative value of group as contrasted with individual recreation? Does it vary according to type of illness?

As patients have a diversity of recreational interests, is it particularly advantageous to determine their prior interests and give them opportunity to engage in familiar activity, or should they have opportunity to learn new recreational skills?

Do the following activities fit into a broad recreational therapy program: dancing, gambling, boxing, horseback riding, fishing, hunting, diving, mountain climbing, golf, archery, figure-skating, ballet?

Is reading recreation?

Other dimensions of leisure-time activities which illustrate the need for additional knowledge in the area can be seen in the nature of requests to psychiatrists for help. At present, the small number of requests for psychiatric aid has already overtaxed the limited knowledge and resources of the few interested psychiatrists. The following are examples of various types of current requests made to psychiatrists for assistance:

(1) A business journal wanted an article on leisure time and enjoyment for the use of business executives.

(2) A request came from public schools for information on the effect of competition in sports on children.

(3) A private citizen requested information on hobbies.

(4) A professional men's group requested material on how to change from compulsive living to leisurely living.

(5) A national chess federation requested support for utilizing the therapeutic value of chess in veterans' hospitals.

(6) The National Broadcasting Company requested help for a panel on leisure-time activities.

(7) A business journal wanted a psychiatric opinion of the consequences of the unions' requests for a four day work week.

(8) A few leisure-time agencies have asked for psychiatric help.

Such requests to psychiatrists for public education are concerned with a relatively new area of knowledge which in the past has not been considered within the scope of psychiatry. Currently, opinions are mixed within the ranks of psychiatrists and professional leisure-time workers. Some individuals are certain that psychiatry has much to offer in this area; some are positive that psychiatry has nothing to offer; and many do not know enough about it to have any opinion on the subject.

VIII. EXAMPLES OF THE WAY PSYCHIATRISTS HAVE BEEN USEFUL TO LEISURE-TIME AGENCIES

As indicated previously, the field of leisure is dominated by professional individuals operating from leisure-time agencies. The relationship between psychiatrists and leisure-time agencies is filled with contradictions. The American Psychiatric Association's Committee on Cooperation with Leisure-Time Agencies states in its report, *"Youth's Leisure Time,"* that "All leisure-time agencies contacted by the Committee, without exception are alert to the formative influences their members have on the lives of young people with whom they work, and deplore the fact that this influence lacks the orientation that only psychiatry can provide".

A G.A.P. survey of local and national leisure-time agencies in 1955 revealed that fifty per cent had never used a psychiatrist and that forty-five per cent had had but fleeting contacts with psychiatrists, mainly in the form of individual referral of staff members for treatment or as speakers for a program. The remaining five per cent of these agencies had experience with and understanding of the issues involved. They were the exceptions in which there was an unusual combination of agency, social and medical sophistication with availability of interested psychiatric help.

In the group which had had no experience with psychiatrists, many answered an emphatic "no" to the question, "Do you believe that psychiatrists have anything to contribute to the purpose and functioning of your agency?" In these replies, a lack of differentiation between psychologists and psychiatrists was evidenced.

More than unavailability of psychiatrists is involved in some agencies' lack of experience in cooperating with psychiatrists. As part of this survey, the Department of Recreation of a large midwestern city was offered the voluntary services of an interested psychiatrist. These were politely but firmly refused. Other negative replies indicated the presence of such attitudes elsewhere. They also indicated a belief that psychiatrists could help only with

the problems of disturbed clients and that they have no knowledge of the problems of normal groups.

Those few agencies versed in the use of psychiatrists were emphatic in their belief that there is a place for psychiatrists in leisure-time agencies. Boys' Clubs of America of New York stated that "You may be interested to know that Dr. Alexander R. Martin, psychiatrist in New York, has devoted a number of years on a part-time basis in training and sensitizing the staff of The Childrens' Aid Society of New York which operates eight centers affiliated with Boys' Clubs of America. We urge the use of psychiatric services for staff training and parent education. Dr. Martin also has been Chairman of our National Committee on Personal Relations and has participated on many occasions in institutes and convention sessions".

The National Council of Boy Scouts of America states: "As a matter of fact Dr. William C. Menninger has been a member of our National Executive Board for many years and has played an important part in our program development and operation. He has contributed extensively to our publications and advised us continually in connection with many phases of our work".

The reply of Girl Scouts of U. S. A., National Headquarters, summarized the attitude of most agencies having some experience with psychiatrists: "As a national agency, serving more than two million girls, we are functionalized to give both direct and indirect services to our approximately thirteen hundred local councils in the areas of a sound program for girls, good methods of selection and training of adults, both volunteer and professional, community and financial planning and similar over-all areas, affecting about five hundred thousand volunteer workers and twenty-one hundred professional workers. Therefore, at a national level of operation we have neither employed nor used volunteer workers in so specialized an area as psychiatry.

"We use such specialists in three ways: (1) individual referral through a medical advisor; (2) as an 'outside' consultant in a staff planning meeting, or a program or personal nature; and (3) as speakers, consultants at professional training events and conferences. Number 1 is obviously a referral on a health basis, with the decision in the hands of a qualified doctor and at the option of the individual. Numbers 2 and 3 indicated our desire

to use the resources of psychiatry on the development and needs of girls in our age range, seven to seventeen years old, just as we use the findings of anthropology, psychology, sociology, education and other specialized fields."

The attitude of the most experienced and psychiatrically sophisticated agencies is well expressed by Boys' Clubs of America: "It has been the feeling of our National Committee for a number of years that it would be very helpful if your psychiatrists were given an opportunity in their training to become acquainted with the situations which occur in leisure-time agencies. If understanding of the everyday problems of children could be transmitted to the worker so that he would be alerted to the recognized symptoms, many problems could be caught early and eliminated before they become too deeply rooted. I believe the clubs that have used psychiatric services for their boys have found them very helpful although there is a feeling on the part of some workers that the psychiatrist needs considerable orientation to the everyday situations within which people live. Whether or not this is based on fact is another question."

What, in turn, is the attitude of psychiatrists toward participation in the activities of leisure-time agencies?

In 1955, at the time G.A.P. surveyed the agencies, it also polled its own members. Of seventy-two respondents, nineteen (fifteen per cent of the active membership) reported actual experience in this area. Twenty-four more were able to give suggestions from their general experience. It is believed that the number of community-minded psychiatrists in this group is above average and that the figure of fifteen per cent is higher than would be obtained from a more representative group of psychiatrists.

Those with experience with leisure-time agencies reported contact with the following agencies: Y.W.C.A.; Y.M.C.A.; Boy Scouts of America; Youth Programs of Churches; Kiwanis Clubs; Community Centers; National Recreation Association; Girl Scouts; Park Community Clubs. Their contacts varied from occasional talks to the more intensive work of staff training, program planning and evaluation, and membership on the board. Though most experiences were not extensive, one psychiatrist reported membership on the board of a Boy's Club for fifteen

years, and another, contacts and board membership with Boy Scouts of America for forty years. Almost one hundred per cent of those participating did so as volunteers, without payment. The consensus of opinion was that their work had been successful and well received.

To the question, "In what other ways would you suggest an agency could utilize a psychiatrist?", the following suggestions were given: The psychiatrist might serve as a consultant on advisory committees. He might also conduct institutes for leaders, participate in demonstrations of group methods and act as teacher-trainer in the educational program. He can do a good deal to further understanding of the special role of the individual and of his needs for belonging and participating in a group, and can offer suggestions about some of the problems of interaction between the staff and the individuals who utilize the agency. He could be invaluable in analysis of the dynamics of the recreationists. Several replies, however, added an all-important word of caution; i.e., the psychiatrist needs to be a part of the agency and really know it very well if he is going to be of help.

When asked, "In what ways do psychiatrists need orientation in order more effectively to serve the needs of an agency?", respondents suggested that psychiatrists should approach the community agency with the humility proper to one who is not a specialist in that field. The psychiatrist's contribution lies in his understanding of individual behavior. Others often are far more skillful in understanding group and community problems. Psychiatrists need to fulfill their role as citizens of the community in which they reside, a responsibility they often neglect. Psychiatrists need to acquaint themselves with the many health-promoting programs of agencies which function in the communities in which they live.

In the setting of a leisure-time agency, the psychiatrist is working within a frame of reference quite different from his usual one. It is not a clinical setting with chief emphasis on mental illness or upon the individual. It is, to a larger degree, but not primarily, a setting wherein mental health is defined with attention centered on parent-child and sibling relationships within the family and on related community factors. Consequently, the psychiatrist should have knowledge of the community at large, of social institutions

within that community, of the purpose and methods of operation of these institutions, and of their interrelationships. Some psychiatrists need to learn that social institutions and personality are interrelated, that both are modifiable, that each exerts an influence on the other. Within a leisure-time agency a psychiatrist plays a different role from that to which he is usually accustomed. He may have difficulty (1) in avoiding the role of clinician or therapist, and (2) in accepting his role as a member of a team—not necessarily as its leader.

Psychiatrists need a good deal of orientation in the field of leisure-time activities before they can participate successfully in making plans not only for special groups but for individual patients. There are not yet enough psychiatric training programs which include, in any organized way, instruction about possible uses of leisure time and the facilities for leisure-time activity available to patients within the community. The constructive use of spare time for self-expression and social and creative participation is a matter of vital importance to the psychiatric management in many cases.

In general, a psychiatrist's orientation is often toward illness—not toward health. When this is so, the psychiatrist has difficulty in regarding leisure-time activities as worthy of serious attention except as prophylactic measures. His social isolation may keep him at a distance from agencies. Although the distinction is subtle, the positive goal of health is significantly different from the avoidance of illness. There are excellent reasons for believing that this shift in focus is beginning to take place.

Most psychiatrists reported that their contact with leisure-time agencies had been satisfactory. Those who reported unsatisfactory contacts emphasized the important point that pressure can result in jockeying the psychiatrist into a position where he must handle additional individual cases with problems. When this occurs he has returned from mental health promotion to the psychotherapy of illness.

When asked if they felt that agencies are generally interested in using psychiatrists in community services, about seventy-five per cent of experienced psychiatrists gave a negative answer. The replies of those few who answered postively indicate that such

an interest is found only in communities with a high degree of social and medical sophistication.

A nearly unanimous emphatically positive reply was given to the question: "Do psychiatrists have anything to contribute to the purpose and functioning of an agency?" Responses stressed the fact that psychiatrists can function as intelligent laymen and as members of the community as well as in their role of a specialist with a body of knowledge concerning mental health and illness.

The psychiatrists felt that they gained personally in important areas through their contacts with leisure-time agencies. They obtain the same satisfaction that any other citizen does from giving of themselves in a worthwhile situation without expectation of reward. They also broaden their vision and perspective by learning the extreme importance of a multi-disciplinary approach to the broad problems of health and illness. This more inclusive manner of work reveals the value of many factors which are not commonly utilized in psychiatric practice and in caring for the patient within a hospital. Appreciation of these values is a great asset to the psychiatrist in his own practice. Many replies stressed the opportunity within the leisure-time field for studying group dynamics and the reaction of the individual to group pressure. Among the advantages obtained by the psychiatrist in working with leisure-time agencies is the opportunity for professional growth in many directions. In such settings these specialists can learn to work with other disciplines in a new frame of reference, can discover the many different approaches to problems which are acceptable within both the community and the smaller group, and can find out how to use the resources available in community agencies for helping individual patients.

IX. ROLE OF THE PSYCHIATRIST

To summarize, psychiatrists reported that in their experience the role of the psychiatrist in a leisure-time agency included: (1) policy planning; (2) program planning; (3) in-service staff training; (4) supervision of workers including consultation about the handling of individuals within the group; (5) application of group methods and group dynamics; (6) participation as a layman and a citizen; (7) imparting of his own specialized knowledge as a means of promoting an understanding of the concepts of mental health.

It is well to emphasize in this conclusion that from the standpoint of psychiatry, comparatively little is known about leisure-time activities and that the material presented herein is to be read with this in mind.

At all points in the training of leisure-time and recreation personnel, there is expressed a demanding need for contributions from psychiatrists who are experienced in the field, community oriented, and equipped to deal with everyday problems.

The progress that has been made in meeting this need may be measured in the light of facts such as these which follow: (1) The actual use of psychiatrists by leisure-time agencies is very small. (2) A survey of all the colleges and universities reporting major curriculums in recreation revealed that nothing has been done toward utilizing psychiatric persons in the recreation field. (3) A careful investigation of the library sources failed to reveal literature on the need for psychiatric help in these agencies. (4) The slight demand made, so far, upon psychiatry has already overtaxed the available supply of psychiatrists trained and interested in this field of health promotion. (5) In general, little interest has been shown by psychiatrists.

A minority of psychiatrists go so far as to contend that this province lies outside the field of psychiatry. At the opposite extreme is the view that: "The citizen who refuses to lend his talents in the solution of the problems of his community really does not

deserve to enjoy the benefits of our democracy." Whether he desires it or not, demand may force the psychiatrist into community activities, for he has the needed background as a specially trained citizen to assist in the promotion of community mental health and in the prevention of mental illness. This does not imply that the psychiatrist will ever be the prime mover in this type of activity. In our present stage of knowledge and development, he is at best an informed citizen with specialized knowledge of human behavior. He should approach leisure-time agencies with a humility that is in keeping with the fact that he has been of very little assistance in a great work and that his role should at all times be carried out with an awareness of that fact. His special skills occasionally have proved valuable in the instances shown.

That psychiatrists do have something to contribute to the understanding of leisure-time activities has been shown above. A few psychiatrists have been useful in this area. This is a field worthy of study, and future systematic psychiatric investigation and participation could contribute greatly to the opening of this area of pleasurable and productive living. Further investment of interest by psychiatrists in leisure-time activities cannot help but bring great rewards.

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